



Adopted by Multnomah County  
Board of Commissioners  
Deborah Kafoury, Chair

Volume 3:

County Human Services  
Joint Office of Homeless Services  
Health Department  
Library  
Nondepartmental

# Table of Contents

- Understanding Program Offers ..... 3
- What Makes a Good Program Offer ..... 3
- Anatomy of a Program Offer ..... 4
  - Executive Summary & Description*..... 4
  - Performance Measures* ..... 4
  - Legal and Contractual Mandates* ..... 5
  - Revenue/Expense Detail (Program Costs)* ..... 5
  - Explanation of Revenues* ..... 5
  - Significant Program Changes* ..... 5
- Types of Programs ..... 6
  - Administration*..... 6
  - Support*..... 6
  - Operating Program* ..... 6
  - New/Innovative* ..... 6
  - Program Alternative or Reconstruction* ..... 6
  - Internal Service* ..... 6
  - Revenue*..... 6
- Additional Program Details ..... 7
  - Program Offer Characteristics*..... 7
  - Scaled Program Offers*..... 8

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## Understanding Program Offers

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

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

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

Program offers are labeled with a five digit document number and title (e.g. 50005 - DCJ Human Resources). Throughout the budget document, readers will see references to program offers by number and/or title. To find a program offer that is referenced in this document, go to the department's section in Volume 2 or 3; the program offers are listed in numerical order.

## What Makes a Good Program Offer

A good program offer explicitly shows the relationship between the program and the results it produces for the community. Program offers should:

- Describe how they will make a significant contribution.
- Show why the County's spending on this program is effective.
- Show evidence the program can deliver and measure its results.
- Give accurate performance measures to track the program's contributions.
- Link the offer to the policy direction/frameworks.
- Communicate how they use an equity lens in relation to services provided.
- Describe program activities in layperson's terms.

Program offers are not about funding programs simply because they already exist – they are about outcomes. They emphasize meeting the County's goals, not preserving the government status quo. The following pages describe the configuration of each program offer and the major types of information each should contain.

## Anatomy of a Program Offer

### *Executive Summary & Description*

In Multnomah County's budget, a program is an organizational unit that provides services to the public or to other County departments/divisions. Program offer documents explain all aspects of the program through the following sections: executive summary and description, performance measures, legal and contractual mandates, revenue/expense detail, explanation of revenues, and significant program changes.

The program executive summary should briefly and clearly explain the activities in the program offer. The description should describe how the program will support department strategies or known County policy frameworks, including how the program will impact racial equity. If the offer represents a change in current practice (e.g. a reorganization or change in staffing levels, service hours, etc.), it should briefly describe the nature of that change. The description should cite research, experience, or logic to convincingly make the case for program selection. New programs should note how the department created program cost estimates.

### *Performance Measures*

Performance measures are organized in a table in each program offer. The table identifies the type of measure, the measure's definition, and measure results. Where available, the table reports history, annualized current service level estimates (what's being delivered at the time of printing), and anticipated target service level for the upcoming year. Additional supporting information, such as explanations of notable performance changes, are located in the narrative section below the table. Every program offer includes two to four performance measures indicating the level of service expected if the program is selected. Two types of measures are required: the output, which represents the volume of work, and the outcome, which represents the measurable results of that work. For example, a hypothetical addictions treatment program for youth might report the number of youth who received treatment (output), and the percentage of youth who achieved sobriety and completed their treatment plan upon exit (outcome).

Departments may also include additional measures to further illustrate a program's performance, such as resource measures (inputs other than staffing or finances) and measures of service quality/efficiency. Using the addictions treatment example, inputs might be reported as the number of treatment beds available. Quality could be reported as the percent of youth that rate counseling staff as engaging and supportive, and efficiency might be reported as the cost for each successful treatment completion.

### *Legal and Contractual Mandates*

Many program offers will be constrained by legal or contractual mandates. If a program offer is affected by a mandate, the mandate and its authorizing document (a statute, contract, etc.) should be noted.

### *Revenue/Expense Detail (Program Costs)*

This area shows the cost to the County of providing the program, as well as the revenues generated by the program for its support. These costs include personnel, contracted services, materials and supplies, and internal services.

### *Explanation of Revenues*

This section explains how non-General Fund (Other Funds) revenues or General Fund fee revenues were estimated. Revenue estimates should clearly demonstrate the reasonableness of the estimate.

### *Significant Program Changes*

This section details significant programmatic changes that affect the program - not financial changes up or down. Such changes might include:

- Increases or decreases in the scope or level of services.
- Increases or decreases in net personnel resources (FTE's).
- Revenue increases or decreases.
- Impacts to other departments and/or service delivery programs.

In this section you will also find a reference from this year's program offer to its predecessor in the previous year, if applicable. (Note that program offer numbering can change between fiscal years.)

### Types of Programs

Program offers are categorized based on the “type” of services they deliver. Program offers fall into one of the following groups:

- Administration
- Support
- Operating Program
- New/Innovative Program
- Program Alternative/Reconstruction
- Internal Service
- Revenue

#### *Administration*

Department or division level management and related expenses (e.g. office space, supplies, telephones, etc.). Direct program supervision is considered to be a part of the operating program (NOT administration), and could be included in the operating program’s offer.

#### *Support*

An activity in a department that provides services directly to some or all operating programs within a department. Examples include the Health Department’s pharmacy, which supports the various health clinics; the Library’s Technical Services, which maintains the Library’s materials and catalog systemwide; or the District Attorney’s Human Resources unit.

#### *Operating Program*

An “on the ground” activity of the County. Includes front-line supervisors/ program managers with specific responsibilities for particular operating programs. For example, the Health Department’s Primary Care Clinics.

#### *New/Innovative*

“On the ground” or support activity the County currently does not perform or does not perform at the proposed level.

#### *Program Alternative or Reconstruction*

A current or former program with changes to operations, different providers, or with different business models than in the previous year.

#### *Internal Service*

Programs that support countywide operations. Examples include Fleet or Information Technology services.

#### *Revenue*

Programs used to budget discretionary (primarily General Fund) revenues at the fund level. (Program revenues are budgeted within the applicable program offer.)

## Additional Program Details

### *Program Offer Characteristics*

Program offer documents also include information on program characteristics (see below). Program characteristics provide additional information on the type of funding for the program.

A letter at the end of a program offer number indicates a scaled program offer. Scaled offers are a way for the Board to make choices on the size of programs to fund (see next page).

At the top of each program offer, you will see a list of program characteristics (if they are applicable):

**Backfill** - Backfill is defined as discretionary dollars (General Fund) applied to a program formerly funded by a grant, State, or other dedicated funding source. Explicitly identifying backfill allows the Chair and the Board to decide to partially or fully backfill expiring grants, State funds, or Federal funds with General Fund dollars.

**One-Time-Only Resources** - In most budget years, the County has a varying amount of one-time-only funds. These funds will not be available in the following years and thus should be spent on projects that do not have (or have minimal) ongoing expenses.

**Measure 5 Education Offers** - In Oregon, we have a constitutional limit on how much real property tax we can spend for educational services. Multnomah County has General Fund revenues that are not derived from real property taxes, and these revenues can be expended on educational services without violating the Constitutional limitation. In order for the County to easily demonstrate that it has complied with the Constitutional limitation, departments can designate a program as a "Measure 5 Education" offer, indicating the program may be funded by non real property tax revenues.

### *Scaled Program Offers*

Program offers represent discrete increments of service and many County programs have the ability to deliver services at varying levels. For example, an alcohol and drug treatment program may be able to offer 100, 150 or 175 beds. Departments are asked, when appropriate, to provide decision-makers with the option to choose from those service levels. Scaled offers are indicated by including an A, B, C, etc. at the end of the program offer number. When looking at scaled program offers, one should consider the following definitions:

- Base Level of Service - Program "A" is the base level of service that can be provided while still delivering the expected results. In the example above, the base level of service would be 100 beds.
- Increments of Service - Program "B" (and beyond, e.g. "C", "D") represent incremental levels of service that buy additional outcomes. In the alcohol and drug treatment example, Program "B" could be 50 additional beds, and another, separate increment (Program "C") could be 25 additional beds, giving decision-makers a choice between adding either 50 or 75 beds.

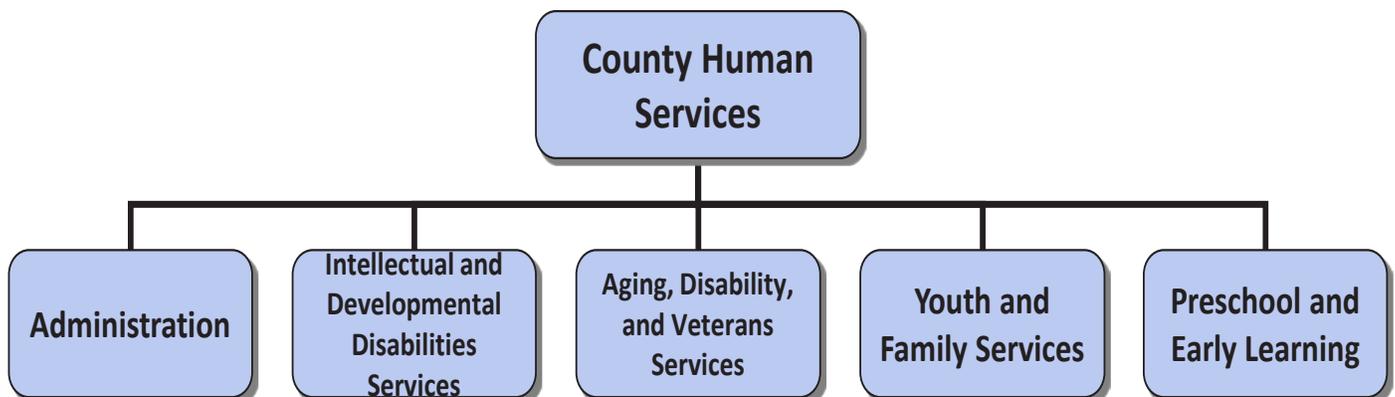
## Department Overview

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

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

DCHS has a critical role in the County because the department designs programs, services and funding to provide stability for people across the lifespan. This budget supports the core work of the department by:

- **In early childhood, DCHS supports** our youngest community members by ensuring equitable access to free, high-quality, developmentally appropriate, culturally responsive preschool experiences through the department's Preschool & Early Learning Division (PEL). PEL will collaborate across the department to offer developmentally appropriate early education access for youth served through the Intellectual and Developmental Disabilities Services Division.
- **DCHS supports young people** by promoting positive parenting, improving educational access and support for youth, making sure children have enough to eat in the year round, and that their families are stably housed.
- **In adulthood, DCHS supports** young adults with disabilities who want to live in their own homes and have fulfilling and stable jobs, thus contributing to their economic stability. DCHS helps people stay in affordable homes and provides safety and support for survivors of domestic and sexual violence.
- **DCHS supports older adults, people with disabilities and veterans** to achieve quality of life and independence by helping them navigate the public programs, providing community programs that support people staying healthy and engaged, and intervening when older adults or people with disabilities are potentially being abused.



### Budget Overview

The FY 2023 Department of County Human Services (DCHS) Adopted budget is \$337.5 million and 961.90 FTE. The County General Fund accounts for \$67.9 million or 20.1% of the total. Other Funds include Federal/State at \$153.9 million (45.6%), Preschool for All at \$50.2 million (14.9%) and COVID-19 Response at \$65.5 million (19.4%).

Most of the DCHS budget comes from just over 100 Federal, State and local sources. This includes \$153.9 million in the Federal/State Fund, which increased by \$21.5 million (16.3%) from the FY 2022 Adopted budget. The bulk of this increase came from the State of Oregon’s biennial allocation and increased the Aging, Disability, and Veterans Services Division (ADVSD) by \$12.1 million and 63.75 FTE and the Intellectual and Developmental Disabilities Services Division (IDDSD) by \$6.2 million and 46.20 FTE.

The DCHS Preschool and Early Learning (PEL) Division administers the voter approved “Preschool for All” program (Measure 26-214), which offers free early education to 3 and 4 year olds across the County. FY 2023 will be the first year of preschool spots, estimated at 675 spots. The budget totals \$182.4 million and 23.00 FTE in the PEL Division. Of this amount, \$121.0 million is unappropriated balance and \$11.2 million is contingency, leaving a balance of \$50.2 million for direct programming in DCHS’s budget. The direct programming amount increased by \$29.6 million (144.1%) compared to the FY 2022 budget at \$20.6 million.

The COVID-19 & American Rescue Plan (ARP) division increases by \$1.7 million and 42.50 FTE from FY 2022. 35.50 FTE are due to converting limited duration assignments into regular positions based on labor agreements and personnel rules (25490A/C and 25492B). Although the ARP funding is limited, some of the positions will have existed more than two years in FY 2023.

The FY 2023 DCHS General Fund includes \$3,030,015 in ongoing funding for new or enhanced programs and \$2,693,876 in one-time-only funding. A list of these programs can be found in the Budget Director’s Message.

Budget Trends	FY 2021	FY 2022	FY 2022	FY 2023	Difference
	<u>Actual</u>	<u>Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Staffing FTE	769.60	865.59	780.85	961.90	181.05
Personnel Services	\$84,793,596	\$99,692,467	\$96,643,398	\$118,507,350	\$21,863,952
Contractual Services	96,100,523	135,503,633	147,628,079	184,455,204	36,827,125
Materials & Supplies	1,249,571	2,614,833	2,378,160	2,529,123	150,963
Internal Services	24,620,351	30,878,031	28,905,706	32,028,805	3,123,099
Capital Outlay	9,509	0	0	0	0
Debt Service	<u>23,943</u>	<u>61,992</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Total Costs</b>	<b>\$206,797,493</b>	<b>\$268,750,956</b>	<b>\$275,555,343</b>	<b>\$337,520,482</b>	<b>\$61,965,139</b>

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

## Successes and Challenges

DCHS strives to be a leader in anti-poverty work and economic recovery efforts focused on the needs of Black, Indigenous and People of Color (BIPOC) communities. To do this we must maintain strong relationships and collaboration with our community partners and other County departments. In alignment with our commitments to interdepartmental collaboration, racial justice and innovation, DCHS has several key priorities for FY 2023 and beyond:

**Supporting Public Health Efforts:** In collaboration with the Health Department, DCHS is participating in our region's public health response. The Aging & Disability Resource Connection (ADRC) team operates the COVID-19 Call Center; the Bienestar de la Familia program provides culturally-specific Wraparound Services for people quarantining due to COVID-19; and DCHS staff coordinated vaccinations and testing for homebound community members.

**Preventing Evictions and Increasing Housing Stability:** In 2021, Multnomah County built a new coordination model to meet the unprecedented demand for rent assistance and prevent evictions. A network of over 40 community partners are serving a diverse range of BIPOC communities. DCHS also responded quickly to the state's new online portal for rent assistance, distributing over \$24 million dollars in four months.

**Building Economic Security for Communities of Color:** DCHS is taking the lead in implementing Unconditional Cash Transfer (UCT) pilot projects to increase household security for BIPOC community members while addressing the impacts of systemic racism and intergenerational poverty. One exciting example is the distribution of \$4.5 million to more than 6,000 households who had autonomy over how to spend their allocation.

**Responding to Extreme Weather Events and Natural Disasters:** In collaboration with the Joint Office of Homeless Services (JOHS), Portland Bureau of Emergency Management and Multnomah County Emergency Management, DCHS plays a critical role in our region's disaster response and mass sheltering efforts. DCHS also provides preparedness information and conducts thousands of wellness checks during extreme weather events.

**Building the Foundation for Universal Preschool Access:** The Preschool & Early Learning Division is creating the foundation for Preschool for All's success and ensuring high-quality, inclusive, and culturally affirming preschool slots. Strengthening the key partnerships of Preschool for All, increasing the capacity of preschool providers, and building trust in the community are the primary goals in the second year of implementation.

**Becoming an Employer of Choice:** To help guide the long-range vision for DCHS, the department is improving its current organizational culture through the North Star and Pillars, the Sustainable Business Plan (SBP), and the Workforce Equity Strategic Plan (WESP). The goal is for DCHS to be an employer of choice on the journey to becoming the community's service provider of choice.

## COVID-19 Impacts

**Social and Economic Impacts:** Social determinants of health (SDOH) are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels, and are mostly responsible for health inequities. Resources that enhance quality of life – including safe and affordable housing; access to quality education; public safety; availability of healthy foods; local emergency services; and environments free of life-threatening toxins – can have a significant influence on communities’ health outcomes.

Three core areas of SDOH – Education Access & Quality; Economic Stability; Social & Community Context – directly align with fundamental DCHS priorities and services. DCHS is always looking for new opportunities to collaborate with health service systems in order to better serve our shared communities.

An October 2021 World Health Organization evidence brief “COVID-19 and the social determinants of health and health equity” offers a global analysis of how inequalities in the social determinants of health have been unmasked by the COVID-19 pandemic, and have led to glaring inequities in COVID-19 health outcomes between population groups. The evidence brief specifies groups that have experienced increased rates of COVID-19 morbidity and mortality, including: poorer people; marginalized ethnic minorities, including Indigenous Peoples; low-paid essential workers; migrants; populations affected by emergencies, including conflicts; incarcerated populations; and homeless people. DCHS serves all of these populations in some capacity.

The WHO evidence brief details how public health and social measures that have been necessary to reduce exposure to and transmission from the virus and mortality have led to significant and unequal health, social and economic damage – impacting already disadvantaged populations more severely. These impacts include:

- COVID-19 has driven millions of people into poverty (globally).
- Job losses have been borne disproportionately by women and workers who have less education and lower incomes.
- COVID-19 has disrupted education, with broad social impacts for young people – especially poorer children.
- Food insecurity has been compromised for the most marginalized communities.
- Discrimination and stigmatization, including ageism, have increased.
- COVID-19 has exacerbated gender inequality throughout society.

**Adapting DCHS Service Model:** In order to support our communities in our immediate and long-term recovery from the pandemic, DCHS has implemented a range of programs and initiatives including direct rental assistance, unconditional payments for families to purchase food, tailored virtual senior center activities to reduce isolation for older adults, the COVID-19 call center in collaboration with Public Health, culturally specific meal and grocery distribution, wraparound support services for households quarantining due to positive COVID-19 test results, among countless others. Many of our recovery efforts will continue into FY 2023 and beyond.

### COVID-19 & American Rescue Plan

Since the beginning of the COVID-19 pandemic, DCHS has played a critical role in meeting community members' immediate needs, providing stability through uncertain social-economic conditions, and supporting the region's overall Public Health response. Below is a summary of DCHS COVID-19 pandemic response funding:

- **25399A - ARP ACHP Registered Nurse:** This position will provide training, review infection control plans and provide technical assistance to adult care home providers to ensure residents' preferences and health and safety needs are met in a culturally appropriate, safe, and welcoming 24-hour care setting.
- **25399B - ARP Multnomah Mothers' Trust Project (MMTP):** MMTP Year 2 will continue working with approximately 100 Black female-headed households with children currently receiving services from one of two community based programs.
- **25399C - ARP Domestic Violence Services:** This funds six Victims Advocates in culturally-specific community organizations and two limited duration Victims Advocates in the County.
- **25399D - ARP COVID-19 Response Coordination:** Funds an Office Assistant to support IDSD division-wide COVID-19 response and recovery efforts.
- **25399E - ARP SUN Community Schools, Family Resource Navigators:** The Family Resource Navigator (FRN) program in SUN CS allows sites to expand focus while ensuring family basic needs are met.
- **25399J - ARP Peer Support Tenant Services & Housing Stability:** The Peer Navigation Program will help address this gap in services by creating a system of peer counselors that provide one-to-one support, peer coaching, resource sharing and networking with other renters.
- **25399Q - ARP YFS Division Support Staff Expansion:** Adds a limited duration Project Manager for YFS.
- **25399R - ARP - YFS Sex Trafficked Youth Services - New Day Collaborative Backfill:** Services support healing and a transition into safe and stable adulthood for youth victims of sex trafficking.
- **25399S - ARP - YFS Food Security / Pantry Enhancement:** This funding seeks to bolster the existing services at high volume service sites in East County.
- **25490A - COVID-19 YFS Emergency Rent Assistance:** The Joint Office of Homeless Services will continue their investment in staffing support for nonprofits.
- **25490B - ARP - Emergency Rent Assistance:** This additional Multnomah County direct ARP allocation allows YFS to meet some of the ongoing emergency rent assistance needs caused by the pandemic.
- **25490C - ARP YFS Rent Assistance Team Staffing Capacity:** Provides eviction prevention support and rent assistance.
- **25491 - COVID-19 Energy & Housing Services:** Provides energy and water assistance, weatherization and housing supports focused on low-income households.
- **25492A - COVID-19 ADVSD OAA ARP:** Provides meals to older adults, people with disabilities, and Veterans.
- **25492B - ARP DCHS Client Assistance:** DCHS will continue and expand Unconditional Cash Transfer for families disproportionately impacted by the pandemic, including BIPOC communities.

## Diversity, Equity, and Inclusion

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

### **Equity for DCHS Consumers:**

DCHS strives to incorporate racial justice and equity into all of the department's programs and services – in addition to programs that specifically serve BIPOC communities. For example, over 64 percent of Youth and Family Services Division funding is contracted out to partner agencies who work in the community, including a wide network of culturally specific organizations. A good illustration of this model is the department's Rent Assistance funding, where the majority of funds were intentionally distributed to families via culturally specific organizations to address the compounding impact of the COVID-19 pandemic and structural racism.

Another example of how equity is woven into the core functions of DCHS is the implementation of Preschool For All. All families in Multnomah County will be eligible to apply and families who currently have the least access to high-quality preschool will be prioritized for the first-available slots, including Black, Indigenous, and Children of Color. In FY 2023, the Preschool & Early Learning Division will invest additional dollars for Family Connector Organizations, which are culturally specific agencies who are responsible for outreaching to PFA priority populations, and Intermediary Organizations, which support small providers participating in Preschool for All (program offer 25202).

### **Equity for the DCHS workforce:**

The department is improving its current organizational culture through the DCHS Sustainable Business Plan (SBP), and the Workforce Equity Strategic Plan (WESP). The goal is for DCHS to be an employer of choice on the journey to becoming the community's service provider of choice. Some examples of internal racial justice and equity initiatives at DCHS include:

- **Equity at My Desk initiative:** The goal of Equity at My Desk is to bring Diversity, Equity and Inclusion work down from the 50,000 foot level in order to help managers and supervisors incorporate Diversity, Equity and Inclusion principles into their daily work.
- **Equity Cohort for managers and supervisors:** In FY 2023, this initiative will bring groups of managers and supervisors together for 6-8 weeks to talk about Diversity, Equity and Inclusion and provide them with the tools and structure necessary to manage the implementation of DEI work.
- **Recruitment, onboarding and retention initiatives:** Several groups within DCHS are working to improve recruitment and onboarding through a racial justice and equity framework.

### Diversity, Equity, and Inclusion (continued)

### Budget by Division

**Equity in the DCHS budget process:**

DCHS centered racial justice and equity in the FY 2023 budgetary decision-making process by asking staff and leadership to consider systemic racial disparities when developing program offers, and by using the Office of Diversity and Equity’s FY 2023 Budget Equity Tool.

What this looked like in practice for DCHS is illustrated by the Aging, Disability & Veterans Services Division’s budget equity process which involved a small team of data & evaluation specialists meeting with each program within the division to ensure that programs have a racial equity strategy that is clear and data-driven. Programs that lacked clarity were asked to make a plan and implement it for the next fiscal year – and gaps discovered through this racial equity evaluation process were addressed by: working to improve demographic reporting processes; hiring community outreach positions; and by adding language and cultural competency KSAs to key positions within the division.

The DCHS Equity and Inclusion Manager also reviewed program offers using several equity tools consisting of specific and direct questions to guide the review process, including:

- What kinds of data are available, and how is data being used to inform our decision-making?
- What kinds of community engagement, particularly with BIPOC communities, were utilized in the creation and/or review of the program offer or proposal?
- Who will benefit and/or who will be adversely impacted by our decision?

Division Name	FY 2023 General Fund	Other Funds	Total Division Cost	Total FTE
Department Administration	\$10,729,015	\$0	\$10,729,015	58.00
Intellectual and Developmental Disabilities	4,594,714	31,037,386	35,632,100	225.00
Aging, Disability, and Veterans Services	14,392,747	93,665,146	108,057,893	522.90
Youth and Family Services	38,191,490	29,203,550	67,395,040	90.50
Preschool and Early Learning	0	182,401,228	182,401,228	23.00
COVID-19 & American Rescue Plan	0	65,532,728	65,532,728	42.20
<b>Total County Human Services</b>	<b>\$67,907,966</b>	<b>\$401,840,038</b>	<b>\$469,748,004</b>	<b>961.90</b>

*\*Does include contingencies and unappropriated balances.*

### Department Administration

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

Department leadership is responsible for the provision of racially equitable practices, trauma informed practices, strategic partnerships, leadership and direction, stewardship of public resources, continuous quality improvement, performance management, emergency preparedness, innovation, communications, IT strategic planning, operations, and support and maintenance of a diverse qualified workforce.

Human Resources supports more than 900 departmental FTE and addresses recruiting, hiring and retention issues, workforce planning, training, employee performance management, and labor relations.

Business Services provides financial and business functions including development, management and oversight of the department's budget, accounts receivable and payables, purchasing, and grants management. The unit coordinates department procurement and contracting functions and ensures implementation and compliance with all County contracting and procurement policies.

### Significant Changes

**Strategic Planning:** The DCHS Leadership Team convened for two "Moonshot" work sessions, in order to think collectively and creatively about big-picture strategies that can bring DCHS closer to our North Star. At the first session, we prioritized two ideas: developing a systematic community asset building strategy, and developing a DCHS mobile access app for consumers. At the second session, the Leadership Team envisioned how we can provide holistic, department-wide services to support our communities, and how to work towards that vision through the budget process. Two themes from the second session were: 'changing the narrative about who is in poverty and why,' and 'what is the role of government in changing economic and societal conditions?'

**Legislative Advocacy:** The DCHS Leadership Team is strengthening our department's relationships with local, state and federal legislators – focusing on critical funding and policy changes. The best example of this is our success in addressing inequities in Oregon Department of Human Services workload and funding models for our Intellectual & Developmental Disabilities Division and our Aging, Disability & Veterans Services Division, resulting in a significant increase in funding which will allow us to hire over 100 new employees and reduce workloads across the department.

**Employer of Choice:** DCHS has worked over the past two years to improve its current organizational culture through the North Star and Pillars, the Sustainable Business Plan (SBP), the Workforce Equity Strategic Plan (WESP), and other efforts and initiatives. The goal of this work is to build DCHS as an employer of choice on the journey to becoming the community's service provider of choice.

### Intellectual and Developmental Disabilities Services

The Intellectual and Developmental Disabilities Services Division (IDDSD) serves over 6,600 people with intellectual and developmental disabilities such as autism, cerebral palsy or an intellectual disability diagnosed prior to the age of 22. Services may span the entire lifetime. Policy, advocacy and research around quality of life for individuals with intellectual and developmental disabilities (I/DD) guides our services and includes the following domains: emotional, material, and physical well-being, interpersonal relations, social inclusion, personal development, self-determination, and rights. IDDSD provides case management services supporting these domains to directly link clients and families to community resources and Medicaid-funded residential, employment, in-home and non-County brokerage case management services.

Additionally, the division reviews intake and eligibility referrals and provides abuse investigation services to all clients who experience I/DD. Results from our client survey show 87% of respondents are satisfied with the support they receive from IDDSD, compared to 75% nationally as reported by the National Core Indicator Survey. The division has engaged in a strategic planning process to develop a new 3 year strategic plan. The strategic plan incorporates service equity requirements detailed in the 21-23 Intergovernmental Agreement with the State. It also addresses areas of improvement identified in State and County audits and the Workforce Equity Strategic Plan. It focuses on incorporating racial equity into workforce supports and direct client services.

### Significant Changes

The FY 2023 budget expands services in response to increased client and provider needs and a growing client base. IDDSD increased by 46.20 FTE, which was made possible by an increase in Federal funds received from the State for the 21-23 biennium. This increase in FTE significantly reduced caseload size for the service coordination, intake, and abuse investigation teams. It also led to innovations which increased service quality, equity and access for clients during the COVID-19 pandemic and climate emergencies. Innovations include the increased use of virtual meetings and electronic signatures, increased staff to address specific language and culture needs, technology and training supports to retain personal support workers, continued expansion of funding for children receiving in-home services, and increased distribution of supplemental housing assistance. New FTE also work to increase access to developmentally appropriate foster care placement for dually enrolled youth (IDDSD and Child Welfare); decreasing the need for temporary lodging.

IDDSD created a data and analytics team to coordinate with the department emergency management tool and increase operationalization of emergency outreach during winter weather events, wildfires, and heat waves. Emergency response efforts also include coordination with other agencies to increase access to COVID-19 vaccinations and home COVID testing kits, and to address COVID outbreaks in residential settings. IDDSD will continue participation in the Citizens Variance Pilot Project, which has achieved statewide elimination of citizenship as a condition of case management service eligibility. All of these efforts reflect IDDSD's commitment to ensure resources reach the most vulnerable, including families with children, immigrants, and BIPOC clients.

## Aging, Disability and Veterans Services

Multnomah County has about 829,560 residents, and over 151,800 (18.3%) are aged 60 or older. There are over 48,500 people with disabilities, and about 37,500 Veterans living in the County. These populations are served by the Aging, Disability, and Veterans Services Division (ADVSD). The ADVSD service system helps our program participants achieve independence, health, safety, and quality of life.

ADVSD is the Area Agency on Aging for the County. ADVSD offers access to services for older adults, people with disabilities, and Veterans at five senior centers, eight enhancing equity providers, five Medicaid offices, and one central downtown Portland location. The division's five main areas are: Community Services; the Adult Care Home Program; Long Term Services and Supports; Adult Protective Services; and the Public Guardian & Conservator. A 24-hour call center provides seamless entry to services for residents. In FY 2021: 2,887 Adult Protective Services investigations were completed; \$1.9 million in retroactive rewards were granted to veterans working with Veterans Services; and 48,777 people received Medicaid case management, in-home or facility based services, medical benefits, or SNAP. ADVSD strives to be a leader in the work toward racial justice by weaving the Multnomah County Leading with Race pledge and the County's Equity and Empowerment Lens tool into the everyday work of the division. This process includes analyzing demographic information when measuring outcomes and impacts of the division's services.

## Significant Changes

**ONE Integrated Eligibility** created a statewide shared caseload between local Area Agencies on Aging, state-level Aging and People with Disabilities offices, the Oregon Health Authority, and Oregon Self-Sufficiency. This change enables Oregonians to apply for multiple programs with one application, and do so from any participating agency office. This shift has led to a significant need for additional staff training.

**Homecare Worker (Provider) Time Capture** is part of Oregon's first electronic verification of care hours provided to vulnerable adults. It is a timekeeping system that is only in phase one of rollout. It affected over 6,000 homecare workers for long-term care consumers and Oregon Project Independence consumers. It primarily impacts case managers and business staff responsible for ensuring training and payment to the Home Care Worker workforce.

**Medicaid Package Implementation:** An increase in Medicaid funding for the State FY 2021-23 biennium allowed ADVSD to add 63.75 FTE. ADVSD utilized the Equity and Empowerment Lens to allocate this funding. For Example:

- **Long Term Services & Supports (25023)** increased the number of culturally specific outreach workers and added case managers for more equitable service.
- **Adult Protective Services (25024)** added 11 Human Service Investigators to reduce the average ongoing investigations per worker from 22 to 16.
- **Community Services (25032-25039)** added community information specialists who screen consumers for eligibility.

## Youth and Family Services

The Youth & Family Services (YFS) Division manages over 40 programs and initiatives that focus on two major impact areas: (1) educational success and (2) economic stability for families. Within those impact areas, we have five core system and policy areas that represent our work: Energy Services, Housing Stability, Education Supports, Early Childhood, and Domestic and Sexual Violence.

The division manages programs funded by Federal, State, and local resources. Just over 64% of YFS funding is contracted to partner agencies who work in the community, including a wide network of culturally specific organizations. These programs offer a wide range of interventions including access to SNAP benefits, domestic violence emergency response, kindergarten transition, housing stability assistance, participant supports, Assertive Engagement, sexual assault services, youth advocacy, after-school programming, home weatherization, and more. In FY 2021: 1,297 domestic violence survivors accessed protection orders through the Gateway Center; 2,849,564 meals were provided to children and families through SUN distribution sites; 19,098 households received energy bill payment support; 477 people received culturally specific mental health or addiction services through Bienestar de la Familia; and over \$2.4 million in legal fees were removed through Legal Services.

## Significant Changes

In FY 2023, YFS will continue to support the community with flexible and meaningful services – both our core functions and our pandemic response work. For example:

- **Bienestar de la Familia** has been a pillar of support to Immigrant and Refugee communities, shifting service priorities to focus on eviction prevention, rent relief, food assistance and support services for those who test positive for COVID-19 and have to quarantine.
- **Rent Assistance & Eviction Prevention:** In 2021, Multnomah County built a system that could meet the unprecedented demand for rent assistance and prevent evictions after the eviction moratorium ended in July 2021. We did this through creating new teams and a new model for coordination across partner organizations and agencies. We will continue these critical supports to ensure our community is able to remain stably housed.
- **Domestic and Sexual Violence Services:** Two new initiatives will strengthen the division's support of domestic and sexual assault survivors. Peer-delivered services provide a pathway for survivors into employment in the field of domestic and sexual violence. And YFS will work with the District Attorney to establish a Unified Community-Based response to sexual assault.
- **SUN Community Schools** continue to provide critical support for youth in Multnomah County. In FY 2023, YFS will develop, implement and maintain a new data system for SUN Community Schools (**25160B/C**); and help families meet basic needs with Family Resource Navigators (**25399E**).

## Preschool and Early Learning

## Significant Changes

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

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

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

Strengthening the key partnerships of Preschool for All, increasing the capacity of preschool providers, and building trust in the community are the primary goals in the second year of implementation. FY 2023 will mark the first Preschool for All slots in Multnomah County. Preschool for All (PFA) anticipated tax revenue for FY 2023 is \$112 million dollars. This is a 9% increase in projected revenue from FY 2022. Additional significant changes in FY 2023 include:

- Funding for Preschool for All Pilot Sites, which will offer the first 675 preschool slots. Pilot Sites will work with the Preschool and Early Learning Division to refine the program model, including support to stabilize infant and toddler care and include children with disabilities **(25205)**.
- The City of Portland collects the Preschool for All tax. FY 2023 includes a planned decrease in tax collection costs, because the majority of start-up costs occurred in FY 2022 **(72052B - Dept. of County Management)**.
- Funding to address the shortage of early learning spaces and educators. PFA will invest in workforce development strategies and establish a PFA Facilities Fund to support the construction and renovation of early learning spaces **(25203)**.
- Additional dollars for Family Connector Organizations, which are culturally specific agencies who are responsible for outreaching to PFA priority populations, and Intermediary Organizations, which support small providers participating in Preschool for All **(25202)**.
- Increased investments in social and emotional supports in partnership with Multnomah County Behavioral Health. County-based Early Childhood Mental Health Consultants will provide culturally relevant mental health services to children and their families **(40099B - Health Department)**.

### Department of County Human Services

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

Prog. #	Program Name	FY 2023 General Fund	Other Funds	Total Cost	FTE
<b>Department Administration</b>					
25000A	DCHS Director's Office	\$3,865,202	\$0	\$3,865,202	20.00
25000B	DCHS Director's Office Emergency Management Shelter Response	241,792	0	241,792	1.00
25000C	Supporting Immigrant and Refugee Communities	166,387	0	166,387	1.00
25000D	DCHS Economic Justice Project (EJP)	117,000	0	117,000	0.00
25001	DCHS Human Resources	1,885,230	0	1,885,230	10.00
25002	DCHS Business Services	4,453,404	0	4,453,404	26.00
<b>Intellectual and Developmental Disabilities Services</b>					
25010	IDDSD Administration & Support	1,418,523	2,621,357	4,039,880	24.00
25011	IDDSD Budget and Operations	468,407	6,297,460	6,765,867	38.00
25012	IDDSD Services for Adults	1,436,052	7,673,361	9,109,413	61.00
25013	IDDSD Services for Children and Young Adults	1,249,079	7,961,159	9,210,238	62.00
25014	IDDSD Abuse Investigations	2,777	4,164,660	4,167,437	26.00
25016	IDDSD Eligibility & Intake Services	19,876	2,319,389	2,339,265	14.00
<b>Aging, Disability and Veterans Services</b>					
25022	ADVSD Adult Care Home Program	497,118	5,772,280	6,269,398	32.00
25023	ADVSD Long Term Services & Supports (Medicaid)	3,203,964	46,049,813	49,253,777	312.80
25024	ADVSD Adult Protective Services	722,823	9,368,705	10,091,528	57.35
25025	ADVSD Veterans Services	730,251	385,281	1,115,532	8.00
25026A	ADVSD Public Guardian/Conservator	1,806,820	0	1,806,820	11.00
25026B	ADVSD Public Guardian/Conservator Data System	161,844	0	161,844	0.00
25027	ADVSD Quality and Business Services	911,082	4,207,796	5,118,878	12.00
25028	ADVSD Multi-Disciplinary Team	769,537	819,240	1,588,777	5.65
25029	ADVSD Transition & Diversion (Medicaid)	388,046	5,609,070	5,997,116	40.00
25032	ADVSD Outreach, Information & Referral	1,343,956	2,629,589	3,973,545	18.40
25033	ADVSD Nutrition Program	661,770	1,810,245	2,472,015	0.50
25034	ADVSD Health Promotion	96,194	466,754	562,948	3.00

# County Human Services

fy2023 adopted budget

Prog. #	Program Name	FY 2023 General Fund	Other Funds	Total Cost	FTE
<b>Aging, Disability and Veterans Services (cont.)</b>					
25035	ADVSD Case Management & In-Home Services (non-Medicaid)	1,520,502	11,409,853	12,930,355	4.60
25036	ADVSD Safety Net Program	669,563	117,347	786,910	1.50
25037	ADVSD Transportation Services	119,042	2,120,162	2,239,204	1.58
25038	ADVSD Advocacy & Community Program Operations	608,959	2,555,921	3,164,880	13.62
25039	ADVSD Family Caregiver Program	181,276	343,090	524,366	0.90
<b>Youth and Family Services</b>					
25041	YFS - Domestic Violence Crisis Services	411,300	0	411,300	0.00
25044A	YFS - Domestic and Sexual Violence Coordination	756,677	318,800	1,075,477	4.90
25046	YFS - Domestic Violence Legal Services	198,847	35,000	233,847	0.00
25047	YFS - Domestic Violence Crisis Response Unit	1,257,118	348,103	1,605,221	11.00
25048	YFS - Culturally Specific and Underserved Domestic & Sexual Violence Services	761,366	0	761,366	0.00
25049A	YFS - Sexual Assault Services	318,713	0	318,713	0.00
25049B	YFS - Sexual Assault Services Unified Community Based Response	424,780	0	424,780	1.00
25050A	YFS - Gateway Center	499,790	1,378,048	1,877,838	5.00
25050B	YFS - Gateway Center Intake Team Increase	113,560	0	113,560	1.00
25118A	YFS - Youth & Family Services Administration	2,432,105	0	2,432,105	14.00
25119	YFS - Energy Assistance	0	11,328,640	11,328,640	8.40
25121A	YFS - Weatherization	0	6,507,968	6,507,968	6.60
25121B	YFS - Cooling Support	1,270,740	0	1,270,740	0.00
25121C	YFS - Wood Stove Replacement	274,292	0	274,292	0.00
25130	YFS - Family Unification Program	577,352	0	577,352	0.00
25131	YFS - Legal Services & Supports	431,914	0	431,914	0.00
25131B	YFS - Peer Navigators	500,000	0	500,000	0.00
25131C	YFS - Eviction Prevention Support	400,000	0	400,000	0.00
25131D	YFS - Expungement and Legal Services Days	250,000	0	250,000	0.00
25132	YFS - Long Term Rent Assistance (LTRA)	150,000	0	150,000	0.00
25133	YFS - Housing Stabilization for Vulnerable Populations (HSVP)	1,354,282	2,053,505	3,407,787	1.00

# County Human Services

fy2023 adopted budget

Prog. #	Program Name	FY 2023 General Fund	Other Funds	Total Cost	FTE
<b>Youth and Family Services (cont.)</b>					
25133B	YFS - Homeshare - Connect to Rooms in Private Homes	250,000	0	250,000	0.00
25134	YFS - Fair Housing Testing	110,000	0	110,000	0.00
25135	YFS - Sex Trafficked Youth Services	611,862	310,000	921,862	0.00
25136	YFS - Culturally Specific Navigation Services for Immigrant Families	264,940	0	264,940	0.00
25136B	YFS - Refugee Resettlement Agencies - Support for I-693	250,000	0	250,000	0.00
25137	YFS - Successful Families	2,503,163	0	2,503,163	1.00
25138A	YFS - Youth Stability & Homelessness Prevention Services	679,564	46,651	726,215	0.00
25138B	YFS - Youth Stability & Homelessness Prevention Expansion	600,000	0	600,000	0.00
25139	YFS - Multnomah Stability Initiative (MSI)	2,750,949	1,149,988	3,900,937	2.00
25140	YFS - Community Development	113,122	364,556	477,678	1.00
25141	YFS - Supplemental Nutrition Assistance Program (SNAP) Outreach	184,308	132,024	316,332	2.00
25145A	YFS - SUN Community Schools	8,084,981	3,111,828	11,196,809	4.00
25147	YFS - Child & Family Hunger Relief	460,520	0	460,520	1.00
25149	YFS - SUN Youth Advocacy Program	2,654,236	200,000	2,854,236	0.00
25151	YFS - SUN Parent & Child Development Services	1,647,416	379,822	2,027,238	0.50
25152	YFS - Early Learning Family Engagement and Kindergarten Transition	373,041	889,838	1,262,879	1.00
25155	YFS - Sexual & Gender Minority Youth Services	330,167	0	330,167	0.00
25156A	YFS - Bienestar Social Services	1,572,099	548,779	2,120,878	10.60
25156B	YFS - Bienestar Social Services Staff Expansion	357,030	0	357,030	3.00
25157	YFS - East Multnomah County Resilience Hub	0	100,000	100,000	0.00
25160A	YFS - Data and Evaluation Services	1,664,790	0	1,664,790	10.50
25160B	YFS - Data and Evaluation Services: SUN Community Schools Database Support	226,466	0	226,466	1.00
25160C	YFS - Data and Evaluation Services: SUN Community Schools Database Setup	95,000	0	95,000	0.00
25160D	YFS - DSVCO Data and Evaluation Services HMIS Setup	25,000	0	25,000	0.00

# County Human Services

fy2023 adopted budget

Prog. #	Program Name	FY 2023 General Fund	Other Funds	Total Cost	FTE
<b>Preschool and Early Learning</b>					
25200	PEL - Administration & System Support	0	1,263,493	1,263,493	4.00
25200B	PEL - Contingency and Reserves	0	28,000,000	28,000,000	0.00
25200C	PEL - Revenue Smoothing	0	104,227,522	104,227,522	0.00
25201	PEL - Program Development & System Support	0	4,086,213	4,086,213	19.00
25202	PEL - Preschool Access: Family & Provider Navigation	0	1,460,000	1,460,000	0.00
25203	PEL - Preschool Infrastructure Capacity Building	0	8,000,000	8,000,000	0.00
25204	PEL - Program Quality: Coaching & Provider Supports	0	10,664,000	10,664,000	0.00
25205	PEL - Preschool for All Pilot Sites	0	19,700,000	19,700,000	0.00
25206	PEL - Early Educator Workforce Development	0	5,000,000	5,000,000	0.00
<b>COVID-19 &amp; American Rescue Plan</b>					
25399A	ARP - ACHP Registered Nurse	0	200,000	200,000	0.00
25399B	ARP - Multnomah Mothers' Trust Project (MMTP)	0	1,350,000	1,350,000	0.00
25399C	ARP - Domestic Violence Services	0	782,000	782,000	0.00
25399D	ARP - COVID-19 Response Coordination	0	80,000	80,000	0.00
25399E	ARP - SUN Community Schools: Family Resource Navigators	0	4,276,420	4,276,420	0.00
25399J	ARP - Peer Support Tenant Services & Housing Stability	0	534,580	534,580	0.00
25399Q	ARP - YFS Division Support Staff Expansion	0	148,000	148,000	0.00
25399R	ARP - YFS Sex Trafficked Youth Services - New Day Collaborative Backfill	0	70,000	70,000	0.00
25399S	ARP - YFS Food Security / Pantry Enhancement	0	150,000	150,000	0.00
25490A	COVID-19 YFS Emergency Rent Assistance	0	21,983,167	21,983,167	13.75
25490B	ARP - Emergency Rent Assistance	0	22,785,668	22,785,668	0.00
25490C	ARP - YFS Rent Assistance Team Staffing Capacity	0	2,730,000	2,730,000	15.25
25491	COVID-19 Energy & Housing Services	0	4,288,300	4,288,300	7.00
25492A	COVID-19 ADVSD OAA ARP	0	754,593	754,593	0.00
25492B	ARP - DCHS Client Assistance	0	5,400,000	5,400,000	6.50
<b>Total County Human Services</b>		<b>\$67,907,966</b>	<b>\$401,840,038</b>	<b>\$469,748,004</b>	<b>961.90</b>

\*The table above includes contingencies and unappropriated balances.

**Department:** County Human Services      **Program Contact:** Mohammad Bader  
**Program Offer Type:** Administration      **Program Offer Stage:** As Adopted  
**Related Programs:** 30407A  
**Program Characteristics:**

**Executive Summary**

The Director's Office of the Department of County Human Services supports the work of four divisions to ensure that every person, at every stage of life has equitable opportunities to thrive. The Director's Office uses a racial justice and equity lens to: develop and lead the department's mission, policies, communications and strategic initiatives; ensure quality of services; provide financial management; ensure a skilled workforce that reflects the community; provide protection for survivors of domestic and sexual violence; and support the divisions' efforts to provide equitable, high quality, and innovative services to the communities we serve.

**Program Summary**

**ISSUE:** The Department of County Human Services is made up of four divisions and one office tasked with providing human services to diverse communities. The Department is funded through a blend of local, State and Federal funding with accompanying requirements and roles and programmatic commitments to the community.

**GOALS:** The Office leads the Department-wide efforts to reach the DCHS North Star which states that in Multnomah County, every person - at every stage in life - has equitable opportunities to thrive. In addition to the existing priorities of ensuring quality of life, education access and support, and economic development and stability, we've added a fourth priority: ensuring a diverse and inclusive system. The Director's office works to advance the Department's strategic initiatives and program service delivery through four main goals: a) maintaining good government practices of accountability and transparency; b) advancing an equity agenda both internally and with community partners; c) ensuring high-quality program delivery; and d) effective engagement and communication with the community.

**ACTIVITIES:** The Director's Office ensures a safe, welcoming and equitable environment for staff and participants. The Office's immediate priority is to bring more equity and inclusion to HR recruitment, compensation and retention strategies, as well as coordinate the efforts of the Department's Equity and Inclusion Manager and Diversity, Equity, and Social Justice Committee (DESJC). Director's office activities also include: a) providing department-wide COVID-19 response and recovery supports to the community; b) ensuring DCHS meets its financial and regulatory requirements through budget development, fiscal compliance, data collections, and reporting; c) Department-wide performance management and sharing of systems improvement tools and techniques; d) identifying new approaches to DCHS work and the application of research for emerging and best practices and solutions; and e) communication and coordination with elected officials, partners and participants by using multiple methods to engage with the community, including online tools. In FY 2022 the Director's Office also assumed oversight of the Domestic and Sexual Violence Community Services Office, elevating the needs and the voices of survivors of domestic and sexual violence.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of DCHS web page views*	301,806	850,000	387,117	450,000
Outcome	Percent of visitors who were able to find what they were looking for on the DCHS website**	48.1%	95%	69.1%	85%
Outcome	Percent of employees completing Stay Interviews***	N/A	N/A	1%	5%

**Performance Measures Descriptions**

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

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

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$2,816,298	\$0	\$3,141,204	\$0
Contractual Services	\$101,839	\$0	\$80,000	\$0
Materials & Supplies	\$102,915	\$0	\$70,259	\$0
Internal Services	\$696,163	\$0	\$573,739	\$0
<b>Total GF/non-GF</b>	<b>\$3,717,215</b>	<b>\$0</b>	<b>\$3,865,202</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$3,717,215</b>		<b>\$3,865,202</b>	
<b>Program FTE</b>	17.90	0.00	19.00	1.00

Program Revenues				
Other / Miscellaneous	\$3,126,332	\$0	\$3,252,702	\$0
<b>Total Revenue</b>	<b>\$3,126,332</b>	<b>\$0</b>	<b>\$3,252,702</b>	<b>\$0</b>

Explanation of Revenues

\$3,252,702 - County General Fund Department Indirect: Based on FY 2023 Department Indirect Rates published by Central Finance.

Significant Program Changes

**Last Year this program was:** FY 2022: 25000A DCHS Director's Office

In FY 2023, this program increases by 1.10 FTE in the General Fund. During FY 2022, 1.00 FTE was added as part of the Federal/State midyear rebalance (SUPP02-DCSH-002-22). In FY 2023, an existing Program Specialist Senior is increased by 0.10 FTE.

The 1.00 FTE in Other Funds is funded by the Supportive Housing Services Measure funding in the Joint Office of Homeless Services. This FTE was added during FY 2022 by budget modification JOHS-007-22. See program 30407A for the associated costs and program information.

**Response**

**Department:** County Human Services      **Program Contact:** Mohammad Bader

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

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Department of County Human Services builds well-being in the community so every person, at every stage of life has equitable opportunities to thrive. Using a racial justice and equity lens, the Director's Office oversee Mass Care and Sheltering functions (ESF-6) for the County's Emergency Management operations. This program adds 1.00 FTE of an Emergency Management Analyst Sr. position to continue the development and expansion of emergency sheltering capacity, with a focus on developing staffing capacity for shelters and outreach functions.

**Program Summary**

**Issue:** With climate change and increasing needs of individuals who are houseless, older adults, people with disabilities and BIPOC individuals and families who lack resources for cooling and heating resources, the need for emergency/disaster response due to severe weather is increasing in Multnomah County.

**Goal:** Expand the capacity of County sheltering/Disaster Resource Center functions by expanding the pool of staff available and prepared for events, with a focus on human centered, culturally-responsive and trauma informed response.

**Description:** The Department of County Human Services (DCHS) leads Mass Care and Sheltering functions (ESF-6) for the County's Emergency Management operations. The Department partners with Multnomah County Emergency Management, the Joint Office for Homeless Services, the Health Department, the City of Portland and other local jurisdictions and community organizations when implementing these duties. DCHS uses a racial justice and trauma informed focus in establishing and running emergency shelter and outreach operations, with a focus on serving communities most impacted by climate change and other disasters/emergencies. DCHS is proposing to add 1.00 FTE Emergency Analyst Sr. position to support expansion of shelter and disaster resource center functions. This position will focus on the implementation of the County's new employee incentive program and develop a robust pool of staff and volunteers who are available to staff all functions within shelters. They will develop ongoing training and supports for staff that focus on equity/racial justice and trauma informed interventions, along with the various technical skills for managing shelters. Finally, the position will support ESF-6 Operations and Administration during activations, ensuring that staffing support is available before, during and following sheltering events.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	The number of staff who have participated in DRC/shelter staff training.	NA	NA	NA	500
Outcome	The percentage of staff who report they feel prepared to support DRC/emergency shelter functions.	NA	NA	NA	80%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$129,453	\$0
Contractual Services	\$0	\$0	\$101,948	\$0
Materials & Supplies	\$0	\$0	\$10,391	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$241,792</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$241,792</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

This program adds 1.00 FTE Emergency Management Analyst Senior.

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

**Executive Summary**

Immigrants and refugees residing in Multnomah County often face language, technology and other barriers to accessing critical social services as they integrate into the community. Multnomah County recognizes a need for improved communication and improved connections to county and community resources.

**Program Summary**

Multnomah County provides services to immigrants and refugees regardless of immigration status and is a member of “Welcoming America,” a national network of local governments and nonprofits that shares best practices on serving immigrant and refugee residents. This program seeks to build off of the work Multnomah County has engaged in to become a Welcoming County by funding a new position that will focus on advancing equity with and improving the quality of life for immigrant and refugee communities living in Multnomah County.

In the FY 2022 budget, a one-time-only investment was made to map the existing services available through the County and in the community to immigrants and refugees and develop a report with recommendations to improve access to County services. That report is expected by late June.

The focus of this new position will be to work with the Chair’s Office, internal County departments, community members, the refugee resettlement agencies, the State of Oregon, and other agencies to review, refine and advance recommendations and strategies identified in the report. Additionally, the position will:

- Support additional research and engagement needed, based on the report, including the development of an implementation plan.
- Develop and convene a team of internal stakeholders to assist in developing and supporting next steps.
- Communicate and/or convene with community stakeholders to review and refine strategic priorities and next steps.
- Elevate policy recommendations for consideration by the Board of County Commissioners, based on community and stakeholder engagement.
- Support the development of recommendations that can increase the accessibility and reach of the websites that promote and support the County’s immigrant and refugee services.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Develop implementation plans to improve supports and connections for I&R communities	N/A	N/A	N/A	2
Outcome	Implementation plan and/or policy recommendations developed by March 2023	N/A	N/A	N/A	1
Outcome	Immigrant and refugee communities active partners in development of next steps	N/A	N/A	N/A	Yes

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$164,471	\$0
Materials & Supplies	\$0	\$0	\$1,916	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$166,387</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$166,387</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

In FY 2022, Multnomah County funded program offer 40000C - Mapping Study - Services for Immigrant and Refugee Communities to map, illustrate and make recommendations to strengthen County services to immigrant and refugee communities. This ongoing program offer seeks to build upon and advance the recommendations developed in the Mapping Study.

**Department:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Innovative/New Program

**Program Offer Stage:** As Adopted

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

### Executive Summary

The pandemic has highlighted and exacerbated the economic inequities that Black, Indigenous and People of Color (BIPOC) communities experience. Systems, structures, and institutions create barriers to BIPOC families' ability to achieve long term economic equity. The Economic Justice Project (EJP) will identify innovative and comprehensive approaches that support economic stability, build financial assets, and grow generational wealth by removing barriers, focusing on upstream intervention, and centering racial justice and equity. A report recommending future strategic action and investment will be developed through documenting promising practice research, current county investment, and design process practices.

### Program Summary

**Issue:** The pandemic has highlighted and exacerbated the economic inequities that Black, Indigenous and People of Color (BIPOC) communities experience. A number of systemic structures are barriers to these communities achieving economic security, including: the lack of an ITIN number; insurmountable debt resulting from accumulated fines and fees; or, having a felony that makes it difficult to acquire housing and credit.

People living on a low income face innumerable barriers to improving their economic situation - barriers that can leave them trapped or even pull them further into poverty. Many of these barriers are procedural, and can be removed at relatively low cost, unlocking income and other opportunities that would not otherwise be available. There are upstream interventions that yield meaningful results in helping people achieve economic equity.

**Program Goal:** Identify innovative and comprehensive approaches that support economic stability, build financial assets, and grow generational wealth by removing barriers; focusing on upstream intervention; and, centering racial justice and equity. Use this information to create a blueprint for economic justice for BIPOC families and communities in Multnomah County.

**Program Activities:** This project provides funding for a staff position to conduct community verified research, coordinate design processes meant to educate and engage with a wide variety of community members, and produce a final report with strategic and innovative recommendations for FY 2024 action and implementation (economic blueprint).

This project will build off existing County investments to continue developing the pathway to economic justice for residents, especially those most impacted by historic inequities and racially biased policies. The position will work with the Chair and Commissioners' offices, County departments, community members, and partner organizations to create the blueprint.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Report recommending future strategic action and investment in service to economic iustice in the Countv.	N/A	N/A	N/A	1
Outcome	Chair and Board of Commissioners adopts the report and commits to implementing recommendations in FY 2024.	N/A	N/A	N/A	Yes

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$117,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$117,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$117,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** County Human Services

**Program Contact:** Mohammad Bader

**Program Offer Type:** Support

**Program Offer Stage:** As Adopted

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

### Executive Summary

DCHS Human Resources supports the quality of life, professional development, and education of employees, for 911 budgeted positions in FY 2023. HR ensures DCHS achieves its goals through equitable recruitment, selection and retention of employees, and anticipating and planning for staffing needs. HR functions include outreach and recruiting, hiring and onboarding, maintaining records, staff retention and workforce and succession planning, training, employee and labor relations including equity for hiring and treatment of staff, and performance management.

### Program Summary

**ISSUE:** There are many dynamics to ensure employees work in an environment that supports them and the community while also ensuring equity for a diverse workforce, in compliance with contracts, rules, and legal requirements.

**GOALS:** HR's goals are to ensure services and strategies support and add value to DCHS strategies; promote fair and equitable treatment of all employees; adhere to County personnel rules, policies and labor contracts; align with Central HR to develop and implement consistent and effective HR solutions and programs; and create workforce and succession planning to develop a diverse and talented pool of employees and candidates to meet future staffing needs.

**ACTIVITIES:** DCHS HR achieves its goals by providing consultation to managers, supervisors, and employees while working with union representation and aligning with Central/County HR and County counsel when necessary. Efforts in FY 2023 will focus on supporting the workforce in an uncertain environment, equity (including supporting the department's Workforce Equity Strategic Plan), professional development, education, compassion, and compliance, while supporting Department-wide goals. HR will continue to support implementation of the new ERP while maintaining service levels. HR continues to support department process improvement projects related to equity. Those projects include: 1) Bilingual pay assessment and selection. This project is designed to maximize the use of employees' bilingual skills to serve clients. The project takes into account new contract language for ad hoc pay and ensuring language proficiency; 2) Interview panel selection and preparation. This project seeks to ensure diversity in panel selection and training panel members to ensure equitable assessment of interviewees; 3) Workforce Equity - Recruiting and Retention. HR supports this project led by the Director's Office including participation on the ADVSD Recruitment WESP Project Team. The project will address identified disparities in the first year of employment, and seek to identify the sources of perceived disparities in access to positions and promotions. Improvements will be made to current processes for selection/hiring and for support during the initial trial service period.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Recruitments	216	345	725	400
Outcome	Placement/reassignment of employees impacted by reduced staffing	3%	1%	5%	3%
Outcome	Percent of DCHS employees who identify as a person of color*	42.6%	N/A	43%	44%

### Performance Measures Descriptions

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,254,070	\$0	\$1,649,617	\$0
Contractual Services	\$3,000	\$0	\$3,000	\$0
Materials & Supplies	\$10,036	\$0	\$9,906	\$0
Internal Services	\$189,085	\$0	\$222,707	\$0
<b>Total GF/non-GF</b>	<b>\$1,456,191</b>	<b>\$0</b>	<b>\$1,885,230</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,456,191</b>		<b>\$1,885,230</b>	
<b>Program FTE</b>	8.00	0.00	10.00	0.00

Program Revenues				
Other / Miscellaneous	\$1,254,070	\$0	\$1,641,893	\$0
<b>Total Revenue</b>	<b>\$1,254,070</b>	<b>\$0</b>	<b>\$1,641,893</b>	<b>\$0</b>

Explanation of Revenues

\$1,641,893 - County General Fund Department Indirect: Based on FY 2023 Department Indirect Rates published by Central Finance.

Significant Program Changes

Last Year this program was: FY 2022: 25001 DCHS Human Resources

In FY 2023, this program increases by 2.00 FTE. These FTE were added during FY 2022 as part of the Federal/State midyear rebalance (refer Supplemental Budget # SUPP02-DCHS-001-22).

**Department:** County Human Services

**Program Contact:** Robert Stoll

**Program Offer Type:** Support

**Program Offer Stage:** As Adopted

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

### Executive Summary

Business Services provides service in support of DCHS, ensuring effective and responsible stewardship of available financial resources and enabling informed decision-making for programs. Business Services' core functions are finance, procurement and contracting, budget and accounting. Racial equity as well as alignment with the department's Workforce Equity Strategic Plan is a key focus in all our work.

### Program Summary

More than 40% of the total funds in the Department are contracted to community-based providers for services to the populations served by DCHS. DCHS includes culturally specific and culturally responsive requirements in the procurement process. This process allows DCHS to contract with a diverse pool of suppliers who are able to provide culturally specific and responsive services to clients that are tailored to specific populations. This process assists the department in ensuring that clients are comfortable accessing services and that we are not causing additional trauma to marginalized and vulnerable populations. About 50% of DCHS contracts contain culturally specific and culturally responsive requirements. Roughly 70% of funding comes from over 100 funding sources including State, Federal, and grants. The diverse funding streams require effective contract execution, compliance and reporting, payment processing, and constant review of financial and internal controls to ensure ethical and responsible use of available financial resources. Business Services' goals are to provide support to Divisions through budgeting and fiscal planning, contracting and procuring and paying for the services and to maintain financial control and oversight through accounting, fund management, and financial reporting and risk management. Business Services' activities include budget development, management, and reporting; accounts payable and receivable; procurement and contracting; grant accounting and reporting; and implementation of, and compliance with, all County, State and Federal fiscal policies and procedures related to the business of this department; problem solving and financial risk mitigation. We work across the County with other Departments and agencies. We serve as liaisons between the department and internal service providers such as County Finance, Central Budget, County Facilities, Fleet, Records, IT, Central Purchasing, Risk Management and County Attorney.

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

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Percent of invoices paid in 30 days or less (*estimated based on FY2021 actual)	90%	87%	91%	90%
Outcome	*Percent of annual contracts executed prior to start date	91%	85%	93%	93%
Output	Number of anticipated contract actions including new contracts, amendments and purchase orders	300	320	320	350

### Performance Measures Descriptions

\* Includes Preschool and Early Learning Division.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$3,437,536	\$0	\$3,803,781	\$0
Contractual Services	\$40,000	\$0	\$40,000	\$0
Materials & Supplies	\$27,310	\$0	\$31,776	\$0
Internal Services	\$469,337	\$0	\$577,847	\$0
<b>Total GF/non-GF</b>	<b>\$3,974,183</b>	<b>\$0</b>	<b>\$4,453,404</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$3,974,183</b>		<b>\$4,453,404</b>	
<b>Program FTE</b>	22.00	0.00	26.00	0.00

Program Revenues				
Other / Miscellaneous	\$3,437,536	\$0	\$3,822,421	\$0
<b>Total Revenue</b>	<b>\$3,437,536</b>	<b>\$0</b>	<b>\$3,822,421</b>	<b>\$0</b>

Explanation of Revenues

\$3,822,421 - County General Fund Department Indirect: Based on FY 2023 Department Indirect Rates published by Central Finance.

Significant Program Changes

Last Year this program was: FY 2022: 25002 DCHS Business Services

In FY 2023, this program increases by 4.00 FTE. These FTE were added during FY 2022 as part of the Federal/State midyear rebalance (SUPP02-DCHS-001-22 and SUPP02-DCHS-002-22).

**Department:** County Human Services

**Program Contact:** Alexis Alberti

**Program Offer Type:** Administration

**Program Offer Stage:** As Adopted

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

### Executive Summary

The IDSD Administration team provides oversight to the division and ensures service delivery. It increases quality of life for individuals with intellectual and developmental disabilities. Cerebral palsy, autism, and intellectual disability are examples of intellectual and developmental disabilities. These are disabilities that a person is born with, or that develop during childhood. They usually continue over the lifetime. The Administration team focuses on the accurate and timely delivery of services. It improves systems that help clients live healthy lives in the community. It strives to provide support for independent living. The Administration team leads the division in continuous quality improvement. It provides advocacy at the local and state levels. It leads in collaborations with partner agencies and examination of service equity data.

### Program Summary

**ISSUE:** IDSD is the Community Developmental Disability Program (CDDP) for Multnomah County. This is a Medicaid authority status conferred by the state. The IDSD Administration team provides oversight of staff, quality assurance, and system improvement. This is necessary for the CDDP. The goals of the team are to maximize client services and provide leadership to the division.

**PROGRAM GOALS:** This team implements business strategies related to system improvement and staff support. These strategies increase the delivery and accessibility of quality services. Improved services increase quality of life for individuals with intellectual and developmental disabilities. The goals of the Administration team include the following. First, optimize service capacity through staff development and retention. This demonstrates public stewardship and accountability. Second, deliver quality, timely, culturally appropriate and Medicaid compliant services. These services support the health, safety, independence and inclusion of clients. Third, improve policies and remove barriers to access by advocating for clients. Finally, increase resources for clients through collaborative partnerships.

**PROGRAM ACTIVITY:** The four goals outlined above correspond to four general areas of activity. These areas are: coordination, quality, advocacy, and collaboration. Coordination efforts include staff development, office management, service database updates, and workflow innovations. Quality efforts include the creation of a strategic plan, metrics, and dashboards. Data informs business improvements to reduce service inequities experienced by historically marginalized clients. Quality efforts also include the monitoring of the state inter-agency agreement. The team maintains quality assurance, and integrates customer feedback into practice. Advocacy includes continuous dialogue with state and local agencies to reduce service barriers. Collaboration efforts include work with a variety of community-based and culturally specific organizations. These collaborations increase access to equitable and inclusive service.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of client records audited annually for Medicaid compliance. <sup>1</sup>	180	360	360	360
Outcome	Percent of federally-funded plan waivers in compliance for re-authorization. <sup>2</sup>	58%	75%	75%	75%
Outcome	Percent of survey respondents satisfied with the services they receive.	87%	90%	90%	90%

### Performance Measures Descriptions

<sup>1</sup>Staff on leave led to a lower number of audited records in FY21.

<sup>2</sup>Staff turnover led to a lower percentage of waiver compliance in FY21.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$162,575	\$2,062,020	\$898,117	\$2,026,272
Contractual Services	\$462,430	\$0	\$282,592	\$0
Materials & Supplies	\$31,169	\$57,063	\$152,723	\$22,577
Internal Services	\$22,177	\$677,884	\$85,091	\$572,508
<b>Total GF/non-GF</b>	<b>\$678,351</b>	<b>\$2,796,967</b>	<b>\$1,418,523</b>	<b>\$2,621,357</b>
<b>Program Total:</b>	<b>\$3,475,318</b>		<b>\$4,039,880</b>	
<b>Program FTE</b>	1.00	17.00	7.50	16.50

Program Revenues				
Intergovernmental	\$0	\$2,796,967	\$0	\$2,621,357
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,796,967</b>	<b>\$0</b>	<b>\$2,621,357</b>

Explanation of Revenues

This program generates \$284,490 in indirect revenues.  
 \$2,621,357 - State Mental Health Grant Case Management

Significant Program Changes

Last Year this program was: FY 2022: 25010 IDSD Administration & Support

In FY 2023, this program increases by 6.00 FTE. During FY 2022, 3.00 FTE were added as part of the Federal/State midyear rebalance. In FY 2023, 1.00 FTE Office Assistant Senior, 1.00 FTE Program Specialist, and 1.00 FTE Case Manager Senior are added.

**Department:** County Human Services

**Program Contact:** Alexis Alberti

**Program Offer Type:** Support

**Program Offer Stage:** As Adopted

**Related Programs:** 30407A

**Program Characteristics:**
**Executive Summary**

The Budget and Operations team maintains regulatory compliance for mandated functions. These functions support quality of life for individuals with intellectual and developmental disabilities. This team provides service choice. These services help clients live independent and healthy lives in the community. This team increases the capacity, delivery, and payment of client in-home support. It does the same for residential placements and employment opportunities. This team also responds to changes in State service requirements, and maximizes revenue. This team uses targeted universalism. It uses this approach to equitably support service providers from historically underserved communities. For example, the team prioritizes technical support to providers who speak a primary language other than English.

**Program Summary**

**ISSUE:** IDSD Budget and Operations must meet the increasing demand for services. The number of clients and State service requirements constantly increase and change. The unit ensures that quality business and staffing practices are adaptable to change.

**PROGRAM GOALS:** The goals of Budget and Operations include the following. First, increase the capacity of community-based residential, personal support and employment providers. Do this by ensuring timely contracting, training, certification and payment. Second, increase equitable access to services. Do this by processing service requests based on client choice and needs. This includes financial support for emergency and long-term housing. Also, ensuring BIPOC clients have equitable access to housing funds. Third, implement policies, procedures, and training to maintain regulatory compliance. This includes compliance with County, State and Federal requirements. Finally, ensure the fiscal accountability through budgeting and revenue tracking.

**PROGRAM ACTIVITY:** The four goals outlined above correspond to four general areas of activity. These areas are: capacity, access, compliance, and budgeting. Capacity efforts increase the network of residential, employment, and direct service providers. These efforts include technical support, timesheet approval, credentialing, certification, recruitment, training, and contracts. There is also a partnership with the Adult Care Home Program to expand the number of certified homes for clients. Access efforts include the administration of funded services. These services include housing stability, 24-hour residential care, supported living, and in-home support. Targeted case management is also verified and tracked. Compliance efforts include the determination and administration of regulatory requirements. Administration of these requirements requires provider service agreements, public procurement, and administrative procedures. Finally, budgeting efforts include budget review, report and approval. This team works to settle contracts with the State. It also tracks budget costs for employees and client services.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of direct service provider timesheets processed annually for clients receiving in-home services. <sup>1</sup>	24,747	35,000	25,500	35,000
Outcome	Percent of clients referred who are accepted into an employment setting.	83%	90%	80%	90%
Outcome	Percent of provider payment lines authorized and built in state billing system within 10 business days.	58%	60%	70%	70%
Outcome	Percent of clients who are stably housed 12 months after receiving housing funds. <sup>2</sup>	90%	90%	90%	90%

**Performance Measures Descriptions**

<sup>1</sup>Fewer direct service providers have been working due to the pandemic, which resulted in a lower FY21 actual and FY22 estimate.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$257,539	\$3,506,609	\$274,915	\$4,276,654
Contractual Services	\$342,461	\$586,400	\$162,621	\$731,543
Materials & Supplies	\$3,440	\$49,879	\$3,149	\$47,876
Internal Services	\$44,357	\$1,154,791	\$27,722	\$1,241,387
<b>Total GF/non-GF</b>	<b>\$647,797</b>	<b>\$5,297,679</b>	<b>\$468,407</b>	<b>\$6,297,460</b>
<b>Program Total:</b>	<b>\$5,945,476</b>		<b>\$6,765,867</b>	
<b>Program FTE</b>	2.00	29.00	2.00	36.00

Program Revenues				
Intergovernmental	\$0	\$5,297,679	\$0	\$6,297,460
<b>Total Revenue</b>	<b>\$0</b>	<b>\$5,297,679</b>	<b>\$0</b>	<b>\$6,297,460</b>

Explanation of Revenues

This program generates \$600,442 in indirect revenues.  
 \$4,544,624 - State Mental Health Grant Case Management; \$1,021,293 - State Mental Health Grant Local Admin; \$202,500 - State Mental Health Grant Self Directed Individual/Family; \$180,000 - State Mental Health Grant Long Term Support for Children; \$100,000 - State Mental Health Grant Family Support Services; \$81,781 - HAP Housing Program; \$65,262 - Partners for Hunger-Free Oregon; \$50,000 - State Mental Health Grant Special Projects; \$42,000 - State Mental Health Grant Ancillary Service; \$10,000 - State Mental Health Grant Room and Board State General Fund.

Significant Program Changes

Last Year this program was: FY 2022: 25011 IDSD Budget and Operations

In FY 2023, revenue from the State Mental Health Grant increased by \$820k and 6.00 FTE. This funding was added during FY 2022 as part of the midyear Federal/State rebalance (SUPP02-DCHS-002-22). During FY 2022, 5.00 FTE were added with this funding, and in FY 2023 an additional 1.00 FTE Program Specialist is added with this funding.

In addition, 1.00 FTE Program Specialist is added in FY 2023 that is funded by the Supportive Housing Services Measure funding in the Joint Office of Homeless Services. See program 30407A for the associated costs and program information.

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

### Executive Summary

The IDDSD Adult Services team supports quality of life for individuals with intellectual and developmental disabilities. Cerebral palsy, autism, and intellectual disability are examples of intellectual and developmental disabilities. These are disabilities that a person is born with, or that develop during childhood. They usually continue over the lifetime. The Adult Services team supports personal development, social inclusion, health, safety, and self-determination. This team provides service coordination, monitoring, support plans, needs assessments, and risk assessments. The team also supports individuals with connections to resources. All services are inclusive, culturally specific and culturally responsive. They support clients to make informed decisions based on their goals.

### Program Summary

**ISSUE:** Adult Services address the need for home and community based long-term support. Our system has ended expensive and isolating institutional care. Instead, Adult Services help people maintain their independence, health, and safety. They also help people live and work within the community.

**PROGRAM GOALS:** Adult services operate in eight domains that support quality of life. These domains include: emotional, material, and physical well-being, interpersonal relations, social inclusion, personal development, self-determination, and rights. The goals of Adult Services are aligned with these domains. The goals include the following. First, assist individuals in accessing a living situation of their choice. Second, provide planning and supports that increase client achievement of personal goals. Third, support clients in connecting to and using both funded and natural supports. Fourth, maintain and improve the health and safety of clients. Fifth, increase the life choices available to clients. Sixth, optimize client involvement in education, employment, and purposive activity. Adult services center the cultural and linguistic needs of clients. This increases service equity and improves client outcomes.

**PROGRAM ACTIVITY:** The goals outlined above correspond to five areas of activity. These areas include assessment, connection, service coordination, monitoring, and documentation. Assessment efforts include needs assessments to determine service levels and categories. Connection efforts link clients to education, employment and residential resources, including affordable housing. Connections are also made to social activities. Service coordination efforts include ongoing person-centered planning. This planning identifies interests, strengths, choices, goals, and a path to goal achievement. These are recorded in an Individual Support Plan. Adult Service coordinators with KSA designation provide culturally and linguistically specific support. These staff serve 41% of adult clients who have a language support need. Monitoring efforts include regular monitoring of service providers. This ensures the health and safety of clients. Monitoring efforts also include partnerships with Community Justice, Mental Health and Addiction Services, Vocational Rehabilitation, and Crisis Services. Finally, staff document all service and client data in state and county databases. Documentation is a Medicaid requirement.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of adults served each month. <sup>1</sup>	2,116	2,150	2,200	2,250
Outcome	Number of monitoring contacts for adults.	37,083	35,000	35,000	36,000
Outcome	Percent of adult survey respondents who report that they like where they live.	89%	91%	90%	90%

### Performance Measures Descriptions

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$960,315	\$4,799,517	\$1,316,936	\$5,849,694
Contractual Services	\$10,000	\$0	\$10,000	\$0
Materials & Supplies	\$15,480	\$86,744	\$31,647	\$83,599
Internal Services	\$184,355	\$1,607,699	\$77,469	\$1,740,068
<b>Total GF/non-GF</b>	<b>\$1,170,150</b>	<b>\$6,493,960</b>	<b>\$1,436,052</b>	<b>\$7,673,361</b>
<b>Program Total:</b>	<b>\$7,664,110</b>		<b>\$9,109,413</b>	
<b>Program FTE</b>	9.00	40.80	12.00	49.00

Program Revenues				
Intergovernmental	\$0	\$6,493,960	\$0	\$7,673,361
<b>Total Revenue</b>	<b>\$0</b>	<b>\$6,493,960</b>	<b>\$0</b>	<b>\$7,673,361</b>

Explanation of Revenues

This program generates \$821,297 in indirect revenues.  
 \$7,656,793 - State Mental Health Grant Case Management  
 \$16,568 - State Mental Health Grant Psychiatric Treatment and Supervision

Significant Program Changes

Last Year this program was: FY 2022: 25012 IDSD Services for Adults

In FY 2023, revenue from the State Mental Health Grant increased by \$1.4 million and 11.20 FTE. This funding was added during FY 2022 as part of the midyear Federal/State rebalance (SUPP02-DCHS-002-22). During FY 2022, 7.00 FTE were added with this funding, and in FY 2023 an additional 4.20 FTE Case Manager 2 are added.

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

### Executive Summary

The IDSD Child and Young Adult Services team supports quality of life for individuals with intellectual and developmental disabilities. Cerebral palsy, autism, and intellectual disability are examples of intellectual and developmental disabilities. These are disabilities that a person is born with, or that develop during childhood. They usually continue over the lifetime. The team supports self-determination, personal development, social inclusion, health, and safety. They provide service coordination, monitoring, individual support plans, and needs assessments. They connect families to resources that support child development. The team also supports the transition from child to adult services. All services center the linguistic and cultural needs of the client and family. They support clients to make informed decisions.

### Program Summary

**ISSUE:** Child and Young Adult Services address the need for home and community based long-term support. These services help children and youth develop secure caregiver attachments. They help families maintain independence, health, and safety within the community. Services are provided in the family home, foster homes, and group homes.

**PROGRAM GOALS:** Eight quality of life domains guide the implementation of services. These domains include emotional, material, and physical well-being, interpersonal relations, social inclusion, personal development, self-determination, and rights. The goals of Child and Young Adult Services align with these domains. They include the following. First, identify the best housing option for each client. The focus is to keep children in a stable, long term placement. Second, provide planning and supports that optimize child development. This includes the transition from child to adult services. Third, support clients and families in connecting to funded and natural supports. Fourth, support the health and safety of clients through service access and monitoring. Fifth, optimize client involvement in education and employment. Finally, center the cultural and linguistic needs of clients and families. This increases service equity and improves client outcomes.

**PROGRAM ACTIVITY:** The goals outlined above correspond to five areas of activity. These areas include assessment, connection, service coordination, monitoring, and documentation. Assessments are conducted to determine levels and categories of service. Connection efforts link clients and families to community, educational, employment, and developmental resources. Service coordinators engage the client in person-centered planning. This helps the client identify choices and goals. It results in an Individual Support Plan that outlines a path to goal achievement. For young adults, this may include a plan to transition to independence. Service coordinators with KSA designation provide culturally and linguistically specific support. These service coordinators serve 37% of child and young adult clients. Monitoring is conducted for all Medicaid services. This ensures the health and safety of clients. Monitoring efforts also include collaborations with ODHS, ODDS, Behavioral Health, and emergency response services. Finally, staff document all service and client data in state and county databases. Documentation is a Medicaid requirement.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of children (birth - 17) served each month.	2,054	2,300	2,150	2,300
Outcome	Percent of children retained in the family home.	93%	90%	94%	90%
Output	Number of young adults (aged 18-21) served each month.	580	560	600	600
Outcome	Number of monitoring contacts for children and young adults. <sup>1</sup>	25,637	30,000	25,000	25,000

### Performance Measures Descriptions

<sup>1</sup>Lower than expected monitoring contacts are the result of staff turnover and pandemic barriers to monitoring.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$964,400	\$4,947,217	\$1,126,431	\$6,067,072
Contractual Services	\$25,000	\$0	\$25,000	\$0
Materials & Supplies	\$15,483	\$75,678	\$28,091	\$71,133
Internal Services	\$187,038	\$1,710,221	\$69,557	\$1,822,954
<b>Total GF/non-GF</b>	<b>\$1,191,921</b>	<b>\$6,733,116</b>	<b>\$1,249,079</b>	<b>\$7,961,159</b>
<b>Program Total:</b>	<b>\$7,925,037</b>		<b>\$9,210,238</b>	
<b>Program FTE</b>	9.00	44.00	10.00	52.00

Program Revenues				
Intergovernmental	\$0	\$6,733,116	\$0	\$7,961,159
<b>Total Revenue</b>	<b>\$0</b>	<b>\$6,733,116</b>	<b>\$0</b>	<b>\$7,961,159</b>

Explanation of Revenues

This program generates \$851,817 in indirect revenues.  
 \$7,961,159 - State Mental Health Grant Case Management

Significant Program Changes

**Last Year this program was:** FY 2022: 25013 IDSD Services for Children and Young Adults

In FY 2023, revenue from the State Mental Health Grant increased by \$1.3 million and 9.00 FTE. This funding was added during FY 2022 as part of the midyear Federal/State rebalance (SUPP02-DCHS-002-22). During FY 2022, 6.00 FTE were added with this funding, and in FY 2023 an additional 3.00 FTE Case Manager 2 are added.

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

### Executive Summary

The IDSD Abuse Investigation team provides abuse investigation and coordinates protective services. This increases the quality of life for individuals with intellectual and developmental disabilities. These services ensure the health and safety of clients. They also support client rights and access to criminal justice protections. The team delivers timely, equitable, person centered, and responsive services. The team strives to be collaborative. Abuse reporting had decreased during the beginning of the COVID pandemic. They have now returned to normal.

### Program Summary

**ISSUE:** The Abuse Investigation team protects the health, safety, and rights of individuals who are at increased risk for exploitation and abuse due to their intellectual or developmental disability.

**PROGRAM GOALS:** The Abuse Investigation team addresses four domains identified by the research on quality of life for individuals with intellectual and developmental disabilities. These include emotional, material, and physical well-being, and rights. The goals of the team include the following. First, increase access to services and criminal justice protections. Do this through a process that centers clients' needs related to language, culture, race, health status, and financial situation. Second, increase and maintain client health and safety through safety plans. Third, improve service delivery by partnering with local, state and federal agencies. Finally, prevent further abuse through protective service action plans.

**PROGRAM ACTIVITY:** The goals outlined above correspond to three general areas of activity. These include access, collaboration, and prevention. In the area of access, investigators are responsible for ensuring that safety plans are in place. This increases client access to direct supports for health and safety needs. Additional responsibilities related to access include the review, screening, and investigation of allegations. These may be related to the death, alleged abuse, neglect, or exploitation of clients. Investigators use an equity lens to examine potential bias throughout this process. These services are conducted under the oversight of the State Department of Human Services Office of Training, Investigation, and Safety. They include investigations of care and non-care providers. Collaboration efforts include working relationships with local, state, and federal law enforcement agencies. Collaborations also occur with community partners. The team participates in the District Attorney's Multi-Disciplinary Team, the DD Advisory Committee, The Inter-Agency Committee for Abuse Prevention, the Serious Incident Review Team, and the Critical Case Review Committee. This committee identifies safe options for high-risk clients experiencing complex situations. Prevention efforts include technical assistance and follow-up for protective services. This is also provided for recommended action plans. These services ensure compliance with Oregon Administrative Rules and statutes. They reduce the risk of abuse, neglect, and exploitation of clients.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of investigations closed. <sup>1</sup>	172	190	120	190
Outcome	Percent of abuse referrals screened within 3 working days. <sup>2</sup>	65%	90%	70%	90%
Outcome	Percent of recommended actions completed. <sup>3</sup>	100%	100%	100%	N/A

### Performance Measures Descriptions

<sup>1</sup> Staff attrition led to a backlog of cases to be closed. Received an increase in funding to hire 9 new investigators in FY22.

<sup>2</sup> Measure performance dipped due to staff turnover and ongoing staff leave.

<sup>3</sup> Measure will be retired in FY23 due to consistent completion at 100%.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$520,121	\$1,275,469	\$0	\$3,143,626
Contractual Services	\$0	\$1,000	\$0	\$1,000
Materials & Supplies	\$7,738	\$18,058	\$2,058	\$34,421
Internal Services	\$99,805	\$418,966	\$719	\$985,613
<b>Total GF/non-GF</b>	<b>\$627,664</b>	<b>\$1,713,493</b>	<b>\$2,777</b>	<b>\$4,164,660</b>
<b>Program Total:</b>	<b>\$2,341,157</b>		<b>\$4,167,437</b>	
<b>Program FTE</b>	4.50	10.50	0.00	26.00

Program Revenues				
Intergovernmental	\$0	\$1,713,493	\$0	\$4,164,660
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,713,493</b>	<b>\$0</b>	<b>\$4,164,660</b>

Explanation of Revenues

This program generates \$441,365 in indirect revenues.  
 \$3,663,982 - State Mental Health Grant Abuse Investigation Services  
 \$500,678 - State Mental Health Grant Case Management

Significant Program Changes

Last Year this program was: FY 2022: 25014 IDSD Abuse Investigations

In FY 2023, revenue from the State Mental Health Grant increased by \$2.4 million and 11.00 FTE. This funding was added during FY 2022 as part of the midyear Federal/State rebalance (refer Supplemental Budget # 2). During FY 2022, 10.00 FTE were added with this funding, and in FY 2023 an additional 1.00 FTE Human Services Investigator is added.

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

**Executive Summary**

The Eligibility and Intake Services team provides the entryway to IDSD services. They increase equitable access to resources. These resources support quality of life for individuals with intellectual and developmental disabilities. Entryway services emphasize awareness, access, choice, and community inclusion. The team follows State and Federal rules. They ensure that eligibility and intake services are self-directed and inclusive. They provide services that are culturally and linguistically responsive. They support clients to make informed decisions based on their goals.

**Program Summary**

**ISSUE:** There is a need for increased awareness and understanding of IDSD services. The Eligibility and Intake Services team addresses this need. They provide help with navigating the application and eligibility processes for services. They support both children and adults.

**PROGRAM GOALS:** The Eligibility and Intake Services team increases service access and supports quality of life. It provides opportunities for individuals to choose activities, supports and living arrangements. This team is the point of entry to all IDSD vocational, residential, case management, and in-home services. The goals of this team include the following. First, increase the public's understanding of available services and eligibility requirements. Second, increase the connection of individuals to community resources. Third, provide direct, trauma-informed application support. This support centers the linguistic, cultural, emotional, and economic needs of the applicant. Finally, increase access to funded services by determining eligibility and enrolling clients. This is done according to State regulatory requirements.

**PROGRAM ACTIVITY:** The four goals outlined above correspond to three general areas of activity. These areas are: awareness, equitable access, and connection. Awareness efforts include community outreach. This outreach increases understanding of IDSD services and processes. It results in referrals from community partners, such as schools, medical providers, and parent networks. All referrals are followed up with service information. Equitable access efforts include contacting the potential client in their primary language. The team meets with the potential client at a location convenient for them. Supports include application assistance, initial needs assessment, service information, and eligibility determination. Once eligible, clients are paired with a Service Coordinator or referred to a brokerage. Brokerages are alternative non-County case management systems. Bilingual staff support Spanish speaking applicants. A new Clinical Services Specialist will specifically outreach to the African American community. Applicants are contacted in their preferred language regarding the outcome of their eligibility determination. Connection efforts include connecting potential clients to agencies providing additional resources, such as health insurance, social security benefits, early intervention, or housing support.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of intake eligibility referrals.	1,037	1,100	1,220	1,100
Outcome	Percent of referrals made eligible for DD services.	81%	76%	82%	80%
Output	Number of 90-day extension requests submitted to the State. <sup>1</sup>	304	N/A	N/A	N/A
Outcome	Percent of intake appointments conducted in the primary language of the applicant.	100%	90%	100%	100%

**Performance Measures Descriptions**

<sup>1</sup>Removing this measure for FY 2022, as a permanent OA2 position was hired in FY 2020, and 90-day extension requests are no longer increasing substantially.

**Revenue/Expense Detail**

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$1,360,149	\$0	\$1,768,444
Contractual Services	\$10,000	\$0	\$10,000	\$0
Materials & Supplies	\$0	\$18,920	\$7,000	\$19,155
Internal Services	\$0	\$455,097	\$2,876	\$531,790
<b>Total GF/non-GF</b>	<b>\$10,000</b>	<b>\$1,834,166</b>	<b>\$19,876</b>	<b>\$2,319,389</b>
<b>Program Total:</b>	<b>\$1,844,166</b>		<b>\$2,339,265</b>	
<b>Program FTE</b>	0.00	11.00	0.00	14.00

Program Revenues				
Intergovernmental	\$0	\$1,834,166	\$0	\$2,319,389
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,834,166</b>	<b>\$0</b>	<b>\$2,319,389</b>

**Explanation of Revenues**

This program generates \$248,289 in indirect revenues.  
 \$1,618,083 - State Mental Health Grant Local Admin  
 \$701,306 - State Mental Health Grant Case Management

**Significant Program Changes**

**Last Year this program was:** FY 2022: 25016 IDDSD Eligibility & Intake Services

In FY 2023, this program increases by 3.00 FTE. These FTE were added during FY 2022 as part of the Federal/State midyear rebalance (SUPP02-DCHS-002-22).

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

**Executive Summary**

The Adult Care Home Program (ACHP) licenses and monitors adult care homes. It provides equitable access to adult care homes. ACHP licenses homes to ensure compliance with rules and regulations. Adult care homes are single-family homes in residential neighborhoods. They house and care for up to five adults in a homelike environment. Adult care homes serve people with intellectual, physical and developmental disabilities, older adults, and mental health populations.

**Program Summary**

**ISSUE:** The State values the goal of reducing Medicaid cost and increasing choice. The State works to invest more Medicaid dollars in community settings. These settings are less costly than nursing facilities. Adult care homes are single-family homes in residential neighborhoods. They house and care for up to five adults in a homelike environment. These homes are a key alternative to nursing facilities. Multnomah county has most of the nursing facilities in the state.

**PROGRAM GOAL:** The program regulates adult care homes. It ensures residents receive appropriate, person-directed, culturally specific, and safe services. A State exemption allows ACHP to create local licensing regulations. These regulations are the Multnomah County Administrative Rules (MCARs). The local regulations meet or exceed State requirements for adult care homes. They ensure the highest quality and safety for residents.

**PROGRAM ACTIVITY:** The ACHP receives, reviews, and approves license applications. The program monitors licenses for adult care homes. Licensing includes background checks and role approvals for staff. Licensing also monitors home and operator compliance with MCARs. ACHP provides technical help and training for operators and staff. In-person inspections monitor resident personal care, socialization, and nutrition. Inspections check physical safety, nursing care, and medication management. In FY21, to follow COVID-19 related restrictions, the program reduced in-person licensing visits. Essential visits to address health and safety concerns were still conducted. Noncompliance with licensing requirements results in progressive corrective action. Actions are based on the frequency, severity, and seriousness of harm. Corrective actions range from technical help to license sanctions or home closure. ACHP has a quality improvement process to ensure efficiency, data quality, and program outcomes.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of licensed homes <sup>1</sup>	N/A	N/A	N/A	640
Outcome	Percent of adult care homes that were licensed accurately and timely based on ACHP audit findings	89%	80%	85%	85%
Outcome	Percent of adult care home residents satisfied with services received in adult care homes	94%	94%	90%	90%
Outcome	Average Medicaid cost savings for adult care home residents compared to nursing facility placement <sup>2</sup>	52% <sup>3</sup>	49%	51%	50%

**Performance Measures Descriptions**

<sup>1</sup>Due to operational changes related to COVID 19 restrictions as well as limits to the database to account for these changes, the data is not available. <sup>2</sup>Resident satisfaction survey FY20. <sup>3</sup>Average monthly Medicaid cost of services for the program population in an adult care home is \$4,863. This is 51% less than the \$10,078 average Medicaid cost for a nursing facility placement. <sup>4</sup>Rate decrease due to rising costs of ACHs.

## Legal / Contractual Obligation

Multnomah County has a contract with the Oregon Department of Human Services to administer the licensing, monitoring, and training functions of Adult Care Homes. The Board of County Commissioners passed Multnomah County Resolution §23.66 - §223.999 establishing the Adult Care Home Program.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$49,641	\$2,432,399	\$81,396	\$3,984,462
Contractual Services	\$176,080	\$579,830	\$391,694	\$443,935
Materials & Supplies	\$13,000	\$19,600	\$13,059	\$22,458
Internal Services	\$31,824	\$815,271	\$10,969	\$1,321,425
<b>Total GF/non-GF</b>	<b>\$270,545</b>	<b>\$3,847,100</b>	<b>\$497,118</b>	<b>\$5,772,280</b>
<b>Program Total:</b>	<b>\$4,117,645</b>		<b>\$6,269,398</b>	
<b>Program FTE</b>	0.42	20.58	0.64	31.36

Program Revenues				
Fees, Permits & Charges	\$0	\$15,400	\$0	\$268,935
Intergovernmental	\$0	\$3,292,270	\$0	\$5,503,345
Beginning Working Capital	\$0	\$200,000	\$0	\$0
Service Charges	\$0	\$339,430	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$3,847,100</b>	<b>\$0</b>	<b>\$5,772,280</b>

## Explanation of Revenues

This program generates \$559,417 in indirect revenues.  
 \$5,503,345 – Title XIX  
 \$224,895 – Adult Care Home Program License Fees  
 \$31,590 – Adult Care Home Program Other Fees  
 \$12,450 – Adult Care Home Program Fines

## Significant Program Changes

**Last Year this program was:** FY 2022: 25022 ADVSD Adult Care Home Program

In FY 2023, this program increases by \$2.1 million and 11.00 FTE. These FTE and \$1.5 million in Title XIX funds were added during FY 2022 as part of the Federal/State midyear rebalance (SUPP02-DCHS-001-22).

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

**Executive Summary**

Long Term Services and Supports (LTSS) supports independence and quality of life. The program provides equitable and culturally appropriate access to services. It does this by providing resources and case management. The program supports living in the community and avoiding nursing facility care. LTSS provides access to publicly-funded benefits for older adults and people with disabilities.

**Program Summary**

**ISSUE:** Older adults living below the poverty level and those with physical disability, behavioral health need, or developmental disability can face health and safety risks. Often they are vulnerable and with complex social, daily living, and medical needs. They benefit from early intervention and effective management of their care needs.

**PROGRAM GOAL:** LTSS case management advocates and supports safe, healthy, and independent living in the community. These goals help prevent or cut costly nursing facility placement, hospitalization and readmission. The program prioritizes home and community-based services. Multnomah county has more people living in community-based settings than the national average.

**PROGRAM ACTIVITY:** LTSS provides two Medicaid case management programs— service and eligibility. Service case management uses a person-centered approach to assess needs. The case manager and participant create a plan for their needs. Those receiving service case management meet State guidelines for nursing facility level care. Service case managers also authorize, coordinate, and monitor these services. At any moment, there are about 9,115 participants receiving service case management.

Eligibility case management participants meet financial guidelines. However, they do not meet guidelines for nursing facility level care. They enroll in programs meeting basic health, financial, and nutritional needs. Programs used include the Oregon Health Plan, Medicaid, and the Supplemental Nutrition Assistance Program (SNAP). They may also receive counseling to help choose managed care and Medicare Part D plans. At any time, there are about 34,800 participants receiving eligibility case management.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of participants served in LTSS programs	48,777 <sup>1</sup>	50,000	48,777	50,000
Outcome	Percent of nursing facility eligible participants who are living in the community	88%	88%	88%	88%
Output	Number of participants receiving Medicaid service case management	11,212	11,300	11,300	11,300

**Performance Measures Descriptions**

<sup>1</sup>Estimated based on enrollment from Jul 2020 - Jan 2021. The conversion to the ONE system in Feb 2021 resulted in a lack of access to medical benefit and MSP case data. Previous measure: "Percent of participants who felt listened to by LTSS staff" Available data is unreportable for this measure.

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$30,833,507	\$0	\$34,448,328
Contractual Services	\$2,966,434	\$330,900	\$3,203,964	\$256,423
Materials & Supplies	\$0	\$450,401	\$0	\$477,897
Internal Services	\$0	\$10,461,987	\$0	\$10,867,165
<b>Total GF/non-GF</b>	<b>\$2,966,434</b>	<b>\$42,076,795</b>	<b>\$3,203,964</b>	<b>\$46,049,813</b>
<b>Program Total:</b>	<b>\$45,043,229</b>		<b>\$49,253,777</b>	
<b>Program FTE</b>	0.00	288.80	0.00	312.80

Program Revenues				
Intergovernmental	\$0	\$41,439,576	\$0	\$45,175,421
Other / Miscellaneous	\$0	\$637,219	\$0	\$874,392
<b>Total Revenue</b>	<b>\$0</b>	<b>\$42,076,795</b>	<b>\$0</b>	<b>\$46,049,813</b>

## Explanation of Revenues

This program generates \$4,836,546 in indirect revenues.

\$45,016,181 - Title XIX

\$282,954 - Providence Medical Center

\$275,425 - OHSU

\$159,240 - State of OR Change Leader

\$158,558 - Emanuel Hospital

\$157,455 - Kaiser Foundation Hospitals

## Significant Program Changes

**Last Year this program was:** FY 2022: 25023 ADVSD Long Term Services & Supports (Medicaid)

In FY 2023, this program increases by \$4.2 million and 23.00 FTE. These FTE and \$3.9 million in Title XIX funds were added during FY 2022 as part of the Federal/State midyear rebalance (SUPP02-DCHS-001-22).

In FY 2023, added 1.00 FTE Program Specialist Senior funded by State of Oregon Change Leader funds.

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

### Executive Summary

The Adult Protective Services Program (APS) helps to improve the quality of life for vulnerable older adults and people with disabilities. APS protects against abuse through quick and equitable access to quality services. APS investigates abuse and self-neglect of older adults and people with disabilities with the goal of ending abuse and neglect and holding perpetrators responsible.

### Program Summary

**ISSUE:** Older adults and people with disabilities can be at risk of abuse, financial exploitation, neglect, and self-neglect for many reasons. About one in nine vulnerable adults is the victim of abuse at some time during their life.

**PROGRAM GOAL:** The goal of the Adult Protective Services Program is to protect vulnerable adults from abuse and self-neglect. APS helps the department towards ending abuse and neglect and holding perpetrators responsible. APS also works to balance the safety and independence of vulnerable adults. Finally, APS provides community education on abuse, neglect and exploitation.

**PROGRAM ACTIVITY:** APS investigates abuse and self-neglect of older adults and people with disabilities. Forty-three APS investigators review the incidents of abuse. Some investigators serve people living in the community. Other investigators serve people living in long-term care facilities. APS staff connect vulnerable adults to resources like healthcare, housing, and advocacy agencies. The APS team includes clinical services specialists, investigators, risk case managers, and screeners. APS works with law enforcement and the District Attorney's Office to prosecute offenders. Many different agencies work together in monthly meetings to discuss criminal cases. The APS risk case managers provide longer-term follow up for people facing threats to their health or safety. Risk case management services last for up to a year. The risk case managers reduce risk by connecting people to the right agencies and setting up needed services.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of Adult Protective Service intakes	9,038	9,000	9,000	9,000
Outcome	Percent of investigations with timely response	99%	97%	98%	98%
Output	Number of Adult Protective Service investigations completed	2,887	2,500	2,500	2,800
Outcome	Re-abuse rate for individuals involved with APS	2%	4%	4%	3%

### Performance Measures Descriptions

## Legal / Contractual Obligation

Adult Protective Services is a mandated service by Oregon Administrative Rules. Multnomah County acts as the designated Area Agency on Aging and is required to perform this function under contract with the Oregon Department of Human Services.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$49,281	\$5,171,791	\$51,708	\$7,248,244
Contractual Services	\$463,951	\$5,000	\$666,805	\$5,000
Materials & Supplies	\$0	\$63,001	\$32	\$68,228
Internal Services	\$4,325	\$1,623,045	\$4,278	\$2,047,233
<b>Total GF/non-GF</b>	<b>\$517,557</b>	<b>\$6,862,837</b>	<b>\$722,823</b>	<b>\$9,368,705</b>
<b>Program Total:</b>	<b>\$7,380,394</b>		<b>\$10,091,528</b>	
<b>Program FTE</b>	0.35	41.00	0.35	57.00

Program Revenues				
Intergovernmental	\$0	\$6,862,837	\$0	\$9,368,705
<b>Total Revenue</b>	<b>\$0</b>	<b>\$6,862,837</b>	<b>\$0</b>	<b>\$9,368,705</b>

## Explanation of Revenues

This program generates \$1,017,654 in indirect revenues.  
\$9,368,705 – Title XIX

## Significant Program Changes

**Last Year this program was:** FY 2022: 25024 ADVSD Adult Protective Services

In FY 2023, this program increases by \$2.7 million and 16.00 FTE. These FTE and \$2.2 million in Title XIX funds were added during FY 2022 as part of the Federal/State midyear rebalance (SUPP02-DCHS-001-22).

**Department:** County Human Services

**Program Contact:** Erin Grahek

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

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

### Executive Summary

The County Veterans Services Office (VSO) ensures equitable and efficient access to services and programs. The VSO supports anyone who served on active duty with the U.S. Armed Forces and their families. The VSO helps Veterans and dependents to get pension, disability, and health benefits through the Federal Veterans' Administration.

### Program Summary

**ISSUE:** Accessing Federal Veterans' benefits is complex. The wait time to get a decision can be long — delaying access to needed benefits.

**PROGRAM GOAL:** The VSO goals are to provide information, help, and advocacy to improve their access to a pension, disability, and health benefits. The VSO leverages strong community partnerships to increase community referrals for underrepresented Veterans.

**PROGRAM ACTIVITY:** The Oregon Department of Veterans Affairs trains and accredits Veterans services officers. They know applicable Federal and State laws to provide the best representation possible — free of charge. The office provides comprehensive Veterans Administration (VA) benefits counseling and enrollment. The VSO submits claims for VA compensation and pensions, and coordinates appeals. VSO does outreach to Veterans involved with the justice system. ADVSD leads the County's Veterans Services Task Force to strengthen the network of community partners. The VSO is a supporting partner in "A Home for Everyone." This program works to end chronic homelessness for Veterans. It also participates in the "By Name List" registry for Veterans who are homeless or at risk of homelessness. Veteran services officers help Veterans to navigate the claims process. This program promotes fair access to underrepresented communities. The VSO uses intentional and targeted outreach to LGBTQ, women, and BIPOC Veterans. At any given moment, the VSO serves over 9,000 Veterans in the county. In FY 2021, the VSO provided over 4,300 telephone and email screenings. These screenings provided information and referral, and scheduled appointments.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of service contacts held by Veterans Services Officers <sup>1</sup>	3,246 <sup>2</sup>	2,300	3,500	3,500
Outcome	New monthly compensation or pension awarded for ongoing benefit to Veterans due to VSO representation	\$978,998	\$901,421	\$980,000	\$980,000
Output	Number of claims filed for Veterans or eligible family members	582	700	700	800
Outcome	New retroactive benefits awarded to Veterans because of VSO representation in the last fiscal year	\$1,962,606	\$4,000,000	\$4,000,000	\$4,000,000

### Performance Measures Descriptions

<sup>1</sup>Reworded measure to align with data submitted to ODVA. <sup>2</sup>Last year follow-up contacts were not counted. Per ODVA guidance, all additional claim related contacts are now included.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$523,977	\$303,794	\$560,197	\$324,346
Contractual Services	\$10,000	\$0	\$10,000	\$21,560
Materials & Supplies	\$34,580	\$0	\$30,859	\$271
Internal Services	\$104,755	\$44,923	\$129,195	\$39,104
<b>Total GF/non-GF</b>	<b>\$673,312</b>	<b>\$348,717</b>	<b>\$730,251</b>	<b>\$385,281</b>
<b>Program Total:</b>	<b>\$1,022,029</b>		<b>\$1,115,532</b>	
<b>Program FTE</b>	4.91	2.84	5.06	2.94

Program Revenues				
Intergovernmental	\$0	\$348,717	\$0	\$385,281
<b>Total Revenue</b>	<b>\$0</b>	<b>\$348,717</b>	<b>\$0</b>	<b>\$385,281</b>

Explanation of Revenues

This program generates \$341 in indirect revenues.  
 \$385,281 - Oregon Department of Veteran Affairs

Significant Program Changes

Last Year this program was: FY 2022: 25025 ADVSD Veterans Services

In FY 2023, this program increases by 0.25 FTE. The FTE was added during FY 2022 as part of the Federal/State midyear rebalance (SUPP02-DCHS-001-22).

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

**Executive Summary**

The Public Guardian and Conservator Program (PGC) protects and enhances the quality of life for the most vulnerable adults. PGC supports older adults, people with disabilities, and Veterans. The program serves adults who need daily intensive assistance and support. They also need specialized housing. They are often victims of abuse, neglect, and financial exploitation. BIPOC (Black, Indigenous, and/or People of Color) communities receive culturally specific services. PGC diverts those at risk or underserved to less restrictive and costly alternatives to a public guardianship.

**Program Summary**

**ISSUE:** The vital decisions PGC makes under court authority ends or reduces:

- Victimization, emergency department and hospital admissions,
- Houselessness, protective services and law enforcement involvement,
- Involuntary civil commitments, and increased risk of premature death.

The demand for PGC services is increasing due an increasing aging population and the rising incidence of abuse and neglect. The increasing number experiencing houselessness adds to the need for this program. The COVID-19 pandemic has driven up referrals as hospital bed use remains at capacity.

**PROGRAM GOAL:** PGC provides legal protection and access to services and benefits. Client health and welfare improve by minimizing unnecessary emergency department or hospital visits. Public guardians arrange for their medical, behavioral health, and residential care. The program is essential to the department strategy to reduce financial fraud, abuse, and neglect.

**PROGRAM ACTIVITY:** Public guardians are court-appointed representatives. Clients have mental incapability, behavioral health needs, Alzheimer's, dementias or brain injury. They need daily intensive assistance and support. They also need specialized housing. The program seeks to balance the need for protection with the right to autonomy. Culturally specific services address specific needs and help reduce health disparities. Guardians create person-centered care plans. The plan addresses risks, care arrangements, and stabilizes medical and psychiatric conditions. Public guardians are available 24/7 to make necessary decisions. Guardians provide quality services while carrying higher caseloads than the state PGC standard of 25. The program provides community consultation to identify alternatives to the restrictions of guardianship. PGC educates community partners and works with adult protective services, families, law enforcement, hospitals, multi-disciplinary teams, and the court to intervene early to resolve fraud, abuse, and neglect of vulnerable adults.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of County residents with a Public Guardian/Conservator	178	185	170	185
Outcome	Percent of new high-risk PGC participants with a reduction in hospital visits within a year <sup>1</sup>	100%	95%	95%	95%
Outcome	Percent of PGC participants with properly managed assets to ensure ongoing eligibility and fraud protection	100%	100%	100%	100%
Outcome	Percent of PGC contacts diverted to a less costly and less restrictive resource	58%	40%	40%	40%

**Performance Measures Descriptions**

<sup>1</sup>Because this measure requires a 12-month service window, data for individuals newly appointed with a Guardian during FY 2021 is not yet available. The figure reported for FY 2021 Actual represents all high-risk PGC participants with a petition date during FY 2020.

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,407,083	\$0	\$1,462,223	\$0
Contractual Services	\$26,384	\$0	\$27,439	\$0
Materials & Supplies	\$30,420	\$0	\$31,428	\$0
Internal Services	\$290,487	\$0	\$285,730	\$0
<b>Total GF/non-GF</b>	<b>\$1,754,374</b>	<b>\$0</b>	<b>\$1,806,820</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,754,374</b>		<b>\$1,806,820</b>	
<b>Program FTE</b>	11.00	0.00	11.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2022: 25026 ADVSD Public Guardian/Conservator

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

**Executive Summary**

The Public Guardian and Conservator Program (PGC) protects and enhances the quality of life for the most vulnerable adults. PGC supports older adults, people with disabilities, and Veterans. The program serves adults who need daily intensive assistance and support. They also need specialized housing. They are often victims of abuse, neglect, and financial exploitation. BIPOC (Black, Indigenous, and/or People of Color) communities receive culturally specific services. PGC diverts those at risk or underserved to less restrictive and costly alternatives to a public guardianship.

**Program Summary**

**ISSUE:** The demand for PGC services is on the rise due to an increasing aging population and the rising incidence of abuse and neglect. The increasing number of individuals with diminished capacity experiencing houselessness adds to the need for this program. The COVID-19 pandemic has driven up referrals and the program has prioritized this community need as hospital bed use remains at capacity. The PGC has been significantly impacted by Covid-19 and increased demand for services by area hospitals to reduce unnecessary hospital bed use.

**PROGRAM GOAL:** PGC provides legal protection and access to services and benefits. Client health and welfare improve by minimizing unnecessary emergency department or hospital visits. Public guardians arrange for their medical, behavioral health, and residential care. The program is essential to the department strategy to reduce financial fraud, abuse, and neglect.

**PROGRAM ACTIVITY:** This program enhancement will address an emerging workload shift within the program and enhance the ability of existing staff to address the increased demand for services triggered by the Covid-19 pandemic. This position will provide subject matter expertise to IT staff in the final phase of custom database development for program clients. The position will develop reports to improve performance management, design quality assurance processes to enhance program integrity, build workflow tools to enhance service delivery, evaluate and develop fidelity measurement tools to show effective program outcome/output. This position will use knowledge of the Public Guardian program and County service partners to develop, document and recommend process improvements that center racial equity and social justice in client service delivery. Position will liaison across programs, departments and IT to build systems and processes to support Deputy Public Guardians and promote continuous quality improvement initiatives.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of process improvement workflows developed that center racial equity/social justice	N/A	N/A	N/A	3
Outcome	Increased percentage of annual program intakes due to process improvement tools	N/A	N/A	N/A	25%
Outcome	Successful completion of the PGD2 application and reporting system	N/A	N/A	N/A	1

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$161,844	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$161,844</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$161,844</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

**Executive Summary**

Quality & Business Services (QBS) provides division-wide support to ensure high-quality services. QBS helps the division advance racial equity and quality improvement. QBS ensures program and fiscal integrity and accountability. It does this through research, analysis, and evaluation of program and financial information.

**Program Summary**

**ISSUE:** Aging, Disability, and Veterans Services Division (ADVSD) serves older adults, people with disabilities, and Veterans. QBS supports the 29 programs of ADVSD. The division employs over 500 people. Because of its size the coordination between programs is important. Coordination helps provide equitable quality services and public accountability. ADVSD gathers a lot of information and data. It is important that people understand this information to improve programs.

**PROGRAM GOAL:** QBS organizes and studies the large volume of information received by ADVSD. The program makes it easier to understand and use the information. It does this by analyzing, researching, and evaluating the information. Staff examine and report on the progress of the division on racial equity. QBS helps to provide clear and transparent communication of information. QBS uses available resources to involve employees, community and agencies in decision making. Informed decisions help improve service quality. QBS collects and studies employee information and feedback. Leadership can take action to better the employee experience. The program uses its resources to improve employee satisfaction. The program ensures alignment with County and Department values.

**PROGRAM ACTIVITY:** QBS works with countywide programs that analyze information. These programs ensure the organization and maintenance of information. Creating a standard for collecting and storing information improves analysis. This standard ensures accurate comparisons between programs. The standards address issues of racial equity and dominate culture information collection methods. QBS provides administrative support to the division's over 500 employees. Monitoring equitable access to training to all employees is a responsibility of QBS. QBS dashboards help programs stay on budget. The tools created help urgent and important decision making. In 2021 Multnomah County experienced an extended heat wave. QBS helped to quickly identify ADVSD participants at high risk. Case managers could then check on the safety of their clients. New program staff will study decolonization research methods and information analysis. This will support ADVSD leading with racial equity.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of ADVSD quality improvement, program evaluation or data analytics projects completed	32	27	32	32
Outcome	Percent of ADVSD employees who identify as Black, Indigenous, and/or People of Color (BIPOC)	41%	41%	41%	41%
Outcome	Percent of ADVSD promotions that went to BIPOC employees	50%	60%	60%	60%

**Performance Measures Descriptions**

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$206,134	\$1,168,091	\$286,947	\$1,621,489
Contractual Services	\$801,740	\$215,750	\$363,654	\$2,082,018
Materials & Supplies	\$146,500	\$71,000	\$146,665	\$71,948
Internal Services	\$17,599	\$339,530	\$113,816	\$432,341
<b>Total GF/non-GF</b>	<b>\$1,171,973</b>	<b>\$1,794,371</b>	<b>\$911,082</b>	<b>\$4,207,796</b>
<b>Program Total:</b>	<b>\$2,966,344</b>		<b>\$5,118,878</b>	
<b>Program FTE</b>	1.35	7.65	1.80	10.20

Program Revenues				
Intergovernmental	\$0	\$1,792,371	\$0	\$4,205,796
Other / Miscellaneous	\$0	\$2,000	\$0	\$2,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,794,371</b>	<b>\$0</b>	<b>\$4,207,796</b>

## Explanation of Revenues

This program generates \$227,658 in indirect revenues.  
 \$4,205,796 – Title XIX  
 \$2,000 – Special Risk Fund

## Significant Program Changes

**Last Year this program was:** FY 2022: 25027 ADVSD Quality and Business Services

In FY 2023, revenue from Title XIX increased by \$2.4 million and 3.00 FTE. These 3.00 FTE and revenue were added during FY 2022 as part of the Federal/State midyear rebalance (SUPP02-DCHS-001-22).

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

**Executive Summary**

The Multi-Disciplinary Team (MDT) helps vulnerable older adults and people with disabilities with equitable access to quality services. The MDT works with mental health and nursing providers to improve safety and quality of life. The program provides a coordinated service plan to help stabilize participants and support them living in the community.

**Program Summary**

**ISSUE:** Older adults and people with disabilities may experience complex health issues. Such issues can impact their ability to live safely in the community. The public services these people rely on are often uncoordinated.

**PROGRAM GOAL:** The goal of the MDT is to help stabilize participants and support them living in the community. The MDT supports and encourages participation with mental health and medical services.

**PROGRAM ACTIVITY:** The MDT serves older adults and people with disabilities who struggle to get help. Case coordination occurs in five offices located throughout the County. Each Multi-Disciplinary Team consists of an APS clinical services specialist, a community health nurse, a contracted mental health specialist, and an APS human services investigator or case manager. Other professionals help as needed. These teams work to improve participant safety and stabilize them in their own homes.

Case managers may use the MDT to help get services for clients. The MDT may provide short-term help after an APS investigation for people with complex care plans. In Fiscal Year 2022, the MDT will develop tools to ensure equitable access to services.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of participants served by the Multi-Disciplinary Team (MDT)	585	580	580	600
Outcome	Percent of participants referred to nursing clinical supports and/or mental health services through MDT	58%	60%	60%	60%
Output	Number of MDT participants who receive mental health services	141	150	150	150

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$390,096	\$337,618	\$411,009	\$530,033
Contractual Services	\$432,544	\$160,687	\$325,482	\$160,687
Materials & Supplies	\$0	\$11,030	\$224	\$11,317
Internal Services	\$30,276	\$105,616	\$32,822	\$117,203
<b>Total GF/non-GF</b>	<b>\$852,916</b>	<b>\$614,951</b>	<b>\$769,537</b>	<b>\$819,240</b>
<b>Program Total:</b>	<b>\$1,467,867</b>		<b>\$1,588,777</b>	
<b>Program FTE</b>	2.45	2.20	2.45	3.20

Program Revenues				
Intergovernmental	\$0	\$614,951	\$0	\$819,240
<b>Total Revenue</b>	<b>\$0</b>	<b>\$614,951</b>	<b>\$0</b>	<b>\$819,240</b>

Explanation of Revenues

This program generates \$74,416 in indirect revenues.  
 \$658,553 – Title XIX  
 \$160,687 – Older/Disabled Mental Health

Significant Program Changes

Last Year this program was: FY 2022: 25028 ADVSD Multi-Disciplinary Team

In FY 2023, this program increases by 1.00 FTE. The FTE was added during FY 2022 as part of the Federal/State midyear rebalance (SUPP02-DCHS-001-22).

**Department:** County Human Services      **Program Contact:** Joe Valtierra  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 30407A  
**Program Characteristics:**

**Executive Summary**

The Aging, Disability, and Veterans Services Division helps older adults, people with disabilities, and Veterans live in a community setting and provides access to publicly-funded benefits. The Transition and Diversion program helps people access home and community living options. These people would otherwise live in a nursing facility. Being able to live in the setting of choice improves their quality of life. The costs that are saved by serving people in the community are reinvested in the programs, allowing more people to be served in the setting of their choice.

**Program Summary**

**ISSUE:** Oregon is a national leader in offering alternatives to nursing facilities. The Aging, Disability, and Veterans Services Division helps older adults, people with disabilities, and Veterans live in a community setting. These places are less costly and less restrictive than nursing facilities. The Centers for Medicare and Medicaid Services sees living in a community setting as a best practice. It provides a better experience for those needing Medicaid long-term services and supports.

**PROGRAM GOAL:** The Transition and Diversion Program (T&D) serves older adults, people with disabilities, and Veterans. T&D uses equity principles to help people live in the setting of their choice. The goal is to avoid placement in an institutional setting. This results in minimizing the use of more costly nursing facility care and reducing unnecessary hospitalizations and readmissions. The costs that are saved by serving people in the community are reinvested in the programs, allowing more people to be served in the setting of their choice.

**PROGRAM ACTIVITY:** The Transition and Diversion Program serves all nursing facility eligible individuals in Multnomah County. Transition and Diversion staff assess and assist individuals who live in nursing facilities to relocate to community settings if they desire to leave the nursing facility. This is done by connecting them with equity centered services and assistance to help them live safely in the community. Transition and Diversion works with individuals discharging from the hospital, who do not want to live permanently in a nursing facility, to return home or find a community living option such as an adult care home, assisted living facility, or residential living facility. They arrange for supports to ensure the safety of the individual returning to community living. The Transition and Diversion Program supports independent living and the DCHS priority to reduce housing insecurity.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Annual number of transitions from a nursing facility <sup>1</sup>	480	570	401	400 <sup>2</sup>
Outcome	Percent of transitions where participants returned home	54%	51%	48%	50%
Outcome	Percent of transitions where participants returned to a community-based facility	46%	48%	53%	50%

**Performance Measures Descriptions**

<sup>1</sup>This measure and all following measures include both transitions and diversions. <sup>2</sup>The availability of alternative placement homes is limited at this time due a combination of COVID-19 and staffing shortages.

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$3,798,224	\$0	\$4,152,745
Contractual Services	\$365,345	\$55,000	\$388,046	\$5,000
Materials & Supplies	\$0	\$64,322	\$0	\$67,443
Internal Services	\$0	\$1,249,468	\$0	\$1,383,882
<b>Total GF/non-GF</b>	<b>\$365,345</b>	<b>\$5,167,014</b>	<b>\$388,046</b>	<b>\$5,609,070</b>
<b>Program Total:</b>	<b>\$5,532,359</b>		<b>\$5,997,116</b>	
<b>Program FTE</b>	0.00	33.00	0.00	40.00

Program Revenues				
Intergovernmental	\$0	\$5,167,014	\$0	\$5,452,106
Other / Miscellaneous	\$0	\$0	\$0	\$156,964
<b>Total Revenue</b>	<b>\$0</b>	<b>\$5,167,014</b>	<b>\$0</b>	<b>\$5,609,070</b>

## Explanation of Revenues

This program generates \$583,045 in indirect revenues.  
 \$5,452,106 – Title XIX  
 \$156,964 – Case Management Assessments for Medicaid Patients

## Significant Program Changes

**Last Year this program was:** FY 2022: 25029 ADVSD Transition & Diversion (Medicaid)

In FY 2023, this program increases by 7.00 FTE. During FY 2022, 1.00 FTE was added as part of the Federal/State midyear rebalance (SUPP02-DCHS-001-22). In FY 2023, an additional 6.00 FTE are added (5.00 FTE Case Manager Senior and 1.00 FTE Office Assistant 2). 4.00 FTE Case Manager Senior and 1.00 FTE Office Assistant 2 are funded by the Supportive Housing Services Measure funding in the Joint Office of Homeless Services. See program 30407A for the associated costs and program information.

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

**Executive Summary**

Outreach, information, referral, and assistance services are the entry point for help. The program helps people maintain their independence and improve their quality of life. The Aging and Disability Resource Connection Helpline (ADRC) is a 24/7/365 contact center. The program helps older adults, people with disabilities, Veterans, and their families. The ADRC is available by phone or online. The ADRC provides access to information, help, and resources specific to the participant's needs.

**Program Summary**

**ISSUE:** The Aging and Disability Resource Connection Helpline (ADRC) helps older adults, people with disabilities, Veterans, and their families. The network of public and private services and resources is complex and difficult to navigate. It's most difficult for BIPOC communities (Black Indigenous, and/or People of Color). Certified specialists help navigate the aging and disability network. They provide information, help, and connection to community programs and benefits.

**PROGRAM GOAL:** The ADRC goal is to increase awareness of and fair access to services. The ADRC provides information and referral/assistance (I&R/A). Services meet or exceed national Association of Information & Referral Services standards. This program helps to meet a department-wide goal to increase ease of resource navigation and equity in access for the community.

**PROGRAM ACTIVITY:** The ADRC serves older adults, people with disabilities, and Veterans. ADVSD is the federally designated Area Agency on Aging. Specialized services include information referral and assistance, follow-up, and crisis intervention. Specialists screen and refer for Medicare, long-term care counseling, public benefits, and intensive services — Oregon Project Independence, Medicaid in-home services, adult protective services, intellectual and developmental disability services, and the mental health crisis line. The ADRC partners with 211info to create a cohesive information and assistance network. Top referrals are for Medicare, housing and energy assistance, and senior centers. Community partnerships are important to program success. ADVSD contracted district senior centers and enhancing equity partners provide 43% of all I&R/A client contacts. Community partners are culturally responsive and use person-centered intergenerational services.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of contacts to the Aging and Disability Resource Connection Helpline	32,113	29,000	40,000	43,000
Outcome	Percent of participants with a new ADVSD service after an ADVSD referral from the ADRC <sup>1</sup>	47%	35%	30%	30%
Output	Number of referrals to County and community partner agencies from the ADRC	48,131	42,000	59,409	62,000

**Performance Measures Descriptions**

<sup>1</sup>Due to changes in database reporting availability Adult Protective Services and Eligibility services are not included. Previous measure: "Percent of participants who would recommend the ADRC" Available data is incomplete and unreportable for this measure.

## Legal / Contractual Obligation

In Multnomah County, ADVSD has a contract with the Oregon Department of Human Services to administer programs under the Federal Older Americans Act. Oregon Revised Statute 410 allows for the administration of services to older adults and people with disabilities through local governmental entities.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$230,085	\$1,084,705	\$356,361	\$1,808,705
Contractual Services	\$905,548	\$246,825	\$926,932	\$323,731
Materials & Supplies	\$0	\$50,450	\$280	\$51,875
Internal Services	\$24,753	\$285,328	\$60,383	\$445,278
<b>Total GF/non-GF</b>	<b>\$1,160,386</b>	<b>\$1,667,308</b>	<b>\$1,343,956</b>	<b>\$2,629,589</b>
<b>Program Total:</b>	<b>\$2,827,694</b>		<b>\$3,973,545</b>	
<b>Program FTE</b>	2.00	9.30	3.05	15.35

Program Revenues				
Intergovernmental	\$0	\$1,667,308	\$0	\$2,629,589
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,667,308</b>	<b>\$0</b>	<b>\$2,629,589</b>

## Explanation of Revenues

This program generates \$250,040 in indirect revenues.  
 \$2,007,287– Title XIX  
 \$344,670 – Outreach & Enrollment – MIPPA  
 \$199,264 – ADRC – System-Wide Technical Assistance  
 \$29,161 – Senior Health Insurance (SHIBA)  
 \$19,800 – Title IIIB (OAA – Supportive Services)  
 \$12,325– Title VIIB (OAA – Elder Abuse)  
 \$12,232 – Senior Medicare Patrol Grant;  
 \$3,000 – City of Troutdale  
 \$1,850 – City of Fairview

## Significant Program Changes

**Last Year this program was:** FY 2022: 25032 ADVSD Outreach, Information & Referral

In FY 2023, this program increases by \$1 million and 7.10 FTE. The FTE and \$830k increased Title XIX funding were added in FY 2022 as part of the Federal/State midyear rebalance (SUPP02-DCHS-001-22).

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

**Executive Summary**

The Nutrition Program provides meals to older adults, people with disabilities, and Veterans who may be at nutritional risk. The program meets diverse needs and expectations. Nutrition services increase health and reduce social isolation. The program uses culturally responsive and culturally specific services. These services help maintain participants' independence and improve their quality of life. A network of community partners provides nutrition education and nutritious meals.

**Program Summary**

**ISSUE:** Participants from diverse communities report they need more affordable food and access to culturally specific meals.

**PROGRAM GOAL:** The Nutrition Program provides meals to older adults, people with disabilities, and Veterans who may be at nutritional risk. The goal is to help them stay in their homes. A nutrition risk assessment measures this risk. This program gives access to healthy meals. Healthy meals prevent disease, improve nutritional status, and reduce social isolation. The program also links people to community-based services.

