

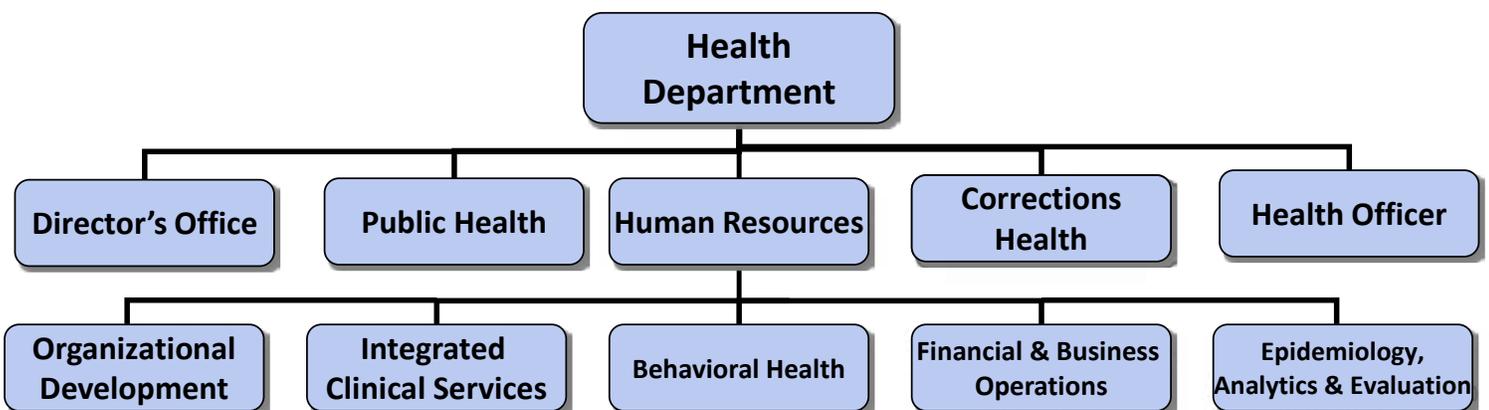
Department Overview

The Health Department’s work is anchored in our vision of “thriving communities that nurture the health and resilience of all.” Our newly updated mission affirms, “we work with communities to advance health equity, protect the most vulnerable, and promote health and wellness for everyone.” In order to best reach the diverse populations we serve, the Health Department has specialized programs and services located throughout our County that:

- Prevent disease outbreaks
- Promote healthy and safe behaviors
- Track the safety of our air, ground and water
- Monitor and treat communicable and sexually transmitted diseases
- Provide medical and dental care for diverse and economically vulnerable populations
- Disseminate critical health alerts and warnings during public health emergencies
- Provide medical and behavioral health care for individuals housed in the County’s jails and the juvenile detention facility
- Ensure the availability of mental health crisis services, school-based mental health, and suicide prevention services
- Manage specialized mental health care for people experiencing serious mental illness
- Partner in the development of policies and standards that address existing and emerging community health challenges.

The Department has six strategic 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 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 effectiveness and reduce duplication across service areas.



Budget Overview

The FY 2021 Health Department Adopted budget is \$366.5 million, a 7.6% increase from the FY 2020 Adopted budget. General Fund expenditures make up \$159.9 million (43.6%) of the total and increased by \$8.8 million or 5.8%. \$54.2 million of the General Fund expenditures are attributable to Medicaid and Federally Qualified Health Center (FQHC) Alternative Payment Method and Patient Centered Primary Care Home Program funds. The remainder of the Health budget (\$206.6 million) comes from Federal and State revenue, Medicaid, and medical fees, including \$29.6 million in State and Federal funding to support the Health Department’s COVID-19 response.

On January 1, 2020, the Health Department transferred the administration of the Mental Health insurance benefit for individuals on Medicaid to Health Share of Oregon. Most of the staff performing the insurance related functions, including member services and provider relations, were transferred as well. During FY 2021 the Behavioral Health Division will use remaining Medicaid funding to temporarily support some operations while the division works to determine which functions are critical to its mission.

The budget provides continued support for critical and mandated programs, while shoring up funding for Behavioral Health functions essential to effective public safety reform, and enhancing Public Health Division infrastructure to ensure a robust response to the COVID-19 pandemic.

The FY 2021 Health General Fund allocation includes \$1.3 million in new, ongoing funding in the following:

Law Enforcement Assisted Diversion (LEAD) (40085B)	\$360,000
Stabilization Treatment Program (40088B)	\$502,000
Mobile Behavioral Health & Peer Support Pilot (40084B)	\$225,000
Suicide Prevention (40096B)	\$100,000
Trauma Intervention Services (40100)	\$50,000
Racial & Ethnic Approaches to Community Health Expansion (40053B)	\$100,000

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

Budget Trends	FY 2019	FY 2020	FY 2020	FY 2021	Difference
	Actual	Current Estimate	Adopted Budget	Adopted Budget	
Staffing FTE	1,427.10	1,404.64	1,404.64	1,412.22	7.58
Personnel Services	\$172,689,511	177,980,527	\$188,104,697	\$210,707,924	\$22,603,227
Contractual Services	78,371,241	51,064,136	80,519,475	77,307,155	(3,212,320)
Materials & Supplies	30,970,369	26,518,944	24,914,768	29,453,817	4,539,049
Internal Services	38,858,885	44,406,858	46,201,226	48,755,922	2,554,696
Capital Outlay	126,183	80,589	780,000	300,000	(480,000)
Total Costs	\$321,066,189	\$300,051,054	\$340,520,166	\$366,524,818	\$26,004,652

Due to the transition to a new ERP system, some services are now budgeted in different ledger categories.

Successes and Challenges

In FY 2021, the Health Department will focus on long-term sustainability while ensuring access to services for our most vulnerable communities, especially those impacted by health inequities. As in prior years, the Health Department continues to manage the growing demand for our services in an environment of rising costs and declining revenue.

The Department's Community Health Centers have responded to the changing healthcare landscape by pursuing innovative approaches to meet the needs of vulnerable communities. Clinics continue to negotiate uncertain funding and ever-changing Federal and State policies.

Services to people detained in our jails are mandated and a critical part of our community safety net. Yet Corrections Health operates entirely with General Fund resources. In FY 2020, the cost of emergency room visits, prescriptions, laboratory tests and hospital services exceeded budget, straining limited resources. Corrections Health worked diligently to contain costs wherever possible. One success is with our recruitment efforts. In recent years, vacancies and mandated shifts impacted both the budget and staff morale, but in FY 2020, the Department dedicated an HR recruiter to launch targeted recruitments. For the first time in many years, all Corrections Health vacancies are filled.

In response to the ongoing structural deficit, the Director has prioritized organizational changes that maximize our efficiency and leverage collaboration across programs and services. This year, the Director made the strategic decision to optimize and align critical infrastructure in support of the whole organization. Our Financial and Business Management Division is restructuring to provide expert business and finance consultation to all divisions and programs. The department also created two new divisions: Organizational Development, and Epidemiology, Analytics and Evaluation.

Organizational Development was established to prioritize strategic planning and culture change work, elevate the role of communications in creating greater organizational cohesion, and focus the department's organizational learning opportunities to meet the needs of new and established leaders.

Epidemiology, Analytics and Evaluation will be fully established in FY 2021. This division will collect, organize and analyze population health data and business information to improve organizational decision-making, inform policy and pursue grant opportunities based on our strategic priorities.

Diversity, Equity, and Inclusion

The Health Department continues to deepen our internal commitment to diversity, inclusion and leading for racial equity. Our Office of Equity and Inclusion (OEI) leads efforts to eliminate discrimination and bias in department policy, practice and culture. OEI also coordinates the implementation of our Workforce Equity Strategic Plan (WESP).

In FY 2020, our Office of Equity and Inclusion launched the Equity Leadership Program (ELP). This program provides 30 employees from diverse backgrounds with the opportunity to shape the future of the department’s equity work by conducting research, engaging stakeholders, and developing detailed proposals for the implementation of the WESP.

In the coming year, OEI will engage in transformational equity work by dedicating an Equity and Inclusion Consultant to provide education, coaching and consultation for managers and supervisors. This position will partner with the Department’s Organizational Learning team to develop more robust programs focused on leading for equity. OEI will also convene a Health Department Equity Collaborative to share promising practices, lessons learned, lift up successful equity work and encourage collaboration across divisions.

Budget by Division

Division Name	FY 2021 General Fund	Other Funds	Total Division Cost	Total FTE
Director’s Office	\$1,648,902	\$0	\$1,648,902	8.90
Financial and Business Management	14,681,894	0	14,681,894	64.05
Human Resources	3,515,212	0	3,515,212	19.75
Organizational Development	2,375,847	0	2,375,847	11.80
Behavioral Health	21,142,864	61,325,893	82,468,757	243.88
Corrections Health	25,051,101	0	25,051,101	117.65
Public Health	26,805,494	32,232,957	59,038,451	265.73
Epidemiology, Analytics and Evaluation	2,290,553	297,243	2,587,796	14.20
Integrated Clinical Services	57,910,018	80,894,076	138,804,094	636.95
Health Officer	4,461,843	2,261,671	6,723,514	29.30
All Divisions: COVID-19	<u>0</u>	<u>29,629,250</u>	<u>29,629,250</u>	<u>0.00</u>
Total Health Department	\$159,883,728	\$206,641,090	\$366,524,818	1,412.22

Director's Office

The Health Department's Director's Office provides executive leadership and strategic direction in service to the department's mission, vision and values. The Director's Office works with elected leaders, stakeholders, health system partners, community members and staff to ensure that department services advance health equity, protect the most vulnerable, and promote health and wellness for everyone.

The Director's office is responsible for ensuring that the department meets its strategic objectives while furthering a culture that supports a diverse and qualified workforce. The office is a primary liaison to Federal, State, County and local elected officials. The director works with other County departments and community partners to further innovation in preventative and population-based community health services. 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.

The Director's Office convenes the Department Leadership Team to provide strategic direction, solve shared problems, ensure organizational alignment, and assume collective responsibility for the department's performance in service to its mission.

Significant Changes

The Health Department's new director, Patricia Charles-Heathers, is leading the effort to invigorate and strengthen the department by removing barriers and clearing paths to improve internal and external collaboration. Employee engagement is a cornerstone of the director's vision, tapping into the collective wisdom of Health Department employees. The director is championing a new mission, vision and values for the department that's led from the top, but crafted from the input and feedback of more than 400 Health Department employees.

The Director's Office has hosted the first series of all-staff meetings in over two decades. It's also restructuring the department to consolidate services for increased equitable support to divisions; and supporting the Health Department's Office of Equity and Inclusion to engage employees in the implementation of the Workforce Equity Strategic Plan by launching the Equity Leaders Program.

Financial & Business Management

The Financial and Business Management division provides the business and finance expertise required to support the Health Department's essential programs and services. It provides the necessary infrastructure to improve health outcomes.

This division's responsibilities include accounting, financial reporting, budget development and monitoring, medical account services, contracts and purchasing to manage and administer a budget of more than \$366 million.

More than 12,000 invoices, 310,000 medical claims, 900 contracts and amendments, and 150 federal and state grants were paid, submitted, executed and reported on during the year.

Financial and Business Management is a bridge to the Department of County Assets (Facilities) and the Department of County Management (Human Resources, Finance, Budget) for the provision of services and ensuring compliance with County policies.

Significant Changes

This division is being re-branded as the Financial and Business Management division, (formerly Business Operations). The name change reflects the division's emphasis and focus on the financial and business management expertise needed to support the essential programs and services of the Health Department.

In the division's role as trusted stewards of public dollars, the division will reorganize to better align our financial management services to achieve two goals. The first is to strengthen our core accounting functions, ensuring sound internal controls and compliance with accounting policies, standards and requirements. The second goal is to provide strategic financial guidance, reporting and forecasting for all of the department's programs and divisions.

Human Resources

The Health Department's Human Resources division is responsible for the recruitment and selection of new employees. It also manages salary administration, leave administration, employee/labor relations, ADA compliance, policy compliance, data transaction/reporting (Workday) and file maintenance for a workforce of over 1,400 employees at over 50 locations across Multnomah County.

Human Resources works in partnership with labor unions, including three collective bargaining agreements in AFSCME (Local 88, physicians unit, dental unit) and the Oregon Nurses Association (ONA).

Significant Changes

A new division, Organizational Development, was created last year, and will include workforce development, training and on-boarding. These were formerly part of Human Resources.

Human Resources continues to address the staffing needs of the Health Department's unique and varied programs. For example, the Corrections Health Division has had an on-going challenge to attract and retain staff. A specialty recruiter has been assigned to promote opportunities and develop creative strategies in partnership with Corrections Health. One outcome is a new employment classification that gives associate degree nurses the opportunity to join our workforce.

Organizational Development

Organizational Development works with department leadership to set a unified department strategy, and to develop effective leaders who foster a culture of safety, trust and belonging. It provides organizational assessment, change management, strategic planning and executive coaching.

It includes these teams:

- The Office of Equity and Inclusion, which leads with race to advance equity and inclusion through policy, structural and cultural change. It ensures the department meets WESP performance measures and convenes our Workforce Equity Committee.
- Learning and Development, which strengthens the skills of managers and supervisors to lead with intention, transparency and inclusion. It also creates department-specific training programs and provides on-boarding.
- Communications and Marketing, which develops internal communications strategies to promote shared understanding and organizational cohesion. It also works to promote essential health services and disseminate timely health information to our diverse communities.

Significant Changes

The Organizational Development division was established in 2019 to:

- Prioritize strategic planning and culture change work;
- Elevate the role of communications in creating greater organizational cohesion; and
- Focus our organizational learning work to meet the evolving needs of new and established leaders.

Teams formerly within Human Resources and Business Operations (Financial & Business Management) came together to establish the work and identity of the new division.

Health Officer

The Health Officer provides round-the-clock 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 the deputy health officer and EMS Medical Director for Multnomah County and, under contract, the health officers for Clackamas and Washington counties.

This division also includes Multnomah County EMS administration, the TC911 social worker case management program, the Multnomah County Medical Examiner (MCME), Multnomah County Public Health Emergency Preparedness, and the six-county Health Preparedness Organization.

The Emergency Medical Services program is funded entirely through a franchise fee with American Medical Response. The Public Health Emergency Preparedness Program is funded by the Federal Centers for Disease Control and Prevention. The Regional Healthcare Preparedness Organization is funded through the Federal Department of Health and Human Services, and serves a six-county region in northwest Oregon.

The MCME operates 24 hours a day, 365 days a year to investigate all deaths that occur outside the care of a physician, including homicides, suicides, poisonings, accidents and deaths under suspicious circumstances.

Significant Changes

Following a retirement in 2019, the Health Department hired a new Health Officer. The Health Officer will continue to serve as a physician ambassador across the department, County, community and region.

The Medical Examiner's staff and facilities have been located in Clackamas County in a shared facility. In December 2019, they moved to the County-owned Gladys McCoy building in downtown Portland. This relocation will decrease their travel times and increase response efficiency.

The six-county regional healthcare preparedness organization will transition to the Oregon Health Authority in order to align with the state's other five regions.

Public Health

The Public Health Division is the local public health authority for Multnomah County. It's responsible by statute for preventing disease, illness and injury, and for reporting to the County Board of Health. It coordinates with the Board of Health to identify pressing public health issues, and set health policy and system changes to reduce health disparities in the leading causes of preventable death.

The division includes Communicable Disease Services, which prevents the spread of reportable contagious diseases (including sexually transmitted diseases and outbreaks) through investigation, harm reduction and clinical services.

Environmental Health inspects the health and safety of licensed food, lodging and care facilities. It controls disease vectors (rats, mosquitoes), and addresses lead poisoning, air and climate quality, and neighborhood/ transportation design.

Prevention and Health Promotion works to improve population health through community partnerships, technical assistance, and culturally specific strategies that address health inequities. Initiatives include: chronic disease and violence prevention; substance misuse and overdose prevention; tobacco control and prevention; adolescent health; and maternal, child and family health.

Significant Changes

In 2019, the Board of County Commissioners, in their role as the Board of Health, took action on food cart pods, youth access to tobacco and vaping. The Board relies on community input from the Public Health Advisory Board and Community Health Improvement Plan. New funding from Health Share of Oregon, along with additional State funding for public health modernization, will increase the capacity and effectiveness of the Public Health Division to support the Board in this role.

The division continues to identify efficiencies in Communicable Disease Services, following the merger with HIV, STD and Hepatitis C programs. Our next steps are to better integrate tuberculous services with other programs, and improve data-sharing and partnerships.

With the end of funding for the Adolescent Sexual Health Equity Program, which was provided by the Federal Teen Pregnancy Prevention program, the division is restructuring in order to continue this important work with local resources.

New funding from Health Share is helping to support our Women, Infants & Children program, which provides the County's neediest families with nutrition and breastfeeding support.

The Budget includes significant additional staffing in Public Health to support the surge capacity needed to respond to the COVID-19 event.

Integrated Clinical Services (ICS)

Integrated Clinical Services (ICS) provides quality, culturally relevant health services for people experiencing barriers to health care. Clinics provide physical and behavioral health, and social supports for low-income, uninsured and homeless people. In 2019, clinics served over 66,000 of the County's most vulnerable residents. 44% of our visits were conducted in a language other than English. ICS clients speak over 100 different languages.

Services include: dental and medical care, pharmacy, laboratory, management of chronic conditions, specialty care for persons living with HIV, behavioral health, family planning, prenatal care and preventive services, such as well-child care.

Services are provided at seven full-service health centers (medical, dental and pharmacy); nine Student Health Centers with primary care services located at schools; the Billi Odegaard Dental Clinic for people experiencing homelessness; and La Clínica de Buena Salud (Spanish-language focus). The School and Community Oral Health program also provided dental exams and sealants to over 4,100 school children.

Significant Changes

Our North Portland Health Center is expanding services. Last year ICS partnered with the Public Health Division to add WIC at that location, and ICS will also begin offering dental services.

To meet the growing need for medical and behavioral health services in east Multnomah County, the Reynolds Student Health Center will open in 2020. This new clinic will offer services 5 days a week, creating greater access to health services for youth in this area.

ICS leadership is implementing trainings that support the County's Workforce Equity Strategic Plan, including Intent and Impact, Privilege, Racism and Oppression (managers and supervisors). The clinical Cultural Spotlight was also started to help all staff gain deeper knowledge about the communities ICS serves.

The percentage of clients over the age of 65 (6.6% in 2019) continues to rise as the population ages.

Corrections Health

Corrections Health is legally mandated to ensure access to health care, and safeguard the health of those detained at Multnomah County Detention Center (MCDC), Multnomah County Inverness Jail (MCIJ) and the Donald E. Long Home for youth. Corrections Health services follow national healthcare standards.

Adult facilities provide around-the-clock health evaluation, diagnosis and treatment to over 36,000 each year. Over 50% have serious, unstable and/or chronic health conditions, such as diabetes, kidney failure, infections, alcohol/drug withdrawal and major mental/behavioral illnesses. Corrections Health promotes treatment of behavioral health issues, including access to assessments by psychiatrists and mental health nurses.

Because most detainees return to their communities, health improvements made in detention (for example, treating communicable diseases) benefit the overall health of their families and community. By stabilizing substance use and behavioral health conditions, detainees can more fully participate in their legal cases, which protects their constitutional rights and promotes a more efficient judicial process.

At the juvenile facility, licensed nursing staff provide services 16 hours-per-day to over 2,000 youth each year. More than a third receive mental health treatment.

Significant Changes

Corrections Health has an ongoing, serious challenge attracting and retaining qualified staff. Recent recruitment efforts have been very successful, but the division still needs to diversify its workforce, improve retention and increase job satisfaction. In FY 2021, Corrections Health will focus on enhanced onboarding, training and staff supervision. To be effective, hiring and retention efforts must promote staff health and well-being, and not only be cost-effective at reducing overtime.

The rising cost of outside medical services—including specialty clinic evaluations, ambulance and emergency room visits—continues to drive up costs. Corrections Health continues to strengthen transition planning before detainees are released, so that those who are very ill or have behavioral health conditions receive continuity of care. This will improve community health, and can potentially impact recidivism.

Behavioral Health

The Behavioral Health Division is responsible for developing an array of effective, community-based services and supports for children, youth and adults who are experiencing, or at risk for, behavioral health challenges. It works to address gaps in care for the most vulnerable, including the homeless, victims of abuse and other marginalized communities. Services are high-quality, accessible and culturally-responsive, and promote recovery for families facing mental health and addiction issues.

As the State-mandated, local mental health authority, the Community Mental Health Program provides oversight and management of all publicly-funded behavioral health safety net programs. This includes involuntary commitment, crisis services (available 24/7), adult residential treatment, jail diversion, care coordination and addictions treatment.

Behavioral Health also provides Direct Clinical Services, which includes prevention and early intervention services for children, youth and families, delivered by division staff.

All programs operate under a commitment to consumer-driven solutions, and to creating access through a peer-led system.

Significant Changes

In FY 2021, the Division will change its name from Mental Health & Addiction Services to Behavioral Health, to reduce stigma and aid in consumer understanding.

To better work with peer groups in making policy and programming recommendations, Behavioral Health added a peer leadership position to the Office of Consumer Engagement. This position is part of the Division Director's Office and participates on the senior management team.

In the fall of 2019, Multnomah County Auditor's Office released its audit of the Choice Model Program and Assertive Community Treatment (ACT) services. Leadership is implementing changes to these programs in response to the audit.

Due to changes by the Oregon Health Authority, Multnomah County no longer manages behavioral health benefits for individuals on Medicaid. This is now the responsibility of Health Share, which manages Medicaid medical and dental benefits for our County. While the Behavioral Health division will no longer act as an insurance company, Behavioral Health will continue to partner with Health Share and other coordinated care organizations (CCO) to maintain crisis, peer and intensive care coordination services.

To address the significant gaps in care faced by people experiencing chronic homelessness and severe behavioral health issues, the division is working with other County stakeholders to create a Behavioral Health Resource Center.

Epidemiology, Analytics & Evaluation

Epidemiology, Analytics and Evaluation is a new division that collects, organizes and analyzes population health data and business information to improve organizational decision making, manage performance, inform policy and pursue grant opportunities based on the department's strategic priorities. It includes:

Community Epidemiology Services (CES), identifies disease, disorder and injury burden among different populations, and informs decisions made by health leaders, policy makers, clinicians and community groups. It forms partnerships to identify determinants of health status, and measures the potential impact of disease. It also measures and evaluates the effect of public health interventions and assesses the status of health equity.

Data Analytics and Reporting leads department initiatives to increase data quality, access and overall business intelligence. It works in partnership with IT to set priorities for data resources and technology investments.

Grants Management develops grant proposals that align with the department's needs and strategic opportunities.

Policy Administration manages the department's administrative policies and guides policy development. It ensures alignment of department and County policies and union contracts, and oversees our training and compliance strategy.

Significant Changes

The newly established Epidemiology, Analytics and Evaluation Division brings functions currently spread across the department (research, evaluation, data analysis) into a new division designed to strengthen the department's approach to data collection, analytics and performance management. It aligns with the Department director's vision to consolidate resources in support of the entire organization and whole-person health.

Health Department

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

Prog. #	Program Name	FY 2021 General Fund	Other Funds	Total Cost	FTE
Behavioral Health					
40065	Behavioral Health Division Administration	\$957,349	\$1,688,932	\$2,646,281	10.48
40067	Medical Records for Behavioral Health Division	215,384	519,002	734,386	6.00
40068	Behavioral Health Quality Management	1,056,567	2,488,286	3,544,853	18.90
40069A	Behavioral Health Crisis Services	795,538	10,120,004	10,915,542	22.58
40069B	Behavioral Health Crisis Services Restoration	535,412	176,103	711,515	0.00
40070A	Mental Health Crisis Assessment & Treatment Center (CATC)	251,791	0	251,791	0.00
40070B	Mental Health Crisis Assessment & Treatment Center (CATC) Restoration	460,734	0	460,734	0.00
40071	Behavioral Health Division Adult Protective Services	972,927	272,257	1,245,184	7.80
40072	Mental Health Commitment Services	1,655,199	2,967,953	4,623,152	24.10
40073	Peer-run Supported Employment Center	105,162	0	105,162	0.00
40074	Mental Health Residential Services	1,207,420	7,984,872	9,192,292	11.80
40075	Choice Model	0	5,178,916	5,178,916	10.90
40076	Behavioral Health Services for Adults	0	235,710	235,710	0.00
40077A	Mental Health Treatment & Medication for the Uninsured	1,124,453	0	1,124,453	0.00
40077B	Mental Health Treatment & Medication for the Uninsured Restoration	252,349	0	252,349	0.00
40078	Early Assessment & Support Alliance	246,991	1,998,912	2,245,903	12.85
40080	Community Based MH Services for Children & Families	243,931	663,263	907,194	5.17
40081	Multnomah County Care Coordination	0	6,056,488	6,056,488	31.25
40082	School Based Mental Health Services	1,879,340	2,116,766	3,996,106	24.52
40083	Mental Health First Aid	177,162	38,251	215,413	1.00
40084	Culturally Specific Mental Health Services	1,795,322	0	1,795,322	0.00
40084B	Mobile Behavioral Health Peer & Support	225,000	0	225,000	0.00
40085	Adult Addictions Treatment Continuum	2,203,282	9,985,803	12,189,085	15.29
40085B	Law Enforcement Assisted Diversion (LEAD)	360,000	0	360,000	0.00
40086	Addiction Services Gambling Treatment & Prevention	0	898,107	898,107	1.20
40087	Addiction Services Alcohol & Drug Prevention	0	324,251	324,251	0.85
40088	Coordinated Diversion for Justice Involved Individuals	896,304	3,043,982	3,940,286	14.80

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Prog. #	Program Name	FY 2021 General Fund	Other Funds	Total Cost	FTE
Behavioral Health, cont.					
40088B	Stabilization Treatment Program Expansion-Culturally Specific Clients	502,000	0	502,000	0.00
40089	Addictions Detoxification & Post Detoxification Housing	1,344,448	696,259	2,040,707	0.00
40090	Family & Youth Addictions Treatment Continuum	113,635	440,245	553,880	0.00
40091	Family Involvement Team	0	440,442	440,442	0.00
40094	Medicaid Insurance Plan Administration and Operations	0	2,373,058	2,373,058	12.00
40099	Early Childhood Mental Health Program	1,515,164	618,031	2,133,195	12.39
40100	Trauma Intervention Services	50,000	0	50,000	0.00
Corrections Health					
40049	Corrections Health Juvenile Detention	1,364,776	0	1,364,776	5.40
40050A	Corrections Health Multnomah County Detention Center (MCDC)	4,047,561	0	4,047,561	22.10
40050B	Corrections Health MCDC Clinical Services and 4th Floor Housing	3,482,279	0	3,482,279	10.50
40050C	Corrections Health MCDC Housing Floors 5, 6, 7 & 8	3,318,449	0	3,318,449	17.50
40051A	Corrections Health Inverness Jail (MCIJ) Clinical Services	3,945,375	0	3,945,375	20.20
40051B	Corrections Health MCIJ General Housing Dorms 4 - 11	2,256,653	0	2,256,653	7.95
40051C	Corrections Health MCIJ Dorms 12 - 18 and Infirmary	2,398,194	0	2,398,194	9.30
40059	Corrections Health Mental Health Services	4,237,814	0	4,237,814	24.70
Director's Office					
40000	Health Department Director's Office	902,833	0	902,833	3.90
40003	Health Department Leadership Team Support	746,069	0	746,069	5.00
Epidemiology, Analytics and Evaluation					
40098	Epidemiology, Analytics and Evaluation	2,290,553	297,243	2,587,796	14.20
Human Resources					
40039	Human Resources	3,515,212	0	3,515,212	19.75
Financial and Business Management					
40040	Financial and Business Management Services	8,174,091	0	8,174,091	36.80
40041	Medical Accounts Receivable	1,411,255	0	1,411,255	9.00
40042	Contracts & Procurement	1,945,466	0	1,945,466	12.50
40044	Health Clinical Data and Reporting	3,151,082	0	3,151,082	5.75
Organizational Development					
40046	Organizational Development	2,375,847	0	2,375,847	11.80
Health Officer					
40002	Tri-County Health Officer	434,517	760,201	1,194,718	2.94
40004	Ambulance Services (Emergency Medical Services)	2,105,720	1,184,570	3,290,290	14.01
40005	Public Health & Regional Health Systems Emergency Preparedness	67,319	299,028	366,347	1.35
40052	Medical Examiner	1,854,287	17,872	1,872,159	11.00

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Prog. #	Program Name	FY 2021 General Fund	Other Funds	Total Cost	FTE
Integrated Clinical Services					
40012A	Services for Persons Living with HIV-Clinical Services	1,472,929	5,052,100	6,525,029	32.26
40016	Medicaid/Medicare Eligibility	487,973	1,962,061	2,450,034	18.00
40017A	Dental Services	13,157,728	13,602,951	26,760,679	142.69
40019	North Portland Health Clinic	2,510,090	2,590,662	5,100,752	26.30
40020	Northeast Health Clinic	3,035,971	3,072,356	6,108,327	29.80
40022	Mid County Health Clinic	7,349,023	5,031,406	12,380,429	57.60
40023	East County Health Clinic	5,536,943	4,951,426	10,488,369	50.60
40024A	Student Health Centers	3,512,435	2,778,043	6,290,478	33.67
40024B	Reynolds Student Health Center Ramp Up	156,991	0	156,991	0.57
40026	La Clinica de Buena Salud	1,181,863	1,705,873	2,887,736	13.70
40027	Southeast Health Clinic	1,148,456	2,595,513	3,743,969	17.50
40029	Rockwood Community Health Clinic	2,989,539	2,670,339	5,659,878	29.40
40030	Medical Director	1,232,208	507,883	1,740,091	4.40
40031	Pharmacy	0	28,355,977	28,355,977	55.13
40032	Lab and Medical Records	3,707,706	3,434,462	7,142,168	42.60
40033	Primary Care and Dental Access and Referral	2,747,339	658,626	3,405,965	27.00
40034	ICS Administration, Operations, and Quality Assurance	7,422,885	1,924,398	9,347,283	54.74
40036	Community Health Council and Civic Governance	259,939	0	259,939	1.00
Public Health					
40001	Public Health Administration and Quality Management	1,527,053	182,581	1,709,634	9.00
40001B	Public Health Quality, Disease Outbreak, and COVID-19 Support	280,253	0	280,253	1.80
40006	Tobacco Prevention and Control	649,364	674,284	1,323,648	6.85
40007	Health Inspections and Education	5,873,504	28,394	5,901,898	36.60
40008A	Vector-Borne Disease Prevention and Code Enforcement	1,196,877	0	1,196,877	6.82
40008B	Vector Control Restoration	139,940	0	139,940	1.30
40009	Vital Records	14,345	894,068	908,413	5.50
40010A	Communicable Disease Prevention and Control	2,015,473	2,523,704	4,539,177	21.08
40010B	Communicable Disease Clinical and Community Services	1,379,879	6,086,323	7,466,202	31.57
40012B	Services for Persons Living with HIV - Regional Education and Outreach	55,684	5,663,108	5,718,792	5.63
40018	Women, Infants, and Children (WIC)	2,094,542	3,673,741	5,768,283	39.80
40037	Environmental Health Community Programs	222,885	460,965	683,850	3.48
40053	Racial and Ethnic Approaches to Community Health	428,235	792,000	1,220,235	5.50
40053B	Racial and Ethnic Approaches to Community Health-Expansion	100,000	0	100,000	0.00
40054	Nurse Family Partnership	1,038,746	1,673,819	2,712,565	9.10
40055	Home and Community Based Health Consulting Restoration	328,910	549,791	878,701	4.90

Health Department

fy2021 adopted budget

Prog. #	Program Name	FY 2021 General Fund	Other Funds	Total Cost	FTE
40056	Healthy Families	652,795	2,354,927	3,007,722	5.87
40058	Healthy Birth Initiative	1,233,165	1,673,003	2,906,168	14.80
40058B	Healthy Birth Initiative-Restoration	121,444	0	121,444	1.00
40060	Community & Adolescent Health	1,550,197	741,371	2,291,568	12.70
40061	Harm Reduction	1,630,173	1,053,443	2,683,616	9.80
40096A	Public Health Office of the Director	2,705,448	3,003,435	5,708,883	22.50
40096B	Suicide Prevention	100,000	79,000	179,000	1.00
40096C	Public Health Communications	110,202	0	110,202	1.00
40097	Maternal Child Family Health Management	1,356,380	125,000	1,481,380	8.13
All Divisions: COVID-19					
40199A	Public Health - Contact Tracing	0	12,664,180	12,664,180	0.00
40199B	Public Health - Community Testing	0	4,938,000	4,938,000	0.00
40199C	Public Health - Isolation and Quarantine	0	10,727,070	10,727,070	0.00
40199D	Behavioral Health - Culturally Specific, Peers and Client Assistance	0	1,300,000	1,300,000	0.00
Total Health Department		\$159,883,728	\$206,641,090	\$366,524,818	1,412.22

*The above amounts include the non-represented wage freeze, which is a freeze on the Cost of Living Adjustment for all non-represented positions and a freeze on merit increases for non-represented positions earning over \$100,000. The wage freeze resulted in \$988,239 of General Fund savings and \$588,383 Other Funds savings. The Other Funds reduction was offset by an increase in other personnel expenditures so that the total appropriations remained unchanged.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$315,337	\$0	\$781,318	\$0
Materials & Supplies	\$77,679	\$0	\$45,258	\$0
Internal Services	\$23,257	\$0	\$76,257	\$0
Total GF/non-GF	\$416,273	\$0	\$902,833	\$0
Program Total:	\$416,273		\$902,833	
Program FTE	1.00	0.00	3.90	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2020: 40000-20 Health Department Director's Office

Significant changes for the Director's Office include:

- Championing a new mission, vision and values for the Department.
- Hosting the first series of all-staff meetings in over two decades.
- Re-structuring the department to consolidate services for increased equitable support to divisions.
- Supporting the Health Department's Office of Equity and Inclusion to engage employees in the implementation of the Workforce Equity Strategic Plan by launching the Equity Leaders Program.

Department: Health Department **Program Contact:** Jessica Guernsey
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs: 40096
Program Characteristics:

Executive Summary

Public Health Administration and Quality Management (PHA-QM) provides support to the Public Health Office of the Director as the local public health authority (LPHA). The LPHA holds the statutory responsibility to lead the local public system to promote and protect health, and prevent disease of all residents within Multnomah County. PHA-QM works with Public Health Division programs to set strategic directions and ensure accountability through achieving performance standards related to Public Health Accreditation, Public Health Modernization, and effective financial management.

Program Summary

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

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 strategic plans.

Project Management: This program area supports quality assurance and improvement; performance measurement; information management; public health workforce development; public health informatics; funding and grant development; project management for emerging public health issues with departmental and community significance (such as the opioid epidemic); and academic partnerships.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of grant proposals written	27	25	25	25
Outcome	Dollar amount (in millions) of grants funded	\$23.8	\$20	\$20	\$20
Outcome	% of identified quality improvement, strategic projects, and strategic plan objectives successfully completed	100%	90%	90%	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$1,593,970	\$238,839	\$1,173,213	\$139,723
Contractual Services	\$0	\$35,929	\$18,842	\$0
Materials & Supplies	\$75	\$93,586	\$62,135	\$18,027
Internal Services	\$112,154	\$156,646	\$272,863	\$24,831
Total GF/non-GF	\$1,706,199	\$525,000	\$1,527,053	\$182,581
Program Total:	\$2,231,199		\$1,709,634	
Program FTE	11.55	1.96	8.00	1.00

Program Revenues				
Intergovernmental	\$0	\$325,000	\$0	\$182,581
Service Charges	\$0	\$200,000	\$0	\$0
Total Revenue	\$0	\$525,000	\$0	\$182,581

Explanation of Revenues

This program generates \$16,348 in indirect revenues.

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

\$ 125,000 - ST Opiate Grant

\$ 57,581 - Public Health Modernization Local

Significant Program Changes

Last Year this program was: FY 2020: 40001-20 Public Health Administration and Quality Management

In FY 2021, PHA-QM is reducing County General Fund, resulting in a decrease in net FTE related to quality and project management infrastructure. In addition, PHA-QM is also adding State Public Health Modernization funding (\$57,581) to support project management activities.

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

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

Related Programs:
Program Characteristics:
Executive Summary

Public Health Administration and Quality Management (PHA-QM) ensures accountability and quality for the Public Health Division during disease outbreak response and recovery activities, such as the COVID-19 pandemic.

Program Summary

PHA-QM provides disease outbreak response planning for the public health system (e.g., HIV syndemic response, pandemic response, vaccines, etc.); provides active response support role including helping to staff the 24/7 Communicable Disease line; develops and assures population health policies and procedures; provides continuity of operations planning; and engages with state public health systems, CCO's, and regional partners to ensure state level policies are conducive to the best public health outcomes. All of these activities are core functions of the public health system and require long term capacity.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	# of quality improvement activities.	N/A	N/A	N/A	4
Outcome	% of Public Health programs with continuity of operations plans.	N/A	N/A	N/A	100%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$0	\$0	\$277,754	\$0
Materials & Supplies	\$0	\$0	\$2,499	\$0
Total GF/non-GF	\$0	\$0	\$280,253	\$0
Program Total:	\$0		\$280,253	
Program FTE	0.00	0.00	1.80	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** Jennifer Vines
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 have contracted with Multnomah County for their health officer services since 2008.

Program Summary

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

In Multnomah County the Health Officer is the lead 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 EMS Medical Director, provides technical consultation to the health promotion efforts and leads the County and regional efforts to address pressing public health issues, for example fatal opioid overdoses.

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 other topics. Dr. Vines sits on the Health Share Clinical Advisory Panel in addition to advising and participating other high-level external stakeholder endeavors.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 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 FY20-21. TCHO program staff meet regularly with county health administrators to review service delivery, program satisfaction, and progress on individual workplan items. Contract deliverables for FY20-21 will be negotiated and finalized by June 30, 2020. These will provide guidance for work priorities and program activities.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$395,168	\$447,677	\$383,763	\$476,325
Materials & Supplies	\$7,687	\$7,837	\$8,109	\$208,539
Internal Services	\$26,422	\$53,105	\$42,645	\$75,337
Total GF/non-GF	\$429,277	\$508,619	\$434,517	\$760,201
Program Total:	\$937,896		\$1,194,718	
Program FTE	1.20	1.45	1.00	1.94

Program Revenues				
Intergovernmental	\$0	\$508,619	\$0	\$760,201
Total Revenue	\$0	\$508,619	\$0	\$760,201

Explanation of Revenues

This program generates \$55,730 in indirect revenues. Clackamas and Washington counties meet their ORS 431.418 requirements for health officer services through intergovernmental agreements (IGA) with Multnomah County. The Tri-County Health Officer is funded by

- \$ 360,201 - Clackamas and Washington counties
- \$ 400,000 - Peer-driven Approach to Opioid Use Disorder

Significant Program Changes

Last Year this program was: FY 2020: 40002-20 Tri-County Health Officer

The Hospital Preparedness Program will transition to the state and out of the Health Officer Division. The Clackamas County contract will change to consolidate the Clackamas County Health Officer's FTE to Clackamas County. The contract with Multnomah County will be revised to keep the program functionally unchanged, with Clackamas possibly continuing to contribute funds to 0.07 FTE of the lead Health Officer's salary to administer the program.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$350,479	\$0	\$582,135	\$0
Contractual Services	\$80	\$0	\$0	\$0
Materials & Supplies	\$34,063	\$0	\$28,971	\$0
Internal Services	\$109,881	\$0	\$134,963	\$0
Total GF/non-GF	\$494,503	\$0	\$746,069	\$0
Program Total:	\$494,503		\$746,069	
Program FTE	3.00	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 2020: 40003-20 Health Department Leadership Team Support

Two new positions were added to address the staffing needs of the new Gladys McCoy Building. A contract employee was converted to a permanent FTE. This permanent FTE now staffs the main reception desk in the lobby of the McCoy and an additional FTE to provide breaks and back-up coverage, along with facilities and building support (e.g. loading dock assistance, office management services for all floors, micro marketplace, gym, supply rooms, etc.)

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

Executive Summary

Multnomah County Emergency Medical Services (MCEMS) regulates, monitors, and coordinates a local EMS system, including a franchised ambulance (AMB) contractor, fire departments, and licensed non-emergency ambulance providers. Under Medical Direction, the system receives 9-1-1- calls, dispatches resources, provides care, and transports patients to the appropriate facility.

Program Summary

MCEMS plans, procures, contracts, regulates, monitors, and coordinates EMS system activities to comply with the MC AMB Service Plan, MCC 21.400, and Oregon ADMIN Rules. MCEMS regulates all ambulance business in accordance with the above, including licensing and inspection of ambulances, monitoring of AMB contractor operations, supervising medical care, and levying fines for substandard performance or violation of ADMIN rules. MCEMS provides medical supervision, oversight, and guidance to 9-1-1 dispatchers, fire and AMB emergency medical personnel, and non-911 AMB providers. This includes setting medical protocols and standards of emergency, pre-hospital care, as well as the provision of real-time medical guidance to first responders through a subcontract with OHSU Medical Resource Hospital. MCEMS provides pre-hospital system regulation and coordination of 911 medical first response and dispatch personnel for MC. The City of Portland's Bureau of Emergency Communications, a.k.a. 911 Dispatch Center dispatches emergency personnel. Fire departments of Portland, Gresham, Portland Intl. Airport and volunteer fire districts throughout the County provide medical first response to all 911 calls, accounting for more than 103,000 calls annually. American Medical Response (AMR) provides 911-AMB service through an exclusive AMB contract with the MC. MCEMS- assures that 911 medical dispatch protocols are consistent with care provided by EMS providers across multiple agencies; maintains county contracts for first response services and responds to concerns from the public regarding EMS care; monitors and enforces AMB response and performance metrics; coordinates and supervises annual joint training to assure fire and ambulance paramedics interpret and use medical protocols consistently across EMS agencies; establishes quality standards and metrics for the provision of EMS and uses a Continuous Quality Improvement process to monitor and improve service quality across the system; and coordinates major event planning, medical equipment specifications, liaison and communication with local hospitals, as well as EMS disaster planning.

Also, MCEMS manages the Tri-County 911 Service Coordination Program (TC911), a community-based intervention serving more than 500 frequent users of EMS systems across Clackamas, Washington, and Multnomah Counties. Seven licensed clinical social workers provide short-term intensive case management and care coordination to link people to non-emergency svcs., such as primary care, mental health, addictions treatment, and long term care.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	AMB response time for urgent, life threatening calls in the Urban zone is < or equal to 8 min. 90% of the time.	90.21%	90%	90.0%	90%
Outcome	AMB response time for urgent, life threatening calls in rural areas is < or equal to 20 min., 90% of the time.	90.84	90%	90.5%	90%
Output	EMS-social workers to serve a minim. of 500 highest users of EMS system with regional care coord.&case mgt	546	500	500	500

Performance Measures Descriptions

The exclusive AMB service contractor has response time std, by geographic zones, for 911 dispatched medical calls. Life-threatening calls in Urban zones shall receive a resp. within 8 min. and rural areas, 90% within 20 min. time. EMS social worker program (Tri-County 911 Service Coord. Prog. is largely funded by Medicaid payors to serve their highest cost, highest ED utilizing clients with intensive care mgt. svcs. TC911 evaluations have proven to reduce emerg. utilization and costs by redirecting and linking clients to appropriate care (e.g. primary care, housing, mental h. svcs, alcohol.& drug treat.).

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$1,254,102	\$800,059	\$1,307,770	\$915,050
Contractual Services	\$704,146	\$92,360	\$504,538	\$35,709
Materials & Supplies	\$43,123	\$10,096	\$144,895	\$10,105
Internal Services	\$215,968	\$109,405	\$148,517	\$223,706
Total GF/non-GF	\$2,217,339	\$1,011,920	\$2,105,720	\$1,184,570
Program Total:	\$3,229,259		\$3,290,290	
Program FTE	7.00	5.80	7.21	6.80

Program Revenues				
Fees, Permits & Charges	\$1,943,680	\$0	\$1,938,874	\$0
Intergovernmental	\$72,194	\$0	\$72,194	\$0
Other / Miscellaneous	\$0	\$1,011,920	\$0	\$1,184,570
Total Revenue	\$2,015,874	\$1,011,920	\$2,011,068	\$1,184,570

Explanation of Revenues

This program generates \$107,061 in indirect revenues.

License fees, the ambulance franchise fee, and contracts pay MCEMS administration and medical direction costs. Fees are established and collected through agreements with the exclusive emergency ambulance contractor and other jurisdictions. The revenues for the services equals the County's expense in providing the service. Should expenses increase, the County's exclusive ambulance contractor covers the difference. The County's exclusive ambulance services contract and MCC 21.400 provide authority for MCEMS to levy fines for substandard performance. Any fines collected pay for EMS system enhancements.

In addition, the County pays two fire first response agencies in eastern Multnomah County to provide EMS first response in areas of the County not otherwise served by a Fire Department to provide EMS first response.

The EMS Social Work Program (aka TC911) has a contract with Health Share of Oregon through June 30, 2021 to serve 450 Medicaid members (\$1,184,570). The County supplements this with general funds to allow service to non-Medicaid clients using EMS frequently.

Significant Program Changes

Last Year this program was: FY 2020: 40004A-20 Ambulance Services (Emergency Medical Services)

Preparedness
Department: Health Department **Program Contact:** Jennifer Vines

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

Related Programs:
Program Characteristics:
Executive Summary

Preparing for and responding to emergencies with widespread or severe health impacts require multi-agency, multi-jurisdictional, and public/private sector collaboration. The Health Department Public Health Preparedness (HDPHP) program assures that we can carry out the County's unique public health responsibilities in an emergency and contributes to this.

Program Summary

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

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 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	93%	98%	98%	99%
Quality	Program satisfaction	93%	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 plan, coordinate, and operationally lead in matters related to preserving the life and health of the people within the County. An intergovernmental agreement with the Oregon Health Authority (Public Health Division) specifies requirements for public health preparedness activities supported with federal CDC funds this includes two grants the Public Health Emergency Preparedness Grant and the Cities Readiness Initiative Grant. Both sources of federal funds are dedicated to public health emergency preparedness, and cannot supplant other funding or be used to build general emergency preparedness or public health capacities.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$0	\$546,779	\$0	\$238,971
Materials & Supplies	\$0	\$33,563	\$3	\$7,974
Internal Services	\$35,918	\$117,494	\$67,316	\$52,083
Total GF/non-GF	\$35,918	\$697,836	\$67,319	\$299,028
Program Total:	\$733,754		\$366,347	
Program FTE	0.00	3.35	0.00	1.35

Program Revenues				
Intergovernmental	\$0	\$697,836	\$0	\$299,028
Total Revenue	\$0	\$697,836	\$0	\$299,028

Explanation of Revenues

This program generates \$27,960 in indirect revenues.

State Public Health Emergency Preparedness is supported by the Federal Centers for Disease Control (CDC) funds received through an intergovernmental agreement with the Oregon Department of Human Services.

\$ 259,028 - State Public Health Emergency Preparedness

\$ 40,000 - Cities Readiness Initiative

Significant Program Changes

Last Year this program was: FY 2020: 40005-20 Public Health & Regional Health Systems Emergency Preparedness

The HDPHP will transfer in its entirety to the state on June 30, 2020. 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, & other providers are prepared to respond in an effective and coordinated manner. The prog. 1) ensures that hospitals & other providers develop & exercise plans to increase the # of patients they can serve; 2) creates regional plans to coordinate a public/private resp.; 3) develops regional capacities to address comm. & other critical support needs; & 4) develops regional capacities to manage specific health impacts (e.g., pandemic influenza). The prog. coordinate & collaborate to develop effective govt. & private sector health response capacities in the county and region.

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

Executive Summary

The Tobacco Prevention and Control Program uses a variety of policy, systems, and environmental change 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 1,203 residents die prematurely from tobacco use each year, and more than 36,090 suffer from a disease caused by smoking. Despite these risks, approximately 106,900 Multnomah County adults currently smoke cigarettes while the youth of Multnomah County currently report e-cigarette use at higher rates than cigarettes. And the harmful effects of smoking and vaping do not end with the user. Secondhand smoke/vape 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 \$305.6 million is spent on tobacco-related medical costs and \$271.9 million is lost in productivity due to premature tobacco-related deaths.

General components of the program include: implementation of equitable 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, enforcement inspections, surveillance and monitoring, trainings, and outreach and consultation to increase retailer compliance with all laws related to the sale of tobacco and nicotine products. These components work to decrease access and availability of tobacco and nicotine products within Multnomah County.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of tobacco retail licenses issued	695	800	774	800
Outcome	Number of policies established to reduce tobacco use and exposure	0	2	1	2
Output	Number of retailer inspections	1,458	2,070	1,750	1,808
Output	Number of community partnerships	49	45	49	54

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, minimum legal sales age inspections, suspension 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$489,515	\$319,532	\$506,614	\$368,771
Contractual Services	\$27,475	\$0	\$21,000	\$150,474
Materials & Supplies	\$26,106	\$4,543	\$17,320	\$50,327
Internal Services	\$130,870	\$66,614	\$104,430	\$104,712
Total GF/non-GF	\$673,966	\$390,689	\$649,364	\$674,284
Program Total:	\$1,064,655		\$1,323,648	
Program FTE	3.90	2.60	3.95	2.90

Program Revenues				
Fees, Permits & Charges	\$613,764	\$0	\$613,763	\$0
Intergovernmental	\$0	\$390,689	\$0	\$494,284
Other / Miscellaneous	\$0	\$0	\$0	\$180,000
Total Revenue	\$613,764	\$390,689	\$613,763	\$674,284

Explanation of Revenues

This program generates \$43,146 in indirect revenues.

\$ 494,284 - OHA, Oregon Public Health Division Tobacco Prevention and Education grant

\$ 180,000 - HSO County Based Services - TPEP

Significant Program Changes

Last Year this program was: FY 2020: 40006-20 Tobacco Prevention and Control

For FY 2021, Tobacco Prevention and Control will have Health Share of Oregon funding (\$180,000) to increase the reach and impact of communication and media campaigns.

Department: Health Department **Program Contact:** Jae Douglas
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40008, 40010A
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. In 2020, the program became the first in the nation to license and inspect food cart pods. Participation in the Food and Drug Administration's Program Standards aligns Multnomah County with national standards. The inspection program received an outstanding rating in the 2018 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 4,815 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 60 pool operators each year. **Schools, Child and Adult Foster Care Facilities:** The program inspects 858 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 41 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 8 foodborne illness investigations and 9 vibrio investigations in restaurants in the previous calendar 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.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of licenses issued	7,374	7,445	7,149	7,958
Outcome	Number of Priority & Priority Foundation violations	14,184	13,738	13,234	13,100
Output	Number of facility inspections	14,377	14,331	14,346	15,591
Output	Number of Food Worker Cards issued	11,356	11,214	11,233	11,568

Performance Measures Descriptions

1) New food cart pod licensing included in FY21 Offer. 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$4,488,503	\$86,098	\$4,518,786	\$24,349
Contractual Services	\$268,844	\$15,000	\$423,410	\$0
Materials & Supplies	\$151,445	\$1,638	\$194,979	\$1,196
Internal Services	\$788,010	\$9,979	\$736,329	\$2,849
Total GF/non-GF	\$5,696,802	\$112,715	\$5,873,504	\$28,394
Program Total:	\$5,809,517		\$5,901,898	
Program FTE	36.75	0.76	36.41	0.19

Program Revenues				
Fees, Permits & Charges	\$5,696,802	\$0	\$5,886,122	\$0
Intergovernmental	\$0	\$112,715	\$0	\$28,394
Total Revenue	\$5,696,802	\$112,715	\$5,886,122	\$28,394

Explanation of Revenues

This program generates \$2,849 in indirect revenues.

Multnomah County Environmental Health receives \$28,394 of support each year from the State of Oregon-Drinking Water Section. This level of support continues to stay consistent. Money received from the state is used to pay for staff who work in the drinking water program performing sanitary surveys and responding to alerts.

\$ 5,886,122 - Health inspection and education licenses general fund fees
 \$ 28,394 - State Safe Drinking Water fund

Significant Program Changes

Last Year this program was: FY 2020: 40007-20 Health Inspections and Education

In 2019, the Board of County Commissioners passed an ordinance amending Chapter 21 to add new regulatory authority over food cart pods. In 2020, Health Inspections and Education began enforcement of the new licensing requirements.

Department: Health Department **Program Contact:** Jae Douglas
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40007, 40010A
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 2018, five counties in Oregon reported 58 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. 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 and dumping.

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	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of acres treated for mosquitoes	1,526	1,300	1,500	870
Outcome	Proportion of number of acres treated for mosquitoes funded by jurisdictional entity	1.9	0.65	1.9	1.1
Efficiency	Number of acres treated for mosquitoes per FTE	381	325	375	218
Output	Number of rodent inspections conducted	1,083	1,050	1,000	580

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. Four FTE were used to treat for mosquitoes in FY19 and FY20. 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$1,031,574	\$0	\$881,206	\$0
Contractual Services	\$26,500	\$0	\$19,583	\$0
Materials & Supplies	\$64,740	\$0	\$49,390	\$0
Internal Services	\$0	\$0	\$246,698	\$0
Total GF/non-GF	\$1,122,814	\$0	\$1,196,877	\$0
Program Total:	\$1,122,814		\$1,196,877	
Program FTE	8.65	0.00	6.82	0.00

Program Revenues				
Fees, Permits & Charges	\$500	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$10,000	\$0
Other / Miscellaneous	\$1,000	\$0	\$1,000	\$0
Service Charges	\$302,612	\$0	\$272,612	\$0
Total Revenue	\$304,112	\$0	\$283,612	\$0

Explanation of Revenues

- \$ 266,112 - The City of Portland, Bureau of Environmental Services
- \$ 10,000 - State of Oregon, West Nile Virus
- \$ 5,000 - Oregon Zoo
- \$ 1,500 - Maywood Park
- \$ 1,000 - Penalty Enforcement

Significant Program Changes

Last Year this program was: FY 2020: 40008-20 Vector-Borne Disease Prevention and Code Enforcement

In FY 2021, Vector-Borne Disease Prevention and Code Enforcement has a reduction in FTE (field staff and administration support), resulting in a decreased level of service that treats fewer acres for mosquitoes and conducts fewer rodent inspections.

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

Executive Summary

This program offer will maintain the current capacity in Vector services. The Vector program provides abatement services across the county including public lands and green spaces under the jurisdiction of City of Portland, Metro, Port of Portland among others. In 2021, the Public Health division will be exploring other sources of revenue and support for this program, in partnership with all the jurisdictions that benefit from these services.

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 2019, four counties in Oregon reported 85 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. 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 and dumping.

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	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of acres treated for mosquitoes	NA	NA	NA	630
Outcome	Proportion of number of acres treated for mosquitos funded by jurisdictional entity	NA	NA	NA	0.8
Efficiency	Number of acres treated for mosquitoes per FTE	NA	NA	NA	158
Output	Number of rodent inspections conducted	NA	NA	NA	420

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. 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$0	\$0	\$131,986	\$0
Contractual Services	\$0	\$0	\$7,954	\$0
Total GF/non-GF	\$0	\$0	\$139,940	\$0
Program Total:	\$0		\$139,940	
Program FTE	0.00	0.00	1.30	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

In FY 2021, this offer will fund FTE (field staff and administration support) which was reduced in 40008A Vector-Borne Disease Prevention and Code Enforcement and bring the program back to FY 2020 service levels for acres for mosquitoes treated and rodent inspections.

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, which minimizes the opportunity for identity theft and assures accurate record of cause of death and identification of parents of the born child.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of birth and death certificates issued	36,002	35,763	34,643	35,200
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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$0	\$465,829	\$0	\$591,588
Contractual Services	\$0	\$19,537	\$0	\$15,200
Materials & Supplies	\$2,195	\$14,495	\$14,345	\$8,286
Internal Services	\$0	\$394,207	\$0	\$278,994
Total GF/non-GF	\$2,195	\$894,068	\$14,345	\$894,068
Program Total:	\$896,263		\$908,413	
Program FTE	0.00	4.75	0.00	5.50

Program Revenues				
Fees, Permits & Charges	\$0	\$894,068	\$0	\$894,068
Total Revenue	\$0	\$894,068	\$0	\$894,068

Explanation of Revenues

This program generates \$69,216 in indirect revenues.

This is a fee driven, self-sustaining program. The fee schedule is established by the State of Oregon.

\$ 894,068 - Vital Stats Certs (Licenses)

\$ 14,345 - Vital State Certs (Licenses) general fund fees

Significant Program Changes

Last Year this program was: FY 2020: 40009-20 Vital Records

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40010B, 40007, 40008
Program Characteristics:

Executive Summary

Communicable Disease Prevention and Control (CDPC) programming protects community health by responding to reportable communicable diseases with prompt disease investigation and limiting the spread of these diseases through disease control interventions. CD is a foundational public health program that upholds the State of Oregon communicable disease statutes through disease tracking and investigation, disease intervention and control, and response evaluation. CDPC responds 24/7 to events of public health importance.

Program Summary

As part of foundational public health CD programming, CD Prevention and Control (CDPC) is 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, CDPC works with communities to provide health education. For people who already have diseases, the program assures access to medicine, care, and education to prevent the spread of illness. 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. CDPC 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.

CDPC employs a culturally diverse staff who include 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, and provide technical assistance to public health professionals.

CDPC includes epidemiologic investigation (identifying patterns of disease transmission in communities) and assures preventive health measures in response to reportable disease exposures and outbreaks; response planning and implementation for emerging infectious diseases; public health disease tracking and analysis to monitor communicable disease threats; tuberculosis case management; and support for immunization law requirements. CDPC also works with government and community partners to build capacity to address emerging issues, including the need for increased provider support and case investigation.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of disease report responses	5,419	5,500	5,750	5,550
Outcome	Location of contacts (pertussis, meningococcal meningitis, Hepatitis A and B) within one day	78%	70%	70%	70%
Quality	Percent of tuberculosis (TB) patients completing treatment within 12 months	96%	90%	96%	93%
Outcome	Percent of assisted facilities successful in meeting immunization law requirements	99%	90%	90%	90%

Performance Measures Descriptions

1) Disease & laboratory reports received/reviewed/responded to. 2) Timeliness of response. Potentially exposed persons. Excludes chronic Hepatitis B cases. 3) National goal for completing TB treatment (93% as of 2021 per OHA & CDC, previously 90%). 4) Licensed child care facilities and schools receive technical assistance to meet state of Oregon student vaccination record reporting requirements.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$1,672,238	\$1,721,393	\$1,133,619	\$2,060,665
Contractual Services	\$71,829	\$33,128	\$43,200	\$118,347
Materials & Supplies	\$122,797	\$31,894	\$107,802	\$31,679
Internal Services	\$713,136	\$244,710	\$730,852	\$313,013
Total GF/non-GF	\$2,580,000	\$2,031,125	\$2,015,473	\$2,523,704
Program Total:	\$4,611,125		\$4,539,177	
Program FTE	10.91	13.72	6.78	14.30

Program Revenues				
Intergovernmental	\$0	\$1,725,035	\$0	\$2,160,607
Other / Miscellaneous	\$0	\$188,025	\$0	\$197,221
Service Charges	\$0	\$118,065	\$0	\$165,876
Total Revenue	\$0	\$2,031,125	\$0	\$2,523,704

Explanation of Revenues

This program generates \$223,592 in indirect revenues.

CDPC is funded by federal and state grants and client fees. Federal and state grants support best practices (e.g., TB evaluations and LTBI treatment support for newly arriving refugees) and expanded public health surveillance activities (e.g., Metropolitan Area Pertussis Surveillance and Emerging Infectious Disease program) that build upon statutory responsibilities.

\$ 1,322,182 - State of Oregon LPHA (Direct State and Federal through State)

\$ 98,400 - Refugee Health Promotion (Direct Federal)

\$ 540,142 - Emerging Infections Program

\$ 228,857 - Medical Fees

\$ 334,123 - Public Health Modernization Regional and Local

\$ 162,347 - Health Communicable Disease program

Significant Program Changes

Last Year this program was: FY 2020: 40010A-20 Communicable Disease Prevention and Control

In FY 2021, tuberculosis clinical services (TB evaluation and latent TB treatment) are being moved from 40010A Communicable Disease Prevention and Control to 40010B Communicable Disease Clinical and Community Services. This move is the next step in integrating public health clinical services, which began in FY 2020 when the CD and STD/HIV clinics were combined into a single clinic.

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40010A, 40012B, 40061
Program Characteristics:

Executive Summary

Communicable Disease (CD) programming protects community health by responding to reportable communicable (infectious) diseases with prompt disease investigation and limiting the spread of these diseases through disease control interventions. CD is a foundational public health program that upholds the State of Oregon communicable disease statutes through disease tracking and investigation, disease intervention and control, and response evaluation. CD Clinical and Community Services provides sexual health services to prevent STD and HIV transmission and provides limited tuberculosis evaluation and treatment.

Program Summary

As part of foundational public health CD programming, CD Clinical and Community Services uses population-focused approaches to prevent and treat disease transmission. Program components include:

STD/HCV/HIV - Locally, sexual health disparities persist by race/ethnicity, sexual orientation, and gender. For example, the syphilis rate for gay and bisexual men is as much as 200 times higher than for heterosexual men; and African Americans have higher rates of chlamydia, gonorrhea, and syphilis. A cornerstone of the program is designing services to reduce long-standing inequities among racial, ethnic, and sexual minority communities. STD/HCV/HIV activities include: Partner Services - staff contact infected and exposed people and their sex/needle-sharing partners, link them to testing and treatment, and counsel for behavior change. STD Clinical Services - Medical staff provide low barrier, timely evaluation, treatment, and prevention counseling 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. Partnerships - Focused community and field-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. The program has a strong record of meeting national benchmark performance measures, and is nationally recognized for innovation and program coordination, as well as high client satisfaction across all demographics.

Tuberculosis (TB) - TB services include limited specialty care services for evaluation of TB and treatment of latent TB, including TB testing in homeless shelters and serving newly arriving refugees, who are disproportionately affected by communicable diseases common in their countries of origin.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number clinical visits (STD, HIV, TB)	9,244	5,000	9,300	9,300
Outcome	Percent of all County gonorrhea/syphilis/HIV cases diagnosed through this program	15%	15%	14%	15%
Quality	Percent of syphilis/HIV cases investigated	81%	85%	80%	85%
Output	Number of patients initiated on HIV prevention medication (PrEP)	284	250	300	325

Performance Measures Descriptions

1) The clinical visits reported now include clinical TB services since integration (see program changes below). The FY20 offer did not, but the FY21 offer does include clinical TB visits. (FY20 STD-only estimate is 5,000 visits). 2) Shows impact and efficiency of program to find, diagnose, and treat significant portion of reportable STDs relative to entire health care system. 3) Priority diseases recommended by CDC. 4) HIV PrEP prevents infection in HIV negative individuals.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$246,341	\$2,615,009	\$661,490	\$3,083,350
Contractual Services	\$120,387	\$1,995,679	\$133,225	\$2,358,321
Materials & Supplies	\$92,726	\$54,970	\$149,176	\$59,595
Internal Services	\$479,605	\$406,863	\$435,988	\$585,057
Capital Outlay	\$0	\$80,000	\$0	\$0
Total GF/non-GF	\$939,059	\$5,152,521	\$1,379,879	\$6,086,323
Program Total:	\$6,091,580		\$7,466,202	
Program FTE	1.13	22.77	4.93	26.64

Program Revenues				
Intergovernmental	\$0	\$4,802,221	\$0	\$5,578,230
Service Charges	\$0	\$350,300	\$0	\$508,093
Total Revenue	\$0	\$5,152,521	\$0	\$6,086,323

Explanation of Revenues

This program generates \$360,752 in indirect revenues.