**PROGRAM ACTIVITY:** ADVSD provides funding to community partners to provide nutrition education and nutritious meals. Meals are both home-delivered and available at dining sites. These meals meet the tastes of diverse participants. The program serves people with the greatest social and economic need. Nutrition services pays special attention to isolated, low-income, minority, and limited English participants. In FY 2021, 47% of participants said they were an ethnic or racial minority. Providers are culturally responsive to the priorities and challenges facing diverse communities. The COVID-19 pandemic closed in person meal sites and partners have moved to home-delivered meals. ADVSD increased funding to culturally specific communities harder hit by COVID-19. Culturally specific providers maximize funds and community impact by using culturally specific restaurants and stores when possible. This increases the economic wellbeing of the communities that support culturally specific elders. ADVSD uses a dietitian to review menus and follow nutrition guidelines.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of meals served	652,793	526,000	591,618	592,000
Outcome	Percent of high nutritional risk participants who experienced an improvement in their annual risk score	46%	31%	48%	45%
Output	Percent of meals through culturally specific services	19%	12%	19%	19%
Outcome	Percent of home-delivered meal participants satisfied or very satisfied with nutritional services	95%	92%	95%	92%

**Performance Measures Descriptions**

## Legal / Contractual Obligation

Multnomah County ADVSD has a contract with the Oregon Department of Human Services to administer programs under the Federal Older Americans Act. Oregon Revised Statute 410 allows for the administration of services to older adults and people with disabilities through local governmental entities.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$128,986	\$0	\$69,653
Contractual Services	\$487,403	\$1,685,605	\$659,770	\$1,730,694
Materials & Supplies	\$2,000	\$3,738	\$2,000	\$3,786
Internal Services	\$1,070	\$12,358	\$0	\$6,112
<b>Total GF/non-GF</b>	<b>\$490,473</b>	<b>\$1,830,687</b>	<b>\$661,770</b>	<b>\$1,810,245</b>
<b>Program Total:</b>	<b>\$2,321,160</b>		<b>\$2,472,015</b>	
<b>Program FTE</b>	0.00	1.00	0.00	0.50

Program Revenues				
Intergovernmental	\$0	\$1,830,687	\$0	\$1,810,245
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,830,687</b>	<b>\$0</b>	<b>\$1,810,245</b>

## Explanation of Revenues

\$725,889 – Title IIIC-2 (OAA – Home Meals)  
 \$565,520 – Title IIIC-1 (OAA – Congregate Meals)  
 \$360,261– U.S. Department of Agriculture  
 \$79,551 – Title IIIB (OAA – Supportive Services)  
 \$79,024 – PWD OPI Pilot Project

## Significant Program Changes

**Last Year this program was:** FY 2022: 25033 ADVSD Nutrition Program

In FY 2023, this program offer decreases by 0.50 FTE. The decrease is due to 0.50 FTE of an existing 1.00 FTE position moving to program offer ADVSD Advocacy & Community Program Operations (25038). The position remains 1.00 FTE, but will be split between the two program offers.

**Department:** County Human Services

**Program Contact:** Erin Grahek

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

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

### Executive Summary

Health promotion supports healthy, active living, and chronic disease self-management. The program serves older adults, people with disabilities, and Veterans. Community organizations provide culturally specific and responsive services. The program improves health through exercise, disease self-management, healthy eating, and other activities. During the COVID-19 pandemic, agencies continued classes by switching to a virtual environment.

### Program Summary

**ISSUE:** Older adults risk developing chronic health conditions. They have an increased risk of falling. Falls result in health decline and potential hospitalization.

**PROGRAM GOAL:** ADVSD provides evidence-based health promotion and disease prevention programs (EBHP). Programs focus on healthy behaviors, improved health status, and management of chronic conditions. Programs help reduce hospitalization and the risk of falling. Also, health outcomes improve and healthcare costs decrease.

**PROGRAM ACTIVITIES:** Activities include physical activity and medication management. Other programs focus on anxiety and depression management, and Alzheimer's and dementia. The care transitions program supports the move from hospital to home. The program does outreach to Black, Indigenous, and People of Color (BIPOC). Health promotion fosters community engagement to reduce social isolation. ADVSD coordinates community partnerships to streamline access to services. Programs include Tai Chi, programs for depression, diabetes prevention, and tools for caregivers. Contracted agencies provide culturally responsive and specific services to increase access. This program helps prevent health decline, supports aging in place, and reduces healthcare costs.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of people enrolled in evidence-based behavioral and health promotion activities	1,022	600	1,365	1,020
Outcome	Percent of EBHP fall prevention participants who had a reduction in fall risk compared to non-participants <sup>1</sup>	55%	55%	55%	55%
Outcome	Percent of evidence-based Care Transition participants with no hospital readmission in 30 days	88%	89%	88%	88%

### Performance Measures Descriptions

<sup>1</sup>Outcome data is from national clinical trials; however, ADVSD undertakes fidelity monitoring to ensure similar outcomes. Falls prevention data is from Tai Chi: Moving for Better Balance Program clinical trials.

## Legal / Contractual Obligation

The Federal Older Americans Act requires funding be used for evidence-based activities that meet their standards for effectiveness as tested through clinical trials.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$348,415	\$26,612	\$337,958
Contractual Services	\$17,056	\$68,086	\$31,722	\$43,134
Materials & Supplies	\$12,408	\$0	\$12,408	\$275
Internal Services	\$33,523	\$95,539	\$25,452	\$85,387
<b>Total GF/non-GF</b>	<b>\$62,987</b>	<b>\$512,040</b>	<b>\$96,194</b>	<b>\$466,754</b>
<b>Program Total:</b>	<b>\$575,027</b>		<b>\$562,948</b>	
<b>Program FTE</b>	0.00	3.00	0.22	2.78

Program Revenues				
Intergovernmental	\$0	\$313,021	\$0	\$223,748
Other / Miscellaneous	\$0	\$199,019	\$0	\$243,006
<b>Total Revenue</b>	<b>\$0</b>	<b>\$512,040</b>	<b>\$0</b>	<b>\$466,754</b>

## Explanation of Revenues

This program generates \$47,450 in indirect revenues.  
 \$243,006– Providence Health Services – Metro Care Transitions  
 \$180,614 – ADRC – Person Centered Option Counseling Medicaid  
 \$43,134 – Title IIID (OAA – Health Promotion)

## Significant Program Changes

Last Year this program was: FY 2022: 25034 ADVSD Health Promotion

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

### Executive Summary

The program serves older adults, people with disabilities, and Veterans who do not qualify for traditional Medicaid case management. They may experience complex or multiple problems that make it hard to remain in their homes. These people are at risk for nursing facility placement. This non-traditional Medicaid program provides critical support that lets them remain at home.

### Program Summary

**ISSUE:** This program serves older adults, people with disabilities, and Veterans. They may experience complex or multiple problems that make it hard to remain in their homes. Aging, Disability, and Veterans Services (ADVSD) held community listening sessions. As a result, ADVSD created a four-year strategic plan for service delivery. ADVSD also changed its funding allocation to increase culturally specific services. These services focus on trauma informed case management and in-home support.

**PROGRAM GOAL:** Case management and in-home services use a comprehensive, person-centered approach. It supports participants to remain at home and maintain independence. The program supports family caregivers and delays the need for costly Medicaid services. It also helps avoid nursing facility placement. As an example, the program can help to arrange housekeeping and grocery shopping. Research shows this case management can improve housing stability and prevent isolation.

**PROGRAM ACTIVITY:** The Case Management and In-Home Services Program is separate from Medicaid services. The program partners with community organizations in providing culturally responsive and specific services. Case managers work with individuals and their families. They assess needs for services; determine eligibility, and authorize and coordinate services. They develop, implement, monitor, and evaluate the person-centered care plan. Adult day respite services stopped during the COVID-19 pandemic. All other in-home services continued including housekeeping, personal care, and grocery shopping. Case managers contact participants by phone or video chat. They reassess the participant's needs, provide reassurance, and advocate on their behalf. They also provide information, help, and referral as needed. In FY 2023 this program will include Medicaid funding from Oregon Project Independence-Medicaid and Family Caregiver-Medicaid.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of people receiving case management and/or in-home services	3,322	2,900	3,208	34,00
Outcome	Percent of Oregon Project Independence participants who did not enroll in Title XIX services <sup>1</sup>	93%	92%	94%	94%

### Performance Measures Descriptions

<sup>1</sup>Measure wording updated. In FY23 Oregon Project Independence is expected to be funded through a Medicaid demonstration project. Previous measure: "Percent of participants who would recommend these services to a friend or family member." Available data is incomplete and unreportable for this measure.

## Legal / Contractual Obligation

In Multnomah County, ADVSD has a contract with the Oregon Department of Human Services to administer programs under the Federal Older Americans Act. Oregon Revised Statute 410 allows for the administration of services to older adults and people with disabilities through local governmental entities.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$159,434	\$438,504	\$198,407	\$423,966
Contractual Services	\$1,245,549	\$9,700,277	\$1,244,795	\$10,753,202
Materials & Supplies	\$0	\$15,795	\$104	\$16,191
Internal Services	\$18,372	\$70,497	\$77,196	\$216,494
<b>Total GF/non-GF</b>	<b>\$1,423,355</b>	<b>\$10,225,073</b>	<b>\$1,520,502</b>	<b>\$11,409,853</b>
<b>Program Total:</b>	<b>\$11,648,428</b>		<b>\$12,930,355</b>	
<b>Program FTE</b>	0.97	3.63	1.13	3.47

Program Revenues				
Intergovernmental	\$0	\$10,199,328	\$0	\$11,402,067
Service Charges	\$0	\$25,745	\$0	\$7,786
<b>Total Revenue</b>	<b>\$0</b>	<b>\$10,225,073</b>	<b>\$0</b>	<b>\$11,409,853</b>

## Explanation of Revenues

This program generates \$8,589 in indirect revenues.  
 \$9,920,920 – Veteran's Directed Home & Community Services  
 \$564,684 – Oregon Project Independence  
 \$451,327 – Title IIIB (OAA – Supportive Services)  
 \$337,595 – PWD OPI Pilot Project  
 \$77,158 – Oregon Money Management Program  
 \$41,406 – Title IIIE (OAA – Caregiver Support)  
 \$8,977 – Title IIID (OAA – Health Promotion)  
 \$7,786 – Client Employer Provider Fees

## Significant Program Changes

**Last Year this program was:** FY 2022: 25035 ADVSD Case Management & In-Home Services (non-Medicaid)

**Department:** County Human Services

**Program Contact:** Erin Grahek

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

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

### Executive Summary

The Safety Net Program helps prevent eviction and stabilize housing. This program serves older adults, people with disabilities, and Veterans. Safety Net focuses on the most vulnerable and those experiencing houselessness. The program helps participants get things like dentures, eyeglasses, and prescription medicine. This helps prevent participant health decline. and having to choose between medications and food.

### Program Summary

**ISSUE:** The Safety Net Program serves older adults, people with disabilities, and Veterans. They are unable to attain or retain housing. They also need help getting medical equipment, dentures, and prescription medication. Usually this is because of limited personal financial resources. Other factors make their situation more difficult. Factors such as the ongoing lack of affordable housing or health insurance. Limited mobility, increasing disability and other health factors make getting services hard.

**PROGRAM GOAL:** The Safety Net Program helps support and maintain safe and stable housing for participants. They are experiencing houselessness, or are at risk of losing their housing. The program offers emergency housing help and services. The program helps with short-term access to prescription medication cost assistance. This helps prevent participant health decline. and having to choose between medications and food. The Safety Net Program works to reduce nutrition barriers by helping to pay for dentures. These three goals provide services and supports to address significant gaps. Participants of the network have seamless access to this program with help from ADVSD staff and partners.

**PROGRAM ACTIVITY:** The Safety Net Program receives requests from many sources within the county. The Aging & Disability Resource Connection Helpline is the primary access point for these services. Community partners also refer people to the program for help. The program facilitates support services such as extreme cleaning and bed bug mitigation. Financial assistance ensures individuals get their prescribed treatments. Thus, preventing health decline. This program helps with special needs, such as dentures, eyeglasses, and other durable medical equipment. Items not covered by Medicaid, Medicare, or other programs. Short-term emergency prescription assistance pays for medications and helps develop a long-term prescription coverage plan.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of people who received Safety Net services	365	350	345	350
Outcome	Percent of participants in stable housing six months after receiving services	92%	94%	90%	90%
Outcome	Percent of requests for Safety Net services fulfilled to avert eviction	74%	55%	70%	70%

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$92,003	\$92,003	\$94,797	\$94,797
Contractual Services	\$558,038	\$0	\$563,739	\$0
Materials & Supplies	\$1,790	\$0	\$1,859	\$73
Internal Services	\$9,269	\$24,065	\$9,168	\$22,477
<b>Total GF/non-GF</b>	<b>\$661,100</b>	<b>\$116,068</b>	<b>\$669,563</b>	<b>\$117,347</b>
<b>Program Total:</b>	<b>\$777,168</b>		<b>\$786,910</b>	
<b>Program FTE</b>	0.75	0.75	0.75	0.75

Program Revenues				
Intergovernmental	\$0	\$116,068	\$0	\$117,347
<b>Total Revenue</b>	<b>\$0</b>	<b>\$116,068</b>	<b>\$0</b>	<b>\$117,347</b>

Explanation of Revenues

This program generates \$13,309 in indirect revenues.  
 \$117,347 – Title XIX

Significant Program Changes

Last Year this program was: FY 2022: 25036 ADVSD Safety Net Program

**Department:** County Human Services

**Program Contact:** Erin Grahek

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

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

### Executive Summary

The Transportation Program helps older adults, people with disabilities, and Veterans. The program helps people get to medical and personal appointments. The program removes mobility barriers that may reduce a person's independence or quality of life. These services include ride coordination that meets a person's transportation needs. Services include TriMet HOP Cards, specialized vehicles, door-to-door service or emergency rides.

### Program Summary

**ISSUE:** The older adult population in Multnomah County grows every year. It increased by 32% in the last 10 years. To stay healthy, active and connected to the community, people need affordable and accessible rides. A recent county survey included 16 different cultural communities. This survey identified transportation support as an important service. They need support for going to appointments, events, and senior centers. ADVSD's advisory boards state the need for lower ride costs, more frequent service, and steps for better safety. COVID-19 reduced the number of people taking rides by 50%. Transportation agencies lost staff, reduced service and needed more cash to pull through.

**PROGRAM GOAL:** The goal of Transportation Services is to improve equitable access to services. It works to meet community needs, and support efforts to improve ride services. The program helps other agencies add ride services for people who speak other languages.

**PROGRAM ACTIVITY:** County and contracted community partners use case managers. The case manager screens for eligibility and estimates current need. They authorize services and coordinate rides. Medicaid clients receive services through the ADVSD contract with First Transit. District centers and enhancing equity programs provide services through ADVSD contracts with TriMet, Ride Connection, and Radio Cab.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of participants who received transportation assistance <sup>1</sup>	1,239	1,200	1,268	1,200
Outcome	Percent of participants with improved utilization of ADVSD services after receiving transportation services <sup>2</sup>	19% <sup>3</sup>	30%	4% <sup>3</sup>	20%
Outcome	Percent of non-Medicaid participants who report increased mobility because of transportation services <sup>4</sup>	83%	85%	85%	85%

### Performance Measures Descriptions

<sup>1</sup>All transportation utilization by older adults and people with disabilities is down due to the COVID-19 pandemic. <sup>2</sup>Does not include non-medical transportation (Medicaid) participants. <sup>3</sup>Older American Act activities and programs continued to be primarily virtual due to the COVID-19 pandemic. <sup>4</sup>Survey data collection ongoing at time of reporting. Survey was not conducted for FY20. Data includes participants utilizing transportation services anytime in FY20 and/or FY21.

## Legal / Contractual Obligation

In Multnomah County, ADVSD has a contract with the Oregon Department of Human Services to administer programs under the Federal Older Americans Act. Oregon Revised Statute 410 allows for the administration of services to older adults and people with disabilities through local governmental entities.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$192,351	\$0	\$200,057
Contractual Services	\$171,742	\$1,843,660	\$119,042	\$1,871,114
Materials & Supplies	\$0	\$0	\$0	\$151
Internal Services	\$0	\$49,073	\$0	\$48,840
<b>Total GF/non-GF</b>	<b>\$171,742</b>	<b>\$2,085,084</b>	<b>\$119,042</b>	<b>\$2,120,162</b>
<b>Program Total:</b>	<b>\$2,256,826</b>		<b>\$2,239,204</b>	
<b>Program FTE</b>	0.00	1.70	0.00	1.58

Program Revenues				
Intergovernmental	\$0	\$2,085,084	\$0	\$2,120,162
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,085,084</b>	<b>\$0</b>	<b>\$2,120,162</b>

## Explanation of Revenues

This program generates \$28,089 in indirect revenues.  
 \$1,535,046 – Medicaid Community Transportation  
 \$530,515 – TriMet Community Transportation Local Match  
 \$49,001 – PWD OPI Pilot Project  
 \$5,600 – Title IIIB (OAA – Supportive Services)

## Significant Program Changes

**Last Year this program was:** FY 2022: 25037 ADVSD Transportation Services

In FY 2023, this program offer decreases by a net 0.12 FTE as follows:

- Moved 0.50 FTE of an existing 1.00 FTE Program Technician to ADVSD Advocacy & Community Program Operations (25038).
- Moved 0.38 FTE of an existing 1.00 FTE Data Analyst from ADVSD Advocacy & Community Program Operations (25038).

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

### Executive Summary

Advocacy & Community Program Operations seek to center the voice of communities that have been historically marginalized. It supports an equity focused, participant-directed service system. The program includes advisory councils management, and Area Plan development and management. Other activities include contract administration, network advocacy, and program support.

### Program Summary

**ISSUE:** The Aging, Disability, and Veterans Services Division (ADVSD) engages with diverse communities. These communities share their needs and issues. These engagements also help in planning and developing services. The program ensures publicly funded programs operate effectively.

**PROGRAM GOAL:** Advocacy efforts ensure diverse feedback and enhance equity for volunteers, staff, and participants. Program operations provide administrative support to contracted community-based organizations. This support helps ensure consistent, equitable, and quality-focused services to participants.

**PROGRAM ACTIVITY:** The Advocacy program includes contract monitoring, and Area Plan development. Participant advocacy includes the management of two advisory councils. One council is the Disability Services Advisory Council. The other is the Aging Services Advisory Council. ADVSD develops and monitors contracts for social services and nutrition programs. The Area Plan is a requirement of the Older Americans Act. The Area Plan describes the scope of diverse needs in the service area. It outlines the goals, objectives, and key tasks for ADVSD. The advisory councils help on the development and implementation of the Area Plan. Advisory councils ensure policies and activities meet the needs of those served. They advocate by commenting on community policies, programs, and actions. This program recruits and retains racially, ethnically, culturally, and regionally diverse membership. The program supports regular meetings, and coordinating opportunities for member engagement and advocacy.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of volunteer hours donated to ADVSD	4,848 <sup>1</sup>	41,000	47,529	45,000
Outcome	Percent of diverse <sup>2</sup> representation on ADVSD Advisory Councils	58%	75%	60%	65%
Output	Number of opportunities for participants and community members to give feedback to ADVSD	64	40	60 <sup>3</sup>	65
Outcome	Percent of ADVSD contract funds dedicated to culturally specific providers <sup>4</sup>	51%	38%	50%	38%

### Performance Measures Descriptions

<sup>1</sup>Due to the COVID-19 pandemic, foster grandparent volunteers were unable to fulfill hours in assigned locations based on infection control protocols in schools and child care centers. <sup>2</sup>Those who identify as Black, Indigenous and/or People of Color, a person with a disability, an immigrant or refugee, non-English speaking, LGBTQ+. <sup>3</sup>Includes partner meetings. <sup>4</sup>Contracts are specific to the Federal Older Americans Act and Oregon Project Independence and exclude Adult Care Home Program. Adult Protective Services. Public Guardian/Conservator. and Long-Term Services & Supports.

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$329,373	\$1,201,712	\$351,292	\$1,365,707
Contractual Services	\$117,863	\$376,808	\$131,575	\$507,761
Materials & Supplies	\$9,307	\$111,410	\$9,578	\$112,919
Internal Services	\$325,863	\$588,693	\$116,514	\$569,534
<b>Total GF/non-GF</b>	<b>\$782,406</b>	<b>\$2,278,623</b>	<b>\$608,959</b>	<b>\$2,555,921</b>
<b>Program Total:</b>	<b>\$3,061,029</b>		<b>\$3,164,880</b>	
<b>Program FTE</b>	2.82	9.78	2.96	10.66

Program Revenues				
Intergovernmental	\$0	\$2,020,617	\$0	\$2,310,724
Other / Miscellaneous	\$0	\$27,657	\$0	\$0
Service Charges	\$0	\$230,349	\$0	\$245,197
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,278,623</b>	<b>\$0</b>	<b>\$2,555,921</b>

## Explanation of Revenues

This program generates \$62,357 in indirect revenues.  
 \$521,159 – Title IIIB (OAA – Supportive Services);  
 \$423,876 – Title XIX  
 \$273,139 – Foster Grandparent Program;  
 \$245,197 – Contractor Rentals  
 \$241,054 – Oregon Money Management Program;  
 \$202,969 - State GF-SEQ Assist  
 \$197,430 – Veteran's Directed Home & Community Services  
 \$195,528 – Oregon Project Independence  
 \$162,892– Older/Disabled Mental Health  
 \$54,177 – PWD OPI Pilot Project  
 \$38,500 – Title IIIC-1 (OAA – Congregate Meals)

## Significant Program Changes

**Last Year this program was:** FY 2022: 25038 ADVSD Advocacy & Community Program Operations

In FY 2023, this program offer increases by a net 1.02 FTE as follows:

- Increased existing position from 0.60 to 1.00 FTE, and reclassified it from Operations Process Specialist to a Contract Specialist.
- Moved 0.50 FTE of an existing 1.00 FTE Program Specialist from program offer 25033.
- Moved 0.50 FTE of an existing 1.00 FTE Program Technician from program offer 25037.

FTE decrease:

- Moved 0.38 FTE of an existing 1.00 FTE Data Analyst to program offer 25037.

**Department:** County Human Services

**Program Contact:** Erin Grahek

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

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

### Executive Summary

The Family Caregiver Support Program (FCSP) helps those caring for older family members or older adults raising grandchildren. Unpaid caregivers face stress, a financial burden that impacts their own health and family well-being. FCSP reduces burnout, maximizes independence, and provides support that allows people to remain in their homes. Support may include respite, financial awards, and education.

### Program Summary

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

**PROGRAM GOAL:** FCSP helps those caring for an older adult family member or raising grandchildren or related family members. This program reduces burnout and maximizes independence. It provides support that allows people to remain in their homes. Providing support can reduce nursing facility placement and increase family wellbeing.

**PROGRAM ACTIVITY:** The Family Caregiver Support Program provides a system of support for unpaid family caregivers. This helps them provide quality care to their loved ones and makes caregiving easier. Unpaid family caregivers get information, training, counseling, case management, and peer support groups. Respite, financial awards, and education help reduce caregiver burnout. The COVID-19 pandemic prevented meeting in person. The program used virtual connections for support groups and training. Events also went virtual. During this time FCSP did targeted outreach to diverse communities. FCSP offered a webinar series for grandparents raising school-aged grandchildren. The series included specific strategies and supports for navigating remote learning. During the pandemic outreach efforts increased to connect caregivers with more support — food boxes, activity kits, and safety information. In FY 2023, program updates will include in-person and online training opportunities.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of participants served by the Family Caregiver Support Program	325	350	227	325
Outcome	Percent of family caregivers who report services received were excellent or good	N/A <sup>1</sup>	90%	N/A <sup>1</sup>	90%
Outcome	Percent of family caregivers who receive training that would recommend the program	98%	95%	N/A <sup>2</sup>	95%

### Performance Measures Descriptions

<sup>1</sup>Survey data was not available due to service delivery changes resulting from the COVID-19 pandemic. Survey feedback will be part of a broader project in 2022 to better understand unmet and community-specific needs related to family caregiving. <sup>2</sup>Survey data was not available due to service delivery changes from the COVID-19 pandemic.

## Legal / Contractual Obligation

In Multnomah County, ADVSD has a contract with the Oregon Department of Human Services to administer programs under the Federal Older Americans Act. Oregon Revised Statute 410 allows for the administration of services to older adults and people with disabilities through local governmental entities.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$120,572	\$0	\$127,350
Contractual Services	\$159,876	\$190,584	\$181,276	\$194,709
Materials & Supplies	\$0	\$21,031	\$0	\$21,031
Internal Services	\$0	\$11,355	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$159,876</b>	<b>\$343,542</b>	<b>\$181,276</b>	<b>\$343,090</b>
<b>Program Total:</b>	<b>\$503,418</b>		<b>\$524,366</b>	
<b>Program FTE</b>	0.00	0.90	0.00	0.90

Program Revenues				
Intergovernmental	\$0	\$343,542	\$0	\$343,090
<b>Total Revenue</b>	<b>\$0</b>	<b>\$343,542</b>	<b>\$0</b>	<b>\$343,090</b>

## Explanation of Revenues

\$343,090 – Title IIIIE (OAA – Caregiver Support)

## Significant Program Changes

**Last Year this program was:** FY 2022: 25039 ADVSD Family Caregiver Program

As required by the Older Americans Act IIIIE the County General Funds in contracted services has increased to meet the required minimum of 25% maintenance of effort.

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

### Executive Summary

Emergency and Crisis Services support individuals and families who are seeking safety from domestic violence. Domestic violence does not present in the same way across all demographics, meaning that survivors need access to client-centered and culturally-relevant services when the time is right for them. Crisis services are flexible, trauma-informed, and collaborative to meet the unique needs of each individual and family served.

### Program Summary

**ISSUE:** Domestic violence is a leading cause of violent victimization, accounting for more than 40% of all reported violent crime and 25% of all homicides in Multnomah County. Multnomah County spends an estimated \$10 million addressing domestic violence-related criminal costs and \$2.5 million in victim services annually. Crisis services help ensure that support is available for survivors when the time is right for them.

**PROGRAM GOAL:** In their lifetimes, 1 in 4 women and 1 in 9 men experience intimate partner violence. This program funds immediate safety and advocacy services for individuals and families. Services are provided through contracted community-based agencies. They serve a racially and ethnically diverse population.

**PROGRAM ACTIVITY:** There are two program activities funded by this program: Shelter-based services and Mobile Advocacy.

Shelter-based programming is provided in partnership with the Joint Office of Homeless Services confidential shelters. Advocates provide confidential, 24-hour services for survivors. This includes ongoing safety planning and help navigating the domestic violence service continuum.

Mobile advocacy services serve survivors who are at risk of homelessness due to domestic violence. Advocates provide confidential support to survivors who have barriers to accessing available shelter services (ex. large families or those needing accommodation for disabilities). Mobile advocates are available to meet survivors anywhere in the county. Services include ongoing risk assessment and safety planning, emergency short-term motel stays, and support navigating the domestic violence system.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of domestic violence victims and children receiving comprehensive, specialized crisis services	250	275	250	250
Outcome	Percentage of adult survivors who engaged in safety planning with an advocate	98%	80%	85%	85%

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$395,481	\$0	\$411,300	\$0
<b>Total GF/non-GF</b>	<b>\$395,481</b>	<b>\$0</b>	<b>\$411,300</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$395,481</b>		<b>\$411,300</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 25041 YFS - Domestic Violence Crisis Services

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

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

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

In their lifetimes, 1 in 4 women and 1 in 9 men will experience domestic violence. To serve a diverse community of survivors, our system must be collaborative. Domestic and Sexual Violence Coordination provides planning, coordination, evaluation, and support for the continuum of domestic and sexual violence services in Multnomah County

**Program Summary**

**ISSUE:** Domestic violence is a leading cause of violent victimization, accounting for more than 40% of all reported violent crime and 25% of all homicides in Multnomah County. Multnomah County spends an estimated \$10 million addressing domestic violence-related criminal costs and \$2.5 million in victim services annually. Domestic violence is a complex issue that requires a coordinated countywide response that focuses on prevention and support for survivors.

**PROGRAM GOAL:** The goal of the program is to address domestic and sexual violence and support the full continuum of domestic and sexual violence services. Coordination is a key piece of the response. This supports system-wide collaboration and leadership for our community. It also supports our system to work toward improving our services, making them more accessible, and ensuring that the voice of survivors is at the center of our efforts.

**PROGRAM ACTIVITY:** This program undertakes 4 key activities. First, we coordinate system-wide collaboration for the continuum of domestic and sexual violence services. We staff several advisory bodies centering the lived experience of survivors, especially BIPOC survivors and those from underserved communities. We also connect with service providers from across the system to lead system improvement efforts. Second, we lead community engagement work with participants and service providers. This includes engaging survivors from diverse backgrounds as leaders and experts. Third, we provide contract support for the full continuum of funded service providers. We support contract compliance as well as problem solving and connection with program staff. Finally, our work focuses on system-wide quality improvement and planning for future programming.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Percentage of survivors from BIPOC and/or underserved communities engaged in community advisory bodies	N/A	N/A	N/A	50%
Outcome	Percentage of non-profit partners receiving higher scores on the 'Performance Indicator tool' <sup>2</sup>	100%	100%	100%	100%
Output	Number of DV Continuum collaborative meetings staffed by the DSVCO	N/A	N/A	N/A	150
Outcome	Percentage of contracted providers reporting that the DSVCO is responsive and supportive of their work	N/A	N/A	N/A	85%

**Performance Measures Descriptions**

<sup>1</sup>New measures this year reflects the shifting priorities of the DSVCO toward greater community engagement

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$570,130	\$157,160	\$587,637	\$198,544
Contractual Services	\$83,591	\$100,608	\$36,623	\$92,849
Materials & Supplies	\$26,075	\$18,000	\$12,228	\$0
Internal Services	\$102,241	\$25,426	\$120,189	\$27,407
<b>Total GF/non-GF</b>	<b>\$782,037</b>	<b>\$301,194</b>	<b>\$756,677</b>	<b>\$318,800</b>
<b>Program Total:</b>	<b>\$1,083,231</b>		<b>\$1,075,477</b>	
<b>Program FTE</b>	3.90	1.00	3.75	1.15

Program Revenues				
Fees, Permits & Charges	\$0	\$3,600	\$0	\$3,600
Intergovernmental	\$0	\$275,994	\$0	\$315,200
Other / Miscellaneous	\$0	\$18,000	\$0	\$0
Beginning Working Capital	\$0	\$3,600	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$301,194</b>	<b>\$0</b>	<b>\$318,800</b>

Explanation of Revenues

This program generates \$20,856 in indirect revenues.  
 \$260,000 - US Department of Justice, Office on Violence Against Women  
 \$50,000 - City of Portland Intergovernmental Agreement  
 \$5,000 - Weston Grant  
 \$3,600 - Domestic Partnership Fees  
 \$200 - Misc Charges/Recoveries

Significant Program Changes

Last Year this program was: FY 2022: 25044 YFS - Domestic and Sexual Violence Coordination

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

### Executive Summary

Domestic violence is a complex issue, often requiring legal intervention to address client safety and offender accountability. The legal system is complex and navigating it can be traumatic for survivors. High quality legal services assist survivors who choose a legal intervention and need support through the process.

### Program Summary

**ISSUE:** The court system is complex. It can be difficult to navigate the system without professional legal representation. The cost of legal representation can be a barrier. There are very few resources for legal support available for low income survivors. As a result, survivors are often forced to appear in court without representation or legal advocacy. Survivors and provider agencies report that legal services are one of the highest unmet needs in the service continuum.

**PROGRAM GOAL:** Civil legal services help survivors navigate the court system. Funded programs provide support, consultation and legal representation for survivors.

**PROGRAM ACTIVITY:** Program activities focus on the provision of legal support. These specialized legal services for survivors help ensure better outcomes in legal proceedings. Services include support with restraining order hearings, custody and parenting time, immigration, housing, and other victim's rights related issues.

This program also supports services based in the Multnomah County Courthouse. The Restraining Order Services Room advocates assist survivors in obtaining protection orders. The Court Care program provides childcare in the Courthouse for families attending legal proceedings. Due to the COVID-19 pandemic, courthouse services have moved to remote operation, and Court Care has suspended operation temporarily. In-person courthouse services will resume in line with Oregon Health Authority guidance.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of domestic violence survivors assisted with courthouse-based restraining order advocacy	909	800	1,000	1,000
Outcome	Percentage of retained cases with a court action filed or contested by an attorney	75%	80%	80%	80%
Output	Percentage of participants who identify as BIPOC	N/A	N/A	N/A	40%

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$192,546	\$35,000	\$198,847	\$35,000
<b>Total GF/non-GF</b>	<b>\$192,546</b>	<b>\$35,000</b>	<b>\$198,847</b>	<b>\$35,000</b>
<b>Program Total:</b>	<b>\$227,546</b>		<b>\$233,847</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$35,000	\$0	\$35,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$35,000</b>	<b>\$0</b>	<b>\$35,000</b>

Explanation of Revenues

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

Significant Program Changes

Last Year this program was: FY 2022: 25046 YFS - Domestic Violence Legal Services

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

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

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

### Executive Summary

Domestic violence is a leading cause of violent victimization, accounting for more than 40% of all reported violent crime and 25% of homicides in Multnomah County. Survivors need access to trauma-informed services when the time is right for them. The Domestic Violence Crisis Response Unit (DVCRU) serves survivors in complex and high-risk cases. The DVCRU works with law enforcement to provide crisis response and victim advocacy. This co-located program also helps to ensure that law enforcement has the tools they need to best serve survivors.

### Program Summary

**ISSUE:** Complex cases of ongoing, severe abuse require an immediate collaborative response. Strong collaboration between law enforcement and trained advocates can help prevent domestic violence homicides.

**PROGRAM GOAL:** The goal of the DVCRU program is to increase victim safety and offender accountability. DVCRU focuses efforts where there is high risk of homicide or concern of immediate/severe violence.

**PROGRAM ACTIVITIES:** DVCRU advocates are co-located with the Portland Police Bureau Special Victims Unit, and include bilingual/bicultural advocates in an effort to reflect the population of survivors served. Daytime and after-hours victim advocates provide crisis response and support following domestic violence crimes. As essential employees, DVCRU advocates have provided in-person services since the start of the COVID-19 pandemic.

DVCRU includes four program components:

- Domestic Violence Enhanced Response Team (DVERT) coordinates high-risk cases of domestic violence. These cases involve multiple systems and service providers to address survivors' needs. DVERT advocates provide coordination, ongoing support, and advocacy.
- Domestic Violence Response Advocates (DVRA) provide after-hours crisis support following police response to domestic violence related crimes. Advocates are available seven days a week, including late nights and holidays.
- Elder & Vulnerable Adults Advocate collaborates with the Elder Crimes unit. This advocate supports adults over 55 or who have a disability. Advocates provide financial assistance, safety planning and help accessing protection orders.
- Domestic Violence Reduction Unit advocates collaborate with the investigation unit of Portland Police Bureau. DVRU advocates provide advocacy, court accompaniment, and coordination with community agencies.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of survivors receiving multi-disciplinary, intensive intervention	171	200	200	200
Outcome	Percentage of police officers who agree that DV survivors benefit from having DVRA's on the scene	95%	90%	90%	90%
Output	Number of domestic violence survivors referred by police to afterhours victim advocates <sup>2</sup>	992	700	1,000	900

### Performance Measures Descriptions

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$897,402	\$323,133	\$930,077	\$340,903
Contractual Services	\$60,000	\$217,000	\$60,000	\$7,200
Materials & Supplies	\$18,070	\$0	\$7,760	\$0
Internal Services	\$198,774	\$5,037	\$259,281	\$0
<b>Total GF/non-GF</b>	<b>\$1,174,246</b>	<b>\$545,170</b>	<b>\$1,257,118</b>	<b>\$348,103</b>
<b>Program Total:</b>	<b>\$1,719,416</b>		<b>\$1,605,221</b>	
<b>Program FTE</b>	8.00	3.00	8.00	3.00

Program Revenues				
Intergovernmental	\$0	\$545,170	\$0	\$348,103
<b>Total Revenue</b>	<b>\$0</b>	<b>\$545,170</b>	<b>\$0</b>	<b>\$348,103</b>

Explanation of Revenues

\$340,903- City of Portland General Fund  
 \$7,200 - US Department of Justice Office on Violence Against Women

Significant Program Changes

Last Year this program was: FY 2022: 25047A YFS - Domestic Violence Crisis Response Unit

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

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

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

### Executive Summary

Domestic violence is a complex issue, with both individual and community-level effects. Experiencing racism or other forms of oppression intensifies the trauma of domestic and sexual violence. Culturally-specific services address this critical intersection through relationship-based advocacy and support. Trusted community-based providers administer these programs. They provide high-quality, holistic services to survivors and their families.

### Program Summary

**ISSUE:** The experience of domestic and sexual violence can differ depending on the community. Cultural considerations are an important factor in effective service delivery. Survivors report an increased level of comfort when they are able to access services from within their own community.

**PROGRAM GOAL:** To prevent and address domestic violence in under-served communities by providing access to high-quality, relationship-based advocacy services.

**PROGRAM ACTIVITY:** This program funds domestic violence services for the following populations: African American, Latinx, Native American, immigrants and refugees, LGBTQ, older adults and people with disabilities. Culturally-specific services are reflective of the needs and values of survivors from these communities. Survivors can access safety planning, advocacy, case management, and help navigating systems. Programs offer support accessing housing, legal support, and financial assistance. Programs also connect survivors with natural support networks in their community. This supports long-term healing and healthy relationships.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of individuals receiving culturally/population-specific domestic violence services	422	400	400	400
Outcome	Percentage of adult survivors who engage in safety planning with an advocate	87%	85%	85%	85%
Output	Percentage of participants who identify as BIPOC	N/A	N/A	N/A	85%

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$732,083	\$0	\$761,366	\$0
<b>Total GF/non-GF</b>	<b>\$732,083</b>	<b>\$0</b>	<b>\$761,366</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$732,083</b>		<b>\$761,366</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 25048 YFS - Culturally Specific and Underserved Domestic & Sexual Violence

**Department:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

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

### Executive Summary

In the wake of a sexual assault, many support services require a survivor to engage with the criminal justice system. Sexual assault survivors need access to advocacy, regardless of whether they choose to prosecute their offender. This program supports community-based sexual assault advocacy to address the unique needs of survivors. These services are mobile, and available 24/7. All services are provided by contracted, community-based nonprofit agencies.

### Program Summary

**ISSUE:** Oregon has the second-highest lifetime prevalence of sexual assault in the country. Crisis lines in Multnomah County report more than 2,000 calls each year seeking sexual assault services. 75% of survivors choose to avoid working with the criminal justice system. Because of this, they are not eligible for traditional sexual assault victim services. Many never receive specialized trauma or medical services that can help them with their recovery.

**PROGRAM GOAL:** Community-based sexual assault and trauma services are available to survivors regardless of their choice to engage with the criminal justice system.

**PROGRAM ACTIVITY:** This program funds services to survivors of rape or sexual assault. Mobile advocates connect with survivors in a variety of non-traditional settings including hospitals, health clinics, urgent care centers, shelters, and schools. Funded positions include 24/7 crisis response, as well as bilingual/bicultural advocacy.

Sexual assault advocates provide medical and legal advocacy, case management, and flexible client funds for emergency needs. Limited relocation funds are also available. Contracted providers work with a variety of partners to coordinate our community's response to sexual assault.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of sexual assault survivors who receive specialized crisis services	100	70	70	70
Outcome	Percentage of adult survivors who engage in safety planning with an advocate	92%	75%	80%	85%

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$306,455	\$0	\$318,713	\$0
<b>Total GF/non-GF</b>	<b>\$306,455</b>	<b>\$0</b>	<b>\$318,713</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$306,455</b>		<b>\$318,713</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 25049 YFS - Sexual Assault Services

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

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

**Related Programs:**

**Program Characteristics:**

### Executive Summary

In the wake of a sexual assault, many support services require a survivor to engage with the criminal justice system. Sexual assault survivors need access to advocacy, regardless of whether they choose to prosecute their offender. This program supports community-based sexual assault advocacy to address the unique needs of survivors. These services are mobile, and available 24/7. All services are provided by contracted, community-based nonprofit agencies.

### Program Summary

**ISSUE:** Oregon has the second-highest lifetime prevalence of sexual assault in the country. Crisis lines in Multnomah County report more than 2,000 calls each year seeking sexual assault services. 75% of survivors choose to avoid working with the criminal justice system. Because of this, they are not eligible for traditional sexual assault victim services. Many never receive specialized trauma or medical services that can help them with their recovery.

**PROGRAM GOAL:** Since 2015, the DSVCO and contracted community partners have been advocating for a move to a Unified Community-Based response to sexual assault, which would connect survivors seeking support to a confidential community-based advocate as their initial point of contact. This approach allows survivors to address their experience in a fully confidential manner (protected by advocate privilege). It also expands access to culturally and linguistically appropriate services, which is limited under the current response model.

**PROGRAM ACTIVITY:** In preparation for a move to Unified Community-Based response (and in partnership with the Multnomah County DA's Office), the DSVCO is seeking additional Sexual Assault funding to increase both internal and contracted capacity. These funds would be used to bring 1.00 FTE Sexual Assault Specialist (Program Specialist Senior) onto the DSVCO team to ensure a successful transition to a best practice model that centers culturally and linguistically appropriate service provision.

The funding would also support additional contracted community-based Sexual Assault Advocates (3.00 FTE) at our crisis line programs and culturally-specific agencies, helping to ensure a successful transition to a best practice model that centers culturally and linguistically appropriate service provision. Mobile advocates connect with survivors in a variety of non-traditional settings including hospitals, health clinics, urgent care centers, shelters, and schools. Funded positions include 24/7 crisis response, as well as bilingual/bicultural advocacy. Advocates provide medical and legal advocacy, case management, and flexible client funds for emergency needs. Limited relocation funds are also available.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of sexual assault survivors who receive specialized crisis services	N/A	N/A	N/A	75
Outcome	Percentage of adult survivors who engage in safety planning with an advocate	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	2022	2022	2023	2023
Personnel	\$0	\$0	\$136,189	\$0
Contractual Services	\$0	\$0	\$288,591	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$424,780</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$424,780</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

This program adds 1.00 FTE Program Specialist Senior.

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

### Executive Summary

The Gateway Center is a drop-in service center which serves as a primary access point for domestic and sexual violence services in Multnomah County. Gateway Center provides a wide range of critical services to survivors and their children. These services ensure that survivors can learn about and access available resources, and get support navigating complex systems. The Gateway Center contracts for services from a wide variety of culturally-specific partners. This supports equitable access for a diverse population of survivors.

### Program Summary

**ISSUE:** Domestic violence is a leading cause of violent victimization, accounting for more than 40% of all reported violent crime and 25% of all homicides in Multnomah County. Multnomah County spends an estimated \$10 million addressing domestic violence-related criminal costs and \$2.5 million in victim services annually. Domestic violence is a complex issue. Survivors often need support to access available resources and understand their options.

**PROGRAM GOAL:** The goal of the Gateway Center is to address the impact of domestic and sexual violence, and prevent further harm. Gateway provides access to critical services and safety planning in a trauma-informed, culturally-responsive and welcoming environment. The Gateway Center seeks to interrupt the cycle of power and control that survivors experience by centering survivor autonomy and choice, and improving access to services and resources.

**PROGRAM ACTIVITY:** This program funds the Gateway Intake Team and contracted navigation/support services, and legal advocacy services. The Gateway Intake Team coordinates a complex service delivery system. This consists of 16 on-site partners including civil attorneys, prosecutors, DHS, and 12 nonprofits. The intake team is the initial point of contact for every survivor served by the Gateway Center (more than 10,000 in 2021). The Intake team assesses, triages and refers each survivor to the appropriate services. The team also manages a busy satellite courtroom in partnership with the Multnomah County Circuit Court. This allows survivors to access protection orders remotely, with support from trained advocates.

Contracted services include Navigators trained to provide high quality domestic violence advocacy. Navigators provide a broad spectrum of services including safety planning, support with restraining orders, access to financial assistance, and economic empowerment services. During the COVID-19 pandemic, Gateway Center services have been primarily offered remotely. However, at least one staff member is present during regular hours of operation to ensure emergency walk-in participants can be accommodated if needed.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of community members who are able to access protection orders at the Gateway Center <sup>1</sup>	1,297	1,450	1,450	1,400
Outcome	Percentage of participants reporting increased knowledge of and access to resources	97%	90%	90%	90%

### Performance Measures Descriptions

<sup>1</sup>During the COVID-19 pandemic, the Gateway Center has shifted to a remote access model, and continues to provide services via phone, video conferencing and other electronic methods. A slight decrease in service numbers is likely the result of additional avenues to access protection orders becoming available this year, including the VOA Home Free Protection Order Hotline.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$98,718	\$518,029	\$104,134	\$583,438
Contractual Services	\$131,020	\$392,000	\$136,261	\$711,597
Materials & Supplies	\$0	\$10,932	\$412	\$7,500
Internal Services	\$231,821	\$60,568	\$258,983	\$75,513
<b>Total GF/non-GF</b>	<b>\$461,559</b>	<b>\$981,529</b>	<b>\$499,790</b>	<b>\$1,378,048</b>
<b>Program Total:</b>	<b>\$1,443,088</b>		<b>\$1,877,838</b>	
<b>Program FTE</b>	1.00	4.00	1.00	4.00

Program Revenues				
Intergovernmental	\$0	\$981,529	\$0	\$1,378,048
<b>Total Revenue</b>	<b>\$0</b>	<b>\$981,529</b>	<b>\$0</b>	<b>\$1,378,048</b>

Explanation of Revenues

\$1,378,048 - City of Portland Intergovernmental Agreement

Significant Program Changes

Last Year this program was: FY 2022: 25050A YFS - Gateway Center

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

**Executive Summary**

The Gateway Center is a drop-in service center which serves as a primary access point for domestic and sexual violence services in Multnomah County. Gateway Center provides a wide range of critical services to survivors and their children. These services ensure that survivors can learn about and access available resources, and get support navigating complex systems. The Gateway Center contracts for services from a wide variety of culturally-specific partners. This supports equitable access for a diverse population of survivors.

**Program Summary**

**ISSUE:** Domestic violence is a leading cause of violent victimization, accounting for more than 40% of all reported violent crime and 25% of all homicides in Multnomah County. Multnomah County spends an estimated \$10 million addressing domestic violence-related criminal costs and \$2.5 million in victim services annually. Domestic violence is a complex issue. Survivors often need support to access available resources and understand their options.

**PROGRAM GOAL:** The goal of the Gateway Center is to address the impact of domestic and sexual violence, and prevent further harm. Gateway provides access to critical services and safety planning in a trauma-informed, culturally-responsive and welcoming environment. The Gateway Center seeks to interrupt the cycle of power and control that survivors experience by centering survivor autonomy and choice, and improving access to services and resources.

**PROGRAM ACTIVITY:** This program increases the Gateway Center Intake team by 1.00 FTE. The intake team is the initial point of contact for every survivor served by the Gateway Center (more than 10,000 in 2021). The Intake team assesses, triages and refers each survivor to the appropriate services. Additional capacity is needed in response to an increase in calls and in anticipation of a move back to more in-person services, which prompts a concern about a resurgence in capacity closures, which were prevalent prior to the pandemic. Increasing intake team capacity will help to provide consistent advocate staffing and the ability to provide high-quality services to survivors, even when there is transition or turnover with contracted Navigation agencies.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of additional community members who are able to access protection orders at the Gateway Center	N/A	N/A	N/A	200
Outcome	Percentage of participants reporting that they gained new knowledge of resources and improved access to resourc	N/A	N/A	N/A	90%
Outcome	Number of survivors accessing one or more additional services through on-site partners	N/A	N/A	N/A	200

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$101,699	\$0
Materials & Supplies	\$0	\$0	\$11,861	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$113,560</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$113,560</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

This program adds 1.00 FTE Victim Advocate.

**Department:** County Human Services      **Program Contact:** Peggy Samolinski  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 30407A  
**Program Characteristics:**

### Executive Summary

The Youth and Family Services Division (YFS) aims to provide high quality, equitable, and culturally relevant services that help people thrive. The YFS Administration provides strategic division-wide leadership to support this goal. This means using a racial equity lens to oversee daily operations, develop budgets, design programs, and manage contracts. YFS Administration also supports its staff so that they can experience safety, trust, and belonging in the workplace.

### Program Summary

**ISSUE:** The Youth and Family Services Division supports the County's investments in five areas: Energy Services, Housing Stability, Education Supports, Early Childhood, and Domestic & Sexual Violence. It is also the County's Community Action Program Offer. The YFS Administration supports 29 programs and has been vital to COVID relief efforts in Multnomah County.

**PROGRAM GOAL:** The YFS Administration is committed to equity, accountability, and quality of service. It provides the infrastructure needed to guide programs, drive policy, and build partnerships. Together with staff, YFS Administration seeks to uplift the Department's North Star: That every person at every stage of life has equitable opportunities to thrive.

**PROGRAM ACTIVITY:** Anchored by racial equity, the YFS Administration supports the division in a few ways. 1) Ongoing budget development and monitoring. This includes ensuring that YFS activities adhere to funding guidelines. 2) Overseeing daily operations for the division. This includes supervising staff and creating structures that foster innovation and creativity. 3) Supporting staff and improving workplace culture, with staff experience at the core. 4) Convening and supporting partners in the community. 5) Uplifting Department priorities, such as the WESP and the North Star. YFS Division Administration and staff have also played a critical role in convening and supporting partners and community providers in COVID-19 response and relief activities in each of the Division's five core areas.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of invoices processed within 30 days. <sup>1</sup>	N/A	N/A	90%	90%
Outcome	Percent of staff & managers who report receiving support for their career and professional development goals. <sup>2</sup>	N/A	N/A	60%	60%

### Performance Measures Descriptions

<sup>1</sup> This is a new measure for the division. Will use this fiscal year to establish a baseline.

<sup>2</sup> This is a new measure for the division, created in response to feedback from BIPOC staff regarding a desire for more professional development and mentorship opportunities. Will use this fiscal year to establish a baseline.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,863,504	\$0	\$1,980,146	\$0
Contractual Services	\$26,020	\$0	\$51,020	\$0
Materials & Supplies	\$37,118	\$0	\$36,561	\$0
Internal Services	\$291,270	\$0	\$364,378	\$0
<b>Total GF/non-GF</b>	<b>\$2,217,912</b>	<b>\$0</b>	<b>\$2,432,105</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,217,912</b>		<b>\$2,432,105</b>	
<b>Program FTE</b>	13.00	0.00	13.00	1.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 25118 YFS - Youth & Family Services Administration

This program adds 1.00 FTE Assertive Engagement Program Specialist, adds 1.00 FTE Administrative Analyst, and cuts 1.00 FTE Office Assistant Senior, for a net increase of 1.00 FTE in FY 2023.

The 1.00 FTE in Other Funds is the Assertive Engagement Program Specialist, funded by the Supportive Housing Services Measure funding in the Joint Office of Homeless Services. See program 30407A for the associated costs and program information.

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

### Executive Summary

In order for people to have quality of life, they need to have enough heat in their home, the lights on, and hot water. Functional utilities help ensure that a young person can learn at home, an older adult is safe, and families remain stable. This is even more important during the COVID-19 pandemic, where staying home means saving lives. The Energy Assistance Program (EAP) supports housing stability by providing financial help to people who live on a fixed or low income. The EAP emphasizes providing equitable access for all people who need help meeting their energy needs.

### Program Summary

**ISSUE:** The average energy burden for low-income households is 8.2% - 3 times higher than higher-income households. Many low-income households use expensive heating fuels. Their homes are old and inefficient, and they face barriers to accessing the technology that would help reduce their energy costs. Additionally, Black, Indigenous, and Communities of Color bear a further disproportionate energy burden. In 2016, the American Council for Energy Efficient Economy found that almost half of all energy-poor households in the US were Black. We also know that people in BIPOC households were more likely to lose their jobs or experience a reduction in wages during the COVID-19 pandemic. These added economic hardships can make it even more difficult for households to meet their basic energy needs.

**PROGRAM GOAL:** The Energy Assistance Program provides one-time annual energy bill payments for households who live on a fixed or low income and who are struggling with energy costs. This will help keep these families in stable housing.

**PROGRAM ACTIVITY:** The Energy Assistance Program provides direct utility payments to income-eligible households. The EAP also provides energy education, case management, and other services. This helps households manage and pay for their energy costs, as well as learn about other services. The EAP consists of seven community nonprofit agencies who deliver the energy bill payments for fixed and low-income households. On average, program participants received \$670 in utility help last year. During the COVID-19 pandemic, the EAP has supported clients virtually, and is a model for best practices in how to do so. To better meet community needs, the EAP is prioritizing culturally-specific outreach to BIPOC populations, as well as elders and families who may need energy cost help.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of households served. <sup>1</sup>	19,098	16,500	16,500	16,500
Outcome	Percentage of households served after receiving shutoff notice who avoid disconnection.	100%	100%	100%	100%

### Performance Measures Descriptions

<sup>1</sup> Includes households served through the Energy Assistance Stability Coronavirus Relief (EASCR) program. Increased output reflects additional funding sources as part of COVID-19 relief efforts.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$904,690	\$0	\$962,106
Contractual Services	\$0	\$11,220,562	\$0	\$9,844,271
Materials & Supplies	\$0	\$79,530	\$0	\$170,129
Internal Services	\$0	\$324,045	\$0	\$352,134
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$12,528,827</b>	<b>\$0</b>	<b>\$11,328,640</b>
<b>Program Total:</b>	<b>\$12,528,827</b>		<b>\$11,328,640</b>	
<b>Program FTE</b>	0.00	8.40	0.00	8.40

Program Revenues				
Intergovernmental	\$0	\$12,528,827	\$0	\$11,328,640
<b>Total Revenue</b>	<b>\$0</b>	<b>\$12,528,827</b>	<b>\$0</b>	<b>\$11,328,640</b>

Explanation of Revenues

This program generates \$135,078 in indirect revenues.  
 \$5,904,246 - OHCSO Oregon Energy Assistance Program (OEAP)  
 \$5,344,394 - OHCSO Low Income Energy Assistance Program - Energy (LIEAP)  
 \$80,000 - PDX Water/Sewer D/A

Significant Program Changes

Last Year this program was: FY 2022: 25119 YFS - Energy Assistance

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

### Executive Summary

During the COVID-19 pandemic, staying home means saving lives. People's homes need to be safe, comfortable, and energy efficient. Energy efficiency creates healthier, safer living environments. It also saves people living on fixed and low incomes money so that they can keep it for when they need it most. The Weatherization Program uses County staff and contracted vendors to provide energy use audits, weatherization services, furnace repair and replacement, and appliance replacement to fixed and low-income households.

### Program Summary

**ISSUE:** According to the Department of Energy, every weatherized home saves its occupants about \$300 each year on energy bills, on average. Low-income people spend a higher percentage of their income on energy costs compared to people with higher incomes. Black, Indigenous, and People of Color are even more likely to experience these burdens because their communities receive less investment. The Weatherization Program reduces some of these challenges by saving people money and reducing pollution impacts. This improves health, helps fight the climate crisis, and, through the use of contracted vendors, helps people get back to work.

**PROGRAM GOAL:** The Weatherization Program aims to make homes more livable and affordable for low income residents. Weatherized homes help reduce energy consumption and lower utility bills. Those who are living in weatherized homes are also safer and healthier. Energy efficiency also reduces the energy burden and creates significant greenhouse gas savings.

**PROGRAM ACTIVITY:** The Weatherization Program provides home energy audits to low-income households. This includes older adults, people with disabilities, Veterans, communities of color, and families. The energy audits determine the scope of repairs and/or improvements needed for the home. These repairs reduce energy use and lower utility bills so that the home is more comfortable and safe. Weatherization services might include: insulating attics, floors, and walls; air and duct sealing; and repairing/replacing heating systems. Every household also receives energy education and information about other community services.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of households served. <sup>1</sup>	176	200	200	250
Outcome	Percent of individuals served who identify as Black, Indigenous, and People of Color. <sup>2</sup>	67%	70%	70%	70%

### Performance Measures Descriptions

<sup>1</sup>This number includes a combined total for single-family and multifamily units, which is a single-family house or a multifamily unit. The output for FY 2021 is low due to the COVID-19 pandemic and supply chain issues. We anticipate that these impacts will continue for FY 2022. However, output for FY23 is higher due to state & federal funding increases.

<sup>2</sup> This is a new measure for the program, in order to better center racial equity in outreach and other program activities.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$760,867	\$0	\$796,162
Contractual Services	\$0	\$3,263,776	\$0	\$5,171,192
Materials & Supplies	\$0	\$284,970	\$0	\$178,271
Internal Services	\$0	\$293,171	\$0	\$362,343
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$4,602,784</b>	<b>\$0</b>	<b>\$6,507,968</b>
<b>Program Total:</b>	<b>\$4,602,784</b>		<b>\$6,507,968</b>	
<b>Program FTE</b>	0.00	6.60	0.00	6.60

Program Revenues				
Intergovernmental	\$0	\$4,057,784	\$0	\$5,962,968
Beginning Working Capital	\$0	\$545,000	\$0	\$545,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$4,602,784</b>	<b>\$0</b>	<b>\$6,507,968</b>

Explanation of Revenues

This program generates \$111,780 in indirect revenues.  
 \$2,559,743 - OHCSO ECHO (SB1149)  
 \$1,259,496 -Federal LIH Water Assistance Program (LIHWA) Consolidated Appropriations;  
 \$811,102 - OHCSO Low Income Energy Assistance Program - Weatherization;  
 \$762,605 - OHCSO DOE Weatherization  
 \$545,000 - Beginning Working Capital  
 \$500,000 - County Weatherization Rebates  
 \$40,022 - Low Income Energy Assistance Program - Client Education  
 \$20,000 - Energy Conservation show rebates  
 \$10,000 - PDX Water and Sewer FR

Significant Program Changes

Last Year this program was: FY 2022: 25121 YFS - Weatherization

**Department:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Innovative/New Program

**Program Offer Stage:** As Adopted

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

### Executive Summary

Homes that are safe, comfortable and energy efficient contribute to the health and economic stability of households in Multnomah County. Safe homes are all the more important during extreme heat events, like in Summer 2021, when over 60 people in the county died. The Cooling Supports Program provides portable air conditioners to people who have a hard time getting them because they don't have the money, transportation or help from their landlord to do so. It also will give cooling kits to 8,000 - 10,000 people who have emergency needs during a heat wave.

### Program Summary

**ISSUE:** In the heat wave in Summer 2021, lack of air conditioning was a main reason for deaths in Multnomah County. The heat hit people with low incomes the hardest, especially older people. There were 64 deaths due to heat in the county. Many of these deaths could have been prevented. People who suffered the most were those who didn't have air conditioning in their homes or a cool place to go. High temperatures and heat events are likely to only get worse over time. To prevent future deaths and other serious health problems, we need to act.

**PROGRAM GOAL:** Prevent deaths and serious health problems for people who live in the east part of the county and who don't have ways to stay cool during high temperatures.

**PROGRAM ACTIVITY:** This program will get portable air conditioners to 1,000 people in East County and 8,000-10,000 cooling kits to people who have emergency needs during a heat wave. East County was chosen for the air conditioning part of this program for 3 reasons. 1) the City of Portland has a similar project already underway, 2) many people of color have had to move to east county in order to find less expensive housing and 3) maps of temperatures across the county show East County to have many of the hottest neighborhoods in the county. Air conditioners will be for people who have low incomes and the program will especially reach out to communities of color.

Cooling kits will be available to anyone in the county who has a need for them. Last year the kits included: a reusable bag with a water bottle, cooling towel, hand held fan, gatorade packets, chapstick, and information on how to stay cool (in multiple languages). This year the program will work with Environmental Health to put even more items that help people stay cool into the kits.

In addition to buying the air conditioners and supplies for kits, the program includes 2.00 FTE to build and carry out the program. This program will work with the City of Portland's new effort to give portable air conditioners to people.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of portable air conditioners distributed	N/A	N/A	N/A	1,000
Outcome	Cooling supports project plan completed and implemented	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	2022	2022	2023	2023
Personnel	\$0	\$0	\$218,118	\$0
Contractual Services	\$0	\$0	\$1,052,622	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,270,740</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$1,270,740</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** County Human Services      **Program Contact:** Peggy Samolinski  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 10095  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This offer funds a Wood Stove Replacement Program for Multnomah County. The program exchanges wood stoves for new furnaces or heat pumps. This program impacts air quality, health and climate change. The offer is for 2.00 LDA staff to build and carry out the program. Funding for equipment and installation will come from American Rescue Plan (ARP) funds originally given to the Office of Sustainability. This program is modeled after a similar successful effort in Washington County.

**Program Summary**

**ISSUE:** Clean air greatly affects the health and safety of people who live in Multnomah County. Smoke from burning wood to heat homes is a major cause of air pollution. Higher levels of wood smoke in the air have been connected to higher levels of sickness like heart and lung illnesses. Also, breathing wood smoke increases the chances of dying from COVID-19.

Wood smoke pollution is an environmental justice issue or Black, Indigenous and other People of Color. Black, Latinx and Indigenous people also have higher rates of asthma than other groups. Reducing wood smoke would benefit these groups. It is also a way for the county to have a positive effect on the heat problems we face due to climate change and on the lives of all people in the county.

**PROGRAM GOAL:** Improve the environment and lives of people in Multnomah County by providing more efficient heating that will reduce air pollution and result in better health of 1) those living in the homes with new heating, 2) those living in nearby areas, 3) BIPOC people who experience more pollution and higher rates of lung problems and 4) the county as a whole.

**PROGRAM ACTIVITY:** The Wood Stove Replacement Program will provide a woodstove exchange program. Households can replace an old wood stove, fireplace or fireplace insert with a cleaner, more efficient option such as a new furnace or a heat pump. People who use wood as their main source of heat would receive the new heating. The program includes 2.00 LDA staff to carry out the program including reaching out to people heating with wood, signing them up, doing inspections and managing contracts to do the replacement work. Funding for equipment and installation will come from state ARP funds originally given to the Office of Sustainability. In addition, a small fund of client assistance is included to help support the change and pay for higher electric bills. This program is modeled after a similar successful effort in Washington County.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of wood stoves replaced	N/A	N/A	N/A	100
Outcome	Wood stove replacement project plan completed and implemented	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	2022	2022	2023	2023
Personnel	\$0	\$0	\$218,118	\$0
Contractual Services	\$0	\$0	\$56,174	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$274,292</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$274,292</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

This program funds two limited duration positions.

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

### Executive Summary

The Family Unification Project (FUP) is a culturally specific program and it addresses the consequences of systemic racism in the Child Welfare system--especially the high rates of Black, Indigenous and Children of Color. FUP helps secure safe and stable housing which is a foundation for reunification with the children. The program is a partnership with County Human Services, Youth & Family Services (DCHS/YFS), Oregon Department of Human Services (DHS), Home Forward (HF), Metropolitan Public Defenders and community agencies. Direct services are contracted to non-profits. YFS staff support FUP through program development by bringing service providers together, offering guidance and support to providers and contract monitoring.

### Program Summary

**ISSUE:** The legacy of systemic racism in Child Welfare profoundly affects families. Black, Indigenous, Native and families of color are overrepresented in the DHS child welfare system. Because of the impacts of racism, FUP uses culturally specific approaches of family engagement and support in order to help keep/regain custody of their child/children, including housing, education, employment, child care and parenting support.

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

**PROGRAM ACTIVITY:** Each organization receiving FUP funds provides a key service to help families. This ensures families have a comprehensive and coordinated range of supports. Home Forward provides HUD-funded Housing Choice vouchers for families with DHS child welfare involvement. DCHS/YFS provides funds for case management through culturally specific and responsive community agencies, and DHS supports family reunification. Case managers use the Assertive Engagement model which recognizes the individual as the expert in their own life and helps families choose their own path and goals. Metropolitan Public Defenders help remove legal barriers, such as record expungement and mitigation of fines. Flexible service options are also available and may include payments for household and life-needs, supporting involvement in groups and activities and related services.

During the COVID-19 pandemic, culturally specific providers have played a critical role in helping families navigate complex systems. The range of services FUP provides help families, especially those from Black, Indigenous, and Communities of Color to reunite and remain stably housed.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of families who engage in services	90	191	135	135
Outcome	Percent of families that engage in case management	95%	80%	80%	80%

### Performance Measures Descriptions

Estimate for FY22 Budgeted was incorrect; it has been corrected for FY22 Estimate and FY23 Offer.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$641,702	\$0	\$577,352	\$0
<b>Total GF/non-GF</b>	<b>\$641,702</b>	<b>\$0</b>	<b>\$577,352</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$641,702</b>		<b>\$577,352</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 25130 YFS - Family Unification Program

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

### Executive Summary

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

### Program Summary

**ISSUE:** Residents experiencing poverty, in particular Black, Indigenous and Communities of Color and people with disabilities often experience discrimination and more frequent contact with the criminal justice system. This systemic racism results in legal and financial barriers that prevent them from accessing housing, employment, education and other opportunities.

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

**PROGRAM ACTIVITY:** This program uses two strategies: Legal Service Days and Community Legal Clinics.

1) **Legal Service Days:** District Attorneys, Judges, Public Defenders and Social Services agencies collaborate to host legal clinics which help clients reduce or eliminate fees, fines and legal barriers. These legal clinics are located virtually, and when in-person, throughout the County, close to low-income residents and Communities of Color. This program has continued throughout the pandemic and there has been an increase in the number of community members served compared to pre-pandemic in-person events.

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

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of participants engaged in services <sup>1</sup>	2,530	2,500	2,500	1,175
Outcome	Percentage of participants receiving legal advice or services resulting in barrier reduction	100%	90%	90%	90%
Output	Amount of fees and fines waived or reduced	\$2,468,191	\$1,000,000	\$1,000,000	\$1,000,000

### Performance Measures Descriptions

<sup>1</sup>Output is a combined total of individuals engaged in legal services and group based legal service days. It is higher for FY2022 due to an increase in OTO funding for FY2022; that OTO funding will not continue in FY23.

**Revenue/Expense Detail**

	<b>Adopted General Fund</b>	<b>Adopted Other Funds</b>	<b>Adopted General Fund</b>	<b>Adopted Other Funds</b>
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Contractual Services	\$415,302	\$0	\$431,914	\$0
<b>Total GF/non-GF</b>	<b>\$415,302</b>	<b>\$0</b>	<b>\$431,914</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$415,302</b>		<b>\$431,914</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

**Explanation of Revenues**

**Significant Program Changes**

**Last Year this program was:** FY 2022: 25131A YFS - Legal Services & Supports

**Department:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Innovative/New Program

**Program Offer Stage:** As Adopted

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

Economically disadvantaged people and people of color are 20x more likely to be incarcerated, and even a single arrest can lead to the loss of housing, jobs, children, benefits, and education, creating immediate and intergenerational trauma. Incarceration causes irrevocable harm to about 70 million Americans, exacerbates inequity, and does not make our communities safer. Defense based case managers will provide necessary support to these individuals.

**Program Summary**
**ISSUE:**

Individuals charged with a crime in Multnomah County often have a high level of need for services. While the type will differ for each client, the most common stabilizing services include housing (temporary, short-term, and long-term), behavioral health, medical, employment, and family/child care. However, given the scarcity of these services, as well as the complexities of accessing them, most clients will not engage with them without assistance.

**PROGRAM GOAL:**

Defense-based case managers are uniquely situated to provide that type of support to pretrial clients. In addition to assurances of confidentiality, defense-based case managers can effectively engage clients through shared experience. Case managers with lived experience and/or prior system involvement can connect with clients in ways that system actors, and even defense counsel cannot. They can offer clients advice based on their own struggles with substances, plug clients into existing recovery support networks, and overcome barriers of distrust and skepticism of the criminal legal system. Including a defense-based case manager in the process allows service coordination engagement at the outset of the criminal case.

**PROGRAM ACTIVITY:**

The case manager will inquire about service needs and assist the client in accessing them. A strengths and needs evaluation can be conducted quickly and will assess all of the relevant service needs for each client. Depending on the client's needs, the information collected can be used for immediate referrals to services or be passed along to the defense attorney appointed for future referrals and/or release planning.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of clients connected to Peer Support Case Managers	N/A	N/A	N/A	200
Outcome	Percent of clients have been connected to services	N/A	N/A	N/A	75%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$500,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$500,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$500,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Innovative/New Program

**Program Offer Stage:** As Adopted

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

### Executive Summary

This program funds services that support renters so they can remain housed and avoid eviction. It provides access to up-to-date and accurate information about their rights as renters. It also provides legal representation to clear eviction notices.

### Program Summary

**ISSUE:** COVID-19 has deepened the housing crisis and increased housing instability for many in Multnomah County with disparate impacts of health, employment and housing instability for Black, Indigenous, Latinx and other Communities of Color. A lack of affordable housing along with job loss, confusion related to changes in the law, and the health consequences of COVID-19 are some of the factors that contribute to the current crisis. Accessing resources and navigating the evolving legal protections has also been difficult and renters can benefit from services that help them take advantage of existing eviction protections. Additionally, once eviction protections end, there will be a higher need for eviction support services.

**PROGRAM GOAL:** Renters in Multnomah County will have a resource that provides accurate and timely information. It will also help them access the legal protections and rental assistance they may be entitled to for eviction protection.

**PROGRAM ACTIVITY:** There are two primary program activities. The first activity focuses on providing updated legal information and education services to renters in the County. This will be done by the Community Alliance of Tenants (CAT), who will work with County staff and partner agencies. To make it easy to access, services will be provided in multiple formats including, but not limited to a Renters Right Hotline, website, social media, and hard copies. Additional education services are available and/or can be created to ensure information is up to date, accurate, and tailored to the diverse communities needing eviction protections, during the COVID-19 pandemic and beyond. Community Alliance of Tenants offers culturally specific services and has community connections and relationships with culturally specific organizations. The second activity is legal services. These will capitalize on existing services and capacity as well as develop new resources to provide comprehensive eviction prevention support.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of people receiving legal information, education and referral services	N/A	1,500	1,500	1,500
Outcome	Renters who engage with legal representation to achieve dismissal of their case.	N/A	300	300	300

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$400,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$400,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$400,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

**Last Year this program was:** FY 2022: 25399G ARP - Eviction Moratorium & Prevention Support

In FY 2022, this program was funded by American Rescue Plan (ARP) Direct County Funding as a pilot (25339G). In FY 2023, this program is funded with ongoing County General Fund.

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

**Executive Summary**

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

**Program Summary**

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

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

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

The full expungement process includes eligibility analysis, paperwork preparation, court filing, fingerprint processing, and representation at court if required.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of participants engaged in services	N/A	700	814	700
Outcome	% of participants receiving legal advice or services resulting in barrier reduction	N/A	90%	100%	90%

**Performance Measures Descriptions**

**Revenue/Expense Detail**

	<b>Adopted General Fund</b>	<b>Adopted Other Funds</b>	<b>Adopted General Fund</b>	<b>Adopted Other Funds</b>
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Contractual Services	\$211,000	\$0	\$250,000	\$0
<b>Total GF/non-GF</b>	<b>\$211,000</b>	<b>\$0</b>	<b>\$250,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$211,000</b>		<b>\$250,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

**Explanation of Revenues**

**Significant Program Changes**

**Last Year this program was:** FY 2022: 25131C YFS - Legal Services Day Program Expansion

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

**Executive Summary**

Multnomah County is experiencing a housing crisis. The high cost of rent and lack of affordable housing can make it difficult for low-income families to remain housed. Racist policies and practices create additional challenges. This is a local long term rent assistance program for Latinx families at risk of homelessness. The focus on supporting Latinx families is an example of leading with racial justice as Latinx, as well as Black, Indigenous, Native, and other Communities of Color, continue to bear the burden of racism in housing policies. YFS contracts with two local non-profits who work with Latinx families and offer culturally-specific services. YFS staff also support program development by hosting meetings with providers, consulting and providing program guidance and help with contracts.

**Program Summary**

**ISSUE:** Stable housing is linked to many positive outcomes. By addressing the need for long-term housing support, this program can help break the cycle of homelessness and increase stability for families and the community.

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

**PROGRAM ACTIVITY:** This program leads with race by prioritizing Latinx families who are already enrolled in the Multnomah Stability Initiative (MSI), an antipoverty program. The selected families are at risk of homelessness and receive a total of 5 years of rent assistance. YFS contracts with two local non-profits who work with Latinx families and are established in the Latinx community. These non profits were also selected because they have a strong track record of providing culturally specific and appropriate case management services.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number households receiving long term rent assistance	7	8	8	8
Outcome	Percent of families experiencing improvements in self identified outcomes	N/A <sup>1</sup>	80%	80%	80%

**Performance Measures Descriptions**

<sup>1</sup>No families exited yet, so no outcome data for FY 2021.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$150,000	\$0	\$150,000	\$0
<b>Total GF/non-GF</b>	<b>\$150,000</b>	<b>\$0</b>	<b>\$150,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$150,000</b>		<b>\$150,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 25132 YFS - Long Term Rent Assistance (LTRA)

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

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

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

### Executive Summary

Racism, a lack of affordable housing and a global pandemic have contributed to housing instability, especially for Black, Indigenous, Native and other Communities of Color. In addition, for those with low or fixed incomes, the lack of affordable housing has been especially devastating. Yet housing is a foundation to individual, family and community stability and well-being. This program provides eviction prevention services to people with low incomes, and focuses on families with children, older adults and people with disabilities. The goal is to both prevent eviction as well as support those who are evicted to secure stable housing.

### Program Summary

**ISSUE:** Significant rent increases, a shortage of affordable housing and a global pandemic have contributed to housing instability for many. Individuals and families with low or fixed incomes can benefit from stable housing. Stable housing is also a racial justice issue. Because of the on-going and cumulative impacts of racism, we know many of those who struggle with housing stability are Black, Indigenous, Native and other People of Color.

**PROGRAM GOAL:** This program offers a range of services to both prevent eviction as well as help those who are evicted to secure stable housing.

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

1. Short-Term Rent Assistance program (STRA) is a joint effort between Multnomah County, the City of Portland, and Home Forward. Each organization contributes funds. STRA funds are then given to local social service agencies who work with families who are at risk of homelessness. Because of the impacts of racism, this program prioritizes support to communities of color. Funds can be used for rent assistance, mortgage payment, and emergency hotel vouchers. Assistance is available for up to 24 months. These services help County residents find homes, maintain housing, avoid homelessness, and work on creating a path to economic stability.

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

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of households engaged in STRA <sup>1</sup>	1,616	2,011	1,000	1,000
Outcome	Percentage of households engaged who remain in permanent housing six months after exit	96%	70%	70%	70%

### Performance Measures Descriptions

<sup>1</sup>Estimate for FY2022 was inaccurate as it inadvertently included households served with Federal CARES funding; we have adjusted to pre-pandemic levels of non-COVID response rent assistance for FY2023.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Personnel	\$71,395	\$71,395	\$159,049	\$0
Contractual Services	\$1,143,113	\$2,191,997	\$1,148,956	\$2,053,505
Materials & Supplies	\$2,270	\$2,270	\$11,018	\$0
Internal Services	\$10,869	\$21,283	\$35,259	\$0
<b>Total GF/non-GF</b>	<b>\$1,227,647</b>	<b>\$2,286,945</b>	<b>\$1,354,282</b>	<b>\$2,053,505</b>
<b>Program Total:</b>	<b>\$3,514,592</b>		<b>\$3,407,787</b>	
<b>Program FTE</b>	0.50	0.50	1.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$2,286,945	\$0	\$2,053,505
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,286,945</b>	<b>\$0</b>	<b>\$2,053,505</b>

Explanation of Revenues

\$1,926,734 - OHCSO Emergency Housing Assistance  
 \$126,771 - State of Oregon Elderly Rent Assistance

Significant Program Changes

Last Year this program was: FY 2022: 25133 YFS - Housing Stabilization for Vulnerable Populations (HSVP)

**Department:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Innovative/New Program

**Program Offer Stage:** As Adopted

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

### Executive Summary

Over the last two decades, due to the limited supply of housing to meet growing demand, the cost of housing rapidly increased in Multnomah County. The sudden and significant rise in rents has directly contributed to greater housing instability and homelessness experienced by community members throughout the county. This program seeks to encourage the use of existent vacant residential space where homeowners opt to rent a room in their home to a tenant.

### Program Summary

**ISSUE:** Closing the gap in supply and demand requires new and continued investments in affordable housing, as well as private investment to create a net gain in new residential units. Both approaches take years of development and implementation before they can deliver an increase in residential units. In the interim, there is an opportunity to encourage the use of existing vacant residential space where homeowners rent out rooms in their homes to tenants at a comparatively more affordable rate than an entire apartment or house. This is commonly referred to as “homeshare.”

**GOAL:** This proposed pilot project seeks to better quantify the opportunities presented by the homeshare model. This model could prove to be another option for clients served by either the County or providers contracted by the County.

**PROGRAM ACTIVITY:** The County will seek a vendor that can facilitate successful connections between homeowner and tenant, prioritizing equitable outcomes by working with the Department of County Human Service to secure placements for County clients. There will be a system whereby homeowners self-select in to rent a room in their home, and tenants self-select in to rent out a room. The program makes the connection between homeowner and tenant.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of rooms rented in one year	N/A	N/A	N/A	100
Outcome	Percent of homeshare matches that remain stable for one year.	N/A	N/A	N/A	90%

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$250,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$250,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$250,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

**Executive Summary**

Fair housing audit testing is a tool used to gauge housing discrimination. Locally, the City of Portland funds testing within city limits but Gresham, Fairview, Troutdale and Wood Village are outside the boundaries. This program will extend similar testing to areas in Multnomah County. It will provide insights into housing discrimination experienced by those classified as 'protected class' by the Fair Housing Act. The Fair Housing Act of 1968 considers protected classes to include discrimination based on race, religion, national origin, sex (and as amended) handicap and family status. The results can inform policies and ensure we can identify who is experiencing it, by whom, and that we end housing discrimination.

**Program Summary**

**ISSUE:** Discrimination continues to prevent equal access to housing opportunities. Fair housing testing is a tool used to detect discrimination in the housing market. To test for discrimination, people from different backgrounds (different races, ages, abilities, etc.) pretend they will rent or buy a home. They document what information they are given by landlords, the bank, etc. Since the 'testers' have different backgrounds (race, age, ability, etc.) we can compare the information, services and treatment people in protected classes received to what those in non-protected classes received and look for patterns of different treatment in the housing market.

**PROGRAM GOAL:** Build on the City's fair housing testing and expand testing so it includes East Multnomah County, including Gresham, Fairview, Troutdale and Wood Village.

**PROGRAM ACTIVITY:** This program will fund fair housing testing in East Multnomah County to better understand the level of discrimination in the housing market. The results can inform policies that work to eliminate and prevent housing discrimination.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of fair housing tests conducted in East Multnomah County	N/A	75	75	75
Outcome	Number of alleged housing discrimination investigations, advocacy & support conducted	N/A	55	55	55
Output	Number of Fair Housing training and outreach events for direct service staff	N/A	15	15	15

**Performance Measures Descriptions**

Program started in FY2022; no outputs or outcomes to report.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$110,000	\$0	\$110,000	\$0
<b>Total GF/non-GF</b>	<b>\$110,000</b>	<b>\$0</b>	<b>\$110,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$110,000</b>		<b>\$110,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 25134 YFS - Fair Housing Testing

**Department:** County Human Services      **Program Contact:** Peggy Samolinski  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25399R  
**Program Characteristics:**

### Executive Summary

Everyone should be able to grow up in an environment free of danger and abuse. Youth victims of sex trafficking need a system of care that is culturally-relevant and trauma-informed. Services support healing and a transition into safe and stable adulthood. This program is part of a collaborative that provides survivors with advocacy, shelter, and case management.

### Program Summary

**ISSUE:** The Pacific Northwest has a troubling reputation as a hub for sex trafficking of minors. An estimated 400-600 youth experience trafficking each year in Multnomah County. Youth are often trafficked through gang involvement, or as a result of exploitation in romantic or family relationships. Due to exploitation and abuse, youth often need intensive support to leave these situations.

**PROGRAM GOAL:** The Sex Trafficked Youth services system ensures that youth have support to heal from the trauma of sexual exploitation. New Day services also address economic and housing instability through a collaborative service model. Programming is provided by a collaborative of contracted service providers, including representation from the homeless youth continuum, domestic violence continuum, and culturally-specific organizations.

**PROGRAM ACTIVITY:** This program funds direct services to youth survivors of sex trafficking. It also funds collaboration across Multnomah County to prevent and address trafficking at a system level.

Direct services include drop-in support, mobile crisis services, housing support, and case management. Housing support includes access to one-year housing subsidy and ongoing case management support. Services are holistic and provided by highly-trained advocates. Services are available when youth are ready to engage and tailored to youth based on their specific needs.

System-level collaboration efforts include the Department of Community Justice, law enforcement, courts, Oregon Department of Human Services Child Welfare, the Homeless Youth Continuum, and community-based service providers. This collaboration seeks to prevent and address sex trafficking through coordination, policy, and legislation. Survivors and direct service providers are a critical part of this collaboration. Their expertise and lived experience are essential to our efforts to prevent trafficking.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of youth engaged in case management supports <sup>1</sup>	73	85	60	65
Outcome	Percentage of youth who know how to access safe and supportive resources	78%	70%	80%	80%

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$588,330	\$310,000	\$611,862	\$310,000
<b>Total GF/non-GF</b>	<b>\$588,330</b>	<b>\$310,000</b>	<b>\$611,862</b>	<b>\$310,000</b>
<b>Program Total:</b>	<b>\$898,330</b>		<b>\$921,862</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$310,000	\$0	\$310,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$310,000</b>	<b>\$0</b>	<b>\$310,000</b>

Explanation of Revenues

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

Significant Program Changes

Last Year this program was: FY 2022: 25135 YFS - Sex Trafficked Youth Services

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

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

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

### Executive Summary

Federal immigration laws and policies have created barriers for many immigrants and refugees. Funding for this program supports contracts to culturally specific organizations who serve Latinx immigrants and refugees. They provide culturally appropriate services that help reduce barriers and increase access to information, legal services and other resources for housing, health, education and employment. YFS staff support program development by hosting meetings with providers, consulting and providing program guidance and help with contracts.

### Program Summary

**ISSUE:** Immigrant and refugee communities face many challenges. Even getting information about what is available can be difficult and without it, it can increase fear, be isolating and prevent people from receiving care. In addition, for many reasons it may be difficult to access help and navigate support services. Multnomah County strives to promote and create a welcoming community that is safe, stable and thriving. Limited access to accurate immigration information and support has increased fear and hindered access to health and social services in immigrant and refugee communities that already face substantial systemic barriers. When fewer families get health care, education or the assistance necessary to become safely housed or employed, it impacts the wellness of the entire community. COVID-19 has amplified the disparities in such access.

**PROGRAM GOAL:** The goal of the program is to ensure that immigrant and refugee families can receive accurate information, and access services that are culturally specific.

**PROGRAM ACTIVITY:** There are three key activities. First: work with agencies who provide culturally specific services and help them increase their ability to serve immigrant and refugee families, especially those they believe are most at risk. Second, increase access to information and education that is culturally specific. Third, offer training and education for immigrants and refugees so they understand their rights and can access legal services.

During the COVID-19 pandemic, culturally specific providers have been essential to helping families navigate the legal system. They have ensured there is access to information and services in their own language. This work has ensured that immigrants and refugees who do not speak English have access to legal services.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of participants engaged in individualized navigation services	411	370	370	370
Outcome	Percent of individuals and families reporting a reduction in barriers	40%	40%	40%	40%
Output	Number of community trainings or workshops	44	18	20	20
Output	Number of individuals and families receiving timely and accurate information, referral, education, services.	1599 <sup>1</sup>	570	570	570

### Performance Measures Descriptions

<sup>1</sup>Output for FY2021 is high because it combines number of participants in events, plus individuals and families receiving timely and accurate information, referral, education, services. Estimates for FY2022 and FY2023 are lower because it will only count "Number of individuals and families receiving timely and accurate information, referral, education, services".

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$254,750	\$0	\$264,940	\$0
<b>Total GF/non-GF</b>	<b>\$254,750</b>	<b>\$0</b>	<b>\$264,940</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$254,750</b>		<b>\$264,940</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 25136A YFS - Culturally Specific Navigation Services for Immigrant Families

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

### Executive Summary

Multnomah County is a primary area for refugee resettlement in the State of Oregon. The process to become legal permanent residents of the United States is complex and includes requirements for medical examinations and follow-up care leading up to the submission of Form I-693, which must be completed by a civil surgeon and requires a medical exam. The cost of the exam and completion of the form often presents a financial burden for refugees. Providing funding to help offset the cost of the exam will ease the financial burden associated with the I-693 form for refugees being resettled in Multnomah County. This funding is one-time-only and is meant to serve as bridge funding while the community and refugee resettlement agencies work to identify long term, sustainable solutions.

### Program Summary

**ISSUE:** To apply to become a lawful permanent resident in the United States, applicants are required to submit form I-693 to report their medical examination and vaccination record. While the form itself does not have a cost associated with it, the cost of the exam can be up to \$1,000 per individual. This cost presents a barrier and financial hardship for refugees when applying to become a lawful permanent resident of the United States.

**PROGRAM GOAL:** Multnomah County seeks to help offset or cover the cost of the exam for refugees being resettled in Multnomah County. This funding is meant to serve as bridge funding while the community and resettlement agencies work to identify a longer term solution and funding source.

**PROGRAM ACTIVITY:** After helping to coordinate any necessary medical care, provider will work with refugee to identify a qualified physician to complete the examination and I-693 form and will provide financial assistance to offset the cost of the required medical examination.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Provider connects refugee with financial assistance to offset cost of I-693 form process	N/A	N/A	N/A	425
Outcome	Refugee receives financial assistance to cover I-693 form process	N/A	N/A	N/A	425

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$250,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$250,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$250,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

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

### Executive Summary

When youth feel safe, have a sense of belonging, and their culture and choices are honored, they have positive academic and life outcomes. Successful Families (SF) agencies provide culturally specific, community-based services and support for children of color age 12-17 and their families. SF agencies are currently supporting basic needs, self-care, social-emotional learning, and well-being. This is in response to the disproportionate impact the pandemic has had on communities of color - the population SF serves.

### Program Summary

**ISSUE:** Educational barriers for children and youth of color in Multnomah County are extensive. Youth of color regularly experience racism, systemic oppression, and intergenerational trauma. This contributes to disparate outcomes in health, education, and well-being for these youth. During the pandemic, youth engagement and classroom participation has also decreased significantly. As youth feel more isolated, social emotional supports are needed now more than ever.

**PROGRAM GOAL:** Investing in culturally responsive and culturally specific practices reduces educational barriers. This is especially true when done in partnership with schools. SF improves culturally responsive, specific, and relevant services so that children of color can learn better. The initiative aims to increase school readiness and academic achievement so that youth can transition into adulthood successfully.

**PROGRAM ACTIVITY:** SF uses a collective impact model to serve communities of color in ways that best reflect their culture and identity. This requires strong partnership between culturally specific organizations, school districts, and Multnomah County. Successful Families offers one-on-one support to youth, group activities, family engagement and more. These activities might include: leadership development, homework help, cultural identity promotion, and recreation. SF uses the strong relationships and trust built with the community to successfully support youth and families. An important piece of SF during the pandemic has been connecting youth and families to critical resources. SF staff have helped families understand public health information, including vaccine information. According to SF providers, families have appreciated the flexibility and virtual approaches grown out of necessity during the pandemic. SF primarily serves two school districts: Reynolds and David Douglas.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of youth served	1,183	1,000	1,000	1,000
Outcome	Percent students served who attended school regularly (are not chronically absent) <sup>1</sup>	N/A	80%	80%	80%
Output	Number of parents/legal guardians/regular caregivers served <sup>2</sup>	583	700	700	700
Outcome	% of parents/legal guardians/regular caregivers who are engaged w/ schools and monitoring progress <sup>2, 3</sup>	55%	75%	75%	75%

### Performance Measures Descriptions

<sup>1</sup> Data unavailable due to the impacts of COVID-19. We expect this data will be available in FY 2022.

<sup>2</sup> Parent engagement was lower due to the impacts of COVID-19.

<sup>3</sup> Data missing from one agency.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$108,594	\$0	\$126,306	\$0
Contractual Services	\$2,261,295	\$0	\$2,351,747	\$0
Materials & Supplies	\$6,406	\$0	\$50	\$0
Internal Services	\$0	\$0	\$25,060	\$0
<b>Total GF/non-GF</b>	<b>\$2,376,295</b>	<b>\$0</b>	<b>\$2,503,163</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,376,295</b>		<b>\$2,503,163</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 25137 YFS - Successful Families

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

### Executive Summary

The Youth Stability and Homelessness Prevention Services program serves youth under the age of 18. The program offers services to both prevent homelessness as well as support those who are homeless. For those at risk of leaving their current home, the services can help them stabilize their living situation and prevent homelessness. For those who have left, been kicked out or cannot return, the program can provide a rapid response and ensure youth have support and emergency housing. The services are contracted to non-profits who have track records of serving youth with high quality and culturally appropriate services. YFS supports program development by hosting meetings with providers, consulting and providing program guidance and help with contracts.

### Program Summary

**ISSUE:** The dynamics and consequences of homelessness can be different for youth than adults. For instance, for youth, homelessness impacts their education and ability to attend or stay in school. Youth need support and services that are tailored to their age, developmental stage, culture and specific circumstances.

**PROGRAM GOAL:** This program addresses the need for services that are tailored to youth who are at risk of or who are experiencing homelessness. The program supports youth so they can stay in school and works to prevent involvement in juvenile justice and child welfare systems.

**PROGRAM ACTIVITY:** This program contracts with community organizations who serve youth under age 18 and prioritizes funding culturally specific organizations. The services focus on three areas:

- 1) Access and Outreach: Text and phone services that are available around the clock, 7 days a week. Mobile response is also available to connect with youth in person and provide transportation if needed. Outreach is conducted at schools as well as youth-serving organizations, DHS and law enforcement.
- 2) Crisis and Stability Support: Needs and safety assessment, emotional support, crisis intervention, safety planning, family mediation and reunification (when possible and appropriate). It also includes connecting youth to a range of other services to promote safety and stability.
- 3) Emergency Housing: Overnight emergency housing options and short-term case management services for youth who are in emergency housing.

During this global pandemic organizations have had to quickly shift the ways they serve youth to follow social distance guidelines. And the need for services that support youth and keep them safe and healthy has deepened during COVID-19.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of youth engaged in service	75	75	75	75
Outcome	Percent of youth who identify at least one supportive adult outside of the YSHP program, at exit	94%	80%	80%	80%

### Performance Measures Descriptions

Output remains the same across fiscal year as the program is only able to serve 75 youth.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$600,077	\$100,000	\$679,564	\$46,651
<b>Total GF/non-GF</b>	<b>\$600,077</b>	<b>\$100,000</b>	<b>\$679,564</b>	<b>\$46,651</b>
<b>Program Total:</b>	<b>\$700,077</b>		<b>\$726,215</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$100,000	\$0	\$46,651
<b>Total Revenue</b>	<b>\$0</b>	<b>\$100,000</b>	<b>\$0</b>	<b>\$46,651</b>

Explanation of Revenues

\$46,651- OCCF Youth Investment.  
Amount for FY 2023 reflects a reduction in grant funding by the grantor.

Significant Program Changes

Last Year this program was: FY 2022: 25138 YFS - Youth Stability & Homelessness Prevention Services

**Department:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Innovative/New Program

**Program Offer Stage:** As Adopted

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

### Executive Summary

The Youth Stability and Homelessness Prevention Services program serves youth under the age of 18. The program offers services to both prevent homelessness as well as support those who are homeless. For those at risk of leaving their current home, the services can help them stabilize their living situation and prevent homelessness. For those who have left, been kicked out or cannot return, the program can provide a rapid response and ensure youth have support and emergency housing. The services are contracted to nonprofits who have track records of serving youth with high quality and culturally appropriate services. This program offer would increase the number of available emergency beds from 4 beds to 8 beds, and provide funding for the staffing needed to expand emergency shelter capacity.

### Program Summary

**ISSUE:** The dynamics and consequences of homelessness can be different for youth than adults. For instance, for youth, homelessness impacts their education and ability to attend or stay in school. Youth need support and services that are tailored to their age, developmental stage, culture and specific circumstances. This program currently has 4 available emergency shelter beds for youth who are unable to remain with family, and need a place to stay until their situation is stabilized. The program is experiencing capacity issues, which is counter to the goal to avoid turning away youth who are on the streets. Adding additional beds is important to ensure youth can remain off the streets.

**PROGRAM GOAL:** This program addresses the need for services that are tailored to youth who are at risk of or who are experiencing homelessness. The program supports youth so they can stay in school and works to prevent involvement in juvenile justice and child welfare systems.

**PROGRAM ACTIVITY:** This program contracts with community organizations who serve youth under age 18 and prioritizes funding culturally specific organizations. The services focus on three areas:

- 1) Access and Outreach: Text and phone services that are available around the clock, 7 days a week. Mobile response is also available to connect with youth in person and provide transportation if needed. Outreach is conducted at schools as well as youth-serving organizations, DHS and law enforcement.
- 2) Crisis and Stability Support: Needs and safety assessment, emotional support, crisis intervention, safety planning, family mediation and reunification (when possible and appropriate). It also includes connecting youth to a range of other services to promote safety and stability.
- 3) Emergency Housing: Overnight emergency housing options and short-term case management services for youth who are in emergency housing.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of beds available for youth 12-17	N/A	N/A	N/A	4
Outcome	Percent of youth who identify at least one supportive adult outside of the YSHP program, at exit	N/A	N/A	N/A	75%

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$600,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$600,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$600,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** County Human Services      **Program Contact:** Peggy Samolinski  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 30407A  
**Program Characteristics:**

### Executive Summary

The Multnomah Stability Initiative (MSI) is an antipoverty program that offers a range of culturally specific and responsive services. It supports families by recognizing that they are experts in their own lives and they are resilient. It also assumes that families should make their own goals around stability and income. A key to MSI is the ability to provide culturally responsive services and flexibility while supporting families. As part of leading with racial equity, 60% of funds are for culturally specific organizations. This ensures that the program meets the unique needs and norms of families and communities,

### Program Summary

**ISSUE** There is a lack of culturally specific services that provides flexibility for the unique needs of families in poverty.

**PROGRAM GOAL:** MSI addresses the need to recognize that families are experts and know what they need and want for themselves. By providing culturally specific and flexible services to help them achieve the goals they select, this program empowers families and is a key to family and community stability.

**PROGRAM ACTIVITY:** Culturally specific and appropriate services are delivered by contracted partner staff using an Assertive Engagement approach. This model recognizes the individual as the expert in their own life and instills hope. MSI offers families a selection of services and supports to choose from. Families identify their interests, strengths, choices, and goals and are connected with resources and services that help them. The activities of the MSI program include assisting families in stabilizing and securing housing; providing access to short term rent assistance; making connections to legal clinic services; providing Assertive Engagement case management; connecting families to natural supports in the community like support groups and school programs; connecting people to job training, income and asset creation, and flex funds.

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

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of households served in MSI case management	333 <sup>1</sup>	750	750	750
Outcome	Percentage of households served that remain in permanent housing six months after exit	95% <sup>2</sup>	75%	75%	75%

### Performance Measures Descriptions

<sup>1</sup>Output is lower due to the impact of COVID-19.

<sup>2</sup> Outcome is higher in FY2021 compared to target and previous years. We will analyze this trend and adjust in future years.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$108,992	\$37,543	\$92,997	\$61,986
Contractual Services	\$2,540,803	\$1,079,298	\$2,610,745	\$1,079,300
Materials & Supplies	\$43,295	\$0	\$20,100	\$0
Internal Services	\$21,613	\$5,497	\$27,107	\$8,702
<b>Total GF/non-GF</b>	<b>\$2,714,703</b>	<b>\$1,122,338</b>	<b>\$2,750,949</b>	<b>\$1,149,988</b>
<b>Program Total:</b>	<b>\$3,837,041</b>		<b>\$3,900,937</b>	
<b>Program FTE</b>	0.74	0.26	0.60	1.40

Program Revenues				
Intergovernmental	\$0	\$1,122,338	\$0	\$1,149,988
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,122,338</b>	<b>\$0</b>	<b>\$1,149,988</b>

Explanation of Revenues

This program generates \$8,702 in indirect revenues.  
 \$863,354 - OHCS D Community Development Block Grant  
 \$286,634 - OHCS D Housing Stabilization Program

Significant Program Changes

Last Year this program was: FY 2022: 25139 YFS - Multnomah Stability Initiative (MSI)

This program adds 1.00 FTE Program Specialist funded by the Supportive Housing Services Measure funding in the Joint Office of Homeless Services. See program 30407A for the associated costs and program information.

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

### Executive Summary

Safe, quality and affordable homes are essential for family and community health and stability. The Federal Community Development Block Grant program is a resource for supporting this. This grant can be used to expand affordable housing in low- and moderate-income communities in unincorporated areas in East Multnomah County. Racism and racist policies have shaped patterns of residential segregation and poverty and this service area has a high concentration of poverty and Black, Indigenous, Native and Communities of Color. YFS staff manage all aspects of this grant. Some key activities include: community outreach, application development, creating a public advisory group, hosting meetings, site reviews, monitoring and grant reporting.

### Program Summary

**ISSUE:** East Multnomah County has a high concentration of Black, Indigenous and Communities of Color. In addition, because of racism, rates of poverty are also high in East County. Federal funding formulas do not provide adequate affordable housing and infrastructure in low- and moderate-income communities. As a result, the people and families in East Multnomah County (most of whom are Black, Indigenous and other people of color) continue to have limited access to affordable housing and lack the infrastructure for public works projects.

**PROGRAM GOAL:** The goal of the Community Development program is to create opportunities for neighborhood revitalization. The program provides funding for public services and housing rehabilitation services in low and moderate income (LMI) households in the unincorporated areas of East Multnomah County. Rehabilitation services include critical home repair services.

**PROGRAM ACTIVITY:** The Community Development Block Grant (CDBG) program includes the administration of the Community Development Block Grant. It is a collaboration between DCHS, the cities of Wood Village, Fairview, Troutdale, Marywood Park and the community. The program co-hosts events and workshops with Portland and Gresham on CDBG planning activities.

A unique aspect of this program is the use of a community advisory board. Because residents of East Multnomah County and unincorporated areas outside of Portland and Gresham are the key stakeholders, they also serve on the advisory board. Thus, community members are empowered to make policy and funding recommendations for the CDBG project. The advisory board guides decisions about how the CDBG program funds for public services and housing rehabilitation service to low- and moderate-income households, will be used.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of public works projects completed	1	1	1	1
Outcome	Number of housing units rehabilitated	30	30	30	30

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$106,812	\$47,019	\$86,812	\$52,004
Contractual Services	\$0	\$286,491	\$0	\$305,249
Materials & Supplies	\$4,515	\$0	\$1,250	\$0
Internal Services	\$21,613	\$6,860	\$25,060	\$7,303
<b>Total GF/non-GF</b>	<b>\$132,940</b>	<b>\$340,370</b>	<b>\$113,122</b>	<b>\$364,556</b>
<b>Program Total:</b>	<b>\$473,310</b>		<b>\$477,678</b>	
<b>Program FTE</b>	0.69	0.31	0.63	0.37

Program Revenues				
Intergovernmental	\$0	\$305,370	\$0	\$364,556
Other / Miscellaneous	\$0	\$10,000	\$0	\$0
Beginning Working Capital	\$0	\$25,000	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$340,370</b>	<b>\$0</b>	<b>\$364,556</b>

Explanation of Revenues

This program generates \$7,303 in indirect revenues.  
 \$364,556 - HUD Community Development Block Grant

Significant Program Changes

Last Year this program was: FY 2022: 25140 YFS - Community Development

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

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

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

The Supplemental Nutrition Assistance Program (SNAP) is one of the best resources to help people and families with food security. The SNAP outreach program provides information, referral, and application assistance to households seeking SNAP benefits. Participation in SNAP provides a better quality diet and nutrition for children and adults across their life compared to people with low incomes who do not participate. During COVID-19, more people in our community need assistance to ensure they have nutritious food. To be responsive to this need, SNAP benefits have been expanded and the SNAP outreach program shifted to be more accessible to those in need.

**Program Summary**

**ISSUE:** According to the Multnomah County Poverty Report (2019), 15% of Multnomah County residents are food insecure. Children and communities of color experience hunger at even greater rates. Food insecurity and poverty are linked. In Multnomah County, the highest poverty rates are in East County and North/Northeast Portland areas where residents are predominantly Black, Indigenous, Native and other communities of color. While SNAP benefits can help, the application can be difficult to complete and benefits can be hard to access. COVID-19 has increased economic hardships and the number of people needing help accessing food.

**PROGRAM GOAL:** The SNAP Outreach program provides targeted outreach ensures that communities with the highest rates of poverty and geographic barriers have access to food. The focus is serving those with the highest levels of food insecurity and lowest participation rates: Black, Indigenous, Latinx and People of Color, immigrant and refugees and college-age students primarily in North/Northeast Portland and East Multnomah County, so that poverty does not mean going hungry.

**PROGRAM ACTIVITY:** SNAP outreach activities help increase awareness about the SNAP program and offer assistance with the application. Staff work with other County departments and community organizations in many settings. This includes schools, colleges, local workforce offices, community events and fairs and farmers markets. They also help people complete the application and guide them through the process. Because the application can be complex, it can be a barrier. The SNAP staff help answer questions and address any barriers. A unique and key aspect of their work is the relationships and trust they build with those they serve. This helps people complete the application as well as maintain the benefits when it's time to renew them. In addition, they stay connected with people and they feel comfortable reaching out when they need help. This increases access to SNAP benefits for first time applicants and those who need to renew benefits. These supports have continued without interruption during COVID and have ensured that those most in need of SNAP know about and receive them.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of consumers engaged through Outreach activities.	7,788	3,500	5,000	5,000
Outcome	Number of SNAP applications completed.	672	250	250	250

**Performance Measures Descriptions**

FY2021 actuals are higher due, in part, to new partnership development and participating in more community events. These measures are selected to align with the state SNAP reporting requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$106,599	\$106,599	\$129,904	\$115,770
Materials & Supplies	\$13,110	\$0	\$1,235	\$0
Internal Services	\$43,029	\$18,521	\$53,169	\$16,254
<b>Total GF/non-GF</b>	<b>\$162,738</b>	<b>\$125,120</b>	<b>\$184,308</b>	<b>\$132,024</b>
<b>Program Total:</b>	<b>\$287,858</b>		<b>\$316,332</b>	
<b>Program FTE</b>	1.00	1.00	1.06	0.94

Program Revenues				
Intergovernmental	\$0	\$125,120	\$0	\$132,024
<b>Total Revenue</b>	<b>\$0</b>	<b>\$125,120</b>	<b>\$0</b>	<b>\$132,024</b>

Explanation of Revenues

This program generates \$16,254 in indirect revenues.  
 \$132,024 - Oregon Supplemental Nutrition Assistance Program (SNAP)

Significant Program Changes

Last Year this program was: FY 2022: 25141 YFS - Supplemental Nutrition Assistance Program (SNAP) Outreach

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

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

**Related Programs:**
**Program Characteristics:** Measure 5 Education

### Executive Summary

Schools Uniting Neighborhoods Community Schools (SUN CS) employs culturally responsive practices to reduce learning barriers. SUN CS builds on student and family assets, promotes racial equity, and supports family stability. By contracting with community-based organizations, SUN CS is able to respond to the unique needs of each community and honor their cultures and preferences. YFS staff support program development by convening stakeholders and responding to their needs. YFS staff work with providers to leverage the power of community to ensure that all children are healthy, educated, and prosperous.

### Program Summary

**ISSUE:** Educational disparities are pervasive throughout Multnomah County and the State of Oregon. These disparities have the greatest impact on students and families of color. Students of color experience daily and pervasive racism, systemic oppression, and intergenerational trauma. The pandemic has made these disparities worse due to unequal access to resources. Inequities in technology, food, housing, employment, and health have made it more and more difficult for students to learn. Addressing these disparities requires a coordinated and collaborative approach.

**PROGRAM GOAL:** Students can thrive in school if their needs are met, they feel like they belong, and their culture and identity are honored. The goal of SUN CS is that all students and families, especially those from BIPOC communities, are healthy, educated, and prosperous. SUN CS supports this goal by reducing learning barriers, building on student and family assets, and uniting the community.

**PROGRAM ACTIVITY:** SUN CS supports students and their families by: 1) prioritizing relationships; 2) centering student learning; 3) integrating supports to help meet basic needs; and, 4) collaboration and leadership. There are 92 SUN schools in Multnomah County. Each Community School has a site manager who leads and coordinates the program. Site managers lead after school programming, engage and support families, and collaborate with school staff and community partners. During the pandemic, site managers have been critical in helping families navigate complex resource systems. Students in SUN CS have shared that they love SUN because "it is fun" and "there are people who look like me there". Community Schools center students and meet them where they are at. This, in turn, leads to great engagement in schools and success in schools and beyond.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of children (ages 5-18) served <sup>1</sup>	80,875	10,000	10,000 <sup>3</sup>	10,000
Outcome	Percent of 9th graders who earn 6 credits and are on target to graduate <sup>2</sup>	N/A	75%	75%	75%
Outcome	Percent who attended school consistently (more than 90% of days) <sup>2</sup>	N/A	90%	90%	90%

### Performance Measures Descriptions

<sup>1</sup> To allow providers to better respond to community needs during COVID-19, regular client-level data entry was suspended for FY 2021. These numbers are approximate and likely duplicated across months. Range for this figure is July - May, 2021.

<sup>2</sup> Outcomes not available. This data will be available again in FY 2022.

<sup>3</sup>Due to the ongoing pandemic, school closures, and staffing issues, we anticipate providers will serve fewer people in FY 2022.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$511,910	\$0	\$575,006	\$0
Contractual Services	\$6,679,344	\$2,408,479	\$7,403,091	\$3,111,828
Materials & Supplies	\$22,067	\$0	\$2,315	\$0
Internal Services	\$66,721	\$0	\$104,569	\$0
<b>Total GF/non-GF</b>	<b>\$7,280,042</b>	<b>\$2,408,479</b>	<b>\$8,084,981</b>	<b>\$3,111,828</b>
<b>Program Total:</b>	<b>\$9,688,521</b>		<b>\$11,196,809</b>	
<b>Program FTE</b>	4.00	0.00	4.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,408,479	\$0	\$3,111,828
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,408,479</b>	<b>\$0</b>	<b>\$3,111,828</b>

Explanation of Revenues

- \$1,507,729 - Portland Public Schools SUN Community School Support
- \$680,028 - City of Portland Parks & Recreation
- \$324,810 - Reynolds School District
- \$265,766 - David Douglas School District
- \$173,044 - Gresham Barlow School District
- \$155,451 - Parkrose School District
- \$5,000 - Centennial School District

Significant Program Changes

Last Year this program was: FY 2022: 25145A YFS - SUN Community Schools

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

### Executive Summary

The Child & Family Hunger Relief Program improves access to fresh and healthy foods. It increases food security by providing summer meals and food assistance programs via SUN Community School so that all children can reach their full potential. Children must have their basic needs met to be ready and able to learn. The COVID-19 pandemic has created many food access barriers for families, especially Black, Indigenous, and families of color. To better meet these growing food needs, the Hunger Relief Program coordinates with federal programs, nonprofit providers, SUN Community Schools, school districts, and other community partners.

### Program Summary

**ISSUE:** Healthy nutrition is vital to brain development and learning. Child food insecurity and a lack of access to fresh and healthy foods are barriers to health and learning. In Multnomah County, children experience food insecurity at a rate of 20%. Communities of color also experience hunger at rates higher than the general population. This food insecurity has continued to skyrocket as a result of the COVID-19 pandemic. Despite Oregon's high hunger rate, millions of Federal food funding dollars for children go unused.

**PROGRAM GOAL:** The program has two goals. First, to reduce child and family food insecurity and hunger so children can be healthy and learn. Second, to increase collaboration and use of available funds to meet hunger needs.

**PROGRAM ACTIVITY:** The Child & Family Hunger Relief program is a partnership with the Oregon Food Bank, six school districts, Portland Parks & Recreation, Multnomah County Library, Portland Children's Levy, and Partners for a Hunger-Free Oregon. The program provides summer meals and food assistance programs via SUN Community Schools. This ensures an environment for families that is accessible and non-stigmatizing. For 8-12 weeks, underserved communities in Mid and East County receive summer meals. Summer meals is a combination of 10 SUN CS sites and 3 County libraries. Food assistance programs include 23 school-based food pantries and 7 Free Food Markets. During the pandemic, partners have offered more outdoor, drive-up, and meal delivery options. Food distribution sites have also become a place for families to check-in and receive other important health and resource information. The program also engages in policy work, including supporting the Child & Family Food Security Coalition. The Coalition leverages community partnerships to increase food security and food access, with a focus on culturally specific populations.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of meals provided to children and families <sup>1</sup>	2,849,564	1,500,000	1,500,000	1,500,000
Outcome	Retail dollar equivalent for every \$1 County General Fund invested in SUN Food Distribution sites	\$16.91	\$10	\$10	\$10

### Performance Measures Descriptions

<sup>1</sup> Number of meals includes meals served through extended weeks of summer meals program, emergency food pantries, and Free Food Markets fresh produce to families. FY 2021 numbers reflect a surge of food pantry access due to the pandemic, as well as additional federal resources.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$140,332	\$0	\$156,340	\$0
Contractual Services	\$296,062	\$0	\$278,191	\$0
Materials & Supplies	\$9,355	\$0	\$700	\$0
Internal Services	\$21,973	\$0	\$25,289	\$0
<b>Total GF/non-GF</b>	<b>\$467,722</b>	<b>\$0</b>	<b>\$460,520</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$467,722</b>		<b>\$460,520</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 25147 YFS - Child & Family Hunger Relief

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

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

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

### Executive Summary

SUN Youth Advocacy (SYA) is a youth development program that provides social emotional and academic supports. When youth feel safe, have a sense of belonging, and their culture and choices are honored, they achieve better outcomes. As one Youth Advocate describes, "we are working to disrupt the 'falling behind' narrative and to ensure that student needs and relationship come first". The program prioritizes students who face the most barriers in education: those living in poverty, students of color, immigrants, and refugees. Last year the youth served in SYA spoke over 33 different languages at home, and 97% identified as Black, Indigenous, and Youth of Color.

### Program Summary

**ISSUE:** For too many children, income levels and the color of their skin impact what educational opportunities they have. Multnomah County has low educational attainment rates and poorer health outcomes. At the same time, the County also has high rates of unemployment and hunger. Despite making progress, Oregon is still below the national average of graduation rates. Significant disparities exist for students of color in both Multnomah County and Oregon overall - a gap that is only growing due to COVID-19. By providing services to meet basic needs, youth are more able to focus on school. SYA also supplies caregivers with the resources they need to support their child's educational success.

**PROGRAM GOAL:** SYA's goals are to increase student sense of safety, belonging and positive cultural identity. Each of these are known to increase school attendance, credit attainment, and graduation for all students. Research shows having a positive relationship with a supportive adult increases graduation rates. This is especially true for students of color, who may not have people who reflect their culture and identity in the school building. SYA also provides additional opportunities for students to learn outside of the classroom. This is another promising practice for reducing the achievement gap.

**PROGRAM ACTIVITY:** Youth Advocates build strong relationships with youth, their families, and schools. These relationships are culturally-grounded and use strengths-based approaches. For students, advocates focus on the key areas of social emotional support, wrap-around services, and academic help. Students receive help identifying, working toward, and accomplishing their personal and academic goals. SYA also provides culturally-specific enrichment activities, homework help, and peer support time. For families, advocates can refer them to services, assist with basic needs, and help families navigate systems of care.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of students (ages 6-18) served <sup>1</sup>	656	1,420	1,420	1,420
Outcome	Percent of students who consistently attend school (90% or more) <sup>2</sup>	N/A	77%	77%	77%
Outcome	Percent of 9th graders who earn 6 credits and are on target to graduate <sup>2</sup>	N/A	65%	65%	65%

### Performance Measures Descriptions

<sup>1</sup> Output is lower due to the impact of COVID-19

<sup>2</sup> Outcomes not available. This data will be available again in FY 2022.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$2,554,900	\$200,000	\$2,654,236	\$200,000
<b>Total GF/non-GF</b>	<b>\$2,554,900</b>	<b>\$200,000</b>	<b>\$2,654,236</b>	<b>\$200,000</b>
<b>Program Total:</b>	<b>\$2,754,900</b>		<b>\$2,854,236</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$200,000	\$0	\$200,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$200,000</b>	<b>\$0</b>	<b>\$200,000</b>

Explanation of Revenues

\$200,000 - OCCF-Youth Investment

Significant Program Changes

Last Year this program was: FY 2022: 25149 YFS - SUN Youth Advocacy Program

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

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

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

Parents are child's first teachers and are vital partners in their child's education. Parent Child Development Services (PCDS) removes barriers for families so that children can get a strong start in school. PCDS provides services that are reflective of and responsive to the cultural values and norms of the families it serves. PCDS contracts to non-profit partners. Sixty-percent of PCDS funding goes to culturally specific populations. YFS staff support PCDS providers by providing technical assistance and program development activities.

**Program Summary**

**ISSUE:** Multnomah County has 34,000 children under the age of six in families with low incomes. Families with low incomes, BIPOC families, immigrants, and refugees have fewer opportunities to participate in services that support parenting knowledge and healthy child development. This contributes significantly to disparities in kindergarten readiness levels and success in school. The COVID-19 pandemic has increased these barriers for children and their families. It has heightened the need for support meeting basic needs, as well as social, emotional, and mental health supports.

**PROGRAM GOAL:** PCDS provides resources and tools to families with children under the age of 6 so that children can learn and grow. The program aims to increase kindergarten readiness and ensure healthy child development. PCDS helps build the skills families need to be ready for and succeed in school.

**PROGRAM ACTIVITY:** Part of the SUN Service System, PCDS offers a variety of services to families so that parents and their children can thrive. These services include: developmental screening, immunization status checks, resource connection, and skill building. PCDS also hosts playgroups so that parents can connect with other families of children in a similar age group. As the pandemic continues, PCDS providers have continued to provide virtual services. This includes virtual home visits, community building and group events, and other supports. Providers have focused on helping families navigate resource and health information systems. For example, PCDS providers held COVID-19 vaccine information sessions for the families they serve. If families felt the decision was right for them, providers then supported parents in getting vaccinated.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of children served <sup>1</sup>	844	641	641	641
Outcome	Percent of children up to date on immunizations at exit <sup>2</sup>	N/A	95%	95%	95%

**Performance Measures Descriptions**

<sup>1</sup> Due to the impacts of COVID-19, regular data entry expectations were halted this past fiscal year. This figure is an approximation and may contain duplicates.

<sup>2</sup> Data unavailable due to the impacts of COVID-19.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$67,266	\$0	\$44,768	\$26,223
Contractual Services	\$1,530,344	\$342,449	\$1,586,787	\$349,917
Materials & Supplies	\$2,840	\$0	\$1,850	\$0
Internal Services	\$11,501	\$0	\$14,011	\$3,682
<b>Total GF/non-GF</b>	<b>\$1,611,951</b>	<b>\$342,449</b>	<b>\$1,647,416</b>	<b>\$379,822</b>
<b>Program Total:</b>	<b>\$1,954,400</b>		<b>\$2,027,238</b>	
<b>Program FTE</b>	0.50	0.00	0.32	0.18

Program Revenues				
Intergovernmental	\$0	\$253,167	\$0	\$262,366
Other / Miscellaneous	\$0	\$89,282	\$0	\$117,456
<b>Total Revenue</b>	<b>\$0</b>	<b>\$342,449</b>	<b>\$0</b>	<b>\$379,822</b>

Explanation of Revenues

This program generates \$3,682 in indirect revenues.  
 \$262,366 - OCCF Federal Family Preservation  
 \$117,456 - United Way Early Learning

Significant Program Changes

Last Year this program was: FY 2022: 25151 YFS - SUN Parent & Child Development Services

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

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

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

### Executive Summary

Research shows that when schools connect with parents in culturally appropriate ways, their children do better in school. YFS Early Learning programs support the transition from early learning into kindergarten. This includes empowering families and working to build positive family-school relationships. These programs also link partners from early learning and the K-12 system so that the transition from one to the other is smooth. The early learning programs are contracted to non-profit partners. YFS staff support these providers, and facilitate collaboration between partners and schools.

### Program Summary

**ISSUE:** Once fully implemented, Multnomah County's Preschool for All will ensure that all families have access to high quality early learning opportunities. However, access to high quality early learning is not enough. To sustain the benefits of high-quality preschool beyond kindergarten, the transition between preschool and elementary school needs to be strong and well-supported. This can have long-term benefits for a child, and can also support their academic achievement in early elementary school. Families should be treated as important partners in their child's education. They have valuable information to share about their child's behavior, learning preferences, and cultural background. Strong family engagement and high quality, culturally responsive early learning should go hand in hand.

**PROGRAM GOAL:** The goal of the YFS Early Learning Programs is to help children successfully transition to kindergarten. This requires fostering diverse family engagement and parent leadership prior to and during the early elementary school years.

**PROGRAM ACTIVITY:** YFS has two early learning components that are built into the SUN Community School (SUN CS) model. This builds upon the trusted relationships and deep community connection of SUN CS. The two early learning components are: Early Kindergarten Transition (EKT) and P-3 (Prenatal to 3rd Grade). EKT is a school-based summer program for children entering kindergarten. During this program, children get time in a kindergarten classroom with a kindergarten teacher. Parents and caregivers also receive the opportunity to get to know the school and build relationships. EKT prioritizes children of color and English Language Learners for these programs. P-3 funds early parent engagement at 9 SUN Community Schools. P-3 coordinators connect families to school before kindergarten. The contracted providers empower parents to be effective leaders in their school community. P-3 also connects parents to resources as needed, and helps parents connect to other parents in their child's school.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of children who participate in summer Early Kindergarten Transition. <sup>1</sup>	509	810	739	810
Outcome	Percent of parents who report comfort with activities they can engage in at home to support their child in school. <sup>2</sup>	N/A	90%	90%	90%

### Performance Measures Descriptions

<sup>1</sup> Output is lower than expected due to COVID-19 and subsequent data challenges. We expect these to be resolved for FY 2022.

<sup>2</sup> Data unavailable due to the impacts of COVID-19.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$72,485	\$47,875	\$76,336	\$49,972
Contractual Services	\$282,914	\$819,764	\$270,175	\$832,853
Materials & Supplies	\$11,277	\$0	\$450	\$0
Internal Services	\$43,226	\$6,985	\$26,080	\$7,013
<b>Total GF/non-GF</b>	<b>\$409,902</b>	<b>\$874,624</b>	<b>\$373,041</b>	<b>\$889,838</b>
<b>Program Total:</b>	<b>\$1,284,526</b>		<b>\$1,262,879</b>	
<b>Program FTE</b>	0.60	0.40	0.60	0.40

Program Revenues				
Intergovernmental	\$0	\$75,535	\$0	\$97,500
Other / Miscellaneous	\$0	\$799,089	\$0	\$792,338
<b>Total Revenue</b>	<b>\$0</b>	<b>\$874,624</b>	<b>\$0</b>	<b>\$889,838</b>

Explanation of Revenues

This program generates \$7,013 in indirect revenues.  
 \$763,846 - Kindergarten Innovation Grant  
 \$97,500 - Portland Public Schools SUN Community School Support  
 \$28,492 - United Way Early Learning

Significant Program Changes

Last Year this program was: FY 2022: 25152 YFS - Early Learning Family Engagement and Kindergarten Transition

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

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

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

The Sexual & Gender Minority Youth Services (SGMY) program centers, honors, and supports LGBTQ2IA+ youth where they are at. It intentionally builds spaces that are welcoming, physically and emotionally safe, and supportive. The program provides basic needs support, case management, and skill building opportunities to LGBTQ2IA+ youth. Part of the SUN Service System, SGMY staff also train community partners and schools. These trainings aim to expand the number of affirming spaces and experiences LGBTQ2IA+ youth have in their communities. YFS staff provide technical assistance and support to New Avenues for Youth, the agency contracted for this program.

**Program Summary**

**ISSUE:** LGBTQ2IA+ youth experience discrimination, violence, and harassment that puts their safety at risk. These youth are more likely to experience homelessness due to unsupportive caregivers. SGMY youth participants describe experiences of anxiety and fear as they try to access basic needs services, including health and mental health resources. Without access to these supports, LGBTQ2IA+ youth are three times more likely to attempt suicide. Because of the pandemic, SGMY youth are more isolated and in greater need of affirming adults, supportive peers, and safe gathering spaces.

**PROGRAM GOAL:** This program aims to connect youth to resources that help them meet their goals. The program works to create an environment where youth can build positive relationships with peers and adults. SGMY also educates the community so that LGBTQ2IA+ youth can have better experiences and feel safer.

**PROGRAM ACTIVITY:** SGMY focuses on 3 areas of support for LGBTQ2IA+ youth: 1) Case management and basic needs help 2) Creating a safe and supportive space and 3) Providing training and education to the community so that they may provide competent and relevant services to these youth. SGMY centers youth voice and developing youth leadership. The program elicits feedback from a youth steering committee called the Queering Committee. Based on the feedback received, SGMY has prioritized connecting one on one with youth weekly. This occurs either virtually or in-person and includes social support meet ups as well as wellness check-ins. SGMY advocates help youth with things like food boxes, gender affirming clothing, and hygiene supplies. They also help youth create goals and connect to other resources. For many LGBTQ2IA+ youth, the one on one check-ins and social support are an essential part of their safety plans, especially during the pandemic.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of youth who participate in case management.	84	75	75	75
Outcome	Percent of youth who remain in or re-enroll in school.	93%	75%	75%	75%
Output	Number of community provider and school staff trained. <sup>1</sup>	148	300	300	300
Outcome	Percent of training participants who report an increase in knowledge of SMGY issues/cultural competency.	84%	85%	85%	85%

**Performance Measures Descriptions**

<sup>1</sup> Due to the impacts of COVID-19, as well as staff turnover at the agency, this output is lower than expected.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$319,513	\$0	\$330,167	\$0
<b>Total GF/non-GF</b>	<b>\$319,513</b>	<b>\$0</b>	<b>\$330,167</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$319,513</b>		<b>\$330,167</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 25155 YFS - Sexual & Gender Minority Youth Services

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

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

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Bienestar de la Familia provides a range of culturally specific social services in many different languages. They target their help to those who are harmed by racism and poverty--Latinx, immigrants and refugees, Somalis and other families of color in the Cully neighborhood. They have worked without interruption during the pandemic. Their willingness to maintain, expand and provide new services during this pandemic has been essential to supporting our community.

### Program Summary

**ISSUE:** Bienestar de la Familia is located in the Cully neighborhood. Many families within the immediate area live in poverty, face housing instability and food insecurity. In addition, because of the cultural and racial diversity in this neighborhood, there is a need for services that are culturally appropriate and to have resources in multiple languages. This need has only increased and deepened during the COVID-19 pandemic.

**PROGRAM GOAL:** The goal of Bienestar de la Familia is to ensure access to culturally specific social services and prioritize Latinx, Somali and communities of color. Bienestar promotes the well-being of families and its services help reduce poverty, promote self-efficacy, prosperity and success. To do this, Bienestar offers housing stability services for families and individuals who are homeless or at risk of homelessness. They also provide substance abuse and mental health services, food supports and other safety net programs that are culturally appropriate and responsive.

**PROGRAM ACTIVITY:** Bienestar provides a range of services that are culturally and linguistically specific and appropriate. Some of the key services include: case management, housing stabilization and rental assistance, mental health assessment and counseling, alcohol and drug counseling and prevention, service linkage and coordination, nutrition resources, energy assistance, information and referral, employment assistance, school support, and advocacy to help address families' needs ranging from basic to crisis. Other activities include parent education and support groups; a weekly Women's and Men's support group; and energy and weatherization workshops. The "Mercado" Harvest Share, in partnership with the Oregon Food Bank, Franz Bakery, and the Northeast Emergency Food Program, make fresh food available to households living on a fixed or low income and SNAP outreach staff enable families to immediately sign up for SNAP benefits. Bienestar also has a Community Advisory Council that provides guidance and ensures that Bienestar is responsive to the needs of the diverse community.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of households served <sup>1</sup>	601	1,000	1,000	1,000
Outcome	Percent of clients who report that services they received improved their situation.	99%	85%	85%	85%
Output	Number of individuals served by Mercado <sup>2</sup>	37,221	18,000	18,000	18,000

### Performance Measures Descriptions

<sup>1</sup>Output is lower in FY2021 due to the impact of COVID-19 on data entry and the shift in services to focus on the pandemic emergency response. In addition, we shifted reporting from "individuals served" to "household served" which reduces total number served.