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

- \$ 352,586 State Local Public Health Authority IGA
- \$ 250,000 Federal STD Surveillance Network Grant (SSuN)
- \$ 4,882,119 HIV EIO
- \$ 468,793 Medical Fees
- \$ 132,825 Sexually Transmitted Diseases Client Services

Significant Program Changes

Last Year this program was: FY 2020: 40010B-20 STD/HIV/Hep C Community Prevention Program

In FY 2021, this offer was renamed to Communicable Disease Clinical and Community Services to reflect the integration of CD and STD/HIV clinical services into a single public health clinic. The clinics were combined in FY 2020 and, in FY 2021, tuberculosis clinical services (TB evaluation and latent TB treatment) are being moved from 40010A Communicable Disease Prevention and Control to 40010B Communicable Disease Clinical and Community Services as the next step in clinical integration.

Department: Health Department **Program Contact:** Tasha Wheatt-Delancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40012B, 40010B
Program Characteristics:

Executive Summary

The HIV Health Services Center (HHSC) provides community-based primary care and support services to 1,400 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 HHSC, the only Ryan White clinic in Oregon, serves over 1,400 clients each year and is part of the County's Federally Qualified Health Center (FQHC). HHSC's services include culturally specific LGBTQI HIV/HCV outpatient medical care, mental health services, case management, health education, HIV prevention, art therapy, IPV universal education & screening with referral to community resources, risk reduction support, medication-assisted therapy, and treatment adherence counseling. Access to and use of HIV medications are optimized by clinical pharmacy services. Patient navigation services assist clients with access to housing and other needs for support.

Also, collaboration with a community partner also makes substance abuse peer support available at the clinic. HHSC integrates prevention into all services to reduce client risk of HIV transmission. The clinic is supported by an active Client Advisory Council & a well-established network of HIV social services providers and is an AIDS Education and Training Center site, training > 40 doctors, nurses, clinic administrators, quality directors, and pharmacists each year. The clinic serves as a Practice Transformation Training site to mentor providers in rural FQHCs caring for clients living with HIV. Clients continue to be severely affected by poverty, lack of stable housing and lack of adequate services to treat mental illness and substance use disorder. The clinic provides Programmatic oversight for the FOCUS Grant targeting universal screening, testing, and linkage to care for Hepatitis C in MC's FQHC Primary Care Clinic settings as well as STD & Harm Reduction programs HHSC continues to provide Hepatitis C assessment & treatment to the County's non-HIV Primary Care Patients. HHSC provides intensive onsite medical case management and housing case management to ensure clients who are homeless to secure access to housing resources (short and long term), identify barriers and develop strategies to empower clients to remain engaged in medical care and adherent to medications. Implementation of rapid antiretroviral therapy for newly diagnosed persons living with HIV diagnoses and intake coordination has been implemented in the HIV clinic to enhance engagement and retention in disenfranchised populations who struggle with social and health disparities. Engagement in health insurance of this vulnerable patient population who travels the state to be seen at this clinic is a critical component of the medical case management/eligibility specialist function embedded in the care delivery model of the HIV clinic.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of unduplicated HIV Clinic clients.	1,450	1,450	1,398	1,425
Outcome	Percent of HIV Clinic clients whose last viral load test is below 200 copies.	90%	90%	90%	90%

Performance Measures Descriptions

- 1) This measure shows how many unique clients were seen at the HIV Health Services Center during the fiscal year
- 2) 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) 10% cap on planning & administration, requiring the County to cover some administrative costs; and 3) The County must spend local funds for HIV services at least at the level spent in the previous year.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$976,304	\$3,162,174	\$708,011	\$3,928,685
Contractual Services	\$124,092	\$16,619	\$0	\$153,328
Materials & Supplies	\$115,163	\$140,749	\$33,625	\$326,591
Internal Services	\$113,154	\$1,079,866	\$731,293	\$643,496
Total GF/non-GF	\$1,328,713	\$4,399,408	\$1,472,929	\$5,052,100
Program Total:	\$5,728,121		\$6,525,029	
Program FTE	4.94	25.09	6.52	25.74

Program Revenues				
Intergovernmental	\$0	\$2,827,202	\$0	\$3,292,097
Other / Miscellaneous	\$0	\$293,010	\$0	\$293,010
Service Charges	\$1,328,713	\$1,279,196	\$1,472,929	\$1,466,993
Total Revenue	\$1,328,713	\$4,399,408	\$1,472,929	\$5,052,100

Explanation of Revenues

This program generates \$493,663 in indirect revenues.

\$ 1,339,442 - Ryan White Part A funds for 20-21 (Medical, Case management, Non medical case management and Housing)

\$ 368,760 - Ryan White Part D funds for 20-21 (Women, Children, Youth)

\$ 13,120 - Ryan White Part F funds for 20-21 (OHSU dental referrals case management)

\$ 81,400 - AIDS Education & Training Center - Base (AETC)

\$ 212,000 - Federal Primary Care Grant (330) for FY 21

\$ 811,624 - Federal Ryan White Part C funds Primary Care HIV-Early Intervention

\$ 359,956 - OHA Ryan White

\$ 107,199 - Oregon Health Authority HIV Care (OA/Case Management support)

\$ 2,939,922 - Medical Fees projected

\$ 293,010 - FOCUS Hepatitis C Foundation Grant 20-21: Hep C Primary Care Screening and Treatment

Significant Program Changes

Last Year this program was: FY 2020: 40012A-20 Services for Persons Living with HIV-Clinical Services

Significant increase in HIV/HCV incidence in the homeless camp community which has impacted our program around deliverables, supporting our Rapid Antiretroviral Workflow demonstrating newly diagnosed clients are able to leave with HIV medications same day of their diagnosis and achieving HIV viral load suppression as quickly as 39 days from time of diagnosis.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$0	\$823,697	\$0	\$801,076
Contractual Services	\$5,500	\$3,571,199	\$5,500	\$4,659,444
Materials & Supplies	\$1,196	\$21,730	\$500	\$26,875
Internal Services	\$37,990	\$157,880	\$49,684	\$175,713
Total GF/non-GF	\$44,686	\$4,574,506	\$55,684	\$5,663,108
Program Total:	\$4,619,192		\$5,718,792	
Program FTE	0.00	6.67	0.00	5.63

Program Revenues				
Intergovernmental	\$0	\$4,574,506	\$0	\$5,663,108
Total Revenue	\$0	\$4,574,506	\$0	\$5,663,108

Explanation of Revenues

This program generates \$91,560 in indirect revenues.

\$ 2,575,251 Ryan White Part A funds for 20-21: Medical, Case management, Non medical case management and Housing

\$ 3,087,857 Oregon Health Authority Ryan White

Significant Program Changes

Last Year this program was: FY 2020: 40012B-20 Services for Persons Living with HIV - Regional Education and

For FY 2021, additional State Ryan White Part B funding will support expanded housing and other supportive services such as mental health, case management, and access to treatment.

Legal / Contractual Obligation

The Medicaid Enrollment Prog. is on contract with the State Division of Medical Assistance Progs. to provide application and enrollment assistance to all OHP/Medicaid eligibles including education regarding managed health care. Information shall include establishing a Date of Request or effective date of coverage, managed medical, dental, and mental health care, covered services (including preventive and emergent), client rights and responsibilities, and the grievance and appeal process. Medical Assistants is in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$546,132	\$1,245,081	\$107,415	\$1,756,545
Contractual Services	\$18,000	\$0	\$24,000	\$0
Materials & Supplies	\$13,303	\$449	\$14,941	\$0
Internal Services	\$251,696	\$144,416	\$341,617	\$205,516
Total GF/non-GF	\$829,131	\$1,389,946	\$487,973	\$1,962,061
Program Total:	\$2,219,077		\$2,450,034	
Program FTE	5.74	12.26	1.00	17.00

Program Revenues				
Intergovernmental	\$0	\$294,466	\$0	\$1,962,061
Service Charges	\$291,512	\$1,095,480	\$0	\$0
Total Revenue	\$291,512	\$1,389,946	\$0	\$1,962,061

Explanation of Revenues

This program generates \$205,516 in indirect revenues.

Medicaid/Medicare eligibility receives funding from the Division of Medical Assistance Programs (DMAP) which provides compensation to eligible Federally Qualified Health Centers (FQHCs) for outreach activities. DMAP provides compensation through calculating a rate that is equal to 100% of allowable, specific direct costs according to OAR 410-147-0400. The revenue for FY21 is based on actual expenses from FY2020. DMAP disallows the cost of supervision, office support and interpretation services. General fund provides funding for expenditures not covered by state funding.

\$ 1,667,594 - Division of Medical Assistance Programs (DMAP)

\$ 294,467 - Federal Primary Care (330) Grant

Significant Program Changes

Last Year this program was: FY 2020: 40016-20 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 persons 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 additional child based services to uninsured and underinsured clients (School of Community and Oral Health); focuses on access for clients with chronic diseases, children and pregnant women. The program uses evidence based practice guidelines.

Program Summary

The Dental program has four 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 clients 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, known as our Baby Day program. The Dental program also delivers mandated services within two Corrections Health sites. The fourth component of the program consists of mentoring and training 3rd and 4th year OHSU Dental students who provide services to our clients in the clinics, under the preceptorship of our providers, which helps cultivate a workforce interested in providing public health today and into the future. Dental Services is an essential program that provides education, prevention, and dental treatment to the poorest and most vulnerable in Multnomah County. 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 clients who have recently gained insurance through our outreach efforts. The focus on metrics benefits the community, quality of care, and our financial picture. 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	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Billable patient visits (including School and Community Oral Health)	77,000	91,706	84,000	91,000
Outcome	Improve patient no show rate to assure access to care	17%	15%	16%	16%
Quality	Maintain Opioid Prescribing by Dentists	CY 18~772	CY 19~900	CY 19~600	CY 20~500

Performance Measures Descriptions

Output (billable visits) may be slightly under target for 2020 due to WISDOM implementation. Performance to date has exceeded budgeted output. Opioid prescribing in the dental program continues to decrease at statistically significant figures.

Legal / Contractual Obligation

Dental services are a requirement of the Bureau of Primary Health Care 330 Grant. Dental services in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements. The Dental Program is also accredited under The Joint Commission and follows TJC accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$10,792,617	\$6,559,060	\$11,408,895	\$8,438,768
Contractual Services	\$172,486	\$230,966	\$8,000	\$449,901
Materials & Supplies	\$527,734	\$739,097	\$160,641	\$1,188,148
Internal Services	\$2,027,947	\$2,470,195	\$1,580,192	\$3,526,134
Total GF/non-GF	\$13,520,784	\$9,999,318	\$13,157,728	\$13,602,951
Program Total:	\$23,520,102		\$26,760,679	
Program FTE	62.65	70.16	70.93	71.76

Program Revenues				
Intergovernmental	\$0	\$312,000	\$0	\$312,000
Other / Miscellaneous	\$700,000	\$142,070	\$500,000	\$0
Beginning Working Capital	\$459,000	\$0	\$500,000	\$0
Service Charges	\$12,361,784	\$9,545,248	\$12,157,728	\$13,290,951
Total Revenue	\$13,520,784	\$9,999,318	\$13,157,728	\$13,602,951

Explanation of Revenues

This program generates \$2,322,176 in indirect revenues.
The primary source of revenue is Medicaid payments and patient fees.

- \$ 25,448,679 - Dental Patient Fees
- \$ 312,000 - Federal Primary Care (330) Grant
- \$ 500,000 - CareOregon - Medicaid Dental Support BWC
- \$ 500,000 - CareOregon Dental Incentives

Significant Program Changes

Last Year this program was: FY 2020: 40017-20 Dental Services

For FY 2021 the program will continue to deliver services in a compassionate, whole body manner in order to facilitate and promote integration with primary care. The County dental program has been a State leader at reducing the number opioids prescribed by over 80% from CY 2015 to CY 2019. The dental program is now using The Wisdom Electronic health record, a module within Epic. We are confident with having one health record for our patients, that care will be enhanced, and outcomes will continue to improve.

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 14,000 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 shows WIC families are in overall better health and have less food insecurity when participating in the program. WIC mothers have a 25% reduced risk for preterm birth and 44% lower risk for low birth weight babies, resulting in better health, less chronic disease throughout their lives, and Medicaid costs savings. 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 chronic diseases. Breastfeeding promotion uses an evidence-based support model that is effective for the County's most vulnerable families who experience significant racial/ethnic disparities in breastfeeding and income.

WIC serves over 20,000 clients annually with an average of 6.4 significant nutrition contacts per client. WIC clients also receive access to other support services including prenatal care, immunizations, Head Start, housing and day care assistance, social services, referrals to County public health, SNAP, and other food assistance programming, and more. As a core referral center for other health and social services, WIC is key in enrolling families in Medicaid and private insurance and other early childhood programs. The 21 full time equivalent nutrition provider staff conducted 46,373 visits with WIC clients in 2019. WIC emphasis culturally and linguistically appropriate services for its diverse clientele: 26.6% of WIC clients do not speak English and, in a given month, WIC serves over 3,660 clients who speak 42 languages other than English (up from 40 languages in 2018). Strategies include having signage in multiple languages, hiring staff who speak multiple languages fluently, and contracting with outside agencies to provide interpretation services.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of WIC clients in one year who receive healthful foods with E-WIC benefits	20,186	21,800	20,186	21,000
Outcome	Percent of WIC clients initiating breastfeeding	94%	92.5%	94%	94%
Outcome	Number of nutrition education contacts with WIC families	46,373	47,000	46,373	47,000
Quality	Average number of clients served per month in languages other than English	3,662	3,900	3,662	3,700

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) 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 are authorized by Section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786, as amended through PL105-394, and the regulations promulgated pursuant thereto, 7 CFR Ch. II, Part 246.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$1,333,009	\$2,665,245	\$1,082,508	\$3,245,493
Contractual Services	\$62,169	\$0	\$88,130	\$0
Materials & Supplies	\$63,951	\$590	\$109,731	\$42,608
Internal Services	\$740,871	\$308,973	\$814,173	\$385,640
Total GF/non-GF	\$2,200,000	\$2,974,808	\$2,094,542	\$3,673,741
Program Total:	\$5,174,808		\$5,768,283	
Program FTE	13.48	25.12	11.25	28.55

Program Revenues				
Intergovernmental	\$0	\$2,974,808	\$0	\$2,904,037
Other / Miscellaneous	\$0	\$0	\$0	\$769,704
Total Revenue	\$0	\$2,974,808	\$0	\$3,673,741

Explanation of Revenues

This program generates \$379,723 in indirect revenues.

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

- \$ 2,829,037 - State WIC grant
- \$ 75,000 - State Maternal & Child Health (Title V) grant
- \$ 769,704 - HSO county Based services - WIC

Significant Program Changes

Last Year this program was: FY 2020: 40018-20 Women, Infants, and Children (WIC)

For FY 2021, WIC received new funding from Health Share of Oregon (\$769,704), which mitigates some County General Fund reductions and increased programmatic costs to maintain a stable service level.

Legal / Contractual Obligation

NPHC Community Health Center complies with CLIA (Laboratory accreditation) requirements and CCO contractual obligations. Primary Care services are a requirement of the Bureau of Primary Health Care 330 Grant. Primary Care services are in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements. NPHC is also accredited under Joint Commission and follows TJC accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$1,915,189	\$1,756,091	\$2,019,322	\$1,657,167
Contractual Services	\$0	\$105,400	\$0	\$82,468
Materials & Supplies	\$57,278	\$157,981	\$50,034	\$160,534
Internal Services	\$422,938	\$799,194	\$440,734	\$690,493
Total GF/non-GF	\$2,395,405	\$2,818,666	\$2,510,090	\$2,590,662
Program Total:	\$5,214,071		\$5,100,752	
Program FTE	10.40	16.00	11.30	15.00

Program Revenues				
Intergovernmental	\$0	\$725,661	\$0	\$606,196
Service Charges	\$2,370,595	\$2,093,005	\$2,493,439	\$1,984,466
Total Revenue	\$2,370,595	\$2,818,666	\$2,493,439	\$2,590,662

Explanation of Revenues

This program generates \$430,148 in indirect revenues.

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

- \$ 1,545,095 - Medical Fees
- \$ 123,895 - Federal Primary Care grant PC 330
- \$ 482,050 - Federal Primary Care/Homeless grant
- \$ 2,493,439 - FQHC Medicaid Wraparound
- \$ 424,469 - Medicare PC North

Significant Program Changes

Last Year this program was: FY 2020: 40019-20 North Portland Health Clinic

Legal / Contractual Obligation

NEHC Community Health Center complies with CLIA (Laboratory accreditation) requirements and CCO contractual obligations. Primary Care services are a requirement of the Bureau of Primary Health Care 330 Grant. Primary Care services are in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements. NEHC is also accredited under Joint Commission and follows TJC accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$2,325,896	\$1,892,594	\$1,794,444	\$2,444,516
Contractual Services	\$122,251	\$0	\$152,165	\$0
Materials & Supplies	\$33,936	\$178,776	\$34,763	\$193,522
Internal Services	\$599,317	\$1,024,747	\$1,054,599	\$434,318
Total GF/non-GF	\$3,081,400	\$3,096,117	\$3,035,971	\$3,072,356
Program Total:	\$6,177,517		\$6,108,327	
Program FTE	11.70	17.90	9.40	20.40

Program Revenues				
Intergovernmental	\$0	\$986,832	\$0	\$986,352
Service Charges	\$3,054,849	\$2,109,285	\$3,014,384	\$2,086,004
Total Revenue	\$3,054,849	\$3,096,117	\$3,014,384	\$3,072,356

Explanation of Revenues

This program generates \$495,958 in indirect revenues.

Northeast Health Clinic is supported by the federal BPHC grant, , Medicaid/Medicare and other medical fees, and County General Fund. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

\$ 5,100,388 - Medical Fees

\$ 985,060 - Federal Primary Care (330) grant

Significant Program Changes

Last Year this program was: FY 2020: 40020-20 Northeast Health Clinic

Department: Health Department **Program Contact:** Dawn Shatzel
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 most culturally diverse areas of Multnomah County. 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 Federally Qualified Health Center (FQHC).

Program Summary

Mid County 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, drug & alcohol treatment, family planning, prenatal and preventive services (well child, immunizations), and community health education. 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.

MCHC is tightly linked with refugee resettlement agencies (i.e., SOAR, IRCO, Catholic Charities, Lutheran Community Services), the Centers of Disease Control and the State of Oregon. A large % of MCHC clients are immigrants or were refugees (Ukraine, Afghanistan, DRC, Burman, Russia, Latin America, Kosovo, etc.).

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of patients with a Mid County Health Center assigned PCP	9,807	10,000	9,500	9,500
Outcome	% Adolescent Well Visits Completed	56%	51%	59.85%	55.80%

Performance Measures Descriptions

Outcome: Number of patients with a MCHC assigned PCP seen within the last 12 months
 Outcome: % Adolescent Well Visits Completed
 Changes in CCO assignment could impact patient enrollment.

Legal / Contractual Obligation

The Mid County Community Health Center complies with CLIA (Laboratory accreditation) requirements and CCO contractual obligations. Primary Care services are a requirement of the Bureau of Primary Health Care 330 Grant. Primary Care services in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements. Mid County is also accredited under Joint Commission and follows TJC accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$5,210,262	\$2,918,807	\$5,813,481	\$2,842,363
Contractual Services	\$401,700	\$110,205	\$654,311	\$0
Materials & Supplies	\$111,160	\$526,463	\$201,054	\$336,491
Internal Services	\$603,869	\$1,921,011	\$680,177	\$1,852,552
Total GF/non-GF	\$6,326,991	\$5,476,486	\$7,349,023	\$5,031,406
Program Total:	\$11,803,477		\$12,380,429	
Program FTE	28.87	27.55	31.38	26.22

Program Revenues				
Intergovernmental	\$0	\$729,253	\$0	\$728,950
Service Charges	\$6,309,198	\$4,747,233	\$7,335,545	\$4,302,456
Total Revenue	\$6,309,198	\$5,476,486	\$7,335,545	\$5,031,406

Explanation of Revenues

This program generates \$1,012,734 in indirect revenues.

Mid County Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees, and county general fund.

- \$ 11,568,065 Medical Fees
- \$ 728,950 Federal Primary Care (330) grant
- \$ 40,000 State AFS Refugee Screening
- \$ 29,936 AT Still University

Significant Program Changes

Last Year this program was: FY 2020: 40022-20 Mid County Health Clinic

Department: Health Department **Program Contact:** Tasha Wheatt-Delancy
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 persons as part of the County's Federally Qualified Health Center (FQHC). The East County Community Health Center (ECHC) provides comprehensive primary care, enabling and behavioral health services to vulnerable and under-served residents.

Program Summary

East County Health Center primary care is designed as a Person Centered Medical Home (PCMH). This model 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 9,300 patients of which 49% are Spanish speaking and 20% do not qualify for insurance coverage.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of patients with a East County Health Center assigned PCP	9,944	11,000	9,700	9,800
Outcome	% Adolescent Well Care Visits Completed	52%	51%	56%	52%

Performance Measures Descriptions

Output: Number of patients with a ECHC assigned PCP seen within the last 12 months.
 Outcome: % Adolescent Well Visits Completed
 Changes in CCO assignment could impact patient enrollment.

Legal / Contractual Obligation

The East County Community Health Center (ECHC) complies with the state Reproductive Health grant, CLIA (Laboratory accreditation) requirements and CCO contractual obligations. Primary Care services are a requirement of the Bureau of Primary Health Care 330 Grant. Primary Care services are in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements. ECHC is also accredited under Joint Commission and follows TJC accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$4,226,757	\$2,961,381	\$3,530,658	\$4,063,071
Contractual Services	\$0	\$379,280	\$366,868	\$1,090
Materials & Supplies	\$38,355	\$426,803	\$52,350	\$411,887
Internal Services	\$489,881	\$1,655,333	\$1,587,067	\$475,378
Total GF/non-GF	\$4,754,993	\$5,422,797	\$5,536,943	\$4,951,426
Program Total:	\$10,177,790		\$10,488,369	
Program FTE	23.90	25.20	13.90	36.70

Program Revenues				
Intergovernmental	\$0	\$985,315	\$0	\$985,315
Service Charges	\$4,730,316	\$4,437,482	\$5,521,040	\$3,966,111
Total Revenue	\$4,730,316	\$5,422,797	\$5,521,040	\$4,951,426

Explanation of Revenues

This program generates \$888,465 in indirect revenues.

East County Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees, and county general fund. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

\$ 9,487,151 - Medical Fees

\$ 985,315 - Federal Primary Care (330) grant

Significant Program Changes

Last Year this program was: FY 2020: 40023-20 East County Health Clinic

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

Executive Summary

The Student Health Center (SHC) program provides access to comprehensive preventive, primary, and mental healthcare for Multnomah County school-aged youth at nine Student Health Centers and is part of the County's FQHC. Without this safety net, many school-aged youth would not receive necessary health care and/or experience increased out of classroom time, which can negatively impact their learning.

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 nine fully equipped medical clinics in five school districts; Portland Public, Parkrose, Centennial, David Douglas, and Reynolds school districts. All clinics are located in or on school campuses. This program assures access to care by providing service throughout the school day and 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, medical assistant, and office assistant, as well as some registered nurse and behavioral health provider time. Services include chronic, acute and preventive healthcare; age appropriate reproductive health; exams, risk assessments, prescriptions, immunizations, fitness and nutrition education/counseling and referrals. This comprehensive approach enables preventive care and early identification and intervention, thereby promoting healthy behaviors and resilience as well as reducing risk behaviors. Program locations are geographically diverse and all Multnomah County school-aged youth are eligible to receive services at any SHC (attending other schools, drop-outs, homeless, detention). The program strives to ensure that basic physical and behavioral health needs of children and youth are met to help them attend, participate and thrive in school. Healthcare for school aged youth is a basic need.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	% of patients with one or more visits with a risk assessment in the last year	69%	70%	64%	70%
Outcome	% of patients with one or more visits with a documented well visit in the last year	73%	70%	74%	70%

Performance Measures Descriptions

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$2,277,209	\$2,005,577	\$2,478,047	\$2,238,130
Contractual Services	\$55,547	\$69,369	\$48,295	\$31,983
Materials & Supplies	\$260,851	\$32,342	\$144,689	\$129,839
Internal Services	\$1,154,791	\$316,505	\$841,404	\$378,091
Total GF/non-GF	\$3,748,398	\$2,423,793	\$3,512,435	\$2,778,043
Program Total:	\$6,172,191		\$6,290,478	
Program FTE	14.36	17.15	16.93	16.74

Program Revenues				
Intergovernmental	\$0	\$937,376	\$0	\$1,077,481
Other / Miscellaneous	\$0	\$0	\$0	\$11,500
Service Charges	\$1,659,620	\$1,486,417	\$1,876,822	\$1,689,062
Total Revenue	\$1,659,620	\$2,423,793	\$1,876,822	\$2,778,043

Explanation of Revenues

This program generates \$439,397 in indirect revenues.

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

- \$ 3,565,884 - Medical Fees
- \$ 704,102 - State SHC grant
- \$ 373,379 - Federal Primary Care grant
- \$ 11,500 - Oregon School Based Health Alliance

Significant Program Changes

Last Year this program was: FY 2020: 40024A-20 Student Health Centers

Reynolds High School SHC will be fully operating at five days a week.

Department: Health Department **Program Contact:** Alexandra Lowell
Program Offer Type: Program Alternative/Reconstruction **Program Offer Stage:** As Adopted
Related Programs: 40024A
Program Characteristics: Measure 5 Education, One-Time-Only Request

Executive Summary

The Student Health Center (SHC) program provides access to comprehensive preventive, primary, and mental healthcare for Multnomah County school-aged youth at nine health centers in five school districts and is part of the County's FQHC. Without this safety net, many school-aged youth would not receive necessary health care. The Reynolds SHC will operate at full capacity in FY21.

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.

The construction of the Reynold SHC will be completed in early spring of 2020 and the center will have a soft opening in April. Services will be provided three days a week for two months until it closes for summer break in mid June. In FY21, at the beginning of the school year, the SHC will open five days a week. Ramp up funds will be used to support the center to get to full productivity. In addition to supporting the SHC to operate at full productivity, the ramp up funds will support focused activities to form a Youth Action Council (YAC) so that youth voice is a strong and integrated component of the new SHC program. Using an equity and empowerment lens, this position will recruit diverse youth at Reynolds High School to participate in the YAC and develop structured activities to promote health equity, health and wellness, and generate demand for SHC services.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	% of patients with one or more visits with a health assessment in the last year	N/A	N/A	N/A	70%
Outcome	% of patients with one or more visits with a documented well visit in the last year	N/A	N/A	N/A	70%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$0	\$0	\$73,276	\$0
Materials & Supplies	\$0	\$0	\$83,715	\$0
Total GF/non-GF	\$0	\$0	\$156,991	\$0
Program Total:	\$0		\$156,991	
Program FTE	0.00	0.00	0.57	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:** Dawn Shatzel
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 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.

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 Latinix community, the program has expanded and responded to the area's changing demographics which includes the Somali immigrants and refugees, Vietnamese, and Russian speaking families in the Cully neighborhood and beyond.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of patients with a La Clinica assigned PCP	2,119	2,100	2,100	2,100
Outcome	% Adolescent Well Visits Completed	64.45%	55%	60%	55%

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

LaClinica Community Health Center complies with CLIA (Laboratory accreditation) requirements and CCO contractual obligations. Primary Care services are a requirement of the Bureau of Primary Health Care 330 Grant. Primary Care services are in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements. LaClinica is also accredited under Joint Commission and follows TJC accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$509,937	\$1,488,438	\$918,358	\$1,214,254
Contractual Services	\$0	\$142,844	\$0	\$125,228
Materials & Supplies	\$28,185	\$99,051	\$35,493	\$81,501
Internal Services	\$196,873	\$313,835	\$228,012	\$284,890
Total GF/non-GF	\$734,995	\$2,044,168	\$1,181,863	\$1,705,873
Program Total:	\$2,779,163		\$2,887,736	
Program FTE	3.20	10.40	3.40	10.30

Program Revenues				
Intergovernmental	\$0	\$779,097	\$0	\$782,245
Service Charges	\$712,373	\$1,265,071	\$1,150,691	\$923,628
Total Revenue	\$712,373	\$2,044,168	\$1,150,691	\$1,705,873

Explanation of Revenues

This program generates \$249,514 in indirect revenues.

La Clinica de Buena Salud is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees, and county general fund. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

\$ 2,074,319 - Medical Fees

\$ 782,011 - Federal Primary Care/330 grant

Significant Program Changes

Last Year this program was: FY 2020: 40026-20 La Clinica de Buena Salud

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

Executive Summary

The Southeast Health Center (SEHC) 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 Federally Qualified Health Center (FQHC). Currently around 12% of patients served 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.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of patients with a Southeast Health Center assigned PCP	3,033	2,500	3,200	3,300
Outcome	% Cigarette Smoking Prevalence/Tobacco Use	29.2%	25%	23.4%	24%

Performance Measures Descriptions

Outcome: Number of patients with a SEHC assigned PCP seen within the last 12 months.
 Outcome: % Cigarette Smoking Prevalence/Tobacco Use

Legal / Contractual Obligation

SEHC Community Health Center complies with CLIA (Laboratory accreditation) requirements and CCO contractual obligations. Primary Care services are a requirement of the Bureau of Primary Health Care 330 Grant. Primary Care services in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements. SEHC is also accredited under Joint Commission and follows TJC accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$571,827	\$1,975,597	\$992,605	\$1,680,166
Contractual Services	\$13,613	\$77,038	\$3,500	\$79,398
Materials & Supplies	\$84,956	\$184,769	\$36,216	\$145,779
Internal Services	\$300,398	\$621,381	\$116,135	\$690,170
Total GF/non-GF	\$970,794	\$2,858,785	\$1,148,456	\$2,595,513
Program Total:	\$3,829,579		\$3,743,969	
Program FTE	2.80	14.50	5.70	11.80

Program Revenues				
Intergovernmental	\$0	\$1,230,067	\$0	\$1,366,052
Service Charges	\$945,696	\$1,628,718	\$1,123,749	\$1,229,461
Total Revenue	\$945,696	\$2,858,785	\$1,123,749	\$2,595,513

Explanation of Revenues

This program generates \$312,715 in indirect revenues.

Southeast Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees, and county general fund.

- \$ 2,353,210 - Medical Fees
- \$ 166,500 - Federal Primary Care (330) grant
- \$ 1,198,904 - Federal Primary Care/Homeless grant

Significant Program Changes

Last Year this program was: FY 2020: 40027-20 Southeast Health Clinic

Legal / Contractual Obligation

The Rockwood Community Health Center complies with the state Reproductive Health grant, CLIA (Laboratory accreditation) requirements and CCO contractual obligations. Primary Care services are a requirement of the Bureau of Primary Health Care 330 Grant. Primary Care services are in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements. Rockwood is also accredited under Joint Commission and follows TJC accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$2,335,917	\$1,795,117	\$2,213,998	\$1,937,166
Contractual Services	\$175,485	\$0	\$154,269	\$40,263
Materials & Supplies	\$125,970	\$81,586	\$65,401	\$142,997
Internal Services	\$315,763	\$984,868	\$555,871	\$549,913
Total GF/non-GF	\$2,953,135	\$2,861,571	\$2,989,539	\$2,670,339
Program Total:	\$5,814,706		\$5,659,878	
Program FTE	13.15	16.25	11.00	18.40

Program Revenues				
Intergovernmental	\$0	\$735,668	\$0	\$764,768
Service Charges	\$2,934,440	\$2,125,903	\$2,969,106	\$1,905,571
Total Revenue	\$2,934,440	\$2,861,571	\$2,969,106	\$2,670,339

Explanation of Revenues

This program generates \$485,687 in indirect revenues.

Rockwood Community Health Center is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees, and county general fund. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

\$ 4,874,677 - Medical Fees

\$ 764,768 - Federal Primary Care (330) grant

Significant Program Changes

Last Year this program was: FY 2020: 40029-20 Rockwood Community Health Clinic

Legal / Contractual Obligation

Oregon State Board of Nurses, Oregon State Medical Board, Medicaid and Medicare rules and regulations, Joint Commission on Accreditation of Healthcare Organizations, HRSA 330 Primary Care grant compliance, stipulations of multiple federal and state grants, and CCO contractual obligations.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$904,350	\$78,439	\$841,061	\$326,635
Contractual Services	\$87,000	\$0	\$87,000	\$142,040
Materials & Supplies	\$83,560	\$58	\$100,128	\$993
Internal Services	\$217,735	\$9,091	\$204,019	\$38,215
Total GF/non-GF	\$1,292,645	\$87,588	\$1,232,208	\$507,883
Program Total:	\$1,380,233		\$1,740,091	
Program FTE	2.48	0.32	2.60	1.80

Program Revenues				
Intergovernmental	\$0	\$87,588	\$0	\$507,883
Other / Miscellaneous	\$180,000	\$0	\$180,000	\$0
Beginning Working Capital	\$100,000	\$0	\$100,000	\$0
Service Charges	\$880,000	\$0	\$880,000	\$0
Total Revenue	\$1,160,000	\$87,588	\$1,160,000	\$507,883

Explanation of Revenues

This program generates \$136,620 in indirect revenues.

Medical Directors (Physician, Nurse Practitioner, Physician Assistants) is funded with State grants and patient revenue (under the HRSA 330 Primary Care grant)

- \$ 87,588 - State Family Planning
- \$ 1,160,000 - Patients Fees
- \$ 420,295 - Federal Primary care 330

Significant Program Changes

Last Year this program was: FY 2020: 40030-20 Medical Director

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

Executive Summary

The pharmacy program provides critical services for primary care, dental care, public health and emergency preparedness programs in the Health Department. The pharmacies dispense approximately 380,000 prescriptions per year. The program also provides integrated clinical pharmacy services among the seven primary care clinics and HIV Health Services Center (FQHC services).

Program Summary

Pharmacy Services primarily utilizes the 340B drug pricing program to procure medications that have been prescribed to insured, under-insured and uninsured clients of Primary care, Student Health Centers, HIV Health Services Center, STD Clinic, Communicable Disease Services and Harm Reduction. Different contracts are used to provide medications for individuals upon release from County Corrections and to provide naloxone overdose medications to many of our community partners and first responders.

Revenue is generated through billing to third-party payors including Medicaid, Medicare and Commercial Plans via Pharmacy Benefit Manager contracts. It is used to provide critical access to medications for under-insured and uninsured clients. No client is denied medication due to inability to pay. It also funds the Clinical Pharmacy Program in which six clinical pharmacists are embedded in the primary care clinics and HIV Health Service Center. The clinical pharmacists provide patient education, assistance with medication management and adherence, medication reconciliation upon hospital discharge and disease state management to clients upon referral from providers. Additional revenue is utilized to assist uninsured clients with enrollment in manufacturer drug assistance programs, maintain medication disposal receptacles at several County clinics, and support clinic laboratory services.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Prescription Volume	380,055	380,000	380,000	380,000
Outcome	Average prescription cost (excluding cost of medication)	36.10	25.35	42.55	45.00
Quality	Adherence Monitoring	168	175	191	210
Outcome	Capture Rate	n/a	n/a	60	62

Performance Measures Descriptions

1. Prescription volume (prescriptions filled) reflects the number of actual prescriptions being filled.
2. Average prescription cost reflects prescription department expenses less drug cost divided by the number of prescriptions filled. (Includes non-dispensing related expenses - training, non-dispensing staff).
3. Adherence Monitoring reflects the number of clients enrolled in appointment based refill programs or who receive specialized packaging services to assist in the proper use of their medication.

Legal / Contractual Obligation

Various grants require the provision of pharmacy services. State mandated public health services are provided. Pharmacy services are a requirement of the Bureau of Primary Health Care 330 Grant. Pharmacy services in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements. The Pharmacy Program is also accredited under The Joint Commission and follows TJC accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$0	\$8,356,218	\$0	\$8,924,280
Contractual Services	\$0	\$228,116	\$0	\$242,142
Materials & Supplies	\$0	\$13,749,774	\$0	\$15,368,480
Internal Services	\$0	\$3,342,087	\$0	\$3,721,075
Capital Outlay	\$0	\$400,000	\$0	\$100,000
Total GF/non-GF	\$0	\$26,076,195	\$0	\$28,355,977
Program Total:	\$26,076,195		\$28,355,977	
Program FTE	0.00	54.13	0.00	55.13

Program Revenues				
Service Charges	\$0	\$26,076,195	\$0	\$28,355,977
Total Revenue	\$0	\$26,076,195	\$0	\$28,355,977

Explanation of Revenues

This program generates \$1,044,141 in indirect revenues.

Pharmacy is funded exclusively through prescription fees (third party reimbursements) and patient fees. The program uses no County General Fund.

\$ 28,090,116 - Prescription Fees

\$ 265,861 - Patient Fees

Significant Program Changes

Last Year this program was: FY 2020: 40031-20 Pharmacy

Increased expenses for the purchase of drugs.

Creation of a new Deputy Director position to support the following a) oversight of state and federal compliance standards which increase annually, and b) daily operational support such as medication recalls and medication shortages, pharmacy workflows, relief staffing as needed, and the supervision of 32 pharmacists. The Deputy Director will allow the Pharmacy and Clinical Services Director to spend more energy on evaluating contracts, identifying opportunities for expansion of services, evaluating new technology, ensuring 340B compliance and strategic planning to meet the mission and vision of Integrated Clinical Services and the Health Department.

Legal / Contractual Obligation

Fed/State mandates require maintenance of medical and dental records. Fed/State confidentiality and privacy laws require adherence to stds. Various grants require provisions for lab svcs. The Electronic Health Record (EHR) and Practice Mgt contractual obligations will be as per the contractual agreement between MC Health Dept (MCHD) and OCHIN. MCHD is the client receiving services from OCHIN in this agreement. Lab svcs and medical records are a requirement of the Bureau of Primary Health Care 330 Grant. The Lab Program is also accredited under The Joint Commission and follows TJC accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$2,891,188	\$2,330,087	\$2,805,867	\$2,368,627
Contractual Services	\$6,000	\$48,200	\$20,400	\$44,200
Materials & Supplies	\$61,229	\$168,547	\$57,764	\$184,849
Internal Services	\$742,029	\$438,795	\$823,675	\$636,786
Capital Outlay	\$0	\$300,000	\$0	\$200,000
Total GF/non-GF	\$3,700,446	\$3,285,629	\$3,707,706	\$3,434,462
Program Total:	\$6,986,075		\$7,142,168	
Program FTE	23.75	21.65	22.05	20.55

Program Revenues				
Intergovernmental	\$0	\$270,130	\$0	\$270,362
Other / Miscellaneous	\$2,050,000	\$0	\$2,050,000	\$0
Beginning Working Capital	\$309,533	\$0	\$450,000	\$0
Service Charges	\$1,010,000	\$3,015,499	\$910,000	\$3,164,100
Total Revenue	\$3,369,533	\$3,285,629	\$3,410,000	\$3,434,462

Explanation of Revenues

This program generates \$605,417 in indirect revenues.

Revenue generated from laboratory services are included in the medical visit revenue posted to the health clinics and is used to offset the cost of services not collected from uninsured and underinsured clients. A small amount of general fund is utilized to support HIM services.

\$ 3,164,100 - Revenue Lab
\$ 2,500,000 - Medicaid Quality and Incentive Revenue
\$ 910,000 - FQHC Medicaid Wraparound
\$ 269,904 - Federal Primary Care 330

Significant Program Changes

Last Year this program was: FY 2020: 40032-20 Lab and Medical Records

None

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

Executive Summary

The Patient Access Center (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. PAC also provides written translation, oral and sign language interpretation throughout the department's programs and services.

Program Summary

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

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

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of calls answered.	333,990	350,000	333,500	330,000
Outcome	Average telephone abandonment is at or below 10%.	15.5%	12%	15%	15%

Performance Measures Descriptions

Output: Number of calls answered by PAC staff during the fiscal year.

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

Legal / Contractual Obligation

PAC c in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$1,930,578	\$823,290	\$1,874,174	\$589,638
Contractual Services	\$92,000	\$0	\$90,000	\$0
Materials & Supplies	\$8,301	\$1,000	\$15,215	\$0
Internal Services	\$718,885	\$95,419	\$767,950	\$68,988
Total GF/non-GF	\$2,749,764	\$919,709	\$2,747,339	\$658,626
Program Total:	\$3,669,473		\$3,405,965	
Program FTE	20.45	8.15	20.20	6.80

Program Revenues				
Intergovernmental	\$0	\$611,959	\$0	\$658,626
Other / Miscellaneous	\$640,001	\$0	\$640,000	\$0
Beginning Working Capital	\$100,000	\$0	\$100,000	\$0
Service Charges	\$1,439,000	\$307,750	\$1,639,000	\$0
Total Revenue	\$2,179,001	\$919,709	\$2,379,000	\$658,626

Explanation of Revenues

This program generates \$288,266 in indirect revenues.

The Patient Access Center (PAC) is funded with Medicaid revenue, HRSA/Bureau of Primary Care grant revenue and county general fund.

- \$ 1,639,000 - Medical Fees
- \$ 740,000 - Medicaid Quality and Incentive
- \$ 658,626 - Federal Primary Care (330) grant

Significant Program Changes

Last Year this program was: FY 2020: 40033-20 Primary Care and Dental Access and Referral

Removed the proposed Virtual Clinic from FY20. This service is still being explored and may be developed in a different way.

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 (accreditation by The Joint Commission and associated Centers for Medicaid and Medicare).

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 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 assure that these efforts are maintained at acceptable thresholds. Maintaining FQHC accreditation assures that the County's primary care, dental, and pharmacy programs are eligible to continue receiving reimbursement for services. In addition, this also allows County providers to participate in loan forgiveness, qualifies the County for additional Alternative Payment Methodology reimbursements ("wrap funding"), and 340B drug program participation.

This prog. measures clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC and TJC are our primary external benchmarking organizations relative to performance indicators. The program works with the Community Health 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 in the CCO's Pay-for-(quality) Performance, have payments tied to achieving specific health outcomes or state metrics for quality. The Quality Assurance program is tasked with testing, data collection, and reporting, designing and implementing the wide array of system improvements needed to meet these new benchmarks. The program also assures that robust infection prevention, HIPAA, and patient safety processes are designed and implemented to meet accreditation standards. Quality project mgt. staff manages 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. 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 CCHC.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Maintain accreditation with The Joint Commission, including the patient-centered medical home standard	100%	100%	100%	100%
Outcome	Maintain compliance with BPHC (HRSA Community Health Center Program)	100%	100%	100%	100%
Outcome	BPHC grant renewed annually	100%	100%	100%	100%

Performance Measures Descriptions

1) New measure - Good standing as a fully accredited organization under the Joint Commission's standards for health organizations, including as a PCMH 2) Good standing as a Community Health Center (FQHC) under the Bureau of Primary Care's Health Resources and Administrative Services program 3) Maintenance of FQHC grantee funds by meeting all federal rules/requirements; evaluated annually through the grant continuation application process.

Legal / Contractual Obligation

Quality services are a requirement of the Bureau of Primary Health Care 330 Grant. Services in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements. The Program is also accredited under The Joint Commission and follows TJC accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$4,871,465	\$1,407,442	\$5,507,428	\$1,722,545
Contractual Services	\$242,173	\$142,040	\$159,970	\$0
Materials & Supplies	\$186,337	\$3,611	\$231,702	\$315
Internal Services	\$1,293,714	\$163,122	\$1,523,785	\$201,538
Total GF/non-GF	\$6,593,689	\$1,716,215	\$7,422,885	\$1,924,398
Program Total:	\$8,309,904		\$9,347,283	
Program FTE	36.60	12.20	39.17	15.57

Program Revenues				
Intergovernmental	\$0	\$1,716,215	\$0	\$1,233,448
Other / Miscellaneous	\$3,280,000	\$0	\$3,412,030	\$690,950
Beginning Working Capital	\$600,000	\$0	\$837,780	\$0
Service Charges	\$1,946,000	\$0	\$2,393,463	\$0
Total Revenue	\$5,826,000	\$1,716,215	\$6,643,273	\$1,924,398

Explanation of Revenues

This program generates \$806,633 in indirect revenues.

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

- \$ 2,223,493 - FQHC Medicaid Wraparound
- \$ 1,232,070 - Federal Primary Care (330) grant
- \$ 4,419,780 - Medicaid Quality and Incentives
- \$ 330,150 - CareOregon Maternal Child Medical Home fund
- \$ 360,800 - Medicare Annual Wellness Visit Program

Significant Program Changes

Last Year this program was: FY 2020: 40034-20 ICS Administration, Operations, and Quality Assurance

Department: Health Department **Program Contact:** Linda Niksich
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

The Community Health Council (CHC) is the federally mandated consumer-majority governing board that oversees the County's Health Centers (also known as a public entity Federally Qualified Health Center-FQHC). The CHC's members' community involvement allows Multnomah County to meet HRSA's 19 mandatory program requirements, including oversight of quality assurance, health center policies, patient satisfaction, health center executive director (ICS Director) accountability for the FQHC's compliance and operations.

Program Summary

The Community Health Council must have a minimum of 51% MCHD health center consumer membership to meet federally mandated program requirements for FQHCs. The Community Health Council works closely with the community health centers executive director (ICS Director) and the Board of County Commissioners to provide guidance and direction on programs and policies affecting patients of Multnomah County's Community Health Center (FQHC services).

The 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 persons who use the Health Department's FQHC clinical services. The Council is currently comprised of 12 members and is a fair representation of the communities served by Health Department's Health Center services.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 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%	84%	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.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$136,224	\$0	\$128,429	\$0
Contractual Services	\$104,670	\$0	\$104,670	\$0
Materials & Supplies	\$5,450	\$0	\$9,450	\$0
Internal Services	\$17,104	\$0	\$17,390	\$0
Total GF/non-GF	\$263,448	\$0	\$259,939	\$0
Program Total:	\$263,448		\$259,939	
Program FTE	1.20	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 2020: 40036-20 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, 40053, 40060
Program Characteristics:

Executive Summary

Environmental Health Community Programs (EHCP) impact a wide range of well-documented, upstream, and emerging environmental health issues. Program areas include community environments, toxics reduction, and climate change. ECHP has an explicit focus on environmental justice and vulnerable populations, including addressing 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: works closely with the Public Health Division REACH program 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: 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; heavy metals from art glass manufacturers; and air quality/woodsmoke. Activities include partnering with local, state, and federal agencies to share/analyze local exposure risk data and empowering communities to advocate on their own behalf.

Climate Change: 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	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of Community Members receiving information on environmental threats	117,162	42,000	195,077	200,000
Outcome	Number of children with reduced EBLL as a result of environmental investigations	35	29	48	40
Outcome	Number of policies adopted that include health-based recommendations	29	15	9	10
Outcome	Number of activities that support health-based policy development	NA	NA	24	30

Performance Measures Descriptions

1) Includes all program areas (phone counseling, referral, educational materials, website & events). Increased outreach due to Portland Harbor Superfund site fish consumption outreach and education. 2) HUD and EPA best-practice measure of effectiveness. 4) New measure: Includes review of plans and legislation, participation in technical committees, and responses to requests for technical and policy support from partners.

Legal / Contractual Obligation

Legal mandates are City of Portland codes 8.20.210, 8.20.200, 29.30.110, 29.30.060, and Multnomah County Housing Code 21.800; Multnomah County Code Chapter 21.450 Air Quality Regulation of wood burning devices and recreational burning. Contract with State of Oregon, Port of Portland and Portland Bureau of Environmental Services to provide outreach and education related to consuming fish from Portland Harbor Superfund site. Contract with Portland Water Bureau to provide information, education and access to water testing for lead. Some activities under this program offer are subject to contractual obligations under Inter-Governmental Agreement #0607105.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$282,917	\$275,113	\$167,382	\$305,258
Contractual Services	\$3,820	\$51,298	\$21,838	\$22,299
Materials & Supplies	\$8,682	\$20,523	\$4,480	\$68,709
Internal Services	\$27,434	\$81,066	\$29,185	\$64,699
Total GF/non-GF	\$322,853	\$428,000	\$222,885	\$460,965
Program Total:	\$750,853		\$683,850	
Program FTE	2.68	2.00	1.18	2.30

Program Revenues				
Intergovernmental	\$0	\$255,500	\$0	\$288,965
Service Charges	\$0	\$172,500	\$0	\$172,000
Total Revenue	\$0	\$428,000	\$0	\$460,965

Explanation of Revenues

This program generates \$35,716 in indirect revenues.
\$ 225,000 - The City of Portland
\$ 10,000 - State Lead Program
\$ 172,500 - Fish Advisory Outreach funding
\$ 53,965 - State Maternal Child Health Perinatal fund

Significant Program Changes

Last Year this program was: FY 2020: 40037A-20 Environmental Health Community Programs

Department: Health Department

Program Contact: Debi Smith

Program Offer Type: Support

Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:

Executive Summary

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

Program Summary

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

- 1) **Organizational Effectiveness:** Continuous evaluation and improvement of processes designed to support organizational efficiency, effectiveness, and flexibility. Provide custom employee and manager guides and process maps to reflect the various workflows specific to the Health Department human resources functions as well as the new ERP Workday. Track and manage core HR metrics, including workforce hiring, promotional and separation trends, investigatory themes and key opportunities, recruitment trends, etc. so that the data can be used to drive improving performance standards.
- 2) **Talent Acquisition and Retention:** Promote and represent the Health Department to attract diverse talent around the community as well as regionally and nationally. In support of the Workforce Equity Strategic Plan, increase our outreach to bring more candidates in from the community. Continue to work with our internal stakeholders to decrease barriers for bringing in qualified candidates at all levels of the organization. Develop and grow a sustainable mentorship program to help support employee retention, morale, and engagement during their initial trial service to ensure success and growth.
- 3) **Quality Assurance and Compliance:** Ensure federal, state, organizational, and contractual compliance and integrity. Ensure Human Resources' systems, processes, and personnel rules are implemented and consistently followed. Guide and directs all Human Resources' activities of the Health Department by providing internal consultation with legal counsel and to managers and employees on a wide range of issues regarding human resources, employee and labor relations, performance management, position classification, and recruitment. Maintain record and retention compliance with County Personnel Rules, department guidelines, and labor contracts, to reduce liability and costs of unlawful employment practices. Monitors HR departmental compliance as it relates to FMLA/OFLA, ADA, HIPAA, etc.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	% increase in diversity of workforce	0.20%	3%	3%	3%
Outcome	% increase in diversity of hires through the increase focus on diversity focused recruitment strategies	4%	4%	5%	7%
Output	% completion of Performance Planning and Review (PPR) documents	67%	80%	75%	100%

Performance Measures Descriptions

Legal / Contractual Obligation

Four 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$2,622,354	\$0	\$2,750,112	\$0
Contractual Services	\$1,200	\$0	\$40,000	\$0
Materials & Supplies	\$35,668	\$0	\$114,904	\$0
Internal Services	\$392,668	\$0	\$610,196	\$0
Total GF/non-GF	\$3,051,890	\$0	\$3,515,212	\$0
Program Total:	\$3,051,890		\$3,515,212	
Program FTE	19.75	0.00	19.75	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2020: 40039-20 Human Resources and Training

Last year this program included Workforce Development and Training. This year the program is included in the Office of Diversity and Inclusion. The total change is 4.0 FTE.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$5,111,061	\$0	\$5,243,801	\$0
Contractual Services	\$43,491	\$0	\$116,096	\$0
Materials & Supplies	\$159,751	\$86	\$127,799	\$0
Internal Services	\$2,828,057	\$249,914	\$2,686,395	\$0
Total GF/non-GF	\$8,142,360	\$250,000	\$8,174,091	\$0
Program Total:	\$8,392,360		\$8,174,091	
Program FTE	36.80	0.00	36.80	0.00

Program Revenues				
Intergovernmental	\$0	\$250,000	\$0	\$0
Other / Miscellaneous	\$10,183,269	\$0	\$10,946,248	\$0
Total Revenue	\$10,183,269	\$250,000	\$10,946,248	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2020: 40040A-20 Budget & Finance

Portions of program 40043 were incorporated into this program.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$1,022,676	\$0	\$1,092,242	\$0
Contractual Services	\$13,504	\$0	\$10,121	\$0
Materials & Supplies	\$48,451	\$0	\$36,112	\$0
Internal Services	\$251,480	\$0	\$272,780	\$0
Total GF/non-GF	\$1,336,111	\$0	\$1,411,255	\$0
Program Total:	\$1,336,111		\$1,411,255	
Program FTE	8.90	0.00	9.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2020: 40041-20 Medical Accounts Receivable

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$1,461,799	\$0	\$1,597,203	\$0
Contractual Services	\$4,127	\$0	\$60,085	\$0
Materials & Supplies	\$29,414	\$0	\$21,339	\$0
Internal Services	\$266,739	\$0	\$266,839	\$0
Total GF/non-GF	\$1,762,079	\$0	\$1,945,466	\$0
Program Total:	\$1,762,079		\$1,945,466	
Program FTE	12.50	0.00	12.50	0.00

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

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2020: 40042-20 Contracts & Procurement

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$587,704	\$0	\$806,235	\$0
Contractual Services	\$60	\$0	\$428,529	\$0
Materials & Supplies	\$1,647,642	\$0	\$1,824,075	\$0
Internal Services	\$71,039	\$0	\$92,243	\$0
Total GF/non-GF	\$2,306,445	\$0	\$3,151,082	\$0
Program Total:	\$2,306,445		\$3,151,082	
Program FTE	4.00	0.00	5.75	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2020: 40044-20 Health Clinical Data and Reporting

Department: Health Department **Program Contact:** María Lisa Johnson
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Organizational Development supports the Health Department’s effectiveness by helping to set a unified departmental strategy and developing leaders who foster a culture of safety, trust and belonging. Our scope of services includes organizational assessment, change management, strategic planning, executive coaching, leadership and team development, onboarding, mentorship, succession planning, equity and inclusion coaching and training, communications, branding and culture change.

Program Summary

The division oversees the following teams:

The Office of Equity and Inclusion is responsible for guiding, supporting and promoting a culture of safety, trust and belonging that starts with racial justice. OEI supports the Health Department in growing leaders, allies and advocates to advance equity and inclusion through policy, structural and cultural change. We are responsible for supporting the Health Department to meet the WESP performance measures. This includes staffing the Health Department Workforce Equity Committee.

Learning & Development invests in employees at all levels of the organization by offering workshops, online learning, onboarding, mentoring support and leadership development. As part of this team’s organizational development work, Learning and Development provides facilitation and consultation on team building, change management, succession planning, and positive workplace culture. This program is also responsible for the Workday Learning platform functions, including the creation and maintenance of courses and offerings, Learning Partner administration, and departmental and division-specific online training coordination.

Communications and Marketing, which develops internal communications strategies to promote shared understanding and organizational cohesion. It also works to promote essential health services and disseminate timely health information to our diverse communities. Specific services include development of communication plans, graphic design, web content creation and maintenance, media campaigns and department-wide messaging to promote shared understanding and organizational cohesion.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of managers participating in pilot program to integrate Racially Just core competency	n/a	23	40	60
Outcome	% of employees reporting they’ve applied workshop content in their day to day work	n/a	n/a	70	80
Output	Number of communications projects completed	403	503	520	550
Outcome	Number of people reached through social media posts	133,780	134,000	134,000	137,000

Performance Measures Descriptions

Completed communications requests speak to a strong communications infrastructure, including active social media presence, responsive internal communications and marketing of critical services to communities with limited access to healthcare.

Legal / Contractual Obligation

None

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$1,810,516	\$0	\$1,893,867	\$0
Contractual Services	\$87,593	\$0	\$106,222	\$0
Materials & Supplies	\$43,162	\$0	\$79,091	\$0
Internal Services	\$159,623	\$0	\$296,667	\$0
Total GF/non-GF	\$2,100,894	\$0	\$2,375,847	\$0
Program Total:	\$2,100,894		\$2,375,847	
Program FTE	11.80	0.00	11.80	0.00

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

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2020: 40043-20 Health Department Operations

Organizational Development was established in 2019 to:

- Prioritize strategic planning and culture change work.
- Elevate the role of communications in creating greater organizational cohesion, internal and external branding.
- Focus our organizational learning work to meet the evolving needs of new and established leaders.

Teams formerly within HR and Business Operations came together to establish the work and identity of the new division. In 2020, the division will experience an additional change: the transfer of the Policy Administration team to the newly forming Epidemiology, Analytics and Evaluation Division.

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 hours/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.

In partnership with the Health Department's Clinical Systems Information program, an electronic medical record program implementation is in process. The program will include electronic medication prescription and administration. The electronic medical record will improve staff efficiency and promote client safety.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	# of client visits conducted by a CH nurse per year	2,502	2,800	2,500	2,500
Outcome	% of detained youth receiving mental health medications monthly	34%	45%	43%	43%

Performance Measures Descriptions

Measure 1: Tracking the number of visits per year helps to assess client access to care and resource utilization.
 Measure 2: Tracking percentage of youth receiving psychotropic 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$1,007,599	\$0	\$1,034,914	\$0
Materials & Supplies	\$47,763	\$0	\$65,452	\$0
Internal Services	\$243,299	\$0	\$264,410	\$0
Total GF/non-GF	\$1,298,661	\$0	\$1,364,776	\$0
Program Total:	\$1,298,661		\$1,364,776	
Program FTE	5.10	0.00	5.40	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 all 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 2020: 40049-20 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 100 US Marshall (USM) detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal, and major mental/behavioral illnesses.

Program Summary

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. MCDC averages 80+ newly booked individuals each day. Nurses (24 hours/7 days a week) evaluate each detainee to identify critical health issues and make plans for scheduled care for stabilization. Screening includes obtaining health history for both acute and chronic disease, including mental health care, substance abuse, communicable disease evaluation and current prescriptions. As a result of those evaluations, treatments, medications, provider appointments, mental health referrals and housing decisions are made. In addition, Corrections Health nursing staff assess individuals brought to the jail before being accepted into custody--that assessment ensures that serious medical and/or mental health issues (trauma, drug ingestion, pregnancy complications, serious wounds and infections) are appropriately addressed in a hospital setting before booking. In addition, significant resources are utilized to perform case management of the USM detainees, including coordination of specialist services, screening for communicable diseases and coordinating transfer of care to other facilities. An additional history and physical examination is performed on all individuals incarcerated for 14 days. Additionally, staff assess and treat acute and chronic medical, dental 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 third of all medications prescribed are for mental health conditions.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Average # of Reception Screening ("EPF"=Entry Progress Form") completed in a month	1,820	1,900	1,815	1,820
Outcome	% of + screenings resulting in a referral to the mental health team per year	36%	30%	35%	35%

Performance Measures Descriptions

Measure 1: Captures monthly intake screenings for incoming detainees--the measure does not correlate with the static jail population and more accurately reflects incoming patient volume.

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

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$2,828,622	\$0	\$3,304,337	\$0
Contractual Services	\$860,642	\$0	\$156,683	\$0
Materials & Supplies	\$360,392	\$0	\$317,053	\$0
Internal Services	\$177,621	\$0	\$269,488	\$0
Total GF/non-GF	\$4,227,277	\$0	\$4,047,561	\$0
Program Total:	\$4,227,277		\$4,047,561	
Program FTE	21.10	0.00	22.10	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 nominal fees only for detainee-requested medical and dental provider evaluations. No fees are charged for mental health requests or mental health provider evaluations. 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 2020: 40050A-20 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 100 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 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 operatory, X-ray and lab services as well as 10 mental health and 10 general medical skilled care beds, plus four housing areas for high level discipline inmates. The 4th floor also contains a nursing station, administrative areas and a medication/supplies room. Services such as skilled nursing, IV therapy, post surgical and terminal care are provided in the jail instead of a high cost hospital. The 4th floor is staffed 24/7 with nursing personnel to provide needed care and emergency medical response. 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. Mental health is managed by a team of mental health nurses, consultants and providers. A mental health supervisor and mental health consultants (including a lead) provide support for forensic diversion and other programs, testify in court when appropriate and participate in multidisciplinary team processes to ensure the most appropriate and least restrictive housing is utilized, and that efforts to divert detainees from jail are expedited.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Avg # inmate nursing assessments monthly	987	1,300	1,000	1,000
Outcome	Avg active and constant suicide watches per month to prevent inmate injury or death.	127	100	125	125

Performance Measures Descriptions

Measure 1: Reflects care delivered on all floors in MCDC and includes both medical and mental health requests.

Measure 2: Tracking both "ACTIVE" and "CONSTANT" suicide watches, captures management of detainees felt to be at risk, better reflecting resource needs.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$1,828,603	\$0	\$2,183,984	\$0
Contractual Services	\$323,000	\$0	\$457,410	\$0
Materials & Supplies	\$544,685	\$0	\$464,088	\$0
Internal Services	\$398,592	\$0	\$376,797	\$0
Total GF/non-GF	\$3,094,880	\$0	\$3,482,279	\$0
Program Total:	\$3,094,880		\$3,482,279	
Program FTE	10.50	0.00	10.50	0.00

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

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare, and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees only for detainee-requested medical and dental provider evaluations. No fees are charged for mental health requests or mental health provider evaluations. 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 2020: 40050B-20 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 are accredited by the National Commission on Correctional Health Care.

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

Expansion of the use of Medication Assisted Treatment using buprenorphine has allowed for more effective, efficient and humane management of withdrawal from opiates. Per protocols, buprenorphine is provided to all opiate-involved pregnant women, detainees with documented use of buprenorphine in a community program and detainees undergoing severe opiate withdrawal.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Avg # inmate nursing assessments monthly	987	1,300	1,000	1,000
Outcome	Avg of total number of active and constant suicide watches per month to prevent inmate injury or death	127	90	125	125

Performance Measures Descriptions

Measure 1: Reflects care delivered on all floors at MDCD and includes both medical and mental health requests.
 Measure 2: Tracking both "ACTIVE" and "CONSTANT" suicide watches, captures management of detainees felt to be at risk, better reflecting resource needs.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$2,724,908	\$0	\$2,730,766	\$0
Contractual Services	\$235,000	\$0	\$332,790	\$0
Materials & Supplies	\$3,030	\$0	\$3,694	\$0
Internal Services	\$265,729	\$0	\$251,199	\$0
Total GF/non-GF	\$3,228,667	\$0	\$3,318,449	\$0
Program Total:	\$3,228,667		\$3,318,449	
Program FTE	17.45	0.00	17.50	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 only for detainee-requested medical and dental provider evaluations. No fees are charged for mental health requests or mental health provider evaluations. 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 2020: 40050C-20 Corrections Health MCDC Housing Floors 5, 6, 7 & 8

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

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 100 USM detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Summary

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

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	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Avg # inmate nursing assessments monthly	1,830	1,800	1,835	1,835
Outcome	# of 14-day Health Assessments completed monthly	259	250	280	280

Performance Measures Descriptions

Measure 1: Reflects care delivered in the entire facility and includes both medical and mental health requests.
 Measure 2: Based on NCCHC accreditation requirements, we are tracking 14-day history and physical assessments.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$2,296,695	\$0	\$2,540,709	\$0
Contractual Services	\$956,167	\$0	\$166,623	\$0
Materials & Supplies	\$581,773	\$0	\$891,154	\$0
Internal Services	\$396,807	\$0	\$346,889	\$0
Total GF/non-GF	\$4,231,442	\$0	\$3,945,375	\$0
Program Total:	\$4,231,442		\$3,945,375	
Program FTE	20.60	0.00	20.20	0.00

Program Revenues				
Service Charges	\$45,000	\$0	\$0	\$0
Total Revenue	\$45,000	\$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 only for detainee-requested medical and dental provider evaluations. No fees are charged for mental health requests or mental health provider evaluations. 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 2020: 40051A-20 Corrections Health Inverness Jail (MCIJ) Clinical Services

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

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 100 USM detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Summary

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	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Avg # inmate nursing assessments monthly	1,830	1,800	1,835	1,835
Outcome	# of 14-day Health Assessments completed monthly	259	250	280	280

Performance Measures Descriptions

Measure 1: Reflects care delivered in the entire facility and includes both medical and mental health requests.