<sup>2</sup>New Measure; FY21 output was high due to increasing the Mercado to weekly; it has shifted back to monthly, thus the output is more realistic for FY22 and the future.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,102,688	\$222,812	\$1,165,513	\$235,306
Contractual Services	\$16,500	\$365,395	\$16,500	\$280,437
Materials & Supplies	\$38,121	\$0	\$31,565	\$0
Internal Services	\$274,340	\$32,508	\$358,521	\$33,036
<b>Total GF/non-GF</b>	<b>\$1,431,649</b>	<b>\$620,715</b>	<b>\$1,572,099</b>	<b>\$548,779</b>
<b>Program Total:</b>	<b>\$2,052,364</b>		<b>\$2,120,878</b>	
<b>Program FTE</b>	8.60	2.00	8.60	2.00

Program Revenues				
Intergovernmental	\$0	\$620,715	\$0	\$548,779
<b>Total Revenue</b>	<b>\$0</b>	<b>\$620,715</b>	<b>\$0</b>	<b>\$548,779</b>

Explanation of Revenues

This program generates \$33,036 in indirect revenues.  
 \$384,379 - OHCSO Emergency Housing Assistance  
 \$164,400 - OHCSO Housing Stabilization Program

Significant Program Changes

Last Year this program was: FY 2022: 25156A YFS - Bienestar Social Services

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

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

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

### Executive Summary

Bienestar de la Familia provides a range of culturally specific social services in many different languages. They target their help to those who are harmed by racism and poverty--Latinx, immigrants and refugees, Somalis and other families of color in the Cully neighborhood. They have worked without interruption during the pandemic. Their willingness to maintain, expand and provide new services during this pandemic has been essential to supporting our community. Additional program infrastructure is needed to maintain balance and staff capacity.

### Program Summary

**ISSUE:** Bienestar de la Familia is located in the Cully neighborhood. Many families within the immediate area live in poverty, face housing instability and food insecurity. In addition, because of the cultural and racial diversity in this neighborhood, there is a need for services that are culturally appropriate and to have resources in multiple languages. This need has only increased and deepened during the COVID-19 pandemic, and their work has grown exponentially. This demand will not decrease as the impacts of the pandemic in BIPOC communities will be long lasting. The range of services and initiatives at Bienestar has stretched the supervisory, administrative and case management capacity of the program.

**PROGRAM GOAL:** The goal of Bienestar de la Familia is to ensure access to culturally specific social services and prioritize Latinx, Somali and communities of color. Bienestar promotes the well-being of families and its services help reduce poverty, promote self-efficacy, prosperity and success. To do this, Bienestar offers housing stability services for families and individuals who are homeless or at risk of homelessness. They also provide substance abuse and mental health services, food supports and other safety net programs that are culturally appropriate and responsive.

**PROGRAM ACTIVITY:** Bienestar provides a range of services that are culturally and linguistically specific and appropriate. Some of the key services include: case management, housing stabilization and rental assistance, mental health assessment and counseling, alcohol and drug counseling and prevention, service linkage and coordination, nutrition resources, energy assistance, information and referral, employment assistance, school support, and advocacy to help address families' needs ranging from basic to crisis. Other activities include parent education and support groups; a weekly Women's and Men's support group; and energy and weatherization workshops. The "Mercado" Harvest Share, in partnership with the Oregon Food Bank, Franz Bakery, and the Northeast Emergency Food Program, make fresh food available to households living on a fixed or low income and SNAP outreach staff enable families to immediately sign up for SNAP benefits. Bienestar also has a Community Advisory Council that provides guidance and ensures that Bienestar is responsive to the needs of the diverse community.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Wait time for access to services for African Immigrant community members is reduced (by weeks)	N/A	N/A	N/A	1
Outcome	Percent of clients who report that services they received improved their situation.	N/A	N/A	N/A	85%

### Performance Measures Descriptions

Output is the number of weeks potential clients have to wait before being able to meet with a Case Manager.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$317,961	\$0
Materials & Supplies	\$0	\$0	\$39,069	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$357,030</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$357,030</b>	
<b>Program FTE</b>	0.00	0.00	3.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

This program adds 1.00 FTE Program Supervisor, 1.00 FTE Case Manager Senior, and 1.00 FTE Office Assistant 2.

**Department:** County Human Services      **Program Contact:** Peggy Samolinski  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 10018D  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

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

**Program Summary**

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

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

**PROGRAM ACTIVITY:** Continue and finalize the planning for culturally specific services in east Multnomah County. In FY 2022, a competitive process was conducted to identify a facilitator to convene a cohort of organizations in this process. This facilitator will lead this multi-cultural coalition assessment of readiness and adaptations of a model for one stop services to inform future funding decisions. Continuation of activities will include convening partners and community members for discussion, input and idea generation along with other methods to center community voice and experience in the process. This process will result in a feasibility assessment with a report and set of recommendations for the County's consideration.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Meetings with coalition of community organizations	N/A	4	4	4
Outcome	Completion of feasibility/assessment and recommendations	N/A	100%	100%	100%
Outcome	Community coalition members who believe they were included and involved in the feasibility process	N/A	75%	75%	75%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$0	\$100,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$100,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$100,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$100,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$100,000</b>

Explanation of Revenues

\$100,000 - Other National Association of Counties Research Foundation (NACoRF) Economic Recovery Plan

Significant Program Changes

**Last Year this program was:** FY 2022: 25156C YFS - Bienestar Social Services East County Service Site Expansion

This funding was added during FY 2022 in budget modification # SUPP02-DCHS-003-22 through Supplemental Budget # 2.

**Department:** County Human Services      **Program Contact:** Peggy Samolinski  
**Program Offer Type:** Support      **Program Offer Stage:** As Adopted  
**Related Programs:** 25118, 30407A  
**Program Characteristics:**

**Executive Summary**

The YFS Data and Evaluation Team provides recommendations for program and process improvement. YFS and DCHS leadership use these recommendations to make programs stronger and more effective. Data and evaluation activities help highlight disparities that may be occurring within programs. They also ensure the programs are having the desired impact and uplifting our community, especially Black, Indigenous, and People of Color. YFS Data and Evaluation activities include: data collection, report development, analysis, end user training, and program evaluation. This team supports over 29 unique programs.

**Program Summary**

**ISSUE:** Historically, data and evaluation activities have been rooted in oppressive practices. These practices have harmed communities of color, especially Black, Indigenous, and People of Color. The Data and Evaluation Team seeks to dismantle and undo these harmful practices. This team centers racial equity and community voice as they gather and analyze data

**PROGRAM GOALS:** The primary goal of the Data and Evaluation Team is to lead with racial equity in all activities. The team's priorities are to center provider and participant voice.

**PROGRAM ACTIVITY:** The Data and Evaluation Team supports all YFS programs and community partners. The team works to understand the impact of programs and service delivery. When programs and practices are not effective, the team helps suggest new approaches so that the community is better served. The team has two main functions:

- 1) Training, technical assistance, data management, and reporting
- 2) Research and evaluation activities to help understand impact and improve program delivery.

The team works with program staff and providers to ensure that the data collected is meaningful, high quality, and necessary. Staff also take part in Division and Department workgroups to support data quality, transparency, and governance. The key to success in each of these areas is the strong relationships the team builds with providers, partners, and the community.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of new end users trained to use ServicePoint & ART that support accurate data entry and report usage.	215	150	150	150
Outcome	Percent of ServicePoint users who report overall satisfaction with the YFS Data and Evaluation Team.	95%	90%	90%	90%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,235,215	\$0	\$1,300,005	\$0
Contractual Services	\$125,690	\$0	\$125,690	\$0
Materials & Supplies	\$6,600	\$0	\$13,555	\$0
Internal Services	\$195,903	\$0	\$225,540	\$0
<b>Total GF/non-GF</b>	<b>\$1,563,408</b>	<b>\$0</b>	<b>\$1,664,790</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,563,408</b>		<b>\$1,664,790</b>	
<b>Program FTE</b>	9.00	0.00	9.00	1.50

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 25160 YFS - Data and Evaluation Services

This program adds 1.00 FTE Data Analyst and 0.50 FTE Data Technician in Other Funds. These FTE are funded by the Supportive Housing Services Measure funding in the Joint Office of Homeless Services. See program 30407A for the associated costs and program information.

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

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

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

### Executive Summary

Data collection, management, reporting and disaggregation are all critical elements that support program improvement for Schools Uniting Neighborhoods Community Schools (SUN CS). SUN Community Schools employ culturally responsive practices to reduce learning barriers and build on student and family assets, promote racial equity, and support family stability. Having a new database system that employs new technologies, and supports data collection and reporting for SUN CS daily operations and programming, will greatly enhance data collection, reporting, and evaluation efforts.

### Program Summary

**ISSUE:** The data collection and reporting tool currently used by SUN CS (Community Services - ServicePoint) is an outdated technology solution that is focused on federal Housing and Urban Development (HUD) requirements that do not align with SUN CS programming and service delivery model. The reporting platform (ART) is unstable and causes many challenges for SUN Site Managers as they rely on daily ART reports to conduct day to day operations at schools.

**PROGRAM GOALS:** With a new database system that employs the latest technologies, students and families will be able to search and register for afterschool activities within their respective sites, SUN Site Managers will be able to easy track student enrollment and attendance, and program staff (internally and externally) will have easy access to data for reporting, program improvement and evaluation purposes.

**PROGRAM ACTIVITY:** This program will fund the purchase and implementation of a new technology system for SUN CS, including ongoing costs associated with the maintenance and management of the new system. Additionally, this program will fund 1.00 FTE to conduct system administration, report development and support, training and technical assistance, and the overall management of the new system.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	One system is identified, procured and selected	N/A	N/A	N/A	1
Outcome	Percentage of SUN Site Managers that report satisfaction with the new technology solution	N/A	N/A	N/A	95%

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$132,910	\$0
Contractual Services	\$0	\$0	\$93,556	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$226,466</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$226,466</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

This program adds 1.00 FTE Data Analyst Senior.

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

**Executive Summary**

Data collection, management, reporting and disaggregation are all critical elements that support program improvement for Schools Uniting Neighborhoods Community Schools (SUN CS). SUN Community Schools employ culturally responsive practices to reduce learning barriers and build on student and family assets, promote racial equity, and support family stability. Having a new database system that employs new technologies, and supports data collection and reporting for SUN CS daily operations and programming, will greatly enhance data collection, reporting, and evaluation efforts.

**Program Summary**

**ISSUE:** The data collection and reporting tool currently used by SUN CS (Community Services - ServicePoint) is an outdated technology solution that is focused on federal Housing and Urban Development (HUD) requirements that do not align with SUN CS programming and service delivery model. The reporting platform (ART) is unstable and causes many challenges for SUN Site Managers as they rely on daily ART reports to conduct day to day operations at schools.

**PROGRAM GOALS:** With a new database system that employs the latest technologies, students and families will be able to search and register for afterschool activities within their respective sites, SUN Site Managers will be able to easy track student enrollment and attendance, and program staff (internally and externally) will have easy access to data for reporting, program improvement and evaluation purposes.

**PROGRAM ACTIVITY:** These one-time-only (OTO) funds will complement the purchase and implementation costs associated with a new technology solution. These funds will be used for the platform set up, implementation, data integration, and customized report development costs associated with the first year of implementation.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	One system is identified, procured and selected	N/A	N/A	N/A	1
Outcome	Data is fully integrated into the new system	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	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$95,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$95,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$95,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Innovative/New Program

**Program Offer Stage:** As Adopted

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

### Executive Summary

Data collection, management, reporting and disaggregation are all critical elements that support program improvement and service delivery for Domestic and Sexual Violence programs. Domestic and Sexual Violence programs are highly focused on ensuring that survivors, particularly those from Black, Indigenous, and Communities of Color have equitable access to supports. Having a data system that is fully administered and managed by the Domestic and Sexual Violence Coordination Office is an important step in ensuring compliance with recent federal requirements related to survivors' confidentiality provisions and protections.

### Program Summary

**ISSUE:** Effective July 1st of 2022, the Domestic Violence Comparable Site (Comp Site) previously overseen by the HMIS Lead (Portland Housing Bureau) will be transitioning to the Domestic and Sexual Violence Coordination Office (DSVCO) in the Youth and Family Services Division. The DSVCO will be assuming the overall administration of the Comp Site for all Domestic and Sexual Violence programs and there is some administrative work and investments required for this transition.

**PROGRAM GOALS:** The primary goal of this transition is to maintain compliance with federal requirements related to survivors' confidentiality provisions and protections.

**PROGRAM ACTIVITY:** These one-time-only (OTO) funds will be used to purge old records from the system, along with data migrating from the existing "visibility tree" of ServicePoint, to a new visibility tree under DSVCO. We will work with the vendor, WellSky, to map and make these upgrades.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of records purged from the Comp Site	N/A	N/A	N/A	150,000
Outcome	New visibility tree under DSVCO is functional	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	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$25,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$25,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$25,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** County Human Services      **Program Contact:** Leslee Barnes  
**Program Offer Type:** Administration      **Program Offer Stage:** As Adopted  
**Related Programs:** 40099B, 72052, 72052B, 78301B  
**Program Characteristics:**

### Executive Summary

Multnomah County voters passed Measure 26-214, "Preschool for All," in November of 2020. Preschool for All will give 3- and 4-year-olds in Multnomah County access to free, high-quality, inclusive, culturally affirming preschool experiences. It will require careful financial planning, administrative capacity, and a thoughtful approach to creating accessible services.

### Program Summary

**ISSUE:** The measure directs the Department of County Human Services (DCHS) to lead Preschool for All. This is a large new initiative.

**PROGRAM GOAL:** These investments will help Preschool for All run more efficiently.

**PROGRAM ACTIVITY:** Preschool for All administrative costs include funding for three positions in DCHS Finance and one position in DCHS Human Resources. These positions will help the program run smoothly by providing essential administrative support, such as completing contracts quickly and paying preschool providers in a timely way.

Continuing in FY 2023, the Preschool & Early Learning Division will partner with County IT on the development of a preschool application system. The application system will allow parents to apply to Preschool for All and be matched with a preschool provider. It will also store key information, including enrollment and attendance. The data will assist with program operations and evaluation.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of executed contracts *	1	10	10	44
Outcome	% of accounts payable invoices paid in 30 days or less	N/A	95%	100%	95%
Outcome	% of families applying to PFA who report being satisfied or highly satisfied with the application process **	N/A	75%	75%	80%

### Performance Measures Descriptions

\* As the program grows, the number of Preschool for All contracts will also increase over time.

\*\* Families have an opportunity to complete a satisfaction survey after submitting the online family application.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$548,748	\$0	\$593,181
Contractual Services	\$0	\$0	\$0	\$0
Materials & Supplies	\$0	\$7,600	\$0	\$22,800
Internal Services	\$0	\$1,277,139	\$0	\$647,512
Unappropriated & Contingency	\$0	\$0	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,833,487</b>	<b>\$0</b>	<b>\$1,263,493</b>
<b>Program Total:</b>	<b>\$1,833,487</b>		<b>\$1,263,493</b>	
<b>Program FTE</b>	0.00	4.00	0.00	4.00

Program Revenues				
Taxes	\$0	\$96,250,000	\$0	\$112,000,000
Beginning Working Capital	\$0	\$0	\$0	\$79,402,080
<b>Total Revenue</b>	<b>\$0</b>	<b>\$96,250,000</b>	<b>\$0</b>	<b>\$191,402,080</b>

Explanation of Revenues

This program generates \$21,295 in indirect revenues.  
 \$112,000,000 - Preschool for All Fund  
 \$79,402,080 - Preschool for All Fund - Beginning Working Capital one-time-only carryover funds

PFA expenses are also allocated to other departments:  
 DCM (Department of County Management) 72052/B - \$7,379,104  
 MCHD (Multnomah County Health Department); 40099B - \$1,621,748

Significant Program Changes

Last Year this program was: FY 2022: 25200 PEL - Administration & System Support

In FY 2022, \$1.2 million was budgeted in internal services for the PFA application system and database costs. The overall cost of the project remains consistent, but \$594,033 of those costs will continue in FY 2023 and are budgeted in internal services.

**Department:** County Human Services      **Program Contact:** Leslee Barnes  
**Program Offer Type:** Administration      **Program Offer Stage:** As Adopted  
**Related Programs:** 40099B, 72052, 72052B, 78301B  
**Program Characteristics:**

**Executive Summary**

The revenue source for Measure 26-214, "Preschool for All," is a personal income tax on the highest income earners who live or work in Multnomah County. Personal income tax revenue can vary between fiscal years. Reserve and contingency funds have been established to provide fiscal stability for Preschool for All and a consistent level of service, despite year-to-year variability.

**Program Summary**

**ISSUE:** The Preschool for All personal income tax revenue will fluctuate from year to year.

**PROGRAM GOAL:** Reserve and contingency funds will help to provide ongoing fiscal stability for the initiative.

**PROGRAM ACTIVITY:** Preschool for All (PFA) is funded by a personal income tax. This revenue source will fluctuate from year to year. During this early stage of implementation of a new initiative, it is also important to be flexible, especially when responding to the needs of preschool providers who have been dramatically impacted by the COVID-19 pandemic.

Reserve and contingency funds will create ongoing stability for Preschool for All (PFA) and protect the program from unexpected revenue declines from economic fluctuations and unexpected costs. These fiscal stability approaches are informed by government accounting best practices and by Multnomah County's Financial and Budget Policies.

The reserve and contingency funds were established in FY 2022. Each year, funding will be added to the reserve so that the total amount is 15% of anticipated PFA tax revenue for that fiscal year. The reserve fund will ensure the long-term financial stability of the program.

Preschool for All tax revenue will also be added to the contingency fund so that the total is 10% of anticipated PFA tax revenue for that fiscal year. The contingency fund will allow the Preschool & Early Learning Division to address unforeseen expenses during FY 2023.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	% of reserve goal met	N/A	N/A	100%	100%
Outcome		N/A	N/A	N/A	N/A

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Unappropriated & Contingency	\$0	\$26,250,000	\$0	\$28,000,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$26,250,000</b>	<b>\$0</b>	<b>\$28,000,000</b>
<b>Program Total:</b>	<b>\$26,250,000</b>		<b>\$28,000,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 25200 PEL - Administration & System Support

In FY 2023, reserves and contingency total \$28 million as follows:  
 \$16,800,000 - reserves (15% of Preschool for All tax revenue)  
 \$11,200,000 - contingency (10% of Preschool for All tax revenue)

**Department:** County Human Services      **Program Contact:** Leslee Barnes  
**Program Offer Type:** Administration      **Program Offer Stage:** As Adopted  
**Related Programs:** 40099B, 72052, 72052B, 78301B  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

Preschool for All will give 3- and 4-year-olds in Multnomah County access to free early education. The number of children served each year will increase until publicly funded preschool is universally available in 2030. Revenue smoothing dollars are an important fiscal stability strategy to ensure stability and consistent service levels for the initiative as it grows.

**Program Summary**

**ISSUE:** Over the full implementation of the program, revenues and expenses are aligned, but there are individual years in which expenses are expected to exceed revenues. To smooth the revenue use across the entire program implementation, revenue from surpluses in the early years will be set aside to fund slots during future years.

**PROGRAM GOAL:** Revenue smoothing dollars will help to ensure long-term stability and consistent service levels for Preschool for All. This will allow Preschool for All to meet its goal of universal access in 2030.

**PROGRAM ACTIVITY:** As the number of children served by Preschool for All increases, expenditures start to outpace annual revenue. Based on current revenue and cost estimates, there will be an 8 year period during Fiscal Years 2029-2036 when the costs are higher than the anticipated revenue. Over time, the gap between revenues and expenses narrows. In Fiscal Year 2037, projected revenue catches-up with anticipated expenses.

The money saved during the early years of Preschool for All implementation when slot numbers remain lower will be used as “revenue smoothing” dollars to ensure that PFA can provide consistent levels of high-quality preschool experiences for Multnomah County families. The total gap between anticipated revenue and anticipated expenditures between Fiscal Year 2029 and Fiscal Year 2036 is approximately \$200 million. \$68.3 million of revenue smoothing dollars will be allocated in Fiscal Year 2023. This investment will bring the total amount of revenue smoothing dollars to \$104.2 million and help to ensure that Preschool for All can keep its commitment to voters.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Based on projections, program is on track to cover future expenses	N/A	N/A	N/A	Yes
Outcome		N/A	N/A	N/A	N/A

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Unappropriated & Contingency	\$0	\$35,896,360	\$0	\$104,227,522
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$35,896,360</b>	<b>\$0</b>	<b>\$104,227,522</b>
<b>Program Total:</b>	<b>\$35,896,360</b>		<b>\$104,227,522</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 25200 PEL - Administration & System Support

**Department:** County Human Services      **Program Contact:** Leslee Barnes  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40099B, 72052, 72052B, 78301B  
**Program Characteristics:**

**Executive Summary**

The Department of County Human Services established the Preschool & Early Learning Division in January 2021 in order to implement Preschool for All (PFA). The staff in the Preschool & Early Learning Division will create the foundation for PFA's success. This work will include developing new systems, processes, and partnerships to select and support preschool providers, recruit families, and create positive preschool experiences for children.

**Program Summary**

**ISSUE:** The Preschool for All ballot measure named the Department of County Human Services as the program administrator. The Preschool & Early Learning Division is responsible for implementation of Preschool for All.

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

**PROGRAM ACTIVITY:** The PEL Division will center the voices of Black, Indigenous, and all families and providers of color to implement the community-built Preschool for All vision. The PEL Division staff includes: a Division Director (1.00 FTE), an Operations Team focused on the application system for families, budgets, and contracts (7.00 FTE), a Policy & Partnerships Team focused on policy areas that will build the capacity and quality of PFA (5.00 FTE), and staff focused on administrative, evaluative and communications functions of Preschool for All (6.00 FTE).

The Preschool and Early Learning Division will staff the advisory committee included in the Preschool for All ballot measure. The Preschool for All Advisory Committee is a diverse group of community members from the different geographic areas of the County. The committee will review program expenditures, advise program evaluation, review data, and make policy recommendations.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Preschool for All Advisory Committee Meetings	N/A	4	3	4
Outcome	% of 15-member Advisory Committee who identify as Black, Indigenous, and People of Color	N/A	N/A	73%	50%
Outcome	% of PEL Division employees who identify as Black, Indigenous, and People of Color	N/A	50%	70%	50%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$2,304,855	\$0	\$2,756,903
Contractual Services	\$0	\$5,000	\$0	\$65,000
Materials & Supplies	\$0	\$32,300	\$0	\$110,300
Internal Services	\$0	\$326,962	\$0	\$1,154,010
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$2,669,117</b>	<b>\$0</b>	<b>\$4,086,213</b>
<b>Program Total:</b>	<b>\$2,669,117</b>		<b>\$4,086,213</b>	
<b>Program FTE</b>	0.00	17.00	0.00	19.00

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

Explanation of Revenues

This program generates \$98,973 in indirect revenues.

Significant Program Changes

Last Year this program was: FY 2022: 25201 PEL - Program Development & System Support

This program adds 1.00 FTE Operations Process Specialist and 1.00 FTE Data Analyst.

**Department:** County Human Services      **Program Contact:** Leslee Barnes  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40099B, 72052, 72052B, 78301B  
**Program Characteristics:**

**Executive Summary**

Community based organizations will strengthen the work of Preschool for All through their cultural knowledge, positive relationships in the community, and experience building partnerships. Community based organizations will play two key roles in Preschool for All (PFA): (1) Intermediary Organizations will partner with small child care businesses to support their participation in PFA. (2) Family Connector Organizations will outreach to families and guide them through the application process.

**Program Summary**

**ISSUE:** Historically, in-home preschool providers have faced challenges as small business owners. COVID-19 has worsened these challenges. Many providers will be new to having a contract for preschool slots. Families who have the least access to high-quality preschool may be hard to reach and enroll in a new program.

**PROGRAM GOAL:** Including in-home preschool providers and prioritizing children who experience barriers accessing preschool are important in order to achieve Preschool for All's racial equity goals. Family Connector Organizations will increase access to Preschool for All. Intermediary Organizations will support small preschool providers.

**PROGRAM ACTIVITY:** The Preschool & Early Learning Division will hold contracts with larger preschool centers and with school districts. Intermediary Organizations will hold contracts with in-home providers and small centers. In-home providers are the most diverse group of preschool providers in the community. They give children rich learning environments and build strong relationships with families. Intermediary Organizations will work closely with the PFA administration to ensure that in-home providers' needs are met and that their businesses can thrive.

Culturally specific organizations will hire Family Navigators to help families with the Preschool for All application. This includes outreach to families who currently have the least access to high-quality preschool and offering support to complete the application. Family Navigators will also connect interested families to community resources, such as food, energy, and housing assistance.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of new Preschool for All applications completed by Black, Indigenous, and families of color each year	N/A	500	500	750
Outcome	% of in-home providers who say that the Intermediary Org supports their participation in PFA	N/A	85%	85%	85%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$900,000	\$0	\$1,460,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$900,000</b>	<b>\$0</b>	<b>\$1,460,000</b>
<b>Program Total:</b>	<b>\$900,000</b>		<b>\$1,460,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 25202 PEL - Preschool Access: Family & Provider Navigation

**Department:** County Human Services      **Program Contact:** Leslee Barnes  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40099B, 72052, 72052B, 78301B  
**Program Characteristics:**

**Executive Summary**

Having more preschool facilities is necessary for Preschool for All to meet its goals. In order to increase the number of early learning spaces, Preschool for All will invest in a facilities fund for preschool programs. This funding will help to build future preschool capacity in Multnomah County.

**Program Summary**

**ISSUE:** High-quality environments support children's learning. There are not enough early learning spaces in Multnomah County for universal preschool access. Child care providers struggle to find facilities that meet their needs and money to cover the cost.

**PROGRAM GOAL:** Funding for preschool facilities will create access to capital dollars for preschool providers and increase the number of preschool slots in Multnomah County.

**PROGRAM ACTIVITY:** Well designed spaces can enhance learning and child development. However, many providers experience challenges when trying to open a new facility or improve their existing space. The Preschool & Early Learning Division will establish a facilities fund for providers. The facilities fund will invest in the construction and renovation of early learning spaces.

Many banks are unwilling to provide loans to child care providers, because of their low profits and lack of collateral. This challenge is exacerbated for Black, Indigenous and providers of color who experience systemic barriers to traditional bank loans and business supports. A facilities fund will increase child care providers' access to capital dollars and support providers ready to improve their learning environments and expand their programs.

Facilities funds will help providers improve their spaces and expand into bigger or new locations. Investments in child care facilities will give families more preschool choices and increase the number of preschool slots available.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Establish a Facilities Fund Administrator and funding process for providers	N/A	N/A	N/A	1
Outcome	% of facilities fund investments that go to Black, Indigenous, or Business Owners of Color and Culturally	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	2022	2022	2023	2023
Contractual Services	\$0	\$3,000,000	\$0	\$8,000,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$3,000,000</b>	<b>\$0</b>	<b>\$8,000,000</b>
<b>Program Total:</b>	<b>\$3,000,000</b>		<b>\$8,000,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

**Last Year this program was:** FY 2022: 25203 PEL - Capacity Building: Preschool Infrastructure & Early Educator

Fiscal Year 2023 will be the start of the Preschool for All Facilities Fund. The increased funding amount allows for a significant investment in preschool facilities at an early and crucial time in PFA implementation.

**Department:** County Human Services      **Program Contact:** Leslee Barnes  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40099B, 72052, 72052B, 78301B  
**Program Characteristics:**

### Executive Summary

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

### Program Summary

**ISSUE:** The number of high-quality preschool slots in our community must increase dramatically for Preschool for All to be available to all families in 2030. Preschool providers are undervalued and have not received regular or robust support.

**PROGRAM GOAL:** Preschool for All will invest in coaching as a key strategy to create high-quality preschool experiences. Research shows that relationship-based, individualized professional development is an effective way to build teachers' skills and knowledge.

**PROGRAM ACTIVITY:** Preschool for All will offer coaching and support to providers. Mt. Hood Community College Child Care Resource & Referral will hire, train, and lead a team of coaches to partner with in-home and center-based preschool providers. Multnomah Educational Service District will have a Preschool for All coach to work with school districts. Preschool for All coaching will be relationship-based and tailored to meet the needs of individual educators. Coaches will collaborate on goal setting and help providers be at their best. The active recruitment and support of Black, Indigenous, and Coaches of Color is essential to the success of Preschool for All.

Additional support for preschool providers will include training, financial incentives for ongoing participation in coaching, and business development coaching. Coaching, professional development and other supports are for providers who meet PFA requirements and providers who will be ready to implement PFA in future years. Building a pipeline of future providers will help Preschool for All become universally available in 2030. It will also allow families to choose the early learning setting that's right for their child.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of early educators participating in coaching and other supports*	N/A	N/A	N/A	300
Outcome	% of BIPOC providers and staff who report progress on their goals due to coaching and supports	N/A	80%	80%	80%
Outcome	% of Coaches supporting Preschool for All who identify as Black, Indigenous and People of Color	N/A	50%	50%	50%

### Performance Measures Descriptions

\* The first year (FY 2022) will be used to establish a baseline measurement.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$10,654,000	\$0	\$10,664,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$10,654,000</b>	<b>\$0</b>	<b>\$10,664,000</b>
<b>Program Total:</b>	<b>\$10,654,000</b>		<b>\$10,664,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 25204 PEL - Program Quality: Coaching & Provider Supports

**Department:** County Human Services      **Program Contact:** Leslee Barnes  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40099B, 72052, 72052B, 78301B  
**Program Characteristics:**

### Executive Summary

Preschool for All (PFA) Pilot Sites will provide high-quality, culturally responsive, inclusive preschool. These first PFA slots will be offered at child care centers, Head Starts, in-home providers, and school districts. Pilot Sites will work closely with the Preschool & Early Learning Division to share feedback and refine the program. These supports will include funding to stabilize infant and toddler slots in these settings.

### Program Summary

**ISSUE:** The Preschool & Early Learning Division will work in partnership with Pilot Sites to refine program details. Preschool expansions in other communities have led to decreases in infant and toddler slots. This is largely because of the high costs associated with care for this age group. Collaborating with providers will result in innovative and effective policies for a stronger early care and learning system in Multnomah County.

**PROGRAM GOAL:** Key areas for Pilot Site implementation include start-up costs for providers, funding for preschool slots, inclusion, and infant and toddler stabilization. These investments represent the first PFA slots that will be available for families. The funding will also protect infant and toddler care in Multnomah County and ensure that Pilot Site can support children that have developmental delays and disabilities.

**PROGRAM ACTIVITY:** An estimated 675 Preschool for All slots will begin in September 2022. Pilot Sites must work to build positive relationships with families, with a specific focus on Black, Indigenous, and Families of Color. Pilot Sites must be responsive to feedback from families and partner with a coach to improve their program.

Infant and toddler stabilization dollars will focus on higher wages for Pilot Site educators who are not funded through Preschool for All. Additional strategies for Pilot Sites to maintain or grow their infant and toddler slots will also be explored.

Organizations and businesses selected as Pilot Sites will be working closely with PFA coaches and administrators. Pilot Sites will help Multnomah County to finalize program details and build a program that providers want to participate in.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of Preschool for All slots	N/A	N/A	N/A	675
Outcome	Staff Retention % at PFA Pilot Sites	N/A	N/A	N/A	65%

### Performance Measures Descriptions

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$0	\$19,700,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$19,700,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$19,700,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** County Human Services      **Program Contact:** Leslee Barnes  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40099B, 72052, 72052B, 78301B  
**Program Characteristics:**

### Executive Summary

Increasing the number of early educators is essential to creating universal preschool access in Multnomah County. Preschool for All will invest in workforce development to grow the number of early educators and support the professional development of existing preschool staff. This funding will help to build future preschool capacity in Multnomah County.

### Program Summary

**ISSUE:** Early educators are essential to children's learning and are currently poorly paid, undervalued, and required to navigate confusing and disconnected systems and regulations. The COVID-19 pandemic has made it even harder to find and retain staff, creating a child care workforce crisis. In a Summer 2021 national survey, 80% of child care centers said that they were experiencing a staffing shortage.

**PROGRAM GOAL:** Workforce development programs will bring new people into early education careers and support existing preschool providers to continue their professional learning. Investments in programs that focus on Black, Indigenous, and early educators of color will help to ensure a diverse workforce.

**PROGRAM ACTIVITY:** Workforce development funds will be used to increase training and education opportunities. These opportunities will be for existing preschool providers and future educators. There will be a focus on programs that serve teachers who speak diverse languages and those who are Black, Indigenous and people of color.

The Preschool for All workforce development investments will help to make higher education easier to navigate and to afford. Additional investments may include early childhood certifications, pathways to employment, and support for educators participating in professional development. Increasing the number of early educators will allow for additional preschool locations to open and support existing sites to have consistent staffing levels. Workforce development strategies will provide opportunities for parents, high school students, and educators who have left the child care profession to achieve a fulfilling career and will help to increase the number of high-quality preschool spaces in Multnomah County.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of early educators participating in Preschool for All workforce development programs	N/A	*	N/A	500
Outcome	% of educators participating in workforce programs who identify as Black, Indigenous, and People of Color	N/A	N/A	N/A	60%

### Performance Measures Descriptions

\* Funding will be released in the 2nd half of FY 2022, so there will not be educators participating in FY 2022. Investments will be in place for FY 2023.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$1,500,000	\$0	\$5,000,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,500,000</b>	<b>\$0</b>	<b>\$5,000,000</b>
<b>Program Total:</b>	<b>\$1,500,000</b>		<b>\$5,000,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 25203 PEL - Capacity Building: Preschool Infrastructure & Early Educator

**Department:** County Human Services

**Program Contact:** Mohammad Bader

**Program Offer Type:** Administration

**Program Offer Stage:** As Adopted

**Related Programs:** 25022

**Program Characteristics:** One-Time-Only Request

**Executive Summary**

Aging, Disability & Veterans Services Division (ADVSD) Adult Care Home Program (ACHP) licenses, monitors, and provides equitable access to approximately 625 quality adult care homes in Multnomah County. The ACHP licenses adult care homes to ensure compliance with health and safety rules and regulations developed to support older adults, people with disabilities, people with behavioral health needs, and Veterans. Quarterly monitoring ensures residents' preferences are honored and their specific needs are met in a culturally appropriate, safe, and welcoming 24-hour care setting.

**Program Summary**

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

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

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

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of trainings completed	N/A	24	8	24
Outcome	Percent of training participants who complete infection control plans	N/A	85%	85%	85%

**Performance Measures Descriptions**

## Legal / Contractual Obligation

Multnomah County has a contract with the Oregon Department of Human Services to administer the licensing, monitoring, and training functions of Adult Care Homes. The Board of County Commissioners passed Multnomah County Resolution §23.66 - §223.999 establishing the Adult Care Home Program.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Personnel	\$0	\$200,000	\$0	\$200,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$200,000</b>	<b>\$0</b>	<b>\$200,000</b>
<b>Program Total:</b>	<b>\$200,000</b>		<b>\$200,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$200,000	\$0	\$200,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$200,000</b>	<b>\$0</b>	<b>\$200,000</b>

## Explanation of Revenues

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

## Significant Program Changes

**Last Year this program was:** FY 2022: 25399A ARP - ACHP Registered Nurse

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

**Department:** County Human Services

**Program Contact:** Mary Li

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

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

### Executive Summary

The Multnomah Mothers' Trust Project (MMTP) Year 2 - will continue to partner with approximately 100 Black female-headed households with children currently receiving services from one of two community-based programs. Families receive an unconditional monthly basic income, and serve as participant researchers in equity and human centered collaborative design processes that explore and plan for future implementation of Baby Bonds!, debt reduction, homeownership, and other asset building initiatives.

### Program Summary

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

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

**PROGRAM GOAL:** There is a growing body of national and international research that points to the availability of unconditional cash transfer, basic income, debt reduction, and asset building as particularly effective strategies in meeting this challenge. Locally conducted applied research tests show that when households living on a low-income are trusted to know what they need, and are provided access to financial resources, they are able to inoculate against the negative impacts of poverty and make improvement in their quality of life, economic stability, and their children’s educational success in spite of white supremacy structures and culture. MMTP Year 1 data from the first five months, supports these findings.

**PROGRAM ACTIVITY:** MMTP partners with approximately 100 Black female-headed households with children who are current participants with two community based, culturally specific organizations. Families receive an unconditional, basic income of approximately \$500 per month. They also serve as participant researchers in one of two ways - using an existing database, providing monthly information about their economic state, and/or participating in equity and human centered collaborative design processes related to Baby Bonds!, debt reduction, homeownership, and other asset building initiatives.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of Black female-headed HH with children served	N/A	N/A	N/A	100
Outcome	% of HH served who participate as MMTP researchers	N/A	N/A	N/A	50%
Outcome	% of HH served who report positive increase in quality of life, economic stability, and/or child educational success	N/A	N/A	N/A	80%

### Performance Measures Descriptions

Measures above, and others, are provided through comprehensive reports from the database organization. Both quantitative and qualitative data is measured, analyzed, and reported.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$134,245	\$0	\$134,245
Contractual Services	\$0	\$490,755	\$0	\$1,215,755
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$625,000</b>	<b>\$0</b>	<b>\$1,350,000</b>
<b>Program Total:</b>	<b>\$625,000</b>		<b>\$1,350,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$625,000	\$0	\$1,350,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$625,000</b>	<b>\$0</b>	<b>\$1,350,000</b>

Explanation of Revenues

\$1,350,000 - American Rescue Plan (ARP) Direct County Funding

Significant Program Changes

Last Year this program was: FY 2022: 25399B ARP - Multnomah Mothers' Trust Project (MMTP)

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

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

**Executive Summary**

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

**Program Summary**

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

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

**PROGRAM ACTIVITY:** This program funds two distinct programs activities--

1. Increased capacity for culturally-specific domestic violence service providers: These services are contracted through a variety of culturally-specific service providers. Services that are developed and delivered by specific communities are more accessible to, and a better match for, the needs and values of the survivors they are intended to serve. This program provides specialized, population-specific domestic and sexual violence services, including trauma informed care, ongoing risk assessment, safety planning, intensive support, advocacy, case management, and help accessing other community resources. Services include assistance with legal issues, access to government benefits, housing, financial education, assistance accessing benefits, access to mental and physical healthcare services, employment, immigration, and disability services.

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

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of individuals receiving culturally/population-specific domestic violence services	N/A	200	200	200
Outcome	Percentage of adult survivors who engage in safety planning with an advocate by exit	N/A	85%	87%	85%
Output	Number of survivors receiving multi-disciplinary, intensive intervention	N/A	150	170	150

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$215,000	\$0	\$215,000
Contractual Services	\$0	\$540,000	\$0	\$567,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$755,000</b>	<b>\$0</b>	<b>\$782,000</b>
<b>Program Total:</b>	<b>\$755,000</b>		<b>\$782,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$755,000	\$0	\$782,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$755,000</b>	<b>\$0</b>	<b>\$782,000</b>

Explanation of Revenues

\$782,000 - American Rescue Plan (ARP) Direct County Funding

Significant Program Changes

Last Year this program was: FY 2022: 25399C ARP - Domestic Violence Services

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

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

### Executive Summary

The American Rescue Plan Act provides direct investments. These investments help vulnerable workers and families recover from the disparate impacts of COVID-19. IDSD will use these funds for an Office Assistant 2 (OA2). This position will deliver technology, education, and direct technical support to Personal Support Workers (PSW). They will also assist with vaccine coordination. Priority will be given to those who are BIPOC or experience language barriers. Individuals who experience economic barriers to accessing technology will also be prioritized. These efforts will use targeted universalism to increase quality of life, education, and economic stability for historically underserved communities involved in the IDSD system.

### Program Summary

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

**PROGRAM GOALS:** Personal Support Workers can best serve clients and families when they have access to supports. These supports include technology, education, and culturally/linguistically appropriate professional development. The goals for this OA2 position include the following. First, increase PSW use of required technology for payment and telehealth. Second, increase retention of PSWs in the provider network. Third, stabilize client access to food, shelter, technology, and health/safety supports. Finally, increase client access to COVID-19 vaccinations.

**PROGRAM ACTIVITY:** The four goals outlined above correspond to four areas of activity. These areas are: training and support, resource distribution, administrative tasks, and partnerships. Training and support efforts include training BIPOC and non-English speaking PSWs to use email and state systems. These include the EVV and eXPRS state systems. These systems track billing requirements. Training and support efforts would also help PSWs submit timesheets. Finally, these efforts would help PSWs use technology to provide telehealth to clients. Resource distribution activities include the distribution of Wi-Fi and iPads to PSWs. Administrative tasks include the creation of processes to track training and resource distribution. Also, the verification of data accuracy and submission of signed service agreements. Partnership efforts include coordination with State and County staff. This coordination will increase understanding of Oregon Administrative Rules. These partnerships are also needed to verify receipt of State funding. Finally, partnership efforts will increase the coordination and success of vaccination events. These activities address multiple social determinants of health. They reflect a focused application of the equity lens. They will lead to increased positive outcomes for BIPOC clients, families, and PSWs.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of PSWs who receive training and technical support. <sup>1</sup>	N/A	50	5	50
Outcome	Percent reduction in PSW technology use exceptions for the EVV system.	N/A	30%	56%	30%
Output	Number of gift cards distributed to clients. <sup>2</sup>	N/A	750	647	N/A

### Performance Measures Descriptions

<sup>1</sup>The new position associated with this program is onboarding December 2021. They will onboard and ramp up from January through June 2022, and train the expected 50 PSWs in FY23.

<sup>2</sup>Funding for gift cards was less than expected, at 325K. This resulted in 647 \$500 gift cards, plus \$2.50 fee for each card, plus a one-time fee of \$70. This one-time funding for client gift cards does not extend to FY23, and so this measure will be discontinued.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$80,000	\$0	\$80,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$80,000</b>	<b>\$0</b>	<b>\$80,000</b>
<b>Program Total:</b>	<b>\$80,000</b>		<b>\$80,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$80,000	\$0	\$80,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$80,000</b>	<b>\$0</b>	<b>\$80,000</b>

Explanation of Revenues

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

Significant Program Changes

Last Year this program was: FY 2022: 25399D ARP - COVID-19 Response Coordination

This program addresses the Public Health Emergency Response priority by supporting Personal Support Workers and Clients who identify as BIPOC, language English learners or Bilingual/Monolingual (non English speaking). Activities will include: ensuring timely access to vaccines; education for clients and providers around vaccination; and training and support for personal support workers in the areas of Wi-Fi access, data accuracy, timesheet submission, and using technology to provide telehealth to clients.

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

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

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

### Executive Summary

Integrated support is a core component of the SUN Community School (SUN CS) model. Helping to meet basic needs and connecting families to resources increases family stability. The COVID-19 pandemic has disrupted family stability in many ways. These impacts have been most felt by students and families of color. Because basic needs help has increased so much, the demand on SUN CS site managers has also increased. The intensity of support required to help families is unsustainable, especially as SUN CS sites return to programming. Creating the Family Resource Navigator (FRN) program in SUN CS allows sites to expand focus while ensuring family basic needs are met.

### Program Summary

**ISSUE:** Academic performance is linked to a student's health, well-being, family, and community. Before learning can take place, a student's basic needs must be met. This is even more true for students and families of color, who experience daily structural racism and systemic oppression. The COVID-19 pandemic has exacerbated existing inequities in food, housing, employment, health, and more. All these inequities impact a student's ability to learn and thrive.

**PROGRAM GOAL:** The goal of the FRN program is to increase staffing capacity at each SUN Community School. This will allow staff to further support COVID-impacted families in accessing needed resources. The program aims to build skills so that families know how to access the resources they need in the future.

**PROGRAM ACTIVITY:** Family Resource Navigators work alongside families to help reduce barriers in the home. FRNs work to build skills and confidence so that families can continue to get their needs met. Promoting this self-sufficiency helps students learn and families thrive. Through this program, a half-time Family Resource Navigator has been placed at each Community School site. This FRN is culturally responsive, and prioritizes support to families of color. FRNs collaborate with school staff, other SUN Service System programs, and community partners to identify families who might need extra support. Services provided might include: case management, group skill building, reducing language barriers, family engagement, and outreach.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of households who receive support from Family Resource Navigator	N/A <sup>1</sup>	9,200	9,200	9,200
Outcome	Percent of Black, Indigenous, and Families of Color who receive support with basic needs and system navigation.	N/A <sup>1</sup>	70%	70%	70%

### Performance Measures Descriptions

<sup>1</sup>No data for FY21. Program started in FY22.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$4,073,000	\$0	\$4,276,420
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$4,073,000</b>	<b>\$0</b>	<b>\$4,276,420</b>
<b>Program Total:</b>	<b>\$4,073,000</b>		<b>\$4,276,420</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$4,073,000	\$0	\$4,276,420
<b>Total Revenue</b>	<b>\$0</b>	<b>\$4,073,000</b>	<b>\$0</b>	<b>\$4,276,420</b>

Explanation of Revenues

\$4,276,420 - American Rescue Plan (ARP) Direct County Funding

Significant Program Changes

**Last Year this program was:** FY 2022: 25399E ARP - SUN Community Schools: Family Resource Navigators

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

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

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

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

Multnomah County is experiencing an unprecedented housing crisis. Because of racism, discrimination, and segregation, racial inequalities continue to exist in housing. Black, Indigenous and other Communities of Color (BIPOC) continue to experience homelessness at higher rates, have less access to quality housing and affordable housing. This has only deepened during the COVID-19 pandemic. While some resources exist for renters, they may be difficult to access and often are not culturally specific or appropriate. The Peer Navigation Program can help address this gap in services; it creates a system of peer counselors that provide one-to-one support, peer coaching, resources sharing and networking.

**Program Summary**

**ISSUE:** BIPOC renters in Multnomah County experience higher rates of being rent burdened, have less access to affordable housing and have higher rates of homelessness. In September of 2020, PSU released a report that showed the 56% of BIPOC renters were owing arrears as compared to 35% of all renters. While there are resources and support programs available to support renters, knowing how to access and make your way through the systems can be difficult and create barriers. In addition, the supports and services that do exist may not be culturally specific or appropriate. Also, the staff may lack lived experience and trust in the communities where they serve. According to the Renter Relations Report, Peer Counseling is emerging as a promising practice. When Peer Counseling was combined with having renters self-select goals around their credit, eviction and budgeting, they were more likely to be successful.

**PROGRAM GOAL:** To develop a Peer Navigation Program that will provide culturally specific peer support to BIPOC households that focuses on housing stability and preventing homelessness.

**PROGRAM ACTIVITY:** The staff will provide culturally specific 1:1 peer support and coaching. This includes sharing tools and helping renters establish goals for their credit, evictions and budgeting. Peer Counselors will coordinate and facilitate culturally-specific education and empowerment groups using a trauma-informed Assertive Engagement approach. They will cover topics such as tenant protections and courses comparable to “rent ready” classes. Peer counselors will also address historical and ongoing barriers while teaching people how to advocate and navigate their way to more stable housing. While renters are in the program and learning, peer counselors are able to advocate for tenants and support communications with landlords and property managers, such as unit inspections.

A 1.00 FTE (limited duration) staff position is needed to develop and implement this program and ensure it aligns with other initiatives in the YFS Housing Stability Team.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of households supported by peer mentors	N/A <sup>1</sup>	250	250	250
Outcome	Percent of households who experience improvement in self-identified housing goals.	N/A <sup>1</sup>	70%	70%	70%

**Performance Measures Descriptions**

<sup>1</sup>No data for FY 2021. Program started in FY 2022.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$115,000	\$0	\$123,403
Contractual Services	\$0	\$400,000	\$0	\$411,177
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$515,000</b>	<b>\$0</b>	<b>\$534,580</b>
<b>Program Total:</b>	<b>\$515,000</b>		<b>\$534,580</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$515,000	\$0	\$534,580
<b>Total Revenue</b>	<b>\$0</b>	<b>\$515,000</b>	<b>\$0</b>	<b>\$534,580</b>

Explanation of Revenues

\$534,580 - American Rescue Plan (ARP) Direct County Funding

Significant Program Changes

Last Year this program was: FY 2022: 25399J ARP - Peer Support Tenant Services & Housing Stability

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

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

### Executive Summary

The Youth and Family Services Division (YFS) aims to provide high quality, equitable, and culturally relevant services that help people thrive. The YFS Administration provides strategic division-wide leadership to support this goal. This means using a racial equity lens to oversee daily operations, develop budgets, design programs, and manage contracts. YFS Administration also supports its staff so that they can experience safety, trust, and belonging in the workplace. Staff capacity to project manage Division-wide activities will support our success as a Division and improve staff experiences. This program adds limited duration Project Manager staff.

### Program Summary

**Issue:** The Youth and Family Services Division has grown in recent years, and the administrative infrastructure to support Division and Department wide projects and initiatives has not matched the growth in staffing and resources. A Project Manager that can support a variety of Division-wide projects will improve our Division capacity to support staff and Departmental processes.

**Program Goal:** This work supports improving the organizational culture of YFS. Having staff focused on Division wide activities that support all staff to thrive allows the Division to more deeply support the organization as a whole. Improving our organizational culture are direct outcomes in the YFS FY 2022 work plan.

**Program Activity:** The new limited duration Project Manager will support Division wide activities such as program offer/budget project support, presentations & development of new materials, communication, Division & Department dashboards, onboarding processes, continuity of operations (COOP) and department projects and committees. A focus will be on YFS' racial equity projects & processes. All of this work will be done in collaboration and partnership with existing YFS leadership and staff.

This work will be done through convening and facilitating meetings and workgroups, participation in Department and Division wide committees, developing documents and materials that capture the work process and product, developing frameworks and timelines to guide project completion, among others.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of Division-wide projects managed	N/A	N/A	N/A	6
Outcome	Percent of Division-wide projects that have plans with documented timelines and deliverables	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	2022	2022	2023	2023
Personnel	\$0	\$0	\$0	\$148,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$148,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$148,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$148,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$148,000</b>

Explanation of Revenues

\$148,000 - American Rescue Plan (ARP) Direct County Funding

Significant Program Changes

Last Year this program was:

This program addresses the Crisis Response & Community Recovery priority. This adds staff capacity to project manage Division-wide activities that support the success of the YFS Division and improve staff experiences.

**Department:** County Human Services      **Program Contact:** Alix Sanchez  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25135, 25399C  
**Program Characteristics:** Backfill State/Federal/Grant

**Executive Summary**

Everyone should be able to grow up in an environment free of danger and abuse. Youth victims of sex trafficking need a system of care that is culturally-relevant and trauma-informed. Services support healing and a transition into safe and stable adulthood. This program is part of a collaborative that provides survivors with advocacy, shelter, and case management.

**Program Summary**

**ISSUE:** The Pacific Northwest has a troubling reputation as a hub for sex trafficking of minors. An estimated 400-600 youth experience trafficking each year in Multnomah County. Youth are often trafficked through gang involvement, or as a result of exploitation in romantic or family relationships. Due to exploitation and abuse, youth often need intensive support to leave these situations.

**PROGRAM GOAL:** The Sex Trafficked Youth services system ensures that youth have support to heal from the trauma of sexual exploitation. New Day services also address economic and housing instability through a collaborative service model. Programming is provided by a collaborative of contracted service providers, including representation from the homeless youth continuum, domestic violence continuum, and culturally-specific organizations.

**PROGRAM ACTIVITY:** This offer provides one-time-only support to backfill program funding previously provided through an IGA with Portland Police Bureau. Additional backfill funding is provided in FY 2023 through ARP Domestic Violence Services (PO 25399C). New Day direct services include drop-in support, mobile crisis services, housing support, and case management. Housing support includes access to one-year housing subsidy and ongoing case management support. Services are holistic and provided by highly-trained advocates. Services are available when youth are ready to engage and tailored to youth based on their specific needs.

System-level collaboration efforts include the Department of Community Justice, law enforcement, courts, Oregon Department of Human Services Child Welfare, the Homeless Youth Continuum, and community-based service providers. This collaboration seeks to prevent and address sex trafficking through coordination, policy, and legislation. Survivors and direct service providers are a critical part of this collaboration. Their expertise and lived experience are essential to our efforts to prevent trafficking.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of youth served with outreach services	N/A	N/A	N/A	100
Outcome	Percentage of youth who know how to access safe and supportive resources	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	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$0	\$70,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$70,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$70,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$70,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$70,000</b>

Explanation of Revenues

\$70,000 - American Rescue Plan (ARP) Direct County Funding

Significant Program Changes

Last Year this program was:

This program addresses the Crisis Response & Community Recovery priority. These services provide culturally specific and trauma-informed support to youth victims of sex trafficking.

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

### Executive Summary

SUN Community Schools serves as an anchor strategy to deliver additional nutritional support for the SUN Service System. In response to the COVID-19 pandemic, additional resources and staffing is critical to supporting the community. East County continues to see high rates of food insecurity, and this funding seeks to bolster the existing services at high volume service sites.

### Program Summary

**ISSUE:** Food insecurity and lack of access to fresh and healthy foods are significant barriers to family's health and student's learning in our community. The pandemic has exacerbated existing inequities in access to food especially in East County who already experienced higher levels of food insecurity. In 2021 Oregon households experienced food insecurity at an estimated rate of 25%. Communities of color unjustly experience hunger at rates 2-3 times higher than the general population. Food insecurity skyrocketed as a result of the COVID-19 pandemic, and service levels remain elevated with continued illness, economic impacts and high food costs. Several pandemic-specific nutrition assistance programs are ending in 2022, such as increased SNAP benefits, Pandemic-EBT and free grab and go school meals. This context has placed a continued importance on SUN Hunger Relief efforts.

**PROGRAM GOAL:** The program's goal is to reduce child and family food insecurity by increasing safe access to nourishing and culturally appropriate food and staffing at large distribution sites in East County. This offer continues the SUN supplemental COVID Hunger Relief services by 1) providing increased food assistance, including fresh and culturally responsive choices, through school-based distribution and 2) supporting the increased capacity needs of SUN Community Schools (SUN CS) staff to distribute food safely during the ongoing pandemic.

**PROGRAM ACTIVITY:** Pantry sites have seen an increase of need in staffing and supplies in order to continue supporting the community accessing food resources. These funds will support the added costs of staffing, food and supplies at sites experiencing large numbers of households accessing pantry sites in East County. Funds will be used to support food pantry sites who are addressing food access, this includes food pantries and Free Food Markets that partner with the Oregon Food Bank. Equitable access through innovative strategies such as food delivery, student backpacks, grocery gift cards and outreach will be implemented. These services will be especially vital to those who are ill or quarantined, lack transportation, are experiencing houselessness or have limited access to a kitchen/food storage, and when schools are closed.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of meals provided to children and families	N/A	N/A	N/A	450,000
Outcome	Percent of Black, Indigenous, and Families of Color who receive food security support	N/A	N/A	N/A	70%

### Performance Measures Descriptions

Number of meals includes meals served through extended weeks of summer meals program, emergency food pantries, and Free Food Markets fresh produce to families, and ARPA funded food distribution.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$0	\$150,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$150,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$150,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$150,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$150,000</b>

Explanation of Revenues

\$150,000 - American Rescue Plan (ARP) Direct County Funding

Significant Program Changes

Last Year this program was:

This program addresses the County's priority of Crisis Response & Community Recovery. The pandemic has exasperated food insecurity, particularly in communities of color. This program provides pass-through dollars to support food pantry sites in East Multnomah County.

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

**Executive Summary**

Stable housing is linked to a number of positive health and social outcomes for individuals, families and communities--and rental assistance is a key strategy to support renters. The COVID-19 pandemic has resulted in unprecedented numbers of layoffs and furloughs that have will continue for years to come. This has led to high levels of housing instability and even deeper racial disparities and challenges to pay rent. This program offer continues the County's leadership role in providing rent assistance and related supports.

**Program Summary**

**ISSUE:** Thousands of Multnomah County residents are unable to pay their monthly rent due to the economic impacts of the COVID-19 pandemic. As moratoriums are lifted and people struggle to pay their bills, evictions are likely to increase and the need for rental assistance is unprecedented. Racial disparities existed before COVID-19 and current national and state trends indicate that the economic hardships of the global pandemic are widening racial inequalities. These trends are likely mirrored at the local level. For instance, in Multnomah County, the majority of people who rent are BIPOC (Black, Indigenous and People of Color).

**PROGRAM GOAL:** Provide eviction prevention support through legal, rent and service support, and provide COVID-19 rent assistance support so that households can remain stably housed by paying rent.

**PROGRAM ACTIVITY:** These funds will support rent assistance to households throughout Multnomah County who are impacted by the pandemic. The focus will be on tenants from culturally specific communities. Funds will be disbursed through a an internal YFS team (Allita) and community-based rent assistance program jointly led by the City of Portland, Joint Office of Homeless Services, Home Forward, County Human Services and non-profit organizations. There are currently 43 organizations providing rent assistance support to households.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of households receiving rent assistance	6,938	8,827	8,827	3,866
Outcome	% of households receiving rent assistance who are at 50% or below of the Area Median Income.	81%	75%	75%	75%

**Performance Measures Descriptions**

Outputs are all based on different funding sources and different amounts. Calculated using average of \$5,046 per household. Estimates for FY23 reflect projections of lower amounts of state & federal funds for rent assistance.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$2,468,684	\$0	\$2,167,743
Contractual Services	\$0	\$45,914,345	\$0	\$19,511,073
Materials & Supplies	\$0	\$36,000	\$0	\$0
Internal Services	\$0	\$380,971	\$0	\$304,351
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$48,800,000</b>	<b>\$0</b>	<b>\$21,983,167</b>
<b>Program Total:</b>	<b>\$48,800,000</b>		<b>\$21,983,167</b>	
<b>Program FTE</b>	0.00	0.00	0.00	13.75

Program Revenues				
Intergovernmental	\$0	\$48,800,000	\$0	\$21,983,167
<b>Total Revenue</b>	<b>\$0</b>	<b>\$48,800,000</b>	<b>\$0</b>	<b>\$21,983,167</b>

Explanation of Revenues

This program generates \$304,351 in indirect revenues.  
 \$11,146,090 - STATE GENERAL FUNDS - Emergency Rental Assistance Program (ERAP) Supplemental  
 \$5,343,454 - STATE GENERAL FUNDS - OR Eviction Diversion and Prevention Program  
 \$2,130,114 - COVID-19 Federal Emergency Rental Assistance Program 2 (ERAP-2)  
 \$1,666,588 - COVID-19 Federal COP Emergency Rental Assistance Program 2 (ERAP 2)  
 \$1,145,050 - COVID-19 Federal Oregon Housing and Community Services (OHCS) Emergency Rental Assistance Program (ERAP)  
 \$459,871 - COVID-19 Federal COP Emergency Rental Assistance Program (ERAP)  
 \$92,000 - COVID-19 Federal CJC Coronavirus Emergency Support Grant

Significant Program Changes

Last Year this program was: FY 2022: 25399L ARP - Emergency Rent Assistance

This program offer falls under the County's Crisis Response & Community Recovery ARP Priority Area.

This program offer includes only funds for rent assistance that are not Multnomah County direct ARP allocations. The amount between years varies.

This program includes the conversion of limited duration positions to 13.75 FTE.

**Department:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Innovative/New Program

**Program Offer Stage:** As Adopted

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

### Executive Summary

Stable housing is linked to a number of positive health and social outcomes for individuals, families and communities--and rental assistance is a key strategy to support renters. The COVID-19 pandemic has resulted in unprecedented numbers of layoffs and furloughs; the economic and social impact of this will remain for years to come. This has led to high levels of housing instability and even deeper racial disparities and challenges to pay rent. This program offer continues the County's leadership role in providing rent assistance and related supports.

### Program Summary

**ISSUE:** Thousands of Multnomah County residents are unable to pay their monthly rent due to the economic impacts of the COVID-19 pandemic. As moratoriums are lifted and people struggle to pay their bills, evictions are likely to increase and the need for rental assistance is unprecedented. Racial disparities existed before COVID-19 and current national and state trends indicate that the economic hardships of the global pandemic are widening racial inequalities. These trends are mirrored at the local level. For instance, in Multnomah County, the majority of people who rent are BIPOC (Black, Indigenous and People of Color).

**PROGRAM GOAL:** Provide eviction prevention support through rent assistance payments so that households can remain stably housed.

**PROGRAM ACTIVITY:** These funds will support two connected strategies: Eviction Prevention and Rent Assistance. Eviction Prevention and Diversion services are provided so that households who are facing imminent eviction will be connected to rent assistance funds. This will happen in three primary ways: outreach in the community, referrals from 211 and connecting with households through eviction court. Second, funding will support rent assistance to households throughout Multnomah County. Funds will be disbursed largely through the infrastructure set up through Bienestar de la Familia and through non-profit organizations.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of households receiving rent assistance.	NA	NA	NA	4,515
Outcome	% of households receiving rent assistance who are at 50% of Area Median Income.	NA	NA	NA	75%

### Performance Measures Descriptions

FY23 estimate is based on average payment of \$5,046 per household.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$0	\$0
Contractual Services	\$0	\$0	\$0	\$22,785,668
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$22,785,668</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$22,785,668</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$22,785,668
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$22,785,668</b>

Explanation of Revenues

\$22,785,668 - American Rescue Plan (ARP) Direct County Funding

Significant Program Changes

Last Year this program was:

This program addresses the Crisis Response & Community Recovery priority. These funds provide emergency rent assistance to the thousands of County renters who are unable to pay rent due to the pandemic. This is particularly acute in communities of color.

This program includes only funds for rent assistance that are Multnomah County direct ARP allocations. FY 2023 is the first year when these Multnomah County specific ARP funds will be used for rent assistance.

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

**Executive Summary**

Stable housing is linked to a number of positive health and social outcomes for individuals, families and communities--and rental assistance is a key strategy to support renters. The COVID-19 pandemic has resulted in unprecedented numbers of layoffs and furloughs; the economic and social impact of this will remain for years to come. This has led to high levels of housing instability and even deeper racial disparities and challenges to pay rent. This program offer continues the County's leadership role in providing rent assistance and related supports.

**Program Summary**

**ISSUE:** Thousands of Multnomah County residents are unable to pay their monthly rent due to the economic impacts of the COVID-19 pandemic. As moratoriums are lifted and people struggle to pay their bills, evictions are likely to increase and the need for rental assistance is unprecedented. Racial disparities existed before COVID-19 and current national and state trends indicate that the economic hardships of the global pandemic are widening racial inequalities. These trends are mirrored at the local level. For instance, in Multnomah County, the majority of people who rent are BIPOC (Black, Indigenous and People of Color).

**PROGRAM GOAL:** Provide eviction prevention support through system support with legal and administrative functions, in tandem with rent assistance so that households can remain stably housed by paying rent.

**PROGRAM ACTIVITY:** These funds will support system partners and staff who support housing stability for those who are struggling to pay rent and remain stably housed. This includes system access and information and referral through 211info, legal navigation and support through Metropolitan Public Defenders and Oregon Law Center, centralized data entry, and rent assistance payments - both through jurisdictional partners. Staff capacity is provided by public and non-profit organizations.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of staff supported through leadership and management support	N/A	25	30	30
Outcome	Aligned and coordinated programmatic rent assistance models and guidance	N/A	100%	100%	100%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$230,000	\$0	\$2,730,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$230,000</b>	<b>\$0</b>	<b>\$2,730,000</b>
<b>Program Total:</b>	<b>\$230,000</b>		<b>\$2,730,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	15.25

Program Revenues				
Intergovernmental	\$0	\$230,000	\$0	\$2,730,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$230,000</b>	<b>\$0</b>	<b>\$2,730,000</b>

Explanation of Revenues

\$2,730,000 - American Rescue Plan (ARP) Direct County Funding

Significant Program Changes

**Last Year this program was:** FY 2022: 25399M ARP - YFS Rent Assistance Team Staffing Capacity

This program addresses the Crisis Response & Community Recovery priority. Funding for staff capacity in the Youth & Family Services Division's rent assistance team is critical to support the several programs the Division has to provide emergency rent assistance to the thousands of County renters who are unable to pay rent due to the pandemic.

During FY 2022, an additional \$1.2 million of the County's direct allocation of ARP funds was reallocated to this program from other County departments in order to maintain staffing capacity (per budget modification # DCHS-001-22).

This program includes the conversion of limited duration positions to 15.25 FTE.

**Department:** County Human Services

**Program Contact:** Peggy Samolinski

**Program Offer Type:** Innovative/New Program

**Program Offer Stage:** As Adopted

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

### Executive Summary

Through this funding DCHS proposes to provide energy and water assistance, weatherization and housing supports focused on low income households in Multnomah County.

### Program Summary

**ISSUE:** Many households in Multnomah County have been impacted by social, emotional and economic impacts from the pandemic. Support services for low income households that assist households to remain in their homes are essential for long term stability.

**PROGRAM GOAL:** Social services provided to support individuals and families to meet basic needs and to remain stably housed.

**PROGRAM ACTIVITY:** This program has three primary service areas. First, assistance with utilities through energy assistance bill payment, weatherization and water bill payment, will support over 3,800 households to reduce these critical utility bills. Weatherization of homes reduces a household's overall energy costs. Community Development Block Grant CV funds will be used for rent assistance to support housing stability in mid and east Multnomah County. Finally, Justice Center funds provide emergency motel voucher funding to increase availability of emergency bed spaces for survivors of domestic violence.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of households served with energy bill payment assistance	N/A	400	400	3,820
Outcome	Percentage of households served after receiving shutoff notice who avoid disconnection	N/A	100%	100%	100%

### Performance Measures Descriptions

Output varies due to different amounts of ARPA energy assistance funding projected for each fiscal year. Energy assistance output for FY23 is based on projected amount of funding using an average payment to estimate households.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$0	\$762,116
Contractual Services	\$0	\$1,233,461	\$0	\$3,373,072
Materials & Supplies	\$0	\$0	\$0	\$46,108
Internal Services	\$0	\$0	\$0	\$107,004
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,233,461</b>	<b>\$0</b>	<b>\$4,288,300</b>
<b>Program Total:</b>	<b>\$1,233,461</b>		<b>\$4,288,300</b>	
<b>Program FTE</b>	0.00	0.00	0.00	7.00

Program Revenues				
Intergovernmental	\$0	\$1,233,461	\$0	\$4,288,300
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,233,461</b>	<b>\$0</b>	<b>\$4,288,300</b>

Explanation of Revenues

This program generates \$107,004 in indirect revenues.  
 \$2,536,388 - ARPA Federal LIHEAP Energy American Rescue Plan  
 \$987,066 - ARPA Federal LIH Water Assistance Program (LIHWA) American Rescue Plan Act  
 \$461,084 - ARPA Federal LIHEAP WX American Rescue Plan  
 \$230,028 - COVID-19 Federal 1515 CJC Coronavirus Emergency Sup Grant  
 \$73,734 - COVID-19 Federal CDBG 20 CARES

Significant Program Changes

**Last Year this program was:** FY 2022: 25399N COVID-19 YFS Energy & Housing Services, Domestic Violence Motel

This program offer falls under the County's Crisis Response & Community Recovery ARP Priority Area.

For FY 2023, this program captures carry over funds in specific program areas in YFS.

In FY 2023, this program increases by 7.00 FTE. These FTE was added during FY 2022 as part of the Federal/State midyear rebalance (SUPP02-DCHS-003-22).

**Department:** County Human Services      **Program Contact:** Mohammad Bader  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25033, 25038  
**Program Characteristics:**

**Executive Summary**

The Older Americans Act ARP funding provides meals to older adults, people with disabilities, and Veterans who may be at nutritional risk. The program meets diverse needs and expectations. Nutrition services increase health and reduce social isolation. The program uses culturally responsive and culturally specific services. These services help maintain participants' independence and improve their quality of life. A network of community partners provides nutrition education and nutritious meals. The Older Americans Act ARP funding also provides for effective administration of the Area Plan.

**Program Summary**

**ISSUE:** The American Rescue Plan (ARP) provided Older Americans Act Funding to allow Area Agencies on Aging to support older adults in response to the COVID-19 pandemic. These funds are directed toward nutrition services, program support, and administrative costs. Communities of color have been greatly impacted by COVID-19. ADVSD disaster response seeks to respond to that impact.

**PROGRAM GOAL:** ARP funding has supported the increased cost for culturally specific meal providers to provide home delivered food programs during the pandemic. The program goal for FY 2023 will help culturally specific providers meet these increased costs as they shift back to congregate programs over the year. ARP funding will also support the administration of the Area Plan to build on a program model and contracting process that will meet the needs of diverse communities in Multnomah County.

**PROGRAM ACTIVITY:** The ARP funds will help culturally specific nutrition providers continue to provide home delivered nutrition services as they ramp back down to congregate meal sites. ARP funds will also result in the development of a contracting process that will build on the last contract cycle, include community feedback from the Area Plan and respond to the needs of diverse communities in an equitable manner

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of meals provided	N/A	N/A	N/A	23,609
Outcome	Percent of meals served to culturally specific consumers	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	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$0	\$754,593
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$754,593</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$754,593</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$754,593
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$754,593</b>

Explanation of Revenues

\$400,000 - ARP Federal Older Americans Act Title III-B Supportive Services  
 \$354,593 - ARP Federal Older Americans Act Title III-C Congregate/Delivered Meals

Significant Program Changes

Last Year this program was:

This program offer falls under the County's Crisis Response & Community Recovery ARP Priority Area.

This funding was added during FY 2022 in budget modification # SUPP02-DCHS-001-22 through Supplemental Budget # 2.

**Department:** County Human Services

**Program Contact:** Lee Girard

**Program Offer Type:** Existing Operating Program

**Program Offer Stage:** As Adopted

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

### Executive Summary

The COVID-19 pandemic has disproportionately impacted communities in our County, especially individuals and families who are BIPOC, immigrants/refugees, older, or experiencing a disability. Systemic and institutional racism and economic disparities have been exacerbated during the pandemic. Economic recovery will be long term for many in these communities. DCHS will provide \$5.4 million in direct financial support to approximately 6,900 households using unconditional cash transfer whenever possible, recognizing that households understand their most pressing financial needs.

### Program Summary

**ISSUE:** The COVID-19 pandemic has disproportionately impacted communities in our County, especially individuals and families who are BIPOC, immigrants/refugees, older, or experiencing a disability. Systemic and institutional racism and economic disparities have been exacerbated during the pandemic. Economic recovery will be long term for many in these communities.

**PROGRAM GOAL:** DCHS will provide direct financial support to approximately 6,900 households using unconditional cash transfer whenever possible, recognizing that households understand their most pressing financial needs, which may include; food, living expenses, housing, debt, childcare, transportation, medical, etc.

**PROGRAM ACTIVITY:** Three DCHS divisions will work with community partners and through their programs to distribute funds to community members using tools that have been developed over the past year, such as: grocery/gift cards; direct payment of key expenses; prepaid credit cards; direct electronic transfers; etc. DCHS will focus this funding on BIPOC communities, building on relationships with culturally-specific community-based organizations that each division has established through public engagement and procurement processes. Following is the list of how funds will be utilized: ADVSD: \$446,000 for utility, uncovered medical and prescription expenses to serve 550 older adults or people with disabilities. IDSD: \$385,000 to provide assistance for 650 clients and 100 direct care providers. YFS Bienestar: \$1,050,000 client assistance to 2,100 households provided via the weekly Mercado. YFS: \$3,519,000 client assistance to 3,500 households via Domestic Violence, SUN Service System (SUNSS), Preschool Families and Housing & Immigration program participants.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of households served	N/A	5,850	5,850	6,900
Outcome	Percentage of recipients from Black, Indigenous or People of Color communities	N/A	80%	80%	80%

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$97,831	\$0	\$0
Contractual Services	\$0	\$4,758,169	\$0	\$5,400,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$4,856,000</b>	<b>\$0</b>	<b>\$5,400,000</b>
<b>Program Total:</b>	<b>\$4,856,000</b>		<b>\$5,400,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	6.50

Program Revenues				
Intergovernmental	\$0	\$4,856,000	\$0	\$5,400,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$4,856,000</b>	<b>\$0</b>	<b>\$5,400,000</b>

Explanation of Revenues

\$5,400,000 - American Rescue Plan (ARP) Direct County Funding

Significant Program Changes

Last Year this program was: FY 2022: 25399P ARP - DCHS Client Assistance

This program addresses the County's priority of Crisis Response & Community Recovery. These funds will provide client assistance directly to individuals and families, with a focus of providing unconditional cash transfer whenever possible.

The funding is increased in FY 2023 to serve an additional 1,050 households. The FY 2022 budget included funding to serve 5,850 households and is increased to serve 6,900 households in FY 2023.

This program includes the conversion of limited duration positions to 6.50 FTE that will end 12/31/2022.

## Department Overview

The Joint Office of Homeless Services (the Joint Office) seeks to create an equitable community in which all people have safe, affordable, and accessible housing. It does this by working with community based organizations and governmental entities to provide participant-driven, coordinated, and equitable services focused on those who are experiencing, or at risk of, homelessness. With years of participant driven planning, and the Local Implementation Plan (LIP) for the Metro Supportive Housing Services Measure (SHS Measure) adopted by the Multnomah County Board in 2021, the department has a clear road map to expanding services that reduce chronic and episodic homelessness, with priority given to strategies that eliminate racial disparities.

The Joint Office’s work aligns directly with the County’s mission and vision to serve the needs of those who are most vulnerable by providing a safety net of quality services that are developed using an equity lens and a commitment to social justice. The Joint Office is guided by these core values: prioritize those who are most vulnerable; promote racial justice and anti-racism; engage marginalized community voices - in particular those with lived experience of homelessness from Black, Indigenous and other Peoples of Color (BIPOC) communities - in identifying and implementing strategies that work; use data and hold programs accountable for outcomes; and continuously strengthen systems through alignment, coordination, and leveraging resources.

The Joint Office maintains these values in carrying out its five primary functions: supporting the involvement of community stakeholders in the development and implementation of policies and programs that help address and end homelessness; contracting local, State, and Federal funds to non-profit providers delivering a continuum of homeless and housing services to adults, youth, families with children, and survivors of domestic and sexual violence; overseeing the development and operations of the community’s emergency shelter system; serving as the U.S. Department of Housing and Urban Development (HUD) Continuum of Care “Lead Agency”; and leading Multnomah County’s planning and implementation of programming funded by the Metro Supportive Housing Services Measure.

In addition to these ongoing functions, since March of 2020, the Joint Office has been leading the County’s efforts to protect people experiencing homelessness from the potentially deadly consequence of the COVID-19 pandemic.

The Joint Office carries out its responsibilities through five divisions, which are described in more detail on the following pages: Administration & Operations; System Support, Access, & Coordination; Safety off and on the Streets; Housing Placement & Retention; and Supportive Housing.



### Budget Overview

The FY 2023 Joint Office of Homeless Services budget is \$262.4 million, a \$101.3 million increase from the FY 2022 Adopted budget. The budget includes \$60.7 million of County discretionary funds. The remaining \$201.7 million of the budget is from Other Funds that include the Metro Supportive Housing Services Measure (SHS Measure) and City of Portland funding.

Funds	FY 2022 Adopted	FY 2023 Adopted	Difference	% of FY 2023 Budget
<b>County Discretionary Funds</b>				
General, Tax Title, & Video Lottery Funds	\$27,793,585	\$60,673,960	\$32,880,375	23.1%
<b>Other Funds</b>				
Supportive Housing Fund	55,887,500	110,124,698	54,237,198	42.0%
City of Portland General Fund	37,385,277	45,425,687	8,040,410	17.3%
Other Federal/State/Local Funds	10,304,911	15,340,086	5,035,175	5.8%
ARP - Direct County	8,250,000	9,636,000	1,386,000	3.7%
COVID-19 - Other	21,408,360	21,159,830	(248,530)	8.1%
<b>Total Other Funds</b>	<b>133,236,048</b>	<b>201,686,301</b>	<b>68,450,253</b>	<b>76.9%</b>
<b>Total All Funds</b>	<b>\$161,029,633</b>	<b>\$262,360,261</b>	<b>\$101,330,628</b>	

The \$32.9 million increase in County funds is largely due to new shelter capital funding, carryover of capital funding from the mid-FY 2022 joint City/County funding rebalance involving the Business Income Tax (BIT) and other funds, and new funding for non-capital commitments made during that action.

Additionally, the increase includes \$2.2 million in new or restored ongoing funding for the following programs:

- Additional Administrative & Operational Support (30000C) \$370,408
- Homeless Management Information System (30003C) \$225,000
- Shelter & Outreach Program Support (30005E) \$1,000,000
- Winter Shelter & Severe Weather - Restoration (30206B) \$575,870

The budget also includes \$18.2 million of new, one-time-only County funding for:

- Strategic Capital Investments (30010) \$15,000,000
- LGBTQIA2S+ Housing Forum & Engagement (30200B) \$50,000
- Outreach and Engagement Staff (30200C) \$150,000
- Alternative Shelter Coordination (30202D) \$250,000
- Navigation & Service Coordination Expansion (30210B) \$2,675,000
- Transitional Housing Expansion (30400F) \$84,600

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

#### **Supportive Housing Services Measure (SHS Measure)**

In FY 2023, Other Funds increase by \$68.5 million. Most of that increase is due to \$54.0 million of additional SHS Measure funds now in their second year (almost the entire increase in the Supportive Housing Fund). For FY 2023, Metro is projecting the total revenue to be \$90.8 million. The SHS Measure budget also includes a \$16.3 million carryover balance from FY 2022. (For more information about SHS Measure revenue, please see the [Joint Office’s FY 2023 Transmittal Letter](#).)

### Budget Overview (continued)

#### City of Portland and Federal/State/Grant Funding

City of Portland General Fund increases \$8.0 million, mainly due to mid-FY 2022 rebalance commitments of \$7.4 million, including \$5.0 million of shelter capital carryover. The budget carries over \$4.8 million of State capital funding for the renovation of the Arbor Lodge shelter and adds \$2.0 million of State Out of the Cold funds; offsetting the increases in Other Funds is a decrease of \$1.6 million due to the ending of the Kaiser Permanente Metro 300 project. In addition, the COVID-19 Response Fund increases by \$1.1 million.

#### Budgeted Positions (FTE)

The FY 2023 budget funds 96.00 full time equivalent positions (FTE). The 24.00 FTE increase is largely due to the SHS Measure, including 2.00 FTE previously supported by American Rescue Plan (ARP) funds (30202C); County General Fund also increases by 9.20 FTE, mainly due to new programs; the City of Portland General Fund adds 1.00 FTE related to the mid-FY 2022 rebalance (30210B); and 4.00 FTE are added with American Rescue Plan funds (30905).

#### Shelter Capital

Shelter capital funds make up \$52.9 million, or 20.2%, of the FY 2023 budget. These funds are estimated to expand the County’s capacity in congregate and non-congregate emergency shelter sites, as well as alternative shelter sites, by over 460 beds for projects in progress, plus additional beds as more properties are acquired or renovated. The funds include:

- \$15.0 million - new County General Fund for expanding shelter and housing related capital investments (30010),
- \$10.8 million (County General Fund) and \$5.0 million (City General Fund) - carryover of funds committed during the mid-FY 2022 rebalance (30208A),
- \$5.4 million (SHS Measure) - carryover and new SHS Measure funds for development of year-round alternative shelter capacity (30208B),
- \$4.8 million (State) - carryover of State funds for Arbor Lodge (30208A),
- \$1.6 million (County General Fund), \$1.2 million (City General Fund) - carryover of remaining funds from County/City joint commitment to provide \$5.0 million each for shelter capital investments (30208A), and
- \$9.2 million (Federal) - carryover of HOME Investment Partnerships funds (30906).

Budget Trends	FY 2021	FY 2022	FY 2022	FY 2023	Difference
	Actual*	Current Estimate	Adopted Budget	Adopted Budget	
Staffing FTE	45.00	70.75	72.00	96.00	24.00
Personnel Services	\$11,260,117	\$14,637,245	\$13,614,651	\$17,286,930	\$3,672,279
Contractual Services	98,594,102	134,054,894	127,913,102	181,818,049	53,904,947
Materials & Supplies	13,864,201	11,540,875	6,936,685	13,254,306	6,317,621
Internal Services	4,407,802	5,114,057	1,995,195	4,605,155	2,609,960
Capital Outlay	6,879,902	5,212,500	7,550,000	45,395,821	37,845,821
Debt Service	0	0	3,020,000	0	(3,020,000)
<b>Total Costs</b>	<b>\$135,006,124</b>	<b>\$170,559,571</b>	<b>\$161,029,633</b>	<b>\$262,360,261</b>	<b>\$101,330,628</b>

\* In the FY 2021 Adopted budget, \$117.1 million and 32.00 FTE associated with the Joint Office of Homeless Services (JOHS) were included in the Nondepartmental budget. Because JOHS was established as a department in FY 2022, the FY 2021 actual amounts associated with JOHS are shown here, rather in the Nondepartmental table.

## Successes and Challenges

The Joint Office has experienced a number of important successes in its first year as a County department that have occurred in the context of extremely difficult times for people experiencing housing instability and homelessness in Multnomah County. The continued impacts of the pandemic, a lack of housing that is affordable to extremely low-income people, inadequate income and benefits levels, lack of access to physical and behavioral healthcare, and the continued impacts of systemic, institutional, and individual racism on people of color facing homelessness, all present significant challenges to the Joint Office's efforts to help people end their homelessness. These challenges are compounded by continued difficulties faced by the community based organizations the Joint Office contracts with to deliver services, including ongoing COVID-19 impacts and significant challenges attracting and retaining qualified staff. Despite these challenges, the Joint Office has seen success in several critical areas:

- The Joint Office has continued to lead, in partnership with Public Health, the County's response to the COVID-19 pandemic's impact on those experiencing homelessness. This includes supporting dozens of community based organizations to maintain and expand operations, operating specialized programming - like the Voluntary Isolation Motels - and coordinating testing, vaccine, and supply distribution to those who are unhoused. The Joint Office has also partnered with other County departments in the effort to reach over 25,000 people with eviction prevention support in just the first two quarters of FY 2022.
- The Joint Office has successfully launched implementation of the Metro Supportive Housing Services Measure (SHS Measure) in Multnomah County. Guided by the Local Implementation Plan (LIP) approved by the County Board, the Joint Office is using SHS Measure funds that first became available in July of 2021, to rapidly launch dozens of new and expanded programs in the areas of outreach, shelter, housing placement, employment, and permanent supportive housing. Thousands of people have benefitted from this new programming in the first year of implementation, and hundreds of people who have experienced chronic homelessness are already in housing or shelter each night because of new Measure-funded capacity. The Joint Office already has 1,040 new permanent supportive housing opportunities open or in the pipeline using SHS Measure funds.
- While responding to the pandemic and launching the SHS Measure implementation, the Joint Office also has been engaged in critical organizational development work to support its expanded scope and scale of responsibilities. This includes building new planning and evaluation, equity, shelter development, and safety off the streets teams, improving data collection and reporting capacity, and developing an improved executive management structure. This vital organizational development work will yield ongoing benefits to the quality of homeless services in Multnomah County.

## COVID-19 Impacts

For two years, the Joint Office has committed a tremendous amount of time, capacity, and financial resources to addressing the impacts of the COVID-19 pandemic on those experiencing homelessness and the organizations that serve them. In FY 2022, the Joint Office continued to adapt to the evolving pandemic, setting up new programs to deliver vaccines and testing to shelters and encampments, first reducing then expanding voluntary isolation motel capacity with the arrival of new variants, all while continuing to support safety net providers in their efforts to keep their doors open as waves of COVID-19 impacted their staff. In addition to these efforts, the Joint Office has partnered with the Portland Housing Bureau and the Department of County Human Services to assist in the distribution of \$30.0 million in COVID-19 emergency rental assistance since July 1, 2021, and will continue to distribute additional emergency rent assistance funding into FY 2023. The Joint Office will also continue investing SHS Measure funding in community based organization staffing to ensure the equitable and timely distribution of pandemic eviction prevention dollars.

The ongoing pandemic has continued to present enormous challenges for the Joint Office staff, but they have responded with incredible resilience to every one of those challenges. For nearly two years, staff have had to continue their regular work, adapt to the ever evolving risks that the pandemic presents, and meet the community's understandable urgency to realize the promise of the SHS Measure. Regardless of their role in the office, every Joint Office staff person has not only had to adapt their work to make certain there would be no interruption in critical core services during the pandemic, they have also been asked to take on new work and additional assignments as part of the COVID-19 response. They do this even as many are also experiencing significant direct impacts from COVID-19 in their personal lives. It has been a very difficult two years, and yet these years have brought out the best in the people who have devoted themselves to this critical work.

Because the pandemic - and the risks it represents to people experiencing homelessness - remains a threat, the Joint Office's FY 2023 budget continues most of its COVID-19 interventions, including expanded safety off the streets services (30900), expanded hygiene services (30902), culturally specific outreach (30903), expanded motel and congregate shelter (30900), and outdoor physical distancing shelters (30905). That said, the Joint Office expects FY 2023 to be the year that it transitions out of the emergency response to COVID-19 and into a system that treats COVID-19 as endemic and another among many ongoing risks to the population it serves.

### COVID-19 & American Rescue Plan

In response to the COVID-19 pandemic, the Joint Office has taken on additional critical work leading efforts to protect people experiencing homelessness from the potentially devastating impact of the pandemic. Working with County Public Health and Emergency Management, the Joint Office continues to:

- Provide substantial financial and technical assistance to its contractors to support their ability to continue services and connect participants with testing and vaccines.
- Maintain dramatically expanded coordinated outreach and supply distribution (survival gear and personal protective equipment) to the unsheltered population.
- Support a re-organized and expanded emergency shelter system to allow for physical distancing and non-congregate motel sheltering of individuals at high-risk of serious illness or death from COVID-19.
- Operate voluntary isolation motels for individuals who become infected with COVID-19 or need to quarantine.

Because of capacity limitations among community based organizations during the pandemic, the Joint Office hired a significant number of limited-duration employees to directly operate one of the current physical distancing shelters and the voluntary isolation motels. While the County is in the process of transitioning out of the voluntary isolation motels, the Joint Office expects to continue operations of the high-risk motel shelter program into next fiscal year, as COVID-19 guidelines continue to limit capacity in congregate shelters.

The Joint Office's FY 2023 budget includes the following ARP resources:

- \$16.5 million (\$8.26 million City of Portland ARP / \$8.26 million County ARP) to continue 200 rooms of motel shelter capacity and 100 beds of congregate shelter capacity, in addition to the provision of critical health, safety, and nutrition resources to those living unsheltered. This represents an ongoing partnership between the City of Portland and Multnomah County to fund critical services that address the ongoing impacts of the COVID-19 pandemic on those experiencing homelessness (30900).
- \$0.8 million to continue an expansion of basic hygiene services for the unsheltered population, with a focus on increasing access to toilets, hand washing, and showers in areas currently most underserved with those resources (30902).
- \$0.4 million to continue expanded culturally specific outreach services, recognizing that to be most effective, outreach services should be delivered by and for the diverse racial and ethnic communities that make up our unsheltered populations (30903).
- \$3.7 million to fund continued operations of two culturally specific outdoor physical distancing shelters (30905).
- \$9.2 million in one-time carryover ARP HOME Investment Partnership Program capital funds from the U.S. Department of Housing and Urban Development (HUD) to use in acquiring a new non-congregate motel shelter as part of a partnership with the Portland Housing Bureau (PHB) (30906).
- \$200,000 in one-time funding to increase access to Federal long-term disability benefits for people experiencing homelessness (30907).

## Diversity, Equity, and Inclusion

Every institutional failure that is driving highly vulnerable people into homelessness is exacerbated for Black, Indigenous, and other People of Color (BIPOC) by the endemic racism that plagues those institutions. Whether in the housing, employment, health, or homeless services sector, systemic racism continues to channel disproportionately high numbers of People of Color into homelessness and create barriers for BIPOC individuals to overcome in ending their homelessness.

The Joint Office has implemented multiple strategies to realize its goal of eliminating the disproportionately high rates of homelessness among BIPOC communities. It has:

- Improved data collection and outcome reporting using inclusive racial identities.
- Created standards of practice for all contractors that include cultural responsiveness and/or culturally specific service provision.
- Included a requirement for organizational equity assessments, plans, and progress reporting in all contracts.
- Prioritized and increased funding to culturally specific organizations through local procurement processes and prioritization of culturally specific programs in competitive Federal applications.
- Prioritized staff support to recruit culturally specific providers to apply for contracted service procurements, with the ultimate goal of diversifying the qualified pool of service providers.

The Joint Office has also dedicated resources to increasing its internal capacity to lead with race, including through implementation of the Multnomah County Workforce Equity Strategic Plan (WESP). That implementation includes a chartered equity committee, the founding of an equity team, monthly equity-focused all staff meetings, affinity groups, and staff training, as well as changes in job descriptions, recruiting, selection, and onboarding practices. The Joint Office also continues to be active in countywide racial equity policy development and training efforts.

This year, as a core component of the Joint Office's ongoing implementation of the SHS Measure, it facilitated a comprehensive engagement process with culturally specific organizations as part of a tri-county homeless services procurement conducted by Washington County, in partnership with Multnomah County and Clackamas County. The goal of this engagement, which included information sessions, technical assistance in completing applications, and equity onboarding for the procurement evaluation panel, was to expand and diversify the regional pool of service providers. The Joint Office's Equity Engagement Coordinator led the process, which generated over 90 applications and has led to the qualification of dozens of new providers to provide services through the Joint Office of Homeless Services.

Looking ahead to FY 2023, the SHS Measure continues to represent a tremendous opportunity to further advance the County's commitment to racial equity. The SHS Measure focuses on significantly reducing chronic and episodic homelessness by first reaching BIPOC who are overrepresented in

### Diversity, Equity, and Inclusion (continued)

those populations. The SHS Measure, consistent with the values of the Joint Office, requires that all planning work center the voices of people with lived experience, especially from BIPOC communities. Multnomah County’s Local Implementation Plan (LIP), adopted by the County Board to guide investments funded by the SHS Measure, emphasizes the importance of expanding the number and capacity of culturally specific service providers, and expanding funding to those providers, as critical to eliminate racial disparities in homelessness. The Joint Office’s FY 2023 budget includes significant investments to further these commitments.

### Budget by Division

Division Name	FY 2023 General Fund	Other Funds	Total Division Cost	Total FTE
Administration & Operations	\$3,319,953	\$4,240,247	\$7,560,200	31.00
System Support, Access, & Coordination	4,169,273	16,810,733	20,980,006	30.00
Safety off and on the Streets	8,471,535	45,018,415	53,489,950	12.50
Housing Placement & Retention	10,708,652	45,478,073	56,186,725	5.25
Supportive Housing	2,638,419	46,959,131	49,597,550	12.25
Strategic Capital Investments	27,400,000	16,350,000	43,750,000	1.00
COVID-19 & American Rescue Plan	0	<u>30,795,830</u>	<u>30,795,830</u>	<u>4.00</u>
<b>Total Joint Office of Homeless Services</b>	<b>\$56,707,832</b>	<b>\$205,652,429</b>	<b>\$262,360,261</b>	<b>96.00</b>

## Administration & Operations

Administration and Operations provides executive leadership and strategic direction for the Joint Office of Homeless Services. It works with elected leaders across the region, community based organizations, and advisory bodies and other stakeholder groups to develop, implement, and deliver homeless services. Administration and Operations includes:

- Executive Leadership: Equity-focused executive leadership, management, and strategic direction for the Department's programs and services.
- Business Services: Development, management, and administration of the annual budget, management of local, State, and Federal funding, procuring and contracting for the provision of homeless services, and processing invoices from and payments to contracted service providers.
- Human Resources: Conducting internal and external recruitments, providing a structured and engaging onboarding process, and supporting employee retention by providing training, employee relations, professional development, and ensuring safety, trust, and belonging for all staff.

## Significant Changes

Throughout FY 2021 and FY 2022, and as part of a structured organizational development process, the Joint Office worked to intentionally build an organization that can complete the transition to a fully integrated County department with the necessary structure and functional capabilities to successfully carry out its growing set of responsibilities, including those related to implementing and supporting programs funded by the Supportive Housing Services Measure. Excluding one-time COVID-19 funds, the Joint Office's budget has more than tripled between FY 2021 and FY 2023, going from \$75.1 million to \$231.6 million. To support this budgetary increase, and the related increase in the delivery of critical programs and services, the Joint Office has significantly increased its staffing, including in Administration and Operations. Prior to becoming a department, the Joint Office relied on central County infrastructure for administrative and operational support provided by the Department of County Management and the Department of County Assets. It continues to build its internal infrastructure to carry out these functions and other growing administrative responsibilities, including in office operations, facilities asset management and development, human resources, and business services.

The FY 2023 budget includes 8.00 FTE in new Administration and Operations positions to support critical administrative, business services, and human resources needs identified through the department's organizational development process.

### System Support, Access, & Coordination

This division provides data quality support, analysis, outcomes reporting, policy and planning work, community engagement, and system-wide training to support equity-focused services practices and capacity building. It also includes information and referral, coordinated access, and similar services.

Data, Research, and Evaluation staff oversee data collection by contracted service providers, develop and implement ongoing outcome reporting, and respond to requests for quantitative information from jurisdictional and community partners. This group also develops and implements, both directly and through outside contractors, the evaluation of specific programs, strategies, and systems of care.

Policy, Planning, and Regional Coordination staff support a range of community-led policy and planning initiatives, including for the local Metro Supportive Housing Services Measure (SHS Measure) implementation, the regional planning bodies associated with the Measure, as well as the Continuum of Care and additional advisory bodies. This work focuses heavily on soliciting and incorporating the perspectives of people with lived experience of homelessness, in particular people from Communities of Color, into the development of policy recommendations.

Funding of equity-focused system development includes support for community based organizations that seek to or are currently contracted to deliver services. The goal of these investments is to ensure that these organizations, in particular emerging and culturally specific organizations, have an equitable opportunity to successfully contract with the Joint Office and obtain critical resources to support their work in the community.

This division also includes internal staff and contracted services that improve access to homeless and housing services; contracts for online, telephonic, printed, and outreach based information; and services navigation support. Coordinated Access staff lead the development and implementation of the process of assessing and prioritizing individuals and families for permanent supportive housing and certain rapid rehousing resources.

### Significant Changes

The most significant change for FY 2023 is the anticipated transfer of all Homeless Management Information System (HMIS) leadership responsibilities in the Continuum of Care from the Portland Housing Bureau to the Joint Office. As part of this change, the Joint Office anticipates leading the implementation of HMIS for the tri-county region, in keeping with the regional focus of the SHS Measure. This division will also be leading the increasingly urgent effort to address the staffing challenges faced by contracted services providers. Supporting these providers will involve the completion of a wage study, strategic investments in staff compensation and retention supports, and additional technical assistance. Finally, this division includes the Regional Strategies Implementation Fund, which is the allocation of SHS Measure funding that will support the Tri-County Planning Body's regional plan. This division is increasing by 6.00 FTE: 2.00 FTE for increased data team capacity (including increased responsibilities related to HMIS implementation), 3.00 FTE to expand Assertive Engagement and cross-system training, and 1.00 FTE to support the significant increase in Coordinated Access activity associated with the SHS Measure system expansion.

## Safety off and on the Streets

The basic safety of people experiencing homelessness requires funding a full range of outreach and emergency night and day shelter options that offer access to critical hygiene, health, and housing services. Safety off and on the Streets programming includes population-specific shelter options for survivors of domestic violence, adult-only households, families, and youth. It also includes alternative shelter options, safety on the streets survival and outreach, along with winter and severe weather shelter.

Safety off and on the Streets includes a range of short-term stay shelter options for people experiencing homelessness when permanent housing options are not accessible. This includes year-round 24/7 shelters, temporary winter and seasonal overnight shelters, severe weather shelters, alternative shelters, and daytime services or resource centers. Emergency shelters are vital to protecting the basic health and safety of individuals while they are experiencing homelessness, particularly those with disabling conditions, veterans, women, survivors of domestic and sexual violence, youth, and older adults. Alternative shelters provide a safe space to sleep and access to resources for those who are not currently served by traditional congregate shelters. Daytime resource centers provide basic safety off the streets, hygiene services, temporary storage, and access to an array of basic services during daytime hours for people who are not staying in 24/7 emergency shelters.

Outreach and engagement is coordinated, person-centered outreach that brings housing placement and other support services directly to people experiencing homelessness. This includes coordinated efforts that bring services directly to individuals to meet basic needs and connect them to housing placement and retention services, other housing and support services, mental health outreach to individuals with severe and persistent mental illness, substance use screening and assessment, culturally-specific outreach services and housing readiness assistance.

## Significant Changes

The Joint Office's Safety off and on the Streets work continues to expand significantly. In addition to continuing the significant motel shelter expansion that began with the COVID-19 pandemic (30900), the FY 2023 budget funds a significant expansion of all forms of shelter and transitional housing capacity. It funds the operation of several new congregate shelter sites, including sites in North Portland and the Portland city center (30209), the continued operations of existing village-style alternative shelters (30202B), and supports the operations of three additional motel programs (30209, 30209B). The FY 2023 budget also expands outreach services, including navigation workers (30210B), and funds staffing to support coordination with the City's new Street Services Coordination Center. In order to facilitate this continued programmatic expansion, this division has an additional 1.00 FTE program specialist in FY 2023 to work on alternative shelter projects (30202B), as well as limited duration staff dedicated to community engagement in connection with the siting of new shelter programs (30200C) and limited duration staff to coordinate the development and communication of learnings from efforts to expand alternative shelter approaches (30202D).

### Housing Placement & Retention

Housing Placement and Retention programming helps people gain or retain housing, provides supportive services for housing stability, diverts those at risk of homelessness with accessible housing options, and assists households experiencing homelessness or housing instability with workforce supports. For the majority of people experiencing homelessness, returning to permanent housing requires a combination of limited duration, flexible rent assistance, housing placement and retention support services, and access to income acquisition assistance. Through this programming, often referred to as “Rapid Rehousing,” each year thousands of survivors of domestic violence, seniors, adults, women, families, youth, and veterans are housed and/or retained in housing they already have.

Rapid Re-Housing (RRH) is designed to assist households in exiting homelessness and gaining permanent housing. It includes highly flexible short- and medium-term rental assistance, move-in and barrier mitigation funds, and housing case management services and supports. RRH is designed to help households experiencing homelessness achieve and maintain permanent housing stability as quickly as possible. Housing services include housing search and identification, negotiation with landlords to overcome barriers to housing access, financial assistance with rent and move-in expenses, and a range of post-placement stabilization services, including support managing household finances, maintenance and habitability issues, and landlord disputes. Income acquisition supports include education, job training, and assistance obtaining public benefits. RRH services are provided by a large network of community based organizations, including culturally specific organizations serving Black, Indigenous, Latinx, and other Communities of Color that are overrepresented in the population of people experiencing homelessness.

### Significant Changes

FY 2023, the second year of the Metro Supportive Housing Services Measure (SHS Measure) implementation, will continue the expansion of housing placement capacity, including housing case management, barrier mitigation, employment services, and a range of rent assistance options. Investments continue in the expansion of housing placement and support services capacity. This includes significantly increased capacity to divert adults facing the loss of housing to other permanent housing (30300B), to provide peer supports as part of the housing placement process (30300B), to increase placements for homeless families and domestic and sexual violence survivors (30301B, 30303B), and to move more people from shelter into permanent housing (30302B). The budget also provides funding for several teams dedicated to increasing placements out of shelter (30302B), including culturally specific teams, and teams focused on older adults. These teams will not only help achieve the SHS Measure Local Implementation Plan goal of increasing annual placements into housing by at least 2,500 individuals per year, they will also increase placements out of shelter, thereby freeing up shelter capacity for others. Additionally, the FY 2023 budget includes new investments in supporting a coalition of smaller, primarily culturally specific, community based organizations that have helped to deliver eviction prevention programming during the COVID-19 pandemic (30308), as well as investments in enhanced housing placement incentives that are aimed at encouraging a wider range of landlords to make vacant units available to individuals who have access to rental assistance and supportive services through the SHS Measure and other programs (30309).

### Supportive Housing

Supportive Housing (SH) commonly serves those with severe temporary or long-term disabilities, who are extremely low income and experiencing long-term homelessness. SH can take the form of both permanent supportive housing and recovery-oriented transitional housing.

Permanent Supportive Housing (PSH) is deeply affordable permanent housing with supportive services that assists persons with long-term disabilities, including chronic health conditions, mental illness, and addictions, who have experienced, or are at risk of, long-term or cyclical homelessness. It combines long-term rent assistance with ongoing wrap-around supportive services, including but not limited to behavioral and physical health services, benefits and income-related services, and in-home housing retention supports. Services are intensive, voluntary, individualized, and intended to assist participants in gaining and maintaining long-term housing stability. PSH can be provided in a building entirely dedicated to PSH (facility-based), as a cluster of units in a single building that also includes non-PSH units, and scattered across multiple sites, or clustered units, and can be integrated into private market and non-profit/publicly owned housing.

Recovery-oriented transitional housing (TH) provides temporary housing and supportive recovery-oriented services for people experiencing homelessness who have a substance use disorder and are seeking this type of program. The housing and services are short-term, typically 24 months or less, and designed to facilitate participant's transition to permanent housing.

### Significant Changes

With the passage of the Metro Supportive Housing Services Measure (SHS Measure) in May of 2020, additional resources became available to fund a significant ongoing expansion of Supportive Housing. The FY 2023 budget includes funding for over 1,500 SH units with SHS Measure funding, representing over 65% of the Local Implementation Plan (LIP) goal of 2,235 units. This includes over 500 new SH units that the Joint Office and its partners worked to implement in FY 2022, and over 1,000 new SH units that it plans to build the capacity for in FY 2023. This includes investments in scattered-site SH (30400D), additional facility-based and scattered-site SH and rent assistance to support people who need an ongoing subsidy but no longer need intensive services (30400B), support services for deeply affordable housing units financed by the Portland Housing Bond and Metro Housing Bond (30400C), SH for people identified through the Frequent Users System Engagement (FUSE) program (30406), new funding for transitional recovery housing (30400F), as well as new SH specifically designed for youth (30404), families with children (30403B), and households impacted by domestic violence (30405). Additionally, consistent with the LIP commitment to system-wide investments, the Joint Office has expanded investments in cross-departmental housing-focused programming in the Department of County Human Services (30407A), the Health Department (30407B), and the Department of Community Justice (30407C). The FY 2023 budget also invests in infrastructure to support SH programming including a landlord recruitment and retention program (30400E). In order to support this significant programmatic expansion, 4.00 additional FTE have been added to provide ongoing contract management for SH projects (30400B, 30403B).

### Strategic Capital Investments

This division is responsible for planned capital investments and potential future investments (30010, 30208A/B). The planned investments include a Northeast Portland motel shelter (137 rooms), an East County shelter (estimated at 100 beds), the Arbor Lodge renovation (90 beds/pods), new village-style alternative shelter sites (estimated at 140 pods/rooms), and capital improvements to various existing shelter programs supported by the Joint Office of Homeless Services. The acquisition and renovation of at least one of the properties will also be supported by American Rescue Plan funds (30906) identified separately from this division.

The potential future investments do not yet have sites selected, but many sites have been toured and due diligence is underway. During the site selection process, the Joint Office keeps in mind the need to expand both the range of shelter options and their geographic distribution. This division also contains funding for one-time renovation and improvement costs for the potential sites once they are acquired and for existing shelter programs that develop capital improvement needs during the course of the year.

### Significant Changes

This division is new for the FY 2023 budget and includes carryover of funds previously tied to other divisions, additional Metro Supportive Housing Services funds, and new one-time County funding. The new County funding is \$15.0 million for strategic capital investments in program infrastructure needs of County departments that are responding to the critical need for shelter, transitional, and longer-term supportive housing options for those experiencing, or at risk of, homelessness, and who are struggling with serious disabling conditions (30010). This division also has a new 1.00 FTE shelter project manager that will help facilitate the Joint Office's continued programmatic expansion (30208A).

### Joint Office of Homeless Services

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

Prog. #	Program Name	FY 2023 General Fund	Other Funds	Total Cost	FTE
<b>Administration &amp; Operations</b>					
30000A	Administration and Operations	\$1,512,346	\$207,967	\$1,720,313	5.00
30000B	Administration and Operations - Metro Measure Expansion	0	2,632,222	2,632,222	6.00
30000C	Administration and Operations - Additional Administrative & Operational Support	370,408	0	370,408	3.00
30001A	Business Services	1,038,892	125,644	1,164,536	7.00
30001B	Business Services - Metro Measure Expansion	0	1,037,912	1,037,912	6.00
30002A	Human Resources	398,307	0	398,307	2.00
30002B	Human Resources - Metro Measure Expansion	0	236,502	236,502	2.00
<b>System Support, Access, &amp; Coordination</b>					
30003A	Data, Research, & Evaluation	571,463	400,635	972,098	6.00
30003B	Data, Research, & Evaluation - Metro Measure Expansion	0	1,113,396	1,113,396	5.50
30003C	Data, Research, & Evaluation - Homeless Management Information System	225,000	0	225,000	1.00
30004A	Policy & Planning	102,015	520,536	622,551	3.00
30004B	Policy, Planning, & Regional Coordination - Metro Measure Expansion	0	521,360	521,360	3.50
30004C	Policy, Planning, & Regional Coordination - Regional Strategies Fund - Metro Measure Expansion	0	3,422,415	3,422,415	0.00
30005A	Equity-Focused System Development & Capacity Building	126,306	0	126,306	1.00
30005B	Equity-Focused System Development & Capacity Building - Metro Measure Expansion	0	3,913,539	3,913,539	4.00
30005C	Equity-Focused System Development & Capacity Building - Increase to Operating Budgets	1,417,663	1,000,000	2,417,663	0.00
30005D	Equity-Focused System Development & Capacity Building - Hiring & Retention	250,000	0	250,000	0.00
30005E	Equity-Focused System Development & Capacity Building - Shelter & Outreach Program Support	1,000,000	0	1,000,000	0.00
30005F	Equity-Focused Syst Dev & Cap Bldg - Shelter & Outreach Program Support - Metro Measure Expansion	0	1,000,000	1,000,000	0.00

# Joint Office of Homeless Services

fy2023 adopted budget

Prog. #	Program Name	FY 2023 General Fund	Other Funds	Total Cost	FTE
<b>System Support, Access, &amp; Coordination (cont.)</b>					
30100A	System Access, Assessment, & Navigation	476,826	1,654,037	2,130,863	2.00
30100B	System Access, Assessment, & Navigation - Metro Measure Expansion	0	3,264,815	3,264,815	4.00
<b>Safety off and on the Streets</b>					
30200	Safety off the Streets - Adult Shelter	353,916	10,537,273	10,891,189	1.50
30200B	Safety off the Streets - LGBTQIA2S+ Housing Forum & Engagement	50,000	0	50,000	0.00
30200C	Safety off the Streets - Outreach and Engagement Staff	150,000	0	150,000	0.00
30201	Safety off the Streets - Women's Shelter	20,900	2,684,970	2,705,870	0.00
30202A	Safety off the Streets - Alternative Shelter for Adults	0	629,780	629,780	0.00
30202B	Safety off the Streets - Alternative Shelter for Adults - Metro Measure Expansion	0	3,727,603	3,727,603	1.00
30202C	Safety off the Streets - Alternative Shelter for Adults - Staffing Capacity -Metro Measure Expansion	0	307,754	307,754	2.00
30202D	Safety off the Streets - Alternative Shelter for Adults - Alternative Shelter Coordination	250,000	0	250,000	0.00
30203	Safety off the Streets - Family Shelter	1,595,545	1,104,800	2,700,345	1.00
30204	Safety off the Streets - Domestic Violence Shelter	1,105,330	620,461	1,725,791	0.50
30205	Safety off the Streets - Youth Shelter	1,631,820	364,226	1,996,046	0.50
30206A	Safety off the Streets - Winter Shelter & Severe Weather	0	5,022,363	5,022,363	0.00
30206B	Safety off the Streets - Winter Shelter & Severe Weather - Restoration	575,870	0	575,870	0.00
30209	Safety off the Streets - Metro Measure Expansion	0	16,217,404	16,217,404	2.00
30209B	Safety off the Streets - Bridge Housing - Metro Measure Expansion	0	1,641,667	1,641,667	0.00
30210A	Safety on the Streets	63,154	735,114	798,268	1.00
30210B	Safety on the Streets - Navigation & Service Coordination Expansion	2,675,000	1,425,000	4,100,000	3.00
<b>Housing Placement &amp; Retention</b>					
30300A	Housing Placement & Retention - Adults & Women Households	1,305,485	4,161,220	5,466,705	1.25
30300B	Housing Placement & Retention - Adults & Women Households - Metro Measure Expansion	0	3,961,252	3,961,252	0.00
30301A	Housing Placement & Retention - Homeless Families	3,187,342	1,374,058	4,561,400	1.00
30301B	Housing Placement & Retention - Homeless Families - Metro Measure Expansion	0	4,328,495	4,328,495	1.00

# Joint Office of Homeless Services

fy2023 adopted budget

Prog. #	Program Name	FY 2023 General Fund	Other Funds	Total Cost	FTE
<b>Housing Placement &amp; Retention (cont.)</b>					
30302A	Housing Placement & Retention - Placement out of Adult Shelter	73,705	2,229,760	2,303,465	0.00
30302B	Housing Placement & Retention - Placement out of Adult Shelter - Metro Measure Expansion	0	8,576,406	8,576,406	0.00
30303A	Housing Placement & Retention - Domestic Violence	1,858,935	1,451,526	3,310,461	0.50
30303B	Housing Placement & Retention - Domestic Violence - Metro Measure Expansion	0	2,397,149	2,397,149	1.00
30305	Housing Placement & Retention - Medical/Aging	0	642,730	642,730	0.00
30306A	Housing Placement & Retention - Youth Services	2,926,295	1,890,716	4,817,011	0.50
30306B	Housing Placement & Retention - Youth Services - Metro Measure Expansion	0	768,442	768,442	0.00
30307	Housing Placement & Retention - Veterans	184,840	518,645	703,485	0.00
30308	Housing Placement & Retention - Emergency Rent Assistance & Expanded Partner Network - Metro Measure	0	1,900,000	1,900,000	0.00
30309	Housing Placement & Retention - Incentives & Master Leases - Metro Measure Expansion	0	3,640,187	3,640,187	0.00
30500	Diversion Services	1,172,050	1,358,940	2,530,990	0.00
30600A	Employment Programs	0	1,412,580	1,412,580	0.00
30600B	Employment Programs - Metro Measure Expansion	0	3,000,000	3,000,000	0.00
30700	Housing Placement & Retention - COVID-19 Recovery-Emergency Rent Assistance-Metro Measure Investment	0	1,865,967	1,865,967	0.00
<b>Supportive Housing</b>					
30400A	Supportive Housing	1,465,814	7,393,649	8,859,463	1.00
30400B	Supportive Housing - Metro Measure Expansion	0	7,458,733	7,458,733	10.00
30400C	Supportive Housing - Local Bond Units and Site-Based Commitments - Metro Measure Expansion	0	4,309,716	4,309,716	0.00
30400D	Supportive Housing - Tenant-Based Commitments - Metro Measure Expansion	0	5,167,193	5,167,193	0.00
30400E	Supportive Housing - System Support - Metro Measure Expansion	0	1,711,545	1,711,545	0.00
30400F	Supportive Housing - Transitional Housing Expansion	84,600	0	84,600	0.00
30401A	Supportive Housing - Behavioral Health/Medical Housing	0	4,656,870	4,656,870	0.25
30401B	Supportive Housing - Behavioral Health/Medical Housing - Service Coordination Team	0	2,245,365	2,245,365	0.00
30402	Supportive Housing - Local Long Term Rental Vouchers	409,645	415,200	824,845	0.00

# Joint Office of Homeless Services

fy2023 adopted budget

Prog. #	Program Name	FY 2023 General Fund	Other Funds	Total Cost	FTE
<b>Supportive Housing (cont.)</b>					
30403A	Supportive Housing - Families	678,360	0	678,360	0.00
30403B	Supportive Housing - Families - Metro Measure Expansion	0	996,623	996,623	1.00
30404	Supportive Housing - Youth - Metro Measure Expansion	0	624,000	624,000	0.00
30405	Supportive Housing - Domestic Violence - Metro Measure Expansion	0	600,000	600,000	0.00
30406	Supportive Housing - Frequent Users Systems Engagement - Metro Measure Expansion	0	1,000,000	1,000,000	0.00
30407A	Supportive Housing - Countywide Coordination - Dept of County Human Services-Metro Measure Expansion	0	2,238,000	2,238,000	0.00
30407B	Supportive Housing - Countywide Coordination - Health Department - Metro Measure Expansion	0	6,730,157	6,730,157	0.00
30407C	Supportive Housing - Countywide Coordination - Dept of Community Justice - Metro Measure Expansion	0	1,412,080	1,412,080	0.00
<b>Strategic Capital Investments</b>					
30010	Strategic Capital Investments	15,000,000	0	15,000,000	0.00
30208A	Safety off the Streets - Emergency Shelter Strategic Investment	12,400,000	10,950,000	23,350,000	1.00
30208B	Safety off the Streets - Emergency Shelter Strategic Investment - Metro Measure Expansion	0	5,400,000	5,400,000	0.00
<b>COVID-19 &amp; American Rescue Plan</b>					
30900	ARP - COVID-19 Emergency Response - Shelter Operations and Outreach Supplies	0	16,522,000	16,522,000	0.00
30902	ARP - COVID-19 Emergency Response - Expanded Hygiene Access	0	750,000	750,000	0.00
30903	ARP - COVID-19 Emergency Response - Culturally Specific Outreach	0	425,000	425,000	0.00
30905	ARP - COVID-19 Emergency Response - Outdoor Physical Distancing Shelters	0	3,711,333	3,711,333	4.00
30906	ARP - Safety off the Streets - Emergency Shelter Strategic Investment	0	9,187,497	9,187,497	0.00
30907	ARP - COVID-19 Benefits and Entitlements Specialist Team (BEST) Expansion	0	200,000	200,000	0.00
<b>Total Joint Office of Homeless Services</b>		<b>\$56,707,832</b>	<b>\$205,652,429</b>	<b>\$262,360,261</b>	<b>96.00</b>

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Administration      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

This program offer funds administrative operations for the Joint Office of Homeless Services (JOHS). The JOHS is the backbone agency supporting a collective impact approach to preventing and ending homelessness in the City of Portland and Multnomah County. The City and the County consolidated resources and services under the JOHS to fund community initiatives to prevent and ultimately end homelessness for tens of thousands of individuals and families each year. The JOHS manages resources from Multnomah County, the City of Portland, Metro, and HUD to fund community initiatives and programs to address and end homelessness in the region.

**Program Summary**

Homelessness is an ongoing crisis in the City of Portland and Multnomah County. In the last several years, the community has come together and responded in unprecedented ways. The JOHS represents a shared commitment between the City of Portland and Multnomah County to expand, improve, and simplify access to the range of services needed to address homelessness in the community. The JOHS administers contracts for homeless services, plans and manages systems of care, oversees system reporting and evaluation, conducts homeless street counts and one night shelter counts, and writes proposals to and monitors funds issued by the U.S. Department of Housing and Urban Development. These operations affect the lives of tens of thousands of homeless singles, youth, families, and survivors of domestic violence in the community. Through the JOHS, funds are contracted to more than 40 nonprofit and public agencies to provide a comprehensive range of services to assist people experiencing homelessness or housing instability. The JOHS receives funding and policy direction from the City of Portland and Multnomah County as well as the City of Gresham and Home Forward. The JOHS, by integrating staffing and funding, offers the City and County enhanced operational coordination and effectiveness in the delivery of services.

The JOHS is committed to and has taken numerous steps to realize the department's goals of achieving racial equity in homeless services and eliminating disparate rates of homelessness on the basis of race and ethnicity. To that end, the JOHS has: (1) improved data collection and outcome reporting using inclusive racial identities; (2) created standards of practice for all contractors that include cultural responsiveness and/or culturally specific service provision; (3) included a requirement for organizational equity assessments, plans, and progress reporting in all contracts; (4) prioritized and increased funding to culturally specific organizations through local procurement processes and prioritization of culturally specific programs in competitive Federal applications; and (5) prioritized staff support to community advisory efforts, including most recently around planning for chronic homelessness and permanent supportive housing.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Lead community-based budget recommendation development	1	1	1	1
Outcome	Present budget recommendations to Community Budget Advisory Committee	1	1	1	1
Outcome	Number of System-Level Quarterly Reports shared with the public	4	4	4	4

**Performance Measures Descriptions**

## Legal / Contractual Obligation

The Joint Office of Homeless Services is authorized by an Intergovernmental Agreement between Multnomah County and the City of Portland.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$640,151	\$179,311	\$718,229	\$207,967
Contractual Services	\$5,100	\$0	\$10,000	\$0
Materials & Supplies	\$92,168	\$750	\$114,059	\$0
Internal Services	\$598,908	\$0	\$670,058	\$0
<b>Total GF/non-GF</b>	<b>\$1,336,327</b>	<b>\$180,061</b>	<b>\$1,512,346</b>	<b>\$207,967</b>
<b>Program Total:</b>	<b>\$1,516,388</b>		<b>\$1,720,313</b>	
<b>Program FTE</b>	3.00	2.00	3.00	2.00

Program Revenues				
Intergovernmental	\$0	\$180,061	\$0	\$207,967
Other / Miscellaneous	\$0	\$0	\$252,422	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$180,061</b>	<b>\$252,422</b>	<b>\$207,967</b>

## Explanation of Revenues

Department Indirect Revenue \$252,422  
City of Portland General Fund \$207,967

## Significant Program Changes

Last Year this program was: FY 2022: 30000A Joint Office of Homeless Services Administration and Operations

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Administration      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

This program offer funds expanded administrative capacity to support implementation of programming funded through the Metro Supportive Housing Services Measure (the Measure). Additional capacity has been added in program equity, program development, community engagement, and communications. The Joint Office of Homeless Services (JOHS) is the backbone department supporting a collective impact approach to preventing and ending homelessness in Multnomah County.

**Program Summary**

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP identifies the necessity of building capacity within the JOHS to successfully implement the Measure and commits to supporting ongoing planning that centers the voices of those with lived experience and Black, Indigenous and other People of Color (BIPOC).

This program offer funds expanded administrative capacity to support Measure implementation. This expanded capacity allows the JOHS to: (1) continue engaging the community in Measure program development while centering the voices of BIPOC and those with lived experience of homelessness, severe disabling conditions, and other intersecting marginalized identities, including LGBTQIA2S+; (2) engage County departments in developing housing-focused programming that intersects with other systems of care, system partners in program development and expansion, and Tri-County partners in regional system coordination and development; and (3) provide the public and key stakeholders with regular information on the outcomes achieved through the Measure investments.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Lead community-based budget recommendation development for the Measure	N/A	1	1	1
Outcome	Lead Measure program implementation	N/A	1	1	1

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$565,677	\$0	\$819,781
Contractual Services	\$0	\$822,807	\$0	\$1,127,005
Materials & Supplies	\$0	\$45,000	\$0	\$187,334
Internal Services	\$0	\$182,762	\$0	\$498,102
Debt Service	\$0	\$1,505,000	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$3,121,246</b>	<b>\$0</b>	<b>\$2,632,222</b>
<b>Program Total:</b>	<b>\$3,121,246</b>		<b>\$2,632,222</b>	
<b>Program FTE</b>	0.00	4.00	0.00	6.00

Program Revenues				
Intergovernmental	\$0	\$2,121,246	\$0	\$2,632,222
Financing Sources	\$0	\$1,000,000	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$3,121,246</b>	<b>\$0</b>	<b>\$2,632,222</b>

Explanation of Revenues

Metro Supportive Housing Services \$2,632,222

Significant Program Changes

**Last Year this program was:** FY 2022: 30000B Joint Office of Homeless Services Administration and Operations - Metro

The decrease in funding within this offer is due to the one-time allocation of resources to Debt Service in FY 2022 for an Interfund Loan from the Risk Fund approved by the Board in FY 2021. The Board approved this loan to fund Measure implementation activities, including capacity building within the JOHS, prior to the availability of Measure revenues. This program offer contains the addition of 2.00 FTE to support the department's ability to manage devices, space, safety and operational policies for the Joint Office of Homeless Services, as well as its ability to provide administrative support to its growing teams of program and data staff.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

Prior to being established as a department within the County's organizational structure, the Joint Office of Homeless Services (JOHS) relied on central County administrative functions for certain administrative and operations support. With its formation as a department in FY 2022, the JOHS has been building organizational infrastructure as part of ongoing organizational development processes. This program offer funds critical administrative, business services, and human resources needs identified through that organizational development work and supports specific areas of growth.

**Program Summary**

With its formation as a department in FY 2022, the JOHS has been building organizational infrastructure as part of ongoing organizational development processes. This program offer funds the following critical administrative, business services, and human resources needs identified through that organizational development work:

- 1.00 FTE to lead and support the office administrative team and provide strategic analysis and support in recommending and implementing office policies, guidelines, and procedures.
- 1.00 FTE fiscal position to support with the development, management, and administration of the annual budget, management of local, State, and Federal funding, procuring and contracting, and processing invoices from and payments to contracted service providers.
- 1.00 FTE to support time management, act as liaison to Central County Leave, Payroll, and Benefits teams, and support business processes related to hiring and separation.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Fiscal technical assistance provided to partner agencies	N/A	N/A	N/A	40
Outcome	Percent improvement in partner agency invoicing compliance and accuracy at initial submission	N/A	N/A	N/A	20%
Output	Staff provided admin support & support with timekeeping and other human resources business processes	N/A	N/A	N/A	98

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$370,408	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$370,408</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$370,408</b>	
<b>Program FTE</b>	0.00	0.00	3.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Joint Office of Homeless Services      **Program Contact:** Adam Brown  
**Program Offer Type:** Administration      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

This program offer funds business services functions for the Joint Office of Homeless Services (JOHS), including budget, grants management, accounts payable, contracts, and purchasing. The JOHS business services team is responsible for development, management, and administration of the annual budget, management of local, State, and Federal funding, procuring and contracting for the provision of homeless services, and processing invoices from and payments to contracted service providers.

### Program Summary

The JOHS business services team is responsible for development, management, and administration of the annual budget, management of local, State, and Federal funding, procuring and contracting for the provision of homeless services, and processing invoices from and payments to contracted service providers. As a multi-jurisdictional department, the JOHS participates in the annual budget process for both the City of Portland and Multnomah County. The business services team prepares annual budgets for both jurisdictions and completes related fiscal reporting throughout the year to ensure that spending occurs within the designated authority limits.

The business services team manages more than a dozen local, Federal, and State funding streams, which includes grant monitoring, reporting, and fiscal compliance. It supports the JOHS in conducting procurements, ensuring procurement authority to contract for services, and managing the lifecycle of contracts from initial development to annual renewal and mid-year updates. The JOHS maintains more than 50 contracts with more than 40 community-based organizations. The business services team supports the fiscal administration of homeless services contracts, working closely with community-based organizations to maintain contract budgets and invoice for services. It processes more than 850 invoices each year totaling more than \$100 million.

The business services team prioritizes equity by supporting low-barrier procurements and contracting activities, being responsive to the cash management needs and providing financial technical assistance and grants management support to small and culturally specific organizations. It supports the program teams in the provision of services that prioritize Black, Indigenous, and other People of Color and the JOHS commitment to eliminating racial disparities among people at risk of or experiencing homelessness.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of contracts managed, including culturally-specific organizations	45	50	60	60
Outcome	Number of invoices processed*	1,190	700	900	850
Outcome	Funding passed to community-based organizations, including culturally-specific organizations*	\$98.5 million	\$60.0 million	\$90.0 million	\$120.0 million
Outcome	Percent of financial reports submitted to the satisfaction of the grantor	99%	99%	99%	99%

### Performance Measures Descriptions

\*This performance measure has been significantly impacted by the COVID-19 pandemic.

## Legal / Contractual Obligation

Oregon Revised Statute 294 - County and Municipal Financial Administration  
Oregon Revised Statute 279 - Public Contracting  
Government Accounting Standards Board (GASB)  
Generally Accepted Accounting Principles (US GAAP)  
County Administrative Policies and Procedures

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$962,692	\$121,852	\$1,038,892	\$125,644
Materials & Supplies	\$10,894	\$19,106	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$973,586</b>	<b>\$140,958</b>	<b>\$1,038,892</b>	<b>\$125,644</b>
<b>Program Total:</b>	<b>\$1,114,544</b>		<b>\$1,164,536</b>	
<b>Program FTE</b>	6.40	0.60	6.40	0.60

Program Revenues				
Intergovernmental	\$0	\$140,958	\$0	\$125,644
<b>Total Revenue</b>	<b>\$0</b>	<b>\$140,958</b>	<b>\$0</b>	<b>\$125,644</b>

## Explanation of Revenues

City of Portland General Fund \$125,644

## Significant Program Changes

Last Year this program was: FY 2022: 30001A Business Services

**Department:** Joint Office of Homeless Services      **Program Contact:** Adam Brown  
**Program Offer Type:** Administration      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

This program offer funds an expansion of business services capacity in the Joint Office of Homeless Services (JOHS) to support the budgetary, fiscal, procurement, and contracting needs related to implementing new programming funded by the Metro Supportive Housing Service Measure (the Measure).