Measure 2: Based on NCCHC accreditation requirements, we are tracking 14 day history and physical assessments.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$1,620,383	\$0	\$1,798,791	\$0
Contractual Services	\$231,238	\$0	\$186,885	\$0
Materials & Supplies	\$89,536	\$0	\$161,432	\$0
Internal Services	\$125,307	\$0	\$109,545	\$0
Total GF/non-GF	\$2,066,464	\$0	\$2,256,653	\$0
Program Total:	\$2,066,464		\$2,256,653	
Program FTE	7.70	0.00	7.95	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 nominal fees only for detainee-requested medical and dental provider evaluations. No fees are charged for mental health requests or mental health provider evaluations. 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 2020: 40051B-20 Corrections Health MCIJ General Housing Dorms 4 - 11

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$1,484,374	\$0	\$2,211,309	\$0
Contractual Services	\$231,238	\$0	\$186,885	\$0
Total GF/non-GF	\$1,715,612	\$0	\$2,398,194	\$0
Program Total:	\$1,715,612		\$2,398,194	
Program FTE	9.30	0.00	9.30	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 nominal fees only for detainee-requested medical and dental provider evaluations. No fees are charged for mental health requests or mental health provider evaluations. 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 2020: 40050C-20 Corrections Health MCDC Housing Floors 5, 6, 7 & 8

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

Executive Summary

The County Medical Examiner's Office (ME) investigates and determines the cause and manner of deaths which occur under specific circumstances in Multnomah County. Approximately 2,500 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 now physically located in Multnomah County.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of deaths requiring investigation	2,384	2,500	2,425	2,500
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	72%	80%	64%	80%

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$1,365,433	\$0	\$1,464,418	\$15,993
Contractual Services	\$16,727	\$0	\$62,555	\$0
Materials & Supplies	\$87,894	\$0	\$60,487	\$7
Internal Services	\$134,113	\$0	\$266,827	\$1,872
Total GF/non-GF	\$1,604,167	\$0	\$1,854,287	\$17,872
Program Total:	\$1,604,167		\$1,872,159	
Program FTE	11.00	0.00	11.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$17,872
Total Revenue	\$0	\$0	\$0	\$17,872

Explanation of Revenues

This program generates \$1,872 in indirect revenues.
 \$ 17,872 - Medical Records fund

Significant Program Changes

Last Year this program was: FY 2020: 40052-20 Medical Examiner

The Multnomah County Medical Examiner's Office (MCMEO) currently employs a staff of seven full-time Deputy Medical Examiners (aka Death Investigators) and one Chief Deputy Medical Examiner to cover an ORS-required 24/7/365 operation. The Medical Examiner's Office was previously co-located with the Clackamas County and Oregon ME Offices in an Oregon State Police facility in Clackamas County. In December of 2019, the ME Office moved into the Gladys McCoy Multnomah County Building. The move into Multnomah County will increase the number of scene calls in which a Deputy Medical Examiner responds, as we are beginning our response from within Multnomah County, providing increased service to the public. The amount of time spent in traffic will also significantly decrease as we are now responding from within our county. The move generated an increase in facilities costs, which is reflected in our FY21 budget.

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

Executive Summary

Racial and Ethnic Approaches to Community Health (REACH) aims to end racial/ethnic health disparities within the Black/African American communities by ensuring opportunities to realize optimal health potential. REACH programming values a culture first approach, relying on community wisdom to implement culturally tailored interventions that addresses root causes of health inequities to address preventable risk behaviors through communications, policy, systems, and environmental change strategies in partnership with community.

Program Summary

Racial and Ethnic Approaches to Community Health (REACH) uses culturally-specific and cross-cultural approaches that combines the voice of community-identified priorities and Centers for Disease Control and Prevention (CDC)-funded communication, policy, system, and environmental change strategies focused on reducing chronic disease in local African American/Black communities, including African immigrants and refugees. The Public Health Division received a new round of REACH funding in FY19 that builds upon the partnerships and strategies developed during the previous cycle of REACH funding (2014-2018). REACH will continue to be a central component to the Health Department's commitment to equity by addressing the ways that societal conditions, built environment, and systems and policies create health disparities among racial and ethnic populations. 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's culturally-tailored programming addresses preventable risk behaviors (i.e., tobacco use, poor nutrition, and physical inactivity) to improve health, prevent chronic disease, and reduce health disparities among racial and ethnic populations with the highest risk/burden of chronic disease (i.e. hypertension, heart disease, Type 2 diabetes, and obesity). In FY21, there are three main REACH program areas focused on local Black/African American communities: nutrition, physical activity, and community-clinical linkages. Nutrition programming will increase the number of places within the County offering healthy food; increase access to healthier foods; and increase continuity of care/community support for implementing breastfeeding. Physical activity programming will increase the number of places that improve community design by connecting safe and accessible places for physical activity; and increase the number people with safe and accessible places for physical activity. Community-clinical linkage programming will increase the use of appropriate and locally available health and community programs, including increasing access and referrals to these resources; expanding the use of health professionals, such as community health workers; and improve quality of service delivery and experience of care. Together, these program areas work to improve the overall health of neighborhoods throughout Multnomah County.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	# of policy, systems and environment strategies implemented	7	15	20	25
Outcome	# of settings implementing policy, systems and environment strategies	7	10	15	20
Outcome	# of Black/African Americans reached through policy, systems and environment changes	2,000	1,000	3,500	4,000

Performance Measures Descriptions

FY19 Actual low due to ending of previous federal CDC funding cycle. FY20 and FY21 reflect new federal funding CDC funding cycle.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$406,908	\$316,088	\$343,598	\$381,566
Contractual Services	\$5,000	\$381,227	\$0	\$317,345
Materials & Supplies	\$4,596	\$43,907	\$891	\$48,445
Internal Services	\$47,599	\$50,778	\$83,746	\$44,644
Total GF/non-GF	\$464,103	\$792,000	\$428,235	\$792,000
Program Total:	\$1,256,103		\$1,220,235	
Program FTE	3.10	2.40	2.50	3.00

Program Revenues				
Intergovernmental	\$0	\$792,000	\$0	\$792,000
Total Revenue	\$0	\$792,000	\$0	\$792,000

Explanation of Revenues

This program generates \$44,644 in indirect revenues.
 \$ 792,000 - Federal CDC REACH Grant

Significant Program Changes

Last Year this program was: FY 2020: 40053-20 Racial and Ethnic Approaches to Community Health

Department: Health Department

Program Contact: Tameka Brazile

Program Offer Type:
Program Offer Stage: As Adopted

Related Programs:
Program Characteristics:
Executive Summary

Racial and Ethnic Approaches to Community Health (REACH) aims to end racial/ethnic health disparities within the Black/African American communities by ensuring opportunities to realize optimal health potential. REACH programming values a culture's first approach, relying on community wisdom to implement culturally tailored interventions that redress root causes of health inequities to address preventable risk behaviors through communications, policy, systems, and environmental change strategies in partnership with the community.

Program Summary

REACH works in partnership with community partners and systems (i.e. Mudbone Grown Farm, Black Food Sovereignty, WIC, SUN School, etc.) to improve the health of those impacted with the highest rates of disease and other key health indicators and socioeconomic disparities. Examples of these efforts include: enhancing healthier food procurement and sales, establishing/supporting food hubs; establishing a network of food sales outlets; establishing group purchasing collectives; developing tools; exploring innovative practices; and making improvements to local programs/systems.

This FY21 expansion aims to enhance the creation of a robust Black-led local food economy that develops an Equitable Food Oriented Development (EFOD) model within East Multnomah County. The EFOD model builds and enhances skills and capacity, increases employment, and expands access to locally-grown, fresh, culturally appropriate, and healthy food. These outcomes support the REACH program's objectives and Multnomah County's Black COVID-19 response, recovery, and rebuilding plan. Through strategic collaborations between local and regional food economy influencers, policy and decision-makers will empower and ensure Multnomah County's Black farmers and food entrepreneurs can supply the local food systems while operating at the nexus of a vibrant, healthy community-environment that supports nutrition, social cohesion, and economic mobility.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	# of policy, systems and environment strategies implemented	NA	NA	NA	5
Outcome	# of settings implementing policy, systems and environment strategies	NA	NA	NA	5
Outcome	# of Black/African Americans reached through policy, systems and environment changes	NA	NA	NA	500

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Contractual Services	\$0	\$0	\$76,720	\$0
Materials & Supplies	\$0	\$0	\$23,280	\$0
Total GF/non-GF	\$0	\$0	\$100,000	\$0
Program Total:	\$0		\$100,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** 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. Through this partnership and tools, moms build confidence and work towards a life of stability and success for both mother and child.

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 Board, and rigorous evaluation support through the NFP National Service Office and State Nurse Consultant. Long-term benefits to the county include healthy children ready to learn; decreased costs related to 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	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of families served	261	350	240	240
Outcome	% of mothers enrolled in NFP services who are breastfeeding at 6 months	100%	65%	70%	65%
Quality	Client retention in prenatal phase of NFP program	55%	70%	70%	70%

Performance Measures Descriptions

1) Reduced due to decreased staff. Families served include Northeast and East NFP teams. Additional families served by NFP trained HBI nurses reflected in HBI program offer. 3) Reduced due to decreased staff. Clients most at risk are those that benefit the most from program. It is important to engage them and reconnect when they disengage. Client retention measures program's ability to be nimble and responsive to client needs, utilize trauma informed approaches, and train home visiting staff as new strategies are discovered.

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$273,775	\$1,358,468	\$100,405	\$1,495,486
Contractual Services	\$661,704	\$0	\$676,647	\$0
Materials & Supplies	\$64,521	\$0	\$59,447	\$3,361
Internal Services	\$0	\$157,446	\$202,247	\$174,972
Total GF/non-GF	\$1,000,000	\$1,515,914	\$1,038,746	\$1,673,819
Program Total:	\$2,515,914		\$2,712,565	
Program FTE	1.77	8.34	0.45	8.65

Program Revenues				
Intergovernmental	\$0	\$88,802	\$0	\$88,802
Other / Miscellaneous	\$0	\$0	\$0	\$15,974
Service Charges	\$0	\$1,427,112	\$0	\$1,569,043
Total Revenue	\$0	\$1,515,914	\$0	\$1,673,819

Explanation of Revenues

This program generates \$174,972 in indirect revenues.

\$ 88,802 - State MCH Babies first grant

\$ 1,569,043 - NFP Medicaid Babies First

Significant Program Changes

Last Year this program was: FY 2020: 40054-20 Nurse Family Partnership

Department: Health Department **Program Contact:** LaRisha Baker

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

Related Programs:
Program Characteristics:
Executive Summary

The Home and Community Based Health Consulting program includes Healthy Homes Asthma Home Visiting and community-based early childhood health consulting. Using nurse and community health worker home visiting models, these services support vulnerable families with children who have health conditions, by providing health assessments in the home, conducting care coordination, providing technical assistance for providers who service children for special healthcare needs, advocating for children and families in the health care system as well as other social service agencies and classrooms, 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.

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, and Multnomah Early Childhood Program.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	# of families receiving an environmental home inspection	53	45	45	45
Outcome	% completion of final Asthma Home Nursing assessments	72%	80%	80%	80%
Output	# of technical assistance consults to service providers who work with children with special health care needs	300	300	300	300

Performance Measures Descriptions

Legal / Contractual Obligation

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

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$375,994	\$471,872	\$213,236	\$491,012
Contractual Services	\$107,918	\$0	\$103,256	\$0
Materials & Supplies	\$17,783	\$2,366	\$12,418	\$5,437
Internal Services	\$221,376	\$50,724	\$0	\$53,342
Total GF/non-GF	\$723,071	\$524,962	\$328,910	\$549,791
Program Total:	\$1,248,033		\$878,701	
Program FTE	2.16	3.74	1.47	3.43

Program Revenues				
Intergovernmental	\$0	\$34,000	\$0	\$34,000
Other / Miscellaneous	\$0	\$247,602	\$0	\$272,431
Service Charges	\$0	\$243,360	\$0	\$243,360
Total Revenue	\$0	\$524,962	\$0	\$549,791

Explanation of Revenues

This program generates \$53,342 in indirect revenues.

\$ 243,360 - Health Homes TCM

\$ 272,431 - DDSD CHN

\$ 17,000 - MHCC Head Start CHN

\$ 17,000 - OCDC CHN

Significant Program Changes

Last Year this program was: FY 2020: 40055-20 Home and Community Based Health Consulting

The Home and Community Based Health Consulting program was eliminated as a result of budget reductions across the Public Health Division. This Out of Target Program Offer will restore services.

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40054, 40055, 40058, 40097
Program Characteristics:

Executive Summary

Healthy Families of Multnomah County (HFMC) is a nationally accredited, evidence-based program that is part of the state-wide Healthy Families of Oregon 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 480 families in HFMC home visiting services in 2021, and linking another 100 families to partner CBOs for early childhood services based on their unique needs.

Program Summary

Enrichment of early childhood (0 to 3) experiences and mitigation of parent stress and adverse childhood experiences are foundational to the development of healthy and stable lives. The Healthy Families of Multnomah County (HFMC) program serves families from pregnancy or the 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.

Equity approaches taken by the program include: Prioritizing screening locations where families of color and low income families live or access care and directing these families to programs prepared to address their specific needs. Long-term benefits to the County include reduced racial inequities and increased numbers 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.

HFMC has 2 components: 1) Welcome Baby Screening for eligibility to link families to services based on choice and fit. Welcome Baby maintains MOUs with multiple culturally-specific programs throughout the county. 2) HFMC home visiting - which delivers the accredited, evidence-based HF model - at 4 Community Based Organizations. Contractors each have a culturally and/or population-specific focus, including African American, Immigrant/Refugee, Latino, Teens, and parents with significant substance abuse or trauma histories. Annually families served are approximately 78% families of color and 95% low income. HFMC Medicaid Administrative Claiming supports operations and funds an African American Mental Health Consultant and additional family supports.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of families served	465	635	465	480
Outcome	% of participating parents who report reading to/with a child at least 3x/week	93%	93%	95%	95%
Quality	% of families remaining in intensive services for 12 months or longer	74%	75%	75%	75%
Outcome	% of families served who fit Early Learning Multnomah (ELM) priority populations (People of Color/low income)	94%	95%	95%	95%

Performance Measures Descriptions

Number of families served reduced due to HFA Model shift to greater focus on parent/child attachment coaching and monitoring and increase in acuity of families served. Since FY15 we have experienced a persistent gap in data reporting due to a transition in data systems at the state ELD. FY19 measures are based on the first state data report since 2015 and reflect the most recent data available-from FY 2018 (provided as 2019 data above). In the future, the HFMC program expects the State of Oregon database THEO to allow for more timely and disaggregated data.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$11,507	\$679,330	\$144,342	\$582,789
Contractual Services	\$365,317	\$1,524,222	\$367,058	\$1,695,059
Materials & Supplies	\$40,483	\$0	\$32,720	\$9,616
Internal Services	\$112,227	\$78,734	\$108,675	\$67,463
Total GF/non-GF	\$529,534	\$2,282,286	\$652,795	\$2,354,927
Program Total:	\$2,811,820		\$3,007,722	
Program FTE	0.11	5.76	1.13	4.74

Program Revenues				
Intergovernmental	\$0	\$2,237,286	\$0	\$2,294,927
Other / Miscellaneous	\$0	\$45,000	\$0	\$60,000
Total Revenue	\$0	\$2,282,286	\$0	\$2,354,927

Explanation of Revenues

This program generates \$67,463 in indirect revenues.

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

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

\$ 2,154,927 - Healthy Families Grant
 \$ 140,000 - State Healthy Start MAC
 \$ 60,000 - HSO: Help Me Grow Grant

Significant Program Changes

Last Year this program was: FY 2020: 40056-20 Healthy Families

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40054, 40055, 40056, 40097
Program Characteristics:

Executive Summary

Each year, the Healthy Birth Initiative (HBI) program improves birth outcomes and the health of new families, mothers, and fathers in the African American community, helping children get a healthy start in life. For over 20 years, HBI has improved birth outcomes in the African American community using a culturally-specific model that addresses the underlying causes of health inequities. HBI participants have demonstrated lower rates of infant mortality and low birth weight and higher rates of early prenatal care compared to African Americans not enrolled in the program.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and stability. The Black/African American community experiences the most severe inequities across the spectrum of perinatal health, including a rate of low birth weight at twice that of White non-Hispanics. Black/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 nurses utilize the Nurse Family Partnerships model as a key component of home visiting services. Other evidence-based models, in addition to Nurse Family Partnerships, include Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT); Parents as Teachers (PAT); Partners in Parenting Education (PIPE); 24/7 Dads, among others. HBI care coordination is promoted between internal Health Department programs, external health and social service providers, and larger health systems.

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 Black/African American community.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of families served	283	450	378	450
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	85%	80%	85%	80%
Quality	Percent of participants who express satisfaction with cultural specificity of program	100%	95%	100%	95%

Performance Measures Descriptions

1) FY21 Offer of families served has increased due to new grant cycle with increased service level requirements supported by the grant and County general fund.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$896,248	\$1,061,484	\$860,342	\$1,121,337
Contractual Services	\$367,642	\$179,182	\$7,013	\$376,708
Materials & Supplies	\$24,883	\$57,047	\$59,489	\$43,762
Internal Services	\$263,890	\$123,027	\$306,321	\$131,196
Total GF/non-GF	\$1,552,663	\$1,420,740	\$1,233,165	\$1,673,003
Program Total:	\$2,973,403		\$2,906,168	
Program FTE	6.00	9.80	6.50	8.30

Program Revenues				
Intergovernmental	\$0	\$892,500	\$0	\$980,000
Other / Miscellaneous	\$0	\$0	\$0	\$7,987
Service Charges	\$0	\$528,240	\$0	\$685,016
Total Revenue	\$0	\$1,420,740	\$0	\$1,673,003

Explanation of Revenues

This program generates \$131,196 in indirect revenues. Healthy Birth Initiative is funded by: Medicaid Targeted Case Management (TCM) Medicaid Maternity Case Management and a Health Resources and Services Administration grant.

\$ 980,000 - Health Resources Services Administration grant

\$ 685,016 - Targeted Case Management

\$ 7,987 - Medicaid Fee For Services

Significant Program Changes

Last Year this program was: FY 2020: 40058-20 Healthy Birth Initiative

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: **Program Offer Stage:** As Adopted
Related Programs: 40058A
Program Characteristics:

Executive Summary

Each year, the Healthy Birth Initiative (HBI) program improves birth outcomes and the health of new families, mothers, and fathers in the Black/African American community, helping children get a healthy start in life. For over 20 years, HBI has improved birth outcomes in the Black/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

Providing culturally relevant and responsive services is at the core of HBI's mission and programming. To institute widespread change, partnering and other community organizations must also value and prioritize this approach to client care. HBI successfully develops relationships with community and collaborating agencies/systems and regularly meets to inform the adoption and institutionalization of culturally responsive approaches.

In the face of the ongoing collaboration and technological advancements, Black/African Americans continue to experience inequitable perinatal disparities. HBI responds to race-related stress among clients and staff, advancing the inclusion of male father involvement; addressing maternal mortality and morbidity, improving pregnancy and birth outcomes that exist in the Black/African American community. Strategy, design, and promotion are accomplished in collaboration with client, community, and system engagement and partnerships.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	# of partners engaged	NA	NA	NA	20
Outcome	% of invoices timely processed	NA	NA	NA	100%
Quality	% of partners who are satisfied with community engagement	NA	NA	NA	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$0	\$0	\$121,444	\$0
Total GF/non-GF	\$0	\$0	\$121,444	\$0
Program Total:	\$0		\$121,444	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** Michael Seale
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40049, 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 3,500+ juvenile individuals are cared for each year from Multnomah, Washington and Clackamas counties-- brought in from the community, other jurisdictions and other community holding facilities. Over 40% of those juveniles have significant mental health conditions.

Program Summary

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 typically more stable in this jail which allows for mental health groups to occur several times per week. In addition to groups, individual sessions and medication management occur. JDH health professionals work 16 hours/day, seven days a week providing care for 80 youth daily in 7 individual housing units from three counties. 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	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Avg number of mental health evaluations for suicide watch per month.	245	240	250	250
Outcome	Avg of total number of active and constant suicide watches per month to prevent inmate injury or death	127	130	125	125
Output	Avg number of evaluations performed by Mental Health Consultants for all Corrections Health sites per month	893	825	1,000	1,000
Outcome	% of detained youth receiving mental health medications monthly	34%	45%	43%	43%

Performance Measures Descriptions

Measure 1: Tracking MHC evaluations help to assess client access to care and resource utilization; Measure 2: Tracking both "ACTIVE" and "CONSTANT" suicide watches, capture management of detainees felt to be at risk, better-reflecting resource needs; Outcome Measure: Tracking percentage of youth receiving psychotropic 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$3,431,645	\$0	\$3,687,914	\$0
Contractual Services	\$40,000	\$0	\$40,000	\$0
Materials & Supplies	\$22,858	\$0	\$75,457	\$0
Internal Services	\$303,496	\$0	\$434,443	\$0
Total GF/non-GF	\$3,797,999	\$0	\$4,237,814	\$0
Program Total:	\$3,797,999		\$4,237,814	
Program FTE	23.40	0.00	24.70	0.00

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

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare, and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees only for detainee-requested medical and dental provider evaluations. No fees are charged for mental health requests or mental health provider evaluations. 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 2020: 40059-20 Corrections Health Mental Health Services

Department: Health Department **Program Contact:** Tameka Brazile
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40006, 40060, 40037
Program Characteristics: Measure 5 Education

Executive Summary

Community & Adolescent Health (CAH) programs prevent chronic disease and injuries and improve sexual and relationship health. Strategies tie to Board of Health priorities and Public Health Modernization requirements. They focus on the leading preventable causes of early death and disability; 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. CAH works in neighborhoods with the highest rates of disease and other key health indicators, crime/youth violence, and socioeconomic disparities. Activities include community-informed planning and decision-making; training and technical assistance to build school and community partner capacity; communications; and initiatives that improve policies, systems, and environments.

Program Summary

Research shows an individual's zip code is a main determinant of health and wellbeing. Neighborhoods with socioeconomic disparities (higher poverty, lower educational attainment, disinvestment/gentrification) also have significant health disparities (chronic disease, exposure to violence and trauma, sexual/reproductive health). Community & Adolescent Health (CAH) works alongside community and school partners to prevent and improve these inequities by nurturing neighborhoods to support healthy and safe gathering spaces, worksites, schools, health care, and physical environments. Programs include:

Striving to Reduce Youth Violence Everywhere (STRYVE), which employs a public health approach to violence prevention grounded in equity, healing, and resilience. STRYVE prevents youth violence through community health workers who work in partnership with youth and adults to address community trauma; increase youth empowerment and leadership; and build system capacity. Activities include improving neighborhood livability through community-led projects; providing summer youth employment programs; and maintaining relationships with national experts to inform local practices.

Adolescent Sexual Health Equity Program (ASHEP), which partners with youth, educators, caregivers, and service providers in school and community settings to implement health education and teen dating violence prevention activities. ASHEP supports schools to meet Oregon law requirements for comprehensive sexuality and healthy relationship skill education; child sexual abuse prevention programs; and access to preventive reproductive health services. ASHEP also provides technical support to culturally specific partners for programming, policy advocacy, and community mobilization.

Chronic diseases prevention (CDP), which compliments and augments other public health strategies by filling critical gaps in prevention efforts left by other funding sources. Activities are focused on increasing access to healthy eating, active living, and smoke/nicotine-free environments by advancing community/neighborhood policy and systems changes; reaching youth/adolescents in a variety of school and recreation settings; and addressing factors that create socioeconomic disparities, particularly poverty and educational attainment.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	# of youth and community members engaged in health promotion and prevention activities	10,363	3,500	10,900	4,250
Outcome	# of policies, practices, health education, and technical assistance activities	80	20	40	55
Outcome	# of community and school sites involved in health promotion and prevention activities	26	35	35	50
Quality	% of trained educators who feel confident teaching evidence-based sexuality or violence prevention	91%	85%	90%	85%

Performance Measures Descriptions

1) FY20 Program Offer 40025 ASHEP #'s were included in FY19 Actual, FY20 Estimate and FY21 Offer. ASHEP budgeted 7,500 in FY20 Program Offer 40025. 2 and 3) ASHEP #'s only included in FY21 Offer. 4) This measure was budgeted in the FY20 Program Offer 40025 ASHEP. Measures 1, 2, and 3 include communications, PSE improvement, and health education/technical assistance activities that address violence, chronic disease, sexual/reproductive health, and social determinants of health.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$982,272	\$732,222	\$1,052,374	\$479,926
Contractual Services	\$90,856	\$711,883	\$230,441	\$133,800
Materials & Supplies	\$61,579	\$52,271	\$73,381	\$41,319
Internal Services	\$178,501	\$165,910	\$194,001	\$86,326
Total GF/non-GF	\$1,313,208	\$1,662,286	\$1,550,197	\$741,371
Program Total:	\$2,975,494		\$2,291,568	
Program FTE	8.35	6.25	8.45	4.25

Program Revenues				
Intergovernmental	\$0	\$1,662,286	\$0	\$741,371
Total Revenue	\$0	\$1,662,286	\$0	\$741,371

Explanation of Revenues

This program generates \$56,151 in indirect revenues.

\$ 412,287 - 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

\$ 329,084 - Public Health Modernization Local (HPCDP)

Significant Program Changes

Last Year this program was: FY 2020: 40060-20 Chronic Disease and Violence Prevention

In FY 2021, FY20 Program Offer 40025 ASHEP is being consolidated into FY20 Program Offer 40060 Chronic Disease and Violence Prevention. Also, in FY21, Program Offer 40060 has been renamed to Community & Adolescent Health. These offers were consolidated and renamed as part of divisional and program offer reorganizations that merge together adolescent health, prevention, and health promotion activities. ASHEP's Federal ACT Teen Pregnancy Prevention (\$1,249,999 annually) ended, resulting in reduced programmatic FTE and contracts. In FY 2021, State Public Health Modernization funding (\$329,084) will mitigate a portion of the gap left by the Federal grant ending to provide capacity for a reduced scope of work.

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40010B
Program Characteristics:

Executive Summary

Access to sterile injection equipment is proven to reduce transmission of hepatitis C, HIV/AIDS, and bacterial infections. The national opioid crisis and rising methamphetamine use have led to increased injection drug use and, in turn, the need for sterile syringe access and harm reduction services. The Harm Reduction program provides syringe exchange, naloxone distribution, and resources that work to increase client readiness and linkage to substance use treatment services. In recent years, the program has increased technical assistance to counties throughout Oregon to improve harm reduction service availability outside of the Portland-metro area.

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 associated with injection drug use for individuals and the larger community. 66% of clients report homelessness/unstable housing and rely on low barrier access to services and supplies offered through Harm Reduction programming. Services incorporate trauma-informed risk reduction counseling and referrals based on readiness for change. Strategies include promoting one-time use of sterile syringes and other supplies, which is crucial to prevent hepatitis C, HIV, and hepatitis B transmission.

The Harm Reduction program offers access to services at field-based and clinical sites. These access points reduce barriers faced by persons who inject drugs (PWID), such as stigma associated with drug use and housing status, through focus on building trusting relationships. The clinical site also provides low barrier wound/abscess care, sexual health services for people not typically engaged in health care, and an on-site Addiction Benefit Coordinator. In 2019 Oregon Health Plan expanded hepatitis C treatment access to PWID. With this expansion of HCV treatment to PWID, the program optimizes ability to engage clients in HCV/HIV testing and linkage to treatment. In 2019, the program was able to extend testing opportunities to field-based services.

Opioid overdose prevention and naloxone distribution help clients, first responders, and other community members recognize and respond to an overdose. While prescription drug overdose (OD) deaths recently declined in Oregon, statewide data shows an increase in OD death due to illicit drugs. Multnomah County has the highest OD deaths in Oregon, and the program continues to improve response by expanding kit distribution at sites and training other service providers to carry and distribute naloxone. Harm Reduction clients reported 1,146 OD reversals in FY19, an increase of 25%. To support overdoses prevention efforts, staff provide regional and statewide technical assistance and capacity building training, allowing local community-based organizations to buy naloxone through the program. Additionally, staff work with partners to coordinate system-level strategies.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of syringe exchange client encounters	47,418	50,545	47,284	50,545
Outcome	Number of overdose rescues reported	1,146	939	1,313	1,508
Output	Number of syringes collected	6,813,964	7,300,000	7,068,741	7,300,000
Output	Number of naloxone doses distributed	7,944	7,228	15,085	17,235

Performance Measures Descriptions

1) Visits to MCHD and Outside In. 2) Overdose rescues reported to MCHD and Outside In. 3) Includes MCHD and Outside In. 4) Increase in doses distributed due to additional federal funding. Clients from MCHD and Outside In.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$440,903	\$406,947	\$378,241	\$716,736
Contractual Services	\$278,838	\$96,000	\$286,187	\$156,019
Materials & Supplies	\$528,625	\$111,975	\$692,501	\$96,830
Internal Services	\$228,986	\$46,499	\$273,244	\$83,858
Total GF/non-GF	\$1,477,352	\$661,421	\$1,630,173	\$1,053,443
Program Total:	\$2,138,773		\$2,683,616	
Program FTE	4.24	3.43	3.49	6.31

Program Revenues				
Intergovernmental	\$0	\$646,421	\$0	\$1,023,013
Other / Miscellaneous	\$0	\$0	\$100,000	\$0
Service Charges	\$0	\$15,000	\$0	\$30,430
Total Revenue	\$0	\$661,421	\$100,000	\$1,053,443

Explanation of Revenues

This program generates \$83,858 in indirect revenues.
 \$ 433,562 - HIV Prevention Block Grant
 \$ 30,430 - Medicaid Reduction Clinic FFS
 \$ 341,217 - OHA HIV Harm Reduction
 \$ 248,234 - SAMHSA Naloxone Project (SOR)

Significant Program Changes

Last Year this program was: FY 2020: 40061-20 Harm Reduction

For FY21, Harm Reduction will utilize Federal SAMHSA pass-through funding (\$248,234) to support expanded naloxone distribution.

Department: Health Department **Program Contact:** Ebony Clarke
Program Offer Type: Administration **Program Offer Stage:** As Adopted
Related Programs: 40067, 40068, 40065B
Program Characteristics:

Executive Summary

Multnomah County's Behavioral Health Division (the Division) Administration manages a recovery-focused, comprehensive system of care to prevent, intervene in, and treat mental illness and addiction in children and adults. Through culturally responsive and evidence-based practices, the Division serves low-income, uninsured, and individuals who are homeless, as well as any of the over 800,000 county residents experiencing a behavioral health crisis. The Division provides a continuum of services directly and through a provider network. These programs serve approximately 53,000 annually.