**Program Summary**

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. In alignment with priorities outlined in the LIP, this program offer funds organizational capacity within the JOHS to successfully implement the Measure.

This program offer funds an expansion of the JOHS business services team to support Measure implementation and ongoing programming. The JOHS business services team is responsible for development, management, and administration of the annual budget, management of local, State, and Federal funding, procuring and contracting for the provision of homeless services, and processing invoices from and payments to community-based organizations.

The business services team prioritizes equity by supporting low-barrier procurements and contracting activities, being responsive to the cash management needs and providing financial technical assistance and grants management support to small and culturally-specific organizations. It supports the program teams in the provision of services that prioritize Black, Indigenous, and other People of Color and the JOHS and Measure commitment to eliminating racial disparities among people at risk of or experiencing homelessness.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of contracts expanded/new provider contracts established, including culturally-specific organizations	N/A	20	10	15
Outcome	Measure funding passed to community-based organizations, including culturally-specific organizations	N/A	\$40 million	\$35 million	\$90 million

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$524,876	\$0	\$887,912
Contractual Services	\$0	\$500,000	\$0	\$150,000
Materials & Supplies	\$0	\$40,000	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,064,876</b>	<b>\$0</b>	<b>\$1,037,912</b>
<b>Program Total:</b>	<b>\$1,064,876</b>		<b>\$1,037,912</b>	
<b>Program FTE</b>	0.00	4.00	0.00	6.00

Program Revenues				
Intergovernmental	\$0	\$1,064,876	\$0	\$1,037,912
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,064,876</b>	<b>\$0</b>	<b>\$1,037,912</b>

Explanation of Revenues

Metro Supportive Housing Services \$1,037,912

Significant Program Changes

Last Year this program was: FY 2022: 30001B Business Services - Metro Measure Expansion

This program offer contains the addition of 2.00 FTE to support the budgetary, fiscal, procurement, and contracting responsibilities associated with Measure funding.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Goulter

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

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

### Executive Summary

The Joint Office of Homeless Services (JOHS) Human Resources (HR) team provides expertise, guidance, and leadership on all human resources functions for this new and rapidly growing County department. The JOHS HR team supports organizational planning and the development and management of human resources business processes. It supports all staff through the full employee lifecycle, including recruitment, onboarding, employee relations, retention, professional development, and training, with an overarching commitment to department and County equity values. The JOHS HR team is staffed with individuals of diverse educational, professional, cultural, and lived backgrounds that offer a high-level of expertise and competency, and that also reflect the department's core values.

### Program Summary

Prior to its establishment as a department in FY 2022, the JOHS relied on central County human resources support provided by the Department of County Management and the Department of County Assets. Formed in FY 2022, the JOHS Human Resources Team (HR) team provides the department with internal expertise, support, guidance, and leadership on all human resources functions.

The JOHS has grown from 32.00 FTE in FY 2021 to nearly 100.00 FTE in FY 2023, plus additional limited-duration and on-call staff associated with the department's COVID-19 programming. This has required intentional human resources leadership and strategic organizational planning. The HR team provides that leadership and strategic planning, along with guidance on workforce diversity, equity, and inclusion to ensure fidelity to the department's equity values and the County's Workforce Equity Strategic Plan (WESP). The HR team does this in partnership with the JOHS Equity Committee and Equity Manager.

The HR team provides the full lifecycle of HR services for the department's represented, non-represented, limited-duration, and on-call employees. This includes conducting internal and external recruitments, providing a structured and engaging onboarding process, and supporting employee retention by providing training, employee relations, professional development, and ensuring safety, trust, and belonging for all JOHS staff. It leads the development and management of human resources business processes, with a focus on equitable and inclusive practices. It develops position descriptions, performs position management, supports timekeeping, maintains human resources data systems, and interprets and ensures compliance with County Personnel Rules and Collective Bargaining Agreements.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Percent of recruitments that are successful*	N/A	90%	90%	90%
Outcome	Number of regular employees provided full range of HR services	N/A	70	60	98
Output	Percent of total recruitments that include candidates who identify as a person of color	N/A	N/A	N/A	100%

### Performance Measures Descriptions

\*A successful recruitment is a recruitment that ends in a hire.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$357,872	\$0	\$398,307	\$0
<b>Total GF/non-GF</b>	<b>\$357,872</b>	<b>\$0</b>	<b>\$398,307</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$357,872</b>		<b>\$398,307</b>	
<b>Program FTE</b>	2.00	0.00	2.00	0.00

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

Explanation of Revenues

Significant Program Changes

**Last Year this program was:** FY 2022: 30000C Joint Office of Homeless Services Administration and Operations - Human

This program offer is new for FY 2023.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Goulter  
**Program Offer Type:** Administration      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds an expansion of the Joint Office of Homeless Services Human Resources (HR) team to support organizational growth related to Measure implementation. The JOHS HR team supports organizational planning and the development and management of human resources business processes. It also supports all staff through the full employee lifecycle, including recruitment, onboarding, employee relations, retention, professional development, and training, with an overarching commitment to department and County equity values.

**Program Summary**

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. In alignment with priorities outlined in the LIP, this program offer funds organizational capacity within the JOHS to successfully implement the Measure.

The JOHS has grown from 32.00 FTE in FY 2021 to nearly 100.00 FTE in FY 2023, with the majority of this growth associated with Measure implementation. The growth has required additional human resources capacity to support organizational planning and development, including the development of staffing and recruitment plans. It has also required additional capacity for all HR business processes, including recruitment, onboarding, employee relations, retention, professional development, training, and timekeeping.

The HR team provides the full lifecycle of HR services for the department's represented, non-represented, limited-duration, and on-call employees. This includes conducting internal and external recruitments, providing a structured and engaging onboarding process, and supporting employee retention by providing training, employee relations, professional development, and ensuring safety, trust, and belonging for all JOHS staff. It leads the development and management of human resources business processes, with a focus on equitable and inclusive practices. It develops position descriptions, performs position management, supports timekeeping, maintains human resources data systems, and interprets and ensures compliance with County Personnel Rules and Collective Bargaining Agreements. It does all of this while providing guidance on workforce diversity, equity, and inclusion to ensure fidelity to the department's equity values and the County's Workforce Equity Strategic Plan (WESP).

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of culturally specific outreach and recruitment activities per year	N/A	N/A	N/A	4
Outcome	Percent increase in applicants who identify as a person of color	N/A	N/A	N/A	10%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$132,156	\$0	\$236,502
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$132,156</b>	<b>\$0</b>	<b>\$236,502</b>
<b>Program Total:</b>	<b>\$132,156</b>		<b>\$236,502</b>	
<b>Program FTE</b>	0.00	1.00	0.00	2.00

Program Revenues				
Intergovernmental	\$0	\$132,156	\$0	\$236,502
<b>Total Revenue</b>	<b>\$0</b>	<b>\$132,156</b>	<b>\$0</b>	<b>\$236,502</b>

Explanation of Revenues

Metro Supportive Housing Services \$236,502

Significant Program Changes

Last Year this program was: FY 2022: 30000B Joint Office of Homeless Services Administration and Operations - Metro

This program offer is new for FY 2023, but does include the history of one HR position that was budgeted in FY 2022's JOHS Administration and Operations - Metro Measure Expansion (30000B). This program offer contains the addition of 1.00 FTE to support the increasing demand on Human Resources business processes, including recruitment, onboarding, employee relations, retention, professional development, training, and timekeeping.

**Department:** Joint Office of Homeless Services      **Program Contact:** Lori Kelley  
**Program Offer Type:** Support      **Program Offer Stage:** As Adopted

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

This program offer supports data-related operations for the Joint Office of Homeless Services (JOHS), including data quality support, technical assistance, end-user training, analysis, reporting and database administration support. The JOHS data team is responsible for training new and ongoing database users, improving the quality of homeless services data in multiple systems of care, providing technical assistance to both internal and external stakeholders, producing and managing a diverse portfolio of analytic tools and data reports, completing ad hoc data requests and analyses and supporting administrative functions related to the system's primary database.

**Program Summary**

The JOHS data team is responsible for various data management and analytics operations across the data lifecycle that culminate in the provision of useful information for internal and jurisdictional stakeholders. The information provided by the team communicates system and program performance, advances racial equity, promotes transparency and accountability, informs policymaking and budgetary processes. The data team leads or supports a variety of administrative functions that train and assist users in database interaction, provide and curate data for various stakeholders, monitor and support the improvement of data quality, and assist in database administration.

As a multi-jurisdictional Department, the data team participates in essential reporting processes for both the City of Portland and the County. The data team leads the quantitative portion of the rating and ranking process for the U.S. Department of Housing and Urban Development's annual competitive Continuum of Care Notice of Funding Availability, which brings nearly \$30 million to the local homeless services system of care.

The data team produces a quarterly report, the community's primary tool for measuring system performance. Since 2019, the team has also led the production of the bi-annual report and associated tools for the Point-in-Time (PIT) Count of Homelessness. The PIT Count scheduled for 2021 was postponed due to COVID-19, so a count was completed in early 2022.

In addition to these products, the team develops and manages a variety of analytic tools that promote racial and demographic equity, inform community leaders about program and system outcomes and contribute to the provision of information that supports the housing or sheltering of tens of thousands of community members annually.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of end-user trainings*	280	350	380	400
Outcome	Number of ad hoc data requests completed	16	30	50	50
Outcome	Number of outcomes-related presentations delivered	11	4	12	8
Outcome	Number of quarterly reports that disaggregate system performance by race and ethnicity	N/A	N/A	N/A	4

**Performance Measures Descriptions**

\*Includes new-user, reporting-related, and refresher training sessions.

\*\* This is a new measure in FY 2023.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$260,550	\$483,314	\$571,463	\$228,516
Contractual Services	\$0	\$98,670	\$0	\$102,615
Materials & Supplies	\$780	\$3,922	\$0	\$3,806
Internal Services	\$0	\$15,353	\$0	\$65,698
<b>Total GF/non-GF</b>	<b>\$261,330</b>	<b>\$601,259</b>	<b>\$571,463</b>	<b>\$400,635</b>
<b>Program Total:</b>	<b>\$862,589</b>		<b>\$972,098</b>	
<b>Program FTE</b>	2.20	3.80	4.25	1.75

Program Revenues				
Intergovernmental	\$0	\$601,259	\$0	\$400,635
<b>Total Revenue</b>	<b>\$0</b>	<b>\$601,259</b>	<b>\$0</b>	<b>\$400,635</b>

Explanation of Revenues

This program generates \$65,698 in indirect revenues.  
 City of Portland General Fund \$102,615  
 City of Portland Emergency Solutions Grant (ESG) \$298,020

Significant Program Changes

Last Year this program was: FY 2022: 30002A Data, Research, & Evaluation

The year-over-year change in General Fund vs. Other Funds relates to how HUD Continuum of Care (CoC) Planning Grant resources have been allocated across the department.

**Department:** Joint Office of Homeless Services      **Program Contact:** Lori Kelley  
**Program Offer Type:** Support      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

With Metro Supportive Housing Services Measure funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds critical expanded capacity to oversee and implement data management and analytics operations. Additionally there is alignment and integration of data systems within the County, across the Metro counties, and across systems of care, including housing, human services and health. This program offer funds the capacity to develop and implement an evaluation framework focused on the Measure, which will include the effectiveness of investments in achieving regional and local outcome metrics.

**Program Summary**

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the JOHS and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness.

The LIP recognizes that the success of the Measure depends on increasing the capacity to collect, align, and evaluate data related to the local and regional outcome metrics for the Measure. This program offer funds essential capacity related to foundational data management practices and user support, as well as reporting, analysis and evaluation of Measure-related data at the program, homeless system of care, countywide, tri-county, and cross-system levels.

This program offer also funds capacity to develop a data governance framework that guides the implementation of regional data initiatives, policies and procedures and strategic systems integration. A dedicated position leads Joint Office of Homeless Services (JOHS) efforts to ensure consistent data collection for the Measure across departments in Multnomah County, as well as in Washington County and Clackamas County. This position supports the efforts to share data across homeless services, health, and public safety systems, in order to facilitate service coordination and resource prioritization for the Measure's priority populations. This program offer funds capacity in the JOHS to develop and implement program evaluation for the regional and local metrics for the Measure, as well as staffing capacity to support tri-county collaborations between community partners, health systems, consultants, and academic evaluators, to develop and oversee implementation of an evaluation work plan for the Measure.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of regional data governance meetings	N/A	18	22	23
Outcome	Number of standardized, regional performance measures implemented in reporting	N/A	9	24	24
Output	Implement shared regional race and ethnicity disaggregation and reporting standard	N/A	N/A	N/A	Yes

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$631,983	\$0	\$1,113,396
Materials & Supplies	\$0	\$30,000	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$661,983</b>	<b>\$0</b>	<b>\$1,113,396</b>
<b>Program Total:</b>	<b>\$661,983</b>		<b>\$1,113,396</b>	
<b>Program FTE</b>	0.00	4.50	0.00	5.50

Program Revenues				
Intergovernmental	\$0	\$661,983	\$0	\$1,113,396
<b>Total Revenue</b>	<b>\$0</b>	<b>\$661,983</b>	<b>\$0</b>	<b>\$1,113,396</b>

Explanation of Revenues

Metro Supportive Housing Services \$1,113,396

Significant Program Changes

**Last Year this program was:** FY 2022: 30002B Data, Research, & Evaluation - Metro Measure Expansion

The year-over-year funding increase is due to the addition of one-time funds to integrate the Homeless Management Information System data into Service Coordination Portal Engine (SCoPE).

This program offer contains the addition of 1.00 FTE to support the analysis and evaluation of Measure-related program data.

**Department:** Joint Office of Homeless Services      **Program Contact:** Lori Kelley  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 30004C  
**Program Characteristics:**

### Executive Summary

In FY 2023, the Joint Office of Homeless Services (JOHS) expects to take over responsibility for the implementation of the Homeless Management Information System (HMIS) in Multnomah, Clackamas, and Washington Counties from the Portland Housing Bureau. This program offer provides the necessary ongoing funding that the JOHS will need to support its share of HMIS costs.

### Program Summary

The United States Department of Housing and Urban Development (HUD) requires all recipients of Continuum of Care (CoC) funding to have a “Homeless Management Information System” or HMIS. All recipients of CoC funding are required to record data related to certain system performance measures in HMIS, so that the outputs and outcomes of those investments can be reported on at the system level. In Multnomah County, the HMIS is a database provided by WellSky called “ServicePoint” and until now the Portland Housing Bureau has been the local implementer of that database.

The Portland Housing Bureau has determined that it will no longer be the local implementing jurisdiction for HMIS; it has been the implementer for the entire State of Oregon and has already handed off responsibility for the balance of the state to the State of Oregon. In light of the regional nature of the Metro Supportive Housing Services Measure, Multnomah, Clackamas and Washington Counties have agreed that it would be beneficial to have a tri-county HMIS implementation led by Multnomah County. This will allow local control over data collection and reporting standards, and help ensure alignment with emerging regional and local metrics.

This program offer provides the ongoing funding that the JOHS will need to support its share of HMIS costs, which includes software licenses and staffing. Additional one-time costs associated with the regional implementation are in program offer 30004C - Policy, Planning, & Regional Coordination - Regional Strategies Fund - Metro Measure Expansion.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Tri-County HMIS-related intergovernmental agreements in place	N/A	N/A	2	2
Outcome	Regional HMIS Implementation launched**	N/A	N/A	N/A	1

### Performance Measures Descriptions

\*\* This is a new measure in FY 2023

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$143,375	\$0
Internal Services	\$0	\$0	\$81,625	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$225,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$225,000</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Support      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Joint Office of Homeless Services (JOHS) serves as the Lead Agency overseeing the local U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) and acts as the convener for the CoC. This program offer funds the policy and planning work associated with these activities. The policy and planning work carried out by the JOHS prioritizes creating structures and processes that maximize the participation of Black, Indigenous, and other People of Color, as well as those with lived experience of homelessness, behavioral health challenges, and other experiences of marginalization.

**Program Summary**

The JOHS supports homeless system governance and planning as the lead agency for the HUD CoC. It also acts as the convener and staffs the oversight bodies for each population specific system of care (domestic violence, youth, adults, families with children, and veterans). The policy and planning work carried out by the JOHS prioritizes creating structures and processes that maximize the participation of Black, Indigenous, and other People of Color, as well as those with lived experience of homelessness, behavioral health challenges, and other experiences of marginalization.

HUD's CoC program is designed to promote a community-wide commitment to ending homelessness by providing funding to rehouse homeless individuals and families, promoting access to and utilization of programs, and optimizing self-sufficiency among individuals and families experiencing homelessness. A CoC is a local planning body that develops and oversees a community plan to organize and deliver housing and services to meet the specific needs of the community. Multnomah County's plan is maintained by JOHS, in collaboration with its jurisdictional and community-based partners. Each year, the JOHS coordinates an application to HUD based on the Notice of Funding Availability (NOFA) that results in nearly \$30 million in annual funding to the system of care.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Lead annual Continuum of Care (CoC) application	1	1	1	1
Outcome	Secure CoC funding from the U.S. Department of Housing and Urban Development	\$25 million	\$25 million	\$30 million	\$30 million

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$398,431	\$102,015	\$326,932
Contractual Services	\$0	\$55,890	\$0	\$97,760
Materials & Supplies	\$0	\$2,252	\$0	\$1,852
Internal Services	\$0	\$12,790	\$0	\$93,992
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$469,363</b>	<b>\$102,015</b>	<b>\$520,536</b>
<b>Program Total:</b>	<b>\$469,363</b>		<b>\$622,551</b>	
<b>Program FTE</b>	0.00	3.00	0.75	2.25

Program Revenues				
Intergovernmental	\$0	\$469,363	\$0	\$520,536
<b>Total Revenue</b>	<b>\$0</b>	<b>\$469,363</b>	<b>\$0</b>	<b>\$520,536</b>

Explanation of Revenues

This program generates \$93,992 in indirect revenues.  
 City of Portland General Fund \$97,760  
 HUD Continuum of Care (CoC) Planning Grant \$422,776

Significant Program Changes

Last Year this program was: FY 2022: 30003A Policy & Planning

The year-over-year change in General Fund vs. Other Funds relates to how HUD Continuum of Care (CoC) Planning Grant resources have been allocated across the department.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Support      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds the capacity needed for the extensive and ongoing oversight and planning work - both local and regional - outlined in the Measure and the County's Local Implementation Plan (LIP). This program offer also funds capacity to staff the JOHS community advisory structure, including the local and regional measure advisory bodies, and to organize and lead community-engaged planning in areas identified in the LIP.

**Program Summary**

The County's LIP for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The Measure and the LIP recognize both the need for an ongoing advisory structure at the county level, and at the regional level, to oversee implementation and continued engagement with a wide range of stakeholders - in particular people with lived experience of homelessness and Black, Indigenous, and other People of Color (BIPOC) communities. The Joint Office of Homeless Services (JOHS) will lead this countywide and regional engagement and planning work in partnership with partners in Washington and Clackamas Counties.

This offer will allow the Policy, Planning, & Regional Coordination team to: (1) facilitate the JOHS community advisory structure, including the local and regional Measure advisory bodies; (2) represent the JOHS in regional Measure advisory structure development efforts; (3) organize and lead community-engaged planning in areas identified in the LIP and elsewhere as needed; and (4) ensure that Measure-related planning aligns with planning efforts underway with HUD, the State of Oregon, other county departments, and in each of the population-specific systems of care.

Consistent with the values of the JOHS, the Measure, and the LIP, this team will work with the community to create structures and planning processes that center the BIPOC voices and those with lived experience of homelessness, severe disabling conditions, and other intersecting marginalized identities, including LGBTQIA2S+.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Lead ongoing Phase 1 Measure planning and implementation*	N/A	1	1	1
Outcome	Generate specific work plan with measurable objectives for each LIP area of work**	N/A	1	1	1
Outcome	Create new advisory structure for ending homelessness initiatives and Measure implementation	N/A	1	1	1

**Performance Measures Descriptions**

\*The LIP for the Measure identifies initial planning and implementation as "Phase 1," to occur over the first three years of Measure-funded programming, which is County FY 2022, FY 2023, and FY 2024.

\*\*The Measure intergovernmental agreement requires the JOHS to prepare an annual work plan for Measure-funded investments. The FY 2022 work plan was contained within the LIP itself.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$471,941	\$0	\$521,360
Contractual Services	\$0	\$2,285,242	\$0	\$0
Materials & Supplies	\$0	\$50,000	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$2,807,183</b>	<b>\$0</b>	<b>\$521,360</b>
<b>Program Total:</b>	<b>\$2,807,183</b>		<b>\$521,360</b>	
<b>Program FTE</b>	0.00	3.50	0.00	3.50

Program Revenues				
Intergovernmental	\$0	\$2,807,183	\$0	\$521,360
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,807,183</b>	<b>\$0</b>	<b>\$521,360</b>

Explanation of Revenues

Metro Supportive Housing Services \$521,360

Significant Program Changes

Last Year this program was: FY 2022: 30003B Policy, Planning, & Regional Coordination - Metro Measure Expansion

The year-over-year change in funding is due to moving the Regional Strategies Implementation Fund resources to program offer 30004C - Policy, Planning, & Regional Coordination - Regional Strategies Fund - Metro Measure Expansion.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

The Metro Supportive Housing Services Measure (Measure) provides that each county in the region will work with service providers and community partners to develop and implement programs that respond to the unique needs in their communities and to achieve goals and metrics for the region. To support regional coordination, the Measure, and the intergovernmental agreement that governs Measure funding, requires that each county contribute not less than 5% of its share of program funds each fiscal year to a Regional Strategies Implementation Fund (RSIF) to achieve regional investment strategies. This program offer supports regional investments of these funds.

**Program Summary**

To support regional coordination, the Measure, and the intergovernmental agreement (IGA) that governs Measure funding, requires that each county contribute not less than 5% of its share of program funds each fiscal year to a RSIF to achieve regional investment strategies. The Measure's Tri-County Planning Body (TCPB) is tasked with strengthening coordination among the counties and Metro in addressing homelessness in the region through the identification of regional goals, strategies, and outcome metrics that support regional Supportive Housing Services coordination and alignment, which it will outline in the Tri-County Plan. Pending the development of the Tri-County Plan, the JOHS is making regionally-focused RSIF investments in the following programs, as directed/allowed under the terms of the IGA:

- One-time costs associated with the implementation of the regional Homeless Management Information System, which is described in more detail in program offer 30003C - Data, Research, & Evaluation - Homeless Management Information System, along with funds for regional data coordination efforts.
- One-time funds needed to establish a regional Risk Mitigation Pool (RMP) program. The RMP program supports housing providers in the region who agree to provide permanent supportive housing (PSH) by offsetting increased financial risks associated with operating PSH units beyond those typical of affordable housing.
- One-time organizational capacity building funds to support new organizations, including many smaller, culturally specific organizations, to become established as contracted service providers that are qualified to work in all three counties. This investment will, in part, support the establishment of new providers qualified through the FY 2022 tri-county supportive housing services Request for Programmatic Qualifications conducted by Washington County in partnership with Multnomah County and Clackamas County.
- A balance of RSIF funds that will be programmed following the development of the Tri-County Plan are also budgeted in this program offer.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Work w/Tri-County Planning Body to identify investment priorities for Regional Strategies Implementation Fund	N/A	N/A	N/A	1
Outcome	Initiate implementation of regional investment priorities	N/A	N/A	N/A	1

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$0	\$2,947,415
Materials & Supplies	\$0	\$0	\$0	\$345,625
Internal Services	\$0	\$0	\$0	\$129,375
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,422,415</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$3,422,415</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$3,422,415
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,422,415</b>

Explanation of Revenues

Metro Supportive Housing Services \$3,422,415

Significant Program Changes

Last Year this program was:

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Support      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Joint Office of Homeless Services (JOHS) relies on an extensive network of community-based organizations to provide homeless services. This program offer funds one existing position that provides system training to support the implementation of equity-focused best practices in homeless services systems of care. This includes training for managerial and frontline staff in the JOHS and in contracted community-based organizations.

**Program Summary**

The JOHS relies on an extensive network of community-based organizations to provide homeless services. This program offer funds capacity dedicated to coordinating, developing, and delivering training to contracted provider agencies and to JOHS staff. Through this capacity the JOHS partners with the Department of County Human Services to deliver Assertive Engagement trainings, to develop, deliver, and coordinate access to training for management and frontline staff in racial equity, culturally responsive and specific practices, trauma informed care, de-escalation, and other areas, with the goal of creating ongoing communities of practice among contracted agencies.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Trainings delivered to JOHS staff	23	12	16	22
Outcome	Percentage of trained staff reporting increased understanding in best practice training areas	84%	75%	75%	75%
Outcome	Trainings delivered to providers and partners	38	12	18	24
Outcome	Percentage of staff from provider and partner agencies reporting increased understanding in best practices	88%	75%	75%	75%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$111,842	\$0	\$126,306	\$0
<b>Total GF/non-GF</b>	<b>\$111,842</b>	<b>\$0</b>	<b>\$126,306</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$111,842</b>		<b>\$126,306</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 30004A Equity-Focused System Development & Capacity Building

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

Using Metro Supportive Housing Services Measure (the Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds capacity to expand the homeless system of care's network of culturally-specific providers and to build culturally specific and culturally responsive services capacity across the Joint Office of Homeless Services (JOHS) network of service providers.

### Program Summary

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness, with a focus on disproportionately impacted Communities of Color. The LIP specifically prioritizes expanding the network of culturally specific providers and expanding culturally specific services.

This program offer uses Measure funding to support an increase in the number of culturally specific providers, and the range of culturally specific supportive housing service offered in the homeless response system, by expanding the equity-focused planning and capacity building staff in the JOHS. This staff will: (1) continue to develop and administer training opportunities and technical assistance that builds racial equity competencies; (2) organize and lead community-engaged planning efforts to expand the network of culturally specific organizations providing supportive housing services, including identifying capacity-building and organizational development needs of those organizations; (3) liaise between the JOHS and the network of culturally specific providers regarding matters related to services planning, policy development, organizational capacity building and trainings.

This program offer also funds ongoing capacity building allocations to partner agencies to support the recruitment and retention of staff in an amount equal to 5% of agency operating budgets as of FY 2022. This funding prioritizes support for entry-level positions and to ensuring that staff reflect the diversity of the community they serve.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Support the creation of a regional culturally-specific service provider advisory body*	N/A	N/A	N/A	1
Outcome	Number of engaged culturally-specific organizations organizations that are not yet JOHS contracted providers	N/A	30	118	55
Output	Develop community engagement plan for culturally-specific providers**	N/A	1	1	N/A

### Performance Measures Descriptions

\*This is a new measure in FY 2023.

\*\*This performance measure is being discontinued because the engagement plan has been completed.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$119,620	\$0	\$495,873
Contractual Services	\$0	\$4,845,000	\$0	\$3,417,666
Debt Service	\$0	\$1,515,000	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$6,479,620</b>	<b>\$0</b>	<b>\$3,913,539</b>
<b>Program Total:</b>	<b>\$6,479,620</b>		<b>\$3,913,539</b>	
<b>Program FTE</b>	0.00	1.00	0.00	4.00

Program Revenues				
Intergovernmental	\$0	\$6,479,620	\$0	\$3,913,539
<b>Total Revenue</b>	<b>\$0</b>	<b>\$6,479,620</b>	<b>\$0</b>	<b>\$3,913,539</b>

Explanation of Revenues

Metro Supportive Housing Services \$3,913,539

Significant Program Changes

**Last Year this program was:** FY 2022: 30004B Equity-Focused System Development & Capacity Building - Metro

The year-over-year decrease in funding is the result of one-time capacity building funds having been allocated to this program offer in FY 2022.

This program offer contains the addition of 1.00 FTE to support Assertive Engagement programming and 2.00 FTE to for cross-system needs assessments, culturally-responsive and trauma-informed training curriculum development, and training delivery (1.00 FTE for the Adult System of Care and 1.00 FTE for the Domestic Violence System of Care).

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

The Joint Office of Homeless Services (JOHS) relies on an extensive network of community-based organizations to provide homeless services. In FY 2022, in an effort to address critical workforce challenges across its system of care, the City of Portland and Multnomah County made a mid-year allocation of resources to fund increased wages for frontline workers via a 3% increase to provider operating budgets. This program offer provides the ongoing resources needed to maintain this commitment as well as additional funding to increase the Cost of Living Adjustment (COLA) for homeless services providers.

**Program Summary**

The JOHS relies on an extensive network of community-based organizations to provide homeless services. In FY 2022, in an effort to address critical workforce challenges across its system of care, the City of Portland and Multnomah County allocated \$1.0 million (\$2.0 million annualized) of ongoing resources to fund increased wages for frontline workers via a 3% increase to provider operating budgets. This program offer provides the ongoing resources needed to maintain this commitment. Partner agency investments may include increases in wages for entry-level workers, training and retention support for staff, and hiring and retention bonuses.

Additional County General Fund in this Program Offer will allow the JOHS to increase homeless services provider Cost of Living Adjustments (COLAs) in the coming fiscal year, beyond the originally budgeted 4%, in order to further support the recruitment and retention of workforce in all areas of the homelessness response system.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of provider organizations receiving an increase to operating budgets	N/A	N/A	N/A	40
Outcome	Improve rates of recruitment and retention at provider orgs through increased wages for front-line workers	N/A	N/A	N/A	Yes

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$1,417,663	\$1,000,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,417,663</b>	<b>\$1,000,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$2,417,663</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,000,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,000,000</b>

Explanation of Revenues

City of Portland General Fund to increase wages of front-line workers - \$1,000,000  
 County General Fund to increase wages of front-line workers - \$1,000,000  
 County General Fund to increase the COLA for Homeless Services Contractors beyond the originally budgeted 4% - \$417,633

Significant Program Changes

Last Year this program was:

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

**Executive Summary**

The Joint Office of Homeless Services (JOHS) relies on an extensive network of community-based organizations to provide homeless services. In FY 2022, in an effort to address critical workforce shortages across its system of care, the City of Portland and Multnomah County made a mid-year allocation of one-time resources to fund hiring and retention bonuses for frontline workers. This program offer provides one-time funding for the retention bonuses committed in FY 2022 that will not be paid until FY 2023.

**Program Summary**

The JOHS relies on an extensive network of community-based organizations to provide homeless services. In FY 2022, in an effort to address critical workforce shortages across its system of care, the City of Portland and Multnomah County made a one-time mid-year allocation of \$1.0 million to fund hiring and retention bonuses for frontline workers. Organizations were given the latitude to structure the hiring and retention bonuses in whatever way would best allow them to address staffing shortages, with a maximum payment of up to \$3,000 per new hire.

Based on the way some organizations chose to structure the retention bonus, the payment will be made in FY 2023, meaning that the related costs will not be incurred in FY 2022, when the one-time resources were allocated. This program offer provides one-time funding for the retention bonuses committed in FY 2022 that will not be paid until FY 2023.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Fund retention bonuses at provider organizations	N/A	N/A	N/A	170
Outcome	Increase rates of recruitment and retention at provider organizations	N/A	N/A	N/A	Yes

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$250,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$250,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$250,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$0	\$250,000	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$250,000</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

Attracting and retaining staff for essential direct service work in emergency shelter and outreach settings is among the most critical obstacles to meeting system-wide goals related to expanding outreach and shelter capacity and achieving the improved outcomes that come from reduced staff turnover. This program offer, in combination with program offer 30005F, addresses an aspect of that challenge by providing ongoing funding for increases in base pay for frontline shelter and outreach workers that was made available on a limited-term basis during the COVID-19 pandemic.

### Program Summary

The Joint Office of Homeless Services (JOHS) relies on a network of community based organizations to create emergency shelter programs for adults, families, youth, and domestic and sexual assault survivors, and to deploy outreach workers who, among other things, help navigate people to these shelter and other system resources. During the height of the COVID-19 pandemic, the County approved a \$2.00 per hour increase in base pay for workers in these organizations who continued to carry out essential shelter and outreach functions.

Although the worst of the pandemic appears over, shelter and outreach providers have continued to struggle to attract and maintain critical frontline workers. These positions continue to turn-over at a high rate and are remaining vacant for months. Providers report that this is a combination of ongoing health and safety concerns related to the pandemic and larger labor market forces that are making better wages available in other, less difficult and risky, areas of work. Existing programming is in jeopardy, and new programming is delayed by the lack of applicants to essential positions.

The JOHS has proposed a number of critical investments to help stabilize staffing in its community based organizations more broadly, as most face similar challenges across the range of program positions. This program offer, in combination with Program Offer 30005F, is one piece of the overall strategy, providing ongoing funding for increases in base pay for hundreds of frontline shelter and outreach workers that was made available on a limited-term basis during the COVID-19 pandemic. This investment will ensure shelter and outreach provider compensation is not reduced starting July 1, 2022.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Approximate number of FTE shelter and outreach workers retain COVID-19 response pay increase*	N/A	N/A	N/A	850
Outcome	Shelter & outreach contractors report improved staff retention*	N/A	N/A	N/A	80%
Outcome	Staff of color will be retained at rates as high or higher than non-Hispanic white staff	N/A	N/A	N/A	Yes

### Performance Measures Descriptions

\*In combination with program offer 30005F.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$1,000,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,000,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$1,000,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds a critical investment in attracting frontline shelter and outreach workers. Attracting and retaining staff for essential direct service work in emergency shelter and outreach settings is among the most critical obstacles to meeting system-wide goals related to expanding outreach and shelter capacity and achieving the improved outcomes that come from reduced staff turnover. This program offer, in combination with program offer 30005E, addresses an aspect of that challenge by providing ongoing funding for increases in base pay for frontline shelter and outreach workers that was made available on a limited-term basis during the COVID-19 pandemic.

### Program Summary

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. In alignment with priorities outlined in the LIP, this program offer supports critical organizational capacity to attract and retain workers, specifically in the areas of shelter and outreach. The Joint Office of Homeless Services (JOHS) relies on a network of community based organizations to create emergency shelter programs for adults, families, youth, and domestic and sexual assault survivors, and to deploy outreach workers who, among other things, help navigate people to these shelter and other system resources. During the height of the COVID-19 pandemic, the County approved a \$2.00 per hour increase in base pay for workers in these organizations who continued to carry out essential shelter and outreach functions.

Although the worst of the pandemic appears over, shelter and outreach providers have continued to struggle to attract and maintain critical frontline workers. These positions continue to turn-over at a high rate and are remaining vacant for months. Providers report that this is a combination of ongoing health and safety concerns related to the pandemic and larger labor market forces that are making better wages available in other, less difficult and risky, areas of work. Existing programming is in jeopardy, and new programming is delayed by the lack of applicants to essential positions.

The JOHS has proposed a number of critical investments to help stabilize staffing in its community based organizations more broadly, as most face similar challenges across the range of program positions. This program offer, in combination with Program Offer 30005E, is one piece of the overall strategy, providing ongoing funding for increases in base pay for hundreds of frontline shelter and outreach workers that was made available on a limited-term basis during the COVID-19 pandemic. This investment will ensure shelter and outreach provider compensation is not reduced starting July 1, 2022.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Approximate number of FTE shelter and outreach workers retain COVID-19 response pay increase*	N/A	N/A	N/A	850
Outcome	Shelter & outreach contractors report improved staff retention*	N/A	N/A	N/A	80%
Outcome	Staff of Color will be retained at rates as high or higher than non-Hispanic white staff	N/A	N/A	N/A	Yes

### Performance Measures Descriptions

\*In combination with program offer 30005E.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$0	\$1,000,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,000,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$1,000,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,000,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,000,000</b>

Explanation of Revenues

Metro Supportive Housing Services \$1,000,000

Significant Program Changes

Last Year this program was:

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

Multnomah County departments, including the Joint Office of Homeless Services, the Health Department, and the Department of County Human Services, are anticipating rapidly expanding programming that serves people who are, or are at risk of, homelessness, and often have serious and complex disabling conditions. This expansion of programming increases the need for a variety of housing related capital investments, including in a range of building types offering services including night shelter, day centers, treatment programs, transitional and supportive housing opportunities. This program offer allocates \$15.0 million in one-time funding to strategic capital investments in the acquisition and renovation of buildings and other real property in service of this essential expanded programming.

**Program Summary**

This program offer funds a pool of strategic capital investment resources that will support the program infrastructure needs of Multnomah County departments that are responding to the critical need for shelter, transitional, and longer-term supportive housing options for those experiencing, or at risk of, homelessness, and who are struggling with serious disabling conditions.

These resources will allow Multnomah County departments to leverage new program funding, whether through, for example, the Metro Supportive Housing Services Measure, Measure 110, or from other sources, by creating opportunities to fund the acquisition and renovation of properties that offer space for this critical expanded programming. This could include spaces for day and night shelters, day spaces, motels, shared housing, and other strategic real property investments.

During the pandemic, Multnomah County, Metro, and other partners have moved to use one-time State and Federal funding to acquire properties, like motels, that can serve certain programmatic needs in the immediate term (e.g. emergency shelter), and also serve as landbank sites for future redevelopment into affordable housing or other community needs. That is one of the strategies that these resources will allow Multnomah County departments working to address the homelessness and behavioral health crises to expand upon.

Even where the County anticipates a much longer-term continuous use for a property it acquires (e.g. a purpose built multi-service center like the Behavioral Health Resource Center), the County often benefits from the ability to own the property, rather than incurring the expense of a leasing. County ownership increases the value of investments in improvements to the site and offers greater long-term flexibility for the programming and control over disposition of the site.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Develop a strategic prioritization framework for acquisition and renovation investments	N/A	N/A	N/A	1
Outcome	Invest in strategic acquisitions & renovations serving the priority populations	N/A	N/A	N/A	3-5
Outcome	Investment decisions accompanied by summary of Equity & Empowerment Lens application	N/A	N/A	N/A	Met

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Capital Outlay	\$0	\$0	\$15,000,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$15,000,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$15,000,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Support      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

This program offer funds system access, assessment, and navigation, which is an array of support services needed to make homeless services equitably accessible and attuned to the specific needs of sub-populations. Ensuring system coordination and access is one of the core strategies of the Joint Office of Homeless Services (JOHS). These services include programs that work across populations as well as those for specific sub-populations (adults, families, youth, veterans, and domestic violence survivors). Supports include training, information and referral services, coordinated access, landlord recruitment, and other similar services.

### Program Summary

This program offer funds system access, assessment, and navigation, which is an array of support services needed to make critical homeless services equitably accessible to the diverse communities experiencing homelessness in Multnomah County. Ensuring system coordination and access is one of the core strategies of the JOHS. Service categories include outreach, coordinated access, mobile navigation services, and partnership development.

This program offer also funds information and referral resources, and navigation outreach workers to assist people experiencing homelessness to navigate to a range of services, including shelter, substance use and addiction services, primary medical care, and permanent housing, prioritizing culturally specific, culturally responsive, and peer-led engagement with immediate safety and long-term housing resources.

This program offer funds the Coordinated Access system, which works through outreach, intake workers, and other dedicated partner and County staff to identify, assess, and prioritize households experiencing homelessness and connect them to a range of shelter, housing, and support services. The goal of Coordinated Access is to provide streamlined and equitable access to housing interventions. Regardless of where someone first seeks services, access is based on vulnerability, eligibility, and choice. Multnomah County's Coordinated Access system prioritizes vulnerable populations, participant-centered services, ease of access, racial and ethnic justice, measurable outcomes, shared definitions of success, leveraging existing resources and capacity, diversity in program services and approaches, and long-term housing stability.

Ending homelessness is a community-wide effort that requires partnerships that leverage resources in other systems of care and in the private sector. This program offer funds that partnership development, including recruiting and supporting landlords that can provide units for households exiting homelessness, which is critical to leveraging these system-wide resources.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Shelter and housing service requests received and assisted by 211	97,604	70,000	100,000	70,000
Outcome	Percentage of Information and Referral calls answered within 5 minutes	26%	75%	55%	75%
Outcome	Number of unsheltered people served with system navigation	399	750	780	750
Outcome	BIPOC assessed via Coord. Access at rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes

### Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$59,827	\$139,037	\$145,251	\$107,359
Contractual Services	\$318,820	\$1,412,000	\$331,575	\$1,507,137
Materials & Supplies	\$4,500	\$2,310	\$0	\$8,675
Internal Services	\$0	\$4,465	\$0	\$30,866
<b>Total GF/non-GF</b>	<b>\$383,147</b>	<b>\$1,557,812</b>	<b>\$476,826</b>	<b>\$1,654,037</b>
<b>Program Total:</b>	<b>\$1,940,959</b>		<b>\$2,130,863</b>	
<b>Program FTE</b>	0.60	1.40	1.15	0.85

Program Revenues				
Intergovernmental	\$0	\$1,477,812	\$0	\$1,319,750
Beginning Working Capital	\$0	\$80,000	\$0	\$334,287
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,557,812</b>	<b>\$0</b>	<b>\$1,654,037</b>

Explanation of Revenues

This program generates \$30,866 in indirect revenues.  
 Visitor Development Fund (VDF) Livability and Supportive Services \$334,287  
 City of Portland General Fund \$1,172,850  
 HUD Continuum of Care (CoC) A Home for Everyone Coordinated Access Coordinator \$68,900  
 HUD Continuum of Care (CoC) Domestic Violence Coordinated Access Coordinator \$78,000

Significant Program Changes

Last Year this program was: FY 2022: 30100A System Access, Assessment, & Navigation

The year-over-year increase in funding is due to an increase in Visitor Development Fund resources allocated to this program offer. The year-over-year change in General Fund vs. Other Funds relates to how HUD Continuum of Care (CoC) grant resources have been allocated across the department.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

Using Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer expands on system access and navigation services proposed in program offer 30100A, and specifically funds an expansion of navigation outreach services, culturally specific mobile supportive housing assessment staffing, and legal assistance to remove barriers to housing access.

**Program Summary**

The Multnomah County Local Implementation Plan for the Measure (LIP) sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize eliminating racial disparities among people experiencing chronic and episodic homelessness. In alignment with priorities outlined in the LIP, this program offer funds critical expanded engagement, navigation, and assessment services to connect people to shelter, long-term housing, and other critical services.

Funded services include a significant expansion of outreach capacity dedicated to assisting people living unsheltered to navigate to a range of services, including shelter, substance use and addiction services, primary medical care, and permanent housing. Outreach teams prioritize offering culturally responsive and peer-led engagement. The focus of these outreach teams is on people living in the large encampments that have resulted from COVID-19.

This program offer also expands culturally-specific mobile supportive housing assessment services to connect people experiencing chronic homelessness with supportive housing opportunities. Additionally, this program offer supports vital civil legal services that help remove barriers to housing access for people who are currently living unsheltered, in shelter, or are otherwise experiencing homelessness.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of unsheltered individuals navigated to health-related services and shelter	N/A	1,500	500*	1,500
Outcome	Number of individuals moving from Adult Coordinated Access to permanent housing	N/A	197	248	298
Outcome	BIPOC assessed via Coord. Access at rate as high or higher than percent of HUD homeless population	N/A	Yes	Yes	Yes

**Performance Measures Descriptions**

\*This estimate reflects the program ramp-up time

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$362,348	\$0	\$534,519
Contractual Services	\$0	\$2,059,000	\$0	\$2,730,296
Materials & Supplies	\$0	\$30,000	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$2,451,348</b>	<b>\$0</b>	<b>\$3,264,815</b>
<b>Program Total:</b>	<b>\$2,451,348</b>		<b>\$3,264,815</b>	
<b>Program FTE</b>	0.00	3.00	0.00	4.00

Program Revenues				
Intergovernmental	\$0	\$2,451,348	\$0	\$3,264,815
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,451,348</b>	<b>\$0</b>	<b>\$3,264,815</b>

Explanation of Revenues

Metro Supportive Housing Services \$3,264,815

Significant Program Changes

**Last Year this program was:** FY 2022: 30100B System Access, Assessment, & Navigation - Metro Measure Expansion

This program offer contains the addition of 1.00 FTE to support the design, implementation, operation, monitoring, and evaluation of Coordinated Access for the Adult System. It also contains and in funding for a significant expansion of outreach capacity and culturally-specific mobile supportive housing assessment services.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

The Joint Office of Homeless Services (JOHS) has prioritized the expansion of emergency shelter for all populations, and the largest unmet need continues to be for adult households without children. The basic safety of people experiencing homelessness requires funding for a full range of emergency night and day shelter options that offer access to critical hygiene, health, and housing services. This program offer provides the necessary operating support to maintain existing shelter capacity for adult-only households, including individuals and couples.

### Program Summary

Emergency shelter and associated emergency services are vital to protecting the basic health and safety of individuals while they are experiencing homelessness, particularly older adults and those with disabling conditions. Shelters are critical locations for people to learn about and access the services they need to find permanent housing, acquire an income, and receive necessary healthcare. Most adult shelters have priority access for women, veterans, those with disabilities and those ages 55 and older. All shelters, regardless of size and configuration, must provide trauma-informed, racially equitable, reduced barriers, and culturally responsive or specific programming that emphasizes meeting participants' immediate need. This program offer includes the following:

- 24/7 shelter: Provides programs for women, men, all-gender and couples (including veteran-specific programming). Shelters are low-barrier and operate year-round. Funds are contracted to nonprofit providers to pay shelter operating expenses.
- Day shelter: Day shelters serve a dual purpose of providing a safe place to be out of the elements during the day and a vital point of access to the services needed to end homelessness. Day shelters function as resource centers, bringing together numerous partners at one location to offer an array of services, including employment, healthcare, and education.
- Recuperative Care shelter beds: Provides recuperative care services for medically-vulnerable individuals experiencing homelessness who need ongoing care and are exiting hospitals and other medical settings. Funds support on-site services and staffing.
- Shelter beds with enhanced behavioral health supports: Shelter space and programming of the equivalent of 30 short-term shelter beds for individuals regularly accessing other crisis mental health services in the community. Connecting these individuals to appropriate shelter will provide a safe space to maintain psychiatric stability through mental health support services and a transition to ongoing behavioral health treatment and other essential services and supports. Funds will help pay shelter operating expenses including rent, staffing, materials/supplies, and on-site services.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of year-round emergency shelter beds*,**	396	660	400	400
Outcome	Number of people served in year-round emergency shelter beds	1,495	2,020	1,680	1,680
Outcome	BIPOC served in emergency shelter at rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes

### Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer. \*Anticipated bed capacity reflects the ongoing constraint on congregate shelter capacity resulting from the pandemic. \*\*The methodology for this measure has been changed from manual calculation using the best available information for each shelter to the average daily number of beds for each shelter over the course of the year.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$84,076	\$138,807	\$89,756	\$139,691
Contractual Services	\$254,000	\$9,368,674	\$264,160	\$9,983,570
Materials & Supplies	\$500	\$0	\$0	\$0
Internal Services	\$0	\$449,774	\$0	\$414,012
<b>Total GF/non-GF</b>	<b>\$338,576</b>	<b>\$9,957,255</b>	<b>\$353,916</b>	<b>\$10,537,273</b>
<b>Program Total:</b>	<b>\$10,295,831</b>		<b>\$10,891,189</b>	
<b>Program FTE</b>	0.50	1.00	0.50	1.00

Program Revenues				
Intergovernmental	\$0	\$8,190,900	\$0	\$8,562,257
Beginning Working Capital	\$0	\$0	\$0	\$139,691
<b>Total Revenue</b>	<b>\$0</b>	<b>\$8,190,900</b>	<b>\$0</b>	<b>\$8,701,948</b>

Explanation of Revenues

Visitor Development Fund (VDF) Livability and Supportive Services \$139,691  
 City of Portland General Fund \$8,115,222  
 City of Portland Emergency Solutions Grant (ESG) \$447,035  
 Video Lottery Fund \$1,835,325

Significant Program Changes

Last Year this program was: FY 2022: 30200 Safety off the Streets - Adult Shelter

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

**Executive Summary**

Over the past two fiscal years, Multnomah County and the City of Portland have both allocated funding to the Joint Office of Homeless Services to provide improved housing services to the LGBTQIA2S+ community, and more specifically to the Trans and Non-binary community. This program offer provides additional funding to hold a community forum to identify improvements needed and potential investment areas for this and any future funding dedicated to these communities.

**Program Summary**

Community members who identify as trans or non-binary continue to be disproportionately affected by housing instability and are over-represented in the population of people experiencing homelessness. Both Multnomah County and the City of Portland have allocated funding to the JOHS over the past two fiscal years to provide improved housing services to the LGBTQIA2S+ community, and more specifically to the trans and non-binary community. As a result of the COVID-19 pandemic, neither jurisdiction has been able to engage in meaningful dialogue with these communities to help identify priorities for this funding.

This program offer provides funding to facilitate a forum that would center the voices of the trans/non-binary community to identify specific needs and services. During FY 2023, the JOHS will work with coalitions and community based organizations to engage with community members directly. This process will create a space for people with lived experience to discuss their needs, current gaps in services, and provide feedback that will directly inform the priorities for utilization of the ongoing funding allocated for this programming.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Trans and Non-Binary Homelessness & Housing Forum	N/A	N/A	N/A	1
Outcome	Recommendations for system improvements and investment priorities for Trans/Non-Binary funding	N/A	N/A	N/A	1
Outcome	Members of LGBTQIA2S+ community will be majority of planning body for the forum	N/A	N/A	N/A	Yes

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$50,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$50,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$50,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** One-Time-Only Request

### Executive Summary

This Program Offer allocates one-time County General Fund to expand the Joint Office of Homeless Services' (JOHS) capacity to engage community members in connection with proposed and operational shelter programs. Staff will conduct outreach and engagement to communities in the vicinity of new permanent and alternative shelter programs and respond to community members about the JOHS' existing shelter work.

### Program Summary

As Multnomah County expands permanent and alternative shelter programs, meaningful engagement with the communities surrounding sites under development is key to the long term success of those programs. In addition, continued engagement with surrounding community members to address both opportunities for deepened collaboration and any challenges that may emerge is essential.

The timing and nature of the engagement conducted by the staff funded through this Program Offer will depend on the specifics of each shelter, but the purpose of the engagement will be to ensure that community members in the immediate vicinity of new and existing shelters have an accurate understanding of the shelter program, have an opportunity to raise and discuss their concerns, have input into how any problems associated with the shelter program that impact the surrounding community will be addressed, and have up to date information on how problems will be resolved and who to contact to initiate the problem solving process. In some cases, community engagement may include the creation of good neighbor agreements, in alignment with the JOHS' Good Neighbor Agreement Policy, and support for other shelter-related community involvement opportunities.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Percentage of new shelter projects that have community engagement plans consistent with JOHS policy	N/A	N/A	N/A	100%
Outcome	Percentage of new shelter projects with problem solving processes in place and up to date	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	2022	2022	2023	2023
Personnel	\$0	\$0	\$150,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$150,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$150,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

The Joint Office of Homeless Services (JOHS) has prioritized the equitable expansion of year-round shelter capacity, particularly for people who are more vulnerable on the street, including adult women. JOHS holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of programming. This program offer maintains essential funding of year-round 24/7 emergency shelter for women, including the Gresham Women's Shelter and Jean's Place.

### Program Summary

Emergency shelter is vital to protecting the basic health and safety of individuals while they are experiencing homelessness. This program funds emergency shelter programs that are specifically designed to serve female-identifying adults. Funds are contracted to nonprofit providers to pay the operating expenses for shelter, including maintenance, staffing, materials and supplies, and on-site services.

In addition to providing a safe place to stay, these shelters are essential locations for women to learn about and access the services they need to find permanent housing, acquire an income, and receive health-related services. Services are delivered through contracted service providers that adhere to the county's CoC's guidelines for shelter, which includes the equitable delivery of services in accordance with the principles of assertive engagement and trauma-informed care. All shelters, regardless of size and configuration, must provide trauma-informed, racially equitable, reduced barriers, and culturally responsive or specific programming that emphasizes meeting participants' immediate need for basic health and safety.

The beds funded in this program offer include the Gresham Women's Shelter, which opened in the Fall of 2016 with 90 permanent year-round beds that are open 24 hours a day, 7 days a week. It is only one of two publicly funded year-round shelters for adults in Gresham. The shelter is Domestic Violence (DV)-informed and designed to alleviate pressure points in the DV system while providing women experiencing homelessness with emergency shelter options. This shelter partners with community based organizations to screen for eligibility and coordinate intake.

Jean's Place, located in inner NE Portland, provides a more structured shelter environment for women that offers a clean and sober transitional living option for up to 60 women, in a combination of congregate and semi-congregate settings.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of year-round emergency shelter beds*,**	149	229	150	150
Outcome	Number of people served in year-round emergency shelter beds	439	800	370	370
Outcome	BIPOC served in emergency shelter at rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes

### Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

\*Anticipated bed capacity reflects the ongoing constraint on congregate shelter capacity resulting from the pandemic. \*\*The methodology for this measure has been changed from manual calculation using the best available information for each shelter to the average daily number of beds for each shelter over the course of the year.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$2,492,600	\$0	\$2,684,970
Internal Services	\$19,500	\$0	\$20,900	\$0
<b>Total GF/non-GF</b>	<b>\$19,500</b>	<b>\$2,492,600</b>	<b>\$20,900</b>	<b>\$2,684,970</b>
<b>Program Total:</b>	<b>\$2,512,100</b>		<b>\$2,705,870</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,492,600	\$0	\$2,684,970
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,492,600</b>	<b>\$0</b>	<b>\$2,684,970</b>

Explanation of Revenues

State Homeless Assistance Program (SHAP) \$737,835  
 City of Portland General Fund \$1,947,135

Significant Program Changes

Last Year this program was: FY 2022: 30201 Safety off the Streets - Women's Shelter

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

The Joint Office of Homeless Services (JOHS) expansion of emergency shelter capacity has included the provision of a range of shelter options available to equitably meet the diverse needs of people experiencing homelessness. Alternative shelters, including village style shelters, are supported through this program offer. These alternative shelters differ in appearance from traditional facility based shelters, but they provide the same access to basic safety and hygiene services, and to the support services needed to transition from shelter to permanent housing.

### Program Summary

With just over half the population identified in the 2019 Point-in-Time Count (PIT) as unsheltered, and waiting lists for shelters still very long, it is essential to continue to support the community's existing emergency shelter capacity. All shelters, regardless of size and configuration, must provide trauma-informed, racially equitable, reduced barriers, and culturally responsive or specific programming that emphasizes meeting participants' immediate need for basic health and safety.

Alternative shelters represent a comparatively small, but important and growing component of that capacity. Alternative shelters provide safety off the streets and critical transition services to people who are not able to access or may not thrive in traditional shelter environments.

This program offer provides essential operating support for the Kenton Women's Village, the innovative transitional living community for women, most of whom have experienced long-term homelessness and face multiple barriers to accessing permanent housing. This community-supported alternative shelter has proven highly effective at helping women transition back into permanent housing.

In addition, the program offer funds operations at St. John's Village, an adult alternative shelter program with 19 sleeping pods, prioritized to people living in the North Portland area, as well as support services at Dignity Village, a long-standing village-style shelter program in Multnomah County that shelters approximately 60 people per night.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of people served annually	122	188	350	350
Outcome	Percentage of people exiting alternative shelters to transitional and permanent housing	23%	35%	35%	35%
Outcome	BIPOC served in emergency shelter at rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$342,850	\$0	\$629,780
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$342,850</b>	<b>\$0</b>	<b>\$629,780</b>
<b>Program Total:</b>	<b>\$342,850</b>		<b>\$629,780</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$342,850	\$0	\$629,780
<b>Total Revenue</b>	<b>\$0</b>	<b>\$342,850</b>	<b>\$0</b>	<b>\$629,780</b>

Explanation of Revenues

City of Portland General Fund \$629,780

Significant Program Changes

**Last Year this program was:** FY 2022: 30202 Safety off the Streets - Alternative Shelter for Adults

The year-over-year increase in funding is related to a reallocation of resources to support the new St. Johns village.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

**Program Offer Type:** Program Alternative/Reconstruction      **Program Offer Stage:** As Adopted

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

### Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds the expansion of emergency shelter capacity, specifically the operations of new alternative shelter projects that include village style shelters and safe park programs. These alternative shelters differ in appearance from traditional facility-based shelters, but provide the same access to basic safety and hygiene services, and to the support services needed to transition from shelter to permanent housing. This program offer allocates funding for six alternative shelter projects with anticipated capacity of more than 150 individuals served per night.

### Program Summary

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP prioritizes the recommendations of the community to increase shelter capacity and the need for an increase of alternative shelter options. Alternative shelters provide safety off the streets and critical transition services to people who are not able to access or may not thrive in traditional shelter environments. The LIP also recognizes that, regardless of size and configuration, all shelters must provide trauma-informed, racially equitable, reduced barrier, and culturally-responsive or -specific programming that emphasizes meeting participant immediate need for basic health and safety.

As of the fall of FY 2022, this program offer funds one operational program currently serving up to 15 participants in pod shelters per night. This program offer allocates funding for an additional five sites, with anticipated total capacity to reach over 150 individuals per night, including a site in East Multnomah County, a site serving women in NE Portland, at least one culturally specific village program, and a micro-village concept.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of people served annually	N/A	15	15	100*
Outcome	Percentage of people exiting alternative shelters to transitional and permanent housing**	N/A	N/A	N/A	35%
Outcome	BIPOC served in emergency shelter at rate as high or higher than percent of population**	N/A	N/A	Yes	Yes

### Performance Measures Descriptions

\*Actual FY 2023 outcomes will be higher or lower depending on new programs launched and when in the fiscal year they become operational.

\*\*This is a new measure in FY 2023.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$0	\$123,273
Contractual Services	\$0	\$1,000,000	\$0	\$3,604,330
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,000,000</b>	<b>\$0</b>	<b>\$3,727,603</b>
<b>Program Total:</b>	<b>\$1,000,000</b>		<b>\$3,727,603</b>	
<b>Program FTE</b>	0.00	0.00	0.00	1.00

Program Revenues				
Intergovernmental	\$0	\$1,000,000	\$0	\$3,727,603
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,000,000</b>	<b>\$0</b>	<b>\$3,727,603</b>

Explanation of Revenues

Metro Supportive Housing Services \$3,727,603

Significant Program Changes

**Last Year this program was:** FY 2022: 30700B Safety off the Streets - COVID-19 Recovery - Alternative Shelter for

This program offer funds operational budgets for the new alternative shelter site established in FY 2022 and additional funding for those that will come online in FY 2023. Capital funding for the development of those new sites is budgeted in program offer 30208B - Safety off the Streets - Emergency Shelter Strategic Investment - Metro Measure Expansion. The Joint Office of Homeless Services added a Program Specialist position. The new position expands the department's ability to coordinate development of the additional sites.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

**Executive Summary**

As part of its broader shelter expansion strategy, the Joint Office of Homeless Services (JOHS) is continuing to expand non-congregate alternative shelter options for people experiencing unsheltered homelessness. This program offer continues the FY 2022 American Rescue Plan (ARP) investment of 2.00 FTE positions to lead and implement this expansion.

**Program Summary**

The COVID-19 pandemic has further highlighted the challenges faced by those who live unsheltered in the community. They struggle to meet their most basic hygiene and sanitation needs, as well as to have the level of stability needed to pursue the services they need to end their homelessness. Over the past five years, the JOHS has led an unprecedented expansion of emergency shelter capacity and shelter types to help meet the needs of those who are unsheltered. With the onset of the pandemic, it further expanded the number and range of shelter options. As the crisis has continued, those who remain unsheltered have continued to request additional sheltering options, and the JOHS has seen an unprecedented interest among a range of community organizations to help meet the demand for alternative shelter.

This program offer provides ongoing funding to continue 2.00 FTE in the JOHS that were funded one-time in FY 2022 with ARP funds. This will allow the JOHS to continue expanding its work with community based organizations seeking to offer alternative shelter options. Each alternative shelter project will require planning, site and program development, contracting, and ongoing contract management. The community based organizations offering to operate alternative shelters are often newer and less experienced with service provision and public contracting, meaning they need additional technical assistance and ongoing support to be successful. This staffing capacity will allow the JOHS to continue providing this enhanced level of support to the shelter operators.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Engagement with service providers to develop new alternative shelter projects	N/A	Yes	Yes	Yes
Outcome	Alternative shelter projects established or in progress	N/A	5	5	5

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$0	\$307,754
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$307,754</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$307,754</b>	
<b>Program FTE</b>	0.00	0.00	0.00	2.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$307,754
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$307,754</b>

Explanation of Revenues

Metro Supportive Housing Services \$307,754

Significant Program Changes

**Last Year this program was:** FY 2022: 30904 ARP - COVID-19 Recovery - Alternative Shelter for Adults - Staffing

This program continues the FY 2022 American Rescue Plan (ARP) investment of 2.00 FTE positions to lead and implement the expansion of non-congregate alternative shelter options for people experiencing unsheltered homelessness (made in FY 2022's 30904 - ARP - COVID-19 Recover- Alternative Shelter for Adults - Staffing Capacity). In FY 2023, funding will be Metro Supportive Housing Services funds.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

As part of its broader shelter expansion strategy, the Joint Office of Homeless Services (JOHS) is continuing to expand non-congregate alternative shelter options for people experiencing unsheltered homelessness. This Program Offer provides one-time County General Funds to support the JOHS' capacity to evaluate and identify learnings from its alternative shelter work that can benefit current and future alternative shelter providers.

### Program Summary

Alternative shelters, such as village-style shelter programs and safe parking, are a growing shelter option that provide people experiencing homelessness with safety off the streets, and critical transition services for those who may have difficulty accessing or thriving in traditional shelter environments. The County has funded several community-led alternative shelter projects and added staffing capacity to provide them with technical assistance.

This Program Offer provides one-time County General Funds to allow the Joint Office to have a staff member dedicated to engagement with alternative shelter providers and other community stakeholders to: 1) create a "how to" guide and compile and maintain resources for creating alternative shelter sites, 2) support the ongoing work of a recently formed community-led Alternative Shelter Learning Collaborative, and 3) help measure and analyze impacts on the physical health, behavioral health, safety, case management outcomes, quality of life and other important outcomes measures for people who stay at alternative shelters, along with impacts on outreach workers. The work product of these investments will support existing and new alternative shelter operators, the Joint Office of Homeless Services' alternative shelter team, and improve community understanding of and engagement with alternative shelters.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Develop an evaluation framework and set of metrics for alternative shelter	N/A	N/A	N/A	1
Outcome	Alternative shelter learnings are compiled and available online to current and future providers	N/A	N/A	N/A	Yes

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$250,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$250,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$250,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Shelter plays a vital role in offering basic safety and stability to families with children experiencing homelessness. This program offer funds hundreds of beds of shelter capacity for families with minor children. Family shelters are all community-based, year-round, open 24/7, and offer individual rooms to families. As with all shelters, the family shelters offer both basic safety off the streets and access to the critical supports needed to transition from shelter back into permanent housing.

### Program Summary

This program offer funds four family shelters, two in East Portland, one in North Portland and one that is multi-site. Families seeking shelter are screened and referred by the Coordinated Access Shelter Intake Line. Once a family is at a shelter, they receive a range of on-site services to assist them in accessing permanent housing. Specifically, families receive housing placement assistance through the Homeless Family System of Care (HFSC) and on-site diversion resources. In FY 2021, over 60% of the families served through shelter identified as being from communities of color. All shelters, regardless of size and configuration, must provide trauma-informed, racially equitable, low barrier, and culturally responsive or specific programming that emphasizes meeting participants' immediate need for basic health and safety.

The family shelter system leverages Federal, State and local resources as well as faith-based and nonprofit partnerships. There is also a rich history of volunteerism in the shelters. These relationships expand activities for children living in the shelters, as well as increase culturally specific services and neighborhood involvement.

These shelters represent a significant improvement in the quality of the year-round shelter capacity for families with children in the community. A critical feature of these shelters is that every family has their own room. The shelters are located where most of the families needing shelter are from and where their support networks are located.

School-aged children staying in shelters are provided a stable place to be and are connected with transportation to their local school. Through this offer, healthy and engaging activities will be available in the shelters and off-site for times when children are not in school, including evenings, spring break and summer break.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of year-round emergency shelter beds*	182	195	180	180
Outcome	Number of unduplicated individuals served	589	750	660	660
Outcome	Number of youth engaged in activities annually	168	300	300	300
Outcome	BIPOC served in emergency shelter at rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes

### Performance Measures Descriptions

\*The methodology for this measure has been changed from manual calculation using the best available information for each shelter to the average daily number of beds for each shelter over the course of the year.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$67,348	\$85,651	\$162,673	\$0
Contractual Services	\$658,360	\$1,253,800	\$897,285	\$1,104,800
Internal Services	\$480,764	\$37,249	\$535,587	\$0
<b>Total GF/non-GF</b>	<b>\$1,206,472</b>	<b>\$1,376,700</b>	<b>\$1,595,545</b>	<b>\$1,104,800</b>
<b>Program Total:</b>	<b>\$2,583,172</b>		<b>\$2,700,345</b>	
<b>Program FTE</b>	0.50	0.50	1.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,376,700	\$0	\$1,104,800
Beginning Working Capital	\$105,660	\$0	\$109,890	\$0
<b>Total Revenue</b>	<b>\$105,660</b>	<b>\$1,376,700</b>	<b>\$109,890</b>	<b>\$1,104,800</b>

Explanation of Revenues

Affordable Housing Tax Title \$109,890  
 State Emergency Housing Assistance (EHA) General Fund \$995,005  
 State Emergency Solutions Grant (ESG) \$109,795

Significant Program Changes

Last Year this program was: FY 2022: 30203 Safety off the Streets - Family Shelter

Position funding across the department realigned between General Fund and Other Funds based on guidance from the funding agencies.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

JOHS has prioritized the equitable expansion of shelter for vulnerable populations. The JOHS also holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of programming. Domestic violence (DV) emergency shelters provide immediate safety and offer crisis intervention services to survivors and children fleeing domestic violence or experiencing homelessness as a result of a recent incident of intimate partner violence; these services are vital for protecting the health and safety of survivors. The DV confidential shelters in this program provide year-round beds accessed by hundreds of survivors annually, with 73% identifying as BIPOC. This program offer supports four shelters in two models: facility-based emergency shelter and master-leased units.

### Program Summary

Domestic Violence (DV) is a significant contributing factor to homelessness and housing instability. Nearly four in ten women who experience domestic violence will become homeless as a result. Additionally, leaving an abusive relationship is often the most dangerous time, and survivors are frequently navigating multiple complex systems, such as child welfare, the civil legal system, and immigration. Access to a confidential emergency shelter and trauma-informed, survivor-driven services is critical for survivors seeking to establish safety for themselves and their children. This program offer funds shelter operation costs, staffing, limited client assistance, and wrap-around support services at four DV emergency shelters. Services include intensive DV advocacy and support, safety planning, provision of basic needs, co-advocacy within DV continuum of service providers, and information and referrals to community-based services and housing programs.

This program offer supports four shelters in two models: facility-based emergency shelter and master-leased units. Three facility-based confidential shelters offer 24-hour security and staff seven days a week. A fourth shelter utilizes four scattered site master-leased apartments to provide safety and wrap-around crisis intervention services for survivors. These scattered-site units allow multi-generational and/or larger families directly impacted by DV to access services. All four shelters offer a 90-day length of stay with the possibility for extension and jointly serve more than 100 individuals per night. To ensure that survivors who are at greater danger are prioritized for these confidential shelter beds, all shelters use a coordinated triage system and a common, locally-developed screening tool to articulate survivors' needs and match survivors with available shelter space. All shelters, regardless of size and configuration, must provide trauma-informed, racially equitable, reduced barriers, and culturally responsive or specific programming that emphasizes meeting participants' immediate need for basic health and safety. Additionally, this program supports emergency vouchers that are used to assist survivors in staying safe when shelter beds are full, act as a bridge voucher to housing when survivors are homeless and in the process of attaining a permanent housing placement, and finally as a respite for survivors and children who are unable to safely stay in the shelters.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of year-round confidential emergency shelter beds + year-round equivalent emergency voucher beds	115	120	115	115
Outcome	Number of individuals receiving emergency shelter services	285	400	250	250
Output	Number of individuals served with domestic violence emergency vouchers	295	300	300	300
Outcome	BIPOC served in emergency shelter at rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes

### Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$67,488	\$0	\$0	\$71,383
Contractual Services	\$1,062,810	\$526,720	\$1,105,330	\$528,555
Internal Services	\$0	\$0	\$0	\$20,523
<b>Total GF/non-GF</b>	<b>\$1,130,298</b>	<b>\$526,720</b>	<b>\$1,105,330</b>	<b>\$620,461</b>
<b>Program Total:</b>	<b>\$1,657,018</b>		<b>\$1,725,791</b>	
<b>Program FTE</b>	0.50	0.00	0.00	0.50

Program Revenues				
Intergovernmental	\$0	\$526,720	\$0	\$620,461
<b>Total Revenue</b>	<b>\$0</b>	<b>\$526,720</b>	<b>\$0</b>	<b>\$620,461</b>

Explanation of Revenues

This program generates \$20,523 in indirect revenues.  
 State Homeless Assistance Program (SHAP) \$480,810  
 City of Portland General Fund \$47,745  
 HUD Continuum of Care (CoC) Planning Grant \$91,906

Significant Program Changes

Last Year this program was: FY 2022: 30204 Safety off the Streets - Domestic Violence Shelter

Position funding across the department realigned between General Fund and Other Funds based on guidance from the funding agencies.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Reinforcing the Joint Office of Homeless Services (JOHS) commitment to the equitable provision of emergency shelter for vulnerable populations, this program offer continues funding the Homeless Youth Continuum's (HYC) Access Center that provides low-barrier, immediate access to 60 crisis and short-term shelter options, day programs, and 24-hour coordinated access to screening, crisis and basic needs services for youth in Multnomah County. This program offer funds the Access Center, shelter and day programs, where linkages are provided to a continuum of services and supports for the youth population.

**Program Summary**

The HYC is a highly collaborative and coordinated system comprised of four nonprofit agencies, including a culturally specific agency, that provides a continuum of screening, crisis intervention, safety services, shelter, assertive engagement, housing, education, employment, pregnancy and parenting support, and health services to youth up to age 25. Homeless youth are particularly vulnerable as they attempt to survive on the streets. Over 50% of homeless youth have prior involvement in the Department of Human Services (DHS) or the Juvenile Justice system, and a significant number have experienced complex trauma. Approximately 40% of homeless youth identify as LGBTQ. Ensuring a 24-hour safety net for these youth is critical to addressing basic needs and providing linkage to longer term care options within the HYC.

The Access Center is co-located with the shelter programs and provides centralized screening via mobile and stationary staff who make eligibility determinations and refer youth to HYC programs or other appropriate systems of care. Emergency shelter is provided through a downtown-located facility with capacity for 60 people, except in winter when capacity increases to 70. All youth residing in emergency shelters have access to meals, hygiene, information/referral, and assertive engagement (case management) services. Day Programs are available at two locations and offer meals, hygiene, access to computers, transportation, service needs assessment, and provide opportunities for further engagement in system services. An average of 150 youth participate in Day Programs on a daily basis.

The HYC service model is based on an assertive engagement practice that follows the principles of Positive Youth Development, and ensures services are client directed, strength-based, nonjudgmental and offer relational continuity. In addition, all emergency shelters, regardless of size and configuration, must provide trauma-informed, racially equitable, reduced barriers, and culturally responsive or specific programming that emphasizes meeting participants' immediate need for basic health and safety. Services are integrated with public safety and other service systems, ensuring joint planning and coordination in addressing the needs of this population.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of youth screened via the Access Center	436	550	550	550
Outcome	Number of youth served in crisis and short-term shelter	410	550	430	430
Output	Number of shelter bed nights	18,220	20,000	20,000	20,000
Outcome	BIPOC served in emergency shelter at rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$76,916	\$0	\$0	\$81,387
Contractual Services	\$1,569,060	\$249,460	\$1,631,820	\$259,440
Internal Services	\$0	\$0	\$0	\$23,399
<b>Total GF/non-GF</b>	<b>\$1,645,976</b>	<b>\$249,460</b>	<b>\$1,631,820</b>	<b>\$364,226</b>
<b>Program Total:</b>	<b>\$1,895,436</b>		<b>\$1,996,046</b>	
<b>Program FTE</b>	0.50	0.00	0.00	0.50

Program Revenues				
Intergovernmental	\$0	\$249,460	\$0	\$364,226
<b>Total Revenue</b>	<b>\$0</b>	<b>\$249,460</b>	<b>\$0</b>	<b>\$364,226</b>

Explanation of Revenues

This program generates \$23,399 in indirect revenues.  
 City of Portland General Fund \$259,440  
 HUD Continuum of Care (CoC) Planning Grant \$104,786

Significant Program Changes

Last Year this program was: FY 2022: 30205 Safety off the Streets - Youth Shelter

The year-over-year change in General Fund vs. Other Funds relates to how HUD Continuum of Care (CoC) resources have been allocated across the department based on guidance from the funding agency.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

People experiencing unsheltered homelessness face particular weather-related risks in the winter months, and even greater dangers during periods of severe weather - including severe winter conditions and severe heat events. This program offer provides the base funding for expanded winter emergency shelter capacity, as well as funding to open additional shelter capacity during severe weather incidents.

### Program Summary

This program funds winter shelter and severe weather shelter capacity. This shelter is temporary in nature and focuses on the provision of basic safety off the streets, including offering warm, dry space and access to basic hygiene amenities. While certain additional services are made available in these shelters, they are not intended to provide the range of wrap-around support and housing services offered in year-round shelters.

- **Temporary/Winter Shelter:** People with disabilities, older adults and those in poor health are particularly at risk in cold winter conditions. This program will allow approximately 300 beds of winter shelter (open November to April) to be created in FY 2023. Winter shelters include motel voucher capacity.
- **Severe Weather Shelter:** In the event of severe weather that significantly elevates the risk to people sleeping unsheltered in the community, additional shelter capacity is created that remains in place for the duration of the severe weather event. The JOHS invests in base funding for severe weather warming centers, through contracted nonprofit agencies, distributed across the county. The JOHS also budgets for costs associated with opening additional severe weather capacity in partnership with County and City Emergency Management in those situations where non-profit provided capacity is insufficient. During severe weather, the commitment is that no one is turned away from shelter.
- **Emergency assistance:** This program offer also funds an array of services associated with ensuring basic safety, including staffing, flexible funding for material needs, transportation and outreach coordination, as well as extended information and referral services during winter months.
- **Expanded outreach:** This program offer funds additional street outreach to assist in reaching adults, youth, Veterans and families in accessing safety off the streets resources during winter and severe weather.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of adult temporary/winter emergency shelter beds	190	215	381	380
Outcome	Percentage of those who seek shelter during a declared severe weather event that receive it	100%	100%	100%	100%
Outcome	BIPOC served in emergency shelter at rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes

### Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$553,720	\$2,209,600	\$0	\$4,625,537
Internal Services	\$0	\$190,746	\$0	\$396,826
<b>Total GF/non-GF</b>	<b>\$553,720</b>	<b>\$2,400,346</b>	<b>\$0</b>	<b>\$5,022,363</b>
<b>Program Total:</b>	<b>\$2,954,066</b>		<b>\$5,022,363</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$992,070	\$0	\$3,075,899
Beginning Working Capital	\$553,720	\$711,200	\$0	\$1,074,121
<b>Total Revenue</b>	<b>\$553,720</b>	<b>\$1,703,270</b>	<b>\$0</b>	<b>\$4,150,020</b>

Explanation of Revenues

Visitor Development Fund (VDF) Livability and Supportive Services \$1,074,121  
 City of Portland General Fund \$1,067,528  
 Video Lottery Fund \$872,343  
 Federal/State Funds - State of Oregon's Out of the Cold (OOTC) \$2,008,371

Significant Program Changes

Last Year this program was: FY 2022: 30206 Safety off the Streets - Winter Shelter & Severe Weather

The year-over-year increase in funding is due to an increase of Visitor Development Fund resources allocated to the Walnut Park shelter, making it a year-round, 24x7 shelter. Historically, this site was only open during the winter months as an over-night shelter, but the expanded months and hours will continue for the foreseeable future to meet the urgent need for shelter capacity. In addition, the program includes \$2.0 million of one-time-only State of Oregon Out of the Cold (OOTC) funding.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

The Joint Office of Homeless Services (JOHS) convenes the Homeless Family System of Care (HFSC), which works collaboratively as a leadership and direct service team to address the unique needs of homeless families in Multnomah County. This program offer maintains the HFSC current capacity to support sheltering families during the winter season and severe weather events, utilizing navigators and motel vouchers. Prior to FY 2023, this programming was funded with limited-term Tax Title resources.

**Program Summary**

This program offer funds placing families in motels during the winter season and severe weather events. For winter shelter programming, housing navigators work from the Family Shelter waitlist to verify homelessness and connect families with a motel until there is an opening with a shelter or with the Mobile Housing Team. During severe weather activations, families who call 211 seeking shelter are connected with a housing navigator who will help place them into a motel for the duration of a severe weather event. A majority of families served through severe weather events remain in motels through the Winter Shelter program until they can be connected to services.

Placing families into private rooms holds the integrity of the Homeless Family Systems of Care's dedication to move away from congregate shelter. Families report more comfort and feelings of safety when in their own space, making this the most trauma informed and culturally competent sheltering option for families.

The Winter Shelter and Severe Weather programs are low barrier, life saving measures that seek to place families indoors during the coldest times of the year. Between November 1st, 2021, and January 31st, 2022, 52 families had been served in the Winter Shelter and Severe Weather program, which is the most families that have been served through this program to date. Housing navigation staff work enables families to be in close range of their children's schools, parents' workplaces, and support networks to mitigate disruption in their lives. Families of color have the option of working with culturally specific housing navigators who work to connect them to culturally specific agencies for longer term services.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of winter emergency shelter beds for families	150	75	175	100
Outcome	Number of families that receive the safety of shelter	60	30	60	40
Outcome	BIPOC served at rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$575,870	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$575,870</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$575,870</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 30906  
**Program Characteristics:** One-Time-Only Request

### Executive Summary

This program offer allocates balances of one-time capital funding for the Joint Office of Homeless Services (JOHS) to use in developing and improving high quality, year-round congregate, motel, and alternative emergency shelter capacity for multiple populations, as well as funding to support the creation of additional temporary/seasonal shelters.

### Program Summary

Multnomah County is committed to funding and operating long-term, high quality, year-round emergency shelters, and to continuing to provide seasonal temporary shelter during cold weather months. After an initial rapid expansion of emergency shelter capacity in available locations, the JOHS is leading the transformation of all year-round shelter into a network of community-based shelter programs that are located, designed, and service-supported to maximize transitions of shelter participants back into permanent housing. This program offer allocates balances of one-time capital funds for shelter development, including those allocated by the County and the City of Portland in FY 2022 as part of the Business Income Tax rebalance joint funding package.

The JOHS strategically invests in shelter to further its communities' commitment to ending homelessness. This is done by operating emergency shelters that offer safety off the streets, and are intentionally developed to maximize the number of people who successfully transition through them to permanent housing. This program provides the critical capital resources to continue the acquisition and development of year-round emergency shelter sites that meet this commitment.

There is an ongoing need to offer expanded basic safety off the streets shelter in the winter months for populations that are especially vulnerable when the weather turns wetter and colder. While winter shelter locations do not require the level of capital investment of year-round emergency shelter programs, funds are needed annually to make the necessary amenity and life-safety improvements to locations that come available to meet winter shelter expansion efforts.

Capital in this offer will be used to create, improve, and maintain congregate, motel, and alternative shelter programs.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of prospective new shelter sites identified and assessed for feasibility of purchase and development*	N/A	N/A	N/A	30
Outcome	Initiate and continue development of shelter sites*	N/A	N/A	N/A	5
Outcome	Shelter site design reflects input from people with lived experience, especially from BIPOC	N/A	Yes	Yes	Yes

### Performance Measures Descriptions

\*These performance measures are new for FY 2023

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$139,676	\$0
Materials & Supplies	\$0	\$0	\$0	\$4,750,000
Internal Services	\$0	\$0	\$252,000	\$0
Capital Outlay	\$2,050,000	\$2,000,000	\$12,008,324	\$6,200,000
<b>Total GF/non-GF</b>	<b>\$2,050,000</b>	<b>\$2,000,000</b>	<b>\$12,400,000</b>	<b>\$10,950,000</b>
<b>Program Total:</b>	<b>\$4,050,000</b>		<b>\$23,350,000</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,000,000	\$0	\$0
Beginning Working Capital	\$2,050,000	\$0	\$12,400,000	\$10,950,000
<b>Total Revenue</b>	<b>\$2,050,000</b>	<b>\$2,000,000</b>	<b>\$12,400,000</b>	<b>\$10,950,000</b>

Explanation of Revenues

City of Portland General Fund \$6,200,000  
 Oregon Department of Administrative Services (DAS) Arbor Lodge Renovation \$4,750,000

Significant Program Changes

Last Year this program was: FY 2022: 30208A Safety off the Streets - Emergency Shelter Strategic Investment

This program offer allocates balances of one-time capital funds allocated by the County and the City of Portland in FY 2022 for shelter development as part of the Fall BIT rebalance joint funding package. Significant additional resources were allocated to permanently expanding the Joint Office's emergency shelter system in FY 2021 and FY 2022. The balance of those resources is included in the FY 2023 budget to fund further site acquisition(s) and redevelopment(s). As part of its ongoing organizational development work, the Joint Office has identified a need for additional staffing to support ongoing shelter expansion and management of the larger shelter system. This program offer funds 1.00 FTE project manager for that purpose with one-time resources. The ongoing costs for this position will be considered as part of future budget planning.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

This program offer uses Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, to provide capital for the Joint Office of Homeless Services (JOHS) to move forward in developing high quality, year-round alternative shelter capacity for multiple populations, equitably distributed across the County. This program offer also allocates capital funding for four alternative shelter sites currently in development or that will be in FY 2023.

**Program Summary**

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. In alignment with priorities outlined in the LIP, this program offer provides capital funding for shelter, including alternative shelter, to further the community's commitment to ending homelessness.

Emergency shelters, including alternative shelters, offer safety off the streets for people experiencing homelessness and are intentionally developed to maximize the number of people who successfully transition through them to permanent housing. This program offer provides the critical capital resources to continue the acquisition and development of year-round alternative shelter sites that meet this commitment.

The funds will support necessary improvements to new and existing emergency shelters, as well as the continued due diligence associated with the identification of new shelter sites. These investments will be aligned with the efforts to transform the publicly funded emergency shelter system into one that offers a high standard of care and critical housing transition services within an increasingly diversified range of shelter settings.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Conduct shelter design process that includes stakeholders, including prospective shelter users	N/A	1	1	3
Outcome	Initiate or continue site identification and development	N/A	1	1	4
Outcome	New operational alternative shelter programs	N/A	N/A	1	3

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$2,000,000	\$0	\$3,400,000
Capital Outlay	\$0	\$3,500,000	\$0	\$2,000,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$5,500,000</b>	<b>\$0</b>	<b>\$5,400,000</b>
<b>Program Total:</b>	<b>\$5,500,000</b>		<b>\$5,400,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$5,500,000	\$0	\$5,400,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$5,500,000</b>	<b>\$0</b>	<b>\$5,400,000</b>

Explanation of Revenues

Metro Supportive Housing Services \$5,400,000

Significant Program Changes

**Last Year this program was:** FY 2022: 30208B Safety off the Streets - Emergency Shelter Strategic Investment - Metro

This program offer allocates the balance of Measure funds allocated to shelter capital development, including alternative shelter development, in FY 2022. Alternative shelter capital funding was allocated in FY 2022 program offer 30700B Safety off the Streets - COVID-19 Recovery - Alternative Shelter for Adults - Metro Measure Investment. This program offer also allocates funding for four additional alternative shelter sites currently in development or that will be in development in FY 2023.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

Using Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds an expanded housing-focused shelter/transitional housing response, including program implementation capacity and support for continued operations at several newly acquired or leased congregate and motel-shelter locations. Expanded year-round shelter programming focuses on increasing access for overrepresented Communities of Color, as well as for individuals needing access to enhanced behavioral health supports, and creating shelter capacity in underserved areas of the County.

**Program Summary**

The Multnomah County Local Implementation Plan for the Measure (LIP) sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the Measure’s commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP also recognizes the need for investments in a continuum of pre- and post-housing services, including shelter services that support successful transitions to permanent housing.

This program offer funds continued implementation of the Joint Office of Homeless Services (JOHS) community-based and housing-focused shelter expansion strategy, including the property management and operating expenses associated with: (1) two recently acquired congregate shelters for adults, one in North Portland and one in the Central City, which combined provide approximately 200 beds; (2) three publicly owned motel shelters, one in Gresham, one in Southwest Portland, and one in mid-county, which together offer approximately 120 rooms of shelter for adults; and (3) a recently leased motel in Northeast Portland with 137 rooms for adults, including adults at high risk from COVID-19.

In addition, this program offer funds staffing capacity in the JOHS dedicated to the identification, development, programming, and contract management of the expanding shelter system.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Develop long-term programming focused on chronically homeless population for motels	N/A	1	3	2
Outcome	Number of people served in newly acquired/long-term leased motel shelters for highly vulnerable adults	N/A	200*	300	520
Outcome	BIPOC served in emergency shelter at rate as high or higher than percent of adult HUD homeless population	N/A	Yes	Yes	Yes
Output	Number of beds/rooms of adult shelter**	N/A	N/A	N/A	450

**Performance Measures Descriptions**

\*This is a conservative estimate that reflects unknowns related to the continued impacts of COVID-19 on the ability of adults to exit shelter, and the impact of a non-congregate setting on lengths of stay for adult only households.

\*\*This is a new measure in FY 2023.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$269,960	\$0	\$269,065
Contractual Services	\$0	\$3,247,858	\$0	\$13,744,670
Materials & Supplies	\$0	\$35,000	\$0	\$1,366,197
Internal Services	\$0	\$0	\$0	\$837,472
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$3,552,818</b>	<b>\$0</b>	<b>\$16,217,404</b>
<b>Program Total:</b>	<b>\$3,552,818</b>		<b>\$16,217,404</b>	
<b>Program FTE</b>	0.00	2.00	0.00	2.00

Program Revenues				
Intergovernmental	\$0	\$3,552,818	\$0	\$16,217,404
<b>Total Revenue</b>	<b>\$0</b>	<b>\$3,552,818</b>	<b>\$0</b>	<b>\$16,217,404</b>

Explanation of Revenues

Metro Supportive Housing Services \$16,217,404

Significant Program Changes

**Last Year this program was:** FY 2022: 30209 Safety off the Streets - Metro Measure Expansion

The year-over-year increase in funding in this program offer is due to funding being allocated to two new congregate shelters and one new motel shelter. It is also due to the FY 2022 budget having allocated only six months of operating expenses for the three publicly owned motel shelters as part of transitioning those costs from one-time COVID-19-related Federal funding to Measure funding.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds a motel shelter program, known as Bridge Housing, for individuals or families who have been referred to a permanent supportive housing (PSH) program, but have not yet moved into a permanent unit. Bridge Housing of this kind is a strategy that has proven highly effective in other communities to ensure that people who have been identified for upcoming PSH units have the stability they need to be able to work effectively with their housing case managers to prepare to enter a PSH unit.

**Program Summary**

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. In alignment with priorities outlined in the LIP, this program offer supports the rapid and effective expansion of PSH through the utilization of Bridge Housing that closes a critical gap in the Coordinated Access and housing placement process.

As a PSH unit is made available and prepared for occupancy, individuals and families are identified from the Coordinated Access list that prioritizes the most vulnerable unhoused members of our community for available PSH units. Bridge Housing prioritizes individuals based on factors such as behavioral health needs, disabilities, and length of homelessness. In many cases, individuals on the Coordinated Access list may be living unsheltered or in a highly unstable situation. This makes locating them, working with them to assemble necessary documentation, completing paperwork, and coordinating move-in logistics very difficult, and can sometimes mean the loss of the housing opportunity.

This program offer funds Bridge Housing for people whose names have been selected from the Coordinated Access list and who are in the process of obtaining an available PSH unit. Bridge Housing provides a safe, low-barrier, housing first, housing-focused, and supportive twenty-four (24) hour motel shelter room to these individuals. Having individuals in their own rooms not only supports the placement work being done in coordination with their housing placement specialist, it also helps acclimate them to indoor living, given that they may have been living unsheltered for a very long time. This “bridge housing” model is one that other communities are using successfully to increase the speed and success of connecting highly vulnerable chronically homeless people to permanent supportive housing as soon as it is available to them.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Rooms of motel shelter for people transitioning to PSH	N/A	N/A	N/A	30
Outcome	Number of unique individuals receiving bridge housing support in motel settings	N/A	N/A	N/A	150
Outcome	Percent of bridge housing participants who successfully transition to PSH	N/A	N/A	N/A	80
Outcome	BIPOC served in Bridge Housing at rate as high or higher than percent of HUD homeless population	N/A	N/A	N/A	Yes

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$0	\$1,641,667
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,641,667</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$1,641,667</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,641,667
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,641,667</b>

Explanation of Revenues

Metro Supportive Housing Services \$1,641,667

Significant Program Changes

Last Year this program was:

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

The Joint Office of Homeless Services (JOHS) continues to prioritize “safety on the streets” investments in this program offer, including survival outreach, and basic health and sanitation services for people who are living unsheltered in encampments and places not meant for human habitation.

### Program Summary

Individuals with lived experience of unsheltered homelessness have called out the importance of distinguishing “safety off the streets” shelter strategies from those activities that help people who remain unsheltered stay as safe as possible. These strategies include survival-focused street outreach, such as the distribution of essential gear, food, water and primary healthcare services. This also includes investments in day centers, hygiene services, and clean-up and basic sanitation assistance for people in encampments. This program offer specifically supports: (1) critical mobile primary care/medical triage services provided to unsheltered and sheltered individuals using a team of volunteer physicians and medical professionals; (2) survival and navigation-focused outreach in East County and on the Springwater Corridor; and (3) a program that employs people with lived experience of homelessness to assist with ongoing trash pick-up and sanitation support for people living unsheltered in encampments

This program offer, when considered in conjunction with the following other program offers, represents a significant expansion of outreach and services focused on assisting people who remain unsheltered to meet their basic needs and navigate to shelter and housing: 30210B - Safety on the Streets - Navigation & Service Coordination Expansion; 30100A - System Access, Assessment, & Navigation; 30100B System Access, Assessment, & Navigation - Metro Measure Expansion; 30900 - ARP - COVID-19 Emergency Response - Shelter Operations and Outreach.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of volunteer physicians mobilized to support physical health needs of unsheltered population	20	30	20	20
Outcome	Number of unsheltered individuals engaged with health-related services through mobile medical team	4,480	1,000	1,200	1,200
Outcome	Number of encampments receiving trash collection services	N/A	3,500	6,000	3,500

### Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$60,797	\$60,797	\$63,154	\$63,154
Contractual Services	\$0	\$700,073	\$0	\$671,960
<b>Total GF/non-GF</b>	<b>\$60,797</b>	<b>\$760,870</b>	<b>\$63,154</b>	<b>\$735,114</b>
<b>Program Total:</b>	<b>\$821,667</b>		<b>\$798,268</b>	
<b>Program FTE</b>	0.50	0.50	0.50	0.50

Program Revenues				
Intergovernmental	\$0	\$456,957	\$0	\$142,774
Beginning Working Capital	\$0	\$173,563	\$0	\$454,065
<b>Total Revenue</b>	<b>\$0</b>	<b>\$630,520</b>	<b>\$0</b>	<b>\$596,839</b>

Explanation of Revenues

Visitor Development Fund (VDF) Livability and Supportive Services \$454,065  
 City of Portland General Fund \$142,774  
 Video Lottery Fund \$138,275

Significant Program Changes

Last Year this program was: FY 2022: 30210 Safety on the Streets

Funding in this program offer includes support for increased mobile primary care/medical triage services that were funded with American Rescue Plan (ARP) resources in FY 2022 program offer 30901 - ARP - COVID-19 Emergency Response - Expanded Street-Based Medical Care.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

The Joint Office of Homeless Services prioritizes the provision of outreach and services to people living unsheltered in encampments and other places not meant for human habitation. This program offer maintains limited-term investments made in the FY 2022 Business Income Tax Rebalance joint funding package between the County and the City of Portland. Those investments expanded navigation outreach services and the coordination of access to shelter and other key resources, and included funding for the development of additional storage/hygiene solutions. They also included funding for participation in the newly launched Street Services Coordination Center (SSCC), which aligns the work of various public space management agencies that interact with unsheltered individuals with the work of the homeless response system.

**Program Summary**

Multnomah County has a large and growing number of people experiencing unsheltered homelessness who are living in encampments on public property. These individuals have lacked sufficient routine engagement with outreach workers to establish trust and become engaged in services they need to transition out of homelessness and back into permanent housing.

The jurisdictions with responsibility for managing public lands within Multnomah County, including various bureaus within the City of Portland, Metro, the Oregon Department of Transportation, and others, are currently insufficiently coordinated with each other and with the homeless services system to effectively address the needs of people living in encampments and the impacts of those encampments on public spaces.

This program offer funds limited-term (two-year) investments made in the FY 2022 Business Income Tax Rebalance joint funding package between the County and the City of Portland, maintaining the expansion of staffing capacity in the homeless services system that is part of the creation of the new SSCC being established by the City of Portland. This Center will bring together leadership from multiple City land-owning bureaus, first responders, and representatives from other jurisdictions with public lands in the County, to better align their resources and responses to unsanctioned camping, and to improve access to services for those living in encampments who are impacted by these agencies' public space management activities.

It also maintains funding for up to 20 additional navigation outreach workers and an outreach coordinator to provide service navigation and de-escalation services to people in areas prioritized by the SSCC, along with funding for the development of storage and hygiene solutions, such as mobile hygiene, site-based hygiene pods, urban rest stops, day centers, and short and long-term property storage strategies. In addition, it funds the capacity to coordinate shelter bed access for people in encampments who are working with navigation outreach workers and public space management agencies.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Expanded navigation outreach capacity	N/A	N/A	N/A	20
Outcome	Unsanctioned encampment provided with de-escalation and navigation support	N/A	N/A	N/A	500*
Outcome	BIPOC successfully referred to shelter at rates as high or higher than non-Hispanic whites	N/A	N/A	N/A	Yes

**Performance Measures Descriptions**

\*This is a best estimate because the SSCC has not yet launched and the method of deploying navigation workers has not yet been determined.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$287,231	\$175,000
Contractual Services	\$0	\$0	\$1,387,769	\$1,250,000
Capital Outlay	\$0	\$0	\$1,000,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,675,000</b>	<b>\$1,425,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$4,100,000</b>	
<b>Program FTE</b>	0.00	0.00	2.00	1.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,425,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,425,000</b>

Explanation of Revenues

City of Portland General Fund \$1,425,000

Significant Program Changes

Last Year this program was:

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

JOHS has prioritized a range of highly effective housing placement and retention strategies in order to significantly reduce homelessness among vulnerable adult households and respond to increases in racial disparities. The JOHS holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of programming. This program offer supports existing programming to house and retain hundreds of people experiencing homelessness through limited duration rental assistance, mobile housing placement and retention support staffing.

### Program Summary

For the majority of people experiencing homelessness, returning to permanent housing requires a combination of limited duration, flexible rent assistance, housing placement and retention support staffing, and access to income acquisition assistance. This housing placement and retention strategy, often referred to as “rapid rehousing,” is a recognized best practice and critical element of the housing placement strategies.

This program offer retains existing capacity in housing placement and retention programs that help adult-only households return to permanent housing, with an emphasis on ensuring that those strategies are also reducing racial disparities. These investments in rapid rehousing programs for adult households leverage significant Federal, State and local resources to support the efforts of people experiencing homelessness to secure and retain permanent housing. Services are delivered by a range of skilled nonprofit partners and directed to communities of color, women, and other vulnerable adults experiencing homelessness. The services include flexible rent assistance and housing placement and retention staffing accessed through: culturally-specific service providers serving Multnomah County’s communities of color; shelters, day centers and street outreach programs, including targeted outreach in Gresham and East County, and the countywide Short Term Rent Assistance (STRA) program that consolidates multiple Federal, State and local funding streams in a fund administered by Home Forward, which in turn contracts the funds to nearly 20 nonprofit partners who offer prevention and rapid rehousing programs throughout the County.

Through this program offer, approximately 1,100 households will receive the housing placement, retention, and income acquisition support they need to obtain and/or retain permanent housing. Based on current data, 80% of the people served in the programs included in this offer identify as Black, Indigenous or People of Color, a share similar to last year.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# households enrolled in permanent housing or prevention programs (including STRA & non-STRA)*	1,077	N/A	1,080	1,080
Outcome	BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes
Outcome	# households newly placed into or retained in permanent housing (including STRA & non-STRA programs)*	927	N/A	930	930
Outcome	Percentage of people not returning to homeless services within a year of exiting a program to housing	92%	N/A	90%	90%

### Performance Measures Descriptions

\*The basis for "Placed & Retained" has been changed from Entry Date to Housing Move-in date, consistent with an FY 2022 change to the measure in systemwide reporting, and "Enrolled," which is based on Entry Date, has been added for more robust reporting and to preserve continuity with reporting in previous years.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$171,444	\$0	\$194,525	\$0
Contractual Services	\$1,200,262	\$4,054,458	\$1,110,960	\$4,161,220
<b>Total GF/non-GF</b>	<b>\$1,371,706</b>	<b>\$4,054,458</b>	<b>\$1,305,485</b>	<b>\$4,161,220</b>
<b>Program Total:</b>	<b>\$5,426,164</b>		<b>\$5,466,705</b>	
<b>Program FTE</b>	1.15	0.00	1.25	0.00

Program Revenues				
Intergovernmental	\$0	\$3,515,930	\$0	\$3,601,150
<b>Total Revenue</b>	<b>\$0</b>	<b>\$3,515,930</b>	<b>\$0</b>	<b>\$3,601,150</b>

Explanation of Revenues

City of Portland General Fund \$3,601,150  
 Video Lottery Fund \$560,070

Significant Program Changes

Last Year this program was: FY 2022: 30300 Housing Placement & Retention - Adults & Women Households

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds critical service and rental assistance that help adults experiencing homelessness access and retain housing. This program offer specifically supports flexible funding to move people who are losing their housing or exiting institutions directly to new housing opportunities, as well as rental assistance and support services to rapidly rehouse people who are unsheltered.

### Program Summary

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the JOHS and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP recognizes the need for investments in a continuum of pre- and post- housing services, and the importance of bringing housing-focused resources to people where they are. This program offer supports those essential investments for adult households living unsheltered or otherwise experiencing or at risk of experiencing homelessness.

For the majority of people experiencing homelessness, returning to permanent housing requires a combination of flexible rent assistance, housing placement and retention support staffing, and access to income acquisition assistance. This housing placement and retention strategy, often referred to as “rapid rehousing,” is a recognized best practice. These strategies must be provided at a range of access points, including through mobile teams to people living unsheltered and at the point where people are first losing their housing.

This program offer specifically funds: (1) staffing, including peer supports, and rental assistance to place people from the streets direction into housing; (2) staffing and limited duration rental assistance to divert people who are losing their housing or are coming from institutional settings, directly to new permanent housing opportunities; and (3) short-term rental assistance that will be used by Home Forward to support the housing placement and retention work of nearly 20 different non-profits serving people who are experiencing or at risk of homelessness, many of which are culturally specific agencies.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of households newly placed into or retained in permanent housing	N/A	N/A	N/A	360
Outcome	Percentage of households not returning to the homeless services system one year post placement	N/A	N/A	N/A	90%
Outcome	BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population	N/A	N/A	N/A	Yes

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$323,171	\$0	\$3,961,252
Materials & Supplies	\$0	\$18,065	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$341,236</b>	<b>\$0</b>	<b>\$3,961,252</b>
<b>Program Total:</b>	<b>\$341,236</b>		<b>\$3,961,252</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$341,236	\$0	\$3,961,252
<b>Total Revenue</b>	<b>\$0</b>	<b>\$341,236</b>	<b>\$0</b>	<b>\$3,961,252</b>

Explanation of Revenues

Metro Supportive Housing Services \$3,961,252

Significant Program Changes

**Last Year this program was:** FY 2022: 30308 Housing Placement & Retention - Metro Measure Expansion

This program offer includes housing placement for unsheltered households that was previously budgeted in 30400B - Supportive Housing - Metro Measure Expansion. This change was made to allow for greater visibility into the investments being made across Housing Placement & Retention programs.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

The Joint Office of Homeless Services (JOHS) convenes the Homeless Family System of Care, which collaborates as a leadership/direct service team to address the unique housing needs of homeless families throughout the County. Through this program offer, and offer 30301B, the Mobile Housing Team (MHT), in partnership with Family Futures, Neighborhood House, and the federal Housing Choice Voucher program, maintains capacity to house and provide equitable retention support services to hundreds of families with minor children, using a combination of housing placement and retention staffing and flexible rent/client assistance. MHT is a collaboration of Multnomah County and nine community partners, the majority of which are culturally specific service providers.

**Program Summary**

The Homeless Family System of Care (HFSC) is the primary coordinated effort to assist families experiencing homelessness to make a rapid and sustainable transition back into permanent housing. It is a collaboration of agency leaders and direct service staff that practice shared budgeting, leveraging of resources, shared accountability, case consultation and ongoing process improvement. The system has shared values that include the practice of assertive engagement, using an equity lens to advance racial and social justice, and a shared commitment that all families should be housed. The majority of agencies in the collaborative are culturally specific providers.

When combined with 30301B, this program offer provides 800 households with housing placement/retention services, including short- to medium-term flexible rent assistance (0-24 months) and client assistance. Eligible families may be living in shelter, doubled-up, experiencing domestic violence, living on the streets or in cars, or other places not meant for human habitation. A broader definition of homelessness allows the system to serve families that are most vulnerable in a variety of living situations. In FY 2021, nearly 70% of the families served through MHT identified as being from communities of color, achieving the goal of improving access and outcomes for these communities.

Families experiencing homelessness access the system through Coordinated Access staff, who screen families for immediate safety and overall vulnerability. Because many more families are seeking housing assistance than MHT is resourced to provide, families are prioritized based on vulnerability, housing opportunity and provider capacity.

This program leverages Federal and State funding including U.S. Department of Housing and Urban Development grants.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of households enrolled in permanent housing or prevention programs*	882	550	980	980
Outcome	BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes
Outcome	Number of households newly placed into or retained in permanent housing*	732	N/A	790	790
Outcome	Percentage of people not returning to homeless services within a year of exiting a program to housing*	90%	85%	90%	90%

**Performance Measures Descriptions**

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer. \*The basis for "Placed & Retained" has been changed from Entry Date to Housing Move-in date, consistent with an FY 2022 change to the measure in systemwide reporting, and "Enrolled," which is based on Entry Date, has been added for more robust reporting and to preserve continuity with reporting in previous years.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$67,348	\$85,652	\$116,952	\$45,333
Contractual Services	\$3,183,490	\$1,277,620	\$3,070,390	\$1,328,725
Internal Services	\$0	\$1,374	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$3,250,838</b>	<b>\$1,364,646</b>	<b>\$3,187,342</b>	<b>\$1,374,058</b>
<b>Program Total:</b>	<b>\$4,615,484</b>		<b>\$4,561,400</b>	
<b>Program FTE</b>	0.50	0.50	0.75	0.25

Program Revenues				
Intergovernmental	\$0	\$1,364,646	\$0	\$1,374,058
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,364,646</b>	<b>\$0</b>	<b>\$1,374,058</b>

Explanation of Revenues

City of Portland General Fund \$1,374,058

Significant Program Changes

Last Year this program was: FY 2022: 30301A Housing Placement & Retention - Homeless Families

The year-over-year change in General Fund vs. Other Funds relates to how Other Fund resources have been allocated across the department.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer sustains and expands capacity for the Homeless Family System of Care (HFSC). The HFSC is a collaboration between Multnomah County and community partners, a majority of which are culturally specific agencies. Through this program offer, the HFSC, in partnership with Family Futures, Neighborhood House, and the Federal Housing Choice Voucher & Emergency Housing Voucher programs, will maintain and expand current capacity to house and provide retention support services to hundreds of families experiencing homelessness.

### Program Summary

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. In alignment with priorities outlined in the LIP, this program offer funds housing placement and retention services for families with children who are doubled up in housing, living in shelter, or living unsheltered in Multnomah County.

The HFSC is the primary coordinated effort to assist families experiencing homelessness to make a rapid and sustainable transition back into permanent housing. It is a collaboration of agency leaders and direct service staff that practice shared budgeting, leveraging of resources, shared accountability, case consultation and ongoing process improvement. The system has shared values that include the practice of assertive engagement, using an equity lens to advance racial and social justice, and a shared commitment that all families should be housed. The majority of agencies in the collaborative are culturally-specific providers. Families receive barrier mitigation and navigation services to increase access to housing and promote long term housing retention.

When combined with 30301A - Housing Placement & Retention - Homeless Families, this program provides more than 1,000 households with housing placement/retention services, including short- to medium-term flexible rent assistance (0-24 months) and client assistance. In FY 2021, nearly 70% of the families served through the Mobile Housing Team identified as being from communities of color, achieving the goal of improving access and outcomes for these communities.

This program offer also funds housing placement and retention services for families receiving the Emergency Housing Voucher (EHV) assistance. Families will access safe, stable and affordable housing subsidized by leveraged Federal Vouchers. This program offer provides culturally specific retention services to support families in remaining in permanent housing.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of households enrolled in permanent housing or prevention programs	N/A	250	250	580
Outcome	Number of households newly placed or retained in housing	N/A	N/A	200	460
Outcome	Percentage of people not returning to homeless services within a year of exiting a program to housing*	N/A	85%	85%	85%
Outcome	BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population	N/A	Yes	Yes	Yes

### Performance Measures Descriptions

\*The basis for "Placed & Retained" has been changed from Entry Date to Housing Move-in date, consistent with an FY 2022 change to the measure in systemwide reporting, and "Enrolled," which is based on Entry Date, has been added for more robust reporting and to preserve continuity with reporting in previous years.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$113,971	\$0	\$132,905
Contractual Services	\$79,730	\$1,887,902	\$0	\$4,195,590
<b>Total GF/non-GF</b>	<b>\$79,730</b>	<b>\$2,001,873</b>	<b>\$0</b>	<b>\$4,328,495</b>
<b>Program Total:</b>	<b>\$2,081,603</b>		<b>\$4,328,495</b>	
<b>Program FTE</b>	0.00	1.00	0.00	1.00

Program Revenues				
Intergovernmental	\$0	\$2,001,873	\$0	\$4,328,495
Beginning Working Capital	\$79,730	\$0	\$0	\$0
<b>Total Revenue</b>	<b>\$79,730</b>	<b>\$2,001,873</b>	<b>\$0</b>	<b>\$4,328,495</b>

Explanation of Revenues

Metro Supportive Housing Services \$4,328,495

Significant Program Changes

**Last Year this program was:** FY 2022: 30308 Housing Placement & Retention - Metro Measure Expansion

In FY 2022, this program offer was 30308 - Housing Placement & Retention - Metro Measure Expansion. The programs in that program offer have been budgeted in 30301B, 30303B, and 30306B to allow for greater visibility into the investments being made in programming across JOHS programs.

This program offer also contains an expansion of investments in homeless families.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

JOHS has prioritized a range of highly effective strategies to transition people from shelter into housing and to ensure retention of that housing. The JOHS holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of placement out of shelter programming. This offer supports hundreds of adult-only households to exit shelter using limited duration rental assistance, innovative multi-agency mobile housing placement and retention support staffing, as well as culturally specific services.

### Program Summary

For the majority of people experiencing homelessness, returning to permanent housing requires a combination of limited duration, highly flexible rent assistance, housing placement and retention support staffing, as well as income assistance. This housing placement and retention strategy, often referred to as “rapid rehousing,” is a recognized national best practice and is a critical housing placement strategy prioritized to significantly decrease homelessness among those who are highly vulnerable in Multnomah County.

Prioritizing rapid rehousing resources to people in emergency shelters serves two critical purposes. First, it provides individuals in shelter the opportunity to end their homelessness by returning to permanent housing with the supports needed to retain that housing. Second, each individual who moves out of a shelter bed and into housing creates capacity in the shelter system to serve an additional individual who is still unsheltered and has not yet been able to locate a permanent housing option.

This program offer provides placement and/or retention services to at least 400 people leaving shelter. Services funded through this program are delivered by highly skilled nonprofit partners and are prioritized to communities of color, women, and other vulnerable adults experiencing homelessness accessing traditional and non-traditional shelter sites. The services include flexible rent assistance, and housing placement and retention staffing accessed through emergency shelters, day centers, and multi-agency mobile "in-reach" teams that engage with people in shelters that do not have their own housing placement programs. The in-reach teams include staff from culturally specific, domestic violence and behavioral health providers to assist adults in emergency shelter settings to more quickly exit shelter and return to housing.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of people enrolled in permanent housing or prevention programs*	399	400	480	480
Outcome	BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes
Outcome	Number of people newly placed into or retained in permanent housing*	226	N/A	310	310
Outcome	Percentage of people not returning to homeless services within a year of exiting a program to housing*	85%	80%	85%	85%

### Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer. \*The basis for "Placed & Retained" has been changed from Entry Date to Housing Move-in date, consistent with an FY 2022 change to the measure in systemwide reporting, and "Enrolled," which is based on Entry Date, has been added for more robust reporting and to preserve continuity with reporting in previous years.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$70,870	\$2,344,020	\$73,705	\$2,229,760
<b>Total GF/non-GF</b>	<b>\$70,870</b>	<b>\$2,344,020</b>	<b>\$73,705</b>	<b>\$2,229,760</b>
<b>Program Total:</b>	<b>\$2,414,890</b>		<b>\$2,303,465</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,344,020	\$0	\$2,229,760
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,344,020</b>	<b>\$0</b>	<b>\$2,229,760</b>

Explanation of Revenues

City of Portland General Fund \$2,229,760

Significant Program Changes

Last Year this program was: FY 2022: 30302 Housing Placement & Retention - Placement out of Adult Shelter

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

The Joint Office of Homeless Services (JOHS) has prioritized a range of highly effective strategies to transition people from shelter into housing and to ensure retention of that housing. With Metro Supportive Housing Services Measure funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds adult-only households to exit shelter using limited duration rental assistance, innovative multi-agency mobile housing placement and retention support staffing, as well as culturally specific services. This funding prioritizes serving adult households experiencing chronic homelessness and a high-risk of complications from COVID-19.

### Program Summary

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. In alignment with priorities outlined in the LIP, this program offer funds a large expansion in short- and medium-term rental assistance, move-in and barrier mitigation, and case management services to help people access and retain permanent housing.

Prioritizing permanent rehousing resources to people in emergency shelters serves two critical purposes. First, it provides individuals in shelter the opportunity to end their homelessness by returning to permanent housing with the supports needed to retain that housing. Second, each individual who moves out of a shelter bed and into housing creates capacity in the shelter system to serve an additional individual who is still unsheltered and has not yet been able to locate a permanent housing option.

This program offer funds multiple new housing placement teams, including at least one new culturally specific program, dedicated to helping participants in JOHS-funded COVID-19 motel shelters to access and retain permanent housing. In addition, the program offer funds an expansion of mobile shelter in-reach services to connect people in alternative and other shelter programs that lack housing placement capacity to permanent housing opportunities. The in-reach teams include staff from culturally-specific, domestic violence and behavioral health providers to assist adults in emergency shelter settings to more quickly exit shelter and return to housing. This program offer supports the capacity to assist at least 450 households in shelter with permanent housing placement and retention services.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of people enrolled in permanent housing programs*	N/A	250	375	450
Outcome	BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population	N/A	N/A	N/A	Yes
Outcome	Number of people placed and retained in permanent housing*	N/A	200	300	360

### Performance Measures Descriptions

\*The basis for "Placed & Retained" has been changed from Entry Date to Housing Move-in date, consistent with an FY 2022 change to the measure in systemwide reporting, and "Enrolled," which is based on Entry Date, has been added for more robust reporting and to preserve continuity with reporting in previous years.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$3,154,832	\$0	\$8,576,406
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$3,154,832</b>	<b>\$0</b>	<b>\$8,576,406</b>
<b>Program Total:</b>	<b>\$3,154,832</b>		<b>\$8,576,406</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$3,154,832	\$0	\$8,576,406
<b>Total Revenue</b>	<b>\$0</b>	<b>\$3,154,832</b>	<b>\$0</b>	<b>\$8,576,406</b>

Explanation of Revenues

Metro Supportive Housing Services \$8,576,406

Significant Program Changes

**Last Year this program was:** FY 2022: 30700A Housing Placement & Retention - COVID-19 Recovery-Placements out of

This program offer contains a significant increase of investments in placements out of adult shelter.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

The Joint Office of Homeless Services (JOHS) prioritizes addressing the intersection of homelessness and domestic and sexual violence. The JOHS also holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of all programming. Many survivors must leave their home to be safe, while others face eviction due to problems caused by an abusive partner's behavior. Rapid rehousing is a nationally recognized best practice to address homelessness for individuals fleeing domestic violence who are in need of financial assistance and support. This program offer funds housing and support services to more than 600 individuals, the significant majority of whom will identify as Black, Indigenous, and People of Color (BIPOC).

### Program Summary

Rapid rehousing programs funded by this program offer provide culturally responsive and culturally specific advocacy support and financial assistance rooted in racial equity to help survivors and their children quickly establish safe, permanent housing after fleeing domestic violence (DV). Providers assist survivors with safety planning, reducing barriers to employment and safe housing, identifying housing options, advocating with landlords, providing flexible financial assistance for housing placement and retention, and connecting survivors to community resources. This program offer supports:

- Rapid rehousing housing placements and support services, including advocacy, case management, client assistance, rent assistance and safety planning, and housing retention through the provision of vocational, educational and financial management training.
- DV Housing Advocacy at culturally specific DV programs, providing rapid rehousing services, as well as eviction prevention for survivors who can safely remain in their homes.
- Shared housing for survivors and their children through democratically run homes. Funding assists with move-in costs, rent assistance, and short-term needs, and participants have access to case management, economic empowerment services and advocacy support.
- Mobile DV Community Advocacy at nontraditional DV services settings, connecting survivors in need of DV specific services with safety planning, barrier removal, flexible client assistance, and referrals to DV housing programs and community resources.
- Shelter to Stabilization Advocacy co-located at DV emergency shelters, to assist survivors with barrier removal, client assistance, and referrals to housing programs and community resources.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of participants served	530	650	600	600
Outcome	Percentage of participants who exit to permanent housing	83%	85%	90%	85%
Outcome	BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes

### Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$67,488	\$0	\$0	\$71,383
Contractual Services	\$1,798,110	\$1,544,153	\$1,858,935	\$1,359,620
Materials & Supplies	\$0	\$4,172	\$0	\$0
Internal Services	\$0	\$0	\$0	\$20,523
<b>Total GF/non-GF</b>	<b>\$1,865,598</b>	<b>\$1,548,325</b>	<b>\$1,858,935</b>	<b>\$1,451,526</b>
<b>Program Total:</b>	<b>\$3,413,923</b>		<b>\$3,310,461</b>	
<b>Program FTE</b>	0.50	0.00	0.00	0.50

Program Revenues				
Intergovernmental	\$0	\$1,548,325	\$0	\$1,451,526
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,548,325</b>	<b>\$0</b>	<b>\$1,451,526</b>

Explanation of Revenues

This program generates \$20,523 in indirect revenues.  
 HUD Continuum of Care (CoC) Planning Grant \$91,906  
 HUD Continuum of Care (CoC) Domestic Violence Supportive Housing (DVSH) \$1,359,620

Significant Program Changes

Last Year this program was: FY 2022: 30303 Housing Placement & Retention - Domestic Violence

The year-over-year change in General Fund vs. Other Funds relates to how HUD Continuum of Care (CoC) resources have been allocated across the department.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

The Joint Office of Homeless Services (JOHS) prioritizes addressing the intersection of homelessness and domestic and sexual violence. With Metro Supportive Housing Services funding, dedicated to reducing homelessness through strategies that lead with racial equity, this program offers funds services essential to achieving stable, long-term housing outcomes for domestic and sexual violence survivors by providing housing navigation, housing placement, retention and assertive engagement services.

### Program Summary

The Multnomah County Local Implementation Plan (LIP) for the Metro Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. In alignment with priorities outlined in the LIP, this program offer funds case management and supportive services for survivors of domestic violence (DV)/sexual assault (SA) and their children/dependents. Services include safety planning, identifying safe housing, landlord advocacy, placement and retention, flexible financial assistance, and connecting survivors to community resources. More specifically, this program offer supports:

- Navigation services to support the rapid transition of people prioritized through domestic and sexual violence (DSV) Coordinated Access to available shelter and housing resources.
- Partner agency staffing to support non-DV Family System partners and households in Family Shelters needing to be connected with DV resources.
- Partner agency staffing to provide housing placement and retention services for 90 domestic and sexual violence households. Participants will access safe, stable, and affordable housing, subsidized by leveraged Federal vouchers.
- Rental assistance and supportive services to ensure housing retention for 30 households over a 2-5 year period.
- Match support for \$800,000 Department of Housing and Urban Development (HUD) DV Transitional Housing - Rapid Rehousing Bonus project serving 29 households or 58 individuals annually with case management and support services

This program offer provides culturally-responsive and culturally-specific advocacy and support, and financial assistance rooted in racial equity, to help survivors and their children quickly establish safe, permanent housing after fleeing domestic violence.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of households enrolled in permanent housing programs*	N/A	N/A	90	210
Outcome	BIPOC households placed or retained in housing at rate as high or higher than % of HUD homeless population	N/A	N/A	Yes	Yes
Outcome	Number of households placed or retained in permanent housing*	N/A	N/A	N/A	170
Output	Households assessed for DV Coordinated Access	N/A	N/A	N/A	400

### Performance Measures Descriptions

\*The basis for "Placed & Retained" has been changed from Entry Date to Housing Move-in date, consistent with an FY 2022 change to the measure in systemwide reporting, and "Enrolled," which is based on Entry Date, has been added for more robust reporting and to preserve continuity with reporting in previous years.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$119,620	\$0	\$126,306
Contractual Services	\$0	\$497,841	\$0	\$2,270,843
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$617,461</b>	<b>\$0</b>	<b>\$2,397,149</b>
<b>Program Total:</b>	<b>\$617,461</b>		<b>\$2,397,149</b>	
<b>Program FTE</b>	0.00	1.00	0.00	1.00

Program Revenues				
Intergovernmental	\$0	\$617,461	\$0	\$2,397,149
<b>Total Revenue</b>	<b>\$0</b>	<b>\$617,461</b>	<b>\$0</b>	<b>\$2,397,149</b>

Explanation of Revenues

Metro Supportive Housing Services \$2,397,149

Significant Program Changes

**Last Year this program was:** FY 2022: 30308 Housing Placement & Retention - Metro Measure Expansion

In FY 2022, this program offer was 30308 - Housing Placement & Retention - Metro Measure Expansion. The programs in that program offer have been budgeted in 30301B, 30303B, and 30306B to allow for greater visibility into the investments being made in programming across JOHS programs.

This program offer also contains an expansion of investments in programming that serves domestic and sexual violence survivors.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

The Joint Office of Homeless Services prioritizes a range of effective housing placement and retention strategies in order to reduce homelessness among highly vulnerable adult households, including seniors. The JOHS holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of all housing placement and retention programming. This program offer supports existing programming, including rent assistance, housing placement and retention, and supportive services to provide stability for seniors experiencing or at risk of homelessness.

**Program Summary**

People over the age of 55 make up one of the fastest growing segments of the population experiencing homelessness, and the most recent Point In Time Count (2019) showed a 75% increase in the number of people over 70. For the majority of seniors experiencing homelessness, returning to permanent housing requires some combination of housing placement, retention support staffing, rental assistance and benefits acquisition assistance.

This program offer funds housing placement and retention strategies developed and coordinated through JOHS, specifically targeted to meet the permanent housing needs of seniors. These targeted investments highly leverage other Federal, State and local resources, including Medicaid, affordable housing units and permanent rental subsidies to support the needs of seniors experiencing homelessness. Services are delivered by a highly-skilled nonprofit organization that specializes in serving the senior population.

Addition to Performance Measure Description below: \*\*The basis for "Placed & Retained" has been changed from Entry Date to Housing Move-in date, consistent with an FY 2022 change to the measure in systemwide reporting, and "Enrolled," which is based on Entry Date, has been added for more robust reporting and to preserve continuity with reporting in previous years.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of households enrolled in permanent housing or prevention programs*	295	440	330	330
Outcome	BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population	No	Yes	No*	Yes
Outcome	Number of households newly placed into or retained in permanent housing**	275	N/A	320	320
Outcome	Percentage of households not returning to homeless services within a year of exiting a program to housing*	93%	85%	90%	90%

**Performance Measures Descriptions**

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

\*Where a program is not meeting this outcome measure, the JOHS prioritizes the program for improving capacity to successfully engage and serve Black, Indigenous, and other People of Color overrepresented in the population of people experiencing homelessness.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$618,010	\$0	\$642,730
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$618,010</b>	<b>\$0</b>	<b>\$642,730</b>
<b>Program Total:</b>	<b>\$618,010</b>		<b>\$642,730</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$618,010	\$0	\$642,730
<b>Total Revenue</b>	<b>\$0</b>	<b>\$618,010</b>	<b>\$0</b>	<b>\$642,730</b>

Explanation of Revenues

City of Portland General Fund \$642,730

Significant Program Changes

Last Year this program was: FY 2022: 30305 Housing Placement & Retention - Medical/Aging

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

JOHS has prioritized permanent housing placement for vulnerable populations, including homeless youth. The JOHS also holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of programming. This program offer funds services essential to achieving successful equitable housing and developmental outcomes for homeless youth, including case management, recovery-oriented services, peer mentorship, health and parenting resources, as well as housing placement/retention in the Homeless Youth Continuum (HYC).

**Program Summary**

The HYC is a highly collaborative and coordinated system comprised of four nonprofit agencies, including a culturally specific agency, that provides a continuum of screening, crisis intervention, safety services, shelter, assertive engagement, housing, education, employment, pregnancy and parenting support, and health services to youth up to age 25, experiencing homelessness. This program maintains current capacity to provide essential housing and developmental supports for youth, including Assertive Engagement (AE), Parenting Education, Recovery Oriented Supports & Engagement (ROSE), and housing placement and retention supports. Services include:

- **Assertive Engagement (AE) (case management):** These services are fundamental to moving youth into independence by providing assessment, transition planning and support from staff that are relationship-focused, mobile, and operate throughout Multnomah County. AE staff provide linkage to education, employment, health, mental health and addictions treatment, housing services, and provide follow up care upon exit from programs.
- **Parenting Support:** HYC has seen an increase in the number of youth accessing services who are pregnant and/or parenting. With supports on-site and at mobile locations, HYC can provide culturally responsive services and meet the developmental needs of pregnant and parenting youth. Housing placement funds are provided to place youth in appropriate housing options.
- **ROSE:** For the majority of youth served, access to mental health and addiction recovery support services is essential to their housing and developmental success. Ninety-three percent of youth served have either addiction or mental health issues, with 53% reporting co-occurring issues. The ROSE program provides certified staff and peer mentors who engage youth experiencing homelessness in recovery supports, conduct assessments, and connect youth to formal treatment programs, provide follow up care, on-going supports, and healthy recreation alternatives.
- **Housing:** Programs provide a range of developmentally appropriate housing options, which include onsite housing with 24-hour staffing, scattered site housing, rapid rehousing, shared, and group housing. Housing navigators assist youth to access the housing options that best fit the youth's needs and provide retention support.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of youth enrolled in transitional or permanent housing or prevention programs*	425	400	440	440
Outcome	BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes
Outcome	Number of youth newly placed into or retained in transitional or permanent housing*	386	N/A	350	350
Output	Number of youth receiving recovery support services	640	700	700	700

**Performance Measures Descriptions**

\*The basis for "Placed & Retained" has been changed from Entry Date to Housing Move-in date, consistent with an FY 2022 change to the measure in systemwide reporting, and "Enrolled," which is based on Entry Date, has been added for more robust reporting and to preserve continuity with reporting in previous years.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$76,916	\$0	\$0	\$81,387
Contractual Services	\$2,813,825	\$1,725,204	\$2,926,295	\$1,785,930
Internal Services	\$0	\$0	\$0	\$23,399
<b>Total GF/non-GF</b>	<b>\$2,890,741</b>	<b>\$1,725,204</b>	<b>\$2,926,295</b>	<b>\$1,890,716</b>
<b>Program Total:</b>	<b>\$4,615,945</b>		<b>\$4,817,011</b>	
<b>Program FTE</b>	0.50	0.00	0.00	0.50

Program Revenues				
Intergovernmental	\$0	\$1,725,204	\$0	\$1,890,716
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,725,204</b>	<b>\$0</b>	<b>\$1,890,716</b>

Explanation of Revenues

This program generates \$23,399 in indirect revenues.  
 State Emergency Housing Assistance (EHA) General Fund \$201,000  
 City of Portland General Fund \$791,420  
 HUD Continuum of Care (CoC) Planning Grant \$104,786  
 HUD Continuum of Care (CoC) Homesafe Horizons Consolidated \$793,510

Significant Program Changes

Last Year this program was: FY 2022: 30306 Housing Placement & Retention - Youth Services

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

With Metro Supportive Housing Services (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds an expansion of services essential to achieving stable, long term housing outcomes for homeless youth. Services include housing navigation, housing placement, retention and assertive engagement services.