Program Summary

The Board of County Commissioners is the Local Mental Health Authority. Through that authority, the Behavioral Health Division Administration provides oversight and management of all publicly-funded behavioral health programs in the system of care, whether provided directly or through contracted agencies. The Division is organized into 4 units: 1) The Community Mental Health Program (CMHP) provides safety net and basic services that include involuntary commitment, crisis services, and addiction treatment. 2) Direct Clinical Services (DCS) which encompasses all programs for children, youth, and families where services are delivered by Division staff. These services may be reimbursed by the local Coordinated Care Organization (CCO), by the state, or by another funding source. 3) Care Coordination for adults and children who are Medicaid members - funded by federal dollars through the local CCO as well as Choice, funded by the state. 4) Addictions which includes a benefits coordination team, prevention, and technical assistance funded through the CCO, grants, and the state.

The Division Administration continuously assesses its continuum of services to respond to the changing needs and demographics of Multnomah County. All changes are shaped by the input of consumers, advocates, providers and stakeholders. The Division ensures the system and services provided are consumer-driven by prioritizing consumer voice through the Office of Consumer Engagement's work, frequent provider feedback, adult system and child system advisory meetings, focus groups and ad hoc meetings.

The Division Administration is also responsible for ensuring contracted providers deliver evidence-based and culturally responsive services to consumers. The Division monitors contracts with providers for regulatory and clinical compliance. To ensure good stewardship, the Division business and clinical decisions ensure that finite resources are targeted to serve the most vulnerable populations. The Division management participates in planning at the state level to influence the policy decisions that affect the community we serve. The Division values our community partners, with whom we work collaboratively to create a system of care responsive to the needs of our community.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Total Adult/Child Behavioral Health Advisory Meetings ¹	23	26	23	23
Outcome	Advisors agree with the statement, "Overall, MHASD does its job well"	77%	77%	77%	80%

Performance Measures Descriptions

¹Includes AMHSAAC Membership Meetings and the AMHSAAC Subcommittee Meetings

Legal / Contractual Obligation

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

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

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$834,364	\$716,488	\$946,293	\$890,392
Contractual Services	\$0	\$752,048	\$0	\$395,000
Materials & Supplies	\$11,056	\$75,210	\$11,056	\$75,460
Internal Services	\$131,211	\$148,762	\$0	\$328,080
Total GF/non-GF	\$976,631	\$1,692,508	\$957,349	\$1,688,932
Program Total:	\$2,669,139		\$2,646,281	
Program FTE	6.65	3.83	5.99	4.49

Program Revenues				
Intergovernmental	\$0	\$1,192,508	\$0	\$738,046
Beginning Working Capital	\$0	\$500,000	\$0	\$950,886
Total Revenue	\$0	\$1,692,508	\$0	\$1,688,932

Explanation of Revenues

This program generates \$54,750 in indirect revenues.

\$ 105,322 - Behavioral Health Managed Care fund

\$ 363,347 - State Mental Health Grant Local Admin

\$ 817,705 - Beginning Working Capital

\$ 402,558 - Unrestricted Medicaid fund through CareOregon

Significant Program Changes

Last Year this program was: FY 2020: 40065A-20 Mental Health & Addiction Services Administration

Legal / Contractual Obligation

The following guidelines are utilized in monitoring the BHDs compliance to federal, state and county rules and audits regarding client confidentiality and release of clinical records, record retention, responding to subpoenas and court orders for confidential client records and standards for clinical documentation: HIPAA, DSM V "Diagnostics & Statistical Manual of Mental Disorders", Children's & Adult's State of Oregon Admin. 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.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$226,328	\$551,280	\$190,640	\$362,737
Materials & Supplies	\$0	\$25,149	\$0	\$5,000
Internal Services	\$0	\$177,257	\$24,744	\$151,265
Total GF/non-GF	\$226,328	\$753,686	\$215,384	\$519,002
Program Total:	\$980,014		\$734,386	
Program FTE	2.46	5.84	2.00	4.00

Program Revenues				
Intergovernmental	\$0	\$753,686	\$0	\$255,537
Beginning Working Capital	\$0	\$0	\$0	\$263,465
Total Revenue	\$0	\$753,686	\$0	\$519,002

Explanation of Revenues

This program generates \$31,590 in indirect revenues.
 \$ 140,938 - State Mental Health Grant: LA 01 System Management and Coordination
 \$ 100,601 - Beginning working Capital
 \$ 263,224 - Unrestricted Medicaid fund through CareOregon

Significant Program Changes

Last Year this program was: FY 2020: 40067-20 Medical Records for MHASD

Department: Health Department **Program Contact:** Jennifer Gulzow
Program Offer Type: Support **Program Offer Stage:** As Adopted
Related Programs: 40065, 40067
Program Characteristics:

Executive Summary

Quality Management (QM) assures quality of the Behavioral Health Division and contracted providers by: agency audits, investigations, and monitoring mental health contract performance. The Division serves approximately 135,000 Multnomah Mental Health Oregon Health Plan (OHP) members, 52 mental health agencies and 72 residential/foster facilities. QM offer also includes the Decision Support Unit which is responsible for oversight and maintenance of the central Electronic Health Record system, and reporting for the Division Multnomah Mental Health Plan billing support.

Program Summary

Quality Management protects and supports mentally ill adults and children in Multnomah County by providing specific services including: coordinating compliance with Health Insurance Portability and Accountability Act (HIPAA) rules and Multnomah Mental Health contracts; measuring client outcomes; conducting Medicaid compliance audits for community mental health agencies; assuring compliance with grievance procedures; auditing and providing technical support to 52 mental health agencies; coordinating residential quality and tracking approximately 13,000 reportable residential adverse events annually; facilitating Critical Incident Reviews for high risk incidents; assisting the State with licensing visits and Oregon Administrative Rules (OARs) compliance for residential treatment homes and facilities; investigating complaints about residential care; and monitoring progress of providers found to be out of compliance with OARs.

Additionally, QM includes the Decision Support Unit which is responsible for oversight/administration of the Behavioral Health Division central Electronic Health Record (EHR) system, Multnomah Mental Health Plan Billing Support and reporting for the Division.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	# of clinical reviews and incident reports reviewed	13,346	13,800	12,050	12,000
Outcome	Percent of incident reports reviewed that resulted in a Critical Incident Review meeting with the program ¹	3%	2%	3%	3%
Output	Number of requests managed by Decision Support ²	12,450	12,800	7,925	4,900

Performance Measures Descriptions

¹Low percentage of critical incident reviews is reflective of incidents being reviewed, tracked and responded to in a timely manner.

²Includes billing support tickets, Evolv project, and support requests and reporting requests. Note: a drastic reduction in current year estimate and next year offer is the result of CCO 2.0 changes and reduction of Medicaid billing work and staffing.

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.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$564,653	\$3,615,318	\$872,778	\$1,753,918
Contractual Services	\$0	\$998,348	\$0	\$210,676
Materials & Supplies	\$946	\$325,938	\$7,206	\$72,246
Internal Services	\$37,487	\$910,960	\$176,583	\$451,446
Total GF/non-GF	\$603,086	\$5,850,564	\$1,056,567	\$2,488,286
Program Total:	\$6,453,650		\$3,544,853	
Program FTE	4.35	27.35	6.31	12.59

Program Revenues				
Intergovernmental	\$0	\$5,730,564	\$0	\$1,299,251
Beginning Working Capital	\$0	\$120,000	\$0	\$1,189,035
Total Revenue	\$0	\$5,850,564	\$0	\$2,488,286

Explanation of Revenues

This program generates \$95,017 in indirect revenues.

\$ 701,474 - Health Share of Oregon (Medicaid): Based on FY20 Medicaid Rates

\$ 198,147 - Health Share Unrestricted Medicaid (Off the top) funding

\$ 732,012 - State Mental Health Grant: LA 01 System Management and Coordination

\$ 445,376 - Beginning Working Capital

\$ 425,516 - Unrestricted Medicaid fund through CareOregon

Significant Program Changes

Last Year this program was: FY 2020: 40068-20 Mental Health Quality Management

APS was removed from Quality Management and added to CMHP in August 2018.

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 Behavioral Health Division operates a 24-hour, 365-day-a-year behavioral health crisis response system, including a 24/7 crisis and resource hotline, a 24/7 mobile crisis outreach team and a seven day a week crisis walk-in clinic that serves every member of Multnomah County.

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 is the hub for behavioral health crisis services for all county residents regardless of insurance status. The Call Center triages and deploys crisis resources, such as mobile outreach; Project Respond – Mobile outreach service provided by clinicians and peers and the urgent walk in clinic, provides crisis counseling, manages division program referrals, links callers to behavioral health services and community education on suicide prevention, and authorizations for indigent medications, crisis housing and transportation. The call center also receives warm transfers from the Portland Bureau of Emergency Communications (BOEC/911) for callers that are in behavioral health crisis and do not have an immediate need for law enforcement, fire, or ambulance.

The Call Center has taken over the intake and referral process for Mental Health Crisis and Assessment Treatment Center (CATC) and has also taken over this function in FY20 for Crisis Respite. This will improve access and our clients' ability to move seamlessly through crisis levels of care.

Project Respond is deployed by the Call Center or BOEC/911 to provide face-to-face crisis evaluation and triage services as well as hospital diversion to those in crisis regardless of insurance status. In FY19, the total number of clients served by Project Respond was 3,392. Hospital Outreach Liaisons- in the Project Respond program assist in diverting 279 individuals, including 256 unduplicated 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 7:00 a.m. to 10:30 p.m., 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. Peer services are also available.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Total Crisis System Contacts ¹	75,851	78,000	80,000	77,300
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED ²	92%	96%	92%	92%

Performance Measures Descriptions

¹ FY19 totals include Crisis Line Incoming Calls: 68,944 (not including Wash County call center calls) MITT: 2,301 Cascadia UWIC: 4,677 Project Respond: 3,392 CATC: 298 ED Liaison: 279

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 Addictions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$324,920	\$3,028,495	\$368,559	\$3,203,912
Contractual Services	\$1,348,127	\$7,293,502	\$395,169	\$6,324,782
Materials & Supplies	\$1,714	\$5,917	\$2,033	\$8,246
Internal Services	\$91,112	\$536,948	\$29,777	\$583,064
Total GF/non-GF	\$1,765,873	\$10,864,862	\$795,538	\$10,120,004
Program Total:	\$12,630,735		\$10,915,542	
Program FTE	2.60	22.81	2.80	19.78

Program Revenues				
Intergovernmental	\$0	\$10,788,853	\$0	\$9,857,373
Beginning Working Capital	\$0	\$76,009	\$0	\$262,631
Total Revenue	\$0	\$10,864,862	\$0	\$10,120,004

Explanation of Revenues

This program generates \$215,561 in indirect revenues.

\$ 538,870 - Washington County Crisis

\$ 5,689,392 - Health Share Unrestricted Medicaid (Off the top) funding

\$ 3,320,592 - State Mental Health Grant: MHS 25 Community Crisis Services for Adults and Children

\$ 308,519 - State Mental Health Grant: MHS 05

\$ 262,631 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2020: 40069-20 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 Behavioral Health Division operates a 24-hour, 365-day-a-year behavioral health crisis response system, including a 24/7 crisis and resource hotline, a 24/7 mobile crisis outreach team and a seven day a week crisis walk-in clinic that serves every member of Multnomah County. Due to CGF budget reductions in Fiscal Year 2021, this offer will keep current service capacity whole.

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 is the hub for behavioral health crisis services for all county residents regardless of insurance status. The Call Center triages and deploys crisis resources, such as mobile outreach; Project Respond – Mobile outreach service provided by clinicians and peers and the urgent walk-in clinic, provides crisis counseling, manages division program referrals, links callers to behavioral health services and community education on suicide prevention, and authorizations for indigent medications, crisis housing, and transportation. The call center also receives warm transfers from the Portland Bureau of Emergency Communications (BOEC/911) for callers that are in a behavioral health crisis and do not have an immediate need for law enforcement, fire, or ambulance.

Urgent Walk-In Clinic (UWIC) – Clinic-based service contracted with a community-based organization, available from 7:00 a.m. to 10:30 p.m. seven days a week/365 days a year, 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 access to a psychiatrist or psychiatric mental health nurse practitioner for medication evaluation and treatment. Peer services are also available.

A reduction in crisis services funding will reduce the hours of operation of the Urgent Walk-In Clinic by approximately 32 hours a week. Proposed Daily hours of operation would be Monday-Saturday 8:30 a.m. - 8 p.m. and Sunday 9 a.m. - 4:30 p.m. This will impact the availability of services for up to 700 individuals annually.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Total Crisis System Contacts ¹				700
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED ²	92%	96%	92%	92%

Performance Measures Descriptions

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 Addictions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Contractual Services	\$0	\$0	\$535,412	\$176,103
Total GF/non-GF	\$0	\$0	\$535,412	\$176,103
Program Total:	\$0		\$711,515	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$0	\$0	\$176,103
Total Revenue	\$0	\$0	\$0	\$176,103

Explanation of Revenues

\$ 176,103 - Beginning Working Capital

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 Behavioral Health Division 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 300 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 10 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	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of admissions that are unique Multnomah Mental Health members	298	300	300	175
Outcome	Number of admissions that are Non-HSO Multnomah Members	35	45	48	12
Output	Number of inpatient days for Non-HSO Multnomah Adults	9,867	8,800	9,700	9,700
Outcome	Percentage of clients admitted that are Non-HSO Multnomah Members ¹	38%	18.5%	NA	NA

Performance Measures Descriptions

¹ This measure will be discontinued, MHASD no longer operates as the Medicaid Plan Administration for Health Share of Oregon as of 12/31/2019.

Legal / Contractual Obligation

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

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

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Contractual Services	\$691,101	\$3,045,806	\$251,791	\$0
Total GF/non-GF	\$691,101	\$3,045,806	\$251,791	\$0
Program Total:	\$3,736,907		\$251,791	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$3,045,806	\$0	\$0
Total Revenue	\$0	\$3,045,806	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2020: 40070-20 Mental Health Crisis Assessment & Treatment Center (CATC)

Restoration
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 Behavioral Health Division 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 300 clients per year. Facility staffing includes physical and mental health professionals and peer support specialists. Due to CGF budget reductions in Fiscal Year 2021, this offer will keep current service capacity whole.

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 10 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.

A reduction in County General Funding will reduce the number of funded beds from 3 to 1 for those individuals who do not have Medicaid funding via Health Share of Oregon. This will negatively impact those uninsured or under insured Multnomah County residents that would benefit from an inpatient hospital step-down or diversion from emergency psychiatric services to a sub-acute secure setting. This will impact approximately 30 indigent individuals annually.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of admissions that are unique Multnomah Mental Health members				225
Outcome	Number of admissions that are Non-HSO Multnomah Members				36

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Contractual Services	\$0	\$0	\$460,734	\$0
Total GF/non-GF	\$0	\$0	\$460,734	\$0
Program Total:	\$0		\$460,734	
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 Behavioral Health Division's Adult Protective Services (APS) investigates abuse and neglect for individuals over the age of 18 who are in mental health services and/or reside in a residential facility and who are diagnosed with serious & persistent mental health illness. We also provide protective services to individuals and outreach and coordination services to individuals who are not engaging in services or for those allegations that do not meet our authority to open up a case for investigation.

Program Summary

The Division's Adult Protective Services is a mandated program, guided by state law to protect adults with severe and persistent mental illness from abuse and victimization. The program receives and screens abuse reports from mandatory reporters, community members and victims of abuse. Whether or not the incident qualifies for investigation, risk assessment and protective services, including safety planning, is conducted to minimize the risk of these vulnerable individuals. The Division's APS coordinates multidisciplinary teams to develop plans to remove risk, reduce vulnerability and connect victims and potential victims to services. In FY19, the program designed and filled the Risk Case Manager position, which serves as an additional layer of support and connection for those who are most vulnerable due to mental illness, addiction, homelessness, and abuse. We also designed and filled an African American culturally specific abuse investigator position to provide screening, investigation and training services in a culturally and trauma informed manner. This position is instrumental in addressing the historical under reporting of abuse in the African American community and tailoring interventions, supports and recommendations to be culturally specific. Finally, the Division's APS is responsible for providing mandatory abuse reporting training to our community partners and community members to increase their understanding of the rules, criteria, process and outcome of abuse reporting.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	# of protective services/investigations ¹	993	1030	942	942
Outcome	Percent of protective services screening referred to Risk Case Management ²	N/A	9%	11%	10%
Outcome	Number of community education presentations ³	N/A	25	25	25

Performance Measures Descriptions

¹As number of abuse reports increases and statutory changes increase the number of reports meeting abuse definitions but staffing stays the same, the percent of reports investigated decreases unless additional state funding is available. New offer this year pulled out of Quality Management measure.

²This service is new to the program as of 11/18, therefore previous year data is not available. These clients will be either enrolled or in outreach.

Legal / Contractual Obligation

The LMHA shall conduct the investigations and make the findings required by ORS 430.735 to 430.765 for allegations of abuse of a person with mental illness being served in a program paid for by Multnomah County.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$717,770	\$271,608	\$834,168	\$267,065
Materials & Supplies	\$929	\$146	\$2,192	\$0
Internal Services	\$119,708	\$503	\$136,567	\$5,192
Total GF/non-GF	\$838,407	\$272,257	\$972,927	\$272,257
Program Total:	\$1,110,664		\$1,245,184	
Program FTE	5.60	2.00	5.90	1.90

Program Revenues				
Intergovernmental	\$0	\$272,257	\$0	\$272,257
Total Revenue	\$0	\$272,257	\$0	\$272,257

Explanation of Revenues

\$ 272,257 - State Mental Health Grant: LA 01 System Management and Coordination

Significant Program Changes

Last Year this program was: FY 2020: 40071-20 MHASD Adult Protective Services

Hired an additional Investigator/Screeners with a cultural competency KSA to outreach communities that are underrepresented in our reporting data.

Department: Health Department **Program Contact:** Neal Rotman
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 (LMHA).

Program Summary

Commitment Services is comprised of several distinct yet interconnected services: Involuntary Commitment Program: Pre-Commitment Services. An emergency psychiatric hold (E-Hold) is filed with the county and keeps an individual in a hospital so a Pre-Commitment Investigator can investigate the individual's mental health status and whether or not they meet criteria for civil commitment. If a person is found to have a mental disorder, and due to that disorder, are a danger to self/others, or are unable to meet their basic needs a hearing report is filed with the circuit court and civil commitment hearing is held. 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 pays 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.

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 a connection with resources and assistance in obtaining housing, access to health care, social services, and outpatient mental health services. These services address the needs of mentally ill county residents at the highest level of care. Services provide care & service coordination, ensure adequacy and appropriateness of resources and provide protection of legal and civil rights.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Total number of E-Holds ¹	2,907	3,000	2,855	2,855
Outcome	% of investigated E-Holds that did not go to Court hearing ²	84%	87%	83%	83%
Outcome	% of investigated E-Holds taken to court hearing that resulted in commitment ²	90%	89%	91%	91%
Output	# of commitments monitored annually ³	330	360	363	363

Performance Measures Descriptions

¹ This measure includes 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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$1,052,843	\$2,269,873	\$1,115,556	\$2,632,125
Contractual Services	\$0	\$350,096	\$244,996	\$25,000
Materials & Supplies	\$1,022	\$40,144	\$1,899	\$41,908
Internal Services	\$214,674	\$329,368	\$292,748	\$268,920
Total GF/non-GF	\$1,268,539	\$2,989,481	\$1,655,199	\$2,967,953
Program Total:	\$4,258,020		\$4,623,152	
Program FTE	8.00	16.10	8.00	16.10

Program Revenues				
Intergovernmental	\$0	\$2,967,953	\$0	\$2,967,953
Beginning Working Capital	\$0	\$21,528	\$0	\$0
Total Revenue	\$0	\$2,989,481	\$0	\$2,967,953

Explanation of Revenues

\$ 2,967,953 - State Mental Health Grant: MHS 24 Acute and Intermediate Psychiatric Inpatient Services based on 2019-2021 IGA with State of Oregon.

Significant Program Changes

Last Year this program was: FY 2020: 40072-20 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, now a nationally certified club house model 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	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of active members	133	140	156	155
Outcome	Percent of members in paid employment positions	32.3%	21%	30%	35%
Output	Average daily attendance (ADA)	23	22	28	32

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Contractual Services	\$202,000	\$0	\$105,162	\$0
Total GF/non-GF	\$202,000	\$0	\$105,162	\$0
Program Total:	\$202,000		\$105,162	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2020: 40073-20 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 582 beds of Housing. Residential treatment programs include: Secure Residential Treatment Facilities (SRTFs), Residential Treatment Homes (RTHs), Adult Care Homes (ACHs) and a range of semi-independent supportive/supported housing programs. Supportive/supported housing serves individuals residing in approximately 168 units. These stable housing units are utilized to decrease the likelihood that these individuals will need crisis & acute care services.

Program Summary

The Behavioral Health Division's Residential Services program provides regulatory oversight and technical assistance to designated residential mental health programs that serve individuals, 18 or older, who have or are suspected of having mental health disorders. Primary populations served include those who are Choice Model-eligible and those who are under the jurisdiction of the Psychiatric Security Review Board. In some instances clients meet neither criteria, but the individual can benefit from the structures and supports that residential housing provides. Safety may be a concern, but the determination made for housing is based upon deficits in functioning that require additional support.

The Residential Services Team oversees approximately 84 residential programs in Multnomah County and approximately 582 clients. This includes 6 Secure Residential Treatment Programs, 31 Residential Treatment Homes/Facilities, 35 Adult Care Homes, 2 Crisis/Respite Programs, and 10 Supportive Housing Programs. Residential Services reviewed 17,019 incident reports in 2019. Residential Services manages the development of new Adult Care Homes that serve clients who qualify for mental health residential services. In 2019, the program developed placements in 8 new Adult Care Homes. Residential Services also accepts and coordinates referrals for Non-Choice Model individuals. In 2019, the program received 29 referrals, four times the number received in 2018.

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 collaborating with the Behavioral Health Division's Quality Management in the process of completing Critical Incident Reviews with providers.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	# of New Residential Services Referrals ¹	389	350	350	350
Outcome	% of County Residential Services referrals placed ²	26%	35%	22%	25%

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$607,530	\$795,468	\$835,723	\$690,049
Contractual Services	\$99,173	\$11,607,692	\$209,805	\$7,190,116
Materials & Supplies	\$4,507	\$9,731	\$5,177	\$10,347
Internal Services	\$143,556	\$72,224	\$156,715	\$94,360
Total GF/non-GF	\$854,766	\$12,485,115	\$1,207,420	\$7,984,872
Program Total:	\$13,339,881		\$9,192,292	
Program FTE	5.00	6.64	6.50	5.30

Program Revenues				
Intergovernmental	\$0	\$12,409,106	\$0	\$7,500,207
Beginning Working Capital	\$0	\$76,009	\$0	\$484,665
Total Revenue	\$0	\$12,485,115	\$0	\$7,984,872

Explanation of Revenues

This program generates \$20,719 in indirect revenues.

\$ 232,456 - Healthshare of Oregon (Medicaid): Based on FY20 Medicaid Rates.

\$ 7,500,207 - State Mental Health Grant based on 2019-2021 IGA with State of Oregon

\$ 252,209 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2020: 40074-20 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:

Executive Summary

The Adult Mental Health Initiative (AMHI) Renamed by the Oregon Health Authority (OHA) to 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 develop supports to maximize independent living; 721 individuals were served in FY19.

Program Summary

The Behavioral Health Division's Choice Model staff work with other Division units, OSH, OHA/Health Systems Division, Coordinated Care Organizations (CCO), and counties to coordinate the placement and transition of individuals primarily within a statewide network of licensed housing providers. New or enhanced services offered by Choice can include: supported housing development and rental assistance to increase housing options matched to client need; Exceptional Needs Care Coordination (ENCC) to assure access to appropriate housing placements and the development of supports to increase success in the community; referrals to community mental health programs; referrals to Supported Employment to help move clients towards greater independence; and transition planning management to assure the most efficient utilization of the licensed residential housing stock within the community.

The overarching goal of the Choice Model program is to assist individuals to achieve the maximum level of independent functioning possible. This goal is achieved by diverting individuals from admission to OSH; 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	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of Clients Served in AMHI	721	700	700	700
Outcome	% of clients receiving direct client assistance to meet basic needs ¹	13%	18%	12%	12%

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$0	\$1,423,691	\$0	\$1,452,056
Contractual Services	\$0	\$2,150,550	\$0	\$3,395,394
Materials & Supplies	\$0	\$7,094	\$0	\$7,828
Internal Services	\$0	\$322,791	\$0	\$323,638
Total GF/non-GF	\$0	\$3,904,126	\$0	\$5,178,916
Program Total:	\$3,904,126		\$5,178,916	
Program FTE	0.00	11.33	0.00	10.90

Program Revenues				
Intergovernmental	\$0	\$3,904,126	\$0	\$3,817,275
Beginning Working Capital	\$0	\$0	\$0	\$1,361,641
Total Revenue	\$0	\$3,904,126	\$0	\$5,178,916

Explanation of Revenues

This program generates \$92,618 in indirect revenues.

\$ 1,003,188 - Unrestricted Medicaid fund through CareOregon

\$ 4,175,728 - State Mental Health Grant: CHOICE Model based on 2019-2021 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2020: 40075-20 Adult Mental Health Initiative (AMHI)

Department: Health Department **Program Contact:** Jessica Jacobsen
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	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Total adults receiving outpatient mental health and addiction services ¹	34,098	23,000	NA	NA
Outcome	Percent of adults readmitted to inpatient within 30 days of discharge ²	15%	20%	NA	NA

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 Family Care members

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Contractual Services	\$0	\$11,886,611	\$0	\$235,710
Total GF/non-GF	\$0	\$11,886,611	\$0	\$235,710
Program Total:	\$11,886,611		\$235,710	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$11,886,611	\$0	\$235,710
Total Revenue	\$0	\$11,886,611	\$0	\$235,710

Explanation of Revenues

\$ 235,710 - Unrestricted Medicaid fund through CareOregon

Significant Program Changes

Last Year this program was: FY 2020: 40076-20 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 900 individuals who experience severe mental illness and are uninsured and without financial resources until insurance or OHP coverage is obtained.

Program Summary

The Behavioral Health Division provides funds to the network of providers to treat consumers who are uninsured during periods of exacerbated symptoms in acute stages of mental illness.

The goal is to stabilize and prevent more drastic consequences including hospitalization, incarceration, loss of housing, addiction relapse and loss of custody of children. If these services are effective, the client is spared a prolonged period of instability and the county preserves funds that would otherwise be lost to the high-cost alternatives such as hospitalization, corrections or homeless services. Since these funds are limited, 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	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Total # of adults who received county-funded outpatient services or medication	913	900	877	700
Outcome	Percentage of MTF clients that are hospitalized	9.3%	10%	9.5%	9.5%

Performance Measures Descriptions

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Contractual Services	\$1,268,689	\$135,726	\$1,124,453	\$0
Total GF/non-GF	\$1,268,689	\$135,726	\$1,124,453	\$0
Program Total:	\$1,404,415		\$1,124,453	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$135,726	\$0	\$0
Total Revenue	\$0	\$135,726	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2020: 40077-20 Mental Health Treatment & Medication for the Uninsured

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 900 individuals who experience severe mental illness and are uninsured and without financial resources until insurance or OHP coverage is obtained.
 Due to CGF budget reductions in Fiscal Year 2021, this offer will keep current service capacity whole.

Program Summary

The Behavioral Health Division provides funds to the network of providers to treat consumers who are uninsured during periods of exacerbated symptoms in acute stages of mental illness.

The goal is to stabilize and prevent more drastic consequences including hospitalization, incarceration, loss of housing, addiction relapse and loss of custody of children. If these services are effective, the client is spared a prolonged period of instability and the county preserves funds that would otherwise be lost to the high-cost alternatives such as hospitalization, corrections or homeless services. Since these funds are limited, 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.

A reduction in County General Funding will reduce the number of individuals who will receive an array of mental health services to avoid significant psychiatric issues that can lead to hospitalizations, incarcerations, loss of housing, and additional negative impacts to their daily activities of living and/or personal relationships. Will impact approximately 200 uninsured individuals annually.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Total # of adults who received county-funded outpatient services or medication				200
Outcome	Percentage of MTF clients that are hospitalized	9.3%	10%	9.5%	9.5%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Contractual Services	\$0	\$0	\$252,349	\$0
Total GF/non-GF	\$0	\$0	\$252,349	\$0
Program Total:	\$0		\$252,349	
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:** Tracy Garell
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 mental health treatment services, educational support, employment support, and involves the young person's family and other supports in treatment. The program receives and screens approximately 200 referrals per year and provides services to over 100 individuals each year.

Program Summary

EASA is an evidence-based and fidelity-based model 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 specialists, an occupational therapist, and a nurse.

Treatment is community-based and 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, personal preferences, and cultural needs. 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, nursing services, peer support, occupational therapy assessment and intervention, multi-family group, individual and/or family psychotherapy, psycho-education, and social skills building groups.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Total individuals enrolled in the EASA program receiving ongoing services	113	132	118	132
Outcome	% reduction in hospitalization rate three months pre and 6 months post enrollment ¹	95%	85%	95%	85%
Output	Number of unduplicated individuals referred to the EASA program	211	195	218	200

Performance Measures Descriptions

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

Legal / Contractual Obligation

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

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$37,931	\$1,338,923	\$238,001	\$1,479,200
Contractual Services	\$0	\$182,960	\$0	\$169,460
Materials & Supplies	\$0	\$20,896	\$13	\$20,217
Internal Services	\$45,068	\$114,578	\$8,977	\$330,035
Total GF/non-GF	\$82,999	\$1,657,357	\$246,991	\$1,998,912
Program Total:	\$1,740,356		\$2,245,903	
Program FTE	0.25	10.96	1.16	11.69

Program Revenues				
Intergovernmental	\$0	\$1,541,501	\$0	\$1,575,412
Service Charges	\$0	\$115,856	\$0	\$423,500
Total Revenue	\$0	\$1,657,357	\$0	\$1,998,912

Explanation of Revenues

This program generates \$12,212 in indirect revenues.

\$ 423,500 - Fee For Service Insurance Receipts

\$ 10,124 - State Community Mental Block Grant

\$ 14,600 - State Vocational Rehabilitation Award

\$ 1,324,668 - State Mental Health Grant based on 2019-2021 IGA with State of Oregon

\$ 226,020 - SMHG MHS 38

Significant Program Changes

Last Year this program was: FY 2020: 40078-20 Early Assessment & Support Alliance

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

Executive Summary

Community Based Mental Health for Children, Youth and Families provide critical safety net services for children and youth who are uninsured, underinsured, and are in need of mental health services. Over 1800 youth are served by these critical safety net services each year. Evidence-based, trauma-informed practices for at risk children and their families are used to deliver: crisis response, family support, individual/group therapy, skill building and medication management.

Program Summary

Multnomah County Community Based Mental Health offers a range of safety net services from Emergency Department crisis intervention to a comprehensive continuum of mental health treatment services in clinics, homes, and community. The continuum of services for at risk children includes: child abuse mental health services at CARES NW, Crisis and Acute Transition Services (CATS) an emergency department/hospital division program for youth with intensive and acute mental health needs, and Multnomah Treatment Fund for under or uninsured children.

Multnomah Treatment Fund contracts with mental health providers in the community to provide treatment to underserved children who need treatment services but have no insurance or are under insured. The Crisis and Acute Transition Service (CATS) provides access to responsive, effective, rapidly accessible mental health care and transition support for youth and their families experiencing acute crisis. The CATS program provides intensive crisis support to keep children at home, with their natural support system, and in school. CARES NW is a child abuse evaluation center where mental health consultants provide trauma informed care to children and their families. CARES mental health consultants work with children and their families, using culturally responsive practices, to mitigate and reduce the impact of trauma on long-term health and mental health problems. Multnomah County utilizes an equity lens while providing technical assistance and support to these external providers.

In all of these programs, care is coordinated with allied partners such as Child Welfare, Juvenile Services, Wraparound, School Based Mental Health, and primary care providers to ensure systems are promoting optimal outcomes for children, youth and families.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Total Multnomah County Children who receive Mental Health or Family Support Services at CARES NW ¹	583	NEW	452	300
Outcome	% of children having a mental health crisis at an ED/Crisis Center that have a CATS team response in un	98.5%	NEW	99%	95%

Performance Measures Descriptions

¹There are anticipated changes in the CARES NW program structure which has impacted projected program offer numbers

²This measure is collected from OHSU's REDCAP CATS Report

Legal / Contractual Obligation

CARES NW Washington County Contract
CATS contract with NAMI and Catholic Community Services of Western Washington
MTF Contracts with Trillium, Lifeworks and Morrison

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$336,030	\$406,127	\$202,553	\$531,769
Contractual Services	\$0	\$818,684	\$0	\$0
Materials & Supplies	\$77	\$763	\$393	\$837
Internal Services	\$86,444	\$38,345	\$40,985	\$130,657
Total GF/non-GF	\$422,551	\$1,263,919	\$243,931	\$663,263
Program Total:	\$1,686,470		\$907,194	
Program FTE	2.35	2.75	1.25	3.92

Program Revenues				
Intergovernmental	\$0	\$1,263,919	\$0	\$222,299
Beginning Working Capital	\$0	\$0	\$0	\$440,964
Total Revenue	\$0	\$1,263,919	\$0	\$663,263

Explanation of Revenues

This program generates \$46,189 in indirect revenues.

- \$ 157,792 - Head Start Contracts
- \$ 64,507 - CAMI Grant
- \$ 440,964 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2020: 40080-20 Community Based MH Services for Children & Families

Multnomah County no longer holds the contracts with Health Share mental health providers and this program offer was updated to reflect this change. Early Childhood was removed and was made into its own program offer (40099). The contract with Washington County that supports CARES NW is ending at the end of this fiscal year

Department: Health Department **Program Contact:** Jessica Jacobsen

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

Related Programs:
Program Characteristics:
Executive Summary

The newly formed Care Coordination Unit in the Behavioral Health Division will provide care coordination from early childhood to adulthood and include: Wraparound, Youth & Adult Intensive Care Coordination (ICC) & the Multnomah Intensive Care Coordination Team (M-ITT). Wraparound and Youth ICC provide a broad range of care coordination services and works within the multi-tiered Children System of Care Governance Structure to address cross system barriers for youth and families. Adult ICC provides integrated care coordination to adults with complex behavioral health needs to improve health outcomes and client experience. M-ITT provides short term care coordination and case management to support adults during and after a psychiatric hospitalization to help them connect to services in the community.

Program Summary

Wraparound, Youth & Adult ICC and M-ITT are funded by Oregon Health Plan via a delegation agreement with CareOregon. Care Coordinators partner with DHS Child Welfare, School Districts, Department of Community Justice-Juvenile Justice, Intellectual Developmental Disabilities (IDD), Family and Youth Peer Partners (National Alliance of Mental Illness, Oregon Family Support Network, YouthEra), Community Mental Health providers, ABA providers and other stakeholders to improve care and outcomes for clients. Approximately 350 children, youth and families are engaged in multi-system care coordination at any given time. Last year 731 children, youth and families were served through Multnomah County's Youth Care Coordination program.

Wraparound and Youth ICC support family and youth as the primary decision makers in the development, implementation and modification of service delivery. Youth Care Coordinators engage in a team planning process with youth, their family and community partners/providers to develop a unified, strengths-based plan to address individualized needs. For youth participating in Wraparound services, their plan of care is youth-driven, family-guided, culturally responsive, multi-disciplinary and includes both formal and natural supports. The goal is to help youth address mental health needs in order to be healthy, successful in school, and to remain in their communities. Youth Care Coordinators connect families to community resources and use flex funding to support the individual's treatment goals. M-ITT is responsible for following up with members who are unaffiliated with mental health services within 7 days of discharge from psychiatric hospitalization. Meeting a State defined benchmark (currently 79.9%) results in approximately \$2 million in incentive funding.

Multnomah County Care Coordination Programs ensure that program policies and procedures are culturally responsive and services are centered and individualized around youth and adult' language and culture. These programs are dedicated to recruiting and retaining staff that are reflective of the communities we serve. Seven bicultural and bilingual staff work specifically with African-American, Latinx and Spanish speaking families in the Care Coordination program.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of unique children served in Youth Care Coordination.	731	740	690	680
Outcome	% score measuring family's satisfaction and progress in Wraparound. ¹	84%	85%	83%	85%
Output	Referrals processed in Youth Care Coordination. ²	670	615	583	415
Output	Total number of clients served in M-ITT ³	773	NEW	825	775

Performance Measures Descriptions
¹ Data comes from Wrap-Track State Database -Mean Total Satisfaction Score from Wraparound WFI-EZ.

²Intake/Referral team took on ABA referrals in 2018 but will no longer be processing these starting January 1st, 2020 so the current year estimate and next years offer reflect that change.

³ Includes clients with at least one service provided.

Legal / Contractual Obligation

Delegation Agreement with Care Oregon to provide Wraparound and Intensive Care Coordination

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$0	\$3,853,472	\$0	\$4,089,575
Contractual Services	\$0	\$703,449	\$0	\$785,324
Materials & Supplies	\$0	\$20,458	\$0	\$22,855
Internal Services	\$0	\$1,063,973	\$0	\$1,158,734
Total GF/non-GF	\$0	\$5,641,352	\$0	\$6,056,488
Program Total:	\$5,641,352		\$6,056,488	
Program FTE	0.00	29.52	0.00	31.25

Program Revenues				
Intergovernmental	\$0	\$5,641,352	\$0	\$5,760,626
Beginning Working Capital	\$0	\$0	\$0	\$295,862
Total Revenue	\$0	\$5,641,352	\$0	\$6,056,488

Explanation of Revenues

This program generates \$478,480 in indirect revenues.

\$ 154,577 - Health Share of Oregon (Medicaid): Based on FY20 Medicaid Rates

\$ 172,656 - Community Mental Health Block Grant

\$ 716,810 - Health Share Unrestricted Medicaid (Off the top) funding

\$ 150,000 - State Mental Health Grant based on 2019-2021 IGA with State of Oregon

\$ 4,862,445 - Unrestricted Medicaid fund through CareOregon

Significant Program Changes

Last Year this program was: FY 2020: 40081-20 Multnomah Wraparound

With system changes for CC0 2.0, a new care coordination unit was created within Behavioral Health Division. ABA was moved to Care Oregon. This Program offer now includes MITT and Adult ICC in addition to Wraparound and Youth ICC which were historically in this program offer. A measure for M-ITT was added to reflect this team's work. This new Care Coordination program offer is in alignment with larger system changes that came with CC0 2.0.

Department: Health Department **Program Contact:** Tracy Garell
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 an essential component of the system of care for children and families. Our 26 providers serve over 1,200 children and teens with mental health needs in 38 schools across 6 school districts: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose, and Portland Public School Districts. Mental health professionals provide evidence-based treatment in school and Student Health Center settings. Additionally, children, parents, and school staff receive consultation from Mental Health Consultants to assist with mental health needs during education planning to retain students in school and reduce the risk of needing higher levels of care.

Program Summary

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 1969. Mental health assessment and treatment services are provided in schools to decrease barriers such as stigma, cost, and transportation. This program reaches youth who are traditionally underserved and have barriers to accessing mental health services. Over 40% of the youth served are children of color. The need for culturally specific/responsive mental health outreach and treatment continues to be a priority. To respond to this need, culturally specific staff make up 50% of our team. Cultural alignment with students increases therapeutic alliance which can assist with addressing mental health concerns, building trust, and improving school attendance. It may ultimately contribute to school completion which is a strong indicator for lifelong economic wellbeing and improved overall health.

School Based Mental Health Consultants provide screening; crisis intervention; mental health assessment; individual, group, and family treatment; and clinical case management. School Based Mental Health Consultants also provide consultation to school staff to optimize educational planning for children with mental health challenges. Some Mental Health Consultants are co-located in Student Health Centers to provide integrated physical and mental health services.

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 thousands of hours of treatment, prevention, education/consultation, and outreach to students, school staff, and families every school year. Additionally, K-3 Case Managers provide comprehensive case management services to over 170 students/families in grades kindergarten through third grade with a focus on increasing attendance and reducing emotional/behavioral issues that interfere with educational success.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Total unduplicated youth referred to SBMH for assessment and/or treatment services	1,212	1,300	1,300	1,300
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement ¹	54%	65%	53%	65%
Output	Total unduplicated K-3 youth/families who received case management services	171	-	192	190

Performance Measures Descriptions

¹ Client reported outcomes are accepted as more valid as the person receiving services is reporting changes through a global distress scale measure reported over the course of treatment. The percentage is the number of clients reporting significantly improved or somewhat improved.

Legal / Contractual Obligation

Revenue contracts with school districts.

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$1,468,827	\$1,835,071	\$1,574,140	\$1,728,894
Materials & Supplies	\$14,194	\$5,071	\$22,216	\$6,771
Internal Services	\$178,233	\$383,600	\$282,984	\$381,101
Total GF/non-GF	\$1,661,254	\$2,223,742	\$1,879,340	\$2,116,766
Program Total:	\$3,884,996		\$3,996,106	
Program FTE	11.35	14.03	11.88	12.64

Program Revenues				
Intergovernmental	\$0	\$1,359,797	\$0	\$1,267,133
Beginning Working Capital	\$0	\$409,232	\$0	\$399,633
Service Charges	\$155,885	\$454,713	\$360,000	\$450,000
Total Revenue	\$155,885	\$2,223,742	\$360,000	\$2,116,766

Explanation of Revenues

This program generates \$53,390 in indirect revenues.

\$ 360,000 - Federally Qualified Health Center Medicaid Wraparound payments

\$ 52,407 - Health Share of Oregon (Medicaid) Beginning Working Capital

\$ 110,000 - Local Public Health Agency IGA with State of Oregon for School Based Clinics

\$ 22,500 - Parkrose School District

\$ 75,000 - Centennial School District

\$ 450,000 - 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 2019-2021 IGA with State of Oregon

\$ 347,226 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2020: 40082-20 School Based Mental Health Services

In this year's program offer, we are including information about our K-3 case management 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 (MHFA) is a groundbreaking public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. In addition to MHFA, the prevention program offers a variety of evidence based trainings to county staff and the community that increases literacy around mental health challenges and interventions and suicide prevention.

Program Summary

The Prevention program offers a minimum of two MHFA trainings per month with up to 30 participants per training. In Fiscal Year 2019 approximately 800 Multnomah County employees and community members will have been trained in Mental Health First Aid and Youth Mental Health First Aid. Also in Fiscal Year 2019, MHFA - Adult, Youth, and Older Adult MHFA in English and Spanish will continue to be offered to county employees as well as community groups.

The Prevention program collaborated with Veterans Services (DCHS) to provide Mental Health First Aid for military members, veterans and their families. Due to this collaboration, Prevention provided a MHFA for Veterans training at the state-wide, annual Veterans and Military Suicide Prevention Conference.

Applied Suicide Intervention Skills Training (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.

Over half of all people who die by suicide use a firearm. Counseling on Access to Lethal Means (CALM) is an evidencebased training that teaches people how to have conversations with people who are thinking of suicide and their loved ones about how to reduce someone's access to lethal means, namely firearms and medications, while they are experiencing a suicide crisis. We facilitate this training several times a year and have partnered with the Sheriff's Office to provide access to firearm information to licensed firearm owners in Multnomah County.

Question, Persuade, Refer (QPR) is an evidence-based 2-hour suicide awareness and prevention training. We provide this training throughout our community for churches, organizations and businesses, colleges and schools, social groups and general community members. QPR is an excellent way to give people an opportunity to talk about and learn about suicide, and is our most accessible training in terms of time and location.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	# of individuals trained in Mental Health First Aid, ASIST, QPR and/or CALM and safeTalk	1080	800	1076	800
Outcome	% of individuals who report greater understanding of mental illness and/or suicide prevention.	80%	86%	86%	85%

Performance Measures Descriptions

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$113,875	\$0	\$127,125	\$0
Contractual Services	\$37,440	\$0	\$7,749	\$38,251
Materials & Supplies	\$20,556	\$0	\$16,200	\$0
Internal Services	\$17,260	\$0	\$26,088	\$0
Total GF/non-GF	\$189,131	\$0	\$177,162	\$38,251
Program Total:	\$189,131		\$215,413	
Program FTE	1.00	0.00	1.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$0	\$0	\$38,251
Total Revenue	\$0	\$0	\$0	\$38,251

Explanation of Revenues

\$ 38,251 - Beginning Working Capital

Significant Program Changes**Last Year this program was:** FY 2020: 40083-20 Mental Health First Aid

\$ 177,162 - 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 incorporates their culture, tradition, and language. Some communities of color are also over-represented in the criminal justice system. Through this program offer, over 900 indigent individuals received services in FY19.

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 concerns 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	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Total culturally diverse individuals receiving services ¹	938	900	941	900
Outcome	Culturally specific persons served per 1,000 culturally diverse in population ²	3.6	3.6	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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Contractual Services	\$1,741,341	\$0	\$1,795,322	\$0
Total GF/non-GF	\$1,741,341	\$0	\$1,795,322	\$0
Program Total:	\$1,741,341		\$1,795,322	
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 2020: 40084-20 Culturally Specific Mental Health Services

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

Executive Summary

Culturally-specific outpatient mental health services provide treatment for five under-served communities in our county (Pacific Islander, African-American, Eastern European, Latino, and Native-American).

The Black/African American community has encountered difficulty finding behavioral health treatment that incorporates their culture, tradition, and values. Black/African Americans are over-represented in the criminal justice system. This offer is an enhancement to create African American culturally-specific capacity for the community.

Program Summary

The system of care built and maintained by Multnomah County must reflect the demographics of those we serve. To ensure that all members of our community have treatment options that incorporate specific cultural needs. Black/African-Americans are over represented in correctional facilities and the criminal justice system. Black/African-Americans continue to face stigma and discrimination. These negative experiences, combined with a lack of access to culturally-affirming and informed care, result in multiple health disparities for the population. Thus, there is an urgent need to provide inclusive, high-quality behavioral health services so that they can achieve the highest possible level of health. Culturally-specific services address mental health concerns through early access to culturally appropriate treatment including promising practices, culturally appropriate outreach, engagement, and treatment services.

This funding will create capacity for a Black/African American Mobile Behavioral Health team to serve justice involved individuals re-entering the community from incarceration. The team will consist of a master's level mental health provider, a certified addictions counselor and a peer support specialist. The scope of services will include outreach and engagement, home visits, mental health or substance use screening/assessments, individual therapy/counseling, care coordination, and peer support.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Percent of referrals accepted	N/A	N/A	N/A	90%
Outcome	Total number of individuals served	N/A	N/A	N/A	50

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Contractual Services	\$0	\$0	\$225,000	\$0
Total GF/non-GF	\$0	\$0	\$225,000	\$0
Program Total:	\$0		\$225,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

Executive Summary

This program serves over 3,000 individuals per year and consists of a continuum of adult 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	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number served in treatment (all levels of care)	3,953	3,371	3,810	3,800
Outcome	Percentage of clients who successfully complete outpatient treatment ¹	42%	46%	42%	42%

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. "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

Funding is a combination of Federal substance abuse prevention/treatment, Ryan White funds, and state general funds through State Oregon Health Authority. Program planning is based on State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Multnomah County accepts the State Mental Health Grant requiring spending in accordance with State Service Elements. Local 2145 Beer and Wine tax and Marijuana tax revenues are provided to counties on a formula basis and are restricted to alcohol and drug treatment/ recovery support services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$245,195	\$787,274	\$447,059	\$1,534,740
Contractual Services	\$2,170,046	\$8,132,941	\$1,721,574	\$8,171,909
Materials & Supplies	\$6,541	\$5,530	\$6,541	\$6,895
Internal Services	\$97,474	\$132,063	\$28,108	\$272,259
Total GF/non-GF	\$2,519,256	\$9,057,808	\$2,203,282	\$9,985,803
Program Total:	\$11,577,064		\$12,189,085	
Program FTE	1.85	6.50	3.20	12.09

Program Revenues				
Intergovernmental	\$0	\$9,057,808	\$0	\$9,945,566
Beginning Working Capital	\$0	\$0	\$0	\$40,237
Total Revenue	\$0	\$9,057,808	\$0	\$9,985,803

Explanation of Revenues

This program generates \$145,992 in indirect revenues.

- \$ 1,075,824 - Healthshare of Oregon (Medicaid): Based on FY20 Medicaid Rates
- \$ 664,810 - Local 2145 Beer and Wine Tax
- \$ 2,803,194 - SAPT Block Grant
- \$ 306,231 - TANF A&D67 Award
- \$ 249,999 - OHA Peer Delivered Services
- \$ 4,265,034 - State Mental Health Grant based on 2019-2021 IGA with State of Oregon
- \$ 115,024 - Unrestricted Medicaid fund through CareOregon

Significant Program Changes

Last Year this program was: FY 2020: 40085-20 Adult Addictions Treatment Continuum

Behavioral Health is reorganizing all Substance Use Disorder (SUD) services under the Addiction Services Manager by moving 7 FTE Addictions Behavior Coordinators (ABC) from Adult Mental Health Services into Program Offer 40085 - HD Addictions Treatment Admin.

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

Executive Summary

Law Enforcement Assisted Diversion (LEAD) was developed to address low-level drug related street crime in Portland by offering pre-booking diversion alternatives. The goal of LEAD is to improve community health and safety by using a harm reduction and assertive engagement model, and to reduce the jail population by meeting behavioral health needs through the coordination of law enforcement and community based treatment.

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 has also been identified as an effective strategy to reduce racial/ethnic disparities as individuals of color navigate between Substance Use Disorder (SUD) problems and legal involvement.

This diversion program is based on the collaboration between arresting officers with the Portland Police Bureau and Community-based 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 coming into the criminal justice system.

In previous years LEAD eligibility was determined by the Portland Police Bureau Street Crimes Unit and Bicycle patrols in the downtown neighborhood. This program year, the referrals have been expanded and any Portland Police Bureau Officer may refer to LEAD. The catchment area of LEAD has been expanded this year to include select areas in high traffic zones in downtown Portland as well as Portland's industrial inner east side. Eligible individuals are connected with a LEAD intensive case manager. The LEAD case manager is responsible for brokering services needed or requested by eligible individuals. All determining factors, criteria for LEAD eligibility, data collection criteria, etc. are provided by the policy team for LEAD and adjusted as needed to adhere to the policy.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of referred eligible diverted individuals who are screened.	N/A	N/A	N/A	115
Outcome	Percentage of screened individuals who are enrolled in the LEAD program.	N/A	N/A	N/A	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Contractual Services	\$0	\$0	\$360,000	\$0
Total GF/non-GF	\$0	\$0	\$360,000	\$0
Program Total:	\$0		\$360,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

LEAD is being funded by the supplier's unspent revenue from previous fiscal years, in addition to the county funds listed above.

Significant Program Changes

Last Year this program was:

This program offer will reduce the personnel capacity by 2 FTE, allowing the community provider to support the current client capacity, while a review and evaluation of the program occur in FY2021.

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

Executive Summary

Gambling addiction treatment uses evidence-based practices in an outpatient setting to provide treatment to persons diagnosed with mild, moderate, or severe gambling addiction. Based on FY18 data the county's community-based providers treated approximately 318 individuals and family members. Countywide data shows that problem gamblers and family members can access treatment in less than five days from initial contact over 80% of the time, and over 55% meet retention criteria by attending a minimum of ten contact sessions (the State benchmark is 40%).

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. Services incorporate prevention, harm reduction and multiple levels of treatment by placing emphasis on quality of life issues for the person who gambles, their family members, and communities. In FY19, 146 individuals enrolled in problem gambling treatment. As noted, family participation is important, and 37 family members enrolled in treatment. 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, and maintaining recovery.

Multnomah County provider network includes Lewis & Clark College, Volunteers of America, Cascadia Behavioral Healthcare, and Voices of Problem Gambling Recovery (VPGR). The Latino Problem Gambling Tri-County Services program, administered through Lewis & Clark College, was established in FY18. An Asian Problem Gambling Program is being developed by Asian Health & Services Center for FY20. Culturally-specific programs are funded directly by the State.

Problem gambling prevention programming has focused on assessing overall community awareness of problem gambling as an issue and developing new strategies for the prevention of problem gambling disorders in Multnomah County. Prevention messaging focuses on the risks of problem gambling, tips for responsible gambling, and resources for finding help for individuals with gambling issues. In FY20, the prevention program will be working to reduce stigma related to problem gambling addiction, and promoting the Reflect, Resource, Renew campaign put together by the State's Problem Gambling Services program.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of gamblers and family members accessing treatment annually ¹	318	350	350	350
Outcome	Gambler successful treatment completion rate ²	33%	30%	42%	42%

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$0	\$18,458	\$0	\$141,439
Contractual Services	\$0	\$788,978	\$0	\$732,857
Materials & Supplies	\$0	\$2,204	\$0	\$10,417
Internal Services	\$0	\$610	\$0	\$13,394
Total GF/non-GF	\$0	\$810,250	\$0	\$898,107
Program Total:	\$810,250		\$898,107	
Program FTE	0.00	0.15	0.00	1.20

Program Revenues				
Intergovernmental	\$0	\$810,250	\$0	\$898,107
Total Revenue	\$0	\$810,250	\$0	\$898,107

Explanation of Revenues

\$ 38,500 - State Mental Health Grant: System Management & Coordination based on 2019-2021 IGA with State of Oregon
 \$ 775,000 - State Mental Health Grant: Problem Gambling Treatment Services based on 2019-2021 IGA with State of Oregon
 \$ 84,607 - State Mental Health Grant: Problem Gambling Prevention Services based on 2019-2021 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2020: 40086-20 Addiction Services Gambling Treatment & Prevention

In FY20, Multnomah County is hiring a Problem Gambling Outreach Coordinator as part of the Addictions Benefit Coordination team (ABC). This position will improve Multnomah County's penetration rate for problem gambling services and directly impact individuals seeking treatment and recovery support services by providing outreach to the community and behavioral health providers, and coordinating care for referrals to gambling treatment.

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

Executive Summary

The Alcohol and Drug Prevention Education Program (ADPEP) 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, other drug 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

Multnomah County's State-funded substance abuse prevention program offers 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. FY20 activities include conducting key informant interviews and parent focus groups, partnering with local coalition efforts, and offering prevention activities and classes.

The goal for FY21 will be to continue 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. Additionally, following the Community Readiness Assessment conducted in FY20, the prevention program will begin to identify additional environmental strategies to decrease alcohol and marijuana dependency in Multnomah County. The prevention program became the Alcohol and Drug Prevention Education Program (ADPEP) when the Oregon Health Authority (OHA) moved the SAPT block grant program to its Public Health Division. The Multnomah County 2019-21 Biennial ADPEP Local Plan now includes a tobacco policy strategy. ADPEP will work with the County Public Health Tobacco Prevention Education Program (TPEP) to address flavors in tobacco, alcohol, and cannabis (edibles) and industry tactics through education to the general public and establishment of policies and or regulation that will reduce decrease access and availability of these products within Multnomah County.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Adults and youth served by prevention services and programming ¹	550	425	500	475
Outcome	Prevention activity attendees/participants with improved awareness and/or educational outcomes ¹	88%	75%	75%	75%

Performance Measures Descriptions

FY21 output measures will reflect prevention programming across the community. FY21 outcome measures will be determined by evaluation measures including, but not limited to, pre-and post-tests, surveys, and interviews in collaboration with participating schools, community organizations and other prevention partners.

Legal / Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention resources and state general funds through a State Oregon Health Authority (OHA) Public Health Intergovernmental Grant Agreement. Program plans are developed and submitted in accordance with State and Federal grant requirements. Because Multnomah County accepts the OHA Public Health revenue agreement, we are obligated to spend funds in accordance with its terms referencing applicable Oregon Administrative Rules, and/or any service elements to be determined.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$0	\$110,837	\$0	\$100,078
Contractual Services	\$0	\$195,280	\$0	\$196,016
Materials & Supplies	\$0	\$4,850	\$0	\$4,850
Internal Services	\$0	\$13,284	\$0	\$23,307
Total GF/non-GF	\$0	\$324,251	\$0	\$324,251
Program Total:	\$324,251		\$324,251	
Program FTE	0.00	1.00	0.00	0.85

Program Revenues				
Intergovernmental	\$0	\$324,251	\$0	\$324,251
Total Revenue	\$0	\$324,251	\$0	\$324,251

Explanation of Revenues

\$ 282,584 - Oregon Alcohol and Drug Prevention Education Program (ADPEP) SAPT block grant and State general funds.
 \$ 41,667 - Oregon Alcohol and Drug Prevention Education Program (ADPEP)

The SAPT block grant is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services.

Significant Program Changes

Last Year this program was: FY 2020: 40087-20 Addiction Services Alcohol & Drug Prevention

FY19 saw an increase in number of individuals served through the prevention program. This increase was due to the change in the strategies utilized by the prevention program. The majority of the numbers served were through information dissemination of drug and alcohol prevention messaging and prevention education in schools. Prior to 2018 program served a smaller amount of individuals through offering continual prevention curriculum, and alternative activities for vulnerable populations (after school programming for families living in low-income housing).

FY20 program added a new contractor, reducing funds from existing contracted providers. This was to increase program's ability to provide prevention programming across the entire county, including all East Multnomah County school districts. The reduction in output of adults and youth serve is anticipated as new programs are developed.

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

Executive Summary

Coordinated diversion includes three jail and/or hospital diversion programs for justice-involved individuals experiencing severe mental health issues. Mental health professionals staff the Community Court, Mental Health Court, and Forensic Diversion Program. Programs provide intensive support, to connect to appropriate community treatment options. Each program works to divert individuals experiencing a serious mental health issue from lengthy jail stays and promote stability in the community.

Program Summary

Community Court works with defendants who have been involved in low-level quality of life crimes. The focus is on restorative justice and clients are able to participate in a variety of social services as an alternative to jail or community service. Mental Health Court provides time-limited intensive monitoring services to persons involved in the criminal justice system post-adjudication. Defendants plea into the court and are supported by Parole/probation, mental health court monitors and peer specialists. The focus is on connecting defendants to community treatment, housing, and financial and medical entitlements. Staff provides ongoing monitoring and support for persons enrolled in the Mental Health Court. The Community Court program served 675 defendants in FY19 with a 54.82% completion success rate. The Forensic Diversion Program is a pre-adjudication program, focusing on diverting mentally ill defendants from the criminal justice system. The program also works with persons charged with felonies and misdemeanors and ordered to undergo evaluation/restoration at the Oregon State Hospital (OSH). Staff provides mental status evaluations and linkage to basic needs in the community; time-limited coordination/linkage to treatment services, housing, financial and medical entitlements, and social services. In addition, Forensic Diversion provides community restoration as an alternative to being placed in the Oregon State Hospital. This option is less restrictive and provides the client with continued stability and services while maintaining safely in their community as an alternative to extended time in the Multnomah County Detention Center.

Performance Measures					
Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	# of participants in Community Court	675	630	718	718
Outcome	% of participants in good standing or have successfully completed services	52%	57%	52%	52%
Output	# of participants served by Forensic Diversion	317	435	316	400
Outcome	% of participants served in the Community by Forensic Diversion	15%	12%	16%	16%

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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$265,677	\$1,188,548	\$241,820	\$1,630,496
Contractual Services	\$478,131	\$208,473	\$501,468	\$1,197,557
Materials & Supplies	\$3,458	\$2,955	\$3,645	\$4,058
Internal Services	\$126,440	\$133,262	\$149,371	\$211,871
Total GF/non-GF	\$873,706	\$1,533,238	\$896,304	\$3,043,982
Program Total:	\$2,406,944		\$3,940,286	
Program FTE	2.00	9.70	1.90	12.90

Program Revenues				
Intergovernmental	\$0	\$1,533,238	\$0	\$3,032,669
Beginning Working Capital	\$0	\$0	\$0	\$11,313
Total Revenue	\$0	\$1,533,238	\$0	\$3,043,982

Explanation of Revenues

This program generates \$44,235 in indirect revenues.

\$ 1,158,190 - Oregon Health Authority: Aid & Assist Grant

\$ 286,000 - Northwest Re-Entry and Recovery Center project

\$ 1,588,479 - State Mental Health Grant: MHS Special Projects based on 2019-2021 IGA with State of Oregon

\$ 11,313 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2020: 40088-20 Coordinated Diversion for Justice Involved Individuals

Department: Health Department **Program Contact:** Christa Jones

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

Related Programs:
Program Characteristics:
Executive Summary

The Black/African American community has encountered difficulty finding behavioral health treatment that incorporates their culture, tradition, and values. Black/African Americans are over-represented in the criminal justice system. This offer is an enhancement to create African American culturally-specific capacity for the Coordinated Diversion services for justice-involved individuals experiencing serious behavioral health challenges to provide intensive support, to connect to appropriate community treatment options. Each program works to divert individuals experiencing a serious behavioral health issue from lengthy jail stays and promote stability in the community.

Program Summary

The Jail Diversion Stabilization Treatment Preparation (STP) Program works in conjunction with the Department of Community Justice to assist in the stabilization and preparation of individuals for behavioral health treatment. This offer will provide up to 13 beds for temporary stabilization housing for up to 90 days.

The goal of the STP program is to address the problem of individuals with a mental illness engaged in the criminal justice system by minimizing incarceration times and preventing recidivism. The length of stay in this transitional housing will be from 30 to 90 days. Individuals from the Behavioral Health Division Court Diversion programs and Department of Community Corrections-Mentally Ill Offender Unit who are homeless will be eligible for placement. Twenty-four hours a day, seven days a week staffing will ensure a safe living environment. Individuals will have 24/7 support services provided by a Community Addictions and Mental Health provider. Staff members from both the Behavioral Health Division Court Diversion programs and Department of Community Justice - Mentally Ill Offenders Unit will use the location as a satellite program where they can provide group and individual services to assist individuals in preparing for formal engagement in addictions and mental health treatment. Participants will also receive assistance with permanent housing.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Percent of referrals accepted	N/A	N/A	N/A	90%
Outcome	Total number of individuals receiving STP Placement	N/A	N/A	N/A	52

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Contractual Services	\$0	\$0	\$502,000	\$0
Total GF/non-GF	\$0	\$0	\$502,000	\$0
Program Total:	\$0		\$502,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** Anthony Jordan
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	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of admissions annually to detoxification ¹	2,523	2,600	2,444	2,444
Outcome	Percentage of supportive housing unit utilization ²	95%	94%	95%	95%
Output	Number of individuals receiving supportive housing ²	274	168	200	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

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Contractual Services	\$1,515,276	\$671,461	\$1,344,448	\$696,259
Total GF/non-GF	\$1,515,276	\$671,461	\$1,344,448	\$696,259
Program Total:	\$2,186,737		\$2,040,707	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$671,461	\$0	\$522,461
Beginning Working Capital	\$0	\$0	\$0	\$173,798
Total Revenue	\$0	\$671,461	\$0	\$696,259

Explanation of Revenues

- \$ 366,193 - State Mental Health Grant: A&D Detoxification Housing Block Grant based on IGA with State of Oregon.
- \$ 156,268 - State Mental Health Grant: A&D Detoxification Treatment based on IGA with State of Oregon.
- \$ 173,798 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2020: 40089-20 Addictions Detoxification & Post Detoxification Housing

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

Executive Summary

This program provides a continuum of services for youth in outpatient, residential, early recovery, and culturally-specific 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, 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	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of households that received rent assistance	102	85	102	102
Outcome	Exiting families that move into long-term permanent housing	75%	73%	75%	75%
Output	Number of families that received housing coordination services	109	90	104	104
Output	Number of unique Youth served in outpatient services	80	45	77	77

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 were adjusted for FY21 to accurately reflect expectations.