**Program Summary**

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. In alignment with priorities outlined in the LIP, this program offer leverages Federal long-term rent assistance vouchers by funding housing navigation, placement, and stability assistance for youth under the age of 25 who are served by the Homeless Youth Continuum, a highly coordinated system of care comprised of four nonprofit agencies, including a culturally specific agency.

These resources will support housing navigation, placement and retention services for 125 youth receiving Emergency Housing Voucher (EHV) assistance and Fostering Youth to Independence (FYI) vouchers. Funds will also provide additional Assertive Engagement (AE) capacity in the Continuum for over 80 youth to transition to stable housing by providing assessment, planning, and support through a service model that is relationship-focused, mobile, and operates throughout Multnomah County. AE staff provide linkage to education, employment, health, mental health and addictions treatment, housing services, and on-going housing stability supports.

To drive down racial disparities in the experience of homelessness and COVID-19-related housing instability, Black, Indigenous, and People of Color (BIPOC) communities will be overrepresented in access to and success in the Emergency Housing Voucher and Fostering Youth to Independence Voucher Programs.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of households enrolled in permanent housing programs	N/A	N/A	125	125
Outcome	BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population	N/A	Yes	Yes	Yes
Outcome	Number of youth placed or retained in permanent housing	N/A	N/A	N/A	125

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$511,254	\$0	\$768,442
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$511,254</b>	<b>\$0</b>	<b>\$768,442</b>
<b>Program Total:</b>	<b>\$511,254</b>		<b>\$768,442</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$511,254	\$0	\$768,442
<b>Total Revenue</b>	<b>\$0</b>	<b>\$511,254</b>	<b>\$0</b>	<b>\$768,442</b>

Explanation of Revenues

Metro Supportive Housing Services \$768,442

Significant Program Changes

**Last Year this program was:** FY 2022: 30308 Housing Placement & Retention - Metro Measure Expansion

In FY 2022, this program offer was 30308 - Housing Placement & Retention - Metro Measure Expansion. The programs in that program offer have been budgeted in 30301B, 30303B, and 30306B to allow for greater visibility into the investments being made in programming across JOHS programs.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

The Joint Office of Homeless Services (JOHS) convenes a coalition of partners around the ongoing effort to end homelessness among Veterans. This program offer leverages of U.S. Housing and Urban Development and Veterans Affairs resources, as well as State of Oregon Emergency Housing Assistance funds, to meet the short-term rent assistance and barrier mitigation needs of Veterans who become homeless in the community. This program will help more than 250 Veteran households end or prevent their homelessness.

**Program Summary**

Ending homelessness among Veterans continues to be a priority in the community. However, hundreds of Veterans continue to become homeless every year, and the Point-in-Time count conducted in January 2019 identified 474 people who identified themselves as Veterans.

The capacity to house Veterans depends, to a significant extent, on Federal funding in the form of Veterans Affairs Supportive Housing (VASH) and Supportive Services for Veteran Families (SSVF). It also relies on a commitment of 50 Housing Choice Vouchers and 50 subsidized housing units by Home Forward. While it is anticipated that Federal funding will remain available in FY 2023, these Federal funds are not enough to help Veterans move into housing if they have significant barriers or lack security deposit funds. The Federal funds also have limitations on eviction prevention assistance and eligibility restrictions that limit who among Veterans experiencing homelessness can be served.

The flexible rent assistance and barrier mitigation funds available through this program offer allow nonprofit organizations to assist Veterans with an array of housing services. This includes security deposits, helping with utility and past property debts, limited term rent assistance, legal fees, and moving fees. Additionally, this program offer funds culturally-specific operations that support the engagement, assessment, and referral of Veterans for housing services.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of households enrolled in permanent housing or prevention programs*	119	130	250	250
Outcome	BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes
Outcome	Number of households newly placed into or retained in permanent housing*	117	N/A	250	250

**Performance Measures Descriptions**

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

\*The basis for "Placed & Retained" has been changed from Entry Date to Housing Move-in date, consistent with an FY 2022 change to the measure in systemwide reporting, and "Enrolled," which is based on Entry Date, has been added for more robust reporting and to preserve continuity with reporting in previous years.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$177,730	\$643,390	\$184,840	\$518,645
<b>Total GF/non-GF</b>	<b>\$177,730</b>	<b>\$643,390</b>	<b>\$184,840</b>	<b>\$518,645</b>
<b>Program Total:</b>	<b>\$821,120</b>		<b>\$703,485</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$643,390	\$0	\$518,645
<b>Total Revenue</b>	<b>\$0</b>	<b>\$643,390</b>	<b>\$0</b>	<b>\$518,645</b>

Explanation of Revenues

City of Portland General Fund \$272,850  
 State Emergency Housing Assistance Veteran Funds (EHA VET) \$245,795

Significant Program Changes

Last Year this program was: FY 2022: 30307 Housing Placement & Retention - Veterans

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds a limited duration investment in continued capacity to allocate emergency rental assistance through a coalition of smaller, primarily culturally specific, community based organizations that have helped to deliver eviction prevention programming during the COVID-19 pandemic.

**Program Summary**

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. In alignment with priorities outlined in the LIP, this program offer redirects Measure funds on a limited-term basis from the Regional Strategies Implementation Fund (RSIF), to a network of smaller, primarily culturally specific, community based organizations to allow them to continue to play their critical role in creating access for BIPOC households to vital emergency rental assistance resources. A portion of the funding in this program offer will also be available for use as direct rental assistance.

The investment of Measure funds in COVID-19 eviction prevention programming is specifically called out as one of the important initial investment areas in the LIP, because of the recognized importance of ensuring that the economic consequences of the pandemic do not lead to a large new wave of households becoming homeless. Focusing this funding on an expanded network of community based organizations, especially culturally specific organizations, also aligns with the LIP's commitment to expand the network of service providers and culturally specific services offerings in the County and across the region. Importantly, the investment in these organizations that are participating in homeless response efforts, many for the first time, not only expands system capacity in Multnomah County, but it also supports these organizations to be able to offer services throughout the region.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Community Based Organizations receiving operating support to assist with eviction prevention allocations	N/A	N/A	N/A	15
Outcome	Number of households receiving rental assistance through the expanded partner network	N/A	N/A	N/A	400
Outcome	BIPOC households receive rental assistance at rates as high/ higher than rates experiencing poverty	N/A	N/A	N/A	Met

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$0	\$1,900,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,900,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$1,900,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,900,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,900,000</b>

Explanation of Revenues

Metro Supportive Housing Services \$1,900,000

Significant Program Changes

Last Year this program was:

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds a package of enhanced housing placement incentives that are aimed at encouraging a wider range of landlords to make vacant units available to individuals who have access to rental assistance and supportive services through the Measure and other programs, including federal rental assistance vouchers.

**Program Summary**

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. In alignment with priorities outlined in the LIP, this program offer funds a range of strategies designed to increase the number of landlords and property management companies that participate in making vacant units available to the individuals experiencing homelessness who have access to rental assistance and support services through the Measure, and other programs, but have been unable to find a landlord ready to rent to them.

The incentive tools funded in this program offer include the ability of non-profit homeless service providers to guarantee rents for up to the duration of a lease, either by leasing the unit themselves (master leasing) or by guaranteeing rent on behalf of a tenant who is leasing directly from the property owner. It also includes access to a risk mitigation fund, and the ability to compensate landlords for holding vacant units, in exchange for flexibility on screening criteria that might otherwise keep someone from gaining access to a unit.

This program offer makes this one-time investment to enhance existing housing placement programs and increase the housing opportunities for people experiencing homelessness. The tools employed in this programming will be evaluated for their effectiveness to inform whether they should be incorporated into the ongoing housing placement and retention strategies of Joint Office of Homeless Services housing placement contractors.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Households provided housing access incentives	N/A	N/A	N/A	500
Outcome	Percentage of households receiving access incentive support that successfully lease up in housing	N/A	N/A	N/A	90%
Outcome	Overrepresented People of Color lease up successfully at rates as high or higher than all households	N/A	N/A	N/A	Met

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$0	\$3,640,187
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,640,187</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$3,640,187</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$3,640,187
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,640,187</b>

Explanation of Revenues

Metro Supportive Housing Services \$3,640,187

Significant Program Changes

Last Year this program was:

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

The Joint Office of Homeless Services (JOHS) prioritizes supportive housing programs to meet the needs of adults and families experiencing homelessness who are in recovery or who have significant disabilities. This programming is central to the County's partnership with Portland Housing Bureau and Home Forward to significantly expand supportive housing. The program includes highly effective, limited-duration housing with intensive attached services, as well as long-term rent assistance and wraparound support services. These housing strategies are nationally recognized best practices, and leverage other State, local and Federal resources.

### Program Summary

This program offer is a continuation of the ongoing work, in partnership with Portland Housing Bureau and Home Forward, to significantly expand supportive housing. The programs included here are designed to reduce the unmet need for permanent housing, especially among: (1) people experiencing chronic homelessness, (2) Black, Indigenous, and People of Color (BIPOC) within the population of people experiencing homelessness, (3) people in recovery from an alcohol or drug addiction, and (5) people with severe and persistent mental illness experiencing homelessness. This program offer funds supportive housing programming in alignment with these priorities.

Supportive housing is for those who would not be successful in their housing without supportive services, and for whom services would be less effective without stable housing. Permanent supportive housing serves those with long-term disabilities, including chronic health conditions, mental illness, and addictions, who have experienced long-term or cyclical homelessness. Recovery-oriented transitional supportive housing serves those who are in the early stages of recovery from an alcohol or drug addiction, require limited duration intensive services and are at high risk of becoming chronically homeless.

This program supports a range of supportive housing for more than 1,100 highly vulnerable people with disabling conditions. This includes funding for support services paired with Federal rental assistance; funding for support services paired with deeply affordable housing financed by the Portland Housing Bond or otherwise financed by the Portland Housing Bureau with rental vouchers from Home Forward; and funding for rental assistance paired with support services leveraged through the other systems such as health care. In some cases, program funding is used for both rental assistance and support services in order to support the unique needs of the subpopulation served by the program and/or due to the absence of other sources of support.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of people enrolled in permanent or transitional housing programs*	1,123	N/A	1,210	1,210
Outcome	BIPOC placed or retained rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes
Outcome	Number of people newly placed into or retained in permanent housing or served in transitional housing*	1,037	N/A	1,100	1,100
Outcome	Percentage of people not returning to homeless services within a year of exiting a program to housing	85%	85%	85%	85%

### Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

\*The basis for "Placed & Retained" has been changed from Entry Date to Housing Move-in date, consistent with an FY 2022 change to the measure in systemwide reporting, and "Enrolled," which is based on Entry Date, has been added for more robust reporting and to preserve continuity with reporting in previous years.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$142,788	\$0	\$153,671
Contractual Services	\$1,524,210	\$7,277,395	\$1,465,814	\$7,239,978
<b>Total GF/non-GF</b>	<b>\$1,524,210</b>	<b>\$7,420,183</b>	<b>\$1,465,814</b>	<b>\$7,393,649</b>
<b>Program Total:</b>	<b>\$8,944,393</b>		<b>\$8,859,463</b>	
<b>Program FTE</b>	0.00	1.00	0.00	1.00

Program Revenues				
Intergovernmental	\$0	\$6,265,753	\$0	\$6,393,649
Beginning Working Capital	\$0	\$1,154,430	\$0	\$1,000,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$7,420,183</b>	<b>\$0</b>	<b>\$7,393,649</b>

Explanation of Revenues

Supportive Housing Fund \$1,000,000  
 City of Portland General Fund \$6,393,649

Significant Program Changes

Last Year this program was: FY 2022: 30400A Supportive Housing

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds rental assistance and services to expand supportive housing capacity by creating at least 350 new supportive housing opportunities in FY 2023 across a number of population and program categories, and by supporting an estimated 100 households who no longer need intensive services to graduate from supportive housing so that their units can be offered to people who need the combination of long-term rental subsidy and intensive wrap-around support services that supportive housing offers.

**Program Summary**

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness.

The LIP expands existing commitments to increase supportive housing for people with significant disabilities who are experiencing long-term homelessness by setting a goal to create at least 2,235 new supportive housing opportunities. This program offer funds at least 350 new supportive housing opportunities for Measure priority populations, including a focus on Black, Indigenous, and People of Color (BIPOC) households. The program offer will support the expansion of supportive housing in partnership with the expanded pool of providers that qualified through the FY2022 tri-county procurement process, with a focus on expanding the capacity of culturally specific providers.

Funding in this program offer will: (1) create up to 300 new supportive housing opportunities, in part by leveraging federal long-term rent assistance vouchers, to serve the most vulnerable people on Multnomah County's Coordinated Access list and members of the LGBTQIA2S+ community; (2) create up to 100 new supportive housing opportunities to serve people experiencing homelessness with significant behavioral health, aging and/or disability-related needs who are eligible for services across multiple County departments; and (3) leverage 50 VASH (veterans) rental assistance vouchers by providing placement and wraparound support services to people with those vouchers. This program offer also funds the development of a local "Moving On" program based on nationally recognized best practices to support people currently in supportive housing who no longer need or want intensive services but continue to need assistance to maintain their housing. Move On will support up to 100 people to graduate from supportive housing, freeing up supportive housing opportunities for people who need them the most.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of people newly placed into or retained in permanent housing*	N/A	N/A	N/A	550
Outcome	Percentage of people not returning to homeless services within a year of exiting a program to housing*	N/A	N/A	N/A	80%
Outcome	BIPOC placed or retained rate as high or higher than percent of HUD homeless population*	N/A	N/A	N/A	Yes

**Performance Measures Descriptions**

\*The basis for "Placed & Retained" has been changed from Entry Date to Housing Move-in date, consistent with an FY 2022 change to the measure in systemwide reporting, and "Enrolled," which is based on Entry Date, has been added for more robust reporting and to preserve continuity with reporting in previous years.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$862,394	\$0	\$1,378,733
Contractual Services	\$0	\$1,279,220	\$0	\$6,080,000
Materials & Supplies	\$0	\$60,000	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$2,201,614</b>	<b>\$0</b>	<b>\$7,458,733</b>
<b>Program Total:</b>	<b>\$2,201,614</b>		<b>\$7,458,733</b>	
<b>Program FTE</b>	0.00	7.00	0.00	10.00

Program Revenues				
Intergovernmental	\$0	\$2,062,807	\$0	\$7,458,733
Beginning Working Capital	\$0	\$138,807	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,201,614</b>	<b>\$0</b>	<b>\$7,458,733</b>

Explanation of Revenues

Metro Supportive Housing Services \$7,458,733

Significant Program Changes

Last Year this program was: FY 2022: 30400B Supportive Housing - Metro Measure Expansion

In FY 2022, this program offer included investments that are now budgeted in the following seven offers: 30300B, 30400C, 30400D, 30400E, 30403B, 30404, and 30405. These changes were made to allow for greater visibility into the different categories of supportive housing investments, including housing-focused street outreach for unsheltered households, site-based supportive housing, tenant-based supportive housing, supportive housing for families with children, supportive housing for youth, and supportive housing for survivors of domestic violence, as well as investments in the system that supports this expansion. This program offer includes the addition of 3.00 FTE to provide contract management support for supportive housing services.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer provides funding for support services and rental subsidies for at least 580 deeply affordable housing units financed by the Portland Housing Bond and the Metro Housing Bond, or otherwise financed by the Portland Housing Bureau or by the State of Oregon.

### Program Summary

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness.

The LIP expands existing commitments to expand supportive housing for people with significant disabilities who are experiencing long-term homelessness by setting a goal to create at least 2,235 supportive housing units. This program offer funds at least 580 new supportive housing units within affordable housing projects for Metro priority populations, including a focus on Black, Indigenous, and People of Color (BIPOC) households experiencing or at imminent risk of chronic homelessness. Some of these units began coming online in FY 2022 and the others are expected to come online by the end of FY 2023. This program offer leverages the Portland Housing Bond, Metro Housing Bond, and other affordable housing units financed by the Portland Housing Bureau and the State of Oregon to create project-based supportive housing opportunities with on-site wellness and retention services.

This program offer also funds support services and in some cases, rental subsidies, paired with deeply affordable housing financed by the Portland Housing Bond and Metro Housing Bond or otherwise financed by the Portland Housing Bureau or the State of Oregon. Services will be specialized to serve various sub-populations and will include, and not be limited to, culturally specific, mental health, substance use, physical health, HIV/AIDS, and individualized retention services. An estimated 380 households will be served with these resources in FY 2023.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of people newly placed or retained in permanent housing*	N/A	250	150	380
Outcome	Percentage of people not returning to homeless services within a year of exiting a program to housing*	N/A	80%	80%	80%
Output	BIPOC placed or retained rate as high or higher than percent of HUD homeless population*	N/A	Yes	Yes	Yes

### Performance Measures Descriptions

\*The basis for "Placed & Retained" has been changed from Entry Date to Housing Move-in date, consistent with an FY 2022 change to the measure in systemwide reporting, and "Enrolled," which is based on Entry Date, has been added for more robust reporting and to preserve continuity with reporting in previous years.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$3,500,000	\$0	\$4,309,716
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$3,500,000</b>	<b>\$0</b>	<b>\$4,309,716</b>
<b>Program Total:</b>	<b>\$3,500,000</b>		<b>\$4,309,716</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$3,500,000	\$0	\$4,309,716
<b>Total Revenue</b>	<b>\$0</b>	<b>\$3,500,000</b>	<b>\$0</b>	<b>\$4,309,716</b>

Explanation of Revenues

Metro Supportive Housing Services \$4,309,716

Significant Program Changes

**Last Year this program was:** FY 2022: 30400C Supportive Housing - Metro Measure Expansion - Local Bond Units and  
 This program offer now includes site-based homeless preference housing integrated into Portland Housing Bond-funded projects that was previously budgeted in 30400B - Supportive Housing - Metro Measure Expansion. This change was made to allow for greater visibility into the alignment of Metro SHS and Housing Bond funds.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds tenant-based permanent supportive housing (PSH) programs that launched in FY 2022. The program offer includes PSH specifically designed to meet the needs of Black, Indigenous, and People of Color (BIPOC) communities, people with significant behavioral health needs, and older adults.

### Program Summary

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. In alignment with priorities outlined in the LIP, this program offer funds at least 230 new tenant-based permanent supportive housing (PSH) opportunities.

PSH is for those who would not be successful in their housing without supportive services, and for whom services would be less effective without stable housing. It serves those with significant disabilities, including chronic health conditions, mental illness, and addictions, who have experienced or are at risk of experiencing chronic homelessness. Tenant-based supportive housing provides households with a rental voucher that can be used to buy-down rent in a private market or regulated unit along with mobile, wrap-around services. This program offer funds PSH programming specifically designed to meet the needs of BIPOC communities, people with significant behavioral health needs, and older adults.

The programs funded by this program offer include rental assistance provided through the Regional Long-term Rent Assistance (RLRA) program administered by Home Forward, and services provided by a range of nonprofit partners. RLRA operates similarly to the U.S. Department of Housing and Urban Development's (HUD) Section 8 program—households pay about 30% of their income towards rent and utilities and the housing authority pays the rest. RLRA was intentionally designed to be low barrier and serve people who are often screened out of HUD's Section 8 program.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of people newly placed or retained in permanent housing*	N/A	200	115	230
Outcome	Percentage of people not returning to homeless services within a year of exiting a program to housing*	N/A	80%	80%	80%
Output	BIPOC placed or retained rate as high or higher than percent of HUD homeless population*	N/A	Yes	Yes	Yes

### Performance Measures Descriptions

\*The basis for "Placed & Retained" has been changed from Entry Date to Housing Move-in date, consistent with an FY 2022 change to the measure in systemwide reporting, and "Enrolled," which is based on Entry Date, has been added for more robust reporting and to preserve continuity with reporting in previous years.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$2,000,000	\$0	\$5,167,193
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$2,000,000</b>	<b>\$0</b>	<b>\$5,167,193</b>
<b>Program Total:</b>	<b>\$2,000,000</b>		<b>\$5,167,193</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,000,000	\$0	\$5,167,193
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,000,000</b>	<b>\$0</b>	<b>\$5,167,193</b>

Explanation of Revenues

Metro Supportive Housing Services \$5,167,193

Significant Program Changes

Last Year this program was: FY 2022: 30400D Supportive Housing - Metro Measure Expansion - Countywide

In FY 2022, this program offer was Supportive Housing - Metro Measure Expansion - Countywide Coordination (30400D). The programs in that program offer have been budgeted in 30407A - C to allow for greater visibility into the investments being made in programming across different County departments. This program offer now includes tenant-based Supportive Housing programming that was previously budgeted in 30400B - Supportive Housing - Metro Measure Expansion, 30304B - Housing Placement & Retention - Seniors - Metro Measure Expansion, and 30700A - Housing Placement & Retention - COVID-19 Recovery-Placements out of Shelter-Metro Measure Investment. This consolidation was done to better reflect the core elements of the related programs.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds critical infrastructure needed to support the expansion of supportive housing. The offer specifically supports Multnomah County's implementation of the Regional Long-term Rent Assistance (RLRA) program, strategies to recruit and support affordable housing operators and private market landlords who partner with service providers to create supportive housing opportunities, and training and other technical assistance for organizations providing supportive housing.

**Program Summary**

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. In alignment with priorities outlined in the LIP, this program offer funds critical infrastructure needed to support the expansion of supportive housing.

The program offer funds the staffing necessary to administer Multnomah County's local implementation of the Regional Long-term Rent Assistance (RLRA) program. RLRA was designed by Metro and the three counties, and builds on policies developed for a Multnomah County pilot program run by Home Forward. Through the RLRA program, Home Forward provides rental vouchers that are paired with services provided by a range of nonprofit partners. RLRA operates similarly to the U.S Department of Housing and Urban Development's (HUD) Section 8 program—households pay about 30% of their income towards rent and utilities, and the housing authority pays the rest. RLRA was intentionally designed to be low barrier and serve people who are often screened out of HUD's Section 8 program.

The program offer additionally funds a team that will recruit and retain private market landlords to partner with service providers to create supportive housing opportunities, along with a fund to reimburse affordable housing owners and landlords for property repair costs and operational losses associated with operating supportive housing for formerly chronically homeless individuals.

The program offer also funds training and technical assistance for organizations providing supportive housing. The Joint Office is working to expand the pool of providers qualified to provide supportive housing and this training and technical assistance will be critical to supporting providers that are new to this work.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Landlord recruitment and retention program launched	N/A	N/A	N/A	Yes
Outcome	Number of landlords engaged	N/A	N/A	N/A	100
Outcome	Number of providers of culturally-specific services that receive supportive housing technical assistance	N/A	N/A	N/A	15

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$0	\$1,711,545
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,711,545</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$1,711,545</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,711,545
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,711,545</b>

Explanation of Revenues

Metro Supportive Housing Services \$1,711,545

Significant Program Changes

**Last Year this program was:** FY 2022: 30400B Supportive Housing - Metro Measure Expansion

This new program offer includes investments in Multnomah County’s implementation of the Regional Long-term Rent Assistance (RLRA) program that was previously budgeted in 30400B - Supportive Housing - Metro Measure Expansion. This change was made to allow for greater visibility into the investments being made in the infrastructure needed to support the expansion of supportive housing.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

**Executive Summary**

This Program Offer allocates one-time County General Fund to contribute to the launch of a new recovery-focused transitional living program for male identified individuals who have completed a treatment program and are seeking the benefits of a temporary clean and sober living environment while they make the transition back to permanent housing. As the rates and severity of substance use disorders have increased during the years of the pandemic, the Joint Office is committed to assisting with the expansion of access to behavioral health-focused services designed to support those who are experiencing homelessness.

**Program Summary**

This Program Offer allocates additional one-time County General Funds to support the operations of recovery-focused transitional housing program serving male-identified adults who are active in their recovery and preparing to transition to permanent housing. Having access to a clean & sober living environment designed to support recovery can be a critical resource on the path to long-term housing stability for some people who have been experiencing homelessness and a substance use disorder. For those experiencing chronic homelessness, substance use disorders have always been among the most common disabling conditions. The pandemic has only exacerbated the behavioral health crisis on our streets and made access to recovery-focused support services more critical than ever.

The program receiving partial operating support through this Program Offer will serve an estimated 90 men in shared rooms with access to shared restrooms, shower, and laundry facilities, as well as a range of educational, skill building, and recreational opportunities. Participants may stay in the program for up to 24 months. They are expected to have completed a recovery program and be ready to return to work at the time they enter the program.

As with all Joint Office funded programs, this program will be expected to provide culturally responsive services that help ensure equity access and outcomes for Black, Indigenous, and other People of Color who are experiencing disproportionately high rates of chronic homelessness in our community.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Occupancy percentage	N/A	N/A	N/A	95%
Outcome	Percentage of participants who exit to permanent housing	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	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$84,600	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$84,600</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$84,600</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

The Joint Office of Homeless Services (JOHS) has prioritized a range of supportive housing programs to meet the needs of hundreds of adults experiencing homelessness who are disabled by mental illness or medical conditions, including HIV/AIDS. This program offer preserves existing supportive housing and is central to the County's partnership with Portland Housing Bureau and Home Forward to significantly expand supportive housing. The program continues highly effective long-term rent assistance and wrap-around support services that will assist people to access and/or retain permanent housing. These housing strategies are nationally recognized best practices, and leverage other State, local and Federal resources.

### Program Summary

This program offer provides continued support for permanent supportive housing (PSH) for chronically homeless adults, offering a combination of deeply affordable housing and ongoing support services proven locally and nationally to be the most effective and cost effective way to end homelessness for this population.

These targeted investments leverage other Federal, State and local resources including U.S. Department of Housing and Urban Development's (HUD) Housing Opportunities for Persons with AIDS (HOPWA) and Continuum of Care (CoC) programs, Medicaid, affordable housing units and permanent rental subsidies to support at least 800 vulnerable adults experiencing homelessness to secure and retain permanent housing. In some cases, the program provides match for a HUD CoC or HOPWA grant. In other cases, the program funds long-term rental subsidies and mental health focused housing placement and retention, and support services are leveraged through other systems.

Services are delivered by nonprofit partners that provide housing, intensive case management and support services for chronically homeless adults who have a combination of diagnoses including chemical dependency, mental illness, cognitive and/or physical disabilities, and/or chronic medical conditions. Other specific activities include intensive street engagement, staffing of mental health and culturally specific providers working in partnership with Portland Police to provide housing placement and retention for people with mental illnesses, and recovery-focused transitional housing.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of people enrolled in permanent housing programs*	798	800	870	800
Outcome	BIPOC placed or retained rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes
Output	Number of people newly placed into or retained in permanent housing*	615	N/A	600	600
Outcome	Percentage of people not returning to homeless services within a year of exiting a program to housing	77%	90%	75%	75%

### Performance Measures Descriptions

\*The basis for "Placed & Retained" has been changed from Entry Date to Housing Move-in date, consistent with an FY 2022 change to the measure in systemwide reporting, and "Enrolled," which is based on Entry Date, has been added for more robust reporting and to preserve continuity with reporting in previous years.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$47,043	\$0	\$34,923
Contractual Services	\$0	\$4,368,375	\$0	\$4,602,945
Materials & Supplies	\$0	\$2,866	\$0	\$8,961
Internal Services	\$0	\$1,510	\$0	\$10,041
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$4,419,794</b>	<b>\$0</b>	<b>\$4,656,870</b>
<b>Program Total:</b>	<b>\$4,419,794</b>		<b>\$4,656,870</b>	
<b>Program FTE</b>	0.00	0.35	0.00	0.25

Program Revenues				
Intergovernmental	\$0	\$4,419,794	\$0	\$4,656,870
<b>Total Revenue</b>	<b>\$0</b>	<b>\$4,419,794</b>	<b>\$0</b>	<b>\$4,656,870</b>

Explanation of Revenues

This program generates \$10,041 in indirect revenues.  
 City of Portland General Fund \$2,706,640  
 Housing Opportunities for Persons With AIDS (HOPWA) Entitlement \$1,950,230

Significant Program Changes

Last Year this program was: FY 2022: 30401A Supportive Housing - Behavioral Health/Medical Housing

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

The Joint Office of Homeless Services (JOHS) has prioritized a continuum of services, from outreach, to shelter, to permanent housing, for people experiencing long-term homelessness and living with behavioral health conditions, including substance use disorders. This program offer funds the outreach, supportive housing, and treatment access services for individuals experiencing or at risk of long-term homelessness referred through the Portland Police Bureau's Service Coordination Team (SCT).

### Program Summary

The JOHS has a strategic plan to reduce chronic homelessness, and the recently completed Metro Supporting Housing Services Measure Local Implementation Plan (LIP) specifically prioritizes achieving a significant reduction in chronic homelessness. Using City of Portland general funds, the SCT programming funded in this program offer advances these objectives by funding critical short- and long-term housing and recovery support services for chronically homeless people, and those at risk of chronic homelessness, who have frequent contact with the criminal justice system connected to their behavioral health conditions.

The SCT is a program established by the Portland Police Bureau in partnership with community housing and social services providers. The program's goal is to divert individuals who are experiencing homelessness and living with behavioral health conditions - in particular substance use disorders - from future contact with the criminal justice system by connecting them with supportive housing and treatment resources.

Individuals referred through the SCT program have access to low-barrier/short-term stabilization housing where they have direct access to support services, including behavioral health and addictions treatment. They also have access to alcohol and drug free housing where they receive case management services that offer client-driven, flexible approaches based on individual needs, which are intended to lead to long-term recovery services. For individuals who transition to permanent housing, this program provides home-based retention services that include access to outpatient substance abuse treatment services, financial assistance, eviction prevention, and resources and guidance on improving self-sufficiency through financial improvements and long-term recovery skills.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of low-barrier transitional housing units in staffed and structured setting	N/A	38	36	36
Outcome	Percent of participants enrolled in behavioral health services	N/A	85%	70%	70%
Outcome	Transitions to permanent housing	N/A	15	15	15
Outcome	BIPOC graduate from SCT at rates as high or higher than Non-Hispanic whites	N/A	Yes	Yes	Yes

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$2,159,003	\$0	\$2,245,365
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$2,159,003</b>	<b>\$0</b>	<b>\$2,245,365</b>
<b>Program Total:</b>	<b>\$2,159,003</b>		<b>\$2,245,365</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,159,003	\$0	\$2,245,365
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,159,003</b>	<b>\$0</b>	<b>\$2,245,365</b>

Explanation of Revenues

City of Portland General Fund \$2,245,365

Significant Program Changes

Last Year this program was: FY 2022: 30401C Supportive Housing - Behavioral Health/Medical Housing - Service

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

The Joint Office of Homeless Services (JOHS) recognizes that, as the fixed incomes of seniors and people with disabilities fall further behind the costs of housing, including publicly subsidized tax credit rental housing, ongoing rental assistance is increasingly necessary to prevent and end homelessness for these populations. This program offer funds the local long-term voucher program that is narrowly tailored to households with fixed incomes, to improve housing stability and reduce rent burden, including many households who reside in tax credit or other regulated affordable housing. The voucher program funded by this offer is the precursor and model for the Metro Supportive Housing Services Measure-funded Regional Long-Term Rent Assistance Program.

**Program Summary**

People over the age of 55 and people with significant disabilities are among the fastest growing populations of people experiencing homelessness. These populations often have fixed incomes well below 30% of the Area Median Income, putting market rate rental housing completely out of reach, and also foreclosing access to most publicly subsidized affordable housing, which rents at levels affordable for people making 60% of Area Median Income or above.

This program assists seniors and people living with disabilities who are on fixed incomes or at risk of homelessness due to being rent burdened (rent greater than 30% of household income). Program participants typically have less than \$800 per month in income, and were either homeless or paying more than 70% of that income on rent prior to program subsidy. This program provides rent subsidies to participants so that they can afford the rent in Low Income Housing Tax Credit (LIHTC) units or other regulated affordable housing. While these units have restricted rent levels, the rent amounts are not tied to tenant income and are increasingly out of reach for the target group in this program. Some assisted households also reside in moderately-priced private market units. This program makes it possible for people in the target population to afford the rent (at 30% of their income).

This program complements the Federally-funded Housing Choice Voucher program and local Short Term Rent Assistance (STRA) program. The program leverages support from the inventory of publicly funded affordable housing. The local long-term voucher functions more flexibly than the Federal voucher program and provides similar long-term housing stability to a highly vulnerable population. The program is administered through Home Forward. This program provided the framework for the Metro SHS-funded Regional Long-term Rent Assistance Program.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of households enrolled in permanent housing programs*	52	71	50	50
Outcome	BIPOC served with vouchers at rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes
Output	Number of households newly placed into or retained in permanent housing*	52	N/A	50	50

**Performance Measures Descriptions**

\*The basis for "Placed & Retained" has been changed from Entry Date to Housing Move-in date, consistent with an FY 2022 change to the measure in systemwide reporting, and "Enrolled," which is based on Entry Date, has been added for more robust reporting and to preserve continuity with reporting in previous years.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$393,890	\$425,830	\$409,645	\$415,200
<b>Total GF/non-GF</b>	<b>\$393,890</b>	<b>\$425,830</b>	<b>\$409,645</b>	<b>\$415,200</b>
<b>Program Total:</b>	<b>\$819,720</b>		<b>\$824,845</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$425,830	\$0	\$415,200
<b>Total Revenue</b>	<b>\$0</b>	<b>\$425,830</b>	<b>\$0</b>	<b>\$415,200</b>

Explanation of Revenues

City of Portland General Fund \$415,200

Significant Program Changes

Last Year this program was: FY 2022: 30402 Supportive Housing - Local Long Term Rental Vouchers

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

JOHS has prioritized supportive housing programs to meet the needs of families with long-term experiences of homelessness and at least one family member who has a significant disability. The JOHS holds achieving racial equity as a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity must be a focus of programming. This program offer funds longer-term rent assistance and wrap around support services to help move families from homelessness into permanent housing. Supportive housing strategies are nationally recognized best practices and can leverage existing market-rate and new affordable housing.

### Program Summary

JOHS prioritizes equitable housing solutions for families with children experiencing homelessness. While many families experiencing homelessness are well served by rapid rehousing strategies, there are families with long-term or recurring experiences of homelessness, very often with household members with significant disabling conditions, that require supportive housing to achieve long-term stability. These families make up an increasing percentage of the long-term stayers in the family shelter system, because they lack the support needed to overcome their barriers to housing.

This program offer addresses the needs of long-term shelter families by expanding supportive housing resources for them, offering access to permanent housing to the families and thereby freeing up scarce and expensive shelter capacity for other families. Families in this program receive up to 24-month rental assistance vouchers and wraparound services. While not a permanent rental subsidy, the 24-month subsidy is long enough to leverage existing market-rate and newly developed or acquired affordable housing and to use progressive engagement strategies to either transition families off of subsidies altogether or, if needed, on to a more permanent subsidy program.

The program is implemented by an experienced nonprofit community-based organization specialized in providing shelter, housing transition, and supportive housing to families. Given the significant overrepresentation of People of Color among families experiencing homelessness, this program has prioritized equitable access for families of color.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of families placed into or retained in permanent housing*	32	30	35	35
Outcome	Percentage of people not returning to homeless services within a year of exiting a program to housing*	N/A	N/A	80%	80%
Outcome	BIPOC placed or retained rate as high or higher than percent of HUD homeless population*	Yes	Yes	Yes	Yes

### Performance Measures Descriptions

\*The basis for "Placed & Retained" has been changed from Entry Date to Housing Move-in date, consistent with an FY 2022 change to the measure in systemwide reporting.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$652,270	\$0	\$678,360	\$0
<b>Total GF/non-GF</b>	<b>\$652,270</b>	<b>\$0</b>	<b>\$678,360</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$652,270</b>		<b>\$678,360</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 30403 Supportive Housing - Families

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds tenant-based permanent supportive housing (PSH) programs that are specifically designed to meet the needs of families experiencing homelessness. The programs funded with this program offer leverage Federal Housing Choice vouchers (long-term rental subsidies) and create new local long-term rental vouchers and wrap-around support services dedicated to families with minor children that are extremely low-income, have at least one member with a serious disabling condition, and have long-term or frequent episodes of homelessness.

### Program Summary

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. In alignment with priorities outlined in the LIP, this program offer funds at least 50 new tenant-based permanent supportive housing (PSH) opportunities and an expansion of site based PSH in the Homeless Family System of Care.

The Homeless Family System of Care (HFSC) is the primary coordinated effort to assist families experiencing homelessness to make a rapid and sustainable transition back into permanent housing. The system has shared values that include the practice of assertive engagement, using an equity lens to advance racial and social justice, and a shared commitment that all families should be housed. The majority of agencies in the collaborative are culturally specific providers.

This program offer funds PSH programming specifically designed to meet the needs of Black, Indigenous, and People of Color (BIPOC) families experiencing homelessness. The programs include rental assistance provided through the Regional Long-term Rent Assistance (RLRA) program administered by Home Forward, and services provided by a range of nonprofit partners. RLRA operates similarly to the U.S. Department of Housing and Urban Development's (HUD) Section 8 program where households pay about 30% of their income towards rent and utilities and the housing authority pays the rest. RLRA was intentionally designed to be low barrier and serve people who are often screened out of HUD's Section 8 program.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of people newly placed or retained in permanent housing	N/A	227	100	262
Outcome	Percentage of people not returning to homeless services within a year of exiting a program to housing	N/A	80%	80%	80%
Outcome	BIPOC placed or retained rate as high or higher than percent of HUD homeless population	N/A	Yes	Yes	Yes

### Performance Measures Descriptions

This new program offer includes supportive housing for families that was previously budgeted in 30400A - Supportive Housing and 30400B - Supportive Housing - Metro Measure Expansion. The combined FY 2022 Budgeted number for these programs is 227. Some of the included programs are still in the planning phase. The FY 2023 Offer number reflects the estimated number of people served once the programs are fully implemented.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$0	\$123,273
Contractual Services	\$0	\$800,000	\$0	\$873,350
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$800,000</b>	<b>\$0</b>	<b>\$996,623</b>
<b>Program Total:</b>	<b>\$800,000</b>		<b>\$996,623</b>	
<b>Program FTE</b>	0.00	0.00	0.00	1.00

Program Revenues				
Intergovernmental	\$0	\$800,000	\$0	\$996,623
<b>Total Revenue</b>	<b>\$0</b>	<b>\$800,000</b>	<b>\$0</b>	<b>\$996,623</b>

Explanation of Revenues

Metro Supportive Housing Services \$996,623

Significant Program Changes

Last Year this program was: FY 2022: 30400B Supportive Housing - Metro Measure Expansion

This new program offer includes supportive housing for families that was previously budgeted in 30400A - Supportive Housing and 30400B - Supportive Housing - Metro Measure Expansion. This change was made to allow for greater visibility into the investments being made in supportive housing specifically designed for families with children. This program offer includes the addition of 1.00 FTE to provide contract management support for Family System supportive housing services.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds tenant-based permanent supportive housing (PSH) specifically designed to meet the needs of youth (under 25) with significant behavioral health needs. The program offer funds support services, and Regional Long Term Rent Assistance vouchers designed to be low barrier and serve youth who are often screened out of the U.S. Department of Housing and Urban Development's (HUD) Section 8 program.

**Program Summary**

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. In alignment with priorities outlined in the LIP, this program offer funds 30 tenant-based permanent supportive housing (PSH) opportunities and provides FTE for on-going support services.

PSH is for individuals who would not be successful in their housing without supportive services, and for whom services would be less effective without stable housing. It serves those with significant disabilities, including chronic health conditions, mental illness, and addictions, who have experienced or are at risk of experiencing chronic homelessness. Tenant-based supportive housing provides households with a rental voucher that can be used to buy-down rent in a private market or regulated unit along with mobile, wrap-around services.

The programming funded by this program offer will support 30 homeless youth who have extremely low-incomes, serious disabling conditions, and experiencing - or at risk of - long-term homelessness, with ongoing rental assistance provided through the Regional Long-term Rent Assistance (RLRA) program administered by Home Forward and wrap-around services provided by a youth service organization. RLRA operates similarly to the HUD Section 8 program where households pay 30% of their income towards rent and utilities and the housing authority pays the rest. RLRA was intentionally designed to be low barrier and serve people who are often screened out of HUD's Section 8 program.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of youth newly placed or retained in permanent housing	N/A	30	30	30
Outcome	Percentage of youth not returning to homeless services within a year of exiting a program to housing	N/A	80%	80%	80%
Outcome	BIPOC placed or retained rate as high or higher than percent of HUD homeless population	N/A	Yes	Yes	Yes

**Performance Measures Descriptions**

This new program offer includes supportive housing for youth that was previously budgeted in 30400B - Supportive Housing - Metro Measure Expansion. The FY 2022 Budgeted number reflects the youth-specific supportive housing number previously included in 30400B.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$600,000	\$0	\$624,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$600,000</b>	<b>\$0</b>	<b>\$624,000</b>
<b>Program Total:</b>	<b>\$600,000</b>		<b>\$624,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$600,000	\$0	\$624,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$600,000</b>	<b>\$0</b>	<b>\$624,000</b>

Explanation of Revenues

Metro Supportive Housing Services \$624,000

Significant Program Changes

**Last Year this program was:** FY 2022: 30400B Supportive Housing - Metro Measure Expansion

This new program offer includes supportive housing for youth that was previously budgeted in 30400B - Supportive Housing - Metro Measure Expansion. This change was made to allow for greater visibility into the investments being made in supportive housing specifically designed for youth.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds tenant-based permanent supportive housing (PSH) for survivors and children fleeing domestic violence or experiencing homelessness as a result of an incident of domestic or sexual violence. The program offer includes PSH specifically designed to meet the needs of BIPOC survivors of domestic and sexual violence. The households served by this program are extremely low-income, have at least one member with a serious disabling condition and are experiencing, or are at risk of experiencing, homelessness.

### Program Summary

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. In alignment with priorities outlined in the LIP, this program offer funds at least 30 new tenant-based permanent supportive housing (PSH) opportunities, along with staff capacity to deliver the services.

PSH is for those who would not be successful in their housing without supportive services, and for whom services would be less effective without stable housing. It serves those with significant disabilities, including chronic health conditions, mental illness, and addictions, who have experienced or are at risk of experiencing chronic homelessness. Tenant-based supportive housing provides households with a rental voucher that can be used to buy-down rent in a private market or regulated unit along with mobile, wrap-around services. This program offer funds domestic violence specific PSH programming designed to meet the needs of BIPOC communities.

The programs funded by this program offer include rental assistance provided through the Regional Long-term Rent Assistance (RLRA) program administered by Home Forward, and services provided by a range of nonprofit partners. RLRA operates similarly to the U.S. Department of Housing and Urban Development's (HUD) Section 8 program where households pay about 30% of their income towards rent and utilities and the housing authority pays the rest. RLRA was intentionally designed to be low barrier and serve people who are often screened out of HUD's Section 8 program.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of people newly placed or retained in permanent housing	N/A	30	0	60
Outcome	Percentage of people not returning to homeless services within a year of exiting a program to housing	N/A	80%	N/A	80%
Outcome	BIPOC placed or retained rate as high or higher than percent of HUD homeless population	N/A	Yes	N/A	Yes

### Performance Measures Descriptions

This new program offer includes supportive housing for survivors of domestic and sexual violence that was previously budgeted in 30400B - Supportive Housing - Metro Measure Expansion. The FY 2022 Budgeted number reflects the DV-specific supportive housing number previously included in 30400B. This programming is being developed and will be implemented in late FY 2022 or early FY 2023. The FY 2023 Offer number reflects the estimated number of people served once the program is fully implemented.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$600,000	\$0	\$600,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$600,000</b>	<b>\$0</b>	<b>\$600,000</b>
<b>Program Total:</b>	<b>\$600,000</b>		<b>\$600,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$600,000	\$0	\$600,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$600,000</b>	<b>\$0</b>	<b>\$600,000</b>

Explanation of Revenues

Metro Supportive Housing Services \$600,000

Significant Program Changes

**Last Year this program was:** FY 2022: 30400B Supportive Housing - Metro Measure Expansion

This new program offer includes supportive housing for survivors of domestic and sexual violence that was previously budgeted in 30400B - Supportive Housing - Metro Measure Expansion. This change was made to allow for greater visibility into the investments being made in supportive housing specifically designed for survivors of domestic and sexual violence.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

With Metro Supportive Housing Services Measure (Measure) funding intended to reduce chronic and episodic homelessness with programming that leads with racial equity, this program offer funds a pilot project that will connect people experiencing, or at imminent risk of, chronic homelessness, who are also being repeatedly failed by multiple systems (e.g. health, criminal justice, social services). The pilot project will provide participants with the long-term rental assistance and support services they need to end their homelessness. In providing permanent supportive housing to this population, it will substantially reduce the cycle of harmful, unsuccessful, and costly engagements with the criminal justice, health care, and homeless services systems.

### Program Summary

One of the goals of Multnomah County's Local Implementation Plan for the Measure is to improve coordination among systems that each touch the lives of people experiencing chronic homelessness, but too often are not coordinated and fail to provide individuals with access to the intervention that will best meet their needs - permanent supportive housing (PSH).

Between 2018 and 2020, the Multnomah County Sheriff's Office, the Local Public Safety Coordinating Council, the Multnomah County Health Department, Health Share of Oregon, and the Joint Office of Homeless Services participated in an analysis sponsored by the Corporation for Supportive Housing called Frequent Utilizer System Engagement (FUSE). This analysis compared data from the homeless services, health care, and public safety systems to identify individuals who are most frequently engaged in all three of these systems and to assess, among other things, how their 'utilization' of these systems changed based on whether or not they were in PSH.

Consistent with similar projects around the country, the Multnomah County FUSE analysis demonstrated a profound positive impact, in terms of reduced criminal justice involvement and reduced crisis health care services, when someone who is chronically homeless moves into PSH.

This program offer draws on the learnings of the Multnomah County FUSE analysis to identify those individuals who are experiencing chronic homelessness and are being failed most frequently by the criminal justice and health care systems and provides those individuals with PSH - a locally funded long-term rental subsidy and ongoing wrap-around support services to ensure ongoing housing stability. The program will involve a collaboration between the Health Department, the Department of Community Justice, Health Share of Oregon, and the Joint Office of Homeless Services. The project is budgeted to provide PSH to between 40-50 individuals in the pilot phase.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Create a by name list of people most frequently failed by health, criminal justice, and homeless services	N/A	N/A	N/A	1
Outcome	Place or retain FUSE individuals in PSH	N/A	N/A	N/A	35*
Output	Enroll FUSE individuals in PSH program	N/A	N/A	N/A	50

### Performance Measures Descriptions

\*Because this is a new program that will take time to develop and launch, it is anticipated that a significant number of enrolled participants will still be in the housing search process at the end of the fiscal year.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$0	\$1,000,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,000,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$1,000,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,000,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,000,000</b>

Explanation of Revenues

Metro Supportive Housing Services \$1,000,000

Significant Program Changes

Last Year this program was:

**Department:** Joint Office of Homeless Services **Program Contact:** Shannon Singleton

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

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

### Executive Summary

Multnomah County's Metro Supportive Housing Services Measure (Measure) Local Implementation Plan (LIP) calls out the importance of aligning the work of multiple County departments around the commitment to preventing and ending homelessness. This program offer provides Measure funding to better serve participants experiencing or at risk of homelessness in the Youth and Family Services (YFS), Aging, Disability and Veterans Services (ADVSD), and Intellectual and Developmental Disabilities Services Division (IDDS) of the Department of County Human Services (DCHS).

### Program Summary

The Multnomah County's Measure LIP recognizes the importance of aligning ending homelessness efforts across County Departments, including between DCHS and the JOHS. This program offer specifically funds programs that will advance the LIP's commitment to racial equity, connect people being served by JOHS programs to critical DCHS resources, and connect those being served by YFS, ADVSD, and IDDS to critical permanent housing opportunities. Specifically, the program offer funds:

- A new investment in an expansion of the YFS Multnomah Stability Initiative (MSI) program for families to help homeless families housed through the Homeless Family System of Care (HFSC) successfully transition into that program and gain the long-term housing stability and asset building opportunities that MSI offers.
- A new pilot project to provide peer-support housing retention services, to enhance the long-term housing stability of families and individuals participating in DCHS-supported housing programs, thereby improving housing retention and reducing the number of people becoming homeless.
- A new investment in mobile assessment workers in ADVSD and IDDS who can partner with JOHS funded outreach and shelter programs to ensure that people experiencing unsheltered and sheltered homelessness are being assessed and, as appropriate, enrolled in enhanced Medicaid and IDDS services, and have access to the critical support services that accompany that enrollment.
- New staffing capacity for ADVSD and IDDS to partner with the JOHS to develop and implement new enhanced permanent supportive housing that meets the service support needs of chronically homeless participants in those DCHS programs.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	HFSC families transitioned to MSI	N/A	N/A	N/A	25
Outcome	HFSC families retaining housing at 12 months	N/A	N/A	N/A	80%
Output	Number of people assessed for ADVSD/IDD Services	N/A	N/A	N/A	300
Outcome	BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population	N/A	N/A	N/A	Yes

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$135,539	\$0	\$1,199,837
Contractual Services	\$0	\$145,000	\$0	\$1,038,163
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$280,539</b>	<b>\$0</b>	<b>\$2,238,000</b>
<b>Program Total:</b>	<b>\$280,539</b>		<b>\$2,238,000</b>	
<b>Program FTE</b>	0.00	1.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$280,539	\$0	\$2,238,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$280,539</b>	<b>\$0</b>	<b>\$2,238,000</b>

Explanation of Revenues

Metro Supportive Housing Services \$2,238,000

Significant Program Changes

**Last Year this program was:** FY 2022: 30400D Supportive Housing - Metro Measure Expansion - Countywide

This program offer now includes investments in DCHS staffing that was previously budgeted in 30400D - Supportive Housing Metro Measure Expansion - Countywide Coordination. This change was made to allow for greater visibility into the investments being made in DCHS programming.

As part of the FY 2022 Adopted budget, the Joint Office of Homeless Services budgeted a 1.00 FTE Program Specialist Sr. position for DCHS. During FY 2022, that position was moved to DCHS for the purposes of hiring and management. In FY 2023, relevant positions are in their respective departments, while funding for the positions remains in the Joint Office.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

Using Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds a critical expansion of short term shelter, transitional housing and permanent housing capacity for people experiencing or at imminent risk of chronic homelessness, in particular individuals living with serious and persistent mental illness. The offer leverages and builds on existing intensive behavioral health programs in the Health Department's Behavioral Health Division that serve this vulnerable population, as well as funding new programming in the Behavioral Health Resource Center (BHRC).

### Program Summary

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP also makes a specific commitment to immediately expanding behavioral health services at all levels of the continuum, from shelter, to transitional housing and permanent supportive housing. This program offer reflects that commitment and funds:

- Critical motel-based emergency shelter capacity and crisis case management for individuals in the Health Department's Choice program. This will provide immediate safety off the streets for people living with severe behavioral health needs, while they transition to longer-term housing options.
- The very successful Stabilization Treatment Preparation (STP) transitional housing program, a partnership between the Health Department and the Department of Community Justice that serves people who are justice involved and living with significant behavioral health conditions. The expansion funded here provides culturally specific STP programming focused on the African American community.
- The culturally specific homeless focused staff capacity on the Promoting Access to Hope (PATH) team to assist with addiction treatment services access for people with substance use disorders who are experiencing chronic and episodic homelessness.
- New operational funding for the shelter and bridge housing operations at the Behavioral Health Resource Center.
- An expansion of additional investments in long-term rental assistance and housing placement services for people served by any of Multnomah County's Assertive Community Treatment (ACT) and Intensive Case Management (ICM) teams. ACT and ICM teams provide an intensive level of community-based, ongoing support services to people with severe and persistent mental illness.
- New funding for motel-based transitional/early recovery housing that takes referrals from culturally specific substance use and recovery programs.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of individuals placed into or retained in permanent housing*	36	136	70	155
Outcome	Number of Choice participants served in motel-based emergency shelter	N/A	N/A	60	70
Outcome	Percentage of people not returning to homeless services within a year of exiting a program to housing*	N/A	80%	80%	80%
Outcome	BIPOC placed or retained rate as high or higher than percent of HUD homeless population*	N/A	Yes	Yes	Yes

### Performance Measures Descriptions

\*The basis for "Placed & Retained" has been changed from Entry Date to Housing Move-in date, consistent with an FY 2022 change to the measure in systemwide reporting, and "Enrolled," which is based on Entry Date, has been added for more robust reporting and to preserve continuity with reporting in previous years.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$185,539	\$0	\$846,463
Contractual Services	\$0	\$3,123,383	\$0	\$5,777,140
Materials & Supplies	\$0	\$0	\$0	\$8,497
Internal Services	\$0	\$0	\$0	\$98,057
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$3,308,922</b>	<b>\$0</b>	<b>\$6,730,157</b>
<b>Program Total:</b>	<b>\$3,308,922</b>		<b>\$6,730,157</b>	
<b>Program FTE</b>	0.00	1.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$3,308,922	\$0	\$6,730,157
<b>Total Revenue</b>	<b>\$0</b>	<b>\$3,308,922</b>	<b>\$0</b>	<b>\$6,730,157</b>

Explanation of Revenues

Metro Supportive Housing Services \$6,730,157

Significant Program Changes

**Last Year this program was:** FY 2022: 30401B Supportive Housing - Behavioral Health/Medical Housing - Metro Measure

In FY 2022, this program offer was 30401B - Supportive Housing - Behavioral Health/Medical Housing - Metro Measure Expansion. This program offer now includes an investment in Health Department staffing that was previously budgeted in 30400D - Supportive Housing Metro Measure Expansion - Countywide Coordination. This change was made to allow for greater visibility into the investments being made in Health Department programming.

As part of the FY 2022 Adopted budget, the Joint Office of Homeless Services budgeted a 1.00 FTE Program Specialist Sr. position for the Health Department. During FY 2022, that position was moved to the Health Department for the purposes of hiring and management. In FY 2023, relevant positions are in their respective departments, while funding for the positions remains in the Joint Office.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

Multnomah County's Metro Supportive Housing Services Measure (Measure) Local Implementation Plan (LIP) calls out the importance of aligning the work of multiple county departments around the commitment to preventing and ending homelessness. This program offer provides Measure funding to better serve individuals who have a history of chronic homelessness who are exiting incarceration and are working with the Department of Community Justice's (DCJ) reentry program. This offer leverages existing program capacity in DCJ by providing individuals with long-term tenant based rental subsidies that will offer ongoing housing stability.

### Program Summary

The Multnomah County's Measure LIP recognizes the importance of aligning ending homelessness efforts across County Departments, including between DCJ and the JOHS. The two departments share in common a significant number of people who cycle through homeless services programs and the criminal justice system because they lack access to permanent housing with the appropriate level of support services. This program offer builds out the relationship between the two departments by leveraging existing DCJ housing services capacity and Measure funding to provide flexible Regional Long Term Rent Assistance (RLRA) vouchers to up to 60 people reentering the community who have previous histories of long-term homelessness and who, but for this ongoing rental assistance, would return to being chronically homeless. Because People of Color are significantly overrepresented in this target population, prioritizing Measure funds in this way will also advance the County's commitment to the elimination racial disparities in rates of chronic homelessness.

The RLRA voucher is a local rent-assistance tool developed as part of the Measure that is similar to federal long-term rental assistance vouchers in that it guarantees a tenant will not pay more in rent than they can afford. However, RLRA offers the benefit of greater flexibility to the voucher holder. One area of flexibility is that the voucher is available to anyone who meets the income and homelessness criteria, regardless of their criminal history. In addition, this voucher allows the holder to seek out landlords in the private market who may be willing to overlook criminal history because the vouchers are less burdensome to work with and offer certain financial guarantees that are designed to mitigate risk.

The JOHS / DCJ partnership in this programming began in FY 2022 and has been expanded with additional funding for FY 2023.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Individuals enrolled in program*	N/A	N/A	N/A	70
Outcome	Individuals placed into permanent housing*	N/A	N/A	N/A	60
Outcome	BIPOC placed or retained rate as high or higher than percent of HUD homeless population*	N/A	N/A	N/A	Yes

### Performance Measures Descriptions

\*The basis for "Placed & Retained" has been changed from Entry Date to Housing Move-in date, consistent with an FY 2022 change to the measure in systemwide reporting, and "Enrolled," which is based on Entry Date, has been added for more robust reporting and to preserve continuity with reporting in previous years.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$135,539	\$0	\$387,035
Contractual Services	\$0	\$500,000	\$0	\$1,025,045
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$635,539</b>	<b>\$0</b>	<b>\$1,412,080</b>
<b>Program Total:</b>	<b>\$635,539</b>		<b>\$1,412,080</b>	
<b>Program FTE</b>	0.00	1.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$635,539	\$0	\$1,412,080
<b>Total Revenue</b>	<b>\$0</b>	<b>\$635,539</b>	<b>\$0</b>	<b>\$1,412,080</b>

Explanation of Revenues

Metro Supportive Housing Services \$1,412,080

Significant Program Changes

**Last Year this program was:** FY 2022: 30400D Supportive Housing - Metro Measure Expansion - Countywide

This program offer now includes investments in rent assistance for justice involved adults and DCJ staffing that was previously budgeted in 30400D - Supportive Housing Metro Measure Expansion - Countywide Coordination. This change was made to allow for greater visibility into the investments being made in DCJ programming.

As part of the FY 2022 Adopted budget, the Joint Office of Homeless Services budgeted a 1.00 FTE Program Specialist Sr. position for DCJ. During FY 2022, that position was moved to DCJ for the purposes of hiring and management. In FY 2023, relevant positions are in their respective departments, while funding for the positions remains in the Joint Office.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

### Executive Summary

The Joint Office of Homeless Services (JOHS) recognizes diversion as a critical strategy to reduce the number of people experiencing street and shelter homelessness in the community. In order to advance JOHS's commitment to achieving racial equity, an essential focus of this programming must be to eliminate disparate rates of homelessness on the basis of race and ethnicity. This program offer funds existing capacity to divert people from homelessness who are escaping domestic violence, facing imminent housing loss, or are exiting the criminal justice and healthcare systems. This program will divert hundreds of people from street and shelter homelessness.

### Program Summary

Diversion programs vary by implementation, but have in common the assessment of an individual who is facing living on the streets or in shelter to determine whether they have a housing option they could access with a modest, one-time, financial and/or staffing investment. Diversion is recognized nationally and locally as a critical tool in reducing street and shelter homelessness.

- Family Diversion has been a successful intervention for both preventing families from coming to emergency shelter and moving families out of shelter quickly. All families are surveyed to determine if they have an immediate housing option and, if so, diversion resources are used to help them capitalize on that opportunity.
- Domestic Violence (DV) Diversion services focus on preventing homelessness and diverting domestic violence survivors and their children from shelters through eviction prevention or housing placement. Diversion services offer flexible, rapid responses that allow survivors to avoid the trauma and safety risks of becoming homeless. These services reach hundreds of survivors annually and serve a diverse population, with 82% identifying as People of Color.
- Hospital Diversion partners with the hospital system to provide essential rental assistance and care coordination resources to hospital discharge workers to allow patients to discharge to housing options and not to the streets or shelter.
- Transportation Assistance diverts individuals from the streets and shelter through one-time transportation assistance to a location where they have a verified housing option. Most commonly this program reunites individuals with family in other communities.
- Benefit Assistance serves homeless and formerly homeless individuals with assistance in securing Supplemental Security Income (SSI), Social Security Disability Income (SSDI), and/or Medicaid and Medicare benefits. These benefits provide critical financial and health care resources that allow recipients to avoid homelessness.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of participants receiving diversion services	1,377	1,640	1,170	1,170
Outcome	Percentage of exits to permanent housing*	76%	86%	76%	80%
Outcome	Number of people served with benefits acquisition assistance (BEST)	461	450	480	480
Outcome	BIPOC participate in program at rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes

### Performance Measures Descriptions

The COVID-19 pandemic, which began in FY 2020, has significantly impacted the performance measures associated with this program offer.

\*This measure excludes BEST, Health Connections and Peer Health Navigators.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$1,126,110	\$1,381,700	\$1,172,050	\$1,358,940
<b>Total GF/non-GF</b>	<b>\$1,126,110</b>	<b>\$1,381,700</b>	<b>\$1,172,050</b>	<b>\$1,358,940</b>
<b>Program Total:</b>	<b>\$2,507,810</b>		<b>\$2,530,990</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,381,700	\$0	\$1,358,940
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,381,700</b>	<b>\$0</b>	<b>\$1,358,940</b>

Explanation of Revenues

City of Portland General Fund \$1,358,940

Significant Program Changes

Last Year this program was: FY 2022: 30500 Diversion Services

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The program offer continues funding for the highly successful alignment of employment and housing resources to help people who are experiencing or at-risk of homelessness achieve long-term economic and housing stability. This program connects employment and housing resources for homeless families, youth and communities of color. This program offer contracts with multiple community partners across various systems of care to provide employment program support.

**Program Summary**

This program offer sustains critical capacity employment and housing initiatives, with an emphasis on meeting the needs of families, youth, and communities of color. All programs assist households experiencing homelessness or housing instability by offering a combination of housing assistance and access to a range of workforce supports, provided in a culturally specific and responsive manner. This program provides approximately 550 individuals with employment services and 225 households with rent assistance or eviction prevention. Based on current performance, it is anticipated that 75% of participants served will be from communities of color. Programs include:

- Employment Services provide capacity to an existing network of nine nonprofit employment providers, referred to as the Economic Opportunity Program (EOP) to connect individuals and families to career track employment services, housing resources, and community-based support. Participants who are survivors of domestic violence and/or who are eligible for Supplemental Nutrition Assistance Program (SNAP) are prioritized.
- Youth Employment Services expand capacity provided by Homeless Youth Continuum (HYC) partners to improve employment and housing alignment through pre-readiness support, job training, day labor opportunities and work experiences/internships.
- Equitable Access to Employment, implemented by a culturally-specific provider, supports individuals and families seeking employment and experiencing homelessness to secure employment services.
- Adult Employment Services and Rent Assistance provides capacity through the EOP and its multiple culturally-specific providers to offer employment and housing support, and expanded one-stop WorkSource Portland Metro employment services. Resources are targeted to serve young adults of color, many of whom are exiting the corrections system.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of individuals receiving employment services and supports	687	550	550	550
Outcome	Number of employment placements	315	200	200	200
Outcome	Number of households receiving rent assistance or eviction prevention	257	225	225	225
Outcome	BIPOC participate in program at rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$1,358,260	\$0	\$1,412,580
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,358,260</b>	<b>\$0</b>	<b>\$1,412,580</b>
<b>Program Total:</b>	<b>\$1,358,260</b>		<b>\$1,412,580</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$819,680	\$0	\$852,465
<b>Total Revenue</b>	<b>\$0</b>	<b>\$819,680</b>	<b>\$0</b>	<b>\$852,465</b>

Explanation of Revenues

City of Portland General Fund \$852,465  
 Video Lottery Fund \$560,115

Significant Program Changes

Last Year this program was: FY 2022: 30600 Employment Programs

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds a significant expansion of employment-related programming focused on creating low-barrier employment opportunities for people experiencing homelessness. Employment programs include initiatives around trash removal, public space maintenance, and hygiene services. Participants earn income, develop job skills, and establish a recent work history.

**Program Summary**

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the recommendations of the community and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP also recognizes that in this initial phase of Measure funding, there is a priority need to address the economic impact of COVID-19, which threatens to displace large numbers of disproportionately Black, Indigenous, and People of Color (BIPOC) households into homelessness and create additional barriers for people who are already homeless to return to housing.

This program offer provides economic opportunity to more than 100 people experiencing or at risk of homelessness, while at the same time addressing community needs for trash collection, public space maintenance services like graffiti abatement, and the provision of mobile hygiene services. Programs offer entry-level opportunities to earn income while developing a recent work history and various work skills. The programs are operated by a combination of new and established non-profit organizations, and provide services throughout Multnomah County.

As part of the LIP's COVID-19 response investments, this program has been designed to be of limited duration (1-3 years), unless and until a recommendation emerges through the forthcoming workforce planning processes for the Measure.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of individuals receiving employment services and supports	N/A	100	100	200
Outcome	Number of employment placements	N/A	100	100	200
Outcome	Number of showers accessed	N/A	6,700	6,700	7,000
Outcome	BIPOC participate in program at rate as high or higher than percent of HUD homeless population	N/A	N/A	N/A	Yes

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$3,000,000	\$0	\$3,000,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$3,000,000</b>	<b>\$0</b>	<b>\$3,000,000</b>
<b>Program Total:</b>	<b>\$3,000,000</b>		<b>\$3,000,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$3,000,000	\$0	\$3,000,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$3,000,000</b>	<b>\$0</b>	<b>\$3,000,000</b>

Explanation of Revenues

Metro Supportive Housing Services \$3,000,000

Significant Program Changes

Last Year this program was: FY 2022: 30700D Employment Programs - COVID-19 Recovery - Employment - Metro

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

With Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds emergency rent assistance and services for households who are newly homeless or at-risk of becoming homeless due to the impacts of COVID-19. The offer prioritizes Black, Indigenous and People of Color (BIPOC) who are already overrepresented within the population of people experiencing homelessness and are disparately impacted by the health and economic impacts of COVID-19. This program offer funds staffing at community based organizations to distribute rent assistance funded by pandemic-related allocations from the Federal government and the State of Oregon.

**Program Summary**

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the JOHS and Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP also recognizes the critical need in the immediate term to focus limited duration resources on heading off a potential wave of newly homeless people as a result of the economic impacts of COVID-19, especially within BIPOC communities. This program offer addresses that need.

This program offer funds staffing at community based organizations to distribute rent assistance funded by pandemic-related allocations from the Federal government and the State of Oregon. These funding streams are typically larger, but too restrictive to allow community based organizations, including culturally specific providers, to create the capacity that they need to allocate the funds. The resources in this offer allow the Joint Office of Homeless Services and the Department of County Human Services to address these gaps and maximize the amount of outside rental assistance that the County is able to distribute through community based organizations serving BIPOC and other marginalized and hard to reach communities.

To date, more than 84% of households receiving emergency COVID-19 related rental assistance have identified as BIPOC and the JOHS expects that same to be true next fiscal year.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of culturally specific organizations supported to distribute emergency rental assistance funds	N/A	15	15	15
Outcome	Number of households prevented from losing their housing due to COVID-19	N/A	630	630	400
Outcome	BIPOC households served at rates as high or higher than their percentage of eligible households	N/A	Yes	Yes	Yes

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$2,805,000	\$0	\$1,865,967
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$2,805,000</b>	<b>\$0</b>	<b>\$1,865,967</b>
<b>Program Total:</b>	<b>\$2,805,000</b>		<b>\$1,865,967</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,805,000	\$0	\$1,865,967
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,805,000</b>	<b>\$0</b>	<b>\$1,865,967</b>

Explanation of Revenues

Metro Supportive Housing Services \$1,865,967

Significant Program Changes

**Last Year this program was:** FY 2022: 30700C Housing Placement & Retention - COVID-19 Recovery-Emergency Rent

In FY 2022, the Joint Office budgeted \$2.8 million in this program offer for limited-term emergency rent assistance and/or to leverage other sources of pandemic-related rent assistance provided by State and Federal agencies. For FY 2023, the \$1.9 million budgeted here continues the limited-term investments in staffing capacity built at community based organizations to distribute the large amounts of rent assistance funding that continues to be available across County programs.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

**Executive Summary**

In March of 2020, following public health guidance, the Joint Office of Homeless Services (JOHS) took immediate steps to limit the spread of COVID-19 within the population of people experiencing homelessness and otherwise mitigate impacts of the pandemic on those experiencing homelessness or at risk of experiencing homelessness. These activities included operating physical distancing shelters and enhanced safety on the streets supplies and outreach. With the ongoing need for expanded shelter capacity, this program offer funds the continuation of four leased motel shelters and a congregate shelter site. Additionally, with the need for continued supports for those living unsheltered, this program offer also funds a continuation of enhanced safety on the streets supplies and outreach.

**Program Summary**

As part of its response to the COVID-19 pandemic, the JOHS took immediate steps to ensure that all congregate and semi-congregate shelters within the shelter system provided necessary physical separation, hygiene, and cleaning practices for occupancy, sleeping, eating, and access to services. Initial COVID-19 response efforts in FY 2020 included decompressing the congregate shelter system to allow for physical distancing by expanding the number of congregate sites and establishing non-congregate motel shelters. This prevented physical distancing requirements from resulting in a reduction of overall system capacity. With continued pandemic-related impacts on the homeless services system, and the pressing need for expanded shelter capacity, this program maintains a capacity of 200 rooms of motel shelter and 100 beds of congregate shelter. For the duration that funding is available for this program, it will effectively serve as temporarily expanded capacity for the shelter system as congregate shelters return to pre-pandemic density with the relaxation of physical distancing requirements.

Motel shelters offer the safety of a fully supported motel room that opens to the outdoors. The rooms are supported with basic amenities, including private bathroom and shower, meals, and access to laundry services. There is also 24/7 on-site staffing, in order to be able to routinely check on guests, as well as on-site access to technology and staff to support transitions out of motel shelter and into permanent housing as rapidly as possible.

This program also continues funding for enhanced safety on the streets outreach to assist those who are unsheltered. This includes staffing of an outreach supply center, the stocking of that supply center with personal protective equipment, sanitizing supplies, basic safety supplies (blankets, tarps, sleeping bags, socks, etc.), and water and food items. The supplies center supports both contracted organizations, including those doing focused culturally specific and behavioral health focused outreach, and community volunteer organizations that conduct outreach to the unsheltered population and lack the resources to offer critical health, safety and nutrition resources.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of year-round emergency shelter beds/rooms*	322	400	400	300
Outcome	Number of unique individuals receiving supports in motel settings	593	1,700	1,320	1,320

**Performance Measures Descriptions**

\*The methodology for this measure has been changed from manual calculation using the best available information for each shelter to the average daily number of beds for each shelter over the course of the year. In FY 2022, this program supported 400 rooms of motel shelter at eight sites. The County and its partners acquired three of those sites (120 rooms) over the course of the pandemic. In FY 2023, ongoing funding for those sites is budgeted in 30209, which is why the FY 2023 Output offer is lower. The low FY 2021 Outcome is due to higher lengths of stay.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$0	\$263,000
Contractual Services	\$0	\$5,100,000	\$0	\$9,417,000
Materials & Supplies	\$0	\$0	\$0	\$6,459,300
Internal Services	\$0	\$0	\$0	\$382,700
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$5,100,000</b>	<b>\$0</b>	<b>\$16,522,000</b>
<b>Program Total:</b>	<b>\$5,100,000</b>		<b>\$16,522,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$5,100,000	\$0	\$16,522,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$5,100,000</b>	<b>\$0</b>	<b>\$16,522,000</b>

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding \$8,261,000  
 American Rescue Plan (ARP) through City of Portland \$8,261,000

Significant Program Changes

**Last Year this program was:** FY 2022: 30900 ARP - COVID-19 Emergency Response - Ongoing Operations

This program provides core services supporting people in our care. In the FY 2022 Adopted budget, this program was funded across two COVID-19 Emergency Response program offers, 30900 and 30090, which when combined amounted to \$20.4 million. In addition, \$5.1 million of ARP funds from the City of Portland were budgeted after adoption. When combined, this program was funded with \$25.4 million in FY 2022 and supported 400 rooms of motel shelter at eight sites. The County and its partners acquired three of those sites (120 rooms) over the course of the pandemic. Those assets, the ongoing funding for which is budgeted in 30209 using Metro Supportive Housing Services Measuring funding, will provide ongoing motel shelter capacity for the system.

**Access**

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

**Executive Summary**

For those experiencing unsheltered homelessness, access to basic hygiene services is one of the most challenging needs to meet. The importance of addressing basic hygiene needs was made even more apparent during the COVID-19 pandemic because of the importance of hand washing and basic sanitation to prevent the spread of the disease. This program offer continues an FY 2022 investment in basic hygiene services for the unsheltered population, with a focus on increasing access to toilets, hand washing, and showers in areas currently most underserved with those resources.

**Program Summary**

Gaining access to a bathroom, a place to wash up, and a shower have long been among the most challenging aspects of living unsheltered in the community. The COVID-19 pandemic both made access to basic hygiene services for the unsheltered population more critical than ever and made finding those services even more difficult. Public buildings that offer places to go to the bathroom, wash up, and shower closed, including community centers, libraries, and office buildings. Even certain day programs specifically designed to provide hygiene access for the unsheltered population were forced to close or significantly reduce their capacity. While a number of critical steps were taken to address this need for hygiene access, including county-wide distribution of hygiene supplies, the placement of dozens of hand washing stations, and more than 100 new portable bathrooms, additional investments are needed, especially in underserved areas of the County.

This program offer will fund an expansion of basic hygiene services for people living unsheltered. The precise nature and location of those services will be determined in consultation with the City of Portland and the East County municipalities, as well as with outreach providers and other community stakeholders. The Joint Office of Homeless Services (JOHS) expects the funding will complement and expand county-wide the City of Portland's ongoing project to offer portable restrooms and hygiene stations geographically distributed to identified areas of concentrated unmet need, as well as shower access through the use of site-based and mobile shower services. Depending on the outcome of the engagement process, funds may also be used to expand mobile or community-based laundry services. As the traditional spaces offering hygiene access to those living outside reopen, the JOHS will continue to reassess these investments and how best to improve access to hygiene services on an ongoing basis.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Hygiene access points created/expanded	N/A	25	25	25
Outcome	Uses of expanded hygiene services	N/A	10,000	10,000	10,000

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$750,000	\$0	\$750,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$750,000</b>	<b>\$0</b>	<b>\$750,000</b>
<b>Program Total:</b>	<b>\$750,000</b>		<b>\$750,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$750,000	\$0	\$750,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$750,000</b>	<b>\$0</b>	<b>\$750,000</b>

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding \$750,000

Significant Program Changes

**Last Year this program was:** FY 2022: 30902 ARP - COVID-19 Emergency Response - Expanded Hygiene Access

This program provides core services supporting people in our care.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

**Executive Summary**

Street outreach is a critical strategy to ensure people experiencing unsheltered homelessness are provided with access to basic survival supplies, receive critical information on available resources, and are assisted to navigate to those resources. Especially in the midst of the COVID-19 pandemic, having individuals who can bring services and supports to where people are is more essential than ever. This program offer funds significantly expanding culturally specific outreach services, recognizing that to be most effective, outreach services should be delivered by and for the diverse racial and ethnic communities that make up the unsheltered populations.

**Program Summary**

Homelessness, including unsheltered homelessness, disproportionately impacts Communities of Color. Continued systemic, institutional, and individual racism pushes higher numbers of Black, Indigenous and other People of Color (BIPOC) into homelessness and makes escaping homelessness significantly more difficult. That is why Multnomah County, like communities across the country, sees rates of homelessness for BIPOC significantly higher than rates for Non-Hispanic whites. This is seen across homeless subpopulations, including among adults, families with children, domestic violence survivors, youth, people experiencing chronic homelessness, and among people who identify as LGBTQIA2S+. This overrepresentation is also seen among those living unsheltered, as well as those in shelter, or living in doubled up situations.

It is because of the additional barriers faced by BIPOC that the Joint Office of Homeless Services prioritizes the provision of culturally specific and culturally responsive services within all aspects of the homeless response system. Culturally specific services provided by and for Communities of Color that are overrepresented among people experiencing homelessness are particularly critical to eliminating racial disparities and meeting the commitment to support everyone in the community to end their homelessness.

This program offer expands culturally specific services in one particularly critical area of the homeless services continuum of care, especially given the impacts of COVID-19 on the unsheltered population and Communities of Color. By investing in new culturally specific outreach capacity focused on overrepresented Communities of Color, this program offer helps ensure that members of those communities who are living unsheltered in encampments, vehicles, or other places not meant for human habitation are connected to critical resources, including survival supplies, a range of shelter and support services, and, ultimately, permanent housing. Culturally specific outreach workers are able to build trust and tailor their work to the specific needs of their communities. They can help those they serve navigate mainstream service systems and institutions that too often are not culturally responsive and overcome the additional barriers created by ongoing racism.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Culturally specific outreach workers	N/A	5	5	5
Outcome	People receiving assistance to access services	N/A	1,000	250*	1,000

**Performance Measures Descriptions**

\*This estimate reflects program ramp-up time

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$425,000	\$0	\$425,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$425,000</b>	<b>\$0</b>	<b>\$425,000</b>
<b>Program Total:</b>	<b>\$425,000</b>		<b>\$425,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$425,000	\$0	\$425,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$425,000</b>	<b>\$0</b>	<b>\$425,000</b>

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding \$425,000

Significant Program Changes

**Last Year this program was:** FY 2022: 30903 ARP - COVID-19 Emergency Response - Culturally Specific Outreach

This program provides core services supporting people in our care.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton

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

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

**Executive Summary**

In FY 2022, as an element of the emergency response to COVID-19, in partnership with the City of Portland, three emergency outdoor shelters were established for people experiencing homelessness. As part of the City's FY 2023 budgeting process, the City has proposed an allocation of American Rescue Plan (ARP) funds for the continuation of operations at two of the existing emergency outdoor shelter sites.

**Program Summary**

In March 2020, following public health guidance, the Joint Office of Homeless Services took immediate steps to limit the spread of COVID-19 within the population of people experiencing homelessness and otherwise mitigate impacts of the pandemic on those experiencing, or at risk of, homelessness. In FY 2021, the City of Portland and Multnomah County worked quickly to expand non-congregate shelter options for people experiencing homelessness. As part of this response, the jurisdictions created three emergency outdoor shelters to keep people experiencing homelessness safe and socially distant. In FY 2022, two of the three sites have been relocated to longer-term sites, and one is being decommissioned. Starting in FY 2022, the sites became the operational responsibility of a Joint Office contractor. The sites are each outfitted with prefabricated, insulated hard wall pallet shelters with beds, climate controls, safety features, and electricity, providing approximately 110 residents each night with food, clean water, sanitation, social service navigation, mental health supports, and more. One of the existing sites was designed to specifically serve members of the LGBTQIA2S+ community and another is prioritized to the needs of Black, Indigenous and People of Color (BIPOC).

In FY 2023, City ARP funds will be used by the Joint Office to continue operations of the approximately 80 sleeping pods at the Queer Affinity and BIPOC outdoor shelters. This Program Offer also includes funding to support staff capacity in the Joint Office of Homeless Services to continue work on the expansion of alternative shelter options.

The City has proposed an allocation of American Rescue Plan resources to fund this programming as part of its FY 2023 budget process.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of Physical Distancing Outdoor Shelters in operation	3	3	3	2
Outcome	BIPOC participate in program at rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes
Outcome	Number of people sheltered in existing outdoor physical distancing shelters*	120	200	108	100

**Performance Measures Descriptions**

\*These sites are transitional in nature, anticipate longer stays, and the ongoing effects of the pandemic limit anticipated move-outs to housing

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$0	\$538,000
Contractual Services	\$0	\$4,500,000	\$0	\$3,173,333
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$4,500,000</b>	<b>\$0</b>	<b>\$3,711,333</b>
<b>Program Total:</b>	<b>\$4,500,000</b>		<b>\$3,711,333</b>	
<b>Program FTE</b>	0.00	0.00	0.00	4.00

Program Revenues				
Intergovernmental	\$0	\$4,500,000	\$0	\$3,711,333
<b>Total Revenue</b>	<b>\$0</b>	<b>\$4,500,000</b>	<b>\$0</b>	<b>\$3,711,333</b>

Explanation of Revenues

American Rescue Plan (ARP) through City of Portland \$3,711,333

Significant Program Changes

**Last Year this program was:** FY 2022: 30905 ARP - COVID-19 Emergency Response - Outdoor Physical Distancing

This program provides core services supporting people in our care.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 30208A  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This program offer allocates a one-time carryover balance of America Rescue Plan (ARP) Act HOME Investment Partnership Program (HOME) capital funds from the U.S. Department of Housing and Urban Development (HUD) for the Joint Office of Homeless Services (JOHS) to use in acquiring a new non-congregate motel shelter as part of a partnership with the Portland Housing Bureau (PHB).

**Program Summary**

Multnomah County is committed to funding and operating long-term, high quality, year-round emergency shelters, and to continuing to provide seasonal temporary shelter during cold weather months. After an initial rapid expansion of emergency shelter capacity in available locations, the JOHS is leading the transformation of all year-round shelter into a network of community-based shelter programs that are located, designed, and service-supported to maximize transitions of shelter participants back into permanent housing. This program offer allocates a one-time carryover balance of ARP HOME funds to use in acquiring a new emergency shelter as part of a partnership with PHB. This funding was originally allocated in mid-FY 2022 as part of a joint City/County funding rebalance involving Business Income Tax (BIT) and other funds.

To address the need for homelessness assistance and supportive services, Congress appropriated \$5.0 billion in ARP funds to be administered through HOME to perform four activities that must primarily benefit qualifying individuals and families who are homeless, at risk of homelessness, or in other vulnerable populations. These activities include: (1) development and support of affordable housing; (2) tenant-based rental assistance (TBRA); (3) provision of supportive services; and (4) acquisition and development of non-congregate shelter units.

As part of its partnership with PHB, the JOHS is planning to acquire a new 137 unit motel shelter in NE Portland. This site will be used as a temporary emergency shelter for a minimum of three years (based on the terms of the HOME funds), before being converted to affordable housing. The JOHS strategically invests in shelter to further its communities' commitment to ending homelessness. This is done by operating emergency shelters that offer safety off the streets, and are intentionally developed to maximize the number of people who successfully transition through them to permanent housing. This program, along with 30208A - Safety off the Streets - Emergency Shelter Strategic Investment, provides the critical capital resources to continue the acquisition and development of year-round emergency shelter sites that meet this commitment.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of year-round emergency shelter beds/rooms	N/A	N/A	N/A	137
Outcome	Number of people served in year-round emergency shelter beds	N/A	N/A	N/A	300
Outcome	BIPOC served in emergency shelter at rate as higher than percent of HUD homeless population	N/A	N/A	N/A	Yes

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Capital Outlay	\$0	\$0	\$0	\$9,187,497
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$9,187,497</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$9,187,497</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$9,187,497
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$9,187,497</b>

Explanation of Revenues

HOME Investment Partnerships Program American Rescue Plan (HOME-ARP) \$9,187,497

Significant Program Changes

Last Year this program was:

This program provides core services supporting people in our care. It allocates the HOME-ARP balance of one-time capital funds allocated in mid-FY 2022 for shelter development as part of the rebalance joint funding package.

**Department:** Joint Office of Homeless Services      **Program Contact:** Shannon Singleton  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 30500  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This Program Offer makes a one-time allocation of American Rescue Plan (ARP) funds to expand the capacity to provide people experiencing homelessness who have serious and persistent disabling conditions with the support they need to complete the application for, and be approved to receive, Supplemental Security Income (SSI) and other long-term disability benefits from the Federal Government. This investment responds to the backlog of demand for these critical benefits acquisition services created during the pandemic, and represents a very effective use of one-time funds to help people experiencing chronic homelessness obtain an ongoing source of income.

**Program Summary**

The Joint Office of Homeless Services has funded a local non-profit organization to provide assistance to people experiencing homelessness to navigate the very complex social security disability application process for several years. Benefits acquisition assistance is a critical support service that is recognized as an essential part of helping people with serious and ongoing disabling conditions make successful and sustainable transitions out of homelessness.

This Program Offer provides a one-time allocation of ARP funds to address the increased demand for benefits assistance that exists as a result of the pandemic's impact on our most vulnerable populations and the organizations that continued to work to serve them. Specifically, the funding in this Program Offer will allow two new specialists to be hired who will be able to process and file applications for federal disability benefits. This is an expansion of capacity that is funded in Program Offer 30500.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	New benefits specialists to process and file federal long term disability benefit applications	N/A	N/A	N/A	2
Outcome	Successful applications for federal long-term disability benefits	N/A	N/A	N/A	27 awards
Outcome	Each Community of Color served at rates as high/higher than their proportion of chronically homeless population	N/A	N/A	N/A	yes

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$0	\$200,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$200,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$200,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$200,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$200,000</b>

Explanation of Revenues

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

Significant Program Changes

Last Year this program was:

This program addresses the County's priority of Crisis Response & Community Recovery.

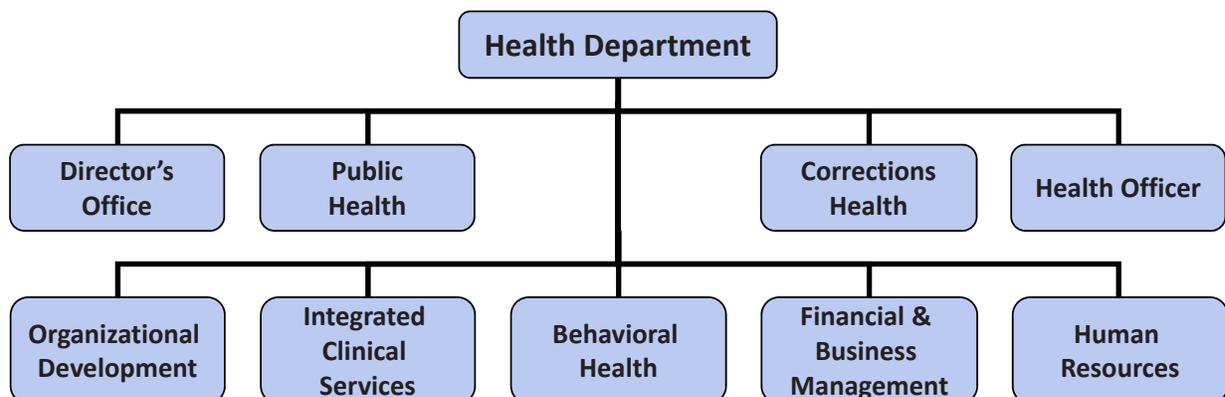
### Department Overview

The Health Department’s work is anchored in our vision of “thriving communities that nurture the health and resilience of all.” Our mission affirms, “We work with communities to advance health equity, protect the most vulnerable, and promote health and wellness for everyone.” The Health Department is the community leader in addressing the leading causes of death through a racial equity lens. We track and respond to all types of environmental threats and other health related emergencies. We provide unique services across the lifespan. The Health Department is the County’s lead for all COVID-19 efforts. As such, the pandemic has driven significant change in almost everything the department does.

Even as the COVID-19 pandemic fundamentally altered the way we do business, the Health Department remained focused on its core mission to: effectively manage disease outbreaks; promote healthy and safe behaviors; track the safety of our air, ground and water; disseminate critical health alerts and warnings during public health emergencies; provide medical and behavioral health care for individuals housed in the County’s jails; ensure the accessibility of trauma-informed behavioral health crisis services, early childhood and school-based mental health services, and suicide prevention services; manage specialized behavioral health care for people experiencing serious mental illness; coordinate substance use disorder services from harm reduction to treatment, recovery and support; deliver high quality and comprehensive primary care, dental and pharmacy services through the community health center; elevate community-driven priorities and solutions to complex issues; and partner in the development of policies and standards that address existing and emerging community health challenges.

In FY 2023, the department’s strategic priorities will again center on our COVID-19 response, with a shift to long-term recovery focused efforts. These priorities will evolve to address community needs. Our current strategic focus areas are:

1. Workforce equity, resilience and care, with special emphasis on recognition, retention and recovery for all of our employees.
2. COVID-19 response and recovery.
3. Health promotion, prevention, and early intervention.
4. Access to quality care.
5. Critical Infrastructure.



## Budget Overview

The FY 2023 Health Department budget is \$441.3 million, a \$21.5 million (5.1%) increase from the FY 2022 Adopted budget. The General Fund accounts for 29.0% of the total budget, and General Fund expenses decreased by \$46.4 million (-26.6%). Other Funds (besides the American Rescue Plan) increased by \$87.0 million (46.9%). American Rescue Plan (ARP) and COVID-19 funding decreased by \$19.1 million.

The shift from General Fund to Other Funds was primarily due to a mid-FY 2022 change in accounting and budgeting structure in the Integrated Clinical Services (ICS) division. In the FY 2022 Adopted budget and earlier, Federally Qualified Health Center (FQHC) Wraparound and Medicaid Incentives revenue in ICS were accounted for as General Fund subfunds and appeared in the General Fund throughout the budget documents. In mid-FY 2022, this funding, along with all other funding related to the FQHC, was moved to a newly created Enterprise Fund (Health Department FQHC Fund). This accounting structure change allows ICS to more easily report its revenue and expenditures specific to the Community Health Center program. The FY 2023 budget for the Health Department FQHC Fund is \$158.4 million, an \$11.4 million (7.7%) increase over the FY 2022 Adopted budget for ICS. The increase is primarily in FQHC Medicaid Wraparound funding based on an interim rate change from the Oregon Health Authority.

Public Health Modernization funding increased by \$5.2 million in FY 2023. The new Public Health Modernization funding helped to offset some grant reductions such as the \$0.5 million decrease to the HIV Early Intervention Services and Outreach grant in Communicable Disease Clinical and Community Services (40010B). The funding is also helping to expand programs such as the Communicable Disease Prevention and Control (40010A) and Environmental Health Community Programs (40037). Details of the programs can be found in the programs' narratives and significant changes.

### **COVID-19 & American Rescue Plan Funding (ARP)**

The Health Department's FY 2023 budget in the Coronavirus (COVID-19) Response Fund is \$41.0 million. This includes \$24.5 million of Multnomah County's direct allocation of American Rescue Plan (ARP) funding, along with \$16.6 million of other COVID-related funding. Many of the ARP programs are continuations of programs funded in FY 2022, although the services are being tailored to the current phase of the pandemic.

Old Town Inreach (40199W) is a new program that is funded with \$1.1 million of direct County ARP. This program is a partnership between the County and multiple providers to provide peer support and coordination to decrease critical incidents and support individuals' connections to behavioral health resources in Old Town. The program began in mid-FY 2022 with one-time-only General Fund resources, but it is being funded with ARP in FY 2023.

The Coronavirus (COVID-19) Response Fund also includes \$3.7 million and 11.77 FTE from CDC COVID-19 Health Disparities funding (40199T) that supports infrastructure to address disparities during COVID-19 and in the future.

### Budget Overview (continued)

The COVID-19 and American Rescue Plan division in the FY 2023 budget includes 56.83 FTE, an increase of 43.93 FTE from FY 2022. The majority of the FTE change (besides the CDC COVID-19 Health Disparities funding FTE), is due to having to convert limited duration assignments into regular positions based on labor agreements and personnel rules. Although the ARP funding is limited in nature, the pandemic has continued to a point where some of these positions will have existed for more than two years in FY 2023. Therefore, 34.80 FTE limited duration assignments were converted to regular positions (40199A).

#### General Fund Changes

The FY 2023 budget includes \$6.7 million of ongoing General Fund for new programs. The largest investments were in the Behavioral Health Resource Center (BHRC) that is set to open in mid-FY 2023. The BHRC budget (40105A and 40105B) includes \$2.2 million of General Fund, along with an assumed \$4.2 million in Other Funds from the State. The actual amount of State funding is unknown at this point in time. The budget also includes \$1.0 million to expand School Based Mental Health through 12th grade (40082C). Another \$1.0 million funds Peer Support Capacity (40065B) to expand Behavioral Health’s Office of Consumer Engagement. Other new ongoing General Fund programs include:

- Director’s Office - Additional Deputy Director (40000C) \$266,744
- COOP Coordination (40000D) \$155,455
- Behavioral Health Emergency Coordination Network (BHECN) Governance (40000E) \$300,000
- Vector Control - Encampment Health Hazard Abatement (40008B) \$405,000
- Additional Human Resources Support (40039C/E) \$785,120
- Additional Medical Examiner (40052B) \$133,301
- Future Generations Collaborative (40096C) \$154,762
- Public Health: Pacific Islander Coalition (40096D) \$350,000

The budget also includes \$3.2 million of one-time-only General Fund resources. This list of new one-time-only projects can be found in the Budget Director’s Message.

Budget Trends	FY 2021	FY 2022	FY 2022	FY 2023	Difference
	Actual	Current Estimate	Adopted Budget	Adopted Budget	
Staffing FTE	1,414.72	1,460.75	1,441.88	1,594.52	152.64
Personnel Services	\$199,277,637	\$201,140,106	\$225,360,838	\$252,271,344	\$26,910,506
Contractual Services	73,254,683	94,816,449	107,939,961	94,183,917	(13,756,044)
Materials & Supplies	31,246,118	31,919,377	33,290,402	35,063,708	1,773,306
Internal Services	46,949,450	54,104,026	52,768,942	59,454,363	6,685,421
Capital Outlay	<u>264,463</u>	<u>62,132</u>	<u>461,928</u>	<u>350,000</u>	<u>(111,928)</u>
<b>Total Costs</b>	<b>\$350,992,351</b>	<b>\$382,042,090</b>	<b>\$419,822,071</b>	<b>\$441,323,332</b>	<b>\$21,501,261</b>

Does not include cash transfers, contingencies or unappropriated balances. Program offers DO contain cash transfers, contingencies, and unappropriated balances.

## Successes and Challenges

Despite the ongoing challenges of the COVID-19 pandemic, the Health Department achieved significant accomplishments in FY 2022. As impacts to our Black, Indigenous, Latino, Asian, Pacific Islander and other communities of color became glaring, Public Health implemented the BIPOC COVID Strategic Framework which influenced the development of parallel plans for Black and Latino communities. Our commitment to lead with race influenced resource allocation. All of our divisions contributed their resources, often deploying entire teams to support the response. Since the beginning of the pandemic the department's accomplishments include:

- Public Health and Health Center clinics vaccinated an average of just under 5,000 members of our community per month through a combination of county and community sponsored events
- Distribution of over 74,000 vaccine incentive gift cards, successfully increasing the vaccination rate in the County
- Distribution of 7,460 home self-test kits to 85 Community Based Organizations
- Provided technical assistance and training to more than 50 Community Based Organizations, 90% of which are BIPOC culturally specific organizations, including engaging in 72 COVID-19 specific community information sessions
- Distribution of over \$4 million in client assistance gift cards to help individuals and families impacted by COVID-19 in meeting basic household needs
- Responded to almost 500 media requests regarding COVID-19 and other health related issues

Our organization could not have predicted the challenges we would face as a lead agency responding to the pandemic, in the midst of a changing climate and continued violent racism. Throughout the past year, we've been agile, applying lessons learned and shifting our approaches to address community needs. Our principal challenge is maintaining an adequate workforce to carry out our mission. Other challenges include:

- Management of ever-changing and unique challenges, including unprecedented labor shortages and extreme weather events
- The continuation of a major vaccination effort despite long-term employee stress
- Significant safety challenges for our employees working in the field, at departmental worksites, and at temporary vaccine and testing sites
- A significant increase in the number of recruitments without significant increases in Human Resources personnel
- Gaps in regulatory inspections and citations
- Continued transition to teleworking or hybrid work schedules
- Heightened levels of stress and trauma for BIPOC staff and our client community disproportionately impacted by the pandemic, the aftermath of continued racial violence and protests and civil unrest

## COVID-19 Impacts

COVID-19 continued to significantly impact all aspects of Health Department operations. The department played the central role in the County's response to COVID-19. In FY 2023, the department will lead the pivot from an emergency response to more long-term disease management efforts. Departmental operations, resources, and revenue all changed dramatically in FY 2022, and in FY 2023 the department will continue to be flexible and innovative as we continue to experience certain changes.

The department has maintained a Regional COVID-19 Dashboard and done focused analysis to track vaccine effectiveness in near real-time. Public Health and Health Officer leadership were fully engaged in the County's pandemic response. Leadership played a pivotal role in advising County executive leadership, responding to outbreaks in correctional settings, shelters, and schools, and coordinating emergency management and health system responses to surges in disease. Additionally, these teams used testing data, client data, and community input to analyze racial disparities and tailor COVID-19 response to BIPOC and other vulnerable communities. The Public Health and the Health Officer divisions continue to partner across the department, the County, and with external stakeholders.

The department's COVID-19 response includes a number of components. Key activities include outbreak response; testing and vaccination in clinical, community, and corrections settings; and vaccination for County staff; crisis counseling, behavioral health services, and culturally specific isolation/quarantine supports. These efforts will continue in FY 2023.

Other work includes internal and community communications and technical assistance to community partners and other stakeholders. Regional partnerships with culturally specific community-based organizations, health systems, community providers, and public health authorities are central to the Department's response efforts. Additionally, departmental infrastructure such as human resources, project management, financial management and compliance, procurement, and contract management play a critical role in making the COVID-19 response possible.

Operational changes outside of the COVID-19 response in FY 2022 include a shift to remote work and services (telehealth, virtual inspections, virtual training, and technical assistance); and increased safety protocols to address safety and security concerns for our staff working on-site and in the field.

In FY 2023, the department anticipates a continued ramping up of in-person services while continuing with telework and telehealth when appropriate and effective for service delivery. In some cases, the ability to connect with clients remotely through telehealth and other virtual methods greatly improved ease of access for our clients. As the County navigates the ongoing impacts of COVID-19, the department will continue to balance multiple factors, including health equity, safety, client and community input, and our resource constraints.

### COVID-19 & American Rescue Plan

In FY 2023, the County will continue to invest in the Health Department's existing COVID-19 public health infrastructure. Investments include ongoing culturally specific vaccination and testing efforts through the Public Health Division and the Community Health Centers with a special focus on underserved communities. Support for those needing isolation, quarantine, and wraparound services will continue. Public Health will assure that vulnerable residents who test positive for COVID-19, or are in close contact with someone who tests positive, have their basic financial and physical needs met, allowing them to safely isolate and quarantine. Other County programs will continue to provide wraparound services. Culturally specific, community-based services will be provided in a coordinated, culturally relevant manner. COVID-19 work in the last year has focused on low-barrier vaccine access, community engagement, and communications with a continued role in outbreak response that will carry into FY 2023. The Health Department will continue epidemiology, case investigation, and contact tracing within a culturally and linguistically appropriate framework. To address the spike in community violence, more than \$2 million is invested in the ongoing work of violence prevention, intervention, and healing, and some new, innovative efforts. This includes strategies to reduce violence, which focuses on identifying root causes, leveraging community strengths, leaning on partnerships with the community and recognizing the role of systemic racism, in the communities where violence is most prevalent. These investments are allocated to programs and services designed to reduce risk factors, and support individuals, families, and neighborhoods who have been impacted by community violence as they work to build strength and resilience.

Corrections Health will continue providing essential services to screen for and manage COVID-19 in jail facilities. The division will continue to provide COVID-19 vaccinations to adults in custody. Because the BIPOC community is disproportionately involved in the criminal legal system and disproportionately impacted by COVID-19, these efforts will go a long way to protect this community from COVID-19. Beyond screening and vaccinations, activities include testing, treatment, and quarantine of adults and youth in custody.

The Behavioral Health division will continue to support the health and recovery needs of communities most impacted by COVID-19. The division will employ culturally specific, brief behavioral health counseling as well as peer support and connection to long and short-term resources. Continuing reports of increased substance abuse during the pandemic require a multi-level response, and peers play a crucial role in building relationships and assisting individuals in recovery. All programs and divisions within the Health department will continue to support the public health response, provide critical core services to people in our care, and aid in crisis response and recovery.

## Diversity, Equity, and Inclusion

The Health Department aspires to achieve a vision of thriving communities that nurture the health and resilience of all. Our mission is to work with communities to advance health equity, protect the most vulnerable, and promote health and wellness for everyone.

Our values speak to how we engage with our diverse communities and one another. They set the intention for the organizational culture we wish to create.

### Health Department Values

- **Compassion and Care:** We treat all with kindness, dignity and respect as we seek to uplift one another's humanity.
- **Racial Equity:** We acknowledge that racism negatively affects everyone in our county, and we commit to accelerating our progress in eliminating racial inequities.
- **Integrity:** In protecting our community's health, we lead with conviction, honor our commitments, and deliver on our promises.
- **Empowerment:** We work collaboratively to ensure that our policies and programs amplify people's voices and uplift community-driven solutions.
- **Connection:** Our success depends on the diversity, brilliance, and care of one another. So that employees reach their full potential, we further environments that instill trust, promote safety and foster belonging.

### Workforce Equity and Leading Inclusively with Race

The Health Department's Leadership Team adopted the priority recommendations of our Equity Leadership Program (ELP) in February 2021. These recommendations span across six focus areas of the Workforce Equity Strategic Plan (WESP) including manager onboarding and orientation, recruitment (position descriptions, job announcements, interview panels), college to county career pathways and ADA accommodations. In FY 2022, the department dedicated General Fund resources to finance a position that oversees the implementation of the WESP across the department. The Workforce Equity Implementation Manager convenes team leads across the six implementation areas and documents progress. WESP updates reach our employee base through a monthly newsletter and webpage. Despite our strained capacity, the department continues to make steady progress in all areas of the WESP. Some examples of our work to lead inclusively with race include:

Equity Training Series: an ongoing employee training series that includes topics such as:

- Inclusively Leading with Race for Managers/Supervisors
- Confronting Anti-Blackness
- Coaching a Diverse and Inclusive Workforce
- Integrating Color BraveSpace Agreements
- Microaggressions: Building Awareness and Responsiveness
- Ouch! That Stereotype Hurts.

### Diversity, Equity, and Inclusion (continued)

A few examples of leading with race across our various service areas:

- Public Health testing and vaccination clinics prioritized partnerships with culturally specific organizations to ensure access for Black, Indigenous and other communities of color experiencing greater health inequities.
- The Health Officer Division provided physician authorization for community-based testing and vaccine services, and served as medical and public health experts at 72 community education sessions and media requests.
- Corrections Health is strengthening its transition planning efforts in partnership with community providers to increase support and reduce recidivism among individuals exiting our jails.
- Our Health Center has dedicated staff to support evaluation and equity centered planning through its Racial Equity and Diversity Initiative (REDI). Core focus areas for the coming year include policy, diversity and partnerships, clinical practices, training and development and sustainability.
- Behavioral Health is prioritizing investments in initiatives led by Black, Indigenous and other people of color and peers. This division is also stabilizing its capacity to gather and analyze information that will lead to more intentional programming and results for BIPOC and other vulnerable populations.

### Budget by Division

Division Name	FY 2023 General Fund	Other Funds	Total Division Cost	Total FTE
Director's Office	\$7,222,092	\$0	\$7,222,092	17.75
Financial and Business Management	17,379,410	0	17,379,410	68.00
Human Resources	4,892,464	0	4,892,464	26.68
Organizational Development	2,970,658	0	2,970,658	14.80
Health Officer	5,257,725	2,592,968	7,850,693	31.48
Public Health	33,030,492	40,921,662	73,952,154	321.31
Integrated Clinical Services	0	167,761,458	167,761,458	657.76
Corrections Health	28,320,930	0	28,320,930	122.57
Behavioral Health	28,741,584	70,937,004	99,678,588	277.33
COVID-19 and American Rescue Plan	0	40,694,885	40,694,885	56.83
<b>Total Health Department<sup>1</sup></b>	<b>\$127,815,355</b>	<b>\$322,907,977</b>	<b>\$450,723,332</b>	<b>1,594.52</b>

1- Does include cash transfers, contingencies, and unappropriated balances.

### Director's Office

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

The Strategy and Grant Development Team resides in the Director's Office and provides project management support to the department to identify, secure, and sustain resources to support internal and external capacity to address community needs. The team's approach includes equity-based and data driven program development that's focused on building partnerships and reducing disparities in BIPOC and other communities impacted by health, social, and economic inequities.

The Director's Office is responsible for ensuring that the department meets its strategic objectives while fostering a culture that supports a diverse and qualified workforce. The Office is a primary liaison to Federal, State, County and local elected officials. The director works with other County departments and community partners to further innovation in prevention and population- based community health services and outcomes. The director also collaborates with a wide range of local non-profit organizations, health systems partners and local agencies to provide safety-net health care and behavioral health care services to improve public health across the region.

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

### Significant Changes

The FY 2023 Budget provides funding for an additional Health Department Deputy Director (40000C). The new Deputy will provide additional leadership to the Health Department, helping address the extraordinary increase in complexity experienced by the department over the last several years.

The Epidemiology, Analytics, and Evaluation Division Administration is now part of the Director's Office, which includes the Strategy and Grant Development Team.

For FY 2023, \$1,749,637 is budgeted in the Health Director's Office as set aside funds to support the work of Integrated Clinical Services.

### Financial & Business Management

Finance and business management (FBM) services underpin the department's ability to achieve its mission. Its teams are the infrastructure required to effectively and responsibly manage the department's \$441 million budget. Services include accounting, financial reporting, grants management, budget development and monitoring, fiscal compliance, medical billing, procurement, and contract services. Teams collaborate with the County's Budget Office and Central Finance units.

More than 12,000 invoices, 260,000 medical claims, 1,000 contracts and amendments, and more than 150 federal and state grants were paid, submitted, executed, and reported on during the year.

The Financial and Business Management (FBM) division is committed to centering equity in policy and practice and in service to the Health Department's value of racial equity and mission to reduce health disparities. The division will continually invest time and resources into identifying and then dismantling internal and external structures that contribute to inequity, including the culture of white supremacy. We pride ourselves on our ability to recruit, retain and promote a diverse, inclusive and high-performing workforce. The division is working to advance the objectives outlined in the Workforce Equity Strategic Plan by committing resources for an equity and inclusion committee and operationalizing its policy recommendations.

### Significant Changes

Teams across the Financial and Business Management Division have experienced increased workloads due to the department's COVID-19 response and recovery efforts. An influx of funding with complex requirements has increased the need for additional compliance monitoring, audit preparation and response, new vendor relationships, increased invoice processing, new and revised contracts, new relief distribution programs, new vaccination incentive programs, changes to medical billing requirements, additional financial reporting, and cross-departmental and -County coordination.

From July 2021 to November 2021 the team distributed more than 74,000 vaccine incentive gift cards valued at more than \$4 million. These cards incentivized thousands across Multnomah County to receive COVID-19 vaccines, an effort that is key to preventing the spread of the illness. The FBM team is presently distributing just under 7,000 client assistance payments to clients who participate in our various services. Client assistance payments will help individuals and families who were financially impacted by the pandemic to meet basic needs. Vaccine incentive and client assistance programs prioritize BIPOC communities. These efforts were led by FBM staff, and included trauma-informed approaches to troubleshooting and addressing participant concerns and questions.

### Human Resources

The Human Resources (HR) division provides resources and leadership to employees in a way that fosters a supportive, compassionate, safe, trustworthy, respectful and motivating work environment for all staff. HR supports a workforce of over 1,800 employees and contracted workers.

HR provides expertise, consultation, and leadership to ensure that the department hires and retains a highly skilled and diverse workforce, while upholding the core values of equity and inclusion, managing the compliance of personnel rules and legal requirements, and developing and maintaining partnerships with labor unions and community stakeholders. The HR team is staffed with individuals of diverse educational, professional, cultural and lived backgrounds. These employees offer a high-level of expertise and competency and also reflect our department's workforce core values.

The key functional areas that drive HR operations are Recruitment and Staffing that include onboarding new staff, strategic partnering with leadership on critical staffing priorities while driving diversity targets and strategies. This work also includes career counseling for staff seeking skill development and promotion and strategies for building networks and partnership with community organizations to foster pipelines for County employment. Employee Relations works with management and staff on matters related to employee satisfaction and recognition, team development, employee and supervisor performance management and coaching, and correction action and discipline. Labor Relations leads and manages complaint investigations, provides conflict resolution and mediation, partnering with County Labor Relations and legal teams on union contract interpretation, compliance and negotiations, and interpretation and compliance of local state federal law requirements. Other HR Operations areas include Workday implementation, Leave Administration, ADA, Privacy Compliance, Class Comp, Data Management and Employee Records Maintenance.

### Significant Changes

The FY 2023 budget includes the ongoing addition of 4.00 FTE recruitment staff (40039C), and 1.00 FTE for the support of the classification compensation process (40039E).

## Organizational Development

Organizational Development supports the Health Department's effectiveness by helping to set a unified departmental strategy and developing leaders who foster a culture of safety, trust and belonging. We provide organizational assessment, change management, strategic planning, executive coaching, leadership and team development, onboarding, mentorship, equity and inclusion coaching and training, communications and marketing, and culture change. The division oversees the following three teams:

- The Equity and Inclusion team champions equity and racial justice through culture change consultation and training, leadership coaching, and the implementation of WESP recommendations. The team tracks the Health Department's progress in meeting the WESP performance measures.
- Learning & Development invests in employees at all levels of the organization by offering workshops, online learning, onboarding, mentoring support and leadership development. This program is also responsible for the Workday Learning platform functions, including the creation and maintenance of courses and offerings, Learning Partner administration, and departmental and division-specific online training coordination.
- Communications and Marketing develops internal communications strategies to promote organizational cohesion. It also promotes essential health services and disseminates 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.

## Significant Changes

In FY 2023, the Equity Manager will begin reporting to the Health Department Director in order to align with the countywide equity structure.

### Health Officer

The Health Officer Division houses programs that provide vital 24/7/365 services for residents of Multnomah County.

The Health Officer program provides round-the-clock public health physician consultation, technical direction, and leadership to support public health response activities as required by Oregon statute. Through a combination of contracts and County General Fund, the Multnomah County Health Officer supervises four health officers, serves as the physician link to health systems and supports regional public health alignment with Clackamas and Washington Counties.

The Medical Examiner's Office (MEO) also operates 24/7/365 to help determine the cause and manner of approximately 1 in 3 deaths in Multnomah County every year, including homicides, suicides, overdose, and accidental deaths. These services are statutorily mandated.

The Health Officer Division is also home to Multnomah County's Emergency Medical Services (EMS) administration, including the EMS Medical Director and the TC911 social worker intensive case management program for high utilizers of 911 and emergency departments. EMS services are almost exclusively funded by franchise fees paid by American Medical Response, with TC911 drawing nearly all of its funding from a Health Share of Oregon grant.

The Public Health Emergency Preparedness (PHEP) program is funded separately by a state grant.

### Significant Changes

The Health Officer Division's General Fund programs are at the forefront of the COVID-19 pandemic response.

The pandemic also increased costs associated with providing all Medical Examiner staff appropriate personal protective equipment to conduct scene investigations and meetings with families. The program's move to the new McCoy building in late 2019 shortened response times, but increased budget needs related to employee travel for daily intake at the State facility, overnight storage with their transportation company, and overall increased transportation costs. Following decades of informal working agreements with the State Medical Examiner, work is in progress to formalize a contract that accurately reflects each agency's contribution to this vital service.

The addition of a Deputy Medical Examiner in FY 2022 moved the program closer to an appropriate size for a jurisdiction of our size, but an additional 1.00 FTE Medical Examiner is needed and is included in the FY 2023 budget (40052B). The number of deaths needing investigation continues to increase year over year, with on-scene response to deaths at home decreasing. The increased public interest in reports like Domicile Unknown and the June 2021 heat dome report has signaled the importance of maintaining in-person scene investigation for leading causes of death in our county.

### Public Health

The Public Health Division (PH) is the local public health authority for Multnomah County. It is responsible for protecting the health of the public, and reporting to the County Board of Health (BOH). Public Health coordinates with the BOH to identify pressing public health issues, particularly in BIPOC communities, and set health policy and system changes that address them. Priority issues include racial and ethnic disparities in leading causes of preventable death, disease, illness, and injury; economic and social conditions; and COVID-19 impacts. Public Health leads with race in partnership with the community across the following program areas:

- Communicable Disease Services, which works to prevent the spread of reportable contagious diseases, including COVID-19, through epidemiology, investigation, harm reduction, partnerships, and clinical and immunization services.
- Environmental Health, which protects the safety of residents by inspecting licensed facilities; controlling disease vectors; and addressing lead poisoning, air and climate quality, and neighborhood/transportation design.
- Prevention & Health Promotion, which improves population health through partnerships; technical assistance; and culturally specific policies and strategies. Initiatives are chronic disease and violence prevention; substance misuse prevention; tobacco control and prevention; adolescent health; and parent, child and family health.

### Significant Changes

Public Health and the BOH focused COVID-19 response by prioritizing strategies for BIPOC communities. In FY 2023, the focus will remain shifted towards promoting widespread vaccination and testing and recovery strategies for staff and communities. Other COVID-19 impacts included workforce shortages and a move to a hybrid model with increased in-person services. These impacts continued fluctuations in clients served/reached, visits, revenue, and inspection and citations. Further stabilization is anticipated in FY 2023 as programs ramp up in-person services and increase support for the stabilization and restoration of the public health workforce.

Non COVID-19 related changes: The Community & Adolescent Health program received two new Federal youth violence prevention grants to increase program capacity. Public Health received sizable grant investments (OHA Public Health Modernization and CDC COVID-19 Health Disparities) to support divisional Public Health services and enhance community partners. Also, Communicable Disease Services is reconfigured to include Community Epidemiology Services and Community Immunization Program; and Parent, Child, and Family Health is implementing EPIC electronic health record across programs.

The pandemic exposed a need for greater administrative capacity and ongoing programming in community based organizations (CBOs) that provide culturally specific services for the Pacific Islander (PI) community. In FY 2023, new funds will be dispersed to expand capacity within Pacific Islander CBOs by adding staffing to the Pacific Islander Coalition and enhancing programming related to health and education (40096D). By adding administrative capacity within the Coalition, CBOs will be better equipped to track and apply for additional funding sources to continue expanding the programming to meet the needs outlined in the PI Health, Equity, and Liberation Assessment (HEAL) report.

### Integrated Clinical Services (ICS)

Multnomah County's Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Together, our eight primary care clinics, seven dental clinics, nine student health centers, seven pharmacies, and laboratory services serve more than 54,400 unique patients per year, with a focus on people who otherwise have limited access to health care. This includes highly specified care for persons living with HIV, as well as for immigrant and refugee populations. As an FQHC, the program must follow Health Resources & Services Administration (HRSA) regulatory requirements and specific governance, financial, operational, and clinical quality policies.

The Health Center Program welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as People of Color, and more than 40 percent are best served in a language other than English; we serve clients speaking more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

### Significant Changes

As part of the national response to the COVID-19 pandemic, Federally Qualified Health Centers (FQHC) have been deeply involved in the prevention, testing, treatment, and outreach to high-risk populations. ICS will continue to support the COVID-19 pandemic response in alignment with these national goals and as outlined by federal grants designed to support health center programs. In 2021, the health center program served as a key access point for both COVID-19 testing and COVID-19 vaccinations. This effort has required the development of specific positions to support ongoing personal protective equipment (PPE) monitoring, management of key infection prevention workflows, vaccine management, and communications which will continue as part of FY 2023 services.

As part of the comprehensive response to the COVID-19 pandemic, the health center also expects to expand access to integrated behavioral health services throughout primary care and student health center locations to meet higher levels of need. In addition, the program will seek to sustain and support staff through supplemental roles dedicated to patient engagement, enrollment, and transitions of care planning. These services and access initiatives are designed to further address equitable access to care, focusing on populations disproportionately impacted by COVID-19.

ICS is realigning dental staffing to maximize patient access. This realignment is in response to our current challenge to recruit/retain Expanded Function Dental Assistants (EFDA), historical volume and predicted future demand. The change led to the elimination of a total of 6.13 FTE for dentists and 1.08 FTE for hygienists, including vacant positions.

### Corrections Health

Multnomah County is legally mandated to ensure access to health care and safeguard the health of those detained at Multnomah County Detention Center, Multnomah County Inverness Jail and the Donald E. Long Home for youth. The core responsibility of Corrections Health is to provide a community level of health care (medical, mental health, and dental) to the individuals entrusted to our care. This care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted.

Corrections Health staff at the adult facilities provide around-the-clock evaluation, diagnosis and treatment to over 30,000 individuals each year. Many have serious, unstable, or chronic health conditions, including major behavioral health issues. At the juvenile facility, licensed nursing staff, providers, and mental health consultants provide services 16 hours each day to over 2,000 youth each year. More than one third receive mental health treatment.

Because most individuals in custody return to their communities, health improvements made in detention (for example, treating communicable disease) benefit the overall health of their families and the community. By stabilizing substance use and behavioral health conditions, the work of Corrections Health allows detainees to more fully participate in their own legal cases. This protects their constitutional rights and promotes a more efficient judicial process.

### Significant Changes

Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the BIPOC demographic of the population served. Further efforts will continue in FY 2023 to evaluate policies, procedures and practices to ensure that equity is embedded throughout Corrections Health operations, while maintaining access to essential care. Recent enhancements to the management structure of Corrections Health are designed to promote succession planning, increase efforts to promote diversity in our leadership team, and improve the ability to provide adequate oversight, mentorship, and quality improvement.

The ever rising cost of pharmaceuticals and outside medical services—including specialty clinic evaluations, ambulance and emergency room visits – continues to be a challenge, particularly as Corrections Health continues to address the impact of the pandemic. Corrections Health continues to strengthen transition planning efforts that aid adults in custody before they are released, so that those who have significant medical (including substance use disorders) or behavioral health needs receive continuity of care. The FY 2023 budget includes the creation of the Corrections Health Transition program within the Corrections Health Behavioral Health Services program (40059A) by moving resources and FTE that were previously distributed within different program offers. The Corrections Health Transition’s program’s newly focused efforts will improve community health and are aimed at reducing recidivism.

### Behavioral Health

Multnomah County Behavioral Health Division (BHD) works to enhance and maintain high-quality, accessible, client-driven, culturally-responsive and trauma-informed systems of care to promote wellness and recovery for children, youth, and adults experiencing mental health or addiction challenges. Our decisions are grounded in our values of racial justice and equity, cultural humility, consumer/lived experience centered approaches, trauma informed principles, transparency, and integrity. Our FY 2023 priorities are: Responding to the behavioral health impact of COVID-19; improving outcomes for persons served by the Safety Net, stabilizing programs/services that are culturally specific/responsive; investing in BIPOC led initiatives; investing in peer led initiatives; stabilizing capacity to gather and analyze information that will lead to more intentional programming and results for BIPOC and other vulnerable populations.

BHD operates the Community Mental Health Program (CMHP), which addresses routine, urgent, and emergent needs and provides oversight of state-licensed adult residential services programs, behavioral health crisis services, including a 24/7 crisis line available to all residents in Multnomah county, involuntary commitment services, including commitment investigations, monitoring, and post-commitment services, adult protective services, indigent services, including culturally-specific services and jail diversion. BHD also provides prevention and early intervention to children, youth and young adults, including early childhood programs, Early Assessment Support Alliance (EASA) services and school-based mental health services in more than 39 schools across the county. BHD provides care coordination through the Wraparound and Choice Model programs and intensive care coordination for youth and adult Health Share of Oregon and Trillium members. Further, BHD oversees the coordination of addiction prevention and treatment services for gambling and substance use disorder, and provides direct services to support drug user health for individuals experiencing homelessness, and at risk of legal involvement, and who lack access to resources (prioritizing BIPOC individuals).

BHD is committed to addressing gaps in the system of care for the most vulnerable, including individuals who experience chronic homelessness, victims of abuse, and marginalized communities. BHD prioritizes developing systems and programs that are informed by those with lived experience and creating access to supportive housing. BHD will continue to work with our Office of Consumer Engagement and peer groups to make policy and programming recommendations.

### Significant Changes

In response to the COVID-19 pandemic, BHD modified services to prioritize safety and comply with physical distancing guidelines. Initially, many of our direct and contracted services moved to telehealth, and the division modified street outreach and residential services to promote client and staff safety. In the fall of 2021, school based mental health teams returned to school buildings and all programs continued to adapt services to allow greater in- person connection with a balance of telehealth options. BHD prioritizes services for BIPOC communities who experience the greatest impact from

### Behavioral Health Significant Changes (continued)

the pandemic, including supporting the development of two new culturally specific peer recovery support programs and other services that target BIPOC, peer, and immigrant populations. In FY 2023 BHD will continue these efforts.

COVID-19 created significant challenges to the behavioral health workforce, with about 20 percent of the behavioral health workforce statewide choosing not to work in the field. This led to a reduction in access to services, with residential programs impacted the most. BHD continues to work with providers as well as state funders to identify methods to address these challenges and improve workforce retention. Finally, the impact of the pandemic on community members' behavioral health has been profound, with increases in overdose, suicide, and severity and acuity of behavioral health symptoms. BHD is actively engaging with community partners to identify the best use of our cumulative time, energy and resources as we plan for COVID-19 recovery efforts.

The FY 2023 BHD budget includes multiple new programs and expansions:

1) The Behavioral Health Resource Center (BHRC), which will provide Day Center services for houseless individuals with severe mental health disabilities and problematic drug use, and shelter and housing services, 365 days/year (40105A/B). The BHRC will be peer staffed and will provide clinical support. The BHRC project is grounded in trauma informed principles and practices. The project is set to open in the fall of 2022.

2) Old Town Inreach (40199W) provides in-reach and support for programs that provide basic needs services for individuals experiencing homelessness in the Old Town area. These services will take place during peak service delivery hours when clients are gathered for services. In-reach will focus on fostering relationships, assisting in connections with behavioral health and harm reduction services, and minimizing conflict. This is funded through the American Rescue Plan.

3) In addition to these new programs, BHD is partnering with Preschool for All to provide prevention and mental health support for families engaged in preschool for all sites (40099B).

4) School Based Mental Health/K-3 Expansion will expand case management services for children and families (currently K-3rd grade) through the 12th grade across six schools districts, using evidence based models and an anti-racist lens (40082C).

5) The division will also add Peer Support Capacity (40065B) through expanding the Office of Community Engagement to foster more effective communication and connection across the peer service community, invest in BIPOC and other population specific peer recovery support services, and develop integrated peer support services for persons with mental health and substance use concerns.

6) A significant new state investment in Behavioral Health Crisis Services (40069A) through the County Financial Assistance Agreement. Almost \$2 million in new funds will support community based contractors in addressing the acute behavioral health needs of community members.

### 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 2023 General Fund	Other Funds	Total Cost	FTE
<b>Director's Office</b>					
40000A	Health Department Director's Office	\$3,941,958	\$0	\$3,941,958	10.75
40000B	Director's Office - In/Out of Scope Services	90,000	0	90,000	0.00
40000C	Health Department Director's Office- Additional Deputy Director	266,744	0	266,744	1.00
40000D	COOP Coordination	155,455	0	155,455	1.00
40000E	Behavioral Health Emergency Coordination Network (BHECN) Governance	300,000	0	300,000	1.00
40000F	Rockwood Health Center Capital Improvement	2,000,000	0	2,000,000	0.00
40003	Health Department Leadership Team Support	467,935	0	467,935	4.00
<b>Financial and Business Management</b>					
40040A	Financial and Business Management Services	9,349,192	0	9,349,192	38.00
40040C	Behavioral Health Billing Support	242,082	0	242,082	2.00
40041	Medical Accounts Receivable	1,714,661	0	1,714,661	10.00
40042	Contracts & Procurement	2,274,681	0	2,274,681	13.00
40044	Health Data and Analytic Team	3,107,942	0	3,107,942	5.00
40108	IT: IT Business System Analyst	690,852	0	690,852	0.00
<b>Human Resources</b>					
40039A	Human Resources	4,107,344	0	4,107,344	21.68
40039C	Human Resources - Additional Recruiters	608,668	0	608,668	4.00
40039E	Human Resources - Class Comp Support	176,452	0	176,452	1.00
<b>Organizational Development</b>					
40046A	Organizational Development	2,970,658	0	2,970,658	14.80
<b>Health Officer</b>					
40002	Tri-County Health Officer	493,035	1,061,514	1,554,549	2.15
40004	Ambulance Services (Emergency Medical Services)	2,350,266	1,232,426	3,582,692	13.90
40005	Public Health & Regional Health Systems Emergency Preparedness	64,159	299,028	363,187	1.43
40052A	Medical Examiner	2,145,472	0	2,145,472	13.00
40052B	Additional Medical Examiner	133,301	0	133,301	1.00
40052C	New Medical Examiner- Vehicle	27,000	0	27,000	0.00

# Health Department

fy2023 adopted budget

Prog. #	Program Name	FY 2023 General Fund	Other Funds	Total Cost	FTE
<b>Health Officer (continued)</b>					
40106	Health Officer In/Out of Scope Services	44,492	0	44,492	0.00
<b>Public Health</b>					
40001	Public Health Administration and Quality Management	2,235,021	554,244	2,789,265	13.80
40006	Tobacco Prevention and Control	682,993	525,069	1,208,062	6.85
40007A	Health Inspections and Education	6,216,297	28,394	6,244,691	36.90
40008A	Vector-Borne Disease Prevention and Code Enforcement	1,570,414	0	1,570,414	8.62
40008B	Vector Control-Encampment Health Hazard Abatement	405,000	0	405,000	3.00
40008C	Vector Control Evaluation	100,000	0	100,000	0.00
40009	Vital Records	4,000	882,936	886,936	5.30
40010A	Communicable Disease Prevention and Control	1,917,090	3,180,729	5,097,819	21.72
40010B	Communicable Disease Clinical and Community Services	1,443,674	7,266,330	8,710,004	35.25
40010C	Communicable Disease Community Immunization Program	0	205,988	205,988	1.26
40012B	Services for Persons Living with HIV - Regional Education and Outreach	72,791	5,881,711	5,954,502	5.80
40012C	Community Primary Care Expansion	90,000	0	90,000	0.00
40018	Women, Infants, and Children (WIC)	2,432,625	4,122,244	6,554,869	44.35
40037	Environmental Health Community Programs	537,502	1,751,163	2,288,665	13.50
40048	Community Epidemiology	1,364,686	266,010	1,630,696	8.65
40053	Racial and Ethnic Approaches to Community Health	509,772	1,044,469	1,554,241	7.65
40054	Nurse Family Partnership	737,662	1,861,813	2,599,475	9.00
40055	Home and Community Based Consulting	502,171	709,509	1,211,680	7.00
40056	Healthy Families	831,092	2,692,023	3,523,115	5.83
40058	Healthy Birth Initiative	1,621,590	1,544,266	3,165,856	15.80
40060	Community & Adolescent Health	2,114,560	2,344,511	4,459,071	18.25
40061	Harm Reduction	2,061,826	1,633,409	3,695,235	9.10
40096A	Public Health Office of the Director	3,029,924	4,247,879	7,277,803	30.24
40096B	Public Health In/Out of Scope Services	656,317	0	656,317	4.27
40096C	Future Generations Collaborative	169,762	0	169,762	0.00
40096D	Public Health: Pacific Islander Coalition	350,000	0	350,000	0.00
40097	Parent, Child, and Family Health Management	1,373,723	178,965	1,552,688	9.17

# Health Department

fy2023 adopted budget

Prog. #	Program Name	FY 2023 General Fund	Other Funds	Total Cost	FTE
<b>Integrated Clinical Services</b>					
40012A	FQHC-HIV Clinical Services	0	6,725,089	6,725,089	31.68
40016	FQHC-Medicaid/Medicare Eligibility	0	2,836,726	2,836,726	20.00
40017	FQHC-Dental Services	0	26,133,184	26,133,184	130.36
40019	FQHC-North Portland Health Clinic	0	5,318,820	5,318,820	25.50
40020	FQHC-Northeast Health Clinic	0	6,207,815	6,207,815	28.20
40022	FQHC-Mid County Health Clinic	0	12,021,045	12,021,045	54.40
40023	FQHC-East County Health Clinic	0	10,835,406	10,835,406	49.20
40024	FQHC-Student Health Centers	0	6,556,300	6,556,300	28.24
40026	FQHC-La Clinica de Buena Salud	0	2,871,779	2,871,779	12.50
40027	FQHC-Southeast Health Clinic	0	3,877,130	3,877,130	17.22
40029	FQHC-Rockwood Community Health Clinic	0	5,805,405	5,805,405	28.10
40030	FQHC-Clinical Director	0	1,880,943	1,880,943	4.10
40031	FQHC-Pharmacy	0	36,505,138	36,505,138	63.53
40032	FQHC-Lab and Medical Records	0	5,134,267	5,134,267	31.60
40033	FQHC-Primary Care and Dental Access and Referral	0	3,675,113	3,675,113	27.00
40034	FQHC-Administration and Operations	0	9,574,334	9,574,334	46.40
40034B	FQHC - Contingency and Reserves	0	9,400,000	9,400,000	0.00
40036	FQHC-Community Health Council and Civic Governance	0	419,332	419,332	2.00
40102	FQHC Allied Health	0	5,669,614	5,669,614	34.47
40103	FQHC-Quality Assurance	0	6,314,018	6,314,018	23.26
<b>Corrections Health</b>					
40049	Corrections Health Juvenile Detention	1,618,331	0	1,618,331	5.60
40050A	Corrections Health Multnomah County Detention Center (MCDC)	4,064,052	0	4,064,052	17.70
40050B	Corrections Health MCDC Clinical Services and 4th Floor Housing	3,429,307	0	3,429,307	10.30
40050C	Corrections Health MCDC Housing Floors 5, 6, 7 & 8	3,200,815	0	3,200,815	14.20
40050D	Corrections Health - In/Out of Scope Services	946,449	0	946,449	6.67
40051A	Corrections Health Inverness Jail (MCIJ) Clinical Services	4,323,657	0	4,323,657	20.65
40051B	Corrections Health MCIJ General Housing Dorms 4 - 11	2,897,266	0	2,897,266	7.50
40051C	Corrections Health MCIJ Dorms 12 - 18 and Infirmary	2,201,026	0	2,201,026	8.50

# Health Department

fy2023 adopted budget

Prog. #	Program Name	FY 2023 General Fund	Other Funds	Total Cost	FTE
<b>Corrections Health (continued)</b>					
40059A	Corrections Health Behavioral Health Services	5,640,027	0	5,640,027	31.45
<b>Behavioral Health</b>					
40065	Behavioral Health Division Administration	1,035,359	1,557,165	2,592,524	11.48
40065B	Peer Support Capacity	1,000,000	0	1,000,000	1.50
40067	Medical Records for Behavioral Health Division	174,535	474,628	649,163	4.75
40068A	Behavioral Health Quality Management	1,179,288	2,161,735	3,341,023	17.36
40068B	Behavioral Health Quality Management - Retain Staffing	0	594,864	594,864	2.46
40069A	Behavioral Health Crisis Services	1,741,198	13,128,004	14,869,202	22.95
40070	Mental Health Crisis Assessment & Treatment Center (CATC)	741,017	0	741,017	0.00
40071	Behavioral Health Division Adult Protective Services	1,053,581	257,342	1,310,923	7.80
40072	Mental Health Commitment Services	1,783,709	2,967,953	4,751,662	24.10
40073	Peer-run Supported Employment Center	109,368	0	109,368	0.00
40074	Mental Health Residential Services	1,370,891	8,687,532	10,058,423	11.80
40075	Choice Model	0	4,294,860	4,294,860	13.34
40077	Mental Health Treatment & Medication for the Uninsured	1,259,920	0	1,259,920	0.00
40078	Early Assessment & Support Alliance	384,382	2,003,532	2,387,914	12.85
40080A	Community Based MH Services for Children & Families	303,267	556,111	859,378	2.77
40080B	Community-Based MH Services for Children and Families - Culturally Specific Clients	156,725	0	156,725	1.00
40081	Multnomah County Care Coordination	158,112	9,925,721	10,083,833	49.41
40082A	School Based Mental Health Services	2,009,930	1,872,967	3,882,897	22.53
40082B	School Based Mental Health Services - In/Out of Scope Services	560,418	0	560,418	2.31
40082C	School Based Mental Health Expansion	999,251	0	999,251	8.00
40083	Behavioral Health Prevention Services	304,844	215,766	520,610	2.80
40084A	Culturally Specific Mental Health Services	1,897,008	0	1,897,008	0.00
40084B	Culturally Specific Mobile Outreach and STP	738,800	0	738,800	0.00
40085	Adult Addictions Treatment Continuum	2,281,477	10,177,436	12,458,913	5.55
40086	Addiction Services Gambling Treatment & Prevention	0	935,530	935,530	1.50
40087	Addiction Services Alcohol & Drug Prevention	0	478,321	478,321	1.30
40088	Coordinated Diversion for Justice Involved Individuals	1,348,378	2,668,479	4,016,857	14.50

# Health Department

fy2023 adopted budget

Prog. #	Program Name	FY 2023 General Fund	Other Funds	Total Cost	FTE
<b>Behavioral Health (continued)</b>					
40089	Addictions Detoxification & Post Detoxification Housing	1,552,807	783,691	2,336,498	0.50
40090	Family & Youth Addictions Treatment Continuum	114,396	155,607	270,003	0.00
40091	Family Involvement Team	32,380	328,062	360,442	0.00
40099A	Early Childhood Mental Health Program	1,512,952	528,634	2,041,586	11.89
40099B	Preschool For All Early Childhood	0	1,621,748	1,621,748	10.98
40099C	Early Childhood Mental Health Program - In/Out of Scope Services	97,942	0	97,942	0.50
40099D	Early Childhood Mental Health Program - Culturally Specific Contracting	0	165,852	165,852	0.00
40100	Trauma Intervention Services	52,680	0	52,680	0.00
40101	Promoting Access To Hope (PATH) Care Coordination Continuum	612,537	235,464	848,001	8.90
40105A	Behavioral Health Resource Center (BHRC) - Day Center	1,520,459	2,766,505	4,286,964	2.50
40105B	Behavioral Health Resource Center (BHRC) - Shelter/Housing	653,973	1,393,495	2,047,468	0.00
<b>COVID-19 &amp; American Rescue Plan</b>					
40199A	ARP - Public Health - COVID-19 Investigation and Response	0	4,800,720	4,800,720	34.80
40199B	ARP - Public Health Communicable Disease Community Immunization Program	0	1,398,394	1,398,394	4.17
40199C	ARP - Public Health - Isolation and Quarantine	0	13,841,425	13,841,425	0.00
40199D	ARP - Behavioral Health - Continuing COVID Response	0	1,625,888	1,625,888	1.00
40199E	ARP - COVID-19 Response Health Officer	0	205,848	205,848	0.00
40199G	ARP - COVID-19 Response Clinical Services	0	8,075,272	8,075,272	0.00
40199I	ARP - COVID-19 Response Support Services	0	1,406,494	1,406,494	3.00
40199J	ARP - Public Health Community Partners and Capacity Building Expansion	0	1,023,795	1,023,795	0.00
40199K	ARP - Public Health Communicable Disease Services Expansion	0	711,208	711,208	0.00
40199O	ARP - Health Data Exchange	0	400,000	400,000	0.00
40199Q	ARP - Gun Violence Impacted Families Behavioral Health Team	0	1,214,400	1,214,400	0.00
40199R	ARP - Culturally Specific Behavioral Health Programs	0	625,000	625,000	0.00
40199T	Public Health CDC COVID-19 Health Disparities	0	3,654,224	3,654,224	11.77

# Health Department

fy2023 adopted budget

Prog. #	Program Name	FY 2023 General Fund	Other Funds	Total Cost	FTE
<b>COVID-19 &amp; American Rescue Plan (continued)</b>					
40199U	Public Health REACH COVID-19/Flu Vaccine Supplement	0	253,884	253,884	0.25
40199V	Public Health PDES COVID-19 Funding	0	225,000	225,000	0.84
40199W	ARP - Old Town Inreach	0	1,100,000	1,100,000	0.00
40199Y	Early Assessment and Support Alliance (EASA) COVID-19 Stimulus Funding	<u>0</u>	<u>133,333</u>	<u>133,333</u>	<u>1.00</u>
<b>Total Health Department<sup>1</sup></b>		<b>\$127,815,355</b>	<b>\$322,907,977</b>	<b>\$450,723,332</b>	<b>1,594.52</b>

1- Does include cash transfers, contingencies, and unappropriated balances.



## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,605,529	\$0	\$1,898,800	\$0
Contractual Services	\$2,110,178	\$0	\$1,749,637	\$0
Materials & Supplies	\$116,523	\$0	\$106,755	\$0
Internal Services	\$142,995	\$0	\$186,766	\$0
<b>Total GF/non-GF</b>	<b>\$3,975,225</b>	<b>\$0</b>	<b>\$3,941,958</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$3,975,225</b>		<b>\$3,941,958</b>	
<b>Program FTE</b>	8.00	0.00	9.75	1.00

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

## Explanation of Revenues

## Significant Program Changes

**Last Year this program was:** FY 2022: 40000A Health Department Director's Office

- The Epidemiology, Analytics, and Evaluation Division Administration is now part of the Director's Office.
- FTE increase is from a reallocation of the Operations Supervisor from Health Leadership Team Support (40003).
- The 1.00 FTE in Other Funds is funded by the Supportive Housing Services Measure funding in the Joint Office of Homeless Services. See program 30407B for the associated costs and program information.
- For FY 2023, \$1,749,637 is budgeted in the Health Director's Office as set aside funds to support the work of ICS.
- 0.75 FTE was added is to help support additional supervision, policy and program leadership due to increased programming added to School-Based Mental Health, Preschool for All and last year's new investments in Gun Violence reduction. The remaining 0.25 FTE of this position is in 40099B.



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$90,000	\$0
Materials & Supplies	\$90,000	\$0	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$90,000</b>	<b>\$0</b>	<b>\$90,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$90,000</b>		<b>\$90,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40000B Director's Office - In/Out of Scope Services



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$266,744	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$266,744</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$266,744</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

40000C is supporting 1.00 FTE. In FY23, this program is adding a deputy director



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$155,455	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$155,455</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$155,455</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Governance**

**Department:** Health Department      **Program Contact:** Ebony Sloan Clarke

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

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Behavioral Health Emergency Coordination Network (BHECN) will be a 24 hour per day 7 day per week, multi-partner, robust triage/assessment network that encompasses services designed to meet the rising acuity of individuals experiencing a behavioral health crisis and serve as a single point of access for the community - including EMS and Law Enforcement. This Program Offer funds a governance structure within the Multnomah County Health Department that will support the network's development in the coming years.

**Program Summary**

BHECN is a cross-sector collaboration between local government agencies, community-based organizations, healthcare and behavioral health service providers, public safety, and others. Together, these community members are focused on filling critical gaps in Portland's crisis response system that prevent people experiencing mental health or substance use crises from getting the help they need, when they need it, in the safest and most supportive environment possible. While this is a new approach for the metro-region, BHECN's model is based on successful programs in other states. The number of individuals experiencing acute behavioral health crises is on the rise. The current behavioral health system is insufficient to meet their needs. As a result individuals often end up waiting for emergency room services, in jail, or homeless. BHECN is intended to be a meaningful, local solution to this problem.

This program offer funds a governance structure for BHECN within Multnomah County Health Department. These funds will create an administrative structure to provide oversight and support for BHECN. This administrative structure will help coordinate the development of a crisis stabilization structure that includes both a viable sobering model and critical behavioral health and clinical supports for post sobering treatment.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Percentage of key committees to oversee the development of the model and network organized	N/A	N/A	N/A	100%
Outcome	Percentage of governance structure complete	N/A	N/A	N/A	75%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$151,501	\$0
Contractual Services	\$0	\$0	\$148,499	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$300,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$300,000</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

### Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Rockwood Community Health Clinic provided comprehensive, culturally appropriate primary care and behavioral health services to 3790 patients this year.

By acquiring and renovating the Rockwood Community Health Center, Multnomah County will maintain a presence and continue to build capacity for high quality healthcare services directly in the Rockwood community.

### Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Rockwood Community Health Clinic (RCHC) is a Patient-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. RCHC provides comprehensive, culturally appropriate services that include:

- Primary care services, including treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations)
- Integrated pharmacy and lab services
- Wraparound services: Medicaid eligibility screening, medical interpretation, transportation, case management & health education.

Multnomah County currently leases the Rockwood Community Health Center site from Care Oregon. This location is a key access point for comprehensive primary care, dental, and pharmacy services. The Rockwood community also represents a culturally and linguistically diverse population, with more than 64% of patients identifying as a Black, Indigenous, and/or Person of Color. The demand for safety net and Medicaid services remains stable in this community; approximately 15,000 low income community members report not having a usual source of healthcare. Care Oregon and Multnomah County are currently working to design a transfer of the property so that the County may directly own and maintain the building space. To assure that the space may continue to provide the highest quality experience for patients, this program offer would support repairs and building improvements identified for the facility.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Percent of identified building repairs completed	N/A	N/A	N/A	100%
Outcome	Number of visits completed	11,851	15,371	11,371	11,671

### Performance Measures Descriptions

**Output:** This is the total % of completed repairs identified for the building

**Outcome:** This is the total number of in clinic visits including PCP, BHP, and Nursing Specialty Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.

## Legal / Contractual Obligation

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$2,000,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,000,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$2,000,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was:

**Department:** Health Department      **Program Contact:** Jessica Guernsey  
**Program Offer Type:** Support      **Program Offer Stage:** As Adopted  
**Related Programs:** 40199T  
**Program Characteristics:**

### Executive Summary

Public Health Administration and Quality Management (PHA-QM) provides leadership for the Public Health Division (PHD). As the local public health authority, Public Health works to promote and protect health, and prevent disease for all residents within Multnomah County. PHA-QM sets Public Health's strategic direction and supports programs in achieving operational and fiscal accountability.

### Program Summary

PHA-QM provides administrative support and project management to ensure that the PHD fully performs its foundational role and achieves legal requirements as Multnomah County's local public health authority. The PHD is responsible for systems that promote and protect the health of, and prevent disease for, diverse communities within Multnomah County. Strategies of the PHD include direct services; policy interventions; prevention initiatives; public education and communications; community partnerships; planning; capacity building; and research, evaluation, and assessment. The primary goal of PHA-QM is to provide support to PHD programs so they can reduce health disparities experienced by BIPOC communities. PHA-QM program areas include:

**Administration** - This program area provides core administrative functions for the PHD to support division-wide infrastructure. Division-wide administration ensures accountability through achieving performance standards related to Public Health Modernization, effective financial management, the PHD Strategic Plan, and Community Health Improvement plan.

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

**Racial Equity** - PHA-QM works closely with the Public Health Office of the Director and all PHD programs to use community- and program-level data to analyze racial disparities; engage culturally specific groups to reach BIPOC communities; and include BIPOC communities in the design of programs, assessments, planning, interventions, and direct services.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of quality and strategy projects identified	6	6	6	6
Outcome	% of identified projects successfully completed	90%	90%	95%	90%

### Performance Measures Descriptions

Projects include both COVID-19-related and non-COVID-19-related projects.

## Legal / Contractual Obligation

Oregon Revised Statute Chapter 431 State and Local Administration and Enforcement of Public Health Laws

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,652,713	\$199,687	\$1,917,731	\$308,902
Contractual Services	\$25,000	\$0	\$0	\$170,959
Materials & Supplies	\$89,217	\$1,734	\$101,850	\$14,018
Internal Services	\$212,727	\$30,828	\$215,440	\$60,365
<b>Total GF/non-GF</b>	<b>\$1,979,657</b>	<b>\$232,249</b>	<b>\$2,235,021</b>	<b>\$554,244</b>
<b>Program Total:</b>	<b>\$2,211,906</b>		<b>\$2,789,265</b>	
<b>Program FTE</b>	10.50	1.25	11.80	2.00

Program Revenues				
Intergovernmental	\$0	\$232,249	\$0	\$554,244
<b>Total Revenue</b>	<b>\$0</b>	<b>\$232,249</b>	<b>\$0</b>	<b>\$554,244</b>

## Explanation of Revenues

This program generates \$41,517 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.

\$ 248,096 - Overdose Prevention-Counties  
\$ 306,148 - Public Health Modernization Local

## Significant Program Changes

**Last Year this program was:** FY 2022: 40001 Public Health Administration and Quality Management

This program's FY 2023 revenue is \$321,995 higher than that of FY 2022, due to an increase in OHA Overdose Prevention funding, ELC data process allocation, and OHA Public Health Modernization funding. Program staffing is increased by 2.05 FTE to address increased needs for administrative and project management support. In addition, CDC COVID-19 Health Disparities funding in 40199T is supporting 4.90 FTE within the scope of this program offer. COVID-19-impacts - In FY 2022, this program continued to support Public Health's COVID-19 response through administrative and project management support and will continue to do so in FY 2023.



## 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	2022	2022	2023	2023
Personnel	\$399,400	\$606,137	\$412,802	\$651,248
Contractual Services	\$17,983	\$250,289	\$0	\$264,972
Materials & Supplies	\$7,526	\$12,288	\$7,506	\$36,139
Internal Services	\$107,930	\$80,738	\$72,727	\$109,155
<b>Total GF/non-GF</b>	<b>\$532,839</b>	<b>\$949,452</b>	<b>\$493,035</b>	<b>\$1,061,514</b>
<b>Program Total:</b>	<b>\$1,482,291</b>		<b>\$1,554,549</b>	
<b>Program FTE</b>	0.99	1.16	0.99	1.16

Program Revenues				
Intergovernmental	\$0	\$949,452	\$0	\$1,061,514
<b>Total Revenue</b>	<b>\$0</b>	<b>\$949,452</b>	<b>\$0</b>	<b>\$1,061,514</b>

## Explanation of Revenues

This program generates \$87,528 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

- \$ 463,559 - Clackamas and Washington counties
- \$ 597,955 - Peer-driven Approach to Opioid Use Disorder

## Significant Program Changes

**Last Year this program was:** FY 2022: 40002 Tri-County Health Officer

COVID-19: The Multnomah County Health Officer FTE increased from 0.90 FTE to 1.00 FTE starting in 2020 and will need to remain at this level for the foreseeable future.

Project manager request (see #40199E): Despite the complexity and rapidly changing priorities for the Health Officers, they have not had dedicated project manager support in several years. This position would be tasked with ongoing vaccination coordination and community engagement. More specifically, this position is necessary to track severe weather shelter needs, voluntary isolation motel workflows, and coordination of licensed volunteers for ongoing county efforts.



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$524,239	\$0	\$396,388	\$0
Contractual Services	\$32,714	\$0	\$0	\$0
Materials & Supplies	\$11,809	\$0	\$158	\$0
Internal Services	\$111,409	\$0	\$71,389	\$0
<b>Total GF/non-GF</b>	<b>\$680,171</b>	<b>\$0</b>	<b>\$467,935</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$680,171</b>		<b>\$467,935</b>	
<b>Program FTE</b>	5.00	0.00	4.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40003 Health Department Leadership Team Support

The pandemic, telework and neighborhood safety created new challenges and opportunities. Staff coordinated the Future of Work efforts for the department. This required tracking the schedule and space needs for almost 2,000 regular, temporary and contingent staff. Clients and community members experiencing houselessness and poverty have congregated in the areas immediately surrounding the Gladys McCoy building. This team has helped clients connect with services while also planning for and responding to critical safety issues. The members of this team are prioritizing in-person support and are transitioning back to in-person or hybrid work schedules.

The 1.00 FTE decrease is an unfilled position being reclassified and moved to the Finance & Business Management Division.

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

**Executive Summary**

Multnomah County Emergency Medical Services (MCEMS) MCEMS plans, procures, contracts, regulates, monitors, and coordinates EMS system activities to comply with the county Ambulance Service Plan, county health code (MCC 21.400), and Oregon Administrative Rules, including a franchised ambulance (AMB) contractor, fire departments, and licensed non-emergency ambulance providers. Under Medical Direction, the system receives 9-1-1- calls, dispatches resources, provides care, and transports patients to the appropriate facility.

**Program Summary**

MCEMS regulates all ambulance business per State and local law including inspection and licensing of ambulances, monitoring of emergency ambulance operations, supervising medical care, levying fines for substandard performance or for violations of county code or administrative rules. MCEMS provides medical supervision, oversight, and guidance to 911 emergency dispatchers, fire and ambulance first response personnel, and non-911 ambulance providers. MCEMS sets medical standards of emergency, pre-hospital care and provides on-scene medical consultation to first responders through a subcontract with OHSU's Medical Resource Hospital. MCEMS provides pre-hospital system regulation and coordination of all 911 medical dispatch and first response for the county. The City of Portland's Bureau of Emergency Communications triages each medical call and dispatches the most appropriate resource. Portland, Gresham, Airport and other volunteer Fire departments and districts throughout the County provide 911 medical first response, accounting for 106,000+ calls annually. American Medical Response (AMR) provides 911 ambulance service through an exclusive, franchise fee-based contract with Multnomah County. MCEMS assures that 911 medical dispatch and response is consistent across providers and agencies; maintains contracts for medical first response; responds to complaints related to EMS care; monitors and enforces ambulance response and performance; coordinates and supervises annual joint agency training to assure medical protocols are applied consistently across agencies; establishes clinical quality standards for EMS care and uses quality improvement processes to monitor and enhance the system; coordinates major event planning and medical equipment specifications; and liaises with local hospitals. MCEMS also manages the Tri-County 911 Service Coordination Program (TC911), a brief, yet intensive care management intervention serving 500+ frequent users of EMS systems in Clackamas, Washington, and Multnomah Counties. Licensed clinicians help link people to medical, behavioral health, housing, long term care, and other services.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Ambulance response for urgent, life threatening calls in the Urban zones is < or equal to 8 min. 90% of the time.	93%	90%	90%	90%
Outcome	Ambulance response in urgent, life threatening calls in Rural areas is < or equal to 20 minutes, 90% of the time.	93%	90%	90%	90%
Output	TC911 serves highest users of EMS system through care coordination, case management, and referral linkages.	583	500	500	500

**Performance Measures Descriptions**

The exclusive ambulance service contractor has geographic response time standards for 911 dispatched medical calls. Life-threatening calls in Urban zones shall receive a response within 8 minutes, and rural areas within 20 minutes. Response times will be met 90% or more of the time. TC911 is funded to serve 450 Medicaid members and 50+ non-Medicaid clients annually.

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,372,842	\$935,413	\$1,515,049	\$941,323
Contractual Services	\$496,637	\$21,389	\$504,647	\$18,700
Materials & Supplies	\$65,046	\$9,526	\$96,677	\$7,498
Internal Services	\$184,943	\$229,934	\$233,893	\$264,905
<b>Total GF/non-GF</b>	<b>\$2,119,468</b>	<b>\$1,196,262</b>	<b>\$2,350,266</b>	<b>\$1,232,426</b>
<b>Program Total:</b>	<b>\$3,315,730</b>		<b>\$3,582,692</b>	
<b>Program FTE</b>	7.20	6.60	7.52	6.38

Program Revenues				
Fees, Permits & Charges	\$1,927,274	\$0	\$2,067,821	\$0
Intergovernmental	\$72,194	\$0	\$72,566	\$0
Other / Miscellaneous	\$0	\$1,196,262	\$0	\$1,232,426
<b>Total Revenue</b>	<b>\$1,999,468</b>	<b>\$1,196,262</b>	<b>\$2,140,387</b>	<b>\$1,232,426</b>

## Explanation of Revenues

This program generates \$126,513 in indirect revenues.

Lic. fees \$36,500, the ambulance franchise fee \$1,505,201, and first responder medical direction contracts \$72,566 and ambulance medical direction \$507,120 pay for MCEMS administration and medical direction costs. Fees are established and collected through agreements with the exclusive emergency ambulance contractor and other jurisdictions. The services' revenues equal the County's expense in providing the service. If expenses increase, the County's exclusive ambulance contractor covers the diff. The County's exclusive ambulance services contract and MCC 21.400 provide authority for MCEMS to levy fines for substandard performance (\$19,000). Fines collected pay for EMS system enhancements. The County pays two fire first response agencies in eastern MC to provide EMS first response in areas of the County not otherwise served by a Fire Department to provide EMS first response.

The EMS Social Work Program (aka TC911) has a contract with Health Share of Oregon through June 30, 2022 to serve Medicaid members (\$1,232,426). 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 2022: 40004 Ambulance Services (Emergency Medical Services)



## 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	2022	2022	2023	2023
Personnel	\$0	\$252,190	\$27,043	\$259,392
Materials & Supplies	\$0	\$13,212	\$13,853	\$0
Internal Services	\$11,752	\$33,626	\$23,263	\$39,636
<b>Total GF/non-GF</b>	<b>\$11,752</b>	<b>\$299,028</b>	<b>\$64,159</b>	<b>\$299,028</b>
<b>Program Total:</b>	<b>\$310,780</b>		<b>\$363,187</b>	
<b>Program FTE</b>	0.00	1.43	0.17	1.26

Program Revenues				
Intergovernmental	\$0	\$299,028	\$0	\$299,028
<b>Total Revenue</b>	<b>\$0</b>	<b>\$299,028</b>	<b>\$0</b>	<b>\$299,028</b>

## Explanation of Revenues

This program generates \$35,428 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 2022: 40005 Public Health & Regional Health Systems Emergency Preparedness

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

**Executive Summary**

Tobacco use is the single most preventable cause of disease, disability, and death in Multnomah County and across the nation. Although cigarette smoking has declined in Multnomah County, disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status. The Tobacco Control and Prevention Program uses a variety of policy, systems, and environmental change strategies to prevent and reduce tobacco and nicotine use and exposure, and associated chronic disease, with particular attention to reducing tobacco-related racial and ethnic disparities.

**Program Summary**

Tobacco Control and Prevention Program works to prevent and reduce tobacco and nicotine use and exposure in Multnomah County, with particular attention to reducing tobacco-related racial and ethnic disparities. Short-term goals include preventing new and continued use of tobacco products specifically targeted to youth, American Indians/Alaska Natives, African Americans, and LGTBQ communities. The program does this through policy interventions such as restricting the sale of flavored tobacco and nicotine products, including menthol. Program components include: strategies to reduce youth access to, and use of, tobacco and nicotine products; counter-marketing; support and resources for smokers who want to quit; engagement of diverse communities to reduce tobacco-related disparities; surveillance and evaluation; promotion of smoke-free environments; and policy/regulation, including tobacco retail licensing. Tobacco retail licensing includes several activities, including annual compliance inspections, minimum legal sales age inspections, enforcement inspections, surveillance and monitoring, trainings, outreach, and consultation to increase retailer compliance with all laws related to the sale of tobacco and nicotine products.

Utilizing national, state, and county-level data on use and health impacts of tobacco products, programmatic activities are tailored to address racial disparities by creating prevention strategies to reach specific priority populations, ongoing evaluation of tobacco retail regulation, and employing language services to ensure access to all materials and services. Specific priority populations are engaged through partnerships (funded and unfunded) with community-based organizations serving those populations. Annually, tobacco retailers give feedback on the regulatory processes that impact their businesses, and the licensing system is evaluated for any disproportionate enforcement burden. Originally, the licensing system was developed with a diverse rules advisory committee as well as findings from the health equity impact assessment.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of tobacco retail licenses issued	899	800	785	800
Outcome	Number of policies established to reduce tobacco use and exposure	0	2	1	1
Output	Number of retailer inspections	347	1,000	1,000	1,500
Output	Number of community partnerships	26	45	45	55

**Performance Measures Descriptions**

- 1) Number of tobacco retail licenses issued under the County ordinance.
- 2) Number of policies is a measure of concrete changes resulting from program's work and partnerships.
- 3) Retailers inspected on-site and virtually (includes annual compliance inspection, minimum legal sales age inspections, suspension inspections, education, and outreach as needed).
- 4) Number of partnerships measures program reach among communities, especially those experiencing disparities.

## Legal / Contractual Obligation

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

Multnomah County Code § 21.561, § 21.563

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$520,378	\$367,379	\$550,415	\$388,871
Contractual Services	\$15,000	\$173,000	\$15,000	\$28,000
Materials & Supplies	\$36,608	\$36,825	\$25,806	\$2,019
Internal Services	\$145,231	\$98,147	\$91,772	\$106,179
<b>Total GF/non-GF</b>	<b>\$717,217</b>	<b>\$675,351</b>	<b>\$682,993</b>	<b>\$525,069</b>
<b>Program Total:</b>	<b>\$1,392,568</b>		<b>\$1,208,062</b>	
<b>Program FTE</b>	3.95	2.80	4.05	2.80

Program Revenues				
Fees, Permits & Charges	\$629,241	\$0	\$647,560	\$0
Intergovernmental	\$0	\$495,351	\$0	\$525,069
Other / Miscellaneous	\$0	\$180,000	\$0	\$0
<b>Total Revenue</b>	<b>\$629,241</b>	<b>\$675,351</b>	<b>\$647,560</b>	<b>\$525,069</b>

## Explanation of Revenues

This program generates \$52,264 in indirect revenues.

\$ 497,069 - OHA, Oregon Public Health Division Tobacco Prevention and Education grant

\$ 28,000 - HSO County Based Services - TPEP

\$ 647,560 - Tobacco Retail Licenses

## Significant Program Changes

**Last Year this program was:** FY 2022: 40006 Tobacco Prevention and Control

In FY23, this program is losing \$131,963 in revenue due to the end of Health Share funding for media. COVID-19-Related Impacts: In-person inspections and community engagement were stopped in March 2020. Some program staff were reassigned to COVID-19 response. The program office was also closed to the public. Key operational changes include Tobacco Retail License holders only being able to conduct in-person business by appointment; Tobacco Retail License trainings being virtual; and conducting outreach calls to provide business-related COVID-19 resources and virtual inspections with limited in-person inspections of retail establishments. These changes resulted in fewer inspections during FY22. In FY23, inspections are expected to increase with ramp-up of in-person services.

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

**Executive Summary**

Health Inspections and Education (HIE) is a legally mandated, fee-supported program that protects the public from disease and injury by investigating food and waterborne disease; educating about food safety practices; and performing inspections of licensed facilities. The program goal is to ensure the safety of inspected facilities. For example, HIE ensures food at restaurants/food carts is safe to eat, pools and spas are safe to swim in, hotels/motels are free of hazards, and child care facilities are safe environments. HIE also responds to disease outbreaks that occur in these settings. In 2020, the program became the first in the nation to license and inspect food cart pods. Participation in the Food and Drug Administration's Program Standards aligns Multnomah County health standards with national standards.

**Program Summary**

HIE protects the health and safety of the entire community by providing education, assuring safe food and water, controlling disease, improving workplace safety, and reducing unintentional injuries. HIE achieves these goals through the following functions:

**Facility Inspection** – Facilities include 4,638 restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, vending machines, and jails. 472 pools/spas; 858 schools, childcare, adult foster care, and other service providers. 43 small water systems (inspected every 3 to 5 years) and an additional 12 water systems (responding to alerts as needed).

**Foodborne Illness Outbreak Response** - Registered Environmental Health Specialists investigate local foodborne illness in collaboration with Communicable Disease Services and are key participants in emergency response. HIE conducted 1 foodborne illness and 10 vibrio investigations in restaurants in the previous calendar year.

**Food Handler Training and Certification** – HIE provides online and in-person training about safe food preparation in seven languages to food workers at all literacy levels to support health equity and entry into the workforce.

HIE promotes racial equity by analyzing survey and inspection data to ensure businesses owned by persons of color, immigrants/refugees, and other marginalized populations are not penalized due to cultural, linguistic, or other systemic barriers to accessing, understanding, and following mandated health and safety standards. A Culturally Specific Food Safety Outreach Workgroup ensures intervention strategies are tailored to address these needs. The Food Service Advisory Board, which consists of local food service industry representatives, county regulatory officials, consumers, educators, and dietitians, meets throughout the year to discuss program changes.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of licenses issued	5,392	6,313	5,608	7,595
Outcome	Number of Priority & Priority Foundation violations	827	6,130	3,347	5,766
Output	Number of facility inspections	5,805	12,699	9,937	14,483
Output	Number of Food Worker Cards issued	7,537	10,832	9,484	11,245

**Performance Measures Descriptions**

- 1) Measure excludes facilities inspected but not licensed.
- 2) Priority and Priority Foundation Violations are items noted during inspections that can directly affect the health of the consumer and require immediate correction. Note: Violations could not be cited if a virtual inspection was performed.
- 3) Facilities inspected on-site (e.g. restaurants, mobile units, etc.).
- 4) Number of people who completed certification in the given year.

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$4,698,815	\$23,858	\$4,890,067	\$24,588
Contractual Services	\$423,410	\$0	\$402,690	\$0
Materials & Supplies	\$147,726	\$1,358	\$158,627	\$501
Internal Services	\$736,324	\$3,178	\$764,913	\$3,305
<b>Total GF/non-GF</b>	<b>\$6,006,275</b>	<b>\$28,394</b>	<b>\$6,216,297</b>	<b>\$28,394</b>
<b>Program Total:</b>	<b>\$6,034,669</b>		<b>\$6,244,691</b>	
<b>Program FTE</b>	36.32	0.18	36.72	0.18

Program Revenues				
Fees, Permits & Charges	\$2,604,962	\$0	\$3,313,039	\$0
Intergovernmental	\$0	\$28,394	\$0	\$28,394
<b>Total Revenue</b>	<b>\$2,604,962</b>	<b>\$28,394</b>	<b>\$3,313,039</b>	<b>\$28,394</b>

## Explanation of Revenues

This program generates \$3,305 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.

\$3,313,039 - Inspection Licenses and Fees. This revenue is still being budgeted at pre-pandemic levels.

## Significant Program Changes

**Last Year this program was:** FY 2022: 40007 Health Inspections and Education

This program offer includes a fee increase for FY23 that will support 1.90 FTE. COVID-19-Related - In FY22, the HIE office was closed to the public, meaning services were provided by mail, fax, email, or phone. Field staff teleworked with limited (staggered) numbers going into the office. The majority of facility inspections were conducted virtually, which resulted in a large drop in violations since the State does not allow cited violations through virtual inspections. Technical assistance opportunities were hindered due to the telework environment. HIE inspectors were also reassigned into COVID-19 response. HIE provided financial support to local restaurant operators through a CARES Act funded grant program. In FY23, HIE expects to be able to increase in-person inspections, which will increase the number of violations.

**Department:** Health Department      **Program Contact:** Andrea Hamberg

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

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

The Vector program protects the public from emerging and imminent vector-borne diseases by monitoring, collecting, and testing mosquitoes, birds, and rats, and enforcing health-based nuisance codes. Climate changes in the Northwest (warming winter temperatures, increase in rainfall, and urban landscape management) will increase the risk of vector-borne diseases, and this program addresses this increased risk by anticipating and responding to observed changes.

**Program Summary**

Vector Control and Code Enforcement are core public health services that protect the public from diseases carried by and transmitted via contact with animals, using World Health Organization and Center for Disease Control best practices. This is accomplished through

Mosquito Control - suppression of mosquito populations to lower the risk of West Nile Virus and other mosquito-borne viruses and reducing the mosquito breeding habitat through water control and vegetation management.

Disease Surveillance - collection, identification, and laboratory analysis of mosquitoes, birds, and rats to identify diseases and monitoring the spatial and temporal distribution of species to determine at-risk areas and populations.

Rodent Control – performing complaint-based inspections for property owners and businesses and providing education and free abatement materials.

Nuisance Code Enforcement - addressing public health code violations, investigating and removal of illegal dumping, and enforcement of city codes regarding livestock.

Outreach and Education - attend fairs, festivals, and activities throughout the county with a focus on events in areas that are in low income neighborhoods or communities of color to provide education and resources in multiple languages on protection from vector-borne disease.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of rodent inspections conducted	631	1,000	700	700
Outcome	Number of service referrals that improve vector abatement	76	12	60	45
Output	Number of acres treated for mosquitoes	600	2,000	600	300
Quality	Inspection and monitoring of mosquito producing sites	745	800	800	800

**Performance Measures Descriptions**

1) Rodent inspections are generated by submitted complaints. Inspections of encampments are included in 40008B. 2) Mosquito referrals are complaint-based and use integrated pest management strategies for abatement, which include education, removal of breeding source(s), and biological and chemical treatments. 3) FY22 estimate was impacted by weather conditions being unfavorable for treatment and staff being deployed to COVID-19 response. In FY22, this measure was budgeted at 4 FTE. In FY23, the measure is budgeted at 2 FTE.

## Legal / Contractual Obligation

Legal mandates are ORS 452 Vector Control, OAR 333-018 Communicable Disease and Reporting, OAR 333-019 Communicable Disease Control, OAR 603-052 Pest and Disease Control, OAR 603-057 Pesticide Control, 1968 Agreement City of Portland and Multnomah County, MCC Chapter 15 Nuisance Control Law, PCC Title 8.40 Rodent Control, PCC Title 8.44 Insect Control, PCC Title 29 Property Maintenance Regulations, NPDES General Aquatic Permit for Mosquito Control 2300A

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,093,921	\$10,000	\$1,135,234	\$0
Contractual Services	\$19,583	\$0	\$34,100	\$0
Materials & Supplies	\$24,146	\$0	\$72,999	\$0
Internal Services	\$264,166	\$0	\$328,081	\$0
<b>Total GF/non-GF</b>	<b>\$1,401,816</b>	<b>\$10,000</b>	<b>\$1,570,414</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,411,816</b>		<b>\$1,570,414</b>	
<b>Program FTE</b>	8.56	0.06	8.62	0.00

Program Revenues				
Intergovernmental	\$0	\$10,000	\$0	\$0
Other / Miscellaneous	\$1,000	\$0	\$0	\$0
Service Charges	\$272,612	\$0	\$342,446	\$0
<b>Total Revenue</b>	<b>\$273,612</b>	<b>\$10,000</b>	<b>\$342,446</b>	<b>\$0</b>

## Explanation of Revenues

\$ 277,000 - City of Portland Rat & Mosquito Control  
 \$ 65,446 - City of Portland Specified Animal Permitting

## Significant Program Changes

**Last Year this program was:** FY 2022: 40008 Vector-Borne Disease Prevention and Code Enforcement

In FY22, staff that primarily work on mosquito monitoring and abatement were redeployed to work on rodent response and encampments. In FY23, these staff will transition back to mosquito inspection and monitoring. In FY23, the program is being stabilized through increased County General Fund to right size supply and contract costs while maintaining 2.00 FTE to treat for mosquitoes (reduced from 4.00 FTE in FY22). The program moved 2.82 FTE, which was added mid-FY22 to support rodent inspections in encampments, from this offer to 40008B. COVID-19 Impacts: In FY22, Vector staff were reassigned to COVID-19 response for multiple events. The program maintained services with voluntary overtime for staff. Most community outreach events were canceled, which significantly reduced the program's ability to engage the community in vector prevention. In FY23, the program anticipates returning to pre-pandemic operations.

**Department:** Health Department      **Program Contact:** Andrea Hamberg

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

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

### Executive Summary

The Vector program protects the public from emerging and imminent vector-borne diseases by monitoring, collecting, and testing mosquitoes, birds, and rats, and enforcing health-based nuisance codes. Climate changes in the Northwest (warming winter temperatures, increase in rainfall, and urban landscape management) will increase the risk of vector-borne diseases, and this program addresses this increased risk by anticipating and responding to observed changes. This Program Offer consists of short-term and long-term responses to reduce the risk of environmental health hazards and to improve the health and wellbeing of people that are experiencing houselessness and communities near encampments.

### Program Summary

Reducing environmental risk and improving health-impacting conditions of encampments includes:

Identify public health threats at encampments by inspecting for environmental health hazards around food and water safety, traffic safety, safe handling of fuels and fires, rodent and vector prevention, sharps handling and disposal, and waste management.

Provide technical assistance to encampments by developing and maintaining effective working relationships with program stakeholders, providing educational materials and trainings, and developing evidence-based policies for safe and sanitary operations.

Perform low income property inspections in areas throughout the County that are underserved or historically disadvantaged with a focus on education and to provide assistance to renters and property owners to protect health and increase livability.

Assist property owners with rodent issues through targeted outreach to neighborhoods adjacent to encampments by providing inspections, education, and free traps to property owners.

Monitor and proactively prevent rodent issues in community gardens throughout the county to decrease potential rodent issues in neighborhoods and provide education in multiple languages to garden managers and users.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Site inspections completed	N/A	35	35	60
Outcome	Encampments or partner agencies receiving technical assistance	N/A	10	10	30
Output	Information distributed	N/A	250	250	1,000

### Performance Measures Descriptions

1) Proactive inspections of encampments, multi and single family residences, businesses, right of ways, restaurants, etc. to determine environmental health concerns. 2) Providing information on integrated pest management (IPM) and other environmental health improvement strategies. 3) Contacts generated through distribution of informational materials, including in-person, phone, and email contacts, remote meetings, mailings, etc.

## Legal / Contractual Obligation

Legal mandates are ORS 452 Vector Control, OAR 333-018 Communicable Disease and Reporting, OAR 333-019 Communicable Disease Control, OAR 603-052 Pest and Disease Control, OAR 603-057 Pesticide Control, 1968 Agreement City of Portland and Multnomah County, MCC Chapter 15 Nuisance Control Law, PCC Title 8.40 Rodent Control, PCC Title 8.44 Insect Control, PCC Title 29 Property Maintenance Regulations

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$343,418	\$0
Materials & Supplies	\$0	\$0	\$61,582	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$405,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$405,000</b>	
<b>Program FTE</b>	0.00	0.00	3.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was:

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

**Executive Summary**

The Vector program protects the public from emerging and imminent vector-borne diseases by monitoring, collecting, and testing mosquitoes, birds, and rats, and enforcing health-based nuisance codes. This amendment funds efforts to address the number of rats and the conditions that attract rats in certain neighborhoods through the evaluation of rodent prevention and abatement options and program models; a communications campaign; and supplies for rodent prevention and abatement.

**Program Summary**

The Vector program provides technical assistance, education, and support on pest management to community and private organizations. The program also works with sanctioned campsites and shelters to help review Integrated Pest Management control contracts to improve outcomes in preventing and ridding rat infestation. The county performs rat inspections, provides education, and supplies traps on a complaint driven basis.

While rats have always been a problem in Portland, as in every major city, deteriorating conditions during the pandemic, particularly in Old Town Chinatown, increased habitat and food sources for rats. Addressing this growing population is important because rats can be vectors for diseases including rat-bite fever, typhoid fever, leptospirosis, salmonellosis, and hantavirus. The vector-borne diseases can be spread through bite wounds, consumption of food and/or water or breathing dust contaminated by rodent droppings and other waste products, and indirectly by way of ticks, mites, and fleas that transmit the infection to humans after feeding on infected rodents.

Preventing the rats from accessing food, water, and shelter is the best way to control their population, meaning abatement strategies alone (e.g., poison and non-poison traps) are not effective. This amendment will provide the Vector program with capacity to: 1) evaluate the most impactful rodent prevention and abatement options and program models; 2) implement a prevention and abatement communications/outreach campaign on billboards, busses, postcards, etc.; and 3) purchase supplies to support prevention and abatement strategies.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of rodent prevention and abatement options/program models identified	N/A	N/A	N/A	5
Outcome	# of community members reached	N/A	N/A	N/A	10,000

**Performance Measures Descriptions**

Measure 2 is based on how many community members are reached through the communications/outreach campaign.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$50,000	\$0
Materials & Supplies	\$0	\$0	\$50,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$100,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$100,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

**Executive Summary**

The Vital Records program is a legislatively mandated, fee-supported program that issues birth and death certificates in accordance with federal and state statutes to maintain the integrity and accuracy of birth and death information. The program's goal is to accurately report birth and death certificates in Multnomah County in order to provide accurate data that is used to inform public health prevention and intervention activities. This goal supports achievement of positive health outcomes and equitable opportunities for health to all Multnomah County residents.

**Program Summary**

The Vital Records issues birth and death certificates within the first six months after a birth or death, and within 24-hours of receipt of a request for certificate. The program assures accurate, timely, and confidential registration of birth and death events, minimizing the opportunity for identity theft, and assuring accurate record of important data such as cause of death and identification of birth parents. Death certificates can be issued to family members, legal representatives, governmental agencies, or to a person or agency with personal or property rights. Birth records can be released to immediate family including grandparents, parents, siblings, legal representatives, or governmental agencies. Employees working in this program must be registered with the state to assure competency. An electronic birth and death data certification model was implemented requiring a significant increase in individual education with community partners.

The Vital Records program provides reliable information for data analysis to inform public health decision-making, including the identification of racial health disparities and informing responsive public health interventions. For example, during the COVID-19 pandemic, marginalized communities of color were severely impacted by the virus, and information provided on death certificates helped identify racial disparities in COVID fatalities.

The program engages local funeral homes, family members, and legal representatives to maximize accuracy of reported information. The program is constantly evolving to better meet community needs by soliciting regular feedback from its clients. For example, the program is in the process of launching an online platform that can be conveniently accessed by the public.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of birth and death certificates issued	39,799	35,200	40,000	38,000
Outcome	Average number of days to issue error free certificate	1	1	1	1

**Performance Measures Descriptions**

Performance Measure 1) The number of death certificates issued in FY21 was slightly higher than previous years (about 5,000 more), potentially due to the COVID-19 pandemic.

## 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	2022	2022	2023	2023
Personnel	\$0	\$605,015	\$0	\$601,310
Contractual Services	\$0	\$17,355	\$0	\$18,082
Materials & Supplies	\$15,000	\$32,507	\$4,000	\$13,110
Internal Services	\$0	\$225,123	\$0	\$250,434
<b>Total GF/non-GF</b>	<b>\$15,000</b>	<b>\$880,000</b>	<b>\$4,000</b>	<b>\$882,936</b>
<b>Program Total:</b>	<b>\$895,000</b>		<b>\$886,936</b>	
<b>Program FTE</b>	0.00	5.80	0.00	5.30

Program Revenues				
Fees, Permits & Charges	\$0	\$880,000	\$0	\$882,936
<b>Total Revenue</b>	<b>\$0</b>	<b>\$880,000</b>	<b>\$0</b>	<b>\$882,936</b>

## Explanation of Revenues

This program generates \$80,816 in indirect revenues.

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

\$ 882,936 - Vital Stats Certs (Licenses)

## Significant Program Changes

**Last Year this program was:** FY 2022: 40009 Vital Records

FY23 staffing is decreased by 0.50 FTE. COVID-19-Related Impacts - In FY21, the Vital Records office closed to the public and services were provided by mail, fax, email, or phone; however, service levels did not decline as a result. In FY22, the program transitioned from being led by a Program Supervisor to an Operations Supervisor. Staff moved to a hybrid telework schedule, with staff having one day of teleworking duties per week. A database upgrade/conversion from Microsoft Access to Salesforce will occur in FY22/FY23.

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

**Executive Summary**

Communicable Disease Services (CDS) is a foundational public health program that protects community health by upholding the State of Oregon infectious disease statutes for disease tracking and investigation, disease intervention and control, and response evaluation. CDS is a trusted community resource and responds 24/7 to events of public health importance, such as the COVID-19 pandemic.

**Program Summary**

CDS protects the people of Multnomah County from preventable infectious diseases through core public health functions. These include epidemiologic investigation; assuring preventive health measures for reportable disease exposures and outbreaks; planning and response for emerging infectious diseases; public health disease tracking and analysis to monitor communicable disease threats; tuberculosis (TB) case management; and support for immunization law requirements. CDS also works with government and community partners to build capacity, including the need for increased provider support and case investigation, and provide technical assistance.

Staff conduct investigations to seek out people who have been exposed to serious diseases to get them the information and care they need to stay healthy. CDS works to prevent disease by providing health education in communities. For people who already have communicable disease, the program assures access to medicine, care, and education intended to prevent the spread of illness. For healthcare providers, the program assures availability of appropriate diagnostic testing by linking providers to state and national laboratories. CDS is also at the frontline of an international system that tracks communicable disease threats, collecting and sharing essential information with the State of Oregon and the Centers for Disease Control and Prevention (CDC). The program plays a central and integral role in the County's response to COVID-19.

CDS staff identify racial, ethnic, and other community groups who are at risk of (or are) being impacted by infectious diseases utilizing multiple data sources. These sources include case and contact interviews, syndromic surveillance, and immunization data. Relationships with trusted County programs and community partners help connect CDS to community groups so that the program can respond to questions or concerns about their own risks or the impact of a communicable disease on their community. CDS continues to build on relationships working directly with community groups or members to present data and learn how best to engage the community in communicable disease prevention and control.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of disease report responses	3,661	5,500	3,882	3,900
Outcome	Location of contacts (pertussis, meningococcal meningitis, Hepatitis A and B) within one day	100%	70%	90%	70%
Outcome	Percent of assisted facilities successful in meeting immunization law requirements	100%	90%	100%	90%
Quality	Percent of tuberculosis (TB) patients completing treatment within 12 months	100%	96%	96%	96%

**Performance Measures Descriptions**

Performance Measure 1: FY21 actual and FY22 estimate are low due to overall lower disease reports secondary to COVID-19, stay at home orders, and changing access to in person services. FY23 offer is set to follow this trend.

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,423,867	\$1,940,891	\$1,252,481	\$2,110,922
Contractual Services	\$80,777	\$115,423	\$58,395	\$381,355
Materials & Supplies	\$115,221	\$26,392	\$89,350	\$74,107
Internal Services	\$710,359	\$304,213	\$516,864	\$614,345
Capital Outlay	\$52,328	\$0	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$2,382,552</b>	<b>\$2,386,919</b>	<b>\$1,917,090</b>	<b>\$3,180,729</b>
<b>Program Total:</b>	<b>\$4,769,471</b>		<b>\$5,097,819</b>	
<b>Program FTE</b>	8.85	12.10	7.33	14.39

Program Revenues				
Intergovernmental	\$0	\$2,126,413	\$0	\$2,925,920
Other / Miscellaneous	\$0	\$205,006	\$0	\$214,309
Service Charges	\$0	\$55,500	\$0	\$40,500
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,386,919</b>	<b>\$0</b>	<b>\$3,180,729</b>

## Explanation of Revenues

This program generates \$260,716 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.

\$ 1,100,930 - State of Oregon LPHA (Direct State and Federal through State)

\$ 90,000 - Refugee Health Promotion

\$ 229,809 - Medical Fees

\$ 211,472 - Emerging Infections Program

\$ 1,548,518 - Public Health Modernization Regional and Local

## Significant Program Changes

**Last Year this program was:** FY 2022: 40010A Communicable Disease Prevention and Control

In FY23, immunization-related work was moved to 40010C. This move, along with the reallocation of County General Fund (CGF) to 40010B, results in a \$465,462 reduction in CGF in 40010A. Revenue increases include Oregon Health Authority Local Public Health Authority Agreement grant funds, including Public Health Modernization. 40010A has a net increase of 0.77 FTE for FY23. COVID-19-Related Impacts: CDS staff conducted all COVID-19 investigations in addition to usual state reportable CD investigations and TB case management. Some CDS staff have returned to their routine duties but some continue to work in the COVID-19 response, the majority of them in leadership roles. After limited capacity since the start of the pandemic, CDS is now able to investigate all reportable diseases that require investigation.

**Department:** Health Department      **Program Contact:** Kim Toevs  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40199T  
**Program Characteristics:** Backfill State/Federal/Grant

### Executive Summary

Communicable Disease (CD) is a foundational public health program that protects the health of the community by fulfilling State of Oregon infectious disease statutes for disease tracking and investigation, disease intervention and control, and response evaluation. CD Clinical and Community Services provides sexual health services and community testing/prevention outreach to prevent STD and HIV transmission and provides limited tuberculosis (TB) evaluation and treatment. Immunization and testing services related to COVID-19 are in program offer 40010C.

### Program Summary

CD Clinical and Community Services limits the spread of sexually transmitted infections (STIs) and TB by treating existing and preventing new cases, especially among the most-impacted communities. Program activities include: STD Clinical Services - Low barrier, timely medical evaluation, treatment, and prevention counseling in a judgment-free, culturally relevant manner. Staff provide HIV prevention medication (PrEP) to at-risk individuals. The STD clinic is a designated training site for medical providers and provides consultations and continuing medical education. Partner Services - Staff contact the sex/needle-sharing partners of persons with confirmed STD/HIV/hepatitis C infections, link them to testing and treatment, and counsel for behavior change. Partnerships – Subcontracted community partners support the program in providing field-based testing, health promotion, and condom distribution. Outreach & Epidemiology - Case investigation identifies population-level patterns of STD/HIV infection to guide testing and prevention outreach and inform health care and other systems to appropriately target resources. The program’s epidemiology work informs interventions in response to the syndemic (e.g., simultaneous, related epidemics of multiple diseases) of new and rising HIV, syphilis, hepatitis C, and shigella cases. Tuberculosis (TB) Services - limited specialty care services for evaluation of TB and treatment of latent TB, including testing in homeless shelters and for newly arriving refugees.

Multiple racial disparities persist for STIs, including HIV. Addressing these disparities is a prioritized strategy for reducing overall disease burden. Prevalence and interview data identify disparities, as well as transmission modes and patterns driving the disproportionate impact. Program leadership reviews data monthly through dashboards, and the program produces new tools when needed. Outreach focuses on disparity populations, which also include LGBTQ and homeless communities. Contracted culturally specific organizations help the program engage these communities. Other strategies include outreach at homeless camps, peer leaders, and ads on social media and hook-up sites. STD clinic surveys collect client input. The next survey will focus on how to better serve culturally specific communities.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of clinical visits (STD, HIV, TB)	6,041	6,000	6,800	6,800
Outcome	Percent of all County gonorrhea/syphilis/HIV cases diagnosed through this program	14%	15%	15%	15%
Quality	Percent of syphilis/HIV cases investigated	75%	85%	80%	85%
Output	Number of patients initiated on HIV prevention medication (PrEP)	405	325	430	450

### Performance Measures Descriptions

Measure 1: Includes STD, TB, and outreach testing. Measure 2: The LPHA Agreement requires reporting on communicable diseases. The measure shows the impact and efficiency of the program to find, diagnose, and treat a significant portion of reportable STDs relative to the entire health care system. Measure 3: Percentage of newly reported HIV and syphilis cases that are successfully interviewed by DIS case investigators. 100% of cases are initiated to attempt an interview.

## Legal / Contractual Obligation

ORS 433 mandates disease prevention & control. Oregon State DHS HIV Prevention, HIV Early Intervention Services and Outreach, and STD contractual program elements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$512,372	\$3,618,750	\$374,699	\$4,115,406
Contractual Services	\$133,475	\$1,330,951	\$124,681	\$2,412,167
Materials & Supplies	\$113,523	\$165,302	\$181,660	\$159,425
Internal Services	\$455,136	\$1,855,660	\$762,634	\$579,332
<b>Total GF/non-GF</b>	<b>\$1,214,506</b>	<b>\$6,970,663</b>	<b>\$1,443,674</b>	<b>\$7,266,330</b>
<b>Program Total:</b>	<b>\$8,185,169</b>		<b>\$8,710,004</b>	
<b>Program FTE</b>	3.86	30.02	2.80	32.45

Program Revenues				
Intergovernmental	\$0	\$6,524,521	\$0	\$7,045,823
Service Charges	\$0	\$446,142	\$0	\$220,507
<b>Total Revenue</b>	<b>\$0</b>	<b>\$6,970,663</b>	<b>\$0</b>	<b>\$7,266,330</b>

## Explanation of Revenues

This program generates \$483,852 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.

\$ 250,000 - Federal STD Surveillance Network Grant (SSuN)

\$ 4,861,365 - HIV EIO

\$ 220,507 - Medical Fees

\$ 523,431 - Sexually Transmitted Diseases Client Services

\$ 686,362 - Public Health Modernization

\$ 408,438 - State Local Public Health Authority IGA

\$ 10,500 - ELC Gonococcal Infections

\$ 305,727 - Public Health Modernization (Workforce)

## Significant Program Changes

**Last Year this program was:** FY 2022: 40010B Communicable Disease Clinical and Community Services

In FY 2023, the OHA HIV Early Intervention Services and Outreach (EISO) year 5 award is reduced by \$457,336. The reduction was offset through adding County General Fund from 40010A and OHA Public Health Modernization grant funds. The program offer has a net increase in FTE in FY23. CDC COVID-19 Health Disparities funds (40199T) will support 0.50 FTE to work within this program area. COVID-19-Related Impacts: DIS staff previously reassigned to COVID-19 response have returned to HIV/STI duties and outreach HIV/STI testing has resumed. Community-wide testing and treatment options were curtailed in 2020. As more testing options ramped up in FY 2021, there were increases in gonorrhea and syphilis morbidity potentially related to delayed testing. As a result of the pandemic and curtailment of some screening services, there was a proportional reduction in clinic revenue.



## Legal / Contractual Obligation

State-Supplied Vaccine Accountability - OAR 333.047. School Immunization - ORS 433.267, 433.273 and 433.284; OAR 333-050-0010 through 333-050-0140; and ORS 433.235 through 433.284. ALERT Immunization Registry - OAR 333-049-0010 through 333-049-0130; ORS 433.090 through 433.102. Vaccine Education and Prioritization Plan - ORS 433.040; OAR 333-048-0010 through 333-048-0030.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$0	\$163,087
Contractual Services	\$0	\$0	\$0	\$11,598
Materials & Supplies	\$0	\$0	\$0	\$63
Internal Services	\$0	\$0	\$0	\$31,240
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$205,988</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$205,988</b>	
<b>Program FTE</b>	0.00	0.00	0.00	1.26

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$205,988
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$205,988</b>

## Explanation of Revenues

This program generates \$21,919 in indirect revenues.  
 \$ 205,988 - State of Oregon LPHA (Direct State and Federal through State)

## Significant Program Changes

### Last Year this program was:

In FY 2022, activities in this program offer were included in 40010A. This new program offer provides a prioritized focus on the Community Immunization Program. Additionally, the Community Immunization Program is funded in 40199B in FY 2023. Together the offers represent the integration of COVID-19 vaccination and testing into broader and ongoing Communicable Diseases Services immunization work and strategies. CDC COVID-19 Health Disparities funding (40199T) is supporting 3.57 FTE to work across both program offers.

**Department:** Health Department      **Program Contact:** Nick Tipton

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

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

### Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County.

The HIV Health Services Center (HHSC) provides community-based primary care and support services to 1,500 highly vulnerable people living with HIV. Services target low-income, uninsured, and people experiencing homelessness, mental illness, and substance abuse. These services contribute to lower mortality from HIV, fewer disease complications and their associated costs, and reduced transmission of HIV in the community.

### Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

HHSC, the only Ryan White clinic in Oregon, offers culturally specific LGBTQI HIV/HCV outpatient medical care, mental health services, case management, health education, HIV prevention, art therapy, anal cancer screening and treatment, intimate partner violence (IPV) universal education and screening with referral to community resources, risk reduction support, medication-assisted therapy, and treatment adherence counseling. Onsite clinical pharmacy services increase patients' access to and use of HIV medications. HHSC integrates prevention into all services to reduce client risk of HIV transmission. HHSC integrates primary/specialty care via telehealth, telemedicine, in person visits in coordination with field services provided by our navigation and field nursing care management team using National HIV best practices and treatment guidelines.

The clinic is supported by an active Client Advisory Council and a well-established network of HIV social services providers. HHSC is an AIDS Education and Training Center site, training more than 40 doctors, nurses, clinic administrators, quality directors, and pharmacists each year. The clinic serves as a Practice Transformation Training Site to mentor providers in rural FQHCs caring for clients living with HIV. The clinic provides a monthly Nursing Community of Practice webinar for the 10 state region around current HIV nursing related best practices that include equity, race, COVID-19 strategies in working with persons living with HIV.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of unduplicated HIV clinic clients	1992	1475	1500	1550
Outcome	Percent of clients whose last viral load test is below 200 copies	90%	90%	90%	90%

### Performance Measures Descriptions

**Output:** This measure shows how many unique clients were seen at the HIV Health Services Center during the fiscal year.  
**Outcome:** This test measures how much virus is in the blood. Below 200 is a strong sign of individual health and also a very low chance of transmitting HIV to others. Supports the Undetectable equals Untransmittable campaign.

## Legal / Contractual Obligation

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

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$660,654	\$3,755,049	\$0	\$4,749,569
Contractual Services	\$144,557	\$20,710	\$0	\$108,296
Materials & Supplies	\$59,768	\$190,079	\$0	\$265,904
Internal Services	\$671,558	\$746,407	\$0	\$1,601,320
<b>Total GF/non-GF</b>	<b>\$1,536,537</b>	<b>\$4,712,245</b>	<b>\$0</b>	<b>\$6,725,089</b>
<b>Program Total:</b>	<b>\$6,248,782</b>		<b>\$6,725,089</b>	
<b>Program FTE</b>	5.07	24.33	0.00	31.68

Program Revenues				
Intergovernmental	\$0	\$3,335,697	\$0	\$3,416,930
Service Charges	\$1,536,537	\$1,376,548	\$0	\$3,308,159
<b>Total Revenue</b>	<b>\$1,536,537</b>	<b>\$4,712,245</b>	<b>\$0</b>	<b>\$6,725,089</b>

## Explanation of Revenues

This program generates \$533,959 in indirect revenues.

\$ 1,379,783 - Ryan White Part A funds for 21-22 (Medical, Case management, Non medical case mgmt, Housing), \$459,930 - Ryan White Part D funds for 21-20 (Women, Children, Youth), \$13,120 - Ryan White Part F funds for 21-22 (OHSU dental referrals case management), \$45,000 - Federal Primary Care Grant (330) for FY 22, \$763,855 - Federal Ryan White Part C funds Primary Care HIV-Early Intervention, \$355,500 - OHA Ryan White, \$111,842 - Oregon Health Authority HIV Care (OA/Case Management support), \$3,308,159 - Medical Fees projected, \$287,900 - FOCUS Hepatitis C Foundation Grant 21-22: Hep C Primary Care Screening and Treatment

## Significant Program Changes

**Last Year this program was:** FY 2022: 40012A Services for Persons Living with HIV-Clinical Services

COVID-19 pandemic has changed the delivery of HIV care in terms of telehealth, telemedicine and in person care. We received a HRSA COVID-19 CARES grant which allowed us to purchase and assemble health kits that included cell phones/cell phone plans, backpacks, tents, sleeping bags, hand sanitizers, socks, etc. for homeless clients. Staff FTE was increased to support front desk services. Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds.

**Department:** Health Department **Program Contact:** Kim Toevs

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

**Related Programs:**

**Program Characteristics:**

### Executive Summary

HIV Grant Administration & Planning (HGAP) provides community-based services to 2,800 highly vulnerable people living with HIV through administering and coordinating federal and state grants. The program focuses services on people who are low income, uninsured, and people experiencing homelessness and/or mental illness/substance abuse, as well as other special needs populations. These services contribute to lower mortality from HIV, fewer disease complications and the associated costs, and reduced transmission of HIV in the community.

### Program Summary

HGAP's goal is to support individuals living with HIV to achieve successful HIV treatment resulting in improved quality of life, greater health, longer life, and virtually no transmission to other people if the client is virally suppressed. HGAP coordinates a regional 6-county system that achieves these goals by promoting access to high quality HIV services through contracts with the counties' local health departments and community organizations. HGAP works with partners to address viral suppression disparities that exist for Blacks/African Americans, injection drug users, and youth/young adults ages 13-29. People who are unstably housed/experiencing homelessness also have significant barriers to treatment that result in lower viral suppression rates.

With these disparities in mind, HGAP funds the following services: Peer Support & Service Navigation - outreach ensures early identification of people living with HIV and linkage to medical care. Healthcare - a coordinated primary care system provides medical, dental, and mental health and substance abuse treatment. Service Coordination - case management connects clients with health insurance, housing, and other services critical to staying in care. Housing - rent and assistance finding permanent affordable housing to ensure ability to remain engaged in medical care and adherent to medications. Food - congregate meals, home delivered meals, and access to food pantries to eliminate food insecurity and provide nutrition for managing chronic illness. Planning - a community-based Planning Council (at minimum 1/3, but generally about 40%, are consumers) identifies service needs and allocates funding accordingly.

HGAP analyzes both health outcome data (viral suppression, new diagnoses, linkage to care) and data on access to services by race and ethnicity to identify populations (a) disproportionately impacted by HIV infection, (b) with less favorable health outcomes, and (c) experiencing barriers to care. HGAP presents these data, as well as data by age and risk category, to the Ryan White Planning Council to guide resource allocation, outreach, and quality improvement projects. In order to better identify disparities for communities with small numbers, a BIPOC-focused consumer data review group meets to improve the use and presentation of BIPOC data.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of unduplicated HGAP clients served (all service types/whole 6-county system)	2,809	2,800	2,800	2,820
Outcome	Percent of HGAP clients (all 6 counties) who are virally suppressed	91%	91%	91%	92%
Outcome	Increase viral suppression rate of Black/African Americans	89%	88%	89%	90%

### Performance Measures Descriptions

Performance Measure 3 addresses disparities compared whites.

## Legal / Contractual Obligation

Federal HIV grant and contract funds are restricted. Part A grant requires: 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill & Clark Counties; 2) Community-based Planning Council; 3) 10% cap on planning & administration, requiring the County to cover some administrative costs; 4) 5% allocated toward quality management and evaluation; and 5) 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	2022	2022	2023	2023
Personnel	\$3,177	\$809,128	\$3,276	\$898,803
Contractual Services	\$7,300	\$4,724,336	\$7,500	\$4,765,375
Materials & Supplies	\$500	\$16,815	\$500	\$31,673
Internal Services	\$47,187	\$162,902	\$61,515	\$185,860
<b>Total GF/non-GF</b>	<b>\$58,164</b>	<b>\$5,713,181</b>	<b>\$72,791</b>	<b>\$5,881,711</b>
<b>Program Total:</b>	<b>\$5,771,345</b>		<b>\$5,954,502</b>	
<b>Program FTE</b>	0.02	5.48	0.02	5.78

Program Revenues				
Intergovernmental	\$0	\$5,713,181	\$0	\$5,881,711
<b>Total Revenue</b>	<b>\$0</b>	<b>\$5,713,181</b>	<b>\$0</b>	<b>\$5,881,711</b>

## Explanation of Revenues

This program generates \$103,395 in indirect revenues.

\$ 2,527,028 - Ryan White Part A funds for 21-22: Medical, Case management, Non-medical case management, and Housing

\$ 3,354,683 - Oregon Health Authority Ryan White

## Significant Program Changes

**Last Year this program was:** FY 2022: 40012B Services for Persons Living with HIV - Regional Education and Outreach

This program's revenue has a net increase of \$168,530 (an increase of \$192,253 in Ryan White funds through OHA, but a decrease of \$23,723 in federal Ryan White funds). Staffing is increased by 0.30 FTE. COVID-19-Related Impacts: Subcontracted services are constantly in flux due to changing CDC guidance and reduced staff capacity. However, all services are available for persons living with HIV to access. Most subcontracted agencies continue to operate in a telehealth model with limited in person services.

**Department:** Health Department  
**Program Offer Type:** Innovative/New Program

**Program Contact:** Kim Toevs  
**Program Offer Stage:** As Adopted

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

**Executive Summary**

Multnomah County will support increasing access to community based, culturally specific primary care services for populations with greater burdens of health disparities within the local community. Many local populations have limited access to culturally responsive healthcare services that offer a safe and affirming environment. This budget amendment will allow the Health Department to contract with a community organization to improve access to services for LGBTQIA+ community members, especially those who are Black, Indigenous, or other People of Color (BIPOC).

**Program Summary**

Research has demonstrated the efficacy of culturally-tailored interventions in health promotion, clinical care, mental health/behavioral services, and substance abuse services. The current health care delivery system in Oregon is organized around the critical role of the primary care medical home as a nexus for engagement, health promotion, disease management, and coordination. In order to effectively reduce population-level health inequities, local community leaders are making the case for culturally-specific primary care homes, in addition to continuing focus on cultural responsiveness and competence from mainstream care providers.

Locally, LGBTQIA+ communities experience many health inequities yet have limited access to culturally responsive healthcare services that offer a safe and affirming environment. As an example, lesbians are at a higher risk of breast cancer than straight women, while gay men have an elevated risk of prostate, testicular, and colon cancer. In Oregon, almost twice as many lesbians, gays, and bisexuals as heterosexuals report frequent mental distress. The rate is highest for transgender youth. Approximately 82% of individuals who identify as trans have considered killing themselves, while 40% have actually attempted suicide. Despite the work that Multnomah County and community partners have done to fill access gaps for LGBTQIA+ community members, tremendous need still exists. This is particularly true for members of the LGBTQIA+ communities who are BIPOC.

This one time only budget amendment will support a contract with a culturally specific community organization to improve access to culturally responsive services for LGBTQIA+ community members with particular focus on those who are BIPOC. Monies will be distributed through a competitive procurement process. Funds will not be used for capital expenditures. Culturally-specific primary care may include specific language capacities, providers from the populations of focus, culturally tailored models of care provision, health education, and decision-making, as well as a constellation of wrap-around services uniquely matched to the specific populations.

<b>Performance Measures</b>					
<b>Measure Type</b>	<b>Primary Measure</b>	<b>FY21 Actual</b>	<b>FY22 Budgeted</b>	<b>FY22 Estimate</b>	<b>FY23 Offer</b>
Output	Fiscal sustainability plan implemented	N/A	N/A	N/A	1
Outcome	Support increased access to services for LGBTQIA+ BIPOC community members	N/A	N/A	N/A	1 site

**Performance Measures Descriptions**

Measure 1: This will be measured by a final sustainability plan from the contractor by June 2023. Measure 2: This will be measured by an increase in service access locations by June 2023.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$90,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$90,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$90,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

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

**Executive Summary**

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County.

The Medicaid Enrollment program assists uninsured and under-insured Oregonians to gain access to health services by providing application and enrollment assistance and advocacy to families and children applying for state and federally provided Medical and Dental coverage as well as other forms of assistance.

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Medicaid Enrollment program assists uninsured and under-insured Oregonians to gain access to health services by providing application and enrollment assistance and advocacy to families and children applying for state and federally provided Medical and Dental coverage as well as other forms of assistance. Patients are also screened for eligibility to sliding scale (discounted fees) for services received if they are unable to obtain other coverage. Last year, more than 14,500 clients were screened and there were 1760 projected enrollments into OHP.

The Medicaid Enrollment program provides outreach and education efforts that increase the number of clients who complete the Oregon Health Plan (OHP) enrollment process; access to health care services (particularly for pregnant women and children); and ensures continuity of coverage at recertification.

Starting in March 2020, Eligibility transitioned to screening clients both in person and by phone due to the COVID-19 pandemic. The introduction of the phone line allowed for clients to call in and reach an eligibility specialist to apply for OHP benefits, the sliding scale discount or other medical assistance programs. The Oregon Health Authority relaxed rules for obtaining signatures which allowed for applications to be completed by phone with virtual consent given by the client. Clients are still able to walk in and see an eligibility specialist at any primary care clinic for their eligibility needs.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Annual number of clients screened	14,679	16,000	15,102	15,000
Outcome	% of Self Pay Patients in Medical	13.87%	14%	13.7%	14%
Outcome	% of Self Pay Patients in Dental	5%	8%	5%	8%

**Performance Measures Descriptions**

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

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Personnel	\$585,444	\$1,515,250	\$0	\$2,167,626
Contractual Services	\$0	\$24,000	\$0	\$24,000
Materials & Supplies	\$1,456	\$14,950	\$0	\$14,523
Internal Services	\$406,200	\$225,851	\$0	\$630,577
<b>Total GF/non-GF</b>	<b>\$993,100</b>	<b>\$1,780,051</b>	<b>\$0</b>	<b>\$2,836,726</b>
<b>Program Total:</b>	<b>\$2,773,151</b>		<b>\$2,836,726</b>	
<b>Program FTE</b>	5.00	15.00	0.00	20.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$295,945	\$0	\$0
Service Charges	\$993,100	\$1,484,106	\$0	\$2,836,726
<b>Total Revenue</b>	<b>\$993,100</b>	<b>\$1,780,051</b>	<b>\$0</b>	<b>\$2,836,726</b>

## Explanation of Revenues

This program generates \$291,329 in indirect revenues.

Medicaid/Medicare eligibility receives funding from the Division of Medical Assistance Programs (DMAP) which provides compensation to eligible Federally Qualified Health Centers (FQHCs) for outreach activities. DMAP provides compensation through calculating a rate that is equal to 100% of allowable, specific direct costs according to OAR 410-147-0400.

\$ 1,540,975 - Division of Medical Assistance Programs (DMAP)

\$ 1,295,751 - FQHC Medicaid Wraparound

## Significant Program Changes

**Last Year this program was:** FY 2022: 40016 Medicaid/Medicare Eligibility

The program has partially transitioned to telework due to the COVID-19 pandemic, including an adjustment in operations to allow for services by telephone.

Clients enrolled in the Oregon Health Plan have maintained their current benefit level throughout the pandemic. This has led to a significant reduction in the number of OHP new and renewal applications processed at the Health Center. Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds.

**Department:** Health Department      **Program Contact:** Azma Ahmed  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted

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

ICS is the largest FQHC in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. ICS-Dental provides County residents with essential, urgent, routine, and preventive services in clinic settings and school-based programs. ICS-Dental works with community partners, targeting under-served populations, providing service to nearly 27,000 people in Multnomah County. ICS-Dental 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 and Community Oral Health, and provides access for clients with chronic diseases, and children and pregnant women. The ICS dental program strives to provide the highest level of care and evidence-based practice.

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities, and ensuring affordable, quality access to healthcare. The Dental program has three distinct svcs components: 1. 7 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. 2. 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 mths in our clinic setting, known as our Baby Day program. The 3rd component of the program consists of mentoring and training dental hygiene and students training to be dentists. These students provide svcs to our clients, under the preceptorship of our providers, which helps cultivate a workforce interested in providing public health today and into the future. 3. Dental svcs are an essential program that provides education, prevention, and dental treatment to the poorest and most vulnerable in Multnomah County. Svcs 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 svcs, to most people, in a reasonable, and cost-effective manner. In the past 18 mths, COVID19 has significantly impacted access to dental care svcs, because of the risk inherent with dental procedures and treatments. While we anticipate ongoing recovery from the COVID19, dental svcs will remain a part of the comp. community health center model of care.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Billable patient visits	56,496	94,738	61,961	80,496
Outcome	No show rate	19%	17%	18%	15%

**Performance Measures Descriptions**

**Output:** The number of patient visits who receive clinical care within the fiscal year. The number of encounters will be critical in light of COVID-19 pandemic coupled with race, equity and fiscal viability. The projected number of encounters were adjusted to align with anticipated COVID-19 recovery, patient demand for services, predicted staffing, and historical no-show rates. Based on this, we project that the dental program can deliver 80,496 visits in FY 23, a number that will provide ample access and program fiscal viability. **Outcome:** % of appointments for which patients did not show per fiscal year.

## Legal / Contractual Obligation

Dental services are a requirement of the Bureau of Primary Health Care 330 Grant. Dental services in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements. The Dental Program is also accredited under The Joint Commission and follows TJC accreditation standards, which include infection control, patient safety, patient rights, and many more. All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$11,189,416	\$8,897,893	\$0	\$19,075,421
Contractual Services	\$68,016	\$180,419	\$0	\$226,574
Materials & Supplies	\$243,299	\$753,366	\$0	\$1,172,506
Internal Services	\$1,637,359	\$3,798,884	\$0	\$5,658,683
<b>Total GF/non-GF</b>	<b>\$13,138,090</b>	<b>\$13,630,562</b>	<b>\$0</b>	<b>\$26,133,184</b>
<b>Program Total:</b>	<b>\$26,768,652</b>		<b>\$26,133,184</b>	
<b>Program FTE</b>	68.92	76.15	0.00	130.36

Program Revenues				
Intergovernmental	\$0	\$312,308	\$0	\$312,000
Other / Miscellaneous	\$419,000	\$98,450	\$0	\$819,088
Beginning Working Capital	\$491,694	\$0	\$0	\$0
Service Charges	\$12,227,396	\$13,219,804	\$0	\$25,002,096
<b>Total Revenue</b>	<b>\$13,138,090</b>	<b>\$13,630,562</b>	<b>\$0</b>	<b>\$26,133,184</b>

## Explanation of Revenues

This program generates \$2,563,738 in indirect revenues.  
The primary source of revenue is Medicaid payments and patient fees.

\$ 25,100,434 - Dental Patient Fees  
\$ 312,000 - Federal Primary Care (330) Grant  
\$ 720,750 - Care Oregon Dental Incentives

## Significant Program Changes

**Last Year this program was:** FY 2022: 40017 Dental Services

The dental program will improve efficiency by changing the way it utilizes dental chairs and EFDA staffing to allow for increased access to patient care. This scheduling change will impact 50% of the dentist workforce. Vacant provider positions were eliminated to align with current ability to recruit/retain EFDA's. These provider FTE reductions also address the need to align providers with EFDA to maximize utilization of dental chairs. School based hygienists increased from 0.65 to 1.00 FTE to allow more access in schools and any necessary backfilling when schools are not in session. The School & Community Oral Health program can deliver more visits by taking advantage of dental space during spring breaks. The program will also leverage partnership with community colleges & dental hygiene schools to increase the workforce pipeline. SCOH program also reclassified 2 vacant EFDA to Health Assistant 2 positions to better serve the program's needs.

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

**Executive Summary**

The Women, Infants and Children Program (WIC) serves approximately 13,000 pregnant and nursing people and their infants and young children per month. WIC promotes positive health outcomes through strengthening nutrition across the life course with healthful foods and nutrition education, promoting and supporting breastfeeding, and providing comprehensive health and social service referrals.

**Program Summary**

WIC provides nutritious food, nutrition education and counseling, growth monitoring, health screening, breastfeeding support, and other support networks to eligible families. WIC also acts as a core referral center for other health and social services, including prenatal care, immunizations, Head Start, housing and day care assistance, other County public health programs, SNAP and other food assistance, and more. Multnomah County WIC leads with race and actively applies an equity lens to all services, programs, delivery methods, education options, staffing, and technology systems. Multnomah County WIC is a leader in innovation, and a regional partner for cross-cutting health programming and equity expertise.

In 2021, WIC served approximately 19,000 unique clients with over 55,000 visits and Multnomah County WIC participants received healthful foods totalling \$7.8 million to support both nutritional health and food insecurity. During 2021, and continuing into 2022, WIC and Breastfeeding services have been exclusively remote, due to the COVID-19 pandemic. Nonetheless, WIC has maintained its caseload and retained staff at over 95%. In early 2021, participating families rated the remote service model and its quality in meeting their needs as “excellent” in a large-scale text survey. The WIC staff received the County’s 2021 Outstanding Team Achievement award for their work in distributing an additional \$3.8 million dollars in COVID direct assistance to WIC families.

By design, WIC exclusively serves populations experiencing health disparities and uses nutrition science research and program data to inform services. Data indicate health disparities among BIPOC and low income women, infants, and children, which is reflected in WIC demographic data. For example, over 25% of WIC clients need communications in languages other than English. The program has responded through signage in multiple languages, staff who speak multiple languages fluently, interpretation services contracts, and technology to promote better access. Currently, 83% (up from 77% in 2020 and 45% in 2016) of WIC staff have language and/or cultural KSAs or are themselves immigrants or refugees. These approaches enable WIC to reach populations most disparately impacted by food and nutrition insecurity. WIC also partners with culturally specific agencies and advisory boards and surveys clients to inform services.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of WIC clients in one year who receive healthful foods with E-WIC benefits	19,000	20,000	19,000	19,000
Outcome	% of WIC clients initiating breastfeeding	93%	94%	93%	93%
Outcome	# of nutrition education contacts with WIC families	55,588	48,000	57,268	57,000
Quality	% of clients served per month in languages other than English	26%	26%	24.2%	25%

**Performance Measures Descriptions**

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,293,532	\$3,252,961	\$1,354,729	\$3,633,855
Contractual Services	\$83,000	\$0	\$58,881	\$0
Materials & Supplies	\$63,498	\$734	\$130,766	\$0
Internal Services	\$816,981	\$431,032	\$888,249	\$488,389
<b>Total GF/non-GF</b>	<b>\$2,257,011</b>	<b>\$3,684,727</b>	<b>\$2,432,625</b>	<b>\$4,122,244</b>
<b>Program Total:</b>	<b>\$5,941,738</b>		<b>\$6,554,869</b>	
<b>Program FTE</b>	11.26	29.14	12.40	31.95

Program Revenues				
Intergovernmental	\$0	\$2,915,023	\$0	\$3,352,540
Other / Miscellaneous	\$0	\$769,704	\$0	\$769,704
<b>Total Revenue</b>	<b>\$0</b>	<b>\$3,684,727</b>	<b>\$0</b>	<b>\$4,122,244</b>

## Explanation of Revenues

This program generates \$488,389 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.

\$ 3,277,540 - 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 2022: 40018 Women, Infants, and Children (WIC)

In FY23, WIC has a \$437,517 increase in grant caseload funding which will result in a net increase of 3.95 FTE. This increase will rebuild clerical/operations and provider teams by centering race and the cultural communities WIC serves, as well as provide organizational structure to increase capacity in equity-based services. COVID-19-Related Impacts - WIC services became completely remote in March 2020, remained so throughout 2021, and will continue through FY22. USDA waivers to maintain exclusively remote service are currently in place thorough August 2022 and may be additionally extended. The change to remote proved to be successful for clients, as it reduced travel and other barriers related to accessing services, and for WIC staff, as they were able to maintain service quality, their own safety, and satisfaction in their jobs. In FY23, WIC anticipates moving to both remote and in-person services.

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

### Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. North Portland Health Center (NPHC) serves around 3,800 clients per year. Due to the reduction in the number of operating sights, as a response to COVID-19, NPHC clients were served at the Northeast Health Center for the first 3 months of FY21. The North Portland Health Center resumed onsite operations in October 2020 and served 3,693 patients. The majority of North Portland Health Center clients represent historically underserved (Black, Indigenous, People of Color) BIPOC communities and vulnerable populations. NPHC is an important health care safety net for the community and is part of the County's FQHC.

### Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

North Portland Health Center primary care is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. NPHC provides comprehensive, culturally appropriate services that include:

- Primary care services including treatment of acute and chronic illnesses, behavioral health, drug & alcohol treatment, family planning, prenatal and preventive services (well child, immunizations), and community health education.
- Pharmacy and lab services
- Enabling services: Medicaid eligibility screening, medical interpretation, transportation, case management and health education

The clinic provides culturally appropriate care to a diverse population with the largest groups served being the Latinx diaspora (42%), Black community (16%) and the white community (32%). The remaining 12% of our patients identify as Asian, Native American and Pacific Islander.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Individual patients served	3693	3,900	3,900	4,000
Outcome	Number of visits completed	11,728	20,152	20,000	14,865

### Performance Measures Descriptions

**Output: Individual Patients Served.** This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.

**Outcome:** This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.

## Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$2,702,204	\$1,138,847	\$0	\$3,857,143
Contractual Services	\$87,412	\$0	\$0	\$130,815
Materials & Supplies	\$9,939	\$174,151	\$0	\$166,110
Internal Services	\$359,933	\$1,153,272	\$0	\$1,164,752
<b>Total GF/non-GF</b>	<b>\$3,159,488</b>	<b>\$2,466,270</b>	<b>\$0</b>	<b>\$5,318,820</b>
<b>Program Total:</b>	<b>\$5,625,758</b>		<b>\$5,318,820</b>	
<b>Program FTE</b>	16.45	11.35	0.00	25.50

Program Revenues				
Intergovernmental	\$0	\$573,895	\$0	\$673,895
Service Charges	\$3,159,488	\$1,892,375	\$0	\$4,644,925
<b>Total Revenue</b>	<b>\$3,159,488</b>	<b>\$2,466,270</b>	<b>\$0</b>	<b>\$5,318,820</b>

## Explanation of Revenues

This program generates \$518,400 in indirect revenues.

This program is supported by a federal BPHC grant, as well as Medicaid/Medicare fee revenue.

- \$ 987,165 - Medical Fees
- \$ 223,895 - Federal Primary Care grant PC 330
- \$ 450,000 - Federal Primary Care/Homeless grant
- \$ 3,363,464 - FQHC Medicaid Wraparound
- \$ 294,296 - Medicare PC North

## Significant Program Changes

**Last Year this program was:** FY 2022: 40019 North Portland Health Clinic

The COVID-19 pandemic continued to stretch the Health Center resources, requiring shifting prioritization towards vaccination and testing clinics. Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds. Changes in FTE are a reflection of moving Community Health Worker and Behavioral Health staff to a separate program offer (40102 Allied Health).

**Department:** Health Department      **Program Contact:** Katie Thornton  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted

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

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Northeast Health Clinic is located in one of Portland's oldest historic African American neighborhoods and provides integrated primary care, dental, and pharmacy services to a diverse patient population. The Northeast Health Center plays a significant role in providing safety net medical services to residents in the community. The Health Center provided care to 6,659 clients in FY21. NEHC is an important health care safety net for the community and is part of the County's Federally Qualified Health Center (FQHC).

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Northeast Health Clinic is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. NEHC provides comprehensive, culturally appropriate services that include:

- Primary care services, including treatment of acute and chronic illnesses, behavioral health, drug & alcohol treatment, family planning, prenatal and preventive services (well child, immunizations), and community health education
- Limited speciality care including neurology, gynecology, and acupuncture
- Pharmacy and lab services
- Enabling services: Medicaid eligibility screening, medical interpretation, transportation assistance, case management and health education

In fiscal year 21, the clinic saw 6,659 patients who were provided services in more than 10 different languages. NEHC plays a significant role in providing safety net medical services to residents in the community. The clinic provides culturally appropriate care to a diverse population with the largest groups serving being the Black diaspora (29%), the Latinx diaspora (36%) and those who identify as white (25%). The remaining 10% of our patients identify as Asian, Native American and Pacific Islander.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Individual patients served	6,659	4,000	4,500	5,000
Outcome	Number of visits completed	19,660	20,328	19,000	18,327

**Performance Measures Descriptions**

**Output: Individual Patients Served.** This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.

**Outcome:** This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.

## Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines. Northeast Health Center is contracted with OHSU to offer Colposcopy and LEEP procedures.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$2,501,518	\$1,725,856	\$0	\$4,219,021
Contractual Services	\$48,817	\$129,301	\$0	\$143,287
Materials & Supplies	\$68,323	\$144,511	\$0	\$196,716
Internal Services	\$333,202	\$968,159	\$0	\$1,648,791
<b>Total GF/non-GF</b>	<b>\$2,951,860</b>	<b>\$2,967,827</b>	<b>\$0</b>	<b>\$6,207,815</b>
<b>Program Total:</b>	<b>\$5,919,687</b>		<b>\$6,207,815</b>	
<b>Program FTE</b>	16.30	13.70	0.00	28.20

Program Revenues				
Intergovernmental	\$0	\$985,061	\$0	\$985,060
Service Charges	\$2,951,860	\$1,982,766	\$0	\$5,222,755
<b>Total Revenue</b>	<b>\$2,951,860</b>	<b>\$2,967,827</b>	<b>\$0</b>	<b>\$6,207,815</b>

## Explanation of Revenues

This program generates \$567,037 in indirect revenues.

Northeast Health Clinic is supported by the federal BPHC grant, , Medicaid/Medicare and other medical fees.

\$ 1,602,796 - Medical Fees

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

\$ 3,619,959 - FQHC Medicaid Wraparound

## Significant Program Changes

**Last Year this program was:** FY 2022: 40020 Northeast Health Clinic

The COVID-19 pandemic continued to stretch the Health Center resources, requiring shifting prioritization towards vaccination and testing clinics. Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds. CHW and BHP roles moved to program offer 40102 Allied Health.

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

**Executive Summary**

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Mid-County Health Center (MCHC) is located in one of the most culturally diverse areas of Multnomah County and plays a significant role in providing safety net medical services to residents in the community. Over the past 12 months, the Health Center provided care to 7,183 clients. With the Refugee Clinic and culturally diverse staff, MCHC is an important partner and contributor to the refugee and asylee resettlement efforts.

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Mid County Health Center primary care is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. MCHC provides comprehensive, culturally appropriate services that include:

- Primary care services including treatment of acute and chronic illnesses, behavioral health, drug & alcohol treatment, family planning, prenatal and preventive services (well child, immunizations), and community health education.
- Refugee and asylee medical screenings in contract with Oregon Department of Human Services.
- Limited specialty services including gynecology
- Pharmacy and lab services
- Enabling services: Medicaid eligibility screening, medical interpretation, transportation, case management and health education

MCHC is tightly linked with refugee resettlement agencies ( Sponsors Organized to Assist Refugees SOAR, Catholic Charities, Lutheran Community Services), the Centers of Disease Control and the State of Oregon. 65% of MCHC clients are immigrants or were refugees from areas, e.g., Ukraine, Afghanistan, DRC, Burman, Russia, Latin America, Kosovo.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Individual patients served	9,921	9,500	9,500	9,500
Outcome	Number of visits completed	32,651	41,693	41,693	41,693

**Performance Measures Descriptions**

**Output:** Individual Patients Served. This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.

**Outcome:** This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.

## Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines. Mid County Health Center is contracted with the Oregon Department of Human Services to complete refugee and asylee medical screenings.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$5,268,144	\$3,358,360	\$0	\$8,576,099
Contractual Services	\$292,881	\$399,553	\$0	\$97,407
Materials & Supplies	\$36,297	\$438,984	\$0	\$608,117
Internal Services	\$1,508,102	\$1,070,326	\$0	\$2,739,422
<b>Total GF/non-GF</b>	<b>\$7,105,424</b>	<b>\$5,267,223</b>	<b>\$0</b>	<b>\$12,021,045</b>
<b>Program Total:</b>	<b>\$12,372,647</b>		<b>\$12,021,045</b>	
<b>Program FTE</b>	45.05	12.25	0.00	54.40

Program Revenues				
Intergovernmental	\$0	\$728,950	\$0	\$928,950
Service Charges	\$7,105,424	\$4,538,273	\$0	\$11,092,095
<b>Total Revenue</b>	<b>\$7,105,424</b>	<b>\$5,267,223</b>	<b>\$0</b>	<b>\$12,021,045</b>

## Explanation of Revenues

This program generates \$1,152,628 in indirect revenues.

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

- \$ 3,382,832 - Medical Fees
- \$ 928,950 - Federal Primary Care (330) grant
- \$ 15,000 - State Oregon Refugee Health Promotion
- \$ 7,694,263 - FQHC Medicaid Wraparound

## Significant Program Changes

Last Year this program was: FY 2022: 40022 Mid County Health Clinic

COVID-19 pandemic required the Health Center to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of COVID-19. Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds. CHW and BHP roles moved to program offer 40102 Allied Health.

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

**Executive Summary**

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. East County Health Center plays a significant role in providing safety net medical services to residents in the Gresham/East Multnomah County communities. Over the past 12 months, the Health Center provided care to 9,831 clients. Of clients empaneled to the East County Health Center, 50% are Spanish speaking and 20% do not qualify for insurance coverage.

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

East County Health Center primary care is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. ECHC provides comprehensive, culturally appropriate services that include:

- Primary care services, including treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations)
- Integrated pharmacy and lab services
- Wraparound services: Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

Over the past 12 months, the clinic saw 29,583 patients with services provided in four languages. East County Health Center plays a significant role in providing safety net medical services to residents in the community. The clinic provides culturally appropriate care to a diverse population with the largest groups served being the Latinx diaspora (50%), and the white (43%). The remaining 7% of our patients identify as mostly Eastern European and Middle Eastern/North African.

<b>Performance Measures</b>					
<b>Measure Type</b>	<b>Primary Measure</b>	<b>FY21 Actual</b>	<b>FY22 Budgeted</b>	<b>FY22 Estimate</b>	<b>FY23 Offer</b>
Output	Individual Patients Served	9,892	9,800	9,840	9,931
Outcome	Number of visits completed	27,650	29,160	29,583	29,753

**Performance Measures Descriptions**

**Output:** Individual Patients Served. This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.  
**Outcome:** This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.

## Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$4,989,165	\$2,829,741	\$0	\$7,881,297
Contractual Services	\$0	\$268,344	\$0	\$297,736
Materials & Supplies	\$221,425	\$162,697	\$0	\$397,518
Internal Services	\$664,557	\$1,722,372	\$0	\$2,258,855
<b>Total GF/non-GF</b>	<b>\$5,875,147</b>	<b>\$4,983,154</b>	<b>\$0</b>	<b>\$10,835,406</b>
<b>Program Total:</b>	<b>\$10,858,301</b>		<b>\$10,835,406</b>	
<b>Program FTE</b>	38.40	13.80	0.00	49.20

Program Revenues				
Intergovernmental	\$0	\$1,085,399	\$0	\$1,085,315
Service Charges	\$5,875,147	\$3,897,755	\$0	\$9,750,091
<b>Total Revenue</b>	<b>\$5,875,147</b>	<b>\$4,983,154</b>	<b>\$0</b>	<b>\$10,835,406</b>

## Explanation of Revenues

This program generates \$1,059,246 in indirect revenues.

East County Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

- \$ 2,936,965 - Medical Fees
- \$ 1,085,315 - Federal Primary Care (330) grant
- \$ 6,813,126 - FQHC Medicaid Wraparound

## Significant Program Changes

**Last Year this program was:** FY 2022: 40023 East County Health Clinic

COVID-19 pandemic required ECHC to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of Covid 19. Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds. CHW and BHP roles moved to program offer 40102 Allied Health.

**Department:** Health Department      **Program Contact:** Alexandra Lowell

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

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

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The Student Health Center (SHC) program provides access to comprehensive preventive, primary, and mental healthcare for Multnomah County school-aged youth at nine Student Health Centers and is part of the County's FQHC. This program makes primary and behavioral health care services easily accessible for nearly 6,000 K-12 students each year, contributing to better health and learning outcomes for school-aged youth.

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing houselessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Healthcare for school aged youth is a basic need. The SHC sites provide critical points of access to health care regardless of insurance status through partnerships with schools, families, healthcare providers, and community agencies. SHCs contribute to learning readiness and optimize the learning environment by linking health and education for student success--in school and life.

Services include chronic, acute and preventive healthcare; age appropriate reproductive health; exams, risk assessments, prescriptions, immunizations, fitness and nutrition education/counseling and referrals. This comprehensive approach enables preventive care and early identification and intervention, thereby promoting healthy behaviors and resilience as well as reducing risk behaviors. Program locations are geographically diverse and all Multnomah County K-12 aged youth are eligible to receive services at any SHC location, including students who attend other schools, those not currently attending school, students experiencing houselessness. The SHCs provide culturally appropriate care to a diverse population with the largest groups served being those who identify as Latinx (31%), white (31%), Black (15%), and Asian (12%). The remaining 10% of our patients identify as Pacific Islander, Native American, and Native Hawaiian.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	% of patients with one or more visits with a health assessment in the last year	51%	60%	51%	51%
Outcome	Number of visits completed	6,295	16,474	14,280	16,796

**Performance Measures Descriptions**

**Output:** Clients (age >5 to <21) with at least one SHC office visit encounter in the last 12 months who had health assessment. The health assessment is an exceptional tool to understand the physical and social health of the client, so that strengths can be affirmed for continued prevention and early intervention services can be offered.

**Outcome:** The number of visits completed indicates a general level of utilization of our services and financial viability.

## Legal / Contractual Obligation

Student Health Centers (SHC) complies with CLIA (Laboratory accreditation) requirements, CCO contractual obligations, compliance with the Bureau of Primary Health 330 Grant (HRSA), and Patient-Centered Primary Care Home (PCPCH). SHC Primary Care is also accredited under Joint Commission and follows TJC accreditation guidelines.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$2,904,846	\$1,640,723	\$0	\$4,541,685
Contractual Services	\$25,512	\$53,382	\$0	\$163,378
Materials & Supplies	\$92,510	\$219,337	\$0	\$237,042
Internal Services	\$503,870	\$840,911	\$0	\$1,614,195
<b>Total GF/non-GF</b>	<b>\$3,526,738</b>	<b>\$2,754,353</b>	<b>\$0</b>	<b>\$6,556,300</b>
<b>Program Total:</b>	<b>\$6,281,091</b>		<b>\$6,556,300</b>	
<b>Program FTE</b>	18.47	13.80	0.00	28.24

Program Revenues				
Intergovernmental	\$0	\$1,131,899	\$0	\$1,504,913
Other / Miscellaneous	\$0	\$0	\$0	\$85,000
Service Charges	\$3,526,738	\$1,622,454	\$0	\$4,966,387
<b>Total Revenue</b>	<b>\$3,526,738</b>	<b>\$2,754,353</b>	<b>\$0</b>	<b>\$6,556,300</b>

## Explanation of Revenues

This program generates \$609,904 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.

- \$ 1,573,859 - Medical Fees
- \$ 831,534 - State SHC grant
- \$ 373,379 - Federal Primary Care grant
- \$ 3,392,528 - FQHC Medicaid Wraparound
- \$ 85,000 - Roots and Wings Foundation Grant
- \$ 300,000 - Oregon Health Authority Grant - FQHC Telehealth Pilot

## Significant Program Changes

**Last Year this program was:** FY 2022: 40024 Student Health Centers

During the COVID-19 pandemic in FY 22, nine SHC clinics remained open and operational even while school buildings were temporarily closed for distance learning. Each SHC provides important access to COVID vaccination and testing for the youth population. SHC continues to provide essential medical and mental health care to Multnomah County youth, offering both in-person and telemedicine visits. This program offer includes funding from OHA for a specific telehealth pilot project, as well as funding from the Roots and Wings foundation to enhance services in School Based Health Centers.

In the upcoming year, SHC will expand primary care and behavioral health services available.

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

### Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. La Clinica de Buena Salud (The Good Health Clinic), provides comprehensive, culturally appropriate primary care and behavioral health services to the underinsured and uninsured residents of NE Portland's Cully Neighborhood and is part of the County's FQHC. La Clinica was strategically located, in partnership with the local community, to provide culturally competent care and vital services to approximately 1,600 people each year.

### Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

La Clinica de Buena Salud is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. La Clinica provides comprehensive, culturally appropriate services that include:

- Primary care services, including treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations)
- Integrated pharmacy and lab services
- Wraparound services: Medicaid eligibility screening, medical interpretation, transportation, case management and health education

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

Performance Measures					
Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Individual patients served	2,204	2,100	2,100	2,100
Outcome	Number of visits completed	7,641	9,901	9,901	9,901

### Performance Measures Descriptions

**Output:** Individual Patients Served. This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.  
**Outcome:** This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.

## Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$810,288	\$1,026,995	\$0	\$2,013,157
Contractual Services	\$0	\$114,542	\$0	\$128,118
Materials & Supplies	\$39,459	\$42,004	\$0	\$99,410
Internal Services	\$107,930	\$384,975	\$0	\$631,094
<b>Total GF/non-GF</b>	<b>\$957,677</b>	<b>\$1,568,516</b>	<b>\$0</b>	<b>\$2,871,779</b>
<b>Program Total:</b>	<b>\$2,526,193</b>		<b>\$2,871,779</b>	
<b>Program FTE</b>	6.40	5.40	0.00	12.50

Program Revenues				
Intergovernmental	\$0	\$757,011	\$0	\$826,069
Service Charges	\$957,677	\$811,505	\$0	\$2,045,710
<b>Total Revenue</b>	<b>\$957,677</b>	<b>\$1,568,516</b>	<b>\$0</b>	<b>\$2,871,779</b>

## Explanation of Revenues

This program generates \$270,569 in indirect revenues.

La Clinica de Buena Salud is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

- \$ 576,452 - Medical Fees
- \$ 301,255 - Federal Primary Care/330 grant
- \$ 524,814 - Federal Homeless General
- \$ 1,469,258 - FQHC Medicaid Wraparound

## Significant Program Changes

**Last Year this program was:** FY 2022: 40026 La Clinica de Buena Salud

COVID-19 pandemic required the Health Center to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of COVID-19. Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds.

**Department:** Health Department      **Program Contact:** Nick Tipton

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

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Southeast Health Clinic (SEHC) provides comprehensive, culturally appropriate primary care and behavioral health services to 3,200 people each year in the Southeast Multnomah County communities. Southeast Health Center is centrally located to serve persons living in the area as well as the central region and clients living downtown (many who were previously a Westside Clinic patient).

### Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Southeast Health Center is a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, medication assisted therapy (MAT) and collaboration with community partners. SEHC provides comprehensive, culturally appropriate services that include:

- Primary care services, including treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations)
- Integrated pharmacy, dental, and lab services
- Wraparound services: Medicaid eligibility, interpretation, transportation, case management and health education.

Race and ethnicity of SEHC Primary Care clients reflect 15.3% Asian, 9% Black, 1% American Indian and 1.5% Pacific Islander. A key population that SEHC serves is the homeless population that continues to grow in the SEHC region, noting a 22.1% increase between 2017 to 2019. Our non-binary population who report Intimate Partner violence is experiencing a rise in houselessness over 186.7% increase (.4% to 1.1%) (2019 PIT report). Using wrap around services for our clients experiencing houselessness that include intensive case management/navigation services, addressing food insecurities (food banks, CSA partnerships for health with local farms), and referrals to community partnerships in addition to primary/specialty care is critical.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of patients served	3,242	3,350	3,200	3,400
Outcome	Number of visits completed	11,551	7,370	10,500	7,400

### Performance Measures Descriptions

**Output: Individual Patients Served.** This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.

**Outcome:** This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.

## Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,151,939	\$1,671,439	\$0	\$2,755,896
Contractual Services	\$0	\$62,356	\$0	\$67,314
Materials & Supplies	\$29,951	\$106,969	\$0	\$139,850
Internal Services	\$153,438	\$784,084	\$0	\$914,070
<b>Total GF/non-GF</b>	<b>\$1,335,328</b>	<b>\$2,624,848</b>	<b>\$0</b>	<b>\$3,877,130</b>
<b>Program Total:</b>	<b>\$3,960,176</b>		<b>\$3,877,130</b>	
<b>Program FTE</b>	10.20	8.30	0.00	17.22

Program Revenues				
Intergovernmental	\$0	\$1,365,404	\$0	\$1,365,404
Service Charges	\$1,335,328	\$1,259,444	\$0	\$2,511,726
<b>Total Revenue</b>	<b>\$1,335,328</b>	<b>\$2,624,848</b>	<b>\$0</b>	<b>\$3,877,130</b>

## Explanation of Revenues

This program generates \$370,392 in indirect revenues.

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

- \$ 950,257 - Medical Fees
- \$ 166,500 - Federal Primary Care (330) grant
- \$ 1,198,904 - Federal Primary Care/Homeless grant
- \$ 1,561,469 - FQHC Medicaid Wraparound

## Significant Program Changes

Last Year this program was: FY 2022: 40027 Southeast Health Clinic

COVID-19 pandemic required the Health Center to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of COVID-19. Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds. CHW and BHP roles moved to program offer 40102 Allied Health.

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

**Executive Summary**

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Rockwood Community Health Clinic provided comprehensive, culturally appropriate primary care and behavioral health services to 3790 patients this year.

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Rockwood Community Health Clinic (RCHC) is designed as a Patient-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. RCHC provides comprehensive, culturally appropriate services that include:

- Primary care services, including treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations)
- Integrated pharmacy and lab services
- Wraparound services: Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

Over the past 12 months, the RCHC clinic saw 11,132 patients with services provided or interpreted in 16 plus languages. RCHC plays a significant role in providing safety net medical services to residents in a historically underserved community. The clinic provides culturally appropriate care to a diverse population with the largest groups served being Hispanic (36%), and White (32%). The remaining 32% of our patients identify as Asian, Black, Karen, Burmese, Russian, Somali, Zomi, Dari, Farsi, Nepali, Swahili, and Rohingya.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Individual patients served	2,274	4,460	4,460	4,560
Outcome	Number of visits completed	11,851	15,371	11,371	11,671

**Performance Measures Descriptions**

**Output:** Individual Patients Served. This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.

**Outcome:** This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.

## Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$2,418,900	\$1,603,471	\$0	\$4,204,021
Contractual Services	\$0	\$214,136	\$0	\$241,091
Materials & Supplies	\$15,949	\$188,040	\$0	\$190,957
Internal Services	\$654,270	\$618,830	\$0	\$1,169,336
<b>Total GF/non-GF</b>	<b>\$3,089,119</b>	<b>\$2,624,477</b>	<b>\$0</b>	<b>\$5,805,405</b>
<b>Program Total:</b>	<b>\$5,713,596</b>		<b>\$5,805,405</b>	
<b>Program FTE</b>	20.20	8.70	0.00	28.10

Program Revenues				
Intergovernmental	\$0	\$664,768	\$0	\$764,768
Service Charges	\$3,089,119	\$1,959,709	\$0	\$5,040,637
<b>Total Revenue</b>	<b>\$3,089,119</b>	<b>\$2,624,477</b>	<b>\$0</b>	<b>\$5,805,405</b>

## Explanation of Revenues

This program generates \$565,020 in indirect revenues.

Rockwood Community Health Center is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

\$ 1,647,715 - Medical Fees

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

\$ 3,392,922 - FQHC Medicaid Wraparound

## Significant Program Changes

**Last Year this program was:** FY 2022: 40029 Rockwood Community Health Clinic

COVID-19 pandemic required the Health Center to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of COVID-19. Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds.

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

### Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The Clinical Director's Office ensures that all clinical staff have the necessary training, skills and knowledge to practice safely and competently. Additionally, it ensures safe, cost effective patient care and ensures that providers are trained in health equity to meet of our shared goals of eliminating health disparities in access to care and health care outcomes.

### Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare. Primary functions of this program include:

- Develops and oversees strategic initiatives to improve care quality, achieve health equity, safety, cost effectiveness, and access; develops and implements patient care guidelines, policies, procedures, including the Health Center's response to COVID-19.
- Represents and advocates for the care of the clients served at Multnomah County Community Health Centers to external stakeholders such as the Oregon Health Authority, Coordinated Care Organizations (Medicaid payors) to ensure that health care funding meets the needs of the community.
- Recruits, hires health care providers (pharmacists, dentists, physicians, nurse practitioners including psychiatric nurse practitioners, physician's assistants), credentials and monitors provider performance; oversees medical, nursing and integrated behavioral health.
- Ensures that patient care meets all rules, regulations and standards set forth by regulatory agencies including the Joint Commission (TJC), contractors, grantors and accrediting agencies. This required element ensures safety, quality of care, as well as to keep HRSA grant funding intact.
- Accountable for legal conformance, quality and safety of patient care, need-based and scientifically justified service design, and efficient use of public funds. This includes Joint Commission (TJC), HRSA, PCPCH, Reproductive Health Grants, and consultation with HIV services on Ryan White grant.
- Supervises Site Medical Directors, the Behavioral Health and Addictions Manager, Primary Care Medical Director and Deputy Medical Director, Pharmacy Director, and Dental Director to achieve the above items.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	80% of primary care providers are maintaining and serving their maximum panel size	79%	80%	78%	80%
Outcome	Maintain compliance with regulatory and licensing standards/boards	100%	100%	100%	100%
Output	Increase # of patients seen in the past year calendar year (unique patients) to pre-covid numbers	50,028	N/A	54,000	60,000
Outcome	Train all providers on implicit bias	85%	85%	85%	85%

### Performance Measures Descriptions

Measure 1 focuses on value in care delivery and good patient outcomes (including access to care)  
Measure 2 maintains regulatory standards required by the health center program.  
Measure 3 This output has been changed to include the number of unique clients served by the health center (medical and dental).  
Measure 4 is part of our Racial Equity, Diversity, Inclusion (RE.D.I.) initiative

## 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.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$927,829	\$77,293	\$0	\$1,400,488
Contractual Services	\$86,000	\$142,040	\$0	\$86,000
Materials & Supplies	\$94,937	\$0	\$0	\$87,144
Internal Services	\$221,629	\$10,295	\$0	\$307,311
<b>Total GF/non-GF</b>	<b>\$1,330,395</b>	<b>\$229,628</b>	<b>\$0</b>	<b>\$1,880,943</b>
<b>Program Total:</b>	<b>\$1,560,023</b>		<b>\$1,880,943</b>	
<b>Program FTE</b>	3.20	0.30	0.00	4.10

Program Revenues				
Intergovernmental	\$0	\$229,628	\$0	\$87,588
Other / Miscellaneous	\$276,100	\$0	\$0	\$276,100
Beginning Working Capital	\$192,340	\$0	\$0	\$200,000
Service Charges	\$861,955	\$0	\$0	\$1,317,255
<b>Total Revenue</b>	<b>\$1,330,395</b>	<b>\$229,628</b>	<b>\$0</b>	<b>\$1,880,943</b>

## Explanation of Revenues

This program generates \$188,225 in indirect revenues.

The Clinical Directors Office is funded with State grants and patient revenue (under the HRSA 330 Primary Care grant).

\$ 87,588 - Federal and State family Planning

\$ 1,317,255 - FQHC Medicaid Wraparound

\$ 476,100 - Medicaid Quality and Incentives

## Significant Program Changes

**Last Year this program was:** FY 2022: 40030 Medical Director

During the calendar year 2021, ICS faced significant challenges due to the ongoing effects of COVID-19. The Clinical Directors Office will continue to lead ICS in focusing on eliminating health disparities. Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds. In FY23, the Medical Director's Office will add two new positions to support program sustainability and program compliance: Program Specialist (1.00 FTE) helps to ensure compliance with HRSA standards with registrations of clinical staff and help with credentialing. Program Specialist (1.00 FTE) Assists with talent development, retention recruitment, and provides introductory orientation to all potential provider staff. Positions from FY22 associated with the medical director's office were moved to the 40034 program as they supported project management activities.

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

### Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The pharmacy program provides critical medication access to Health Department clients as well as emergency preparedness programs. The pharmacies dispense approximately 350,000 prescriptions per year to insured, underinsured and uninsured clients of Primary Care Clinics, Dental Clinics, Student Health Centers, HIV Health Services Center, Sexually Transmitted Disease (STD) Clinic, Communicable Disease Services and Harm Reduction clinics. The program also provides integrated clinical pharmacy services among the seven primary care clinics and HIV Health Services Center (FQHC services).

### Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Medications are primarily purchased through the 340B drug pricing program (a US federal government program created in 1992 that requires drug manufacturers to provide outpatient drugs to eligible covered entities at significantly reduced prices). Different contracts are used to provide medications for individuals upon release from County Corrections and to provide naloxone overdose medications to community partners and first responders.

Revenue generated by the pharmacies are used to provide discounted medications for underinsured and uninsured clients - no client is denied medication due to inability to pay. Revenue is also used to support other services within ICS, including laboratory services, medication disposal services, and the Clinical Pharmacy Program.

The Clinical Pharmacy Program currently consists of seven clinical pharmacists who are embedded in primary care clinics and the HIV Health Service Center. Clinical pharmacists offer essential services that go beyond dispensing medication: they assist clients and providers with medication management and adherence support, conduct medication reconciliation upon hospital discharge, and manage chronic conditions such as diabetes under collaborative practice agreements with primary care providers.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Prescription Volume	360,414	372,000	365,000	368,000
Outcome	Average Prescription Cost	34	32.62	33	38
Outcome	Capture rate	60%	62%	60%	60%
Quality	Adherence Support	400	480	650	700

### Performance Measures Descriptions

1. Prescription Volume (prescriptions filled) reflects the number of prescriptions filled during the fiscal year.
2. Average Prescription Cost reflects the costs associated with filling a prescription minus the actual cost of the medication.
3. Capture Rate is the percentage of prescriptions filled by primary care providers that are filled at County pharmacies.
4. Adherence Support refers to the number of clients enrolled in appointment-based refills and medication synchronization services or who receive specialized packaging to assist in the proper use of medications.

## Legal / Contractual Obligation

Various grants require the provision of pharmacy services. State mandated public health services are provided. Pharmacy services are a requirement of the Bureau of Primary Care 330 Grant and those services must be in compliance with the HRSA Community Health Center Program operational and fiscal requirements. In addition, pharmacies must comply with all Oregon Board of Pharmacy and DEA regulations and are accredited by The Joint Commission. All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$9,097,700	\$0	\$10,633,173
Contractual Services	\$0	\$128,453	\$0	\$114,464
Materials & Supplies	\$0	\$20,633,491	\$0	\$21,940,418
Internal Services	\$0	\$3,940,777	\$0	\$3,617,083
Capital Outlay	\$0	\$150,000	\$0	\$200,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$33,950,421</b>	<b>\$0</b>	<b>\$36,505,138</b>
<b>Program Total:</b>	<b>\$33,950,421</b>		<b>\$36,505,138</b>	
<b>Program FTE</b>	0.00	55.33	0.00	63.53

Program Revenues				
Service Charges	\$0	\$33,950,421	\$0	\$36,505,138
<b>Total Revenue</b>	<b>\$0</b>	<b>\$33,950,421</b>	<b>\$0</b>	<b>\$36,505,138</b>

## Explanation of Revenues

This program generates \$1,429,098 in indirect revenues.

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

\$ 36,307,170 - Prescription Fees

\$ 197,968 - Patient Fees

## Significant Program Changes

**Last Year this program was:** FY 2022: 40031 Pharmacy

Increased expenditures on drugs; Implementation of Contract Pharmacy to capture additional revenue for clients using an external pharmacy; Exploration of feasibility for expansion of prescription mail order options to clients across the health center; Expansion of the clinical pharmacy program to increase access and the services provided, in addition to quality incentive dollars for the health center. Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds. Added 3 new cost centers for FY23 (418205, 418215, 418250). Extra Medicaid/Medicare revenue identified to cover increased cost of drugs and staffing.

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

**Executive Summary**

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The Central Lab and the Health Information Management program support the delivery of care to clients of Health Department services including Primary Care, Student Health Centers, Sexually Transmitted Disease Clinic, Communicable Diseases Services, Dental, and Corrections Health. Medical Records helps to ensure comprehensive clinical documentation and compliance with all applicable licensing, regulatory and accreditation standards as well as serving as the Privacy Manager for the Health Department.

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Central Lab and the Health Information Management program support the delivery of care to clients of Health Department services including Primary Care, Student Health Centers, Sexually Transmitted Disease Clinic, Communicable Diseases Services, Dental, and Corrections Health. The lab handles approximately 250,000 specimens per year. Medical Records fulfills approximately 13,000 medical records requests per year. Performs laboratory tests on client and environmental specimens, manages external laboratory contracts, prepares for emergencies (including bioterrorism), and assists with the surveillance of emerging infections. Access to laboratory testing assists in the diagnosis, treatment, and monitoring of clients receiving healthcare in Health Department facilities.

Health Information Management program manages health (medical/dental) records systems to ensure comprehensive clinical documentation and compliance with all applicable licensing, regulatory and accreditation standards. The manager of Health Information fulfills the role of the Health Department's Privacy Official as required by HIPAA (Health Insurance Portability and Accountability Act). Health Information Management ensures proper documentation of health care services and provides direction, monitoring, and reporting of federally required HIPAA compliance activities.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of records requests completed	9,733	13,000	13,000	13,000
Outcome	Number of laboratory specimens handled by the Central Lab	245,000	245,000	245,000	245,000
Quality	Lab proficiency/competency assessments completed	95	95	95	95

**Performance Measures Descriptions**

Output: Number of records requests completed is an indicator of work performance of Medical Records program; Outcome: Number of lab specimens handled by Central Lab is an indicator of performance and volume of work for the Lab program; Quality: Proficiency and Competency assessments completed are an indicator of appropriate skills and training of Lab staff.

## Legal / Contractual Obligation

Federal and state mandates in addition to the Bureau of Primary Health Care 330 Grant require maintenance of health records, including medical, dental, and pharmacy, as well as the provision of laboratory services. The electronic health record (EHR) and practice management contractual obligations are per the contractual agreement with the Health Department and OCHIN. The laboratory program is accredited by the Joint Commission. All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,026,300	\$2,185,552	\$0	\$3,635,018
Contractual Services	\$1,000	\$49,000	\$0	\$86,500
Materials & Supplies	\$18,978	\$191,803	\$0	\$139,818
Internal Services	\$312,540	\$665,822	\$0	\$1,122,931
Capital Outlay	\$0	\$200,000	\$0	\$150,000
<b>Total GF/non-GF</b>	<b>\$1,358,818</b>	<b>\$3,292,177</b>	<b>\$0</b>	<b>\$5,134,267</b>
<b>Program Total:</b>	<b>\$4,650,995</b>		<b>\$5,134,267</b>	
<b>Program FTE</b>	9.60	18.80	0.00	31.60

Program Revenues				
Other / Miscellaneous	\$872,800	\$0	\$0	\$0
Beginning Working Capital	\$450,000	\$0	\$0	\$500,000
Service Charges	\$36,018	\$3,292,177	\$0	\$4,634,267
<b>Total Revenue</b>	<b>\$1,358,818</b>	<b>\$3,292,177</b>	<b>\$0</b>	<b>\$5,134,267</b>

## Explanation of Revenues

This program generates \$488,544 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 clients.

Lab

\$ 1,817,592 - Fee for Services (FFS) - Medicaid - CareOregon

\$ 1,815,449 - Fee for Services (FFS) - Medicare

Medical Records

\$ 500,000 - Other - Medicaid Quality and Incentives

\$ 1,001,226 - FQHC Medicaid Wraparound

## Significant Program Changes

**Last Year this program was:** FY 2022: 40032 Lab and Medical Records

The Central Laboratory has provided considerable support to primary care, public health, and corrections health on the implementation of multiple COVID-19 and influenza rapid point-of-care tests including procurement of supplies, training, validation, CLIA license maintenance, and reporting.

Additional lab support will be expanded as part of increased need in Corrections Health and Public Health services (see PO40096 Public Health In/Out of Scope Services and PO40050D Corrections Health In/Out of Scope Services). Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds. Three additional support roles were added to the FY23 program offer to further support the community health center lab services as well, including medical assistants.

**Department:** Health Department      **Program Contact:** Tony Gaines

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

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

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The Patient Access Center (PAC) is the gateway for existing patients and all new community members seeking to establish care with Multnomah County Health Department's (MCHD) Primary Care and Dental programs. PAC also provides written translation, oral and sign language interpretation throughout the department's programs and services.

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

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

PAC's Language Services program provides interpretation in over 80 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of calls answered	310,000	320,000	320,000	320,000
Outcome	Average telephone abandonment rate (goal: at or below 15%)	37%	15%	20%	15%

**Performance Measures Descriptions**

Output: Number of calls answered by PAC during the fiscal year. This number is an indicator of performance and demand for services.

Outcome: Average percent of calls that are disconnected before a PAC representative can answer. This is an indicator of performance and patient experience.

## Legal / Contractual Obligation

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

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,951,377	\$581,209	\$0	\$2,728,817
Contractual Services	\$110,000	\$0	\$0	\$45,660
Materials & Supplies	\$14,202	\$0	\$0	\$12,401
Internal Services	\$766,621	\$77,417	\$0	\$888,235
<b>Total GF/non-GF</b>	<b>\$2,842,200</b>	<b>\$658,626</b>	<b>\$0</b>	<b>\$3,675,113</b>
<b>Program Total:</b>	<b>\$3,500,826</b>		<b>\$3,675,113</b>	
<b>Program FTE</b>	20.50	6.50	0.00	27.00

Program Revenues				
Intergovernmental	\$0	\$658,626	\$0	\$758,626
Other / Miscellaneous	\$640,000	\$0	\$0	\$640,000
Beginning Working Capital	\$605,786	\$0	\$0	\$605,000
Service Charges	\$1,596,414	\$0	\$0	\$1,671,487
<b>Total Revenue</b>	<b>\$2,842,200</b>	<b>\$658,626</b>	<b>\$0</b>	<b>\$3,675,113</b>

## Explanation of Revenues

This program generates \$366,753 in indirect revenues.

The Patient Access Center (PAC) is funded with Medicaid revenue, HRSA/Bureau of Primary Care grant revenue and medical fees. ARPA funds were approved in order to support the addition of Limited Duration (LD) PAC positions.

\$ 1,671,487 - Medical Fees FQHC Medicaid Wraparound

\$ 1,245,000 - Medicaid Quality and Incentive

\$ 758,626 - Federal Primary Care (330) grant

## Significant Program Changes

**Last Year this program was:** FY 2022: 40033 Primary Care and Dental Access and Referral

Staff began telework rotations April 2021 due to the COVID-19 pandemic. In the upcoming year, this program will continue support for patient outreach and engagement by overseeing in-person interpretation coordination, and clinical triage services. Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds.

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

### Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The Administration and Operations Program provides pivotal administrative, operational, and financial oversight of the Health Center program by developing and implementing fiscal accountability programs and access to health care. This includes teams and staff who help implement workflows, quality evaluations, financial reporting, patient engagement strategies, and workforce support.

### Program Summary

This program supports services within the project scope of the BPHC grant. BPHC funding requires strict adherence to federal laws mandating which services must be provided by FQHCs, which results in additional Medicaid revenue.

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Activities supported in this program include developing and implementing fiscal accountability and monitoring infrastructure, management of revenue cycle activities, implementation of strategic projects, support for operational workflows to increase patient access to care, and projects designed to improve health outcomes. Examples of this type of work include support for transitioning and training clinical teams to expand virtual care, designing patient communication campaigns for managing chronic diseases, and designing reporting materials to reflect operational needs in fiscal and value based pay systems.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Medical Coding Accuracy: % of claims accepted by insurance partners	N/A	N/A	N/A	95%
Outcome	% of patient communication materials are developed in the top five patient languages	N/A	100%	100%	100%
Outcome	Completion of annual strategic planning activities and three year plan in alignment with CHC Board's vision.	100%	100%	100%	100%

### Performance Measures Descriptions

Medical Coding Accuracy: improves insurance billing and payment rates, which supports fiscal sustainability.

Patient Communication: providing accessible materials in prevalent languages improves patient experience, health promotion, and effective disease management.

Strategic planning: All FQHCs are required to complete strategic planning every three years, which should include both operational, fiscal, and facilities planning in partnership with the Community Health Center Board.

## Legal / Contractual Obligation

Quality services are a requirement of the Bureau of Primary Health Care's 330 Grant. Services in the scope of the grant and health center program must follow the HRSA Community Health Center Program's operational, fiscal, and governance requirements. The program is also accredited under The Joint Commission and follows TJC accreditation guidelines. All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$5,006,123	\$1,117,419	\$0	\$7,272,998
Contractual Services	\$118,000	\$0	\$0	\$224,500
Materials & Supplies	\$148,462	\$2,492	\$0	\$123,125
Internal Services	\$1,833,509	\$148,754	\$0	\$1,953,711
<b>Total GF/non-GF</b>	<b>\$7,106,094</b>	<b>\$1,268,665</b>	<b>\$0</b>	<b>\$9,574,334</b>
<b>Program Total:</b>	<b>\$8,374,759</b>		<b>\$9,574,334</b>	
<b>Program FTE</b>	31.45	9.35	0.00	46.40

Program Revenues				
Intergovernmental	\$0	\$1,051,965	\$0	\$1,120,963
Other / Miscellaneous	\$1,433,333	\$216,700	\$0	\$1,887,481
Beginning Working Capital	\$1,450,000	\$0	\$0	\$1,450,000
Service Charges	\$4,222,761	\$0	\$0	\$5,115,890
<b>Total Revenue</b>	<b>\$7,106,094</b>	<b>\$1,268,665</b>	<b>\$0</b>	<b>\$9,574,334</b>

## Explanation of Revenues

This program generates \$977,492 in indirect revenues.

Administration and Operations activities are funded with HRSA grant revenue, Medicaid fees, and quality incentive payments. Program leadership are working with CCO's to develop sustainable funding for quality assurance, data reporting work.

- \$ 5,373,786 - FQHC Medicaid Wraparound
- \$ 1,120,963 - Federal Primary Care (330) grant
- \$ 3,079,585 - Medicaid Quality and Incentives

## Significant Program Changes

**Last Year this program was:** FY 2022: 40034 ICS Administration, Operations, and Quality Assurance

Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds. Additional staff FTE to support project management and financial reporting were added to this program in FY23. Two roles previously included in the Medical Director program offer are also now represented in this program offer as they support project management activities (total change of +5.6 FTE between new and transferred staff roles).

**Department:** Health Department      **Program Contact:** Adrienne Daniels  
**Program Offer Type:** Administration      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Integrated Clinical Services (ICS) Division of the Health Department has negotiated new FQHC and APM rates with the State of Oregon for healthcare services reimbursement. The State established the new rates retroactively and reimbursed ICS for the difference. The newly established ICS (FQHC) enterprise fund is required to establish reserve and contingency funds to provide fiscal stability and compliance with HRSA requirements to ensure continuity of services.

**Program Summary**

**ISSUE:** The ICS revenue will fluctuate from year to year.

**PROGRAM GOAL:** Reserve and contingency funds will help to provide ongoing fiscal stability and compliance.

**PROGRAM ACTIVITY:** ICS, the Federally Qualified Health Center, is majority funded by visit revenue from State and Federal sources. Both Federal and State revenue sources may fluctuate from year to year. During FY22 the State has approved and implemented new reimbursement rates and made retroactive payments. These funds are required to be utilized for the continuation and of mandated healthcare services for the most vulnerable people of Multnomah County.

Reserve and contingency funds will create ongoing stability for ICS and protect the program from unexpected revenue declines from economic fluctuations and unexpected costs. These fiscal stability approaches are informed by government accounting best practices, Health Resource and Services Administration (HRSA) guidelines, and by Multnomah County's Financial and Budget Policies.

The reserve and contingency funds will be established in FY 2023. Each year, funding will be added to the reserve. The reserve fund will ensure the long-term financial stability of the program. The contingency fund will allow ICS to address unforeseen future expenses.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Percent of reserve goal met	N/A	N/A	N/A	100%
Outcome		N/A	N/A	N/A	N/A

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Unappropriated & Contingency	\$0	\$0	\$0	\$9,400,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$9,400,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$9,400,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$0	\$0	\$9,400,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$9,400,000</b>

Explanation of Revenues

\$9.4 million of Beginning Working Capital

Significant Program Changes

Last Year this program was:

In FY 2023, reserves and contingency total \$9.4 million as follows:  
 \$4,700,000 - reserves  
 \$4,700,000 - contingency

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

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

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

Multnomah County's Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Together, our eight primary care clinics, seven dental clinics, nine student health centers, seven pharmacies, and laboratory services serve more than 60,000 patients per year, with a focus on people who otherwise have limited access to health care.

The Community Health Center Board (CHCB) is the federally mandated consumer-majority governing board that oversees the County's Community Health Center (also known as a public entity Federally Qualified Health Center-FQHC).

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Community Health Center Board (CHCB) members' community involvement allows Multnomah County to meet HRSA's 19 mandatory program requirements, including oversight of quality assurance, health center policies, patient satisfaction, health center executive director (ICS Director) accountability for the FQHC's compliance and operations. The CHCB must have a minimum of 51% MCHD health center consumer membership to meet federally mandated program requirements for FQHCs. Meeting the federal mandated program requirements allows the Health Center retain the federal grant and all benefits associated with the FQHC status. The CHCB works closely with the Community Health Center Executive Director (ICS Director) and the Board of County Commissioners to provide guidance and direction on programs and policies affecting patients of Multnomah County's Community Health Center (FQHC services).

The CHCB has a critical role in assuring access to health care for our most vulnerable residents; it serves as the co-applicant board required by HRSA's Bureau of Primary Health Care to provide oversight of policies and programs within the scope of the Primary Care Grant. At minimum, 51% of Council Members are county persons who use the Health Department's FQHC clinical services. The Council is currently comprised of 10 members and is a fair representation of the communities served by the Health Department's Health Center services.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of CHCB Meetings	12	12	12	12
Outcome	Percentage of consumers involved on the CHCB	51%	51%	51%	51%

**Performance Measures Descriptions**

**Output:** The Community Health Center Board must meet at least monthly, as required by Bureau of Primary Care FQHC requirements to perform board responsibilities.

**Outcome:** The Community Health Center Board must ensure 51% patient majority per federal requirements.

## Legal / Contractual Obligation

HRSA's 19 mandatory program requirements include Board Governance for the Community Health Center Board and oversight of quality assurance, health center policies, financial performance, patient satisfaction, health center executive director (ICS Director) accountability for the FQHC's compliance and operations.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Personnel	\$136,242	\$0	\$0	\$311,265
Contractual Services	\$16,000	\$0	\$0	\$32,000
Materials & Supplies	\$5,028	\$0	\$0	\$5,450
Internal Services	\$43,830	\$0	\$0	\$70,617
<b>Total GF/non-GF</b>	<b>\$201,100</b>	<b>\$0</b>	<b>\$0</b>	<b>\$419,332</b>
<b>Program Total:</b>	<b>\$201,100</b>		<b>\$419,332</b>	
<b>Program FTE</b>	1.00	0.00	0.00	2.00

<b>Program Revenues</b>				
Other / Miscellaneous	\$201,100	\$0	\$0	\$419,332
<b>Total Revenue</b>	<b>\$201,100</b>	<b>\$0</b>	<b>\$0</b>	<b>\$419,332</b>

## Explanation of Revenues

This program generates \$41,834 in indirect revenues.  
\$ 419,332 - Medicaid Quality and Incentives

## Significant Program Changes

**Last Year this program was:** FY 2022: 40036 Community Health Council and Civic Governance

Due to COVID 19, the CHCB meetings transitioned to a virtual platform. Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds. Staff FTE was added to support board strategic planning and development for FY23.

<b>Department:</b>	Health Department	<b>Program Contact:</b>	Andrea Hamberg
<b>Program Offer Type:</b>	Existing Operating Program	<b>Program Offer Stage:</b>	As Adopted
<b>Related Programs:</b>	40199T		
<b>Program Characteristics:</b>	Backfill State/Federal/Grant		

### Executive Summary

Environmental Health Community Programs (EHCP) impact a wide range of well-documented, upstream, and emerging environmental health issues, with the goal to eliminate environmental hazards that contribute to racial and ethnic health disparities. Program areas include community environments, toxics reduction, woodsmoke curtailment, and climate change, with an explicit focus on environmental justice and vulnerable populations, and addressing health inequities in lead poisoning, respiratory illness, cardiovascular disease, and traffic crash injury. Activities include monitoring and assessing environments, policies, and health; providing technical assistance and data expertise; reporting; communications; and direct services.

### Program Summary

EHCP is a continuum of services that ensure all county residents have access to optimal living conditions in their homes and neighborhoods. With an environmental justice framework, the programs focus first on the highest risk communities facing the least access to political and social power such as youth, elders, low-income communities, and communities of color. These communities are engaged so that their concerns, expertise, and proposed solutions can be integrated into the activities of the following program areas. Community Environments: works closely with the REACH program to ensure safe and healthy neighborhoods through participation in local planning efforts, data analysis, and technical assistance to help community understand environmental risks. Toxics Reduction: identifies exposure risks to contaminated land, air, water, consumer goods, and industrial production, and makes technical information accessible to the public as part of empowering communities to advocate on their own behalf. Woodsmoke: implements County Ordinance 1253, curtailing wood burning on winter days with high air pollution. Implementation includes issuing daily air quality forecasts; fielding complaints, investigations and enforcement; conducting outreach campaigns; monitoring health burdens from air pollution; and working with governmental and community stakeholders to reduce impacts among the populations most affected. Climate Change: works to understand upstream, emerging health issues related to climate change and protect the public's health from their impacts.

With communities of color experiencing disproportionate burdens of the above environmental health issues, EHCP monitors racial disparities in exposures as well as outcomes as part of its environmental justice approach. Exposure measure examples include proximity to sources of air pollution, presence of lead, toxic fish consumption, urban heat, and access to physical activity. Outcome measures are drawn from data on deaths and illnesses linked to environmental hazards, such as cancer, asthma, heart disease, diabetes, dementia, lead poisoning, traffic crash injuries, heat illness, and vector-borne disease. These data then guide programming to focus on communities experiencing disparities through multilingual services, culturally specific education and communications, partnerships with community-based organizations and culturally specific County programs, and community engagement through coalitions, focus groups, and interagency work groups.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of community members receiving information on environmental threats	1,425,829	200,000	831,753	800,000
Outcome	Number of children with reduced EBLL as a result of environmental investigations	60	40	76	60
Outcome	Number of policies adopted that include health- and health justice-based recommendations	16	10	9	10
Outcome	Proportion of people aware of and complying with the woodsmoke curtailment ordinance	N/A	50%	50%	50%

### Performance Measures Descriptions

1) Includes all program areas, counting community members receiving mailings, attending events, direct contact with staff, visiting websites/social media, and exposure to media campaigns. The high count in FY21 is due to wildfire response and heat dome. FY22 Estimate reflects better than expected reach using one-time-only advertising and outreach funding. 3) Policy recommendations are developed with an environmental justice lens. 4) To be measured by a survey, new in FY22 (no FY1 data). Compliance defined as respondents reporting burning wood only on "green days" or not at all.

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$254,622	\$372,286	\$517,922	\$1,340,459
Contractual Services	\$3,138	\$81,979	\$5,124	\$85,055
Materials & Supplies	\$3,599	\$17,654	\$13,936	\$70,633
Internal Services	\$26,243	\$72,194	\$520	\$255,016
<b>Total GF/non-GF</b>	<b>\$287,602</b>	<b>\$544,113</b>	<b>\$537,502</b>	<b>\$1,751,163</b>
<b>Program Total:</b>	<b>\$831,715</b>		<b>\$2,288,665</b>	
<b>Program FTE</b>	1.69	2.74	3.75	9.75

Program Revenues				
Intergovernmental	\$0	\$225,000	\$0	\$1,518,342
Service Charges	\$0	\$319,113	\$0	\$232,821
<b>Total Revenue</b>	<b>\$0</b>	<b>\$544,113</b>	<b>\$0</b>	<b>\$1,751,163</b>

## Explanation of Revenues

This program generates \$180,158 in indirect revenues.

- \$ 218,000 - PWB City Lead Line
- \$ 232,821 - Fish Advisory Outreach funding
- \$ 1,300,342 - Modernization Local

## Significant Program Changes

**Last Year this program was:** FY 2022: 40037 Environmental Health Community Programs

In FY22, the CDC reduced the definition of elevated blood lead level from 5ug/dL to 3.5, increasing investigations caseload, and the program added a new woodsmoke Program Specialist. In FY 23, OHA Public Health Modernization increased by \$1,300,342. FY23 funds will support the Board's extension of the woodsmoke season from 5 months to 12 and expand the program by 9.07 FTE. New positions will focus on environmental/climate justice and encampments, coordinating with the Office of Sustainability Climate Justice Initiative, REACH, Vector, and JOHS. CDC COVID-19 Health Disparities funds (40199T) will support capacity within this program offer. COVID-19-Related: In FY21/FY22, lead screening clinics/inspections were paused; community fish safety contracts were delayed; and staff were partially deployed to COVID-19 response, decreasing communications.

**Department:** Health Department

**Program Contact:** Debi Smith

**Program Offer Type:** Support

**Program Offer Stage:** As Adopted

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

### Executive Summary

Health Department's Human Resources provides expertise, consultation and leadership to ensure a highly skilled and diverse workforce is hired and retained while upholding the department's core values of equity and inclusion, managing the compliance of personnel rules and legal requirements and developing and maintaining partnerships with labor unions and community stakeholders. The Human Resources team is staffed with individuals of diverse educational, professional, cultural and lived backgrounds that offer a high-level of expertise and competency and also reflect our departments workforce core values.

### Program Summary

The program consists of critical functions that support the Health Department's Human Resources objectives. Recruitment and staffing continue to be a critical priority in our operating goals. The staffing crisis as well as the stress of on-going emergency response actions within the Health Department, drives our need to strengthen HR staff resources, build skills and increase capacity to respond at the highest level. Other Human Resources operations areas include Workday (employee enterprise system) implementation, Leave Administration, ADA, Privacy Compliance, Class Comp, Data Management and Employee Record Maintenance. The Workforce Equity Strategic Plan (WESP) focus areas; Organizational Culture, Promotion and Professional Development, Retention and Recruitment and Workforce Development require all functional and support areas of HR operations to achieve effective and measurable outcomes.

Offering employee relations that involve working with management and staff on matters related to team development, employee and supervisor performance management and coaching, and corrective action and discipline continue to be our priority as well. This work also involves partnering with union staff representing AFSCME Local 88, Dental and Physicians, and Oregon Nurses Association collective bargaining agreements.

Other priorities are to maintain organizational effectiveness within our function areas in addition to our ability to report accurate workforce data that will inform our decisions and align with our equity lens. Our objective is to continue to provide high-quality customer service and responsiveness to all levels of our workforce including during our emergency response coordination and actions.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	% increase in diversity of workforce	2.5	3	2	3
Outcome	% increase in diversity of hires through the increased focus on diversity in recruitment strategies	6	4	3	3
Output	% Completion of Annual Performance Planning and Review	71%	90%	90%	90%

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$3,022,683	\$0	\$3,395,548	\$0
Contractual Services	\$37,000	\$0	\$7,859	\$0
Materials & Supplies	\$33,826	\$0	\$15,029	\$0
Internal Services	\$633,334	\$0	\$688,908	\$0
<b>Total GF/non-GF</b>	<b>\$3,726,843</b>	<b>\$0</b>	<b>\$4,107,344</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$3,726,843</b>		<b>\$4,107,344</b>	
<b>Program FTE</b>	20.68	0.00	21.68	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40039A Human Resources

COVID-19 presented an immediate need to create, build, and hire two new, unique work units to address contact tracing and case investigation requirements as well as Community Testing and Vaccination roll out. This responsibility was tasked to the Health Department recruitment team, in addition to their regular recruitment responsibilities.

**Department:** Health Department      **Program Contact:** Debi Smith  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Health Department's Human Resources provides expertise, consultation and leadership to ensure a highly skilled and diverse workforce is hired and retained while upholding the department's core values of equity and inclusion, managing the compliance of personnel rules and legal requirements and developing and maintaining partnerships with labor unions and community stakeholders. The Human Resources team is staffed with individuals of diverse educational, professional, cultural and lived backgrounds that offer a high-level of expertise and competency and also reflect our departments workforce core values.

**Program Summary**

One of the key function areas that drive Human Resources operations is Recruitment and Staffing. This work includes strategic partnering with leadership on critical staffing priorities while driving diversity targets and strategies, also includes career counseling for staff seeking skill development and promotion and strategies for building networks and partnership with community organizations to foster pipelines for County employment.

Over the last several months, the Health Department has experienced staffing changes and challenges throughout the workforce including on the recruitment team. The department experienced a severe recruitment backlog and critical positions went unfilled for longer periods of time impacting services and programs across the department. To respond to this crisis, four (4) LDA positions were added to the recruitment team to meet the recruitment demands, strengthen the capacity on team and stabilize the workload to address the team turnover due to burnout. As a result of the added staff, the backlog has decreased, the time to fill has improved and strategies for the hard-to-fill positions are being planned. Converting the four (4) LDA positions to regular status is imperative to continue reducing the backlog and to continue responding efficiently and strategically to the staffing crisis that is impacting our services, programs and workforce.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Days to fill once recruitment is initiated	N/A	N/A	112	105
Outcome	% of recruitments initiated within 10 days of receipt	N/A	N/A	N/A	90%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$608,668	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$608,668</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$608,668</b>	
<b>Program FTE</b>	0.00	0.00	4.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Health Department      **Program Contact:** Debi Smith  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Health Department's Human Resources provides expertise, consultation and leadership to ensure a highly skilled and diverse workforce is hired and retained while upholding the department's core values of equity and inclusion, managing the compliance of personnel rules and legal requirements and developing and maintaining partnerships with labor unions and community stakeholders. The Human Resources team is staffed with individuals of diverse educational, professional, cultural and lived backgrounds that offer a high-level of expertise and competency and also reflect our departments workforce core values.

**Program Summary**

With the staffing increases and changes throughout the workforce over the last several months, the volume of class comp requests have significantly increased. In order to improve the service and response time, a work-out-of-class (WOC) HR Senior was created to help manage the class comp requests volume and workload distribution. Over 600 class comp actions were performed (a 50% increase since the added resource) including new position process, KSA requests, job profile development and position re-class requests. The added resource has also allowed more time to educate staff and managers on the class comp process and to help them better understand and navigate the steps when they are engaged in the process. Converting this position to regular status will continue our work to improve the service necessary to effectively support managers and staff with class comp needs.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of completed new, Limited Duration, Work out of Class, and Reclassification Requests	268	N/A	275	300
Outcome	# of special pay adjustments & adjustments identified in Countywide pay equity review requiring CHRO approval	27	N/A	18	10

**Performance Measures Descriptions**

Health has experienced a significant increase in requests for new positions, reclassifications, Work out of Class/Temporary Appointments, and Limited Duration requests. The addition of a Work out of Class Human Resources Analyst Sr. has given us the bandwidth to address the changing operational needs of our over 200 managers and supervisors. Outcome Measure: In a proactive effort to review pay equity at time of entry or promotion, the number of additional pay equity reviews or adjustment that have required approval by the CHRO has been drastically reduced from FY21 to FY22.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$176,452	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$176,452</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$176,452</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Added a WOC HR Senior position in March 2021 to help manage the high volume of class comp request and activity. With the additional resources, response time and process quality increased significantly.



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Personnel	\$5,466,471	\$0	\$6,069,203	\$0
Contractual Services	\$319,478	\$0	\$308,638	\$0
Materials & Supplies	\$78,090	\$0	\$81,627	\$0
Internal Services	\$2,764,133	\$0	\$2,889,724	\$0
<b>Total GF/non-GF</b>	<b>\$8,628,172</b>	<b>\$0</b>	<b>\$9,349,192</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$8,628,172</b>		<b>\$9,349,192</b>	
<b>Program FTE</b>	35.80	0.00	38.00	0.00

<b>Program Revenues</b>				
Other / Miscellaneous	\$12,548,445	\$0	\$13,753,490	\$0
<b>Total Revenue</b>	<b>\$12,548,445</b>	<b>\$0</b>	<b>\$13,753,490</b>	<b>\$0</b>

Explanation of Revenues

The \$13,753,490 in revenue is departmental indirect revenue. Indirect expenses are charged to personnel expenses on certain state and federal revenues. These funds are then used to cover the costs of the necessary services that support those federal and state funded programs. These services include HR, accounting, data management, and other services.

Significant Program Changes

**Last Year this program was:** FY 2022: 40040 Financial and Business Management Services

The last year has presented challenges related to the COVID-19 response, staffing changes, an influx of revenue with complex reporting and compliance requirements, and the development of new vendor relationships. There have been more than 20 staffing transitions throughout the division in the last 18 mths. This represents more than 25% of division positions. In addition to their regular duties, the team distributed more than 74K vaccine incentive gift cards valued at more than \$4 million. These cards incentivized thousands of Multnomah County residents to receive COVID-19 vaccines. Another \$4 million in client assistance payments to more than 8,000 clients is being issued this spring. Client assistance payments will help individuals and families meet basic needs. These efforts included trauma-informed approaches to troubleshooting and addressing participant concerns and questions.

**Department:** Health Department      **Program Contact:** Braidy Estevez  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40082A, 40078, 40099A  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This program will support the revenue cycle processes of the Behavioral Health division. As experts in behavioral health reimbursement and billing processes, this team will optimize the use of myEvolv for accurate and timely billing.

**Program Summary**

This program offer supports two positions on the finance team providing targeted support to the Behavioral Health division. Behavioral Health programs use myEvolv as an electronic health record and case management tool. This program offer will improve data quality and billing processes. The team will be responsible for cleaning up the AR data to allow billing staff to reprocess all Behavioral Health Division's claims. This will allow the Behavioral Health division to maximize county revenue by independently evaluating Evolv for determination of adjusting payment, owed amount, or further pursuing payment from the payer. This team will ensure accuracy of the encounters processed.

The Financial and Business Management division is committed to centering equity in policy and practice and in service to the Health Department's value of racial equity and mission to reduce health disparities. The division will continually invest time and resources into identifying and then dismantling internal and external structures that contribute to inequity, including the culture of white supremacy. The division employs a finance strategy to preserve critical services and support infrastructure for improved health outcomes. We strive to build trusting partnerships with community partners we depend on and we genuinely engage with communities and staff to drive positive changes, especially in the areas of business, operational and financial management. We pride ourselves on our ability to recruit, retain and promote a diverse, inclusive and high-performing workforce.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Encounters processed for payment	N/A	N/A	N/A	7,000
Outcome	Ensures accuracy of Receivables for encounters processed for payment	N/A	N/A	N/A	90%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$242,082	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$242,082</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$242,082</b>	
<b>Program FTE</b>	0.00	0.00	2.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Behavioral health accounts receivable responsibilities, including myEvolv billing, have transitioned to this finance team. This change leverages the relationships with the Behavioral Health Division to establish and refine billing processes.

The team collaborated with staff and billing support to prepare for the successful implementation of Good Faith Estimates, a component of the No Surprises Act.

**Department:** Health Department      **Program Contact:** Aline Blumenauer  
**Program Offer Type:** Support      **Program Offer Stage:** As Adopted  
**Related Programs:** 40040A, 40042  
**Program Characteristics:**

**Executive Summary**

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

**Program Summary**

The Medical Accounts Receivable Team is responsible for billing and collecting more than \$80 million a year in revenue. This includes billing, collection, cash handling and patient account services for clinics (primary care, school based health clinics, specialty public health and dental) as well as ancillary (lab, pharmacy), community based care (early childhood, healthy homes) and behavioral health services. The medical billing team maintains, bills and reconciles claims submitted to more than 200 different insurance carriers including Health Share of Oregon, Family Care and other Medicaid, Medicare, and commercial medical and dental insurance plans.

The Financial and Business Management division is committed to centering equity in policy and practice and in service to the Health Department's value of racial equity and mission to reduce health disparities. The division will continually invest time and resources into identifying and then dismantling internal and external structures that contribute to inequity, including the culture of white supremacy. The division employs a finance strategy to preserve critical services and support infrastructure for improved health outcomes. We strive to build trusting partnerships with community partners we depend on and we genuinely engage with communities and staff to drive positive changes, especially in the areas of business, operational and financial management. We pride ourselves on our ability to recruit, retain and promote a diverse, inclusive and high-performing workforce. The division is working to advance the objectives outlined in the Workforce Equity Strategic plan by committing resources for an equity and inclusion committee and operationalizing its policy recommendations.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of encounters processed for payment	234,505	260,000	268,000	260,000
Outcome	Percent of Receivables aged older than 90 days	36%	20%	33%	35%
Quality	Average Days In Accounts Receivable	35	40	32	35

**Performance Measures Descriptions**

Number of encounters demonstrates volume of work. % of receivables older than 90 days should be a small and declining %, since the older a claim gets, the less likely it is to be paid. There are many reasons why a claim might not be paid (e.g. client ineligible for service, client didn't have insurance coverage on the date of service) but this should be a small and declining % of total claims. Average days in accounts receivable is an approximation for the average length of time that it takes to collect on balances.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,316,535	\$0	\$1,393,057	\$0
Contractual Services	\$13,015	\$0	\$0	\$0
Materials & Supplies	\$226,929	\$0	\$101,687	\$0
Internal Services	\$193,577	\$0	\$219,917	\$0
<b>Total GF/non-GF</b>	<b>\$1,750,056</b>	<b>\$0</b>	<b>\$1,714,661</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,750,056</b>		<b>\$1,714,661</b>	
<b>Program FTE</b>	10.00	0.00	10.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40041 Medical Accounts Receivable

Changes in federal, state and payer requirements and processes created challenges and opportunities this year. Newly available COVID-19 vaccinations and boosters introduced new codes and reimbursement processes. Payer requirements related to COVID-19 vaccinations changed several times during the year. The team collaborated with program staff to prepare for the successful implementation of Good Faith Estimates, a component of the No Surprises Act. The program has been partnering with OCHIN and our divisional partners to identify opportunities for quality and reporting improvements.



## 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	2022	2022	2023	2023
Personnel	\$1,787,181	\$0	\$1,953,294	\$0
Materials & Supplies	\$0	\$0	\$0	\$0
Internal Services	\$272,262	\$0	\$321,387	\$0
<b>Total GF/non-GF</b>	<b>\$2,059,443</b>	<b>\$0</b>	<b>\$2,274,681</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,059,443</b>		<b>\$2,274,681</b>	
<b>Program FTE</b>	12.50	0.00	13.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

**Last Year this program was:** FY 2022: 40042 Contracts & Procurement

The team continued to receive emergency procurement requests in response to the COVID-19 response. The team helped distribute more than \$69.9 Million in Cares Act and American Rescue Plan Act (ARPA) funding to community partners for COVID-19 response. Contracts were awarded to BIPOC-centered organizations. The team developed and provided new technical assistance for these contractors.

The program has implemented new quality assurance processes. The program meets monthly with division stakeholders to monitor procurement and contracting activities and proactively address issues. The team has strengthened collaboration with accounts payable to ensure the timely processing of invoices.

**Department:** Health Department      **Program Contact:** Elizabeth O'Neill  
**Program Offer Type:** Support      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

This program offer includes a team of developers, analysts and project managers who provide report development and analytic services to the department. In addition, the annual cost of the EPIC practice management, and the Electronic Health Record (EHR) system used by the Health Department is budgeted here.

**Program Summary**

The Health Data and Analytic Team (HDAT) provides business intelligence, data development, analytics, data visualization, and data governance services for the entire department to support decision making. The team leads federal, state and local reporting processes to ensure compliance with funding requirements. They create and maintain hundreds of operational reports for on-going business intelligence needs.

A portion of costs in this program offer are the annual transactional costs, licensing fees and patient statement printing costs associated with the EPIC system hosted by OCHIN (Our Community Health Information Network). All of the medical and dental services provided by the Health department use this electronic healthcare system including: primary care, dental, student health centers, corrections health, STD and other community and home based services.

The Health Data and Analytic Team is committed to centering equity in policy and practice. The team will support the disaggregation of data and advocate for reports and dashboards that allow for a more complete and comprehensive analysis of disparities in health outcomes, recruiting, hiring and retention and help identify operational metrics that evaluate the equity impacts of department policies and practices. The department initiatives focused on IT prioritization and data governance center activities that advance racial equity and help to dismantle white supremacy.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of reports and/or requests created	125	350	406	420
Outcome	% of repeat customers for data & business intelligence	N/A	52%	52%	49%

**Performance Measures Descriptions**

The number of reports and requests created demonstrates workload volume for the team for department-wide development and analytic projects. The percentage of repeat customers for data and business intelligence is an indicator of the value the team provides in establishing trust and building usable products from our complex data systems. New internal customers are expected in FY23 so the repeat customer percentage is expected to dip slightly.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$847,573	\$0	\$891,781	\$0
Contractual Services	\$547,860	\$0	\$290,000	\$0
Materials & Supplies	\$1,401,235	\$0	\$1,778,506	\$0
Internal Services	\$134,429	\$0	\$147,655	\$0
<b>Total GF/non-GF</b>	<b>\$2,931,097</b>	<b>\$0</b>	<b>\$3,107,942</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,931,097</b>		<b>\$3,107,942</b>	
<b>Program FTE</b>	5.00	0.00	5.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

The Health Department has been on the frontlines of the COVID-19 pandemic response for two years. 2021 presented our teams with new and continued challenges. Remote working, childcare and school closures, racial injustice and divisive national politics affected our personal and professional lives.

**Department:** Health Department      **Program Contact:** Maria Lisa Johnson  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

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

### Program Summary

The division oversees three teams:

The Equity and Inclusion team champions equity and racial justice through culture change consultation and training, leadership coaching, and the implementation of WESP recommendations. The team tracks the Health Department's progress in meeting to meet the WESP performance measures. This includes staffing the Health Department's Equity Committee.

Learning & Development invests in employees at all levels of the organization by offering workshops, online learning, onboarding, mentoring support and leadership development to further a positive workplace culture. This program is also responsible for the Workday Learning platform functions, including the creation and maintenance of courses and offerings, Learning Partner administration, and departmental and division-specific online training coordination.

Communications and Marketing develops internal communications strategies to promote 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of managers participating in coaching/learning to integrate Racially Just core competency	95	160	160	175
Outcome	Number of people who saw any content from or about the Health Department web page including posts, stories,	1,518,337	1,000,000	1,000,000	1,000,000
Output	Number of employees completing leadership development training	85%	80%	80%	80%
Outcome	% of employees reporting they’ve applied leadership development content in their day to day work	91%	75%	90%	75%

### Performance Measures Descriptions

Performance measures that report on the number of managers participating in leadership programs and coaching to integrate racial justice competencies speak to WESP commitments and culture change. Individuals reached through social media posts speak to a strong public health communications infrastructure, compelling messages, and more robust presence on social media platforms.

**Legal / Contractual Obligation**

n/a

**Revenue/Expense Detail**

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$2,253,723	\$0	\$2,500,400	\$0
Contractual Services	\$25,000	\$0	\$50,000	\$0
Materials & Supplies	\$226,781	\$0	\$118,865	\$0
Internal Services	\$290,867	\$0	\$301,393	\$0
<b>Total GF/non-GF</b>	<b>\$2,796,371</b>	<b>\$0</b>	<b>\$2,970,658</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,796,371</b>		<b>\$2,970,658</b>	
<b>Program FTE</b>	14.80	0.00	14.80	0.00

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

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

**Last Year this program was:** FY 2022: 40046 Organizational Development

In FY2023, the Equity Manager will report to the Health Department Director in order to align with the county-wide equity structure.

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

**Program Contact:** Kim Toevs  
**Program Offer Stage:** As Adopted

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Community Epidemiology Services (CES) performs the public health foundational role of assessment and epidemiology. CES collaborates with partners to determine the magnitude of disease, disorder, and injury burden among community populations; identify the determinants of health and disease; evaluate the impact of public health interventions; and assess the status of health equity to guide decisions made by public health leaders and programs, policy makers, clinicians, and community. Key components of CES' approach are working to decolonize data processes and directly engaging with BIPOC communities to make meaning of the data.

### Program Summary

Community Epidemiology Services (CES) fulfills a unique and required governmental public health role by collecting and analyzing programmatic, population health, and environmental data to prevent disease, and promote and protect health of county residents. CES works closely with the Communicable Disease Services program to provide outbreak response through data analysis support, statistical modeling, and standardized investigative guidelines. CES has been instrumental in analyzing COVID-19 data to inform interventions and policy and developing best practices for accurately and equitably assessing COVID-19 data by race/ethnicity. CES also provides assessment and epidemiological services across Public Health, including the additional areas of chronic disease, violence and injury, parent/child health, environmental exposures, social determinants of health, and health equity.

Key CES functions include: 1) Providing support in quantitative and qualitative methods; traditional epidemiological analysis; social epidemiology; and equity-focused and trauma-informed methods in research, evaluation, and data management. 2) Informing program and policy through reports on population and health system data to support program development, strategic planning, resource allocation, decision-making, and community priorities (including community-based participatory research). CES evaluates whether programs and policies are effective by collaborating with Public Health programs and partners. 3) Disseminating analytic findings through data reports; peer-reviewed scientific manuscripts; policy briefs; web-based reports and platforms, such as the interactive Regional COVID-19 Data Dashboard; and presentations to County and State leadership, programs, and community partners. 4) Providing leadership across the Public Health Division in using data to identify and assess racial/ethnic and other health disparities with an equity lens that centers community wisdom and voice. 5) Decolonizing data and working with BIPOC communities to make meaning of data.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of data-related community collaborations that involve all partners and combine data with action	9	8	9	9
Outcome	# of reports monitoring health status through surveillance, assessment, & community engagement	8	N/A	10	9
Outcome	# of analytic and reporting platforms to monitor COVID responses and health status of vulnerable populations	7	7	7	7

### Performance Measures Descriptions

## Legal / Contractual Obligation

Oregon Revised Statutes (ORS) 431.413 - Powers and Duties of Local Public Health Departments: (a) Administer and enforce ORS 431.001-431.550 and 431.990. Of these required ORS-defined duties, this program administers key elements of ORS 431.132: Assessment and Epidemiology.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$1,242,378	\$221,229
Materials & Supplies	\$0	\$0	\$10,840	\$2,480
Internal Services	\$0	\$0	\$111,468	\$42,301
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,364,686</b>	<b>\$266,010</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$1,630,696</b>	
<b>Program FTE</b>	0.00	0.00	7.17	1.48

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$266,010
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$266,010</b>

## Explanation of Revenues

This program generates \$29,733 in indirect revenues.  
\$266,010 - OHA Public Health Modernization

## Significant Program Changes

### Last Year this program was:

In FY23, 5.78 FTE was moved from 40096A Public Health Office of the Director to this program offer. In FY23, the program has an increase in revenue via Oregon Health Authority Public Health Modernization grant funds (\$266,010) and increased County General Fund, resulting in an additional 2.87 FTE.

**Department:** Health Department      **Program Contact:** Myque Obiero  
**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 45 detained youth at any one time (+2,000 per year) from Multnomah, Washington and Clackamas counties who are brought in from the streets, other jurisdictions and other community holding facilities. Detainees include females and males who need their health issues addressed in a timely manner in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care. Stabilizing their health allows them to participate fully in their legal processes

**Program Summary**

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. That care is delivered to a BIPOC population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY23 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This offer ensures that the health program meets the standards that ensure access to care, safeguards the health of all those who are in detention, and controls the legal risk to the County. JDH health professionals work 16 hours/day, seven days a week providing care for 45 youth daily in 7 individual housing units from three counties. Care ranges from minor ailments to major chronic and emotional diseases resulting from substance abuse, trauma, lack of health care, lack of knowledge of hygiene and self care, frequent infections and a high rate of medical and mental illness. Corrections Health identifies and responds to medical emergencies and also screens for communicable diseases to keep outbreaks to a minimum, to provide care efficiently and effectively, as well as to protect the community. Coordination with other Oregon counties is facilitated so that continuity of care occurs when youths transfer to other jurisdictions. In partnership with the Health Department's Clinical Systems Information program, an electronic medical record program implementation is in process. The program will include electronic medication prescription and administration. The electronic medical record will improve staff efficiency and promote client safety.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of client visits conducted by a CH nurse per year	2,000	2,000	2,000	2,000
Outcome	% of detained youth receiving mental health medications monthly	45%	50%	50%	50%

**Performance Measures Descriptions**

Measure 1: Tracking the number of visits per year helps to assess client access to care and resource utilization  
 Measure 2: Tracking percentage of youth receiving psychotropic medication allows for monitoring of needs at the JDH facility.

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$881,200	\$0	\$1,082,252	\$0
Contractual Services	\$7,502	\$0	\$121,455	\$0
Materials & Supplies	\$34,643	\$0	\$74,504	\$0
Internal Services	\$285,042	\$0	\$340,120	\$0
<b>Total GF/non-GF</b>	<b>\$1,208,387</b>	<b>\$0</b>	<b>\$1,618,331</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,208,387</b>		<b>\$1,618,331</b>	
<b>Program FTE</b>	4.40	0.00	5.60	0.00

Program Revenues				
Service Charges	\$0	\$0	\$102,198	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$102,198</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. Corrections Health receives \$102,198 in revenue that does not represent any direct client billing for services provided, rather payment to DCJ from Washington and Clackamas counties for housing youth and medical services that are provided while they are housed at Donald E. Long.

## Significant Program Changes

**Last Year this program was:** FY 2022: 40049 Corrections Health Juvenile Detention

1.20 FTE increase in FY23 affecting 40049 (nursing supervisor and community health nurse)

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

### Executive Summary

Corrections Health, Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Approximately 100 US Marshall (USM) detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal, and major mental/behavioral illnesses.

### Program Summary

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care. That care is delivered to a BIPOC population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY23 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This offer represents Corrections Health MCDC basic administration, support, booking and mental health care delivery programs. MCDC averages 40+ newly booked individuals each day. Nurses (24 hours/7 days a week) evaluate each detainee to identify critical health issues and make plans for scheduled care for stabilization. Screening includes obtaining health history for both acute and chronic disease, including mental health care, substance abuse, communicable disease evaluation and current prescriptions. As a result of those evaluations, treatments, medications, provider appointments, mental health referrals and housing decisions are made. In addition, Corrections Health nursing staff assess individuals brought to the jail before being accepted into custody--that assessment ensures that serious medical and/or mental health issues are appropriately addressed in a hospital setting before booking. Suicide and self harm symptom identification is an essential mental health function. The mental health team is composed of PMHNPs, mental health consultants and mental health nurses for evaluation, monitoring and treatment for the many mentally ill clients booked into jail.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Average # of Reception Screening ("EPF"--Entry Progress Form) completed in one month	1,000	1,000	1,000	1,000
Outcome	% of positive screenings resulting in a referral to the mental health team per year	35%	35%	35%	35%

### Performance Measures Descriptions

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

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

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$4,516,279	\$0	\$3,657,714	\$0
Contractual Services	\$180,000	\$0	\$15,000	\$0
Materials & Supplies	\$31,453	\$0	\$45,770	\$0
Internal Services	\$305,779	\$0	\$345,568	\$0
<b>Total GF/non-GF</b>	<b>\$5,033,511</b>	<b>\$0</b>	<b>\$4,064,052</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$5,033,511</b>		<b>\$4,064,052</b>	
<b>Program FTE</b>	24.20	0.00	17.70	0.00

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

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare, and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Corrections Health no longer receives revenue through a co-pay system. Adults in custody are not charged a fee for health care services.

## Significant Program Changes

Last Year this program was: FY 2022: 40050A Corrections Health Multnomah County Detention Center (MCDC)

**Department:** Health Department      **Program Contact:** Myque Obiero

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

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

### Executive Summary

Corrections Health, Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Approximately 100 US Marshall (USM) detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal, and major mental/behavioral illnesses

### Program Summary

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. That care is delivered to a BIPOC population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY23 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This offer represents the MCDC 4th floor which is composed of 46 beds, two general and two mental health clinic rooms, one dental operatory, X-ray and lab services as well as 10 mental health and 10 general medical skilled care beds, plus four housing areas for high level discipline inmates. The 4th floor also contains a nursing station, administrative areas and a medication/supplies room. Services such as skilled nursing, IV therapy, and post-surgical care are provided in the jail instead of a high cost hospital. The 4th floor is staffed 24/7 with nursing personnel to provide needed care and emergency medical response. The fourth floor housing unit 4D is acute mental health with 10 beds. Both medical and mental health services are provided to these chronically ill clients. Mental health is managed by a team of mental health nurses, consultants and providers. A mental health Manager and mental health consultants provide support for forensic diversion and other programs, testify in court when appropriate and participate in multidisciplinary team processes to ensure the most appropriate and least restrictive housing is utilized, and that efforts to divert detainees from jail are expedited.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Average # AIC nursing assessments monthly	800	700	700	800
Outcome	Average active and constant suicide watches per month to prevent AIC injury or death	100	125	120	120

### 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	2022	2022	2023	2023
Personnel	\$1,504,089	\$0	\$1,846,124	\$0
Contractual Services	\$565,000	\$0	\$731,748	\$0
Materials & Supplies	\$695,056	\$0	\$430,522	\$0
Internal Services	\$401,192	\$0	\$420,913	\$0
<b>Total GF/non-GF</b>	<b>\$3,165,337</b>	<b>\$0</b>	<b>\$3,429,307</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$3,165,337</b>		<b>\$3,429,307</b>	
<b>Program FTE</b>	9.40	0.00	10.30	0.00

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

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

## Significant Program Changes

**Last Year this program was:** FY 2022: 40050B Corrections Health MCDC Clinical Services and 4th Floor Housing

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

### Executive Summary

Corrections Health, Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Approximately 100 US Marshall (USM) detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal, and major mental/behavioral illnesses

### Program Summary

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. That care is delivered to a BIPOC population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY23 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This offer represents the health services to all four housing floors at MCDC. Approximately 400 detainees are housed in classification (new jail housing), female, male, close custody and mental health housing modules. Ninety-six rooms are designated for those with mental health diagnosis and cared for by a team of mental health nurses, consultants and providers for diagnosis and treatment. Early identification, evaluation and treatment provide safety for clients, especially for suicide prevention. A variety of treatments, such as managing alcohol and drug withdrawal, evaluating chronic diseases, preventing the spread of communicable diseases, medication management and emergency response are provided efficiently by 24/7 staff. This health care is delivered effectively through providing the right care in the right setting. Expansion of the use of Medication Supported Recovery 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Average # AIC nursing assessments monthly	800	700	700	800
Outcome	Average active and constant suicide watches per month to prevent AIC injury or death	100	125	120	120

### 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	2022	2022	2023	2023
Personnel	\$2,404,987	\$0	\$2,529,299	\$0
Contractual Services	\$376,748	\$0	\$375,000	\$0
Materials & Supplies	\$7,681	\$0	\$15,906	\$0
Internal Services	\$267,461	\$0	\$280,610	\$0
<b>Total GF/non-GF</b>	<b>\$3,056,877</b>	<b>\$0</b>	<b>\$3,200,815</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$3,056,877</b>		<b>\$3,200,815</b>	
<b>Program FTE</b>	13.60	0.00	14.20	0.00

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

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

## Significant Program Changes

Last Year this program was: FY 2022: 40050C Corrections Health MCDC Housing Floors 5, 6, 7 & 8

**Department:** Health Department      **Program Contact:** Myque Obiero  
**Program Offer Type:** Support      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

In FY 2021, ICS received technical assistance from HRSA regarding financial and governance requirements related to FQHCs. This included clarification of how FQHC funds could be applied to services of the health center and staff roles which also supported non-health center services in Corrections Health and Public Health Programs. After review, HRSA clarified that funds from the FQHC cannot be spent on these out-of-scope programs or for staff who support out-of-scope activities. In response, Multnomah County removed County General Fund allocations from the ICS Budget and re-allocated them to Corrections Health and Public Health services to support out of scope activities. The County will use the County General Fund to support these services in FY 2022 and going forward.

### Program Summary

This program offer will provide funding for Corrections Health to continue to provide essential services previously provided by Integrated Clinical Services. The program offer focuses on areas such as credentialing, laboratory management, infection control, and coordination of language services and health records.

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve.

This offer represents the services to maintain those functions previously supplied by Integrated Clinical Services. Positions added would support infection control efforts in all three facilities, managing fit testing for respirator use and training CH personnel, laboratory support at both adult facilities to support CLIA activities and administrative support for staff credentialing, organization of language services and coordination of health record transfers and requests. For the services remaining in ICS, ICS Electronic Health Record support provides day to day EPIC support for Corrections Health, supports program planning and implementation of programs and is the liaison to OCHIN. The team also performs monthly maintenance and provides updates. The Health Information Services (HIS) team provides support by responding to and processing information requests, referrals and HIPAA investigations. HIS along with the County Attorney provide privacy guidance and support, and HIS provides retention guidance as needed.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of lab tests/year	N/A	6,000	6,000	6,000
Outcome	Completed medical records request	N/A	20	20	20

### Performance Measures Descriptions

Measure 1: number of lab tests performed per year  
 Measure 2: number of medical records requests completed

## 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	2022	2022	2023	2023
Personnel	\$802,524	\$0	\$868,312	\$0
Contractual Services	\$0	\$0	\$78,137	\$0
<b>Total GF/non-GF</b>	<b>\$802,524</b>	<b>\$0</b>	<b>\$946,449</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$802,524</b>		<b>\$946,449</b>	
<b>Program FTE</b>	6.63	0.00	6.67	0.00

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

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

## Significant Program Changes

Last Year this program was: FY 2022: 40050D Corrections Health - In/Out of Scope Services

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

**Executive Summary**

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

**Program Summary**

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the BIPOC groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY23 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

MCIJ health personnel care for all those detainees transferred from MDCDC to continue or begin treatment until disposition of their legal process is complete. Trained, skilled professional staff provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equivalent to other correctional facilities across the country. This offer represents MCIJ base and clinical services which includes administrative, support, diagnostic and clinical services. Triage nurses evaluate client care requests and refer to nurses, the mental health team, providers or dentists for care according to the medical need. Support services include X-ray and lab services. This area also supports the nursing station, medication room, central records room and administrative offices for various personnel. By providing 24/7 skilled health care on site for this vulnerable, underserved population, the high cost of outside medical care is minimized. MCIJ is also the center (HUB) for the state inmate transport system. An average of 20-100 inmates stay overnight and receive health care. Mental health services are also provided to inmates at MCIJ. Inmates typically are more stable in this jail which allows for mental health groups to occur several times per week. In addition to groups, individual sessions and medication management occurs.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Average # AIC nursing assessments monthly	1,200	1,200	1,200	1,400
Outcome	# of 14-Day Health Assessments completed monthly	110	100	110	120

**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	2022	2022	2023	2023
Personnel	\$3,447,188	\$0	\$3,774,714	\$0
Materials & Supplies	\$4,993	\$0	\$75,342	\$0
Internal Services	\$460,172	\$0	\$473,601	\$0
<b>Total GF/non-GF</b>	<b>\$3,912,353</b>	<b>\$0</b>	<b>\$4,323,657</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$3,912,353</b>		<b>\$4,323,657</b>	
<b>Program FTE</b>	20.15	0.00	20.65	0.00

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

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

## Significant Program Changes

Last Year this program was: FY 2022: 40051A Corrections Health Inverness Jail (MCIJ) Clinical Services

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

### Executive Summary

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

### Program Summary

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. That care is delivered to a BIPOC population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY23 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

Trained, skilled professional staff working 24/7 provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and is equivalent to other correctional facilities across the country. This offer represents a variety of health, mental health, and dental services to 430 men and women in the open Dorms at MCIJ. Diverse staff work 24/7 to provide evaluation, treatment, referral, medication management, emergency response, communicable disease identification and suicide prevention. Inside and outside inmate workers are monitored by Corrections Health for the ability to work, evaluation of injuries and medication management when out of the facility. Chronic disease monitoring is key to preventing hospitalizations for clients with diabetes, hypertension, seizures, heart disease and infections. Special orthopedic and OB/GYN clinics operate on-site. In partnership with custody staff, Corrections Health responds to emergencies and screens for communicable diseases. This health care is delivered effectively through providing the right care in the right settings. Mental health services are also provided to inmates at MCIJ. Inmates are more stable in this jail allowing for mental health groups to occur several times per week. In addition to groups, individual sessions and medication management occur.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Average # AIC nursing assessments monthly	1,200	1,200	1,200	1,400
Outcome	# of 14-Day Health Assessments completed monthly	110	100	110	120

### 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
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Personnel	\$1,261,369	\$0	\$1,250,055	\$0
Contractual Services	\$1,121,748	\$0	\$1,121,748	\$0
Materials & Supplies	\$615,989	\$0	\$391,905	\$0
Internal Services	\$135,079	\$0	\$133,558	\$0
<b>Total GF/non-GF</b>	<b>\$3,134,185</b>	<b>\$0</b>	<b>\$2,897,266</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$3,134,185</b>		<b>\$2,897,266</b>	
<b>Program FTE</b>	7.70	0.00	7.50	0.00

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

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

## Significant Program Changes

Last Year this program was: FY 2022: 40051B 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	2022	2022	2023	2023
Personnel	\$2,123,130	\$0	\$2,105,620	\$0
Materials & Supplies	\$87,195	\$0	\$95,406	\$0
<b>Total GF/non-GF</b>	<b>\$2,210,325</b>	<b>\$0</b>	<b>\$2,201,026</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,210,325</b>		<b>\$2,201,026</b>	
<b>Program FTE</b>	8.50	0.00	8.50	0.00

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

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

## Significant Program Changes

**Last Year this program was:** FY 2022: 40051C Corrections Health MCIJ Dorms 12 - 18 and Infirmary

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

**Executive Summary**

The County Medical Examiner's Office (MEO) investigates and determines the cause and manner of deaths which occur under specific circumstances in Multnomah County. Approximately 3,200 of the County's 6,500 yearly deaths fall into this category. MEO activities are highly visible to the public when a questionable death occurs in the community. MEO 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 MEO operates 24/7/365.

**Program Summary**

The Medical Examiner's Office (MEO) is involved in all deaths, with the exception of natural deaths occurring directly under physician care greater than 24 hours in a hospital or hospice setting. 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. Medical Examiner staff work directly with community/family members to investigate deaths that fall under our jurisdiction to provide support and crucial information regarding the cause and manner of death. The Medical Examiner's Office strives to provide in-person investigations, to minimize the number of scenes in which law enforcement is the sole agency present. This provides increased public service, often to those most underserved. The MEO works diligently with the community and external partners to provide equitable services to the LGBTQ community and those facing mental health crisis and addiction. Investigations conducted by our office provide critical information to inform and shape programs for those experiencing homelessness, addiction and mental health crisis.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of deaths requiring investigation	3,108	2750	2,700	3,700
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	84%	75%	80%	85%
Outcome	Increase the number of in-person scene responses with a death investigator on scene	1,009	1,200	1,182	1,400

**Performance Measures Descriptions**

Output: Number of deaths in the County that require investigations. Census data regarding deaths is based on calendar years. Outcome: A Deputy Medical Examiner arrives on-scene in 90% of calls requiring on-scene investigation within one hour of first notification to support public safety, law enforcement, and affected members of the public. Optional Outcome: A death investigator will respond in-person to scene calls to investigate deaths (versus investigation via phone). Provides support to community. ensures deaths are investigated. reduces involvement of law enforcement.

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,632,361	\$0	\$1,729,130	\$0
Contractual Services	\$96,814	\$0	\$108,856	\$0
Materials & Supplies	\$31,466	\$0	\$27,627	\$0
Internal Services	\$238,284	\$0	\$279,859	\$0
<b>Total GF/non-GF</b>	<b>\$1,998,925</b>	<b>\$0</b>	<b>\$2,145,472</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,998,925</b>		<b>\$2,145,472</b>	
<b>Program FTE</b>	12.50	0.00	13.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2022: 40052A Medical Examiner

Addition of 1.00 FTE death investigator and administrative support approved last fiscal year.



## 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	2022	2022	2023	2023
Personnel	\$0	\$0	\$133,301	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$133,301</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$133,301</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

### Last Year this program was:

From FY18-FY22, the ME program has had a 76% increase in cases requiring an in-person investigation and a 40% increase in total cases investigated, with a 30% increase in caseload over the last two years alone. In 2020, cases requiring an in-person investigation experienced a 36% increase and in 2021, an additional 17%, for an overall increase of 53% in the last two years. Historically, low staffing levels limit the number of cases where an investigator is able to respond in-person to the scene, resulting in investigations being conducted via telephone. In 2021, we did not respond to 1,933 cases, up from 1,631 last year. With a steady increase in Medical Examiner caseload, population and cases requiring ME investigations (homicides, overdoses, accidents), this added position will 1)bring the office to acceptable staffing levels and 2)provide immediate support to alleviate the high caseload per investigator.

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

**Executive Summary**

The County Medical Examiner's Office (MEO) investigates and determines the cause and manner of deaths which occur under specific circumstances in Multnomah County. Approximately 3,200 of the County's 6,500 yearly deaths fall into this category. MEO activities are highly visible to the public when a questionable death occurs in the community. MEO 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 MEO operates 24/7/365.

**Program Summary**

The Medical Examiner's Office (MEO) is involved in all deaths, with the exception of natural deaths occurring directly under physician care greater than 24 hours in a hospital or hospice setting. 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. Medical Examiner staff work directly with community/family members to investigate deaths that fall under our jurisdiction to provide support and crucial information regarding the cause and manner of death. The Medical Examiner's Office strives to provide in-person investigations, to minimize the number of scenes in which law enforcement is the sole agency present. This provides increased public service, often to those most underserved. The MEO works diligently with the community and external partners to provide equitable services to the LGBTQ community and those facing mental health crisis and addiction. Investigations conducted by our office provide critical information to inform and shape programs for those experiencing homelessness, addiction and mental health crisis. For FY18-FY22, the ME program had a 76% increase in cases requiring an in-person investigation and a 40% increase in total cases investigated, with a 30% increase in caseload over the last two years alone. In 2020, cases requiring an in-person investigation experienced a 36% increase and in 2021, an additional 17%, for an overall increase of 53% in the last two years. The ME currently has three vehicles for scene response. ME investigators are forced to wait for a vehicle to return to the office prior to departing to scene calls, causing delays for our office, law enforcement, EMS/Fire, and families. A fourth vehicle will allow investigators to depart to scene calls without delay, awaiting the return of an available vehicle. The objectives of this proposal are to: 1) Increase scene response time 2) Decrease LE/Fire/EMS time on scene 3) Decrease delays to families awaiting ME response 4) Decreased ME dispatch delays waiting for vehicles to return from other calls.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	decrease overtime by having addition vehicle available for back to back field investigations	20%	10%	20%	15%
Outcome	purchase additional new vehicle	N/A	N/A	N/A	N/A

**Performance Measures Descriptions**

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Internal Services	\$0	\$0	\$27,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$27,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$27,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was:

**Department:** Health Department      **Program Contact:** Tameka Brazile  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40199T, 40199U  
**Program Characteristics:**

### Executive Summary

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

### Program Summary

Racial and Ethnic Approaches to Community Health (REACH) uses culturally specific and cross-cultural approaches that combine the community-identified priorities and CDC-funded communication, policy, systems, and environmental change strategies focused on reducing chronic disease in local African American/Black communities, including African immigrants and refugees. REACH continues to be a foundational component to the Public Health Division's commitment to equity by addressing the ways that societal conditions, built environment, and systems and policies create health disparities among racial and ethnic populations. REACH has three current areas of focus: nutrition, physical activity, and community-clinical linkages. Nutrition programming increases the number of community settings offering healthy food, retail access to healthy food through innovative procurement practices, and community support for breastfeeding. Physical activity programming increases the number of safe, desirable locations for physical activity, including active transportation, and increases the number of people with access to them. Community-clinical linkage programming increases the use of health and community programs, including referrals to these resources; expands the use of health professionals, such as community health workers; and improves quality of service delivery and experience of care. Together, these program areas work to redress social determinants of health challenges and barriers and improve the overall health of neighborhoods throughout Multnomah County.

REACH uses social determinants, health behavior, disease prevalence, mortality, and a variety of other data to monitor the well-documented chronic disease health disparities experienced by Black/African American/African communities and plans responsive strategies. Community-voiced data on lived experience is especially valued and incorporated into planning, given the limitations of institutional data, such as not disaggregating data for Black immigrants/refugees. REACH is steered by its multi-sectoral community advisory committee, the ACHIEVE Coalition. REACH and its partners regularly hold focus groups, community webinars, and events to gather community concerns.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of policy, systems, and environment strategies implemented	25	25	25	25
Outcome	# of Black/African American/African Immigrants reached through policy, systems, and environment changes	5,214	4,000	14,054	5,000
Output	# of settings implementing policy, systems and environment strategies	11	20	67	50

### Performance Measures Descriptions

Performance Measures 1 and 3 are for settings that are occupied by Black/African American/African Immigrant communities.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$304,671	\$425,010	\$41,256	\$921,222
Contractual Services	\$140,000	\$347,195	\$320,510	\$0
Materials & Supplies	\$0	\$1,162	\$18,744	\$0
Internal Services	\$83,746	\$94,968	\$129,262	\$123,247
<b>Total GF/non-GF</b>	<b>\$528,417</b>	<b>\$868,335</b>	<b>\$509,772</b>	<b>\$1,044,469</b>
<b>Program Total:</b>	<b>\$1,396,752</b>		<b>\$1,554,241</b>	
<b>Program FTE</b>	2.10	3.40	0.32	7.33

Program Revenues				
Intergovernmental	\$0	\$868,335	\$0	\$1,044,469
<b>Total Revenue</b>	<b>\$0</b>	<b>\$868,335</b>	<b>\$0</b>	<b>\$1,044,469</b>

Explanation of Revenues

This program generates \$123,247 in indirect revenues.  
 \$ 975,000 - REACH Federal fund  
 \$ 69,469 - Community Chronic Disease Prevention

Significant Program Changes

**Last Year this program was:** FY 2022: 40053 Racial and Ethnic Approaches to Community Health

In FY23, County General Fund for this program is reduced by \$18,645 but program revenue is \$176,134 higher than in FY22. CDC COVID-19 Health Disparities funding (40199T) is also supporting capacity within this program in FY22. This combination results in a 2.15 FTE increase in this program offer (40199T includes 1.00 FTE, communications, and contracts). The REACH vaccine supplement (40199U) also supports this offer. COVID-19-Related Impacts: In FY22, community partners (both formal and informal) were delayed or unable to complete original deliverables and activities due to supporting COVID-19 response and/or COVID-19 restrictions. Some original scopes of work were redirected to provide COVID-19 support, response, and recovery.

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

**Executive Summary**

Public Health's Parent Child Family Health (PCFH) 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 pregnant people with a home visiting Community Health Nurse to achieve the care and support they need to have a healthy pregnancy. This partnership and the tools pregnant people receive, enable families to build confidence and work towards a life of stability and success for both parents and child.

**Program Summary**

NFP is a nurse home visiting program offered to first-time, low-income pregnant people through two Multnomah County teams located in Northeast Portland and East County. The goals of NFP are to improve pregnancy outcomes by promoting health-related behaviors; and improve child health, development, and safety by promoting competent care-giving. Home visiting services begin in early pregnancy and follow families up to their child's second birthday. NFP consistently demonstrates improved prenatal health, fewer childhood injuries, increased intervals between births, increased maternal employment, and improved school readiness for children.

PCFH has developed infrastructure that ensures fidelity to the NFP model and includes extensive staff training, reflective supervision, a Community Advisory Board, and rigorous evaluation support through the NFP National Service Office and State Nurse Consultant. Long-term benefits to the county include healthy children ready to learn; decreased costs related to child welfare and juvenile justice; and over the long-term, families less affected by chronic disease. PCFH has connected the NFP model with the Healthy Birth Initiative (HBI). This partnership provides African American first-time pregnant people who are enrolled in NFP with all of the wraparound, culturally specific services and leadership development of the HBI program. African American families receiving NFP services through HBI are reflected in the HBI Program Offer (40058).

PCFH programs review and monitor local and national maternal and infant health data, as well as program specific data, including maternal mortality and morbidity, preterm birth, low birth weight, breastfeeding, income, and safe sleep indicators. PCHF programs reach populations most disparately impacted by perinatal disparities through targeted marketing and outreach to BIPOC and low-income communities and providers serving these communities, culturally reflective staff and practices, and client engagement and feedback through boards/collaboratives. NFP's Community Advisory Board enables clients to influence and guide how they engage in PCFH services and provide input in other collaborative settings to influence program design and/or implementation.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of families served	191	200	183	270
Outcome	Percent of mothers enrolled in NFP services who are breastfeeding at 6 months	66%	65%	65%	65%
Quality	Participants who remain in program until child is two years old	N/A	80%	70%	70%
Quality	Percent of participants who express satisfaction with program's cultural responsiveness	N/A	95%	95%	95%

**Performance Measures Descriptions**

## Legal / Contractual Obligation

Nurse Family Partnership (NFP) complies with contractual program guidelines set forth by the NFP National Service Office to assure fidelity to the model. Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, 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	2022	2022	2023	2023
Personnel	\$153,893	\$1,073,763	\$90,352	\$1,580,995
Contractual Services	\$430,423	\$0	\$462,147	\$2,000
Materials & Supplies	\$38,140	\$4,666	\$37,906	\$23,976
Internal Services	\$169,461	\$143,025	\$147,257	\$254,842
<b>Total GF/non-GF</b>	<b>\$791,917</b>	<b>\$1,221,454</b>	<b>\$737,662</b>	<b>\$1,861,813</b>
<b>Program Total:</b>	<b>\$2,013,371</b>		<b>\$2,599,475</b>	
<b>Program FTE</b>	0.81	5.89	0.44	8.56

Program Revenues				
Intergovernmental	\$0	\$88,802	\$0	\$88,802
Other / Miscellaneous	\$0	\$33,312	\$0	\$46,556
Beginning Working Capital	\$0	\$0	\$0	\$566,348
Service Charges	\$0	\$1,099,340	\$0	\$1,160,107
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,221,454</b>	<b>\$0</b>	<b>\$1,861,813</b>

## Explanation of Revenues

This program generates \$212,486 in indirect revenues.

- \$ 46,556 - Miscellaneous Revenues
- \$ 88,802 - State MCH Babies first grant
- \$ 1,160,107 - NFP Medicaid Babies First
- \$ 566,348 - Medicaid BWC

## Significant Program Changes

**Last Year this program was:** FY 2022: 40054A Nurse Family Partnership

In FY22, there was a reduction in required County General Fund Target Case Management match due to reduced visit revenue for the first six months of the fiscal year. In FY22, PCFH programs had a reduction in referrals and services; staff were reassigned into COVID-19 response activities; and in-home services were primarily telehealth services, all of which impacted visit numbers. FY23 projects a return to some in-person services and an associated increase in number of families served. Staff will also continue to support COVID-19 response for PCFH clients. This program offer includes beginning working capital to support the transition to a hybrid of in-person and telehealth services. The beginning working capital is adding 2.8 existing FTE to this offer.

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

**Executive Summary**

This Parent Child Family Health (PCFH) program includes Healthy Homes Asthma Home Visiting and community-based early childhood health consulting. Using nurse and community health worker home visiting models, these services support vulnerable families with children who have health conditions. Services include health assessments in the home; care coordination; technical assistance for providers who serve children with special healthcare needs; advocacy for children and families in the health care, social service, and education systems; building a family's capacity to work with health/social services systems; reducing environmental toxins in the home; and building culturally congruent health care.

**Program Summary**

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

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

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

PCFH Consulting services utilize demographic data from Mt. Hood Head Start, OCDC, and MECP programming to tailor services to address racial health inequities and reach families most disparately impacted. MECP, Mt Hood, and OCDC have advisory boards with parents and community members on them to influence programming. Healthy Homes uses data on housing conditions, demographics, and health indicators to inform services. Referrals are received from parents, teachers, providers, and other community agencies to reach families most disparately impacted.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of families receiving an environmental home inspection	14	30	15	30
Outcome	% completion of final Asthma Home assessments	100%	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**

FY21 Actual for Measure 1 were via telehealth.

## Legal / Contractual Obligation

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	2022	2022	2023	2023
Personnel	\$216,395	\$680,326	\$293,673	\$609,325
Contractual Services	\$102,844	\$3,000	\$59,899	\$2,000
Materials & Supplies	\$12,466	\$19,016	\$12,903	\$16,290
Internal Services	\$120,970	\$90,622	\$135,696	\$81,894
<b>Total GF/non-GF</b>	<b>\$452,675</b>	<b>\$792,964</b>	<b>\$502,171</b>	<b>\$709,509</b>
<b>Program Total:</b>	<b>\$1,245,639</b>		<b>\$1,211,680</b>	
<b>Program FTE</b>	1.20	5.60	1.90	5.10

Program Revenues				
Intergovernmental	\$0	\$34,000	\$0	\$34,000
Other / Miscellaneous	\$0	\$515,605	\$0	\$550,762
Service Charges	\$0	\$243,359	\$0	\$124,747
<b>Total Revenue</b>	<b>\$0</b>	<b>\$792,964</b>	<b>\$0</b>	<b>\$709,509</b>

## Explanation of Revenues

This program generates \$81,894 in indirect revenues.

\$ 550,762 - DDSD CHN

\$ 17,000 - MHCC Head Start CHN

\$ 17,000 - OCDC CHN

\$ 124,747 - Healthy Homes TCM

## Significant Program Changes

**Last Year this program was:** FY 2022: 40055 Home and Community Based Consulting

FY23 program revenue is decreased by \$83,455 due to a reduction in the Healthy Homes per visit rate. County General Fund is increased by \$49,496 to help offset the reduction. COVID-19-Related Impacts: In FY22, PCFH programs had a reduction in referrals and services; staff were deployed into COVID-19 response activities; and in-home services were transitioned to telehealth services, all of which impacted visit numbers and assessments. FY23 projects a return to some in-person services and an associated increase in performance. Staff will continue to support COVID-19 response for PCFH clients.

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

### Executive Summary

Healthy Families of Multnomah County (HFMC) is a nationally accredited, culturally adapted, evidence-based early childhood home visiting (ECHV) program, part of the state-wide HF Oregon network. HFMC serves children and families where screening has detected high parent stress, with the goal to improve infant bonding and early development. The program works to reduce child abuse and neglect, improve school readiness, and promote healthy growth and development for young children up to age three.

### Program Summary

The goal of HFMC is to promote child and family wellbeing and prevent the abuse and neglect of children through family-centered, culturally responsive, and strengths-based support. Families who qualify for services are offered voluntary home (and/or tele) visits shown to reduce child abuse and neglect, improve parent-child attachment, reduce parent stressors, and support parents' ability to ensure children meet developmental milestones, which are critical to kindergarten readiness.

HFMC has 2 components: 1) Welcome Baby Screening for eligibility to link families to services based on choice and fit. 2) HFMC home visiting (currently televisiting), which delivers the accredited, culturally adapted, evidence-based Healthy Families America model via four community-based organizations. These contractors deliver culturally and/or population-specific focus, including African American, Immigrant/Refugee, Latinx, teens, and parents with significant substance abuse or trauma histories. Supportive services, including mental health and housing/utility assistance, system advocacy, and navigation are also provided. Approximately 89% of HFMC families are BIPOC and 95% are low income.

HFMC takes a data-driven approach to program outreach and screening to prioritize program availability for BIPOC families. Annual births by race, OHP status, and place of birth identify hospitals for outreach. Screening collects race/ethnicity and language. A regular CQI process examines rates of engagement and retention by race/ethnicity and language. HFMC also reviews community data to determine if there are service gaps or the need to add new culturally specific teams. HFMC has an advisory group with consumer and BIPOC majority membership to evaluate data and guide program practices. In addition, HFMC, along with Parent Child Family Health programs, co-convenes the Family Partnership Collaborative, a community-based advisory group focused on racial equity and service improvements. HFMC evaluates programming annually through both staff and family satisfaction surveys/measures, which include cultural sensitivity measures.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of families served with home visiting	420	480	420	450
Outcome	% of participating parents who report reading to/with a child at least 3 times/week	93%	95%	95%	95%
Outcome	% of families remaining in intensive services for 12 months or longer	72%	70%	75%	75%
Outcome	% of families served are BIPOC and/or low income	95%	95%	95%	95%

### Performance Measures Descriptions

Performance Measure 1: Number of families enrolled in long-term home visiting; total individuals served is much larger.

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$135,506	\$619,963	\$88,093	\$689,800
Contractual Services	\$584,362	\$1,561,869	\$628,931	\$1,878,908
Materials & Supplies	\$0	\$30,516	\$0	\$30,606
Internal Services	\$118,986	\$82,579	\$114,068	\$92,709
<b>Total GF/non-GF</b>	<b>\$838,854</b>	<b>\$2,294,927</b>	<b>\$831,092</b>	<b>\$2,692,023</b>
<b>Program Total:</b>	<b>\$3,133,781</b>		<b>\$3,523,115</b>	
<b>Program FTE</b>	0.87	5.00	0.50	5.33

Program Revenues				
Intergovernmental	\$0	\$2,294,927	\$0	\$2,612,023
Other / Miscellaneous	\$0	\$0	\$0	\$80,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,294,927</b>	<b>\$0</b>	<b>\$2,692,023</b>

## Explanation of Revenues

This program generates \$92,709 in indirect revenues.

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

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

\$ 2,266,003 - Healthy Families Grant

\$ 346,020 - Federal Medicaid Admin

\$ 80,000 - HSO Help Me Grow Program

## Significant Program Changes

**Last Year this program was:** FY 2022: 40056 Healthy Families

FY23 revenue is increased by \$397,096 due to carryover, an increase in HFO grant funds, and a portion CDC COVID-19 Health Disparities funding. Funds will pay for increased payment to contracted CBOs, plus a COLA. CDC funds will support contractors in providing direct client assistance not allowed by HFO grant funding. COVID-19-Related Impacts - Since March FY20, HFMC has stopped hospital screening and in-person services, and has received most referrals via MCFH central referral. HFMC and its contractors will continue primarily telehealth visits in FY23. Family stress has measurably increased due to the pandemic, impacting both staff and families, disproportionately for BIPOC families. Families require more intensive services. Mental Health supports have been added to all teams. Reductions in # of families served are the result of reduced referrals and staffing challenges.

**Department:** Health Department      **Program Contact:** LaRisha Baker  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** Backfill State/Federal/Grant

### Executive Summary

The Healthy Birth Initiative (HBI) program improves birth outcomes and the health of new families, mothers, and fathers in the African American community, helping children get a healthy start in life. For 25 years, HBI has improved birth outcomes in the African American community using a culturally specific model that addresses the underlying causes of health inequities. HBI participants have demonstrated lower rates of infant mortality and low birth weight and higher rates of early prenatal care compared to African Americans not enrolled in the program. HBI also focuses on the importance of father involvement in achieving better outcomes.

### Program Summary

The Black/African American community experiences the most severe inequities across the spectrum of perinatal health, including a rate of low birth weight at twice that of white non-Hispanics. HBI's core goal is to eliminate these disparities. Long-term benefits of the program include healthy children who are ready to learn; a healthier workforce; increased parent advocacy skills; decreased costs across health and social service systems; and gains in equity for the county's Black/African American community.

HBI uses a family-centered approach that engages mothers, fathers, and other caretakers in supporting a child's development. Components of HBI include case management, health education, community engagement, service coordination, and collective impact. HBI nurses utilize the Nurse Family Partnership (NFP) program as a key component of home visiting services, as well as numerous other evidence-based models. HBI promotes care coordination between internal Health Department programs, external health and social service providers, nursing schools, and larger health systems. HBI nurses also participate on committees to help NFP gain a better understanding of leading with race and implementing racial equity change throughout their system.

HBI uses program data, as well as local, state, and national data to guide programmatic focus. HBI reaches the Black/African American community through targeted marketing and outreach both to community members and providers who serve the community, as well as by engaging clients in a Community Action Network (CAN). The CAN is led by parents and comprises a number of healthcare, social service, and culturally specific agencies working together to implement community-identified strategies. The CAN offers a venue for client engagement and feedback, including the opportunity for clients to hold leadership roles to influence program design and implementation. HBI staff also present to a variety of health systems to educate providers on ways to provide better care to HBI clients.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of families served	312	350	350	370
Outcome	Percent of mothers initiating breastfeeding after delivery	92%	95%	95%	95%
Quality	Percent of participants who remain in program until child is two years old	50%	80%	80%	80%
Quality	Percent of participants who express satisfaction with cultural specificity of program	0%	95%	95%	95%

### Performance Measures Descriptions

Due to COVID no client satisfaction surveys were conducted in FY21 (impacting Performance Measure 4).

## 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	2022	2022	2023	2023
Personnel	\$958,622	\$1,238,363	\$1,125,912	\$1,188,333
Contractual Services	\$235,684	\$103,072	\$133,940	\$196,221
Materials & Supplies	\$39,251	\$42,585	\$73,184	\$0
Internal Services	\$163,373	\$286,440	\$288,554	\$159,712
<b>Total GF/non-GF</b>	<b>\$1,396,930</b>	<b>\$1,670,460</b>	<b>\$1,621,590</b>	<b>\$1,544,266</b>
<b>Program Total:</b>	<b>\$3,067,390</b>		<b>\$3,165,856</b>	
<b>Program FTE</b>	7.05	8.75	8.00	7.80

Program Revenues				
Intergovernmental	\$0	\$980,000	\$0	\$980,000
Other / Miscellaneous	\$0	\$16,493	\$0	\$25,092
Service Charges	\$0	\$673,967	\$0	\$539,174
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,670,460</b>	<b>\$0</b>	<b>\$1,544,266</b>

## Explanation of Revenues

This program generates \$159,712 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
- \$ 539,174 - Targeted Case Management
- \$ 25,092 - HBI recoveries

## Significant Program Changes

**Last Year this program was:** FY 2022: 40058 Healthy Birth Initiative

COVID-19-Related Impacts - In FY22, MCFH programs had a reduction in referrals and services; staff were deployed into COVID-19 response activities; and in-home services were transitioned to telehealth services, all of which impacted visit numbers. Due to COVID, no client satisfaction surveys were conducted in FY21. HBI is on track to resume satisfaction surveys in FY22, and FY23 projects a return to some in-person services and an associated increase in the number of families served. Staff will continue to support COVID-19 response for HBI clients. A request for 0.75 FTE in General Fund is being requested to backfill projected reductions in Medicaid revenue once HBI returns to pre-pandemic levels.

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

**Executive Summary**

Corrections Health Multnomah County Detention Center, Inverness Jail and Juvenile Detention Home collectively house over 1,000 adults and 80 juveniles. Over 36,000 adult individuals are cared for each year with over 30% having mental health and behavioral issues. Over 2,500+ juvenile individuals are cared for each year from Multnomah, Washington and Clackamas counties-- brought in from the community, other jurisdictions and other community holding facilities. Over 40% of those juveniles have significant mental health conditions.

**Program Summary**

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. That care is delivered to a BIPOC population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY23 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This offer represents the mental health and transition services to adults in the MCDC and MCIJ facilities and juveniles in the JDH facility. At MCDC, approximately 400 detainees are housed in classification (new jail housing), female, male, close custody and mental health housing modules. Ninety-six rooms are designated for those with mental health diagnosis and cared for by a team of mental health nurses, consultants and providers for diagnosis and treatment. Early identification, evaluation and treatment provide safety for clients, especially for suicide prevention. At MCIJ, approximately 600 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial are housed. Mental health services are also provided to inmates at MCIJ, both individually and in groups. Inmates are typically more stable in this jail which allows for mental health groups to occur several times per week. In addition to groups, individual sessions and medication management occur. JDH health professionals work 16 hours/day, seven days a week providing care for 40 youth daily in 7 individual housing units from three counties. In addition to the services provided by mental health professionals, transition service staff is available to provide a bridge for releasing AICs and YICs who are on SUD and need additional follow up in the community. The staff includes community health workers, CHN, MHCs and eligibility specialists.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Average # mental health evaluations for suicide watch per month	250	250	250	250
Outcome	Average of total number of active and constant suicide watches per month to prevent AIC injury or death	100	125	100	100
Output	Average # of evaluations performed by Mental Health Consultants for all CH sites per month	1,000	1,000	1,000	1,000
Outcome	Monthly average of AICs on SUD being tracked by the Transition Program that come back to custody	0	5	5	5

**Performance Measures Descriptions**

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

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$3,687,250	\$0	\$4,780,637	\$0
Contractual Services	\$40,000	\$0	\$80,000	\$0
Materials & Supplies	\$407,117	\$0	\$366,328	\$0
Internal Services	\$457,642	\$0	\$413,062	\$0
<b>Total GF/non-GF</b>	<b>\$4,592,009</b>	<b>\$0</b>	<b>\$5,640,027</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$4,592,009</b>		<b>\$5,640,027</b>	
<b>Program FTE</b>	23.25	0.00	31.45	0.00

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

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

## Significant Program Changes

**Last Year this program was:** FY 2022: 40059 Corrections Health Mental Health Services

The transition services program is a new program in Corrections Health that will sit within the Mental Health program offer for FY2023. This program offers additional support to adults and youth upon release from custody and who need help with follow up services regardless of whether they are on supervision or not. The transition team will be critical in SUD support services and community coordination. The FTE increase to the Mental Health Services Program is due to the additional 8.20 FTE from the transition services program that were previously distributed within different program offers.

**Department:** Health Department      **Program Contact:** Tameka Brazile  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40199T  
**Program Characteristics:** Measure 5 Education

### Executive Summary

Community & Adolescent Health (CAH) programs aim to reduce the leading preventable causes of death, namely chronic disease (e.g., heart disease, stroke, diabetes) and injuries (e.g., drug overdose, traffic accidents, homicide, suicide). CAH employs place-based strategies that address the shared risk factors for chronic disease and injury and a focus on the particularly formative adolescent stage of the life course, including laying the groundwork for sexual and relationship health. CAH programs focus on the social determinants, neighborhood conditions, trauma, and toxic stress at the root of these adverse health outcomes. CAH leads with the goal of eliminating racial and ethnic health disparities by addressing systemic racism's role in driving socioeconomic and other inequities.

### Program Summary

Research shows zip code is a key determinant of health. Neighborhoods with socioeconomic disparities (higher poverty, lower educational attainment, disinvestment/gentrification) also have significant health disparities (chronic disease, exposure to violence and trauma, sexual/reproductive health). These geographic patterns also align with racial demographic distribution, highlighting the impact of systemic racism and de facto segregation. CAH works alongside community and school partners to prevent and improve these inequities through community-informed planning; training and technical assistance to build partner capacity; community health worker initiatives; communications; and policy, systems, and environmental improvements.

Programs include: Violence prevention – a public health approach including community-led projects to improve neighborhood livability, youth employment programs, and health education and teen dating violence prevention education in school and community settings. Sexual/relationship health - supporting schools to meet Oregon statutory requirements for comprehensive sexuality and healthy relationship education, child sexual abuse prevention programs, access to preventive reproductive health services, and technical support to culturally specific partners. Chronic diseases prevention - complementing other public health strategies by leveraging shared risk and protective factors for sexual health outcomes and violence that also increase access to healthy eating, active living, and smoke/nicotine-free environments.

CAH analyzes and maps local data on the leading causes of death, sexual health outcomes, incidents and exposure to violence, and other related indicators to identify the subpopulations and neighborhoods experiencing disparities. Analysis reveals stark racial disparities, informing CAH's strategic prioritization of racism's role in chronic disease, sexual health, and violence inequities. CAH centers community involvement and voice through cultivated partnerships, focus groups, needs assessments, and feedback loops to inform and guide program design.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of youth and community members engaged in health promotion and prevention activities	8,638	5,500	9,587	8,500
Outcome	# of policies, practices, health education, and technical assistance activities	161	85	180	100
Outcome	# of community and school sites involved in health promotion and prevention activities	101	55	96	75
Quality	% of trained adults who feel confident leading comprehensive sexuality/violence prevention education	96%	85%	95%	85%

### Performance Measures Descriptions

Measures 1 & 2 include school district and community-based settings. Measure 4 for is based on feedback from participants in school districts or community based settings who have participated in training(s).

## Legal / Contractual Obligation

OAR Rule 581-022-1440 State of Oregon's Human Sexuality Education Administrative Rule: support school districts who are legally obligated to meet this statute. Contractual obligation(s) include those outlined by our Grantor, Federal Office of Population Affairs (OPA) for our Teen Pregnancy Prevention (TPP) funding. Since CAH works to build capacity in community settings, the program follows COVID-19 precautions related to in-person gatherings, service closures/limitations, etc.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,487,573	\$711,127	\$1,600,281	\$1,011,004
Contractual Services	\$154,473	\$954,316	\$135,000	\$1,041,072
Materials & Supplies	\$3,445	\$46,815	\$91,333	\$85,016
Internal Services	\$235,605	\$138,970	\$287,946	\$207,419
<b>Total GF/non-GF</b>	<b>\$1,881,096</b>	<b>\$1,851,228</b>	<b>\$2,114,560</b>	<b>\$2,344,511</b>
<b>Program Total:</b>	<b>\$3,732,324</b>		<b>\$4,459,071</b>	
<b>Program FTE</b>	11.18	5.27	11.45	6.80

Program Revenues				
Intergovernmental	\$0	\$1,851,228	\$0	\$2,344,511
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,851,228</b>	<b>\$0</b>	<b>\$2,344,511</b>

## Explanation of Revenues

This program generates \$135,879 in indirect revenues.

- \$ 250,000 - 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
- \$ 116,906 - Public Health Modernization Local (HPCDP)
- \$ 361,109 - Federal STOP Preventing School Violence
- \$ 1,616,496 - Adolescents and Communities

## Significant Program Changes

**Last Year this program was:** FY 2022: 40060 Community & Adolescent Health

In FY22, CAH received new violence prevention funding from the Centers for Disease Control and Prevention (CDC) and the federal Department of Justice's Bureau of Justice Assistance (BJA). CAH also had carryover funds for OPA TPP. In total, FY23 program revenue is \$493,283 higher than that of FY22. FY23 staffing represents an increase of 1.80 FTE from FY22. CDC COVID-19 Health Disparities funds (40199T) are also supporting capacity for work within this program offer.

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

**Program Contact:** Kim Toevs  
**Program Offer Stage:** As Adopted

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

### Executive Summary

Harm Reduction provides access to sterile injection supplies to reduce transmission of HIV, HCV, and bacterial infections. The opioid epidemic, rising methamphetamine use, and COVID-19 have led to increased injection drug use and, in turn, the need for sterile syringe access and harm reduction services. The program provides syringe access and disposal, naloxone distribution, resources and linkage to culturally specific services, and health education. It also provides technical assistance to counties throughout Oregon to improve service availability outside of the Portland metro area.

### Program Summary

Harm Reduction serves people who may not be ready to stop substance use, offering strategies to mitigate negative outcomes from injection drug use for individuals and the larger community. Services use trauma-informed risk reduction counseling and culturally appropriate referrals based on client readiness. Strategies include education, engagement, and promoting one-time use of injection supplies, which is critical to reducing HCV, HIV, and bacterial transmission. The program offers services at field-based and clinical sites in targeted locations. The Harm Reduction Clinic provides low barrier wound/abscess care and sexual health services for people not typically engaged in health care. The program optimizes ability to engage clients in HCV and HIV testing, including field-based testing, and linkage to treatment. Opioid overdose (OD) prevention and naloxone and fentanyl test strip distribution help clients, first responders, and community members reduce fatal OD occurrence, which was a 47% increase in 2021 compared to the same period during 2020. The program continues to expand naloxone distribution at sites and trains community partners to carry and distribute naloxone. Staff provide statewide technical assistance and capacity building, allowing local organizations to buy naloxone through the program.

Health Equity: Across services, staff build trusting relationships with clients to overcome barriers to care associated with multiple intersecting experiences of marginalization. Most clients face the stigma of drug use. 69% of clients report homelessness/unstable housing and rely on low barrier services and supplies offered through this program. With several populations of color disproportionately impacted by homelessness in Multnomah County, as well as racialized perceptions of drug use in the country, a leading-with-race equity approach to Harm Reduction's work amplifies the program's impact on systems-level changes that reduce health disparities. The program collects race/ethnicity data and conducts comprehensive bi-annual surveys on demographics and drug use behaviors to inform policy and service delivery. The program provides technical assistance to organizations who deliver culturally specific services to support integration of harm reduction activities, including syringe distribution and overdose prevention.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of unique clients served	6,104	7,028	7,000	7,500
Outcome	Number of overdose rescues reported	940	1,517	800	950
Outcome	Percentage of clients served that identify as BIPOC	20%	23%	20%	23%
Output	Number of syringes distributed	12,715,358	11,775,446	10,007,190	11,000,000

### Performance Measures Descriptions

All measures include services at Multnomah County and Outside In sites. 2) The FY22 estimate and FY23 offer are lower than FY22 budgeted due to people accessing services via secondary exchange and not presenting in person to report naloxone use. 4) FY22 estimate and FY23 offer for number of syringes distributed are based on previous distribution reports and the requested supply budget.

## Legal / Contractual Obligation

Federal funds cannot be used to purchase syringes. Overdose prevention technical assistance is required by SAMHSA SOR grant. HIV outreach, education and testing is required under HIV Prevention Block Grant funding. The program is responsible for sub-contracting and monitoring HIV Prevention Block grant funds to community partners in Multnomah County.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$217,954	\$814,740	\$126,718	\$1,052,511
Contractual Services	\$313,034	\$96,280	\$71,534	\$352,371
Materials & Supplies	\$1,392,173	\$238,482	\$1,550,018	\$104,409
Internal Services	\$0	\$375,969	\$313,556	\$124,118
<b>Total GF/non-GF</b>	<b>\$1,923,161</b>	<b>\$1,525,471</b>	<b>\$2,061,826</b>	<b>\$1,633,409</b>
<b>Program Total:</b>	<b>\$3,448,632</b>		<b>\$3,695,235</b>	
<b>Program FTE</b>	1.99	7.13	0.98	8.12

Program Revenues				
Intergovernmental	\$0	\$1,119,618	\$0	\$1,257,986
Other / Miscellaneous	\$0	\$375,423	\$0	\$375,423
Service Charges	\$0	\$30,430	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,525,471</b>	<b>\$0</b>	<b>\$1,633,409</b>

## Explanation of Revenues

This program generates \$124,118 in indirect revenues.  
 \$ 374,577 - HIV Prevention Block Grant  
 \$ 15,216 - Medicaid Harm Reduction Clinic FFS  
 \$ 379,275 - OHA HIV Harm Reduction  
 \$ 327,974 - SAMHSA Naloxone Project (SOR)  
 \$ 375,423 - Harm Reduction Charges and Recoveries  
 \$ 160,944 - Public Health Modernization

## Significant Program Changes

**Last Year this program was:** FY 2022: 40061 Harm Reduction

In FY20 the program replaced the 1-for-1 syringe exchange policy with a need-based model to reduce COVID-19 transmission risk. This model continues both due to the ongoing pandemic and because it has been accepted as a best practice. As a result, supply expenses have increased, along with reliance on County General Fund. Supply chain shortages due to COVID have complicated purchasing options. Needs-based syringe distribution has decreased the number of unique clients presenting at service sites, meaning naloxone overdose reversals may be underreported (people who have administered naloxone may not present in person to report the usage). The Harm Reduction Center (HRC) continues to utilize telemedicine; clients can access telemedicine offsite or use a computer at HRC. The Peer Advisory Group continues to not meet due to COVID, but plans to reconvene in FY23.

**Department:** Health Department      **Program Contact:** Julie Dodge  
**Program Offer Type:** Administration      **Program Offer Stage:** As Adopted  
**Related Programs:** 40067, 40068  
**Program Characteristics:**

**Executive Summary**

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

**Program Summary**

The Board of County Commissioners is the Local Mental Health Authority. Through that authority, BHD Administration oversees and manages all publicly-funded behavioral health programs in the system of care, whether provided directly or through contracted agencies. BHD is organized into 6 units: 1) The Community Mental Health Program (CMHP) which provides safety net and basic services to the adult population of the entire county. 2) Direct Clinical Services (DCS), which encompasses programs for children, youth, and families delivered directly by DCS staff. These services may be reimbursed by the local Coordinated Care Organization (CCO), by the state, or by another funding source. 3) Care Coordination for adults and children who are Medicaid members - funded by federal dollars through the local CCO as well as Choice, funded by the state. 4) Addictions, which includes the Providing Access to Hope (PATH) team, prevention, and contract management funded through the CCO, grants, and the state. 5) Quality Management which includes compliance, quality improvement, reporting, billing and Evolv, the Electronic Health Record for direct services by the BHD. 6) Office of Consumer Engagement (OCE).

BHD Administration continuously assesses its continuum of services to respond to the changing needs and demographics of Multnomah County. All changes are shaped by the input of consumers, advocates, providers and stakeholders. The Division ensures the system and services provided are consumer-driven by prioritizing consumer voice through the Office of Consumer Engagement, frequent provider feedback, adult system and child system advisory meetings, focus groups and ad hoc meetings. BHD Administration is also responsible for ensuring contracted providers deliver evidence-based and culturally responsive services to consumers. BHD monitors contracts with providers for regulatory and clinical compliance. To ensure good stewardship, BHD business and clinical decisions ensure that finite resources are targeted to serve the most vulnerable populations. BHD management participates in planning at the state level to influence the policy decisions that affect the community we serve. BHD values our community partners, with whom we work collaboratively to create a system of care responsive to the needs of our community. BHD has focused its energies throughout the pandemic to stabilize or expand services for persons experiencing significant Covid impacts, prioritizing BIPOC communities, and key behavioral health concerns including increased acuity of mental health concerns, substance use increase, and violence.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total Behavioral Health Advisory Meetings <sup>1</sup>	23	23	19	23
Outcome	Advisors agree with the statement, "Overall, BHD does its job well"	77%	80%	94.4%	80%

**Performance Measures Descriptions**

<sup>1</sup>Includes BHAC Council Meetings and the BHAC Community Workgroup Meetings, This performance measure was impacted by COVID due to initial challenges with consumer access to technology.

## Legal / Contractual Obligation

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

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Personnel	\$867,862	\$1,031,879	\$941,725	\$1,069,243
Contractual Services	\$24,609	\$57,774	\$0	\$103,317
Materials & Supplies	\$41,056	\$3,036	\$11,730	\$3,159
Internal Services	\$30,766	\$282,269	\$81,904	\$381,446
<b>Total GF/non-GF</b>	<b>\$964,293</b>	<b>\$1,374,958</b>	<b>\$1,035,359</b>	<b>\$1,557,165</b>
<b>Program Total:</b>	<b>\$2,339,251</b>		<b>\$2,592,524</b>	
<b>Program FTE</b>	5.99	5.49	5.99	5.49

<b>Program Revenues</b>				
Intergovernmental	\$0	\$790,163	\$0	\$734,627
Beginning Working Capital	\$0	\$584,795	\$0	\$822,538
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,374,958</b>	<b>\$0</b>	<b>\$1,557,165</b>

## Explanation of Revenues

This program generates \$99,305 in indirect revenues.

\$ 404,153 - Behavioral Health Managed Care Fund Beginning Working Capital

\$ 343,442 - State Mental Health Grant Local Admin

\$ 418,385 - Beginning Working Capital

\$ 391,185 - Unrestricted Medicaid fund through CareOregon

## Significant Program Changes

**Last Year this program was:** FY 2022: 40065 Behavioral Health Division Administration

The pandemic has continued to have a significant impact on behavioral health services. BHD leadership has monitored temporary and permanent closures of programs across the continuum, from community-based to outpatient to residential services, primarily due to losses in the workforce. BHD leadership initiated advocacy and collaboration with leaders from across the state to address the workforce crisis, and convened gatherings with local providers to stimulate greater collaboration and innovation to mitigate the impact of workforce loss and service reductions. BHD has increased its influence in the Emergency Operations Center, adding behavioral health specific positions in all shelter/emergency events. BHD continues to address deficits in funding and impact on program activities resulting from the shift to CCO 2.0 in 2020. Some of these essential programs have been funded using BWC and remain as deficit programs.

**Department:** Health Department      **Program Contact:** Julie Dodge  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40067, 40068, 40085  
**Program Characteristics:**

**Executive Summary**

The Behavioral Health Division Director's office houses the Office of Consumer Engagement (OCE), which leads the Division's value of being consumer driven and informs its peer support work. Community and consumer advocates report significant benefit from peer support services, especially for those early in their behavioral health wellness journeys. Peer support services that are matched to consumer racial, ethnic, language and other identities are also valued. This program offer expands the OCE by 1.5 FTE to foster more effective communication and connection across the peer service community, invest in BIPOC and other population specific peer recovery support services, and develop integrated peer support services for persons with mental health and substance use concerns.

**Program Summary**

There is growing awareness of the intersection between mental health and substance use. This is a particularly issue for individuals with higher acuity mental health needs. However, peer providers are not always well prepared to address these concerns concurrently. BIPOC communities are disproportionately impacted by dual diagnoses, yet consistently lack access to culturally specific peer services. Consumers regularly report the need for peer support services to assist in learning specific life skills and navigating transitions between services (housing, treatment, employment). There is strong rapport between direct service level peer providers, but there is a need for greater communication and collaboration between peer provider organizations. There is also a need for more organizational development support for small and startup, BIPOC and other specific population peer organizations.

Program Goals and Activities: 1) Increasing collaboration and effectiveness of peer recovery support services across the behavioral health (BH) continuum. This will be accomplished through expanding the Office of Consumer Engagement by 1.5 FTE (including 1 FTE Latinx KSA) to better engage the Latinx community; to convene and collaborate with peer networks and provider organizations; map out peer services across the BH continuum; facilitate peer partnerships across the BH continuum; increase consumer voice in BHD initiatives. 2) Improve the sustainability of BIPOC and other population specific small and startup peer organizations by providing technical assistance for organizational development such as budget and finance, fund development, government contracting, developing policies & procedures. 3) Increase the number of persons connected to ongoing peer recovery support services who have behavioral health recovery goals and are not currently affiliated with peer recovery support services. This will be accomplished by a) creating a new, multi-organizational peer collaboration, which prioritizes BIPOC and LGBTQI+ persons with high mental health and substance use needs that is coordinated by the Office of Consumer Engagement; and b) increasing funding for current peer recovery support substance use services, with priority for BIPOC organizations.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of high acuity SUD and MH clients engaged in peer outreach and engagement services	N/A	N/A	N/A	90
Outcome	Persons engaged in peer outreach will be connected to ongoing peer support services or other resources.	N/A	N/A	N/A	70%
Output	Small and startup BIPOC and/or peer led organizations will engage in business technical assistance.	N/A	N/A	N/A	6
Outcome	Organizations receiving technical assistance will develop skills, policies and procedures that support sustainability.	N/A	N/A	N/A	100%

**Performance Measures Descriptions**

Note for FY24: this assumes 6 peers who carry a caseload of 10 people for an average of 6 months each, which is 120 annually. The FY23 number assumes a 3 month start up period.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$205,801	\$0
Contractual Services	\$0	\$0	\$770,000	\$0
Materials & Supplies	\$0	\$0	\$24,199	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,000,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$1,000,000</b>	
<b>Program FTE</b>	0.00	0.00	1.50	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:



## Legal / Contractual Obligation

The following guidelines are utilized in monitoring the BHDs compliance to federal, state and county rules and audits regarding client confidentiality and release of clinical records, record retention, responding to subpoenas and court orders for confidential client records and standards for clinical documentation: HIPAA, DSM V "Diagnostics & Statistical Manual of Mental Disorders", Children's & Adult's State OARs, Oregon Revised Statutes related to medical records & client confidentiality, State Archiving rules, CFR 42 Public Health, Ch. 1 Pt. 2, Public Laws 94-142 & 99-57, State of Oregon Mandatory Child Abuse Reporting Laws. Oregon Health Plan. Mental Health Organization Contract.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Personnel	\$200,453	\$389,735	\$133,147	\$343,814
Contractual Services	\$0	\$0	\$0	\$19,541
Materials & Supplies	\$0	\$5,000	\$4,774	\$5,000
Internal Services	\$8,910	\$137,593	\$36,614	\$106,273
<b>Total GF/non-GF</b>	<b>\$209,363</b>	<b>\$532,328</b>	<b>\$174,535</b>	<b>\$474,628</b>
<b>Program Total:</b>	<b>\$741,691</b>		<b>\$649,163</b>	
<b>Program FTE</b>	2.00	4.00	1.25	3.50

<b>Program Revenues</b>				
Intergovernmental	\$0	\$427,967	\$0	\$408,632
Beginning Working Capital	\$0	\$104,361	\$0	\$65,996
<b>Total Revenue</b>	<b>\$0</b>	<b>\$532,328</b>	<b>\$0</b>	<b>\$474,628</b>

## Explanation of Revenues

This program generates \$33,463 in indirect revenues.

\$ 107,122 - State Mental Health Grant: LA 01 System Management and Coordination

\$ 301,510 - Unrestricted Medicaid fund through CareOregon

\$ 65,996 - State Mental Grant Beginning Working Capital

## Significant Program Changes

**Last Year this program was:** FY 2022: 40067 Medical Records for Behavioral Health Division

FTE reductions in this program are due to moving FTE to scaled offer 40068B and partial employee funding from Preschool for All in offer 40099B. Funding changes are due to reduced use of BWC and moving partial positions onto Preschool for All funding.

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

**Executive Summary**

Quality Management (QM) includes the Compliance, Quality Improvement (QI), Records, Reporting, Evolv and Billing teams. The teams work collaboratively to assure the Division is able to rapidly identify, prevent and mitigate risk; provide timely and meaningful data and outcomes to demonstrate appropriate stewardship of public funds and inform program development; maintain secure electronic health records and billing; and assure compliance with licensing, Oregon Administrative Rules, and other appropriate policies. These teams advance racial equity by providing real time information and data on systems, programs and policies that perpetuate systemic barriers to opportunities and benefits for BIPOC and other underserved populations.

**Program Summary**

The QM, QI and Compliance teams conduct: internal and external agency audits, internal investigations and Root Cause Analysis, onboarding, policy and procedure development and review, contract reviews, timely responses to complaints and assure compliance with grievance procedures, Critical Incident Reviews for high risk incidents; assisting the State with licensing visits and Oregon Administrative Rules (OARs) compliance for residential treatment homes and facilities; investigating complaints about residential care; and monitoring progress of providers found to be out of compliance with OARs.

The Reporting team uses SSRS and Tableau software to produce visuals and reports for measuring outcomes and fulfilling our contractual Reporting duties. They work closely with the Data Governance program, Information Technology (IT) and other Health Department Reporting teams to allocate and share county resources. They continue to lead in the implementation of industry best practices for the software development lifecycle, version control, user documentation, and process standardization.

The Evolv team provides oversight/administration of the Evolv EHR. They build custom forms and fields in the system for teams to collect data and work in conjunction with the Reporting team for the data entering and exiting the system. They perform ongoing upgrades and system maintenance to ensure system efficiencies. The team has representation at the National level in the roles of Board Immediate Past President and Chair of the West User Group, helping to support big improvements in Netsmart's approach to our experience as an Evolv customer.

The Billing team implements and tracks communication procedures for provider billing set-up to prevent claim denials and reprocessing. They monitor access and use of Community Integration Manager (CIM) and Maintenance Management Information System (MMIS) data platforms, ensuring access controls. This year they optimized workflows to prevent and quickly respond to authorization related denials and monitoring of insurance coverage for BHD clients. They created new procedures and training for staff this year, effectively reducing revenue loss due to insurance and authorization issues by almost 50%. They also developed and delivered training materials to BHD staff on level of care forms, Care Oregon billing requirements, CIM usage and Fraud, Waste and Abuse.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of clinical reviews and incident reports reviewed	13,846	13,500	13,500	13,500
Outcome	Percent of incidents residential programs mitigated through immediate safety implementations	99%	97%	98%	98%
Output	Number of requests managed by Decision Support Unit	3,780	4,000	3,700	3,800

**Performance Measures Descriptions**

## Legal / Contractual Obligation

Each provider of community mental health and developmental disability service must implement and maintain a QA program. Elements of the QA program include maintaining policies and procedures, grievance management, fraud and abuse monitoring, performance measurement, and contract management.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$904,329	\$1,855,187	\$1,060,528	\$1,653,919
Contractual Services	\$0	\$236,536	\$0	\$39,451
Materials & Supplies	\$15,315	\$81,927	\$16,261	\$81,355
Internal Services	\$184,686	\$356,033	\$102,499	\$387,010
<b>Total GF/non-GF</b>	<b>\$1,104,330</b>	<b>\$2,529,683</b>	<b>\$1,179,288</b>	<b>\$2,161,735</b>
<b>Program Total:</b>	<b>\$3,634,013</b>		<b>\$3,341,023</b>	
<b>Program FTE</b>	5.96	12.94	6.51	10.85

Program Revenues				
Intergovernmental	\$0	\$1,518,272	\$0	\$1,501,208
Beginning Working Capital	\$0	\$1,011,411	\$0	\$660,527
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,529,683</b>	<b>\$0</b>	<b>\$2,161,735</b>

## Explanation of Revenues

This program generates \$121,363 in indirect revenues.

- \$ 586,243 - Health Share of Oregon (Medicaid) Beginning Working Capital
- \$ 792,291 - State Mental Health Grant: LA 01 System Management and Coordination
- \$ 492,987 - Unrestricted Medicaid fund through CareOregon
- \$ 80,000 - State Mental Health Grant: A&D 66 Decision Support
- \$ 210,214 - Health Share Unrestricted Medicaid (Off the top) funding

## Significant Program Changes

Last Year this program was: FY 2022: 40068 Behavioral Health Quality Management

FTE reductions in this program are due to moving FTE to scaled offer 40068B.



## Legal / Contractual Obligation

Each provider of community mental health and developmental disability service must implement and maintain a QA program. Elements of the QA program include maintaining policies and procedures, grievance management, fraud and abuse monitoring, performance measurement, and contract management. OAR also requires all services to be documented and maintained per retention rules. We meet this requirement with Evolv, our Electronic Health Record.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$0	\$367,232
Contractual Services	\$0	\$0	\$0	\$177,403
Materials & Supplies	\$0	\$0	\$0	\$873
Internal Services	\$0	\$0	\$0	\$49,356
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$594,864</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$594,864</b>	
<b>Program FTE</b>	0.00	0.00	0.00	2.46

Program Revenues				
Beginning Working Capital	\$0	\$0	\$0	\$594,864
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$594,864</b>

## Explanation of Revenues

This program generates \$49,356 in indirect revenues.  
 \$ 255,662 MH Quality Management BWC  
 \$ 339,202 MH Decision Support BWC

## Significant Program Changes

### Last Year this program was:

Increases .80 FTE to 1.00 FTE Data Analyst to manage the Evolv/Electronic Health Record helpline to address increased demands due to program growth across BHD. The helpline manages 1,645 requests annually. Provides funding for Division Electronic Health Record. Provides funding to 2.26 FTE in QM unit.

**Department:** Health Department      **Program Contact:** Christa Jones  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 30407B  
**Program Characteristics:**

**Executive Summary**

The Behavioral Health Division is responsible for providing oversight and coordination for behavioral health crisis services, which include a 24-hour, 365 day a year behavioral health crisis response system. This system addresses the need for immediate engagement via the call center, a 24/7 mobile crisis outreach program and a 7 day a week crisis walk-in clinic that serves all Multnomah County residents. Creating and providing equitable crisis services are prioritized both in terms of creating a diverse workforce and in addressing disparities related to access and outcomes for Black, Indigenous and People of Color (BIPOC), LGBTQ and other marginalized and/or underserved communities. These values will continue to be prioritized in FY23 and crisis system investments will be used to address needs.

**Program Summary**

The behavioral health crisis system consists of interconnected services that address the acute behavioral health needs of its community members regardless of age, insurance status, or other identity. The Multnomah County Call Center is the hub for behavioral health crisis services and provides crisis intervention and brief solution-focused therapy by phone (24/7/365). The center triages and deploys resources such as mobile crisis outreach and receives warm transfers from the Portland Bureau of Emergency Communications (BOEC)/911 reducing the need for law enforcement, fire, or ambulance. The Call Center manages the intake and referral process for the Mental Health Crisis and Assessment Treatment Center (CATC) and Crisis Respite. During COVID, the Call Center connected community members to financial resources and culturally specific services and operated the Voluntary Isolation Motel (VIMO) referral line 24/7. In FY23 the Call Center will work closely with the National 988 hotline to provide seamless access to care including mobile outreach services and additional care in the community. Mobile behavioral health crisis services are provided by Project Respond which is deployed by the Call Center or BOEC/911 to provide face to face crisis evaluation and triage services by clinicians and peers to those in crisis. Project Respond now partners peers and clinicians for mobile crisis response, which enables peers to build a relationship with those in crisis to support follow-up engagement. Hospital Outreach Liaisons in the Project Respond program assist in diverting individuals in Emergency Departments from acute care services to appropriate treatment services in the community. Project Respond's Family Crisis Stabilization Specialists provided assessment, skills training, linkage to services, family support, short term case management to youth and families in need during the pandemic. The Urgent Walk-In Clinic (UWIC) is a clinic based service contracted with a community-based organization that provides crisis evaluation, triage, and stabilization on a walk-in basis and is open 7 days a week. The UWIC is the only service available to indigent clients in crisis in Multnomah County with immediate access to a licensed medical professional for medication evaluation and treatment.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total Crisis System Contacts <sup>1</sup>	78,261	80,000 <sup>1</sup>	85,895	80,000
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED	90%	90%	92%	90%

**Performance Measures Descriptions**

<sup>1</sup>FY22 budgeted output anticipated included outgoing calls from the Call Center. This inclusion better demonstrates the care coordination aspect of Call Center services. This output will carry forward to FY23.

Crisis system contacts were slightly lower than anticipated due limitations in data collection, such as a transition to a new call system. Outgoing call data was collected starting January 1, 2021.

## Legal / Contractual Obligation

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

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

Health Share of Oregon Risk Accepting Entity Participation Agreement.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$466,856	\$3,158,251	\$501,616	\$3,828,724
Contractual Services	\$1,123,832	\$6,431,313	\$1,172,981	\$8,354,542
Materials & Supplies	\$2,084	\$8,591	\$30,279	\$27,523
Internal Services	\$81,757	\$700,007	\$36,322	\$917,215
<b>Total GF/non-GF</b>	<b>\$1,674,529</b>	<b>\$10,298,162</b>	<b>\$1,741,198</b>	<b>\$13,128,004</b>
<b>Program Total:</b>	<b>\$11,972,691</b>		<b>\$14,869,202</b>	
<b>Program FTE</b>	3.30	19.28	3.30	19.65

Program Revenues				
Intergovernmental	\$0	\$9,988,934	\$0	\$12,924,891
Beginning Working Capital	\$0	\$309,228	\$0	\$203,113
<b>Total Revenue</b>	<b>\$0</b>	<b>\$10,298,162</b>	<b>\$0</b>	<b>\$13,128,004</b>

## Explanation of Revenues

This program generates \$323,291 in indirect revenues.

\$ 555,157 - Washington County Crisis

\$ 6,857,783 - Health Share Unrestricted Medicaid (Off the top) funding

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

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

## Significant Program Changes

**Last Year this program was:** FY 2022: 40069 Behavioral Health Crisis Services

In July 2021, Project Respond (PR) incorporated Peer Support Specialist staff to the mobile crisis response team to better align with best practice standards. While PR was able to add positions, they also experienced reduced capacity due to critical staffing shortages, while at the same time experiencing increased referrals. Also due to staffing shortages, the Urgent Walk-In Clinic reduced weekend hours. BHD continues to respond immediately to any challenges through partner collaboration and communication. 1.00 FTE is added in FY 2023 funded by the Supportive Housing Services Measure in the Joint Office of Homeless Services (program 30407B). FY 2023 includes a \$2 million increase in state funding for crisis services, which increases the budget for Project Respond by \$1,092,477 (\$436,922 is the anticipated ongoing annual amount in future budgets). The remaining funds will also support crisis services, through a yet to be determined contract.

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

### Executive Summary

The Behavioral Health Division has identified alternatives to inpatient hospitalization as a service gap in the system of care. The Crisis Assessment and Treatment Center (CATC) offers 16 beds of short-term mental health treatment in a secure locked environment as a lower-cost alternative to hospitalization for over 300 clients per year. Facility staffing includes physical and mental health professionals and peer support specialists. Of the 16 beds, 13 are funded and maintained by the Coordinated Care Organization (CCO), Care Oregon, and three are funded and maintained by Multnomah County.

### Program Summary

CATC Sub-acute is a 24 hour, 7 day a week, short-term stabilization program for those individuals who require a secure alternative to incarceration or hospitalization due to a mental health crisis. It is a critical component in a full continuum of mental health services. Although it works with other community agencies that provide long-term care, the mission of the sub-acute facility is brief intervention when a person becomes a danger to themselves or others due to their mental illness. The program services adults, 18 years of age and older, who have been diagnosed with a serious mental illness who are residents of Multnomah County.

Multnomah County Call Center serves as the referral tracker and approver for the three beds funded by the County. These beds are prioritized for individuals that are uninsured or underinsured and are otherwise unable to access this level of care.

Although the length of stay may vary depending on a number of factors, the goal is to provide stabilization so at the point of discharge the individual is returning to lower-level community services. Services should not exceed 30 days unless the individual is on a civil commitment hold. Throughout their stays, individuals are connected to community support to decrease the likelihood of negative consequences of hospitalization (loss of housing, outpatient services, insurance, etc). 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of inpatient days for Non-HSO Multnomah Adults	9,700	9,700	N/A	N/A
Outcome	Percentage of individuals discharged from CATC to a lower level of care	New	New	New	95%
Outcome	Percentage of BIPOC community member access to Non Medicaid "CMHP" admissions.	New	New	New	52%
Output	Number of admissions that are Non-HSO Members (Non Medicaid members)	24	25	21	25

### Performance Measures Descriptions

<sup>1</sup>The output that measured Number of inpatient days for Non-HSO Multnomah adults does not speak to the quality of care or the goal of reducing hospitalization. It is therefore sunsetted as of 6/30/2022. <sup>2</sup>We are reporting a new outcome that captures the percentage of individuals discharged to a lower level of care therefore not requiring additional hospitalization. <sup>3</sup>This measure addresses the disproportionality of BIPOC communities' access to mental health benefits and services and prioritizes access to this limited service

## 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	2022	2022	2023	2023
Contractual Services	\$712,516	\$0	\$741,017	\$0
<b>Total GF/non-GF</b>	<b>\$712,516</b>	<b>\$0</b>	<b>\$741,017</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$712,516</b>		<b>\$741,017</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

**Last Year this program was:** FY 2022: 40070 Mental Health Crisis Assessment & Treatment Center (CATC)

The referral process significantly changed in August 2021 when referrals for Care Oregon members was reverted back to Care Oregon and CATC for processing. The Multnomah County Call Center remains the referral point for accessing the non-medicaid/CMHP services.

Due to COVID and severe staffing shortages, the referral and intake process and admittance timeline has been impacted throughout the last year resulting in increased strain on community provider agencies and crisis services.

The outcome measuring percentage of clients admitted that are non-HSO Multnomah Members will also be sunsetted as of 6/30/2022 due to Care Oregon managing the referral process for HSO beds, resulting in 100% of admissions managed by Multnomah County, therefore making this an insignificant data point and already noted in the output.

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

### Executive Summary

Behavioral Health Division's (BHD) Adult Protective Services (APS) investigates abuse and neglect. Criteria that gives APS authority to open investigations include all of the following; individuals over age 18 who are receiving mental health services and/or that reside in a residential facility, and with a serious and persistent (SPMI) mental health diagnosis. APS offers community education/training to internal and external partners using a cultural lens to open dialogue regarding culture, race and protective services. Protective services are provided to individuals engaged in services and outreach/coordination and risk case management services to individuals not engaged in services or whose allegations do not meet authority to open a case for investigation.

### Program Summary

BHD's Adult Protective Services is a mandated program, guided by state law, to protect adults with SPMI mental health disabilities 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 is assessed and protective services, including safety planning, are conducted to mitigate the risk of these vulnerable individuals. The Division's APS staff coordinate multidisciplinary teams to develop plans to reduce risk of harm, reduce vulnerability and connect victims and potential victims to services.

The program includes risk case management (RCM), which is unique to the State of Oregon Behavioral Health APS. Our risk case manager serves as an additional layer of support and connection for those who are most vulnerable due to mental health disability, substance use disorder, homelessness, and abuse. The APS program also has an African American culturally specific, KSA abuse investigator position to provide screening, investigation and training services in a culturally and trauma-informed manner by outreach to those BIPOC communities who historically under report to APS. This position is also unique across the State of Oregon and is instrumental in addressing the historical under-reporting of abuse in the African American community and tailoring interventions, supports and recommendations to be culturally specific. Finally, the Division's APS is responsible for providing mandatory abuse reporting training to our community partners and community members to increase their understanding of the rules, criteria, process and outcome of abuse reporting. The state now requires documentation through the Centralized Abuse Reporting database in addition to BHD's requirement for documentation in the official electronic health record, Evolv.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of screenings/investigations <sup>1</sup>	1,369	1,000	1,228	1,000
Outcome	# protective services screening referred to Risk Case Management <sup>2</sup>	79	80	71	80
Outcome	Number of community education presentations <sup>3</sup>	25	25	25	25

### Performance Measures Descriptions

<sup>1</sup>Adult protective services are offered to every alleged victim either directly or through safety planning with the provider, which happens at the screening level. Not all screenings result in investigations.

<sup>2</sup>Cases referred to risk case management increased in acuity, therefore fewer cases were able to be assigned to this role (1FTE).

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$820,578	\$267,961	\$908,023	\$238,592
Materials & Supplies	\$2,205	\$4	\$5,550	\$23
Internal Services	\$125,891	\$4,292	\$140,008	\$18,727
<b>Total GF/non-GF</b>	<b>\$948,674</b>	<b>\$272,257</b>	<b>\$1,053,581</b>	<b>\$257,342</b>
<b>Program Total:</b>	<b>\$1,220,931</b>		<b>\$1,310,923</b>	
<b>Program FTE</b>	5.90	1.90	6.21	1.59

Program Revenues				
Intergovernmental	\$0	\$272,257	\$0	\$257,342
<b>Total Revenue</b>	<b>\$0</b>	<b>\$272,257</b>	<b>\$0</b>	<b>\$257,342</b>

## Explanation of Revenues

\$ 257,342 - State Mental Health Grant: LA 01 System Management and Coordination

## Significant Program Changes

**Last Year this program was:** FY 2022: 40071 Behavioral Health Division Adult Protective Services

Since the onset of the pandemic, APS screening calls have increased and the demand for Risk Case Management (RCM) services has increased proportionately. The RCM team provides in-home and/or community-based services. Due to increased community violence (on transit or downtown streets), including direct threats against staff, the team is now providing these services in pairs. While this promotes staff safety when in the community, it results in more time spent providing fewer client contacts for the RCM service.

**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 a function of the Local Mental Health Authority (LMHA), the County's Commitment Services are delivered to individuals who are receiving mental health treatment on an involuntary basis. This includes the investigation of Notices of Mental Illness (NMI) by the Involuntary Commitment Program (ICP), Post-Commitment and Trial Visit services, management and reduction of long term care referrals to the Oregon Health Authority (OHA), and payment for involuntary hospital stays for indigent individuals. Services apply an equity lens, utilizing culturally specific positions and culturally responsive ideals to protect the civil rights of vulnerable individuals. Staff also serve as advocates, highlighting the adverse impact of dominant culture treatment design, laws and systems on the lives of Black, Indigenous and People of Color communities.

**Program Summary**

Commitment Services consists of interconnected pre and post commitment services: Under pre-commitment services the ICP employs certified commitment investigators to evaluate individuals who are involuntarily detained in hospitals and are alleged to be a danger to self/others or unable to provide for their basic personal needs due to a mental disorder. ICP investigators make recommendations to the court about whether or not a person alleged to be mentally ill should be civilly committed. If a person is recommended for civil commitment, the law requires that a certified examiner conduct further evaluation of the individual during a civil commitment hearing. When a person is civilly committed they are transferred to post-commitment services so their care and treatment may be monitored by the CMHP. The commitment monitors make care recommendations, facilitate referrals to long term care, and liaise with other County programs. When a civilly committed person is discharged to the community while remaining under committed status this is called a trial visit. Trial visit staff monitor a committed person's adherence to community based care to enhance individual and community safety while reducing the need for further inpatient mental health treatment. Commitment Services programs include culturally specific roles, including roles to address and respond to the needs of Black/African American and Vietnamese and Japanese individuals.

Long Term Care Waitlist Reduction Program (WLRP) funding provides Intensive Case Management (ICM) for committed persons discharging from inpatient care. ICM and transition planning helps prevent relapses into hospital care and reduce the County's burden as the payor of last resort. ICM staff provide a connection with resources and assistance in obtaining housing, access to health care, social services, and outpatient mental health services. These services address the needs of mentally ill county residents at the highest level of care. Services provide care & service coordination by matching the client's culture, identify and service needs with available resources and ensuring protection of legal and civil rights. The WLRP also funds 3 Emergency Department liaisons who connect with individuals in mental health crises who are presenting to hospital emergency rooms. These liaisons connect individuals to appropriate community based services to divert them from costly inpatient care.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total number of NMI	2,762	2,900	2,659	2,700
Outcome	% of investigated NMI that did not go to Court hearing <sup>2</sup>	80%	79%	80%	80%
Outcome	% of investigated NMI taken to court hearing that resulted in commitment <sup>3</sup>	87%	90%	84%	90%
Output	# of commitments monitored annually (4)	355	390	324	350

**Performance Measures Descriptions**

<sup>1</sup>This includes NMI for indigent residents and residents with insurance.<sup>2</sup>Measure staff effectiveness in applying ORS 426 and reducing burden on the system.<sup>3</sup>The decrease in FY22 is a result of new arguments for dismissal and changed rulings by the court, these are actively being managed to increase %.<sup>4</sup> # reflects new & existing commitments of residents in acute care settings & secure placements.

## Legal / Contractual Obligation

ORS 426 requires that all persons placed on a notice of mental illness be investigated within one judicial day, as well as monitored upon commitment, as a protection of their civil rights. The state delegates the implementation of this statute to the counties.

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Personnel	\$1,132,205	\$2,401,662	\$1,178,312	\$2,497,990
Contractual Services	\$229,710	\$155,343	\$234,285	\$255,343
Materials & Supplies	\$1,899	\$43,320	\$9,444	\$43,992
Internal Services	\$198,680	\$367,628	\$361,668	\$170,628
<b>Total GF/non-GF</b>	<b>\$1,562,494</b>	<b>\$2,967,953</b>	<b>\$1,783,709</b>	<b>\$2,967,953</b>
<b>Program Total:</b>	<b>\$4,530,447</b>		<b>\$4,751,662</b>	
<b>Program FTE</b>	8.00	16.10	8.00	16.10

<b>Program Revenues</b>				
Intergovernmental	\$0	\$2,967,953	\$0	\$2,967,953
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,967,953</b>	<b>\$0</b>	<b>\$2,967,953</b>

## Explanation of Revenues

\$ 2,967,953 - State Mental Health Grant: MHS 24: Acute & Intermdt Psych - Commit

## Significant Program Changes

**Last Year this program was:** FY 2022: 40072 Mental Health Commitment Services

The pandemic and various community challenges have resulted in continued increase in clinical acuity across the communities serviced through Commitment Services. This, coupled with continued isolation, increased substance abuse, community and interpersonal violence, along with service provider closures, have put immense pressure on the behavioral health system. Providers have had to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner.

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

**Executive Summary**

Using County, federal, state, other local and federal Substance Use and Mental Health Services Administration (SAMHSA) funding, this program offer supports the Northstar Clubhouse, a peer-run supported employment program offering employment, wellness and administrative support to adults with mental illness who are seeking employment. Additional funding comes from private foundations and in-kind donations.

**Program Summary**

This program offer funds the operating costs and positions for the peer-run supported employment center, which is a nationally certified clubhouse model center, a fidelity based model. Continued funding through this offer ensures that the staff and program can continue to meet the fidelity standards required for Certification and continue to engage in diversity and equity initiatives, including data collection and reporting (ie new referral demographic data is captured). Of the persons served by this program, 13% were from Black, Indigenous and People of Color ( BIPOC ) communities. Certification requires that the peer-run entity meet a defined standard of service delivery. Peer-run supported employment provides encouragement and assistance for individuals who live with a mental illness in securing continuing education, employment, volunteer opportunities and advocating for reasonable accommodations. Northstar partners with a range of culturally specific programs and communities to develop inclusive, trauma informed and equitable practices that encourage people of many backgrounds to engage in the Clubhouse community

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 who live with mental illness to pursue both educational and employment opportunities.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of active members	173	155	176	155
Outcome	Percent of members in paid employment positions	27.8%	35%	27.2%	30%
Output	Average daily attendance	16	32	16	16

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$105,162	\$0	\$109,368	\$0
<b>Total GF/non-GF</b>	<b>\$105,162</b>	<b>\$0</b>	<b>\$109,368</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$105,162</b>		<b>\$109,368</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

**Last Year this program was:** FY 2022: 40073 Peer-run Supported Employment Center

Due to COVID, in-person services were reduced, but virtual services were offered and utilized once the agency reopened following an extended FY21 closure. Average daily attendance, however, remained lower than pre-pandemic attendance due to safety precautions. Additionally, fewer members than expected were able to successfully gain paid employment due to community access issues. Best practices are for a 1:14 staff to member ratio, but due to funding and staffing limitations, the average staff to member ratio was 1:39.

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

**Executive Summary**

Mental Health Residential Services (RS) provides health and safety oversight to residential programs that house 638 individuals housed in Multnomah County. RS programs include: Secure Residential Treatment Facilities (SRTF), Residential Treatment Homes (RTH), Adult Care Homes, and a range of supportive/supported housing programs. These units provide stability, decreasing the likelihood these individuals will need acute care services or become houseless. RS hold monthly trainings to educate residential providers about mental healthcare, ancillary supports, system navigation, and changes to, and interpretation of, Oregon Administrative Rule. RS engages providers about resident admissions/evictions to address bias, racism, and culturally responsive treatment needs.

**Program Summary**

The Residential Services (RS) program provides regulatory, health and safety oversight, technical assistance to designated residential mental health programs. Services are provided through the use of clinical consultations, problem-solving, participation in client interdisciplinary team meetings, reviewing the appropriateness of unplanned discharges, and monitoring and enforcement of client rights. RS staff also participate in audits and licensing reviews. The team holds monthly diversity, equity and inclusion discussions to better understand and take action against systemic racism, and how to support equitable outcomes for Black, Indigenous and People of Color (BIPOC) and other marginalized groups. RS oversees approximately 83 residential programs with approximately 638 clients, that include Secure Residential Treatment Programs, Residential Treatment Homes/Facilities, Adult Care Homes (ACH), Crisis/Respite Programs, and Supportive Housing Programs. RS provides health and safety oversight through the review and response to incident reports completed by residential programs and partners with Quality Management (QM) who hold Critical Incident Reviews with residential providers and a Root Cause Analysis is completed by QM. During FY21 RS and QM reviewed at least 13,846 incident reports. RS supports the development of new mental health ACHs and the creation of new placement opportunities. Despite developing placements in two new ACHs in 2021, nine ACHs were lost from our provider network due to retirements, billing issues and lack of work/life balance.

The primary population served are mostly Choice Model eligible (diagnosis of severe persistent mental illness, under civil commitment and/or admitted to the Oregon State Hospital, OSH). RS also serves those who are under the jurisdiction of the Psychiatric Security Review Board and those receiving community restoration services under Aid and Assist orders. The Aid and Assist population served within residential programs is small, but it is expected to grow in 2022 to support increased individual liberties in the community and outside of institutional care at the OSH. Individuals who meet admission criteria for residential placement, but are not served by either Choice Model or the PSRB can be referred to licensed residential programs through the RS program, referred to as CMHP placements. CMHP referrals have increased 270% in two years.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of placements that receive health and safety oversight by Residential Services <sup>1</sup>	639	N/A	635	641
Outcome	% of Non-Multnomah County Residents Placed in RTH/F and SRTF Housing	22%	N/A <sup>2</sup>	22%	22%
Outcome	# of CMHP referrals managed by Residential Services	25 <sup>3</sup>	NEW	34	42

**Performance Measures Descriptions**

<sup>1</sup> This is a new output, therefore an offer was not made for FY22 Current

<sup>2</sup> FY22 offer was not made as this was new to last year's offer.

<sup>3</sup> This outcome is new to FY23, but data has been collected so it is being reported for tracking purposes.

## 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
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Personnel	\$1,146,384	\$464,157	\$1,216,902	\$506,654
Contractual Services	\$213,791	\$9,410,324	\$0	\$8,054,214
Materials & Supplies	\$444	\$6,212	\$4,258	\$6,620
Internal Services	\$81,230	\$135,627	\$149,731	\$120,044
<b>Total GF/non-GF</b>	<b>\$1,441,849</b>	<b>\$10,016,320</b>	<b>\$1,370,891</b>	<b>\$8,687,532</b>
<b>Program Total:</b>	<b>\$11,458,169</b>		<b>\$10,058,423</b>	
<b>Program FTE</b>	8.15	3.65	8.15	3.65

<b>Program Revenues</b>				
Intergovernmental	\$0	\$9,907,877	\$0	\$8,652,716
Beginning Working Capital	\$0	\$108,443	\$0	\$34,816
<b>Total Revenue</b>	<b>\$0</b>	<b>\$10,016,320</b>	<b>\$0</b>	<b>\$8,687,532</b>

## Explanation of Revenues

This program generates \$3,552 in indirect revenues.

\$ 8,652,716 - State Mental Health Grant based on 2019-2021 IGA with State of Oregon

\$ 34,816 - Behavioral Health Managed Care Fund BWC

## Significant Program Changes

**Last Year this program was:** FY 2022: 40074 Mental Health Residential Services

COVID continues to have a significant and negative impact on Residential Services. with program closures or threat of closure due to staffing shortages and inadequate state funding to support program operations. Shortage of staff at every level in residential programming from milieu staff to case managers, nurses, and management was noted. Mandatory COVID-19 vaccinations for the workforce also resulted in loss of program staff.

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

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

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

The Choice Model Program consists of Care Coordination services and contracted services to work with individuals with Severe and Persistent Mental Illness (SPMI). Choice diverts individuals from Oregon State Hospital (OSH); coordinates successful discharge from OSH and acute psychiatric hospitals into appropriate community placements and services; coordinates care for individuals residing primarily in licensed residential facilities in order to move individuals into the least restrictive housing possible; and coordinates care and develop supports to maximize independent living; 721 individuals were served in fiscal year 2021, of whom 25% identified as Black, Indigenous or other People of Color (BIPOC).

**Program Summary**

The Behavioral Health Division's Choice Model Program works with other Division units, Acute Care Hospitals, OSH, Oregon Health Authority (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. The overarching goal of Choice is to assist individuals to achieve the maximum level of independent functioning possible. This goal is achieved by diverting individuals from admission to hospital level of care to community-based resources; supporting timely, safe and appropriate discharges from hospitals into the community; and providing access to appropriate supports (skills training, case management, etc.) to help individuals achieve independent living and self-sufficiency in the least restrictive housing environment. Program includes Exceptional Needs Care Coordination, access to peer services, funding for uninsured/underinsured clients for outpatient services, housing supports, rental assistance, etc.

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 identify the least restrictive setting where the individual will maintain stability. Care Coordination provides referrals to community mental health programs; supported employment to help move clients towards greater self-sufficiency; and transition planning to assure the most efficient utilization of the licensed residential housing capacity within the community.

The program has increased financial support to community placements and works primarily with Acute Care Hospitals as OSH capacity has become minimal for the civil population for the last two years, partly due to COVID. Choice added a pilot project providing embedded services at motel sites(s) to improve client support and outcomes. Choice also participated in significant work on workflows, policies and procedures to clarify access and promote more equitable service delivery.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of Clients Served in Choice	721	700	718	700
Outcome	% of clients receiving direct client assistance to meet basic needs <sup>1</sup>	14.44%	15%	15%	15%

**Performance Measures Descriptions**

<sup>1</sup> Direct client assistance includes housing assistance, moving fees, guardianship, secure transportation, and storage.

## Legal / Contractual Obligation

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

CCO Delegation Agreements with CareOregon and Trillium.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$1,635,629	\$0	\$1,914,425
Contractual Services	\$0	\$2,783,019	\$0	\$1,971,628
Materials & Supplies	\$0	\$7,828	\$0	\$11,747
Internal Services	\$0	\$339,472	\$0	\$397,060
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$4,765,948</b>	<b>\$0</b>	<b>\$4,294,860</b>
<b>Program Total:</b>	<b>\$4,765,948</b>		<b>\$4,294,860</b>	
<b>Program FTE</b>	0.00	11.90	0.00	13.34

Program Revenues				
Intergovernmental	\$0	\$4,054,307	\$0	\$4,294,860
Beginning Working Capital	\$0	\$711,641	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$4,765,948</b>	<b>\$0</b>	<b>\$4,294,860</b>

## Explanation of Revenues

This program generates \$153,189 in indirect revenues.

\$ 1,480,773 - Unrestricted Medicaid fund through CareOregon

\$ 2,814,087 - State Mental Health Grant: CHOICE Model based on 2021 IGA with State of Oregon

## Significant Program Changes

Last Year this program was: FY 2022: 40075 Choice Model

In FY23 we are adding 0.50 FTE OA2 to provide support to records and for reception at West Gresham Plaza.

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

**Executive Summary**

The Multnomah Treatment Fund (MTF) prioritizes community-based services to individuals who experience challenges associated with severe mental illness and have been released from jail or psychiatric hospitals and/or are at risk of hospitalization or decompensation of mental health stability. MTF funds services for uninsured individuals without financial resources that are ineligible for Medicaid through Oregon Health Plan (OHP). In some cases, the program creates access for individuals who, because of their immigration status, do not qualify for many public entitlements and resources, and have limited access to behavioral health services. Contracted providers are responsible to ensure diversity training for staff, a diverse workforce, and incorporating social equity innovation into their policy development and service delivery.

**Program Summary**

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

The goal is to stabilize and prevent more drastic consequences including hospitalization, incarceration, loss of housing, impacts of substance use disorder and loss of custody of children. If these services are effective, the client's stability is supported so that trauma, increased vulnerability and suffering is prevented or reduced and the county preserves funds that would otherwise be lost to costly deep-end institutional responses such as hospitalization, corrections, or homelessness response/emergency services. Since these funds are limited, providers do a review during their intake process to ensure that MTF services are provided as clinically necessary and that clients' insurance status and financial eligibility meet program criteria. Services can include individual and group therapy, case management, community outreach, housing assistance, medication management, co-occurring disorder treatment, care coordination, and crisis intervention. Of the persons served by this program, 16% were from Black, Indigenous, and People of Color ( BIPOC ) communities. While the person is receiving services, they can be linked to other supports and acquire assistance in securing OHP benefits. The demand for services in this program has slightly decreased due to Medicaid Expansion, however limitations on Medicaid eligibility requirements and on Medicare approved services means there are still individuals who require this safety net program to receive on-going mental health case management and treatment services. For example, Medicare services are required to be provided by specifically certified/licensed professionals that are not always readily available in our community. Additionally, some services, such as intensive case management and general case management are not covered by Medicare..

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total # of adults who received county-funded outpatient services or medication	401	650	396	400
Outcome	Percentage of MTF clients that are hospitalized	5.49%	6.21%	6.06%	6.21%

**Performance Measures Descriptions**

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$1,347,292	\$0	\$1,259,920	\$0
<b>Total GF/non-GF</b>	<b>\$1,347,292</b>	<b>\$0</b>	<b>\$1,259,920</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,347,292</b>		<b>\$1,259,920</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

**Last Year this program was:** FY 2022: 40077 Mental Health Treatment & Medication for the Uninsured

Providers have experienced critical staffing shortages that have caused mental health agencies to struggle with vacant positions and increasing costs while the pandemic continued to limit the number of MTF eligible individuals who were able to be served.

**Department:** Health Department      **Program Contact:** Yolanda Gonzalez  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40199Y  
**Program Characteristics:**

### Executive Summary

The Early Assessment and Support Alliance (EASA) is an early psychosis intervention program addressing the needs of young people aged 12 to 25 who demonstrate initial symptoms of psychosis or are found to be at high risk for developing psychosis. The goal of the program is to develop a long-term recovery and support plan. EASA is a two-year program that offers formal mental health treatment services, educational support, employment support, and involves the young person's family and their other supports in treatment. The program receives and screens approximately 200 referrals per year and provides services to over 100 individuals each year. In FY21, 36 percent of the population served in EASA identified as people of color, 60 percent while and 4 percent as unknown or not provided.

### Program Summary

EASA is an evidence-based and fidelity-based model resulting from 14 years of research that demonstrates early intervention and immediate access to treatment can directly reduce psychiatric hospitalization rates and the long term debilitating consequences of psychosis. The EASA fidelity-based model helps young people impacted by psychosis develop long-term recovery plans.

The multidisciplinary team approach and program activities and services are designed to meet the fidelity standards of the model as required by the state. The team includes both a child/adolescent and an adult psychiatrist, mental health consultants, a peer support specialist, employment specialists, an occupational therapist, and a nurse. The team has been formed to include linguistically and culturally specific consultants to reflect the population served.

Treatment is community-based and consists of services tailored to meet the unique needs of each client. Clients are matched with a psychiatrist and a mental health consultant based on age, personal preferences, and cultural needs. Clients can choose from any of the following services to support their unique goals and needs: medication management, case management, support for employment, psychiatric nursing services, peer support, occupational therapy assessment and intervention, multi-family group, individual and/or family psychotherapy, psychoeducation, and social skills building groups.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total individuals enrolled in the EASA program receiving ongoing services	131	132	130	130
Outcome	% reduction in hospitalization rate three months pre and 6 months post enrollment <sup>1</sup>	92%	85%	93%	85%
Output	Number of unduplicated individuals referred to the EASA program	214	200	215	200

### Performance Measures Descriptions

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

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$247,406	\$1,551,321	\$350,308	\$1,546,702
Contractual Services	\$0	\$169,460	\$24,498	\$175,460
Materials & Supplies	\$51	\$9,221	\$51	\$12,221
Internal Services	\$1,574	\$252,925	\$9,525	\$269,149
<b>Total GF/non-GF</b>	<b>\$249,031</b>	<b>\$1,982,927</b>	<b>\$384,382</b>	<b>\$2,003,532</b>
<b>Program Total:</b>	<b>\$2,231,958</b>		<b>\$2,387,914</b>	
<b>Program FTE</b>	1.15	11.70	2.10	10.75

Program Revenues				
Intergovernmental	\$0	\$1,560,812	\$0	\$1,560,812
Service Charges	\$0	\$422,115	\$0	\$442,720
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,982,927</b>	<b>\$0</b>	<b>\$2,003,532</b>

## Explanation of Revenues

This program generates \$18,296 in indirect revenues.

- \$ 432,720 - Fee For Service Insurance Receipts
- \$ 10,000 - State Vocational Rehabilitation Award
- \$ 1,324,668 - State Mental Health Grant based on 2021 IGA with State of Oregon
- \$ 226,020 - SMHG MHS 38
- \$ 10,124 - State Community Mental Block Grant

## Significant Program Changes

Last Year this program was: FY 2022: 40078 Early Assessment & Support Alliance

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

**Executive Summary**

Community Based Mental Health for Children, Youth and Families provide critical safety net services and operates from an equity lens to ensure children and youth who are uninsured, underinsured, and are in need of mental health services receive culturally responsive care. Over 200 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 the community. The continuum of services for at risk youth includes: child abuse mental health services at CARES NW (Child Abuse Response and Evaluation Services North West), 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 in order to retain youth in their home with their natural support system, and to remain in school. The CATS contractor hires family partners that reflect the lived experience of families they serve as well as the cultural and linguistic needs of the community. CARES NW is a child abuse evaluation center, mental health consultants provide trauma informed support and resources to children and their families. CARES mental health consultants work with children and their families, using culturally responsive practices, to mitigate and reduce the negative impact of trauma on long-term health, including mental health. Our CARES consultants have Knowledge Skills and Abilities focused on Spanish Language and African American Culture.

Multnomah County provides support and accountability around equity to these external providers utilizing the internal Multnomah County Equity and Empowerment lens Framework. Use of this equity lens results in improved services to best meet the needs of our black and brown communities. 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total Multnomah County Children who receive Mental Health or Family Support Services at CARES NW <sup>1</sup>	154	300	100	100
Outcome	% of children at an ED/Crisis Center that have a CATS team response in under 3 hours after referral <sup>2</sup>	100%	95%	100%	95%

**Performance Measures Descriptions**

<sup>1</sup>The program model changed twice in this reporting period, which impacted data. See program changes section for details. Currently 2 positions are funded and there is one vacancy in the program

<sup>2</sup>This measure is collected from OHSU's REDCAP CATS Report. Full measure is "% of children having a mental health crisis at an ED/Crisis Center that have a CATS team response in under 3 hours after referral"

## Legal / Contractual Obligation

CATS contracts with NAMI and Catholic Community Services of Western Washington. MTF Contracts with Lifeworks and Morrison.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$117,999	\$153,303	\$256,118	\$184,982
Contractual Services	\$0	\$322,656	\$0	\$301,319
Materials & Supplies	\$649	\$837	\$17,450	\$1,556
Internal Services	\$78,156	\$71,021	\$29,699	\$68,254
<b>Total GF/non-GF</b>	<b>\$196,804</b>	<b>\$547,817</b>	<b>\$303,267</b>	<b>\$556,111</b>
<b>Program Total:</b>	<b>\$744,621</b>		<b>\$859,378</b>	
<b>Program FTE</b>	0.70	1.07	1.56	1.21

Program Revenues				
Intergovernmental	\$0	\$547,817	\$0	\$556,111
<b>Total Revenue</b>	<b>\$0</b>	<b>\$547,817</b>	<b>\$0</b>	<b>\$556,111</b>

## Explanation of Revenues

- \$ 154,792 - Head Start Contracts
- \$ 100,000 - CAMI Grant
- \$ 172,656 - Federal Community Block Grant SE 08 Crisis & Acute transition Services
- \$ 128,663 - Community Block Grant SE 08 Crisis & Acute transition Services

## Significant Program Changes

**Last Year this program was:** FY 2022: 40080 Community Based MH Services for Children & Families

There were anticipated and unanticipated changes in the CARES NW program structure this year. Between October and March 2021, the CARES Family Support team switched from their Family Support Model to a more intensive evidence-based treatment prevention model (Child and Family Stress Intervention) and parent support for fewer families rather than their old model which provided less support for more families. Starting in March the team moved back to their previous Family Support model due to clinic needs. One of the FTE is a permanent mental health consultant for the Behavioral Health Response Team for Gang Impacted Families.

**Department:** Health Department **Program Contact:** Yolanda Gonzalez

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

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

### Executive Summary

Multnomah County is seeing an increase in gang violence, shootings and homicides, which predominantly impacts African Americans. In response to this increase in violence, Multnomah County is dedicated to providing behavioral health services to those most impacted; over half of which identify as African American, while African Americans represent only 6 percent of the overall County population. Multiple community organizations and community leaders have been proactively addressing community gun violence for decades, working side by side with the communities most impacted and advocating for racial justice. This position provides additional direct mental health services to youth (age 10-18) and their families impacted by gun violence.

### Program Summary

The Mental Health Consultant (MHC) provides a range of culturally relevant, evidence based mental health services for the African American community. These trauma-informed services are provided to improve the social and emotional functioning of youth and families who are impacted by community and gang violence. The MHC utilizes lived experience and community informed practices to provide culturally specific mental health prevention support, mental health services, consultation, outreach and engagement. Referrals for this program are obtained from both internal county programs and external community partners and providers.

The MHC collaborates with community providers and internal county programs to provide consultation, education, outreach, and engagement and connection to mental health services. They assist with outreach to schools, colleges, emergency rooms, community services, health and social services providers and community meetings to share referral information and general education as it relates to community gun violence and behavioral health services. They will participate in specific outreach and engagement to African American clients and families who may have barriers to accessing responsive and culturally-informed behavioral health services. This role gathers community input around community needs and is responsive to those needs through advocacy and service.

The main goals of this program are to supplement community services by centering the voices of the African American community impacted by violence and to improve mental health outcomes. In alignment with the Direct Clinical Services model, this clinician will provide low barrier access to services by being a community-based provider at client's homes and other nontraditional locations most convenient to families.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total Multnomah County Children who received Behavioral Health service through gang impacted MHC.	N/A	20	10	20
Outcome	ACORN Distribution of Patient Change reported by client/student as their perception of improvement <sup>1</sup>	N/A	65%	N/A	65%
Output	Total # of outreach/engagement activities attended/provided	N/A	10	8	15

### Performance Measures Descriptions

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

## Legal / Contractual Obligation

This Position will align with the six strategies of the County's Comprehensive Gang Assessment and Intervention Plan and other initiatives outlined by our partners including Public Health programs, and the criminal legal system reinvestment efforts specific to children being sponsored by Commissioner Stegman.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$144,291	\$0	\$156,725	\$0
Materials & Supplies	\$15,709	\$0	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$160,000</b>	<b>\$0</b>	<b>\$156,725</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$160,000</b>		<b>\$156,725</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2022: 40080B Community-Based MH Services for Children and Families - Culturally

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

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

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

The Care Coordination Unit was formed in 2020 in the Behavioral Health Division as a result of CCO 2.0 and provides care coordination from early childhood through adulthood, including: 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 work within the multi-tiered Children System of Care Governance Structure to address cross system barriers for youth and families. Adult ICC provides integrated care coordination to adults with complex behavioral health needs to improve health outcomes and experience. M-ITT provides short term care coordination and case management to support adults during and after a psychiatric hospitalization to connect to community-based services.

**Program Summary**

Wraparound, Youth & Adult ICC are funded by Oregon Health Plan via a delegation agreement with Coordinated Care Organizations(s). M-ITT is funded by HealthShare as part of the Crisis Services continuum of care. Care Coordinators partner with Primary Care Providers, Community Behavioral Health Providers, Department of Community Justice, Housing Providers, Intellectual Developmental Disabilities (IDD), Oregon Department of Human Services (ODHS), Child Welfare, School Districts, Peer Service Providers, and other stakeholders to improve care and outcomes for clients.

ICC and Wraparound Care Coordinators engage in a team planning process with adults, youth, family and community partners and providers to develop a unified, strengths-based plan to address individualized needs. For youth participating in Wraparound services, their plan of care is youth-driven, family-guided, culturally responsive, multidisciplinary and includes both formal and natural support. 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 and Adult ICC support individuals (and their families) with complex behavioral health needs with developing individualized care plans to: meet physical, oral, behavioral health, substance use, and psychosocial goals. ICC facilitates transitions between mental health services; ensures team communication; and connects with community services and supports. M-ITT provides rapid engagement to adults exiting psychiatric hospitals who are not connected to an outpatient behavioral health provider to provide short term intensive support and connect them to ongoing behavioral health services and other community support services including Primary Care, shelter, and other services to address client needs.

On average approximately 420 youth, adults, and families are served by Youth and Adult ICC, Wraparound, and M-ITT at any given time, of whom approximately 30% identify as BIPOC.

Programs ensure policies, procedures and services are individualized and culturally and linguistically responsive. Staff are recruited and retained to reflect the communities served with several bicultural and bilingual staff available to work with African-American, Latinx and Spanish speaking clients. Peer Services are contracted out to qualified providers.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of unique children served in Youth Care Coordination. <sup>1</sup>	382	600	381	380
Outcome	% score measuring family's satisfaction and progress in Wraparound.	87.5%	85%	85.8%	85%
Output	Referrals processed in Youth Care Coordination. <sup>2</sup>	294	350	265	300
Output	Total number of clients served in M-ITT. <sup>3</sup>	584	650	584	575

**Performance Measures Descriptions**

<sup>1</sup>The scope of work changed significantly in 2020 with transition to CCO 2.0 which reduced the number of children served in YCC. These changes were not captured in FY22 budgeted numbers. <sup>2</sup>Referrals decreased with CCO 2.0 transition. <sup>3</sup>M-ITT saw increased length of enrollment due to COVID and system capacity which decreased total number served.

## Legal / Contractual Obligation

Delegation Agreement with Coordinated Care Organization(s) to provide Wraparound and Intensive Care Coordination.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$295,862	\$5,908,194	\$148,401	\$7,014,367
Contractual Services	\$0	\$1,526,053	\$0	\$874,878
Materials & Supplies	\$1,352	\$53,944	\$511	\$77,679
Internal Services	\$0	\$1,655,292	\$9,200	\$1,958,797
<b>Total GF/non-GF</b>	<b>\$297,214</b>	<b>\$9,143,483</b>	<b>\$158,112</b>	<b>\$9,925,721</b>
<b>Program Total:</b>	<b>\$9,440,697</b>		<b>\$10,083,833</b>	
<b>Program FTE</b>	2.00	43.25	1.00	48.41

Program Revenues				
Intergovernmental	\$0	\$9,143,483	\$0	\$9,925,721
<b>Total Revenue</b>	<b>\$0</b>	<b>\$9,143,483</b>	<b>\$0</b>	<b>\$9,925,721</b>

## Explanation of Revenues

This program generates \$941,184 in indirect revenues.

\$ 2,682,601 - Health Share Unrestricted Medicaid (Off the top) funding

\$ 7,230,202 - Unrestricted Medicaid fund through CareOregon

\$ 12,918 - State Mental Health Grant IGA with State of Oregon

## Significant Program Changes

**Last Year this program was:** FY 2022: 40081 Multnomah County Care Coordination

M-ITT length of enrollment increased due to decreased outpatient system capacity during COVID which resulted in fewer total clients being served by the MITT program. For FY23 Program is adding 2.00 FTE to MITT to increase services and fully utilize investment from HSO.

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

**Executive Summary**

School Based Mental Health and K-3 case management are essential components of the system of care for children and families. Our 26 clinicians serve over 800 children and teens with mental health needs in 38 schools across six school districts: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose, and Portland Public Schools. Mental health professionals provide evidence-based treatment, utilizing an anti-racist equity lens, in school and Student Health Center settings and via telehealth. Additionally, children, parents, and school staff receive consultation from Mental Health Consultants to assist with mental health needs during education planning in order to retain students in school and reduce the risk of needing higher levels of care.

**Program Summary**

Since 1969, Multnomah County has been a leader in the nation in providing access to mental health services in schools, which is considered a best practice. Mental health assessment and treatment services provided in schools decrease barriers such as stigma, cost, and transportation. This program reaches youth who are traditionally underserved and have barriers to accessing mental health services. Providing culturally specific mental health outreach and treatment continues to be a priority. Over 40 percent of the youth served are youth of color served by a diverse staff with six African American Knowledge Skills and Abilities (KSA), six Latinx KSA, one Asian/Immigrant KSA and 10 non KSA. Cultural alignment with students increases therapeutic alliance which can assist with addressing mental health concerns, building trust, and improving school attendance.

This culturally specific approach contributes to youth completing school, which is a strong indicator for lifelong economic wellbeing and improved overall health. School Based Mental Health Consultants provide screening, crisis intervention, mental health assessment, clinical case management and individual, group, and family treatment. Mental Health Consultants also provide training and consultation to school staff to optimize educational planning for youth with mental health concerns. Mental Health Consultants are co-located in ten Student Health Centers to provide integrated physical and mental health services.

Multnomah County and School Districts collaborate to address the continuum of needs for students and their families. School Based Mental Health Consultants provide over 4,500 hours of treatment, prevention, education, consultation, and outreach to students, school staff, and families every school year. Additionally, K3 Case Managers provide comprehensive case management services to over 150 students and families in kindergarten through third grade with a focus on connecting families to resources to increase attendance and improve educational success.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total unduplicated youth referred to SBMH for assessment and/or treatment services	676	1,300	672	1,000
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement <sup>1</sup>	46%	65%	45%	65%
Output	Total unduplicated K-3 youth/families who received case management services	154	190	167	150

**Performance Measures Descriptions**

A Collaborative Outcomes Resource Network (ACORN): Client reported outcomes are accepted as more valid as the person receiving services is reporting changes through a global distress scale measure reported over the course of treatment. The percentage is the number of clients reporting significantly improved or somewhat improved.

## Legal / Contractual Obligation

Revenue contracts with school districts. Oregon Health Authority, Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,467,294	\$1,768,443	\$1,927,876	\$1,474,550
Contractual Services	\$0	\$146,226	\$0	\$8,000
Materials & Supplies	\$13,304	\$3,069	\$60,910	\$48
Internal Services	\$31,166	\$356,361	\$21,144	\$390,369
<b>Total GF/non-GF</b>	<b>\$1,511,764</b>	<b>\$2,274,099</b>	<b>\$2,009,930</b>	<b>\$1,872,967</b>
<b>Program Total:</b>	<b>\$3,785,863</b>		<b>\$3,882,897</b>	
<b>Program FTE</b>	9.98	12.65	13.01	9.52

Program Revenues				
Intergovernmental	\$0	\$1,400,366	\$0	\$1,457,720
Beginning Working Capital	\$0	\$412,348	\$0	\$0
Service Charges	\$0	\$461,385	\$0	\$415,247
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,274,099</b>	<b>\$0</b>	<b>\$1,872,967</b>

## Explanation of Revenues

This program generates \$44,128 in indirect revenues.

- \$ 22,500 - Parkrose School District
- \$ 75,000 - Centennial School District
- \$ 37,500 - Reynolds School District
- \$ 415,247 - Fee for Service Insurance Receipts
- \$ 177,000 - Portland Public Schools
- \$ 14,700 - Local Clackamas County Care Coordination
- \$ 1,018,713 - State MH Grant: MHS 20 Non-Residential MH Services based on 2019-2021 IGA with the State of Oregon
- \$ 112,307 - Local Public Health Agency IGA with the State of Oregon for School-Based Clinics

## Significant Program Changes

**Last Year this program was:** FY 2022: 40082A School Based Mental Health Services

The output for FY23 jumps to 1,000 because it aligns with historical numbers when in-person services were provided. FY21 Actuals and FY22 estimates show a decline due to virtual services. We expect to get closer to past averages of 1200+ when services are in person.

The ACORN outcome measure was expected to be low given the high mental health acuity and the many barriers caused by the pandemic for youth. When services were in-person, the clients were handed an ipad or paper to complete, but with telehealth, ACORN had to be completed virtually. The virtual process created barriers in building relationships and youth were less willing to complete it (they are able to decline). We are no longer part of the FQHC so no longer have this funding source. The General Fund was increased to cover this loss.

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

### Executive Summary

School Based Mental Health and K-3 case management are essential components of the system of care for children and families. Our 26 clinicians serve over 800 children and teens with mental health needs in 38 schools across six school districts: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose, and Portland Public Schools. Mental health professionals provide evidence-based treatment, utilizing an anti-racist equity lens, in school and Student Health Center settings and via telehealth. Additionally, children, parents, and school staff receive consultation from Mental Health Consultants to assist with mental health needs during education planning in order to retain students in school and reduce the risk of needing higher levels of care.

### Program Summary

This program offer is to fund 2.31 FTE Positions for the School-Based Mental Health Program. While volume of clients has reduced due to COVID there has been an increased need/acuity per client which necessitates this FTE. Clinicians are spending more intensive time with each youth due to higher levels of acuity. Schools are also requesting more mental health services for students due to the increased need.

Since 1969, Multnomah County has been a leader in the nation in providing access to mental health services in schools, which is considered a best practice. Mental health assessment and treatment services provided in schools decrease barriers such as stigma, cost, and transportation. This program reaches youth who are traditionally underserved and have barriers to accessing mental health services. Providing culturally specific mental health outreach and treatment continues to be a priority. Over 40 percent of the youth served are youth of color served by a diverse staff with six African American Knowledge Skills and Abilities (KSA), six Latinx KSA, one Asian/Immigrant KSA and 10 non KSA. Cultural alignment with students increases therapeutic alliance which can assist with addressing mental health concerns, building trust, and improving school attendance. This culturally specific approach contributes to youth completing school, which is a strong indicator for lifelong economic wellbeing and improved overall health. School Based Mental Health Consultants provide screening, crisis intervention, mental health assessment, clinical case management and individual, group, and family treatment. Mental Health Consultants also provide training and consultation to school staff to optimize educational planning for youth with mental health concerns. Mental Health Consultants are co-located in ten Student Health Centers to provide integrated physical and mental health services.

Multnomah County and School Districts collaborate to address the continuum of needs for students and their families. School Based Mental Health Consultants provide over 4,500 hours of treatment, prevention, education, consultation, and outreach to students, school staff, and families every school year. Additionally, K3 Case Managers provide comprehensive case management services to over 150 students and families in kindergarten through third grade with a focus on connecting families to resources to increase attendance and improve educational success.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total unduplicated youth referred to SBMH for assessment and/or treatment services	676	1,300	672	1,000
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement	46%	65%	45%	65%

### Performance Measures Descriptions

A Collaborative Outcomes Resource Network (ACORN): Client reported outcomes are accepted as more valid as the person receiving services is reporting changes through a global distress scale measure reported over the course of treatment. The percentage is the number of clients reporting significantly improved or somewhat improved.

## Legal / Contractual Obligation

Revenue contracts with school districts. Oregon Health Authority, Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$365,957	\$0	\$370,310	\$0
Materials & Supplies	\$0	\$0	\$4,068	\$0
Internal Services	\$204,636	\$0	\$186,040	\$0
<b>Total GF/non-GF</b>	<b>\$570,593</b>	<b>\$0</b>	<b>\$560,418</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$570,593</b>		<b>\$560,418</b>	
<b>Program FTE</b>	2.35	0.00	2.31	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2022: 40082B School Based Mental Health Services - In/Out of Scope Services

**Department:** Health Department      **Program Contact:** Yolanda Gonzalez  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

This program offer expands current K-3 school based mental health case management services to cover Kindergarten through 12th grade, and allows the county to offer additional culturally responsive and comprehensive assistance. These K-12 Case Managers will help students and their families meet unmet needs by connecting them to mental health services, housing, clothing, and food access. These additional case management services will also seek to reduce racial and health inequities and support increased attendance and educational success. Those outcomes are strong indicators of lifelong economic wellbeing and improved overall health.

**Program Summary**

This program offer will fund six case managers and support staff, with managers paired to the six school districts across Multnomah County: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose, and Portland Public Schools. Three case managers will focus primarily on middle school students and three case managers will focus on high school.

Case managers in this program will provide specialized, short-term, intensive complex case management and prevention services to students in kindergarten through 12th grade and their families, with a focus on connection to mental health services/supports, increasing attendance and reducing barriers that interfere with educational success. This program will help mitigate risk of students having to access higher levels of mental health care, academic failure, abuse, neglect, homelessness, and placement outside the home.

Case managers will assess the needs of students and families through the use of a strengths/needs assessment to better grasp understanding the needs and develop targeted interventions. The scope of case management services includes skills training, outreach/prevention efforts, classroom consultation, home visits and linkages to a variety of resources including food, transportation, clothing, housing, legal, financial, mental health services and culturally specific/responsive services. Additionally case managers will collaborate with school staff and community partners to ensure clients have sustainable support.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total unduplicated K-12 youth/families who received case management services	N/A	N/A	N/A	300
Outcome	Percentage of enrolled clients whose service plan needs were met	N/A	N/A	N/A	95%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$891,614	\$0
Contractual Services	\$0	\$0	\$107,637	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$999,251</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$999,251</b>	
<b>Program FTE</b>	0.00	0.00	8.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

This program offer is an expansion of services for K-3 as described in program offer 40082A. The current three Case Managers will continue to focus on elementary school aged children.

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

### Executive Summary

This offer includes both Mental Health First Aid and the new suicide prevention services, which are now united under one offer name, Behavioral Health Prevention Services, a program designed to educate the community about mental health and suicide prevention. This program addresses equity through training on access and culturally relevant training topics. The program works with our community to reduce suicide, to build a stronger community safety net, to increase mental health literacy especially around challenges and interventions as well as to increase community involvement and resilience.

### Program Summary

The behavioral health prevention element of the program provides the following trainings to County staff and community members: Mental Health First Aid (MHFA), Applied Suicide Intervention Skills Training (ASIST), Counseling on Access to Lethal Means (CALM), safeTALK and Question, Persuade and Refer (QPR). In FY21 approximately 489 Multnomah County employees and community members were trained in the mental health and suicide prevention training models referenced. ASIST is a 2-day evidence-based practice to provide suicide first aid and is shown to significantly reduce suicidality. SafeTALK is a 4-hour suicide prevention model that teaches lay people how to look for signs that someone is thinking about suicide, have a conversation and link them to professional help. CALM teaches people how to have conversations with people who are thinking of suicide and their loved ones about how to reduce someone's access to lethal means, namely firearms and medications, while they are experiencing a suicide crisis. The program facilitates this training several times a year. We continue to partner with the Sheriff's Office to provide access to firearm information to licensed firearm owners in Multnomah County to help them better understand suicide risk with firearms in the home, how to decrease that risk and increase safety, especially in times of crisis. QPR is a suicide awareness and prevention training, provided to churches, organizations and businesses, colleges and schools, social groups and general community members.

The suicide prevention element of this program focuses on understanding the scope and depth of completed suicides in the County by tracking and understanding trends that inform prevention, intervention, and postvention efforts. Psychological autopsies are performed to better understand the stressors/factors that contribute to a completed suicide. The program has developed a tool to perform the psychological autopsies based on Washington County's nationally recognized tool, best practices around psychological autopsies and subject matter expertise of suicide in Multnomah County. The program works in partnership with the Trauma Intervention Program and the Medical Examiner's office to connect with families and significant friends to perform the autopsies, provide support and service linkage. Feedback will be provided to give insight into where systems have not met the needs for individuals who have completed suicide, and help identify and address some of these issues.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of individuals trained in Mental Health First Aid, ASIST, QPR and/or CALM and safeTalk.	489	800	450*	450*
Outcome	% of individuals who report greater understanding of mental illness and/or suicide prevention.	96%	85%	85%	85%
Output	Perform 25-30 psychological autopsies (if full time, 50-60 psychological autopsies).	N/A	25	25	45
Outcome	Improve MC understanding of completed suicide trends for FY20 through a deep analysis and report.	100%	100%	100%	100%

### Performance Measures Descriptions

Measure 3 and 4 were added in FY2021 when the suicide prevention program was added to the Behavioral Health Division.

## Legal / Contractual Obligation

OAR 309-019-0150 Community Mental Health Programs  
2019-2021 Intergovernmental Agreement for the Financing of Community Mental Health,  
Addiction Treatment, Recovery & Prevention, and Problem Gambling Services

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$190,221	\$158,290	\$226,703	\$172,252
Contractual Services	\$51,392	\$0	\$43,400	\$0
Materials & Supplies	\$26,200	\$7,367	\$3,028	\$2,076
Internal Services	\$8,244	\$38,548	\$31,713	\$41,438
<b>Total GF/non-GF</b>	<b>\$276,057</b>	<b>\$204,205</b>	<b>\$304,844</b>	<b>\$215,766</b>
<b>Program Total:</b>	<b>\$480,262</b>		<b>\$520,610</b>	
<b>Program FTE</b>	1.50	1.30	1.58	1.22

Program Revenues				
Intergovernmental	\$0	\$204,205	\$0	\$215,766
<b>Total Revenue</b>	<b>\$0</b>	<b>\$204,205</b>	<b>\$0</b>	<b>\$215,766</b>

## Explanation of Revenues

This program generates \$23,151 in indirect revenues.

\$ 80,000 - OHA Suicide Prevention

\$ 124,205 - Federal PE 60 Suicide Prevention

\$ 11,561 - Family & Youth Local 2145 Beer and Wine Tax

## Significant Program Changes

**Last Year this program was:** FY 2022: 40083 Behavioral Health Prevention Services

\*Due to COVID-19 and the impact on in-person training, our actual trained number of people decreased due to the training models requiring smaller classes and more staff to facilitate training. Although we are hosting just as many trainings, we aren't training as many people due to the need for increased safety and support during training.

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

### Executive Summary

Behavioral health is fundamental to the overall health and well-being of an individual and is the basis for positive impacts to family, community, and society. In 2003, Multnomah County affirmed a strong commitment to embracing a multicultural approach to behavioral health in mobilizing the talents, cultures, and assets of the County’s diverse populations to improve the quality of our behavioral health system at the community level. The County identified African American/ Black; Asian/ Pacific Islander; Latino/ Hispanic; Native American/ Alaska Native; and Slavic/ Eastern European/ Russian-Speaking as cultural communities with significant disparities in access to both treatment services and education/prevention opportunities. This was reaffirmed in Spring 2021, when the County declared racism a public health crisis.

### Program Summary

Behavioral health services have historically not been designed to reflect the specific culture, values, and shared identities of Black, Indigenous and other People of Color (BIPOC). To address this gap, Multnomah County funds culturally specific services for BIPOC persons that are better able to address and decrease identified disparities, and develop culturally specific models to build and sustain healthy families and communities. The County recognizes that expanding access to and improving the quality of behavioral health treatment and prevention/education opportunities for the specific communities is imperative.

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, the county contracts for mental health services for individuals from communities with significant disparities in access to both treatment services and education/prevention opportunities. Multnomah County mental health prevalence data suggest that members of the African American and Native American communities are more likely to be placed in restrictive settings such as hospitals and jails as a result of mental health symptoms. Additionally, African Americans are overrepresented in correctional facilities and the criminal justice system. Culturally-specific services address mental health concerns and the intersectionality with the criminal legal system through access to culturally and linguistically appropriate treatment including culturally appropriate outreach, engagement, and treatment services. Culturally responsive interventions can mitigate the need for expensive hospital, residential levels of care, or crisis services. Contractors provide comprehensive psychiatric, mental health, and substance use disorder assessments/evaluations that are culturally and linguistically appropriate focused on early-identification/crisis-prevention, and are part of a comprehensive health care system. They also provide case management, medication evaluation and management, and/ or monitoring, treatment services and support, individual, group, and/ or family therapy, benefits assistance, basic needs assessment, wraparound support, and comprehensive referral services, individual and group psychosocial skill development, crisis intervention services, services designed to improve family relationships and community support systems, and education and awareness-building opportunities.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total culturally diverse individuals receiving services <sup>1</sup>	1,414	900	892	900
Outcome	Culturally specific persons served per 1,000 culturally diverse in population <sup>2</sup>	5.4	3.6	3.4	3.6

### Performance Measures Descriptions

<sup>1</sup>This total includes all persons served under this contract and does not include those culturally-diverse persons served by Multnomah MH or in other programs.  
<sup>2</sup>Service Rate Per 1,000 Calculation-Numerator: Total unduplicated culturally-diverse individuals served.

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$1,829,433	\$0	\$1,897,008	\$0
<b>Total GF/non-GF</b>	<b>\$1,829,433</b>	<b>\$0</b>	<b>\$1,897,008</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,829,433</b>		<b>\$1,897,008</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

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

**Last Year this program was:** FY 2022: 40084 Culturally Specific Mental Health Services

The COVID-19 pandemic has had a devastating impact on all community members of Multnomah County. BIPOC Communities have had a disproportionate impact from COVID-19, such as increased rates of infection, higher mortality rates, and further limitations on access to health and behavioral health services. Culturally specific providers have been disproportionately tapped to develop interventions and responses to the need and at times needing to pivot toward COVID-19 specific response programming. Further, prior to the pandemic, there were gaps in growing a diverse workforce, that was further exacerbated by the pandemic. This has resulted in some providers needing to pause some services due to insufficient staffing

**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. It is well documented and known that Black/African Americans are over-represented in the criminal justice system and have very limited culturally specific support to address their needs. This offer is an enhancement to create African American culturally-specific capacity for the community.

**Program Summary**

The system of care built and maintained by Multnomah County must reflect the demographics of those we serve. To ensure that all members of our community have treatment options that incorporate specific cultural needs. Black/African Americans are overrepresented in correctional facilities and the criminal justice system. Black/African Americans continue to face stigma and discrimination. These negative experiences, combined with a lack of access to culturally-affirming and informed care, result in multiple health disparities for the population. Thus, there is an urgent need to provide inclusive, high-quality behavioral health services so that they can achieve the highest possible level of health. Culturally-specific services address mental health concerns through early access to culturally appropriate treatment including promising practices, culturally appropriate outreach, engagement, and treatment services.

This funding will create capacity for a Black/African American Mobile Behavioral Health team to serve justice involved individuals re-entering the community from incarceration. The team will consist of a master's level mental health provider, a certified addictions counselor and a peer support specialist. The scope of services will include outreach and engagement, home visits, mental health or substance use screening/assessments, individual therapy/counseling, care coordination, and peer support.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total number of individuals served	N/A	50	50	50
Outcome	% of referrals accepted into the program	N/A	90%	90%	90%
Outcome	Individuals placed in or retained in residential services, transitional and/or permanent housing or higher care.	N/A	NEW	90%	90%

**Performance Measures Descriptions**

This pilot program is still in development and measures will be reviewed and updated throughout this pilot program. Measures will be updated on Program Offers annually.

Measure 2 full description: Percentage of referrals that are accepted into the program which demonstrates that the referral process is effective and well-communicated. Measure 3 full description: Individuals placed into or retained in residential services. transitional and/or permanent housing or connected to higher levels of care.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$727,000	\$0	\$738,800	\$0
<b>Total GF/non-GF</b>	<b>\$727,000</b>	<b>\$0</b>	<b>\$738,800</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$727,000</b>		<b>\$738,800</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

When a service contract was set up, it was placed in two cost centers, with two Program Offers. The STP portion was under 40088B and the mobile outreach was under 40084B. Yet together, the funding, narrative and performance measures make up one culturally specific pilot program (Culturally Specific Mobile and STP). Having the services in one program offer, 40084B will assist us with monitoring the contract and ensuring the services are provided.

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

### Executive Summary

The Adult Addiction Treatment Continuum serves over 3,000 individuals per year and includes adult Substance Use Disorder (SUD) treatment and recovery support services for adult Multnomah County residents living at or below 200% poverty who are uninsured or underinsured (high copays or deductibles that create a fiscal burden to access) for the services. Services include: residential treatment, intensive outpatient treatment with supported housing, outpatient treatment, outreach/engagement, recovery mentoring, and recovery support (including linkages to housing support, pro-social/drug-free activities, basic needs support, etc).

### Program Summary

The overarching goal of Substance Use Disorder treatment and recovery support services is to establish a path to recovery and well-being for those experiencing SUD. SUD treatment and recovery supports also have broader impact across County systems and services, including in criminal justice, child welfare, and healthcare. Positive impacts are experienced at the interpersonal, family, and community levels, such as: reduced jail recidivism rates, reduced infectious disease transmission rates, reduced crisis system utilization, and strengthening of family bonds and reunification.

Our adult continuum supports treatment engagement, recovery, and a return to a healthy lifestyle. Treatment and recovery services address the negative consequences of problematic alcohol and other drug use; target specific barriers to recovery; and teach prosocial/drug-free alternatives to addictive behaviors through clinical therapy (individual and group), skill building, and peer-delivered services. Treatment and recovery 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 the County by a network of state-licensed community providers and peer-run agencies. The continuum of treatment and recovery support includes culturally responsive programming for specific populations, including: communities of color, people living with HIV, LGBTQIA2S+ individuals, women, and parents whose children live with them while they are in residential treatment. As part of the Behavioral Health Department's commitment to equity, the Addiction Unit strives to identify, develop, and increase funding to providers who work to provide culturally responsive or culturally specific treatment and recovery services facilitated by individuals with lived experience, who speak the same language, and reflect the diverse populations being served. In the last year Addictions has prioritized establishing new contracts to expand funding for peer run organizations and culturally specific service providers.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number served in treatment and recovery support services (1)	3,133	3,800	2,967	3,500
Outcome	Percentage of clients who successfully complete outpatient treatment (2)	46	42	48	42%

### Performance Measures Descriptions

- 1) Data reflects the continuation towards more intensive services for a smaller number of individuals with higher-level needs and an increase in the necessity of recovery support services in addition to treatment. Due to COVID, currently not all data has been reported that is used to compile the Output measure (see, note under Significant program changes).
- 2) "Successful completion of treatment" is defined as the successful completion of at least two thirds of an individual's treatment plan goals and demonstrating 30 days of abstinence.

## Legal / Contractual Obligation

Funding is a combination of Federal substance abuse prevention/treatment, Ryan White federal grant funds, state general funds and state-federal pass through funds through the State Oregon Health Authority, and Local 2145 Beer and Wine tax and Marijuana tax revenue. Program planning is based on State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Multnomah County accepts the State Mental Health Grant and spends these funds in accordance with State Service Elements. Local 2145 Beer and Wine tax and Marijuana tax revenues are provided to counties on a formula basis and are restricted to alcohol and drug treatment/ recovery support services.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Personnel	\$677,711	\$382,847	\$545,745	\$326,464
Contractual Services	\$1,593,150	\$8,783,158	\$1,579,331	\$9,811,845
Materials & Supplies	\$20,295	\$2,715	\$23,323	\$2,719
Internal Services	\$87,042	\$278,272	\$133,078	\$36,408
<b>Total GF/non-GF</b>	<b>\$2,378,198</b>	<b>\$9,446,992</b>	<b>\$2,281,477</b>	<b>\$10,177,436</b>
<b>Program Total:</b>	<b>\$11,825,190</b>		<b>\$12,458,913</b>	
<b>Program FTE</b>	4.55	2.62	3.35	2.20

<b>Program Revenues</b>				
Intergovernmental	\$0	\$10,153,808	\$0	\$10,177,436
<b>Total Revenue</b>	<b>\$0</b>	<b>\$10,153,808</b>	<b>\$0</b>	<b>\$10,177,436</b>

## Explanation of Revenues

This program generates \$1,476 in indirect revenues.

- \$ 602,272 - Local 2145 Beer and Wine Tax
- \$ 3,828,258 - SAPT Block Grant
- \$ 305,813 - TANF A&D67 Award
- \$ 249,999 - OHA Peer Delivered Services
- \$ 4,947,676 - State Mental Health Grant based on 2021 IGA with State of Oregon
- \$ 178,100 - OHA Ryan White Mental Health;
- \$ 65,318 - Peer-driven Approach to Opioid Use Disorder

## Significant Program Changes

**Last Year this program was:** FY 2022: 40085A Adult Addictions Treatment Continuum

Pandemic impacts across SUD providers: staff shortages; quarantines; service/program disruption & staffing gaps; operating at reduced censuses due to social distancing; pauses of client intakes due to COVID cases among staff/clients; transitions between in-person/telehealth/hybrid services as the pandemic shifts; changes to operational workflows, policies, and protocols; etc. Hence, providers need to prioritize essential services and respond to evolving crises and challenges, impacting their ability to collect and report data in a timely manner. Data availability for this offer's performance measures was impacted by OHA's pause on many reporting requirements and encountering in the MOTS system. MOTS provides the outcomes data for this offer. Due to these factors, the output measures for FY21/FY22 may represent an undercount. Budget balancing shifted 1.0 FTE to the PATH program - PO 40101 and .5 FTE to PO 40089.

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

### Executive Summary

Gambling addiction treatment uses evidence-based practices in an outpatient setting to provide treatment to persons diagnosed with mild, moderate, or severe gambling addiction. Problem gambling prevention programming applies evidence-based strategies to increase awareness among County residents that gambling is an activity that carries risk and that treatment and prevention resources are available.

### Program Summary

Multnomah County's Problem Gambling (PG) services are guided by a public health approach that considers biological, behavioral, and economic issues. Current Oregon prevalence rates show approximately 2.6% of adult Oregonians could have a gambling disorder - over 100,000 Oregonians and 20,000 Multnomah County residents. In FY20, less than 300 individuals engaged in PG treatment in Multnomah County. Services incorporate prevention, harm reduction and multiple levels of treatment by placing emphasis on quality of life issues for the person who gambles, their family members, and communities. Family participation throughout the process is vital to recovery success so family members are engaged and also receive services. PG treatment services focus 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. Treatment assists the gambler and family in managing money/finances, rebuilding trust within the family, and maintaining recovery. The Multnomah County provider network includes Lewis & Clark College, Volunteers of America, and Voices of Problem Gambling Recovery. In FY21, services expanded to include a Problem Gambling Program Coordinator (PGCC). This role was created with the goal to: increase provider awareness of PG and screening options, to provide training and technical assistance to current and future Problem Gambling Treatment Providers, to be a hub for all external referrals (from the Multnomah County Crisis Line, Oregon Problem Gambling Hotline and community SUD treatment providers), and to ensure referral procedures meet the individual's motivation to engage in treatment and recovery support services. The PGCC will also focus on developing culturally specific gambling treatment services for the African American and Latinx populations. Currently, there is only one African American trained clinician in the state. Targeting historically marginalized communities with health disparities will help to decrease stigma and ensure individuals know how to access treatment resources and support. PG prevention programming focuses on increasing awareness of PG as an issue and develops strategies for the prevention of PG disorders. Prevention messaging focuses on the risks of PG, tips for responsible gambling, and highlights resources that help individuals with gambling issues. The prevention program works with a subcontractor, and local coalitions to develop and disseminate prevention messaging for the community as well as culturally specific groups. In FY23, the program will focus on African American, Latinx, Older adult and College-aged populations with specific messaging and education.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	1. Number of gamblers and family members accessing treatment annually	50	350	200	200
Outcome	2. Gambler successful treatment completion rate	45.3%	42%	42%	30%
Outcome	3. Percent of clients receiving Care Coordination services. successfully placed in gambling treatment or re	N/A	N/A	71%	60%
Output	4. Number of problem gambling prevention activities delivered*	N/A	N/A	N/A	20

### Performance Measures Descriptions

1. The number of persons completing the enrollment process and entering treatment. 2. The number of gamblers and family members who successfully completed treatment during the year. 3. New outcome added in FY23: The number of referred clients who enrolled in Gambling Care Coordination services and were successfully placed in Gambling Treatment and/or Recovery Support services. 4. New output added in FY23: tracked via Problem Gambling quarterly prevention reports.

## Legal / Contractual Obligation

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$121,702	\$0	\$203,409
Contractual Services	\$0	\$740,000	\$0	\$707,672
Materials & Supplies	\$0	\$5,048	\$0	\$7,751
Internal Services	\$0	\$8,250	\$0	\$16,698
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$875,000</b>	<b>\$0</b>	<b>\$935,530</b>
<b>Program Total:</b>	<b>\$875,000</b>		<b>\$935,530</b>	
<b>Program FTE</b>	0.00	1.00	0.00	1.50

Program Revenues				
Intergovernmental	\$0	\$875,000	\$0	\$935,530
<b>Total Revenue</b>	<b>\$0</b>	<b>\$875,000</b>	<b>\$0</b>	<b>\$935,530</b>

## Explanation of Revenues

\$ 775,000 - State Mental Health Grant: Problem Gambling Treatment Services based on IGA with State of Oregon  
 \$ 160,530 - State Mental Health Grant: Problem Gambling Prevention Services based on IGA with State of Oregon

## Significant Program Changes

**Last Year this program was:** FY 2022: 40086 Addiction Services Gambling Treatment & Prevention

There has been a drop in the penetration and successful treatment completion rates in FY22 compared to previous years. Several drivers: (1) as of March 2021, State-directed changes to the data collection/reporting system limited data access. Thus the last quarter of FY21 is not included in the data for Output 1 and Outcome 2. This undercount will be updated in the next PO. (2) Service providers have indicated the stress of the pandemic has impacted overall treatment completion and access. Two gambling providers closed programs in FY22. Throughout the pandemic our service providers have experienced temporary pauses and closures, service provision fluctuations, and a staffing crisis. This delayed efforts to establish new partnerships, create culturally specific resources, and work to solidify referral pathways for problem gambling treatment.

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

**Executive Summary**

The Alcohol and Drug Prevention Education Program (ADPEP) addresses risk and protective factors for youth substance use that can lead to alcohol, tobacco, and other drug addiction. These State funded efforts include media campaigns, prevention education, youth leadership activities, and support for schools and parents. In recent years, an emphasis on tobacco prevention and environmental strategies, such as media campaigns and policy development has been introduced.

**Program Summary**

Multnomah County’s substance abuse prevention program offers services to schools, community organizations, parents, youth, and other community groups. Programming is developed using evidence-based prevention models that are driven by community assessments. This program continuously strengthens its commitment to advancing diversity, equity and inclusion through using frameworks that center sustainability and cultural competency when developing and selecting prevention activities and strategies. The key focus of this program is to address alcohol and marijuana use among youth and young adults. Priorities include increasing capacity for prevention in schools, convening stakeholders to assess community needs, and offering prevention activities at school sites and organizations serving youth and parents. Core activities include a current focus on partnering with local community coalitions and culturally-specific organizations to develop and implement awareness building campaigns and offering prevention activities and classes that will promote health equity for our African American/Black, Latinx and LGBTQI+ populations.

The Multnomah County 2021-2023 Biennial ADPEP Local plan prioritizes: decreasing access of alcohol and marijuana to youth, supporting and educating our parents and community members over the age of 21 on the harmful effects of youth substance use, and working with the County Public Health Tobacco Prevention Education Program (TPEP) to address flavors in tobacco, alcohol, and cannabis (edibles) and the industry tactics that promote flavored products, through the establishment of policies and or regulations that will decrease access and availability of these products within our County. In FY23, subcontractors will be working to share the FY22’s Community Readiness Assessment results and work with our county coordinator to develop strategies on reducing heavy and binge drinking among adults in Multnomah County. In addition, their focus will be on increasing community voice in our prevention offerings within East Multnomah County, including the development of new youth prevention programming.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	1. Adults and youth served by prevention services and programming	2,004	475	1,000	1,000
Outcome	2. Prevention activity participants with improved awareness and/or educational outcomes	90%	75%	75%	80%

**Performance Measures Descriptions**

1. Number of adults and youth directly served by all county SUD prevention programs (both internal and subcontracted programming). This is an unduplicated number, and doesn't include reach data from any media campaigns conducted.
2. Performance measures are determined by data collection including, but not limited to; pre-and post-tests, surveys, and interviews in collaboration with participating schools, community organizations and other partners. Also, the Community Readiness Assessment will provide us with baseline data we can utilize for future evaluation measures.

## Legal / Contractual Obligation

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	2022	2022	2023	2023
Personnel	\$0	\$210,101	\$0	\$151,644
Contractual Services	\$0	\$196,016	\$0	\$270,597
Materials & Supplies	\$0	\$9,917	\$0	\$37,863
Internal Services	\$0	\$33,217	\$0	\$18,217
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$449,251</b>	<b>\$0</b>	<b>\$478,321</b>
<b>Program Total:</b>	<b>\$449,251</b>		<b>\$478,321</b>	
<b>Program FTE</b>	0.00	1.75	0.00	1.30

Program Revenues				
Intergovernmental	\$0	\$449,251	\$0	\$478,321
<b>Total Revenue</b>	<b>\$0</b>	<b>\$449,251</b>	<b>\$0</b>	<b>\$478,321</b>

## Explanation of Revenues

This program generates \$13,460 in indirect revenues.

\$ 41,667 - Oregon Alcohol and Drug Prevention Education Program (ADPEP)

\$ 154,070 - SNAP Drug Free Community Grant

\$ 282,584 - Oregon Alcohol and Drug Prevention Education Program (ADPEP) SAPT block grant and State general funds.

The SAPT block grant is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services.

## Significant Program Changes

**Last Year this program was:** FY 2022: 40087 Addiction Services Alcohol & Drug Prevention

A portion of SUD prevention work that is funded through the Drug-Free Communities Grant lives within the program offer 40085A. Total output and outcome data does not include these numbers. In the future we will advocate for rolling all of our prevention funding into the same program offer. The FY23 program anticipates serving a similar number of individuals as FY22. Pandemic-related policies in schools and community based programs continue to impact our subcontractors ability to serve individual schools. SUD prevention activities were previously provided in-person and in this past year have shifted to virtual pathways, relying on our school communities and social media strategies. With schools starting in-person this fall, one of our subcontractors was welcomed back in person. However, with variants shifting school/organizational responses, we are unsure how this will impact the numbers served for FY22 and FY23.



## Legal / Contractual Obligation

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

State of Oregon Safe Neighborhood Advocacy Partnership grant

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

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$460,864	\$1,549,196	\$530,183	\$1,630,152
Contractual Services	\$592,701	\$969,669	\$611,538	\$885,300
Materials & Supplies	\$3,992	\$5,887	\$2,611	\$1,726
Internal Services	\$239,792	\$143,727	\$204,046	\$151,301
<b>Total GF/non-GF</b>	<b>\$1,297,349</b>	<b>\$2,668,479</b>	<b>\$1,348,378</b>	<b>\$2,668,479</b>
<b>Program Total:</b>	<b>\$3,965,828</b>		<b>\$4,016,857</b>	
<b>Program FTE</b>	3.80	11.70	3.80	10.70

Program Revenues				
Intergovernmental	\$0	\$2,668,479	\$0	\$2,668,479
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,668,479</b>	<b>\$0</b>	<b>\$2,668,479</b>

## Explanation of Revenues

This program generates \$39,527 in indirect revenues.

\$ 1,080,000 - Oregon Health Authority: Aid & Assist Grant

\$ 1,588,479 - State Mental Health Grant: MHS Special Projects based on 2019-2021 IGA with State of Oregon

## Significant Program Changes

**Last Year this program was:** FY 2022: 40088A Coordinated Diversion for Justice Involved Individuals

The impact of COVID-19 on the Forensic Diversion program is that jail capacity was reduced to manage the physical distancing requirements to limit exposure to COVID-19, impacting custody discharges and also arrest rates. This impacted referral numbers into the program. However, due to a reduction in community resources, as a result of COVID-19 and the workforce shortage, connections to community resources and supports took longer to achieve and clients required more ongoing support. This was very pronounced with housing resources as shelter space was limited. Despite these challenges, the Coordination Diversion teams consistently responded to client and system partner needs and maximized funding to support services.

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

**Executive Summary**

Withdrawal management is a critical level of treatment care in the Substance Use Disorder (SUD) continuum of services, as it medically stabilizes a highly vulnerable and diverse client population preparing individuals for residential, outpatient, and recovery support services. There are about 2,400 admissions to withdrawal management services annually. Funding for these SUD treatment services prioritizes individuals at/below 200% poverty who are uninsured or under-insured (high deductibles or copays that create a burden to accessing care). Supportive Housing and Care Coordination services target individuals who are houseless or without safe housing conducive to recovery and provide additional engagement and stability throughout the transition from this level of care to continued treatment and recovery support.

**Program Summary**

This program provides clinical care to assist an individual in their initial withdrawal from substance use and continuing supportive services to encourage sustained recovery. Withdrawal management services are provided 24 hours/day, 7 days/week with medical oversight. Clients may receive prescribed medication to safely manage withdrawal symptoms and other supportive services based on individualized needs. Services are provided by medical professionals and clinical staff that address: SUD, physical health, and co-occurring disorders. Withdrawal management also includes: counseling, case management, referrals to supportive housing units, food, transportation, job training, employment opportunities, benefits eligibility screening, and discharge linkage to continuing treatment and recovery support services.

Withdrawal Management services are enhanced by two specific types of recovery support services to better serve this population: Supportive Housing and Care Coordination. Supportive Housing greatly increases treatment engagement rates post discharge from withdrawal management treatment. For people who are houseless, chemically dependent, and early in recovery it can be a vital resource in the work towards long-term recovery. Without housing, clients lack the stability necessary to address their substance use disorder. Supportive Housing Specialists work with individuals to ensure they do not return to houselessness or unstable/unsafe living conditions that are often barriers to recovery. Care Coordinators ensure clients exiting withdrawal management treatment are successfully transitioned to another level of care and connect them to recovery support services to continue their individual recovery paths. Additionally, Care Coordinators assist clients in accessing a myriad of supportive services that promote health, recovery, stability, and self-sufficiency.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of unique indigent individuals receiving Withdrawal Management services annually*	80	2,400	76	80
Outcome	% of individuals served in Care Coord., exiting withdrawal mgmt & transitioning to another level of care	97%	N/A	94%	94%
Output	Number of clients served in Care Coordination transition services**	2,158	N/A	2,260	2,000
Output	Number of individuals receiving supportive housing***	372	400	373	370

**Performance Measures Descriptions**

Measure changed in FY23 and for FY22 Estimate: We are no longer counting admissions, but unique indigent clients who may receive multiple admissions in a year. Of the 80 clients served in FY21, there were a total of 430 days of services provided. Care Coord: Includes both indigent clients and clients with OHP or other health insurance. In the past, this group of clients was reported in the Output. Average length of stay in supportive housing is 14-15 weeks. The metric corresponds to the estimated annual number of individuals housed in these dedicated supportive housing beds.

## 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) 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.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$0	\$84,568
Contractual Services	\$1,534,668	\$783,692	\$1,552,807	\$695,026
Internal Services	\$0	\$0	\$0	\$4,097
<b>Total GF/non-GF</b>	<b>\$1,534,668</b>	<b>\$783,692</b>	<b>\$1,552,807</b>	<b>\$783,691</b>
<b>Program Total:</b>	<b>\$2,318,360</b>		<b>\$2,336,498</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.50

Program Revenues				
Intergovernmental	\$0	\$783,692	\$0	\$783,691
<b>Total Revenue</b>	<b>\$0</b>	<b>\$783,692</b>	<b>\$0</b>	<b>\$783,691</b>

## Explanation of Revenues

- \$ 274,292 - State Mental Health Grant: A&D Detoxification Housing Block Grant based on IGA with State of Oregon.
- \$ 509,399 - State Mental Health Grant SE 66: A&D Detoxification Treatment based on IGA with State of Oregon.

## Significant Program Changes

**Last Year this program was:** FY 2022: 40089 Addictions Detoxification & Post Detoxification Housing

Through the pandemic SUD providers have grappled with staff shortages; quarantines resulting in facility closures; operating at reduced capacity due to social distancing requirements; intake pauses due to COVID positive staff; etc. This impacted providers' ability to collect/report data on time. OHA paused many reporting requirements for FY22. Hence, the performance measures for FY21 & FY22 are likely not true indicators of need/ utilization. In FY21, the output related to the number of individuals served in withdrawal management services changed to only indigent client admissions, not those with Medicaid or insurance. Medicaid enrollment has increased and indigent clients served has decreased, allowing for reinvestment in Care Coordination & Supported Housing which are key to continued recovery and remain open to all persons exiting withdrawal management. .5 FTE moved to this program from PO 40085A as a result of budget balancing.

**Department:** Health Department      **Program Contact:** Jesse Benet  
**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, early recovery, and culturally-specific services including outpatient addiction treatment services and culturally specific African American and Latino outreach/engagement services. Additionally, through December 2021, this program provides approximately 100 families annually with alcohol and drug-free supportive housing resources for families with adult parent(s) who are in Substance Use Disorder (SUD) treatment.

**Program Summary**

The Oregon Health Authority reports that most substance use disorders (SUD) begin before age 25. Studies show that for adolescents (ages 12-17) and young adults (ages 18-25), frequent marijuana use is associated with opioid misuse, heavy alcohol use, and depression. Our youth treatment continuum is a collaboration with schools, juvenile justice, and a network of community-based treatment and recovery support providers. This collaborative network provides outreach/engagement services, outpatient treatment, residential treatment, and recovery support services for youth and families with an income at or less than 200% of Federal Poverty Level.

The Family Alcohol and Drug-Free Network (FAN) is a collaboration of community providers supporting families in 89 units of long-term transitional and scattered site housing. FAN provides a clean, safe and sober living environment in which parents can raise their children while in a recovery supported environment. FAN offers families an array of services, including: rent assistance, family mentoring, and housing case management. Goals focus on supporting the sobriety and recovery of the parent(s); family reunification in cases of child welfare involvement; supports to enhance family stability, economic self sufficiency, pro-social/ drug-free relationships and community involvement; and placement in permanent housing. Effective January 1, 2022, OHA began contracting directly with the provider. This brief description remains to allow inclusion of output and Outcome measures for FY22, but there will be no county funded FAN activities in FY23.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of households that received rent assistance	131	102	127	102
Outcome	Exiting families that move into long-term permanent housing	81	75	75	75
Output	Number of families that received housing coordination services	131	104	125	104
Output	Unique indigent youth served in outpatient services (un-insured or underinsured & at/below 200% poverty level)	52*	77	53*	50

**Performance Measures Descriptions**

Measures 1-3 note: FY22 estimates are based on 6 months data. Due to OHA contracting directly with FAN providers as of January 1, 2022, these measures will be removed in future program offers. Measure 4 note: There are two primary data sources for this output: 1) encounter data for fee-for-service treatment services and 2) outreach/ engagement reports. The outreach/engagements data was only included this year if there was a specific individual client name included.

## 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	2022	2022	2023	2023
Contractual Services	\$111,287	\$750,806	\$114,396	\$153,456
Materials & Supplies	\$0	\$0	\$0	\$2,151
<b>Total GF/non-GF</b>	<b>\$111,287</b>	<b>\$750,806</b>	<b>\$114,396</b>	<b>\$155,607</b>
<b>Program Total:</b>	<b>\$862,093</b>		<b>\$270,003</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$750,806	\$0	\$155,607
<b>Total Revenue</b>	<b>\$0</b>	<b>\$750,806</b>	<b>\$0</b>	<b>\$155,607</b>

## Explanation of Revenues

- \$ 62,520 - Local 2145 Beer & Wine Tax
- \$ 93,087 - State Mental Health Grant SE66 Family and Youth Services IGA with State of Oregon

## Significant Program Changes

**Last Year this program was:** FY 2022: 40090 Family & Youth Addictions Treatment Continuum

Effective 1/1/22, OHA contracts directly with the provider of FAN services. FAN was included in this program offer through FY22 and will not continue in FY23. A downward trend in service numbers has been noted in recent years as the majority of youth now have insurance coverage under the Oregon Health Plan. As such, our priority has shifted from funding treatment to outreach and engagement services as well as supportive services to fill existing service system gaps that are not covered by insurance, yet vital to youth treatment and recovery success. Pandemic impacts to SUD providers: staff shortages; quarantines; service/program disruption & staffing gaps; operating at reduced censuses due to social distancing; pauses of client intakes due to COVID cases among staff/clients; transitions between in-person/telehealth/hybrid services as the pandemic shifts; changes to operational workflows, policies, and protocols; etc.

**Department:** Health Department      **Program Contact:** Jesse Benet  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** Backfill State/Federal/Grant

**Executive Summary**

The Family Involvement Team (FIT) for Recovery program is a collaboration with the Oregon Department of Human Services (DHS) Child Welfare, Substance Use Disorder (SUD) treatment and recovery support providers, social service agencies, and the Multnomah County Family Dependency Court. Each year, the FIT for Recovery program connects over 500 unique parents who have had their parental rights taken away due to substance use issues with treatment and recovery support services, specialized case management services, and peer supports with lived experience with Child Welfare involvement. Culturally specific peer support and outreach services were newly added in FY22 to ensure prioritization of BIPOC individuals.

**Program Summary**

The FIT for Recovery Core Team, housed at the Family Dependency Court, works with parents involved with DHS Child Welfare who have a substance use disorder and are in need of treatment and recovery support services. Culturally specific peer support and outreach workers with lived experience meet parents directly at court hearings where parental rights are terminated to provide immediate support at a critical time. These staff work to establish a connection with parents, screen for SUD and other needs, and make referrals to treatment and support services. Warm handoffs ensure individuals have support navigating any access barriers to getting into treatment. Once in treatment, FIT case managers with lived experience and specialized knowledge of navigating the Child Welfare and family court systems at partnering SUD treatment agencies provide the family with supportive services including case management, family therapy, and family recovery services to assist the parent/family in being successful and in developing a recovery plan. DHS Child Welfare caseworkers assist and collaborate with Case Managers and provide parent skill building, ensuring child visitation and reunification while in treatment. Peer and parent mentors are also available through the FIT collaborative before, during, and after treatment. Parenting Support groups are also provided by peers with lived experience. FIT partners include: DHS Child Welfare, Family Dependency Court, Multnomah County Health Department, Cascadia Behavioral Healthcare, CODA, Lifeworks NW, Central City Concern, Volunteers of America (VOA), NARA, Bridges to Change, Raphael House, Morrison Child and Family Services, Iron Tribe, and Holistic Healing. FIT partnered with the County Office of Diversity and Equity (ODE) to complete an equity lens assessment in FY21. A significant outcome of this work was partners surfaced an underrepresentation of BIPOC, specifically African American, parents becoming FIT clients though they were overrepresented in the larger Child Welfare System. Partners developed a goal of increasing FIT services to BIPOC families in FY22, launched new Culturally Specific Peer Support and Outreach Services provided by culturally specific agencies and staff. As this work continues, new outcomes/outputs may be developed and added to this program offer to better reflect this current focus.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	1) Number of FIT referrals per year	770	700	972	770
Outcome	2) % of FIT clients referred who enter treatment	12%	72%	27%	27%

**Performance Measures Descriptions**

1) Measure changed in FY22, see significant program changes for details. However, the data remains based on referrals so still aligns across fiscal years. FIT referrals are the number of individuals referred from DHS to FIT Outreach Workers.  
2) FY21: 75% of clients had an unknown Treatment status therefore only 12% that were documented as having entered treatment are reported. FY22: 47% of clients had an unknown Treatment status. It is likely an undercount that reflects issues with the outdated database previously used for tracking this data point.

## 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
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Contractual Services	\$0	\$401,527	\$32,380	\$328,062
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$401,527</b>	<b>\$32,380</b>	<b>\$328,062</b>
<b>Program Total:</b>	<b>\$401,527</b>		<b>\$360,442</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$401,527	\$0	\$328,062
<b>Total Revenue</b>	<b>\$0</b>	<b>\$401,527</b>	<b>\$0</b>	<b>\$328,062</b>

## Explanation of Revenues

\$ 328,062 - State Mental Health Grant SE 66Family Involvement Team (FIT) based on IGA with the State.

## Significant Program Changes

**Last Year this program was:** FY 2022: 40091 Family Involvement Team

Pandemic impacts across SUD providers: staff shortages (especially compounding the historic need for BIPOC staff with BH certification); quarantines; service/program disruption & staffing gaps; operating at reduced censuses due to social distancing; pauses of client intakes due to COVID cases among staff/clients; transitions between in-person/telehealth/hybrid services as the pandemic shifts; changes to operational workflows, policies, and protocols; etc. These impacts have decreased the availability and capacity of critical SUD treatment and recovery support services, further exacerbating the access issues that previously existed before the pandemic. Through budget balancing, the increase in GF comes from the Health Department budget to cover internal service rate increases not covered by the existing grant.

**Department:** Health Department      **Program Contact:** Jessica Guernsey  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40199T  
**Program Characteristics:**

### Executive Summary

The Public Health Office of the Director provides leadership for the local public health authority. Public Health, in partnership with the Multnomah County Board of Health (BOH), plays a unique, mandated governmental role. This program is responsible for guiding policies, systems, and programs that promote and protect the health of, and prevent disease for, all residents and diverse communities within Multnomah County. Equity-focused strategies within the Office of the Director include policy interventions; public education and communications; community partnerships; planning; capacity building; and research, evaluation, and assessment.

### Program Summary

The Office of the Director supports the BOH to set health policy for Multnomah County. The main goal is to reduce disparities experienced by BIPOC communities, especially chronic disease and injury disparities, to lower rates of the leading causes of preventable death. Activities include:

Leadership and Policy - assessment and implementation of public health system reform; leadership on coalitions/boards; convening the Multnomah County Public Health Advisory Board (MC-PHAB); and implementing public health education and communication campaigns.

Community Partnerships and Capacity Building (CPCB) - coordination/implementation of division-level, culturally specific and cross-cultural community engagement and partnership strategies to address community and public health priorities. Culturally specific staff engage and build capacity with community leaders, Community Health Workers, and organizations/groups; support collaboration in serving diverse communities; develop networks with internal staff and culturally specific serving programs; and support/advise various Public Health programs and priorities. Activities also include implementation of the Community Health Improvement Plan (CHIP) and supporting the Future Generations Collaborative, a collective impact partnership between Native and Native-serving organizations, institutions, systems, governments, and people. CPCB has been supporting COVID-19 response by working with community-based organization partners (both funded and unfunded).

Racial Equity - analysis of various data to analyze racial disparities. The Office works closely with BIPOC community members, partners, and coalitions to determine best approaches to address health inequities. MC-PHAB advises Public Health with a focus on ethics in public health practice and developing long-term approaches that address the leading causes of death. Board members represent various community groups to provide a diversity of perspectives, with a focus on recruiting BIPOC. The Office also uses community-based organizations' feedback to develop policy and system change.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of Multnomah County Public Health Advisory Board meetings	14	12	12	12
Outcome	# of presentations to BOH about strategies that address disparities within BIPOC communities	5	6	25	7
Output	# of cultural specific and multicultural community partners and events that promote health equity	N/A	50	85	85

### Performance Measures Descriptions

Performance Measure 2: strategies are defined as policy and/or systems improvements and disparities are focused on leading causes of preventable death and disease. FY21 Actual and FY22 Budgeted do not include COVID-19-related briefings. FY22 Estimate and FY23 Offer do include COVID-19-related briefings.

## Legal / Contractual Obligation

Oregon Revised Statute Chapter 431 State and Local Administration and Enforcement of Public Health Laws

### Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$2,947,834	\$1,470,661	\$2,029,448	\$2,717,336
Contractual Services	\$395,384	\$777,419	\$303,208	\$947,129
Materials & Supplies	\$213,551	\$62,094	\$241,936	\$201,299
Internal Services	\$450,467	\$195,893	\$455,332	\$382,115
<b>Total GF/non-GF</b>	<b>\$4,007,236</b>	<b>\$2,506,067</b>	<b>\$3,029,924</b>	<b>\$4,247,879</b>
<b>Program Total:</b>	<b>\$6,513,303</b>		<b>\$7,277,803</b>	
<b>Program FTE</b>	18.03	9.17	12.15	18.09

Program Revenues				
Intergovernmental	\$0	\$2,306,067	\$0	\$4,247,879
Other / Miscellaneous	\$0	\$200,000	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,506,067</b>	<b>\$0</b>	<b>\$4,247,879</b>

### Explanation of Revenues

This program generates \$365,210 in indirect revenues.

\$ 735,000 - State grant: MCH Child and Adoles, PDES Morbidity Monitoring Project and BRFS

\$ 343,520 - Alaska Tobacco Prevention; \$120,000 - Alaska Obesity EAP; \$45,000 - Alaska Chronic Disease-Cancer Programs; \$100,000 - Alaska Marijuana Program Evaluation

\$ 455,250 - NIH Marijuana Legalization

\$ 1,199,609 - Public Health Modernization Local

\$ 200,000 - HSO County Based Services

\$ 161,500 - PDES Public Health Modernization Support

\$ 32,000 - PDES Core State Injury Prevention Program

\$ 274,000 - State PE19-35 Evaluation of Aid & Assist Population

\$ 582,000 - New LPHA Project (NHBS)

### Significant Program Changes

**Last Year this program was:** FY 2022: 40096A Public Health Office of the Director

In FY23, Community Epidemiology Services is being moved from this offer to its own offer (40048). FY23 program revenue is increased by \$2,007,822 due to OHA Public Health Modernization and multiple federal, state, and other evaluation contracts. There is a 3.04 FTE increase, including 1.0 FTE to work with the Asian/Pacific Islander community. CDC COVID-19 Health Disparities funds (40199T) will support capacity within this program. COVID-19-Related Impacts: The Office of the Director has continued supporting key COVID-19 response activities through leadership as the local public health authority, partnering with the Board of Health, supporting community partnerships that are part of COVID-19 response. In FY23, the Office will start moving to support COVID-19 Community Recovery work in both internal programs and external partnerships.

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

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

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

In FY 2021, ICS received technical assistance from the Health Resources and Services Administration (HRSA) regarding financial and governance requirements related to Federally Qualified Health Centers (FQHCs). This included clarification of how FQHC funds could be applied to services of the health center and staff roles that also supported non-health center services. After review, HRSA clarified that funds from the FQHC cannot be spent on these out-of-scope programs or for staff who support out-of scope activities. In response, in FY22, Multnomah County removed County General Fund allocations from the ICS Budget and re-allocated them to Corrections Health and Public Health services. Multnomah County will continue using the County General Fund to support these services.

**Program Summary**

Public Health's Parent Child Family Health (PCFH), Communicable Disease (CD) Clinical and Community Services, and Harm Reduction programs provide home visiting and clinical services. These services require infrastructure support for Epic electronic health record (EHR), laboratory tests, pharmacy, managing medical records, and managing protected health information.

Clinical Systems Information supports PCFH and the CD and Harm Reduction clinics with all Epic operations. Main functions include: day-to-day requests, staff passwords, label printing, face sheets, and system problem-solving; monthly maintenance and other updates as needed; program planning and implementation, including building programs and form development; and acting as the liaison to OCHIN, the Department's EHR vendor.

Central Lab supports the CD and Harm Reduction clinics. Main functions include performing a variety of lab tests for TB, STDs, and HIV; assisting with blood draws; and acting as a liaison between the lab and the clinics.

Pharmacy supports the CD and Harm Reduction clinics. The main function is filling prescriptions for clients.

Health Information Management supports PCFH and the CD and Harm Reduction clinics. Main functions include: responding to court system records requests; creating copies containing appropriate information and sending them to the courts; providing protected health information (PHI) consultation; acting as a liaison between programs and the County Attorney related to PHI; and providing record retention guidance.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of lab tests per year	7,436	6,000	8,034	6,000
Outcome	# of prescriptions filled	N/A	N/A	N/A	2,368

**Performance Measures Descriptions**

All performance measures are only for Parent Child Family Health, Communicable Disease (CD) Clinical and Community Services, and Harm Reduction programs and clients.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$461,588	\$0	\$576,700	\$0
Materials & Supplies	\$0	\$0	\$79,617	\$0
<b>Total GF/non-GF</b>	<b>\$461,588</b>	<b>\$0</b>	<b>\$656,317</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$461,588</b>		<b>\$656,317</b>	
<b>Program FTE</b>	3.67	0.00	4.27	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

In FY23, pharmacy was added to the scope of this program offer.

**Department:** Health Department      **Program Contact:** Jessica Guernsey  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

The Future Generations Collaborative (FGC) is a collective impact partnership between Native and Native-serving organizations, institutions, systems, governments, and people that centers traditional values in the prevention of Fetal Alcohol Spectrum Disorder (FASD); promotes health and healing across the lifecycle and for the collective Indigenous community; and serves as a key convener for the Portland Native community. The FGC is a program in Public Health's Office of the Director, Community Partnerships and Capacity Building Unit. This program offer will enhance contracts to build community-based organization (CBO) partners' capacity to continue and expand this important work.

### Program Summary

The FGC supports the Health Department's dedication to leading with race and uplifting racism as a public health crisis by addressing health disparities experienced by Native American and Alaska Native peoples in tandem with the historical and ongoing trauma at their root. The FGC's main goal is to reduce health disparities in the Native community, especially substance-impacted pregnancies and the lifelong impacts of Fetal Alcohol Spectrum Disorder (FASD). This includes programming that builds connection and healthy relationships within families and the community. The FGC is also a key convening entity for the Portland Native community for building collective, culturally congruent, trauma-informed community responses to public health issues like COVID-19. This out-of-target program offer will enhance work across all the below domains through contracts with community partners.

The FGC works in four domains: Policy - providing opportunities for Native community members to participate in the systems that govern their lives—including technical support on writing or giving testimony, following the legislative process, developing legislative agenda items, and connecting with lawmakers. The FGC also coordinates with other Native organizations and advocacy groups to build cohesion around policy priorities. Education - working with healthcare, justice, social service, legal, and education systems to provide culturally congruent, trauma-informed FASD and neuro/environmental trauma training, technical assistance, and hands-on case management and parental support. Community Engagement - creating opportunities for connection and leadership in the Native community through Community Health Worker certification, community events and classes, etc. This mode also supports connection with other BIPOC communities, FGC's Elders and Natural Helpers, and Native Community Health Workers providing COVID-19 support. Research & Evaluation - working with community members and Native researchers to design and implement decolonized, reindigenized research and evaluation techniques so that Native people control the narrative of their own lives and experiences. This decolonial narrative shift supports systemic and institutional restitution work needed to interrupt and begin to heal the ongoing impacts of continued colonization.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of community members served	N/A	N/A	N/A	150
Outcome	# of Native American-supporting policies identified	N/A	N/A	N/A	4
Output	# of providers provided technical support on FASD	N/A	N/A	N/A	35

### Performance Measures Descriptions

These primary measures are quantifiable aspects of the FGC's preferred decolonized and indigenized qualitative measures of success, such as community members feeling more connected, engagement in ongoing programming, relationships with policy and lawmakers, and systems that take on shifting their interaction with Native community members.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$154,762	\$0
Materials & Supplies	\$0	\$0	\$15,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$169,762</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$169,762</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

COVID-19-Related Impacts: FY21 and FY22 saw an increase in the need for the FGC services inside systems and in the community. The FGC has increased support to community members and partners during the pandemic, even with being understaffed, and also expanded advocacy/policy work and partnerships with key public health entities to accurately represent the Native community in the pandemic data. This program offer reflects new and expanded projects to meet community needs through increased staffing and resources provided to community partners via contract; decolonized data and reporting support; and \$15,000 one-time-only funds for a decolonizing conference series.

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

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

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

### Executive Summary

As part of the Office of the Public Health Director, the Community Partnerships and Capacity Building (CPCB) unit coordinates and implements culturally specific and cross-cultural community engagement and partnership strategies to address community and public health priorities. The COVID-19 pandemic exposed a need for greater administrative capacity and ongoing programming in community based organizations (CBOs) that provide culturally specific services for the Pacific Islander community. This program offer will enhance contracts to build CBO partners' capacity to continue and expand this important work.

### Program Summary

The CPCB unit within the Office of the Public Health Director has culturally specific staff who engage and build capacity with community leaders, Community Health Workers, and organizations/groups; support collaboration in serving diverse communities; develop networks with internal staff and culturally specific serving programs; and support/advise various Public Health programs and priorities. Part of this work includes the Pacific Islander Coalition.

The Pacific Islander Coalition supports the Health Department's dedication to leading with race and uplifting racism as a public health crisis by addressing health disparities experienced by Pacific Islander community members. In the Pacific Islander Health, Equity, and Liberation Assessment (PI HEAL), conducted by the Pacific Islander community during the COVID-19 pandemic, three priorities were identified: health, housing, and education.

This program offer will expand capacity within Pacific Islander CBOs by adding three new positions to the Pacific Islander Coalition and enhancing programming related to health and education. By increasing administrative capacity within the Coalition, Pacific Islander CBOs will be better equipped to track and apply for additional funding sources to continue expanding their programming to meet the needs outlined in the PI HEAL report.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of community engagement opportunities	N/A	N/A	N/A	12
Outcome	# of organizations receiving technical support	N/A	N/A	N/A	8
Output	Partner endorsed framework to build Coalition capacity	N/A	N/A	N/A	1

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$350,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$350,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$350,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

This Program Offer expands on work currently being funded in Program Offer 40096A. The goals of this ongoing funding include: 1) Developing and strengthening operational and administrative capacity for Pacific Islander community organizations. 2) Increasing access to culturally specific programs and community engagement opportunities for youth, adults and seniors in the Pacific Islander community. 3) Improving access to health equity programming for the Pacific Islander community.

**Department:** Health Department      **Program Contact:** LaRisha Baker  
**Program Offer Type:** Support      **Program Offer Stage:** As Adopted  
**Related Programs:** 40199T  
**Program Characteristics:**

### Executive Summary

Parent, Child, and Family Health (PCFH) Administration provides leadership, compliance, quality, and program data oversight and support to PCFH programs within the Public Health Division. PCFH Administration is committed to addressing health equity, and providing culturally responsive home visiting and other perinatal, parental, and family programming. Administration assures compliance to program and fiscal standards.

### Program Summary

PCFH Administration supports the following programs: Healthy Birth Initiatives; Nurse Family Partnership; Healthy Families, Healthy Homes Asthma Home Visiting, and Community Based Health Consulting. It ensures that service delivery effectively improves health outcomes and reduces racial/ethnic disparities in perinatal and birth outcomes, with the ultimate goal of eliminating inequitable perinatal disparities and creating foundations that improve the health and wellbeing of generations to come.

Administrative functions include fiscal and programmatic compliance; health information technology management; and quality assurance. These functions support assessing and evaluating partner, client, and service delivery needs, based on program outcomes; overseeing contracts, billing, health information data systems, compliance with Local, State, and Federal guidelines; and implementing quality and process improvements. Leadership functions include program management, partnership engagement, and health equity-focused strategic planning. These functions support and enhance program staff, program leadership, clients, community-based service-delivery partners, and other County programs to set the strategic direction for PCFH programs. Examples include working to shift the PCFH workforce culture toward the elimination of racial/ethnic disparities by implementing culturally reflective and responsive programs and meaningful community partnership engagement.

PCFH monitors local and national maternal and infant health data, as well as program-level data, including maternal mortality and morbidity, preterm birth, low birth weight, breastfeeding, income, and safe sleep indicators. PCFH programs reach populations most impacted by perinatal disparities through targeted marketing and outreach to BIPOC and low-income communities and providers serving these communities, culturally reflective staff and practices, and client engagement and feedback through advisory boards. Clients influence and guide how they engage in PCFH services, hold leadership roles in the advisory boards, and provide input to influence program design and/or implementation.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of billable visits that meet targeted case management (TCM) requirements	5,288	3,624	5,268	3,955
Outcome	Percent of contracts granted to BIPOC vendors	56%	60%	56%	56%
Quality	Number of monthly chart audits completed	257	432	468	432

### Performance Measures Descriptions

## Legal / Contractual Obligation

PCFH Administration ensures that all PCFH programs comply with a number of legal/contractual guidelines related to model fidelity, Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, FQHC Rulebook 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	2022	2022	2023	2023
Personnel	\$1,033,005	\$21,456	\$1,119,759	\$22,021
Contractual Services	\$74,798	\$100,000	\$61,000	\$100,000
Materials & Supplies	\$95,108	\$54,651	\$36,599	\$53,984
Internal Services	\$189,241	\$2,858	\$156,365	\$2,960
<b>Total GF/non-GF</b>	<b>\$1,392,152</b>	<b>\$178,965</b>	<b>\$1,373,723</b>	<b>\$178,965</b>
<b>Program Total:</b>	<b>\$1,571,117</b>		<b>\$1,552,688</b>	
<b>Program FTE</b>	8.00	0.13	9.00	0.17

Program Revenues				
Intergovernmental	\$0	\$178,965	\$0	\$178,965
<b>Total Revenue</b>	<b>\$0</b>	<b>\$178,965</b>	<b>\$0</b>	<b>\$178,965</b>

## Explanation of Revenues

This program generates \$2,960 in indirect revenues.  
 \$ 153,965 - State: MCH Child and Adoles Grant  
 \$ 25,000 - Early Home Visit Grant

## Significant Program Changes

**Last Year this program was:** FY 2022: 40097 Maternal Child Family Health Management

In FY23, 1.00 FTE is being added to support Medicaid billing and other activities. Also, CDC Health Disparities funds (40199T) will build capacity for this program through contracts. COVID-19-Related Impacts - In FY22, COVID-related changes to County and partner workflows reduced referrals to and services provided by PCFH programs. Staff were reassigned to COVID-19 response activities, and in-home services were transitioned to telehealth services, all of which reduced visit numbers and targeted case management revenue. FY23 budget and performance numbers project a return to some in-person services and an associated increase in number of families served. Staff will continue to support COVID-19 response for PCFH clients.

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

**Executive Summary**

This program focuses on the healthy emotional development of children from birth to age six, through prevention and culturally specific treatment services. The Early Childhood program works collaboratively with partners, using an anti-racist equity lens, to ensure the success of children and to decrease school suspension and expulsion rates. The program provides evidence-based services which include: child mental health consultation, child and family mental health treatment services, parent groups, and care coordination services with culturally specific community supports. These services have proven vital in contributing to retention of children in pre-school educational settings.

**Program Summary**

Early Childhood Mental Health Consultants provide a comprehensive continuum of culturally relevant mental health services to over 4,700 children County-wide and their families in all Head Start Programs to promote social/emotional development and school readiness. The consultant's use the Pyramid Model framework, which includes evidence-based practices for promoting young children's healthy social and emotional development. Services include early childhood classroom consultation with educators, child mental health assessment, family centered treatment, case management services, crisis triage, referral to community supports, and parent support and education. This program works in close collaboration with Early Childhood Community Partners and Early Learning Multnomah to ensure coordinated services occur for Multnomah County's at-risk children and families. A hallmark of this program is Spanish-speaking staff and availability of African American culturally specific counseling and parent support services provided to families at Albina Head Start, Portland Public Schools Head Start, Migrant Seasonal Head Start, Neighborhood House and Mt. Hood Community College Head Start.

Community-based culturally specific treatment services are provided for Latinx and African American children to increase success at home and reduce the likelihood of suspension or expulsion from Head Start.

The prevention, treatment and early intervention services provided to these young children and their families address mental health and developmental needs before they become acute and require more intensive and costly care and have a greater impact on families. A critical goal of this program is to ensure children are ready to learn once they enter Kindergarten.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total children receiving prevention services.	4,741 <sup>1</sup>	3,600	4,700	4,700
Outcome	Overall social/emotional supports in place in Head Start classrooms based on TPOT data <sup>2</sup>	N/A	75%	N/A	75%
Output	Total children receiving culturally specific treatment services <sup>3</sup>	29	48	26	30

**Performance Measures Descriptions**

<sup>1</sup> See Specific Program Changes for a full explanation of increase

<sup>2</sup> Teaching Pyramid Observation Tool (TPOT): an evidence-based tool to measure teacher implementation of the 3-tiered Pyramid Model

<sup>3</sup> Treatment=Clients provided services

## Legal / Contractual Obligation

### Head Start Revenue Contracts

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Personnel	\$1,375,367	\$346,433	\$1,415,132	\$353,229
Contractual Services	\$39,000	\$55,095	\$40,560	\$613
Materials & Supplies	\$4,102	\$67	\$7,807	\$456
Internal Services	\$46,325	\$164,933	\$49,453	\$174,336
<b>Total GF/non-GF</b>	<b>\$1,464,794</b>	<b>\$566,528</b>	<b>\$1,512,952</b>	<b>\$528,634</b>
<b>Program Total:</b>	<b>\$2,031,322</b>		<b>\$2,041,586</b>	
<b>Program FTE</b>	9.43	2.46	9.43	2.46

<b>Program Revenues</b>				
Intergovernmental	\$0	\$401,528	\$0	\$401,528
Service Charges	\$0	\$165,000	\$0	\$127,106
<b>Total Revenue</b>	<b>\$0</b>	<b>\$566,528</b>	<b>\$0</b>	<b>\$528,634</b>

## Explanation of Revenues

\$ 127,106 - Fee For Services Insurance Receipt

\$ 401,528 - State Mental Health Grant: MHS 20 Non-Residential Mental Health Services based on IGA with State of Oregon

## Significant Program Changes

**Last Year this program was:** FY 2022: 40099 Early Childhood Mental Health Program

Services were virtual this year due to the COVID-19 pandemic. The TPOT outcomes tool (an in-person observation tool) was unable to be administered due to school closures.

The performance measure output of the total number of youth served appears to have increased markedly, however it did not, this is due to a discrepancy in how we previously tracked the data. Historically, MECP was being undercounted and this year we shifted to track services consistently across the entire program.

**Department:** Health Department      **Program Contact:** Yolanda Gonzalez  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25200-25206, 72052, 72052B, 78301B  
**Program Characteristics:**

**Executive Summary**

Passed by voters in November 2020, Preschool For All has a goal to provide access to high-quality, inclusive, culturally responsive preschool for all three and four-year olds in Multnomah County. Children who currently have the least access to high quality preschool will be prioritized, including Black, Indigenous and children of color, children who speak languages other than English at home, children with disabilities and developmental delays, and other intersecting identities.

In partnership with the Behavioral Health Division, the Department of County Human Services is investing in our Early Childhood Prevention and Treatment team by adding members to our team to support Preschool for All implementation.

**Program Summary**

Early Childhood Mental Health Consultants provide a comprehensive continuum of culturally relevant mental health services to children and their families in preschool programs to promote social/emotional development and school readiness. Preschool for All services expand and draw from on our highly effective existing early childhood programming based on the Pyramid Model framework, which includes evidence-based practices for promoting young children’s healthy social and emotional development. Services include early childhood classroom consultation with educators, child mental health assessment and family-centered treatment, case management services, crisis triage, referral to community supports, and parent support and education. A hallmark of this program is Spanish-speaking staff and African American culturally specific counseling and parent support services provided to families throughout Multnomah County.

Community-based treatment services are provided for children to increase success at home and reduce the likelihood of suspension or expulsion from preschool, including culturally specific services for Latinx and African American families. Multnomah County population estimates completed by Portland State University as part of the planning for Preschool for All suggest that there are over 7,000 children aged 3-4 living at or below 200% of the federal poverty level, and of these, approximately 46% are Black, Indigenous and other children of color.

The Preschool for All investments will dramatically increase the size of the Early Childhood Mental Health team and create the need for additional supervision and program administrative support. This program offer includes funding for a supervisor, policy and program planning position, and administrative support. In total, this program offer provides funding for 10.98 FTE which will include 1 Supervisor, 1 Program Specialist Senior, 1 Office Assistant, 7 Mental Health Clinicians. The COVID-19 pandemic has dramatically impacted our entire community, including young children, making this investment incredibly urgent. The prevention, treatment and early intervention services provided to young children and their families address mental health and developmental needs before they become acute and require more intensive and costly care and increase the negative impact on marginalized families and children.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total children receiving prevention services.	N/A	N/A	N/A	675
Outcome	% of Preschool for All coaches who report that they had a positive and supportive consultation experience.	N/A	N/A	N/A	85%
Output	Total children receiving culturally specific treatment services.	N/A	N/A	N/A	30

**Performance Measures Descriptions**

\*Youth will not begin enrollment until Fall of 2022 and therefore we will have more fully formed measures based on baseline data during FY24.

For Output 3 (30): Each Mental Consultant holds a caseload of about 10 families a year due to intensive home based treatment model.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$260,470	\$0	\$1,497,465
Contractual Services	\$0	\$0	\$0	\$20,000
Materials & Supplies	\$0	\$6,350	\$0	\$4,299
Internal Services	\$0	\$100,375	\$0	\$99,984
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$367,195</b>	<b>\$0</b>	<b>\$1,621,748</b>
<b>Program Total:</b>	<b>\$367,195</b>		<b>\$1,621,748</b>	
<b>Program FTE</b>	0.00	2.00	0.00	10.98

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

Explanation of Revenues

This program generates \$53,759 in indirect revenues.

\$ 1,621,748 - Preschool For All Program Fund. Although this program is funded by the Preschool for All Program Fund, the associated revenue is budgeted in the Department of County Human Services (program 25200).

Significant Program Changes

Last Year this program was: FY 2022: 40099B Preschool For All Early Childhood

An additional 0.25 FTE was added to help support additional supervision, policy and program leadership as a result of increased programming added to School-based Mental Health, Preschool for All and last year's new investments in Gun Violence reduction. The other FTE increase is due to the program expanding in FY 2023.

**Department:** Health Department **Program Contact:** Yolanda Gonzalez

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

**Related Programs:**

**Program Characteristics:**

### Executive Summary

This program focuses on the healthy emotional development of children from birth to age six, through prevention and culturally specific treatment services. The Early Childhood program works collaboratively with partners, using an anti-racist equity lens, to ensure the success of children and to decrease school suspension and expulsion rates. The program provides evidence-based services which include: child mental health consultation, child and family mental health treatment services, parent groups, and care coordination services with culturally specific community supports. These services have proven vital in contributing to retention of children in pre-school educational settings.

### Program Summary

This culturally specific contract includes an extension of this service array and team. Early Childhood Mental Health Consultants provide a comprehensive continuum of culturally relevant mental health services to over 4,700 children County-wide and their families in Head Start Programs to promote social/emotional development and school readiness. The consultant's use the Pyramid Model framework, which includes evidence-based practices for promoting young children's healthy social and emotional development. Services include early childhood classroom consultation with educators, child mental health assessment, family centered treatment, case management services, crisis triage, referral to community supports, and parent support and education. This program works in close collaboration with Early Childhood Community Partners and Early Learning Multnomah to ensure coordinated services occur for Multnomah County's at-risk children and families.

A hallmark of this program is Spanish-speaking staff and availability of African American culturally specific counseling and parent support services provided to families at Albina Head Start, Portland Public Schools Head Start, Migrant Seasonal Head Start, Neighborhood House and Mt. Hood Community College Head Start. Community-based culturally specific treatment services are provided for Latinx and African American children to increase success at home and reduce the likelihood of suspension or expulsion from Head Start.

The prevention, treatment and early intervention services provided to these young children and their families address mental health and developmental needs before they become acute and require more intensive and costly care and have a greater impact on families. A critical goal of this program is to ensure children are ready to learn once they enter Kindergarten.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total children receiving prevention services.	4,741 <sup>1</sup>	3,600	4,700	4,700
Outcome	Overall social/emotional supports in place in Head Start classrooms based on TPOT data <sup>2</sup>	N/A	75%	N/A	75%

### Performance Measures Descriptions

<sup>1</sup> See Specific Program Changes for a full explanation of increase

<sup>2</sup> Teaching Pyramid Observation Tool (TPOT): an evidence-based tool to measure teacher implementation of the 3-tiered Pyramid Model

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$53,478	\$0	\$49,786	\$0
Materials & Supplies	\$12,844	\$0	\$14,551	\$0
Internal Services	\$28,445	\$0	\$33,605	\$0
<b>Total GF/non-GF</b>	<b>\$94,767</b>	<b>\$0</b>	<b>\$97,942</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$94,767</b>		<b>\$97,942</b>	
<b>Program FTE</b>	0.50	0.00	0.50	0.00

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

Explanation of Revenues

Significant Program Changes

**Last Year this program was:** FY 2022: 40099C Early Childhood Mental Health Program - In/Out of Scope Services

Services were virtual this year due to the COVID-19 pandemic. The TPOT outcomes tool (an in-person observation tool) was unable to be administered due to school closures.

The performance measure output of the total number of youth served appears to have increased markedly, however it did not, this is due to a discrepancy in how we previously tracked the data. Historically, MECP was being undercounted and this year we shifted to track services consistently across the entire program.

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

**Executive Summary**

This program focuses on the healthy emotional development of children from birth to age six, through prevention and culturally specific treatment services. The Early Childhood program works collaboratively with partners, using an anti-racist equity lens, to ensure the success of children and to decrease school suspension and expulsion rates. The program provides evidence-based services which include: child mental health consultation, child and family mental health treatment services, parent groups, and care coordination services with culturally specific community supports. These services have proven vital in contributing to retention of children in pre-school educational settings.

**Program Summary**

Early Childhood Mental Health Consultants provide a comprehensive continuum of culturally relevant mental health services to over 4,700 children County-wide and their families in all Head Start Programs to promote social/emotional development and school readiness. The consultant's use the Pyramid Model framework, which includes evidence-based practices for promoting young children's healthy social and emotional development. Services include early childhood classroom consultation with educators, child mental health assessment, family centered treatment, case management services, crisis triage, referral to community supports, and parent support and education. This program works in close collaboration with Early Childhood Community Partners and Early Learning Multnomah to ensure coordinated services occur for Multnomah County's at-risk children and families. A hallmark of this program is Spanish-speaking staff and availability of African American culturally specific counseling and parent support services provided to families at Albina Head Start, Portland Public Schools Head Start, Migrant Seasonal Head Start, Neighborhood House and Mt. Hood Community College Head Start.

Community-based culturally specific treatment services are provided for Latinx and African American children to increase success at home and reduce the likelihood of suspension or expulsion from Head Start.

The prevention, treatment and early intervention services provided to these young children and their families address mental health and developmental needs before they become acute and require more intensive and costly care and have a greater impact on families. A critical goal of this program is to ensure children are ready to learn once they enter Kindergarten.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total children receiving prevention services.	4,741 <sup>1</sup>	3,600	4,700	4,700
Outcome	Overall social/emotional supports in place in Head Start classrooms based on TPOT data <sup>2</sup>	N/A	75%	N/A	75%
Output	Total children receiving culturally specific treatment services <sup>3</sup>	29	48	26	30

**Performance Measures Descriptions**

<sup>1</sup> See Specific Program Changes for a full explanation of increase

<sup>2</sup> Teaching Pyramid Observation Tool (TPOT): an evidence-based tool to measure teacher implementation of the 3-tiered Pyramid Model

<sup>3</sup> Treatment=Clients provided services

## Legal / Contractual Obligation

Head Start Revenue Contracts  
Morrison Contract: HD-SVCSGEN- 499-2018-conv2

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$0	\$165,852
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$165,852</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$165,852</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$0	\$0	\$165,852
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$165,852</b>

## Explanation of Revenues

Funded with BH BWC \$165,852

## Significant Program Changes

**Last Year this program was:** FY 2022: 40099 Early Childhood Mental Health Program

Services were virtual this year due to the COVID-19 pandemic. The TPOT outcomes tool (an in-person observation tool) was unable to be administered due to school closures.

The performance measure output of the total number of youth served appears to have increased markedly, however it did not, this is due to a discrepancy in how we previously tracked the data. Historically, MECP was being undercounted and this year we shifted to track services consistently across the entire program.

PO 40099C is being added to this program offer for FY23

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

**Executive Summary**

The Trauma Intervention Program (TIP) provides on-scene emotional and practical support to the victims of traumatic events and their family members. Emotional and practical support services include on-scene emotional support to community members; making necessary telephone calls, making arrangements for clean-up services, notifying family, friends and others; making referrals to follow up services; providing information and referral services; and performing one follow-up contact to verify the client's welfare.

**Program Summary**

TIP has an existing contract with the Multnomah County Sheriff's Office in addition to partnering with the Behavioral Health Division (BHD). BHD provides funding to TIP to ensure that TIP volunteers remain accessible to the Multnomah County community. TIP responds to school shootings and has provided emotional and practical support services to Home Forward, Portland Public Schools, the courts, hospitals, libraries, and private businesses and residences, and other organizations, including Multnomah County. TIP has over 200 volunteer staff who are able to respond 24/7, 365 days per year. From July 1, 2021 through November 30, 2021 TIP has responded to 631 requests for support in Multnomah County. They have provided over 3,975 hours of volunteer service in support of 2,008 individuals. The average response time for TIP is 20.3 minutes with 100% reliability. From February through September 2021, TIP trained and graduated 41 volunteers. TIP strives to match responder demographics, including race and language, to the impacted community and has a large and diverse group of highly trained volunteers. At the start of COVID-19, TIP implemented a new program to provide follow-up calls 30-45 days after the initial on-site contact. This program has been extremely impactful and well received. Additionally, During the heat event of June 2021, TIP provided a significant amount of support to Multnomah County residents. They experienced their busiest week ever from June 25th through July 1st 2021 they responded to 77 scenes of a tragedy with 98 volunteers supporting 297 clients with over 324 hours of service.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Respond to requests, including responders that match demographics of impacted community when requested	N/A	100	N/A	N/A
Outcome	Increase outreach, including to organizations that serve communities of color.	N/A	N/A	N/A	N/A
Output	Total number of community members served	NEW	NEW	4,800	4,800
Outcome	Percentage of community members who receive follow up contracts within 45 days	NEW	NEW	90%	90%

**Performance Measures Descriptions**

<sup>1</sup>The Output and Outcome established in FY21 did not adequately reflect data reporting capabilities or demonstrate scope of services provided through TIP and was not collected by the provider for the current year. These are therefore sunsetted and replaced with new measures.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$50,000	\$0	\$52,680	\$0
<b>Total GF/non-GF</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$52,680</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$50,000</b>		<b>\$52,680</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40100 Trauma Intervention Services

COVID and other community events increased overall acuity and challenged the behavioral health system, impacting the need for trauma intervention. TIP trained and graduated 41 new volunteers.

**Department:** Health Department      **Program Contact:** Jesse Benet  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40085, 30407B  
**Program Characteristics:**

### Executive Summary

Promoting Access To Hope (PATH) was developed as a joint effort by the Health Department Behavioral Health Division (BHD), the Joint Office of Homeless Services, Department of Community Justice, and the Multnomah County Chair's Office. PATH conducts outreach to engage and connect eligible adults in Multnomah County who are struggling with substance use disorder (SUD), houselessness, at risk of criminal justice involvement, with priority given to BIPOC persons. Individuals may also struggle with poverty, mental health acuity, physical health challenges, etc. PATH connects to a broad network of treatment providers that offer service and support at all levels of care. PATH offers culturally-specific services by staff that reflect those served and connects them to treatment and recovery support services responsive to individual cultural needs.

### Program Summary

PATH conducts outreach to persons with problematic substance use who are also houseless and at risk of justice system exposure. PATH receives referrals through a variety of sources: community treatment and support providers, justice partners, Behavioral Health Crisis Line, other county programs, family members, community members, self referrals, etc. Services begin with the completion of an individual needs assessment to develop a service plan specific to each unique individuals' needs/goals. PATH staff then work with the individual to identify and engage in appropriate level of SUD treatment services and recovery supports, which might also include housing, physical health, mental health, employment, etc. PATH services are voluntary, person directed, and low barrier. PATH staff use approaches like motivational interviewing and harm reduction to meet people where they are so they can initiate their recovery journey. Staff collaborate with each individual to establish recovery goals, eliminate/navigate barriers to basic needs, and build a recovery foundation. PATH team members assist with placement to appropriate levels of SUD treatment and recovery support services and provide ongoing support to address deficits in social determinants of health. Harm reduction approaches are utilized based on individualized needs given individuals are often at various stages of readiness for treatment or change. Abstinence from substances or other high risk behaviors are not a requirement of these services, instead PATH staff take a person-centered approach and utilize motivational interviewing skills to encourage and identify readiness for change. Services are culturally competent, focused on individual needs/readiness, and trauma informed.

The PATH program leads with race and focuses on equity through several key approaches: 1) involvement in internal county equity initiatives; 2) employing Knowledge, Skills and, Abilities (KSA) and dual language positions; 3) working with community providers to develop and enhance culturally specific and responsive SUD services; 4) participating in community initiatives that amplify community voices and perspectives to improve service quality and to address systemic racism in the service system overall; 5) working with existing culturally specific providers to ensure that individuals are placed in services that recognize and support their cultural identity as an integral part of their lifelong recovery. The PATH program employs KSA staff: African American, Latinx, and LGBTQIA2S+. PATH launched July 1, 2021, and in its first 6 months has engaged with 230 individuals, of whom 59% identify as BIPOC.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of unique individuals served annually in PATH outreach and care coordination services*	N/A	N/A	363	350
Outcome	Percentage of clients served annually in PATH Care Coordination that were successfully placed**	N/A	N/A	60%	60%

### Performance Measures Descriptions

\*The total number of unique individuals referred through successful outreach (individuals are provided basic resources and services at this referral point), as well as those enrolled. Excluded from FY22 estimate: data for the PATH position reported in offer 40085-C and the Problem Gambling Coordinator position reported in offer 40086. \*\*Placed means clients are successfully referred and enrolled in community based SUD treatment and recovery support.

## 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
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Personnel	\$0	\$706,816	\$515,136	\$180,148
Contractual Services	\$0	\$0	\$25,002	\$0
Materials & Supplies	\$0	\$0	\$39,306	\$29,001
Internal Services	\$0	\$0	\$33,093	\$26,315
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$706,816</b>	<b>\$612,537</b>	<b>\$235,464</b>
<b>Program Total:</b>	<b>\$706,816</b>		<b>\$848,001</b>	
<b>Program FTE</b>	0.00	4.98	4.00	4.90

<b>Program Revenues</b>				
Intergovernmental	\$0	\$0	\$0	\$235,464
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$235,464</b>

## Explanation of Revenues

This program generates \$13,285 in indirect revenues.

\$ 150,564 - Federal Ryan White Non Med Case Management

\$ 23,647 - Local 2145 Beer and Wine Tax

\$ 61,253 - State Mental Health Grant: A&D Peer Delivered Services based on IGA with State of Oregon.

## Significant Program Changes

### Last Year this program was:

PATH was a new program that combined the former Addictions Benefits Coordination (ABC) Team and LEAD programs (40085A/B). It revamped the ABC model with a broader scope geographically and a slightly different target population who struggle with SUD. Its emphasis is on BIPOC individuals and targets highneeds houseless with justice system involvement risk. The first half of FY22 included: setting up new internal systems, procedures and processes; hiring/onboarding new staff; transitioning/training existing staff to new roles; revamping data collection/ reporting systems to better track program performance measures; setting up referral partnerships for culturally specific services; etc. The FTE increase is a result of shifting staff from other programs to PATH as well as the budget balancing process. In addition, 1.00 FTE is added in FY 2023 funded by the Supportive Housing Services Measure funding in the Joint Office of Homeless Services (see 30407B).

**Department:** Health Department      **Program Contact:** Kevin Minor  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted

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

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. ICS's Allied Health (AH) programs include Integrated Behavioral Health (AH-IBH) and Community Health Workers (AH-CHW) teams across our health center, and offers culturally responsive, goal-oriented, trauma-informed behavioral health and community outreach services, centered on race and equity. AH serves low-income, uninsured, underinsured populations, and people experiencing houselessness, mental illness and other barriers that may impact their overall health and wellness and is a critical part of our safety net services for the community.

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare. The majority of our Health Centers clients represent historically underserved BIPOC (Black, Indigenous, People of Color) communities and vulnerable populations. In order to serve clients where they're at, AH teams reflect these populations, including a majority of staff who are bilingual and bicultural, and lived experience similar to our clients. Integration between AH-IBH and AH-CHW is core to our program.

AH-IBH offers mental health assessment, diagnosis and brief evidence-based psychotherapy, long term mental health support and peer support for patients experiencing complex medical, mental health, and/or substance use disorders. As part of the primary care medical team, AH-IBH provides consultation and education regarding psychosocial treatments and specific behavioral issues or barriers that arise related to a patient's health issues. Services are provided via telehealth, telemedicine, in-person visits in coordination with field services provided by our AH-CHW team.

AH-CHW serves clients who experience barriers to care that would keep them from achieving their health goals and optimal health outcomes, and are able to give clients the time needed to open up, providing more personal information and expressing their needs. Our CHWs work with clients on the Social Determinants of Health (SDoH) and Health Education/Promotion. In addition to direct client services, SDoH work includes establishing partnerships in the community. CHWs serve as bridge-builders and liaisons with case managers and other client advocates and facilitate Health Education/Promotion.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	AH-IBH Individual Patients Served	2,500	3,709	3,709	7,324
Outcome	AH-IBH Number of encounters completed	9,855	10,864	10,864	19,548
Output	AH-CHW Individual Patients Served	N/A	N/A	8,188	12,976
Outcome	AH-CHW Number of encounters completed	N/A	N/A	8,188	12,976

**Performance Measures Descriptions**

**Output:** Individual Patients Served. This measure describes the number of unique clients who received IBH and CHW services within the last 12 months.

**Outcome:** This is the total number of in person, teled and phone encounters completed with one of our Allied Health Providers. This includes offsite or home visits specific to the CHW providers.

## Legal / Contractual Obligation

Our Community Health Centers comply with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines. All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,156,209	\$0	\$0	\$4,448,916
Contractual Services	\$1,000	\$0	\$0	\$140,500
Materials & Supplies	\$7,025	\$0	\$0	\$60,060
Internal Services	\$154,007	\$0	\$0	\$1,020,138
<b>Total GF/non-GF</b>	<b>\$1,318,241</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,669,614</b>
<b>Program Total:</b>	<b>\$1,318,241</b>		<b>\$5,669,614</b>	
<b>Program FTE</b>	10.30	0.00	0.00	34.47

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$299,862
Other / Miscellaneous	\$1,318,241	\$0	\$0	\$1,437,960
Service Charges	\$0	\$0	\$0	\$3,931,792
<b>Total Revenue</b>	<b>\$1,318,241</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,669,614</b>

## Explanation of Revenues

This program generates \$597,936 in indirect revenues.  
This program is support by medical fee and related Medicaid incentive and quality based incentive funds.

- \$ 3,931,792 - Medicaid Fees
- \$ 1,437,960 - Medicaid Quality and Incentives
- \$ 299,862 - Federal Primary Care grant PC 330

## Significant Program Changes

### Last Year this program was:

Positions in allied health were formerly included in primary care clinic program offers in FY22. The FY23 budget provides a separate program offer to assure services and performance metrics can be tracked. COVID-19 pandemic has changed the delivery of Allied Health care in terms of telehealth, telemedicine and in person care. The CHW Program remains heavily involved in Covid Wraparound Services such as food distribution and medication deliveries. Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds.

**Department:** Health Department      **Program Contact:** Brieshon D'Agostini  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The Quality Assurance Program provides pivotal support and oversight critical to Health Center services, such as quality assurance and improvement, accreditation and compliance, management of our clinical systems, business intelligence reporting and analysis, and activities to improve health equity and population health.

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

This program supports services within the project scope of the Bureau of Primary Health Care (BPHC) grant. BPHC funding requires strict adherence to federal laws mandating which services must be provided by FQHCs, which results in additional Medicaid revenue. This funding requires quality services, performance audits, and responsiveness to new methods of delivering safe and quality care. Maintaining FQHC accreditation assures that the County's primary care, dental, pharmacy, and all in-scope programs are eligible to continue receiving reimbursement for services. This also allows County providers to participate in loan forgiveness, qualifies the County for additional Alternative Payment Methodology reimbursements ("wrap funding"), and 340B drug program participation. This program measures clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC, The Joint Commission (TJC), and Oregon's Patient Centered Primary Care Home (PCPCH) program are our primary external benchmarking organizations relative to performance indicators. The program works with the Community Health Center Board (consumer majority governing Board) and integrates client feedback results and collaborations with other health care delivery systems. These programs, implemented to meet goals in the CCO's Pay-for-(quality) Performance, have payments tied to achieving specific health outcomes or state metrics for quality. The Quality Assurance program is tasked with testing, data collection, and reporting, designing and implementing the wide array of system improvements needed to meet these new benchmarks. The program also assures that robust infection prevention, HIPAA, and patient safety processes are designed and implemented to meet accreditation standards.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Maintain accreditation with The Joint Commission, including the Patient Centered Medical Home standard	100%	100%	100%	100%
Outcome	Maintain compliance with BPHC HRSA Community Health Center Program	100%	100%	100%	100%
Outcome	HRSA Community Health Center Program Grant renewed annually	100%	100%	100%	100%

**Performance Measures Descriptions**

Maintain accreditation with The Joint Commission (TJC), in support of quality and safety and to bill Medicaid.  
 Maintain compliance with the Bureau of Primary Health Care (BPHC) HRSA Community Health Center Program. Required to continue specific service level agreements and financial benefits for patients.  
 HRSA Community Health Center Program Grant renewed annually, including reporting of services provided, staffing, and patient demographics.

## Legal / Contractual Obligation

Quality services are a requirement of the Bureau of Primary Health Care's 330 Grant. Services in the scope of the grant and health center program must follow the HRSA Community Health Center Program's operational, fiscal, and governance requirements. The program is also accredited under The Joint Commission and follows TJC accreditation guidelines. All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$3,105,691	\$238,178	\$0	\$4,732,359
Contractual Services	\$7,000	\$0	\$0	\$203,762
Materials & Supplies	\$69,028	\$0	\$0	\$92,505
Internal Services	\$949,806	\$31,726	\$0	\$1,285,392
<b>Total GF/non-GF</b>	<b>\$4,131,525</b>	<b>\$269,904</b>	<b>\$0</b>	<b>\$6,314,018</b>
<b>Program Total:</b>	<b>\$4,401,429</b>		<b>\$6,314,018</b>	
<b>Program FTE</b>	19.52	1.58	0.00	23.26

Program Revenues				
Intergovernmental	\$0	\$269,904	\$0	\$269,900
Other / Miscellaneous	\$2,110,000	\$0	\$0	\$2,547,768
Beginning Working Capital	\$600,000	\$0	\$0	\$1,045,000
Service Charges	\$1,421,525	\$0	\$0	\$2,451,350
<b>Total Revenue</b>	<b>\$4,131,525</b>	<b>\$269,904</b>	<b>\$0</b>	<b>\$6,314,018</b>

## Explanation of Revenues

This program generates \$636,029 in indirect revenues.

\$ 3,001,350 - Medicaid Fees

\$ 3,042,768 - Medicaid Quality and Incentives

\$ 269,900 - Federal Primary Care grant PC 330

## Significant Program Changes

**Last Year this program was:** FY 2022: 40034 ICS Administration, Operations, and Quality Assurance

This program area used to be included in program 40034, which has now been split into two separate program areas to better align with the current structure of the Integrated Clinical Services Division. The functions within the programs have not significantly changed, however addition staff FTE has been added to support quality assurance and quality improvement work for FY23. Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds.

**Department:** Health Department      **Program Contact:** Christa Jones  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

The Behavioral Health Resources Center (BHRC), set to open in the Fall of 2022, will provide critical support and services to over 200 houseless individuals daily. Services will include peer-delivered social supports, trauma and equity informed shelter and bridge housing, and connections to behavioral health and long-term housing providers. The BHRC includes three distinct, yet interconnected programs focused on meeting basic needs and providing interim housing and peer support services. The three programs are the Day Center, Behavioral Health Shelter and the Bridge Housing programs.

### Program Summary

The BHRC will provide an array of services, which include addressing basic needs, social connection, skill building, and services helping participants establish relationships with community providers. This offer includes the Day Center program, which was developed with input from peer providers and from those with lived experience of behavioral health challenges and houselessness. This program is open 15 hours per day and serves as an entry point for relationship building and engagement. This program provides access to peer services, provider referral, including referrals to behavioral health treatment, employment and housing support. This trauma-informed Day Center also provides access to showers, bathrooms, charging stations and calming spaces to relax and gain support and social connection, including on site skill building classes and community events. Behavioral health, housing and other providers are invited on site to meet with participants so that connections can be established in this “one-stop shop” and no wrong door approach.

Communities including Black, Indigenous and other People of Color (BIPOC) and LGBTQIA+ are disproportionately impacted by houselessness and the detrimental impacts of chronic behavioral health issues. Equity and trauma-informed principles have guided the design and program development to create a facility that provides a safer, calming space for healing. Staff will be trained on culturally responsive, culturally sustaining and trauma informed safety, engagement, and de-escalation practices as well as supportive and trauma informed supervision and professional support.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of individuals receiving peer delivered services and access to basic needs daily	NEW	NEW	NEW	150
Outcome	Percent of Individuals self report via feedback cards feeling safer in the facility.	NEW	NEW	NEW	70%
Outcome	Percent of participants will have access to onsite supports, including basic needs and social connection.	NEW	NEW	NEW	90%
Outcome	Percent of individuals served daily will use onsite connection to community supports.	NEW	NEW	NEW	50%

### Performance Measures Descriptions

Measures are influenced by peer and provider stakeholder engagement and will be reviewed to identify additional program value and goal alignment as this new program develops.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$0	\$494,111
Contractual Services	\$0	\$0	\$751,095	\$1,772,928
Materials & Supplies	\$0	\$0	\$4,000	\$43,273
Internal Services	\$0	\$0	\$765,364	\$456,193
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,520,459</b>	<b>\$2,766,505</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$4,286,964</b>	
<b>Program FTE</b>	0.00	0.00	0.00	2.50

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$2,266,505
Beginning Working Capital	\$0	\$0	\$0	\$500,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,766,505</b>

Explanation of Revenues

This program generates \$39,857 in indirect revenues.  
 \$ 500,000 HSO Medicaid funding  
 \$ 500,000 Medicaid Beginning Working Capital  
 \$1,446,505 State Funding  
 \$ 320,000 State ARP BHRC

Significant Program Changes

Last Year this program was:

This program includes \$320,000 of American Rescue Plan funding through the State of Oregon that must be used for the BHRC. This program falls under the County's Crisis Response & Community Recovery ARP Priority area.

**Department:** Health Department      **Program Contact:** Christa Jones  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 30407B  
**Program Characteristics:**

**Executive Summary**

The Behavioral Health Resources Center (BHRC), set to open in the Fall of 2022, will provide critical support and services to over 200 homeless individuals daily. Services will include peer delivered social supports, trauma and equity informed housing, and connections to behavioral health and housing providers. The BHRC includes three distinct, yet interconnected programs focused on meeting basic needs and providing housing and peer support services. The three programs are the Day Center, Behavioral Health Shelter and the Bridge Housing programs.

**Program Summary**

The BHRC will provide an array of services, including those addressing basic needs, social connection, skill building, and services helping participants establish relationships with community providers. This offer includes the Shelter and Bridge Housing programs, which are slated to open in winter 2022/2023. These programs were developed with input from peer providers and from those with lived experience of behavioral health challenges and houselessness. The Shelter and Bridge housing programs are open 24/7/365, by referral from Day Center and community providers. The Shelter program will have 42 beds of all gender housing providing a up to 30 day length of stay. The Bridge Housing Program will have 20 beds of all gender housing with up to 90 day stays. Both will be staffed by professionals with lived experience and clinical staff with connections and social services provided in the Day Center program specific staff. Behavioral health, housing and other providers are invited on site to meet with participants so that connections can be established. Funding will come from local and state sources including \$1,000,000 from Metro/Supportive Housing Services.

Shelter guests will be offered opportunities to consider housing alternatives and other behavioral health service involvement. Some of these may choose to enter the Bridge Housing and develop more concrete plans for wellness and housing. Bridge Housing participants will engage with team members to develop housing action plans and behavioral health supports with the goal of exiting Bridge Housing to longer term housing options.

Communities including Black, Indigenous and other People of Color (BIPOC), LGBTQIA+ and older adults are disproportionately impacted by houselessness and the detrimental impacts of chronic behavioral health issues. Equity and trauma-informed principles have guided the design and program development to create a facility that provides a safer, calming space for healing. Staff will be trained on culturally responsive, culturally sustaining and trauma informed safety, engagement and disengagement practices as well as supportive and trauma informed supervision and professional support.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of individuals served in Shelter and Bridge Housing programs daily	NEW	NEW	NEW	62
Outcome	Percent of participants using shelter beds will engage in service planning to address behavioral health needs.	NEW	NEW	NEW	50%
Outcome	Percent of shelter participants report feeling safer in the shelter space and program	NEW	NEW	NEW	70%
Outcome	% of bridge housing participants have individualized housing plans & behavioral health support engagement	NEW	NEW	NEW	100%

**Performance Measures Descriptions**

Measures are influenced by peer and provider stakeholder engagement and will be reviewed to identify additional program value and goal alignment as this new program develops.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$0	\$1,186,723
Materials & Supplies	\$0	\$0	\$0	\$30,476
Internal Services	\$0	\$0	\$653,973	\$176,296
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$653,973</b>	<b>\$1,393,495</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$2,047,468</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,393,495
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,393,495</b>

Explanation of Revenues

\$ 65,000 State Mental Health Grant: CHOICE Model based on 2021 IGA with State of Oregon  
 \$1,328,495 State Funding

An additional \$1.0 million of Metro Supportive Housing Services funding for the BHRC is budgeted in the Joint Office of Homeless Services (30407B).

Significant Program Changes

Last Year this program was:



**Legal / Contractual Obligation**

none

**Revenue/Expense Detail**

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Materials & Supplies	\$0	\$0	\$44,492	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$44,492</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$44,492</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

**Explanation of Revenues**

Fully funded by County General Funds

**Significant Program Changes****Last Year this program was:**

This is a new fee being assessed beginning FY23



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$690,852	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$690,852</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$690,852</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Health Department      **Program Contact:** Kim Toevs  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** One-Time-Only Request

### Executive Summary

As a core component of the local public health authority (LPHA) and public health system, the communicable disease (CD) programming protects community health by responding to reportable communicable diseases with prompt disease investigation and limits the spread of these diseases through disease control interventions, which adheres to Oregon Health Authority (OHA) guidelines. Responding to COVID-19 has become and will continue to be a critical aspect of LPHA and CD activities. Providing epidemiology, facilities outreach and