Legal / Contractual Obligation

This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA). Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with regulations regarding State Service Elements. Additionally, Local 2145 Beer & Wine tax revenues are provided to counties on a dedicated formula basis and are restricted to use for alcohol & drug services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Contractual Services	\$128,073	\$459,216	\$113,635	\$440,245
Total GF/non-GF	\$128,073	\$459,216	\$113,635	\$440,245
Program Total:	\$587,289		\$553,880	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$459,216	\$0	\$440,245
Total Revenue	\$0	\$459,216	\$0	\$440,245

Explanation of Revenues

\$ 65,200 - Local 2145 Beer & Wine Tax
\$ 291,483 - SAPT Block Grant
\$ 83,562 - State Mental Health Grant: A&D Community Behavioral and Substance Use Disorder Services based on 2019-2021 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2020: 40090-20 Family & Youth Addictions Treatment Continuum

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Contractual Services	\$0	\$440,442	\$0	\$440,442
Total GF/non-GF	\$0	\$440,442	\$0	\$440,442
Program Total:	\$440,442		\$440,442	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$440,442	\$0	\$440,442
Total Revenue	\$0	\$440,442	\$0	\$440,442

Explanation of Revenues

\$ 440,442 - State Mental Health Grant - Community Behavioral and Substance Use Disorder based on 20197-2021 IGA with the State.

Significant Program Changes

Last Year this program was: FY 2020: 40091-20 Family Involvement Team

Department: Health Department **Program Contact:** Jessica Jacobsen
Program Offer Type: Administration **Program Offer Stage:** As Adopted
Related Programs: 40076, 40080, 40085
Program Characteristics:

Executive Summary

This program offer describes the existing management and administration of Multnomah Behavioral Health, which is a Behavioral Health Plan Partner under contract with Health Share of Oregon to administer the behavioral health benefits for approximately 170,000 members (County residents) on the Oregon Health Plan. The behavioral health plan includes operational functions that span all levels of care related to mental health and substance use disorder treatment (from outpatient care to acute care).

Also, this program oversees the administration of all directly-contracted, Medicaid-funded mental health services including (but not limited to) Assertive Community Treatment, Intensive Case Management, and Culturally-Specific services.

Program Summary

Multnomah Behavioral Health Division (BHD) manages the mental health and substance use disorder benefit for Oregon Health Plan members enrolled with Health Share of Oregon/Multnomah Behavioral Health (MBH). The Oregon Health Plan provides health coverage to low-income Oregonians who are eligible for Medicaid. Multnomah Behavioral Health currently has more than 170,000 members. This number varies from month-to-month based on the number of Oregon Health Plan members. The administration of behavioral health benefits for Health Share of Oregon member aligns with Multnomah County Board of Commissioners' responsibility as the local mental health authority and BHD's role as the Community Mental Health Program (CMHP), managing a critical aspect of the system of care for the most vulnerable residents of Multnomah County. By managing the behavioral health benefit for MBH members, BHD is able to ensure that county residents receive timely and appropriate access to care and care coordination services that prevent members from going to higher and more restrictive levels of care. Additionally, as a behavioral health plan, MBH provides billing support to community providers and also manages the oversight of all plan financials to ensure the sustainability and viability of the benefit (and that residents with the benefit can retain access to core mental health services).

The Multnomah Intensive Transition Team (M-ITT) is responsible for following up with members who are unaffiliated with mental health services within 7 days of discharge from psychiatric hospitalization. Meeting a State defined benchmark (currently 79.9%) results in approximately \$2 million in incentive funding.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Penetration rate - percentage of members who receive mental health or addictions services ¹	15.37%	13.5%	NA	NA
Outcome	Percent of members who receive outpatient service within 7 days of being discharged from hospitalization ¹	74%	72%	NA	NA

Performance Measures Descriptions

¹ Both of these measures are discontinued, MHASD no longer operates as the Medicaid Plan Administration for Health Share of Oregon as of 12/31/2019.

Legal / Contractual Obligation

Risk Accepting Entity contract with Health Share of Oregon CCO.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$0	\$4,567,066	\$0	\$1,546,919
Contractual Services	\$0	\$71,600	\$0	\$0
Materials & Supplies	\$0	\$8,608	\$0	\$11,123
Internal Services	\$0	\$1,090,694	\$0	\$815,016
Total GF/non-GF	\$0	\$5,737,968	\$0	\$2,373,058
Program Total:	\$5,737,968		\$2,373,058	
Program FTE	0.00	38.10	0.00	12.00

Program Revenues				
Intergovernmental	\$0	\$5,737,968	\$0	\$2,373,058
Total Revenue	\$0	\$5,737,968	\$0	\$2,373,058

Explanation of Revenues

This program generates \$179,624 in indirect revenues.

\$ 1,573,384 - Healthshare of Oregon (Medicaid): Based on FY20 Medicaid Rates

\$ 786,756 - Unrestricted Medicaid fund through CareOregon

\$ 12,918 - State Mental Health Grant Special Projects based on 2019-2021 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2020: 40094-20 Medicaid Insurance Plan Administration and Operations

Department: Health Department **Program Contact:** Rachael Banks
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40048, 40001
Program Characteristics:

Executive Summary

The Public Health Director provides leadership as the local public health authority (LPHA). The LPHA has the statutory responsibility to lead the public health system and report to the Board of Health who oversees the local public health agreement with the State. The LPHA also plays a unique and required governmental public health role by being responsible for guiding policies, systems, and programs that promote and protect the health of, and prevent disease for, all residents and diverse communities within Multnomah County. Equity-focused strategies include direct services, policy interventions, public education, and communications, community partnerships, planning, assessment, research, and evaluation.

Program Summary

The Office of the Director supports the Multnomah County Board of Health (BOH) in its authority and responsibility to set health policy for the county by identifying pressing public health issues through data, community wisdom, and promising practices. This coordination results in policy and systems level changes that reduce health disparities in the leading causes of preventable death. The current focus is chronic disease and injury prevention policy and systems interventions.

Leadership and Policy: Assessment and implementation of public health system reform; leadership on the Coalition of Local Health Officials, the Governor-appointed State Public Health Advisory Board, and convening the Multnomah County Public Health Advisory Board. Key activities include implementing public health education and communication campaigns.

Program Design and Evaluation Services (PDES): This program is a shared unit between local public health authority and the Oregon Health Authority. PDES provides Public Health Modernization evaluation and support; program and policy evaluation support; conducts applied public health research on key emerging issues to inform policy strategies; and collaborates with partners to improve community health, shape public policy, and reduce health inequities.

Community Partnerships & Capacity Building: Community Health Improvement Plan contracts with community partners/coalitions, identifies and implements community-driven recommendations addressing longstanding and persistent health inequities through aligning public health activities with community needs and priorities and shifting public health practice and organizational culture toward the elimination of health disparities.

Partnership Coordination: Coordinates division-level health equity work, community engagement, and partnerships to decrease health disparities. Strategies include: partnering with Pacific Islander, Latinx, Native American, and Alaska Native communities to support identification of priorities; working with Pacific Islander and Latinx communities; supporting cultural specific Community Health Worker certification training; and building and maintaining a culturally responsive workforce.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	# of Multnomah County Public Health Advisory Board meetings	12	12	12	12
Outcome	# of policy and/or service system strategy presentations to the BOH	2	5	5	5
Output	# internal/external partners provided TA in applying culturally responsive partnership/equity strategies	15	20	25	20

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$1,660,043	\$1,131,006	\$1,864,083	\$1,771,389
Contractual Services	\$975,109	\$385,000	\$452,433	\$960,500
Materials & Supplies	\$153,519	\$31,987	\$185,321	\$52,031
Internal Services	\$257,536	\$129,952	\$203,611	\$219,515
Total GF/non-GF	\$3,046,207	\$1,677,945	\$2,705,448	\$3,003,435
Program Total:	\$4,724,152		\$5,708,883	
Program FTE	11.49	6.77	12.07	10.43

Program Revenues				
Intergovernmental	\$0	\$1,677,945	\$0	\$2,803,435
Other / Miscellaneous	\$0	\$0	\$0	\$200,000
Total Revenue	\$0	\$1,677,945	\$0	\$3,003,435

Explanation of Revenues

This program generates \$207,251 in indirect revenues.
 \$ 719,500 - State grant: MCH Child and Adoles, PDES Morbidity Monitoring Project and Behavioral Risk Factor Survey System
 \$ 305,000 - Alaska Tobacco Prevention
 \$ 316,900 - DHS Multicultural HS
 \$ 197,000 - Alaska Obesity EAP
 \$ 545,000 - NIH Marijuana Legalization
 \$ 114,000 - Alaska Marijuana Program Evaluation
 \$ 130,765 - Public Health Modernization Local \$ 200,000 - HSO County Based Services - 404708

Significant Program Changes

Last Year this program was: FY 2020: 40001-20 Public Health Administration and Quality Management

For FY 2021, County General Fund was added to support staff and contracts to plan and implement culturally specific Latinx strategies. In addition, as part of divisional and program offer reorganizations, PDES is being consolidated into PHA-QM from FY 2020: 40048-20 Community Epidemiology. The Office of the Director will also have State Public Health Modernization funding (\$379,933) to support regional communicable disease datasharing and local strategies focused on Board of Health work; and Health Share of Oregon funding (\$200,000) to support Community Powered Change (Community Health Improvement Plan) strategies.

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

Executive Summary

The Public Health Office of the Director, as the local public health authority (LPHA), has the statutory responsibility to lead the public health system and report to the Board of Health (BOH). The LPHA and BOH collaborate with the local mental health authority (LMHA) to ensure policies, systems, and programs promote and protect the health of, and prevent disease for, all residents and diverse communities. The addition of a Suicide Prevention Coordinator will enhance efforts to the collect and analyze suicide data and perform psychological autopsies across the lifespan of Multnomah County residents. This work will support the LPHA, LMHA, and BOH in betterer understanding what is driving suicides and the best policies and practices to prevent them from happening.

Program Summary

The Public Health Office of the Director (LPHA) works closely with the Behavioral Health Division (LMHA) to support the Multnomah County Board of Health (BOH) in its authority and responsibility to set health policy for the county by identifying pressing public health issues through data, community wisdom, and promising practices. This coordination results in policy and systems-level changes that reduce health disparities in the leading causes of preventable death. A current priority under the BOH's injury prevention focus is suicide prevention. To support this priority area, a Suicide Prevention Coordinator will track and understand trends to better understand the scope and depth of completed suicides and inform prevention, intervention, and postvention efforts. The work will include:

- 1) Partnering with the Medical Examiner's office, law enforcement agencies within Multnomah County, and other healthcare entities, including clinics, hospitals, and emergency rooms, to collect and analyze data.
- 2) Performing psychological autopsies to better understand stressors/factors and commonalities/themes that contribute to a completed suicide. Psychological autopsies will be completed in partnership with Behavioral Health Division Trauma Intervention Program (TIP) and the Medical Examiner's office to connect with families and significant friends to perform psychological autopsies. They will also work to identify systems that have not met the needs of individuals who have completed suicide and address some of the gaps that cause these issues. Washington County is nationally recognized for its psychological autopsies tool, and the Coordinator will work closely with them to develop one for Multnomah County.
- 3) Working closely with the Behavioral Health Divison Prevention Coordinator and the Public Health Office of the Director to inform BOH strategy, intervention, and policy options focused on preventing suicides. The Health Department is also requesting funding from the State to supplement the overall scope of work with a specific focus on individuals under 24.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	# of psychological autopsies	NA	NA	NA	25
Outcome	# of suicide prevention policy and/or strategy presentations to the BOH	NA	NA	NA	2

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$0	\$0	\$62,143	\$60,904
Contractual Services	\$0	\$0	\$32,000	\$0
Materials & Supplies	\$0	\$0	\$5,857	\$10,970
Internal Services	\$0	\$0	\$0	\$7,126
Total GF/non-GF	\$0	\$0	\$100,000	\$79,000
Program Total:	\$0		\$179,000	
Program FTE	0.00	0.00	0.50	0.50

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$79,000
Total Revenue	\$0	\$0	\$0	\$79,000

Explanation of Revenues

This program generates \$7,126 in indirect revenues.
 \$ 79,000 - State fund.

Significant Program Changes

Last Year this program was:

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

Executive Summary

The Public Health Director provides leadership as the local public health authority (LPHA), including implementing communication activities during disease outbreak response and recovery activities, such as the current COVID-19 pandemic.

Program Summary

The Office of the Director holds communications as a core public health competency. Communications are central to all policy, systems, and direct intervention strategies and particularly important in developing culturally responsive messaging, materials, and programming. During a disease outbreak, communications are one of the most important pieces of response, recovery, and health policies efforts. The scope of work associated with this program offer includes internal and external communications that provide accurate and timely information to the public, healthcare providers, schools, jails, long-term care facilities, and other stakeholders, with an emphasis on those most impacted by health and social inequities. During Fiscal Year 2021, this offer will focus efforts on the COVID-19 pandemic and associated health equity issues, including the leading causes of death and illness and related social and economic inequities.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	# of public health communication activities.	N/A	N/A	N/A	10
Outcome	# of culturally specific partners involved in communication activities.	N/A	N/A	N/A	6

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$0	\$0	\$105,202	\$0
Materials & Supplies	\$0	\$0	\$5,000	\$0
Total GF/non-GF	\$0	\$0	\$110,202	\$0
Program Total:	\$0		\$110,202	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** LaRisha Baker
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs: 40056, 40055, 40058, 40054
Program Characteristics:

Executive Summary

Maternal, Child, and Family Health (MCFH) Administration provides leadership, compliance, quality, and program data oversight and support to MCFH programs within the Public Health Division. MCFH Administration sets a health equity-focused strategic direction and assures compliance to program and fiscal standards for all MCFH programs.

Program Summary

MCFH Administration supports the following programs: Healthy Birth Initiatives; Nurse Family Partnerships; Healthy Families, Healthy Homes Asthma Home Visiting, and Community Based Health Consulting. MCFH Administration ensures that service delivery is focused on improving health outcomes before, during, and after pregnancy to reduce racial/ethnic disparities in perinatal and birth outcomes. To implement and sustain this approach, MCFH Administration provides administrative and leadership functions to its programs.

Administrative functions include fiscal and programmatic compliance; health information technology management; and quality assurance. These functions support assessing and evaluating partner, client, and service delivery needs based on program outcomes; overseeing contracts, billing, health information technology systems, and compliance with Local, State, and Federal guidelines; and implementing quality and process improvements.

Leadership functions include program management, partnership engagement, and health equity-focused strategic planning. These functions support working with clients, program leadership, community-based service-delivery partners, and other County programs to set the strategic direction for MCFH programs. Examples include working to shift the MCFH workforce culture toward the elimination of racial/ethnic disparities by implementing culturally specific and responsive programs and meaningful community partnerships.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of billable visits that meet targeted case management (TCM) requirements	4,715	1,320	3,756	4,896
Outcome	Percent of partnership contracts in compliance	100%	100%	100%	100%
Quality	Number of monthly chart audits completed	222	200	581	513

Performance Measures Descriptions

FY20 budgeted output and quality measures excluded NFP visits. 1) Billing requirements meeting Medicaid provision for reimbursement for specific case management services. 2) Contracts created and executed in compliance with County rules and practice. 3) Provider charts audited for compliance of HIPAA, nursing charting standards, and TCM requirements. TCM visits and chart audits increase due to HBI HRSA grant requirements to serve an increase in clients. Clients served shorter period of time (from 24 months to 18 months of child's age) allowing more clients to be seen.

Legal / Contractual Obligation

MCFH Administration ensures that all MCFH programs comply with a number of legal/contractual guidelines related to model fidelity, Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$978,014	\$20,806	\$987,687	\$21,604
Contractual Services	\$49,300	\$100,000	\$49,000	\$100,000
Materials & Supplies	\$61,095	\$1,921	\$102,108	\$1,124
Internal Services	\$246,865	\$2,273	\$217,585	\$2,272
Total GF/non-GF	\$1,335,274	\$125,000	\$1,356,380	\$125,000
Program Total:	\$1,460,274		\$1,481,380	
Program FTE	8.00	0.13	8.00	0.13

Program Revenues				
Intergovernmental	\$0	\$125,000	\$0	\$125,000
Total Revenue	\$0	\$125,000	\$0	\$125,000

Explanation of Revenues

This program generates \$2,272 in indirect revenues.
 \$ 100,000 - State: MCH Child and Adoles Grant
 \$ 25,000 - Early Home Visit Grant

Significant Program Changes

Last Year this program was: FY 2020: 40097-20 Maternal Child Family Health Management

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

This program offer is the nucleus of a new division that will collect, organize, analyze and report population health data and business information for the Health Department. They will provide the data to support our services, promote healthy policy change, and address whole-person health. This division will help support organizational decision making, manage organizational performance, inform policy and pursue grant opportunities based on our strategic priorities.

Program Summary

Initially, the division will include Community Epidemiology Services, a unit of epidemiologists, previously housed in the Public Health Division, who identify the magnitude of disease, disorder, and injury burden among population groups. Their data and analysis guides our decisions, our policy and service choices and our areas of focus. The grants team researches, procures and manages the grants that allow us to continue to provide services. Department-wide data planning, data quality, data access and overall business intelligence will give us the information the Department needs to monitor and evaluate our performance. Policy Administration will also become part of this new division, this small team develops, monitors and manages the department's administrative policies through the C360 platform.

The aggregation and alignment of activities and services under a division which will serve the whole department strengthens our approach to data collection, analytics and performance management. The creation of this division aligns with the Department Director's vision to consolidate resources in support of the entire organization and whole-person health

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	# of data-related community collaborations that involve all partners and combine data with action	15	13	13	10
Outcome	# of reports, briefs, and assessments	9	12	11	9

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
- (c) Collection and reporting of health statistics

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$1,819,103	\$41,916	\$2,002,524	\$254,250
Contractual Services	\$23,350	\$66,524	\$7,919	\$0
Materials & Supplies	\$79,295	\$3,226	\$72,710	\$32
Internal Services	\$200,714	\$4,858	\$207,400	\$42,961
Total GF/non-GF	\$2,122,462	\$116,524	\$2,290,553	\$297,243
Program Total:	\$2,238,986		\$2,587,796	
Program FTE	10.90	0.30	12.46	1.74

Program Revenues				
Intergovernmental	\$0	\$116,524	\$0	\$297,243
Total Revenue	\$0	\$116,524	\$0	\$297,243

Explanation of Revenues

This program generates \$29,434 in indirect revenues.
\$ 249,243 - Public Health Modernization Local and Regional

Significant Program Changes

Last Year this program was: FY 2020: 40048-20 Community Epidemiology

This is a new division with additional responsibilities and personnel from the Finance and Business Management division and Organizational Development division combined with the Community Epidemiology program.

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

Executive Summary

This program focuses on the healthy emotional development of children from birth to age six through prevention and culturally specific treatment services. These evidence based services include: child mental health consultation, child and family mental health treatment services, parent groups, and care coordination services to culturally relevant community supports. These services have proven vital in contributing to retention of children in pre-school educational settings.

Program Summary

Early Childhood Mental Health Consultants provide a comprehensive continuum of culturally competent mental health services to 3,600 at-risk children and their families to promote social/emotional development and school readiness. Services include early childhood classroom consultation with early childhood educators, child mental health assessment and family centered treatment, case management services, crisis triage, referral to community support, and parent support and education. This program works in close collaboration with Early Childhood Community Partners and Early Learning Multnomah to ensure coordinated services occur for Multnomah County's at risk children and families. A hallmark of this program is Spanish-speaking counseling and parent support services provided to Latinx families at Albina Head Start, Portland Public Schools Head Start, Migrant Head Start, and Mt. Hood Community College Head Start.

Community based culturally specific treatment services are provided for Latinx and African American children to increase success at home and reduce the likelihood of expulsion from Head Start.

The prevention, treatment and early intervention services provided to these young children and their families address mental health and developmental needs before they become acute and require more intensive and costly care. A critical goal of this program is to ensure children are ready to learn once they enter Kindergarten.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Total children receiving prevention services.	3,590	NEW	3,600	3,600
Outcome	Overall social/emotional supports in place in Head Start classrooms based on TPOT data ¹	81%	NEW	75%	75%
Output	Total children receiving culturally specific treatment services ²	62	NEW	48	48

Performance Measures Descriptions

¹Teaching Pyramid Observation Tool (TPOT) Is an evidence based instrument used to measure how well teachers are implementing the 3-tiered Pyramid Model of practices that support children's social competence and prevents challenging behaviors. 75% is the recommended fidelity measure for this tool.

² Treatment=Enrolled clients

Legal / Contractual Obligation

Head Start Revenue Contracts

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$1,301,679	\$324,132	\$1,387,275	\$336,679
Contractual Services	\$104,591	\$103,091	\$44,625	\$166,299
Materials & Supplies	\$20,647	\$519	\$21,760	\$572
Internal Services	\$128,198	\$88,343	\$61,504	\$114,481
Total GF/non-GF	\$1,555,115	\$516,085	\$1,515,164	\$618,031
Program Total:	\$2,071,200		\$2,133,195	
Program FTE	9.88	2.46	9.93	2.46

Program Revenues				
Intergovernmental	\$0	\$344,900	\$0	\$344,900
Beginning Working Capital	\$0	\$82,323	\$0	\$158,131
Service Charges	\$166,918	\$88,862	\$105,000	\$115,000
Total Revenue	\$166,918	\$516,085	\$105,000	\$618,031

Explanation of Revenues

This program generates \$5,727 in indirect revenues.

\$ 105,000 - Federally Qualified Health Centers Medicaid Wraparound Funds

\$ 115,000 - Fee For Services Insurance Receipt

\$ 260,346 - Care NorthWest Family contracts

\$ 344,900 - State Mental Health Grant: MHS 20 Non-Residential Mental Health Services based on 2019-2021 IGA with State of Oregon

\$ 158,131 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2020: 40080-20 Community Based MH Services for Children & Families

This program used to be part of 40080 Community Based MH Services for Children & Families but is now a stand alone program offer.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
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:** Rachael Banks
Program Offer Type: **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

As a core component of the local public health authority (LPHA) and public health system, communicable disease (CD) programming protects community health by responding to reportable communicable diseases with prompt disease investigation and limiting the spread of these diseases through disease control interventions. Responding to COVID-19 has become and will continue to be a critical aspect of LPHA and CD activities. Providing robust surveillance, case investigation, and contact tracing within a culturally specific framework is a public health strategy that can contain the spread of COVID-19.

Program Summary

As Multnomah County continues to reopen its economy and respond to COVID-19, CD investigation and response capacity is being expanded to conduct complete case investigation and contact tracing of positive cases and contacts to slow disease transmission. The public health infrastructure of epidemiologists, community health nurses, disease investigation specialists, and community health workers (CHWs) comprise investigation and response teams, which are the backbone of surveillance, case investigation, and contact tracing. This infrastructure sits within Public Health's Office of the Director and CD program, as well as culturally specific community-based organizations (CBO).

The combination of Public Health and CBO staff reflect the demographic makeup of the county and provide the needed culturally and linguistically responsive surge capacity to continue to meet State of Oregon and Multnomah County criteria, respond to outbreaks, and implement strategies focused on vulnerable community members and Black, Indigenous and other people of color (BIPOC). For positive tests, Public Health investigators and contact tracers work to identify an individual's close contacts, worksites, living quarters, and health care settings and provide health and isolation/quarantine information. Public Health staff refer individuals to culturally specific CHWs who then provide supports for isolation, basic needs, supplies, and other needed referrals. This approach enables the County to meet key criteria related to percent of positive cases traced and interviewed, provide timely response to outbreaks, as well as the basic needs and supports of vulnerable community members and BIPOC.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	# of culturally specific CBO CHWs supporting contact tracing	NA	NA	NA	35
Outcome	% of positive cases with first tracing call placed within 24 hours	NA	NA	NA	95%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$0	\$0	\$0	\$9,820,898
Contractual Services	\$0	\$0	\$0	\$2,033,916
Materials & Supplies	\$0	\$0	\$0	\$500,507
Internal Services	\$0	\$0	\$0	\$308,859
Total GF/non-GF	\$0	\$0	\$0	\$12,664,180
Program Total:	\$0		\$12,664,180	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$12,664,180
Total Revenue	\$0	\$0	\$0	\$12,664,180

Explanation of Revenues

This program generates \$248,469 in indirect revenues.

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** Rachael Banks
Program Offer Type: **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

As a core component of the local public health authority (LPHA) and public health system, communicable disease (CD) programming protects community health by responding to reportable communicable diseases with prompt disease investigation and limiting the spread of these diseases through disease control interventions. Responding to COVID-19 has become and will continue to be a critical aspect of LPHA and CD activities. Community testing is a key strategy for slowing the spread of COVID-19 and also helps Public Health to better understand the prevalence of the virus to inform local response and reopening strategies and decisions.

Program Summary

Public Health implements three main testing strategies based on assessments, current understanding of best practices, lessons learned, and input from Black, Indigenous, and other people of color (BIPOC) leaders. These include test sites in East and Mid County; partnering with culturally specific community-based organizations (CBOs) to identify most effective testing models and locations, and outbreak testing. These strategies are coordinated with testing within the Department's Federally Qualified Health Center program sites.

Low barrier community testing in East and Mid County are open to anyone with possible symptoms of COVID-19, with a focus on reaching BIPOC communities as well as those without health insurance and/or a regular health care provider. Testing is provided at no cost, and individuals can get tested regardless of immigration status.

Testing in partnership with culturally specific CBOs and BIPOC communities will continue to work to identify the most effective testing models, site locations, community partnerships, pre-testing education, and wrap-around support that is needed by individuals and communities.

Outbreak testing focuses on deploying testing resources to outbreak facilities such as large congregate care and worksite settings to obtain hundreds of samples in a day. This type of testing reduces virus spread and mitigates the effects on individuals involved in the outbreaks.

Testing strategies are supported by a combination of the Public Health Office of the Director, CD program, and culturally specific CBOs, including community health workers. Public health continues to refine testing strategies and approaches in real-time through quality improvement and input from BIPOC communities and expects that to continue as the County moves further along in COVID-19 reopening and response.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	# of community based tests	NA	NA	NA	18,000
Outcome	% of high risk employees/residents tested at congregate and worksite outbreak sites	NA	NA	NA	90%
Output	# of culturally specific community partners engaged in testing outreach, hosting, and/or staffing	NA	NA	NA	15

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$0	\$0	\$0	\$1,975,890
Contractual Services	\$0	\$0	\$0	\$2,812,120
Materials & Supplies	\$0	\$0	\$0	\$100,000
Internal Services	\$0	\$0	\$0	\$49,990
Total GF/non-GF	\$0	\$0	\$0	\$4,938,000
Program Total:	\$0		\$4,938,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$4,938,000
Total Revenue	\$0	\$0	\$0	\$4,938,000

Explanation of Revenues

This program generates \$49,990 in indirect revenues.

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** Rachael Banks
Program Offer Type: **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

As the local public health authority (LPHA), Public Health is responsible for assuring that vulnerable residents who are impacted by COVID-19 and have financial or physical needs are provided with wraparound supports so they can safely isolate and quarantine and have their basic needs met. Housing, transportation, health care and other supplies, food, telecommunications, and linkage and referral to culturally specific behavioral health and social services are the types of wraparound supports that are critical for COVID-19-positive and impacted individuals, families, and households.

Program Summary

Public Health will work with other Health Department programs; County programming in Department of County Human Services, Joint Office of Homeless Services, and Emergency Operations Center; City of Portland programs; and community-based organizations (CBOs) to assure isolation/quarantine and wraparound services are provided in a coordinated, culturally specific manner for COVID-19-positive/impacted individuals, families, and households. Culturally specific CBOs will be the same partners who are supporting contact tracing and community testing.

COVID-19-positive individuals, families, and households will be identified through contact tracing and testing. Public Health and CBO staff will then link those who are COVID-19-positive or -impacted (e.g., live with a COVID-19-positive individual) to isolation/quarantine and wraparound supports. Housing, transportation, health care and other supplies, food, telecommunications, and linkage and referral to culturally specific behavioral health and social services will be provided by a combination of Public Health, Health Department, County, and CBO programs/staff. Strategies will continue to build off of efforts already underway, including a partnership between the Health Department and Department of County Human Services to address food insecurity related to the financial impacts of COVID-19. Strategies will also continue to be implemented with the input of Black, Indigenous, and other People of Color (BIPOC) communities. These approaches will enable the County to slow the spread of COVID-19 through addressing the basic needs and other wraparound supports that COVID-19 impacted vulnerable residents must have access to in order to successfully quarantine and isolate.

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	# of culturally specific community partners engaged in providing isolation/quarantine/wraparound supports	NA	NA	NA	15
Outcome	% of COVID-19 positive households offered isolation/quarantine and wraparound supports	NA	NA	NA	100%
Outcome	% of COVID-19 positive households who receive support	NA	NA	NA	100%

Performance Measures Descriptions

Outcome measures are for households who have financial or physical need. The outcome measure for COVID positive households who receive support is based only on the households who consent to support (e.g., households who turn down isolation/quarantine and wraparound support are not included in the measure denominator).

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Contractual Services	\$0	\$0	\$0	\$9,811,535
Materials & Supplies	\$0	\$0	\$0	\$915,535
Total GF/non-GF	\$0	\$0	\$0	\$10,727,070
Program Total:	\$0		\$10,727,070	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$10,727,070
Total Revenue	\$0	\$0	\$0	\$10,727,070

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** Christa Jones

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

Related Programs:
Program Characteristics:

Executive Summary

As Multnomah County residents continue to navigate the Coronavirus pandemic, people are experiencing increased challenges and symptoms of stress, anxiety, depression, fear, isolation and loneliness. The level of challenge and barriers that Black, Indigenous, and People of Color (BIPOC) and older adults have experienced are significant. These communities are more vulnerable to COVID-19 and experience challenges directly related to a lack of access to technological devices, internet, and other resources. BIPOC experience compounded issues of toxic stress, on top of the mental, emotional, and economic impact of COVID-19.

Program Summary

The primary objective of the Community Counseling Program (CCP) is to provide short-term support and connection to services for any Multnomah County resident impacted by COVID-19. Services will be therapeutic in nature, however not diagnostic nor involving a treatment plan.

Services will follow FEMA's CCP principles wherever possible which is: Strengths Based, Diagnosis-Free, Outreach Oriented, Culturally Sensitive, Flexible, Builds local capacity, is More Practical than Psychological and has a Unified Identity as a program.

Services will utilize both crisis counselors and outreach workers, some of them culturally specific, as well as online, self-directed programming. Primary support includes: Individual Crisis Counseling, Brief Educational and/or Supportive Contact, Assessment, Referral, and Resource Linkage, Community Networking and Support, and Outreach and Education.

Crisis Counselor support will be culturally specific and may be provided via telephone, video conferencing or in-person. Community members may receive from 1-5 sessions. If supports are required beyond 5 sessions, transitioned to treatment services.

Team will consist of: A Program Manager, Team Lead, Crisis Counselors, Outreach Worker, Data/Evaluation Specialist, Administrative assistant, Fiscal Specialist, and Media Liaison

Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of unique individuals served				3,500
Outcome	Percentage of BIPOC and/or older adults served				30%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2020	2020	2021	2021
Contractual Services	\$0	\$0	\$0	\$1,125,000
Materials & Supplies	\$0	\$0	\$0	\$175,000
Total GF/non-GF	\$0	\$0	\$0	\$1,300,000
Program Total:	\$0		\$1,300,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,300,000
Total Revenue	\$0	\$0	\$0	\$1,300,000

Explanation of Revenues

Significant Program Changes

Last Year this program was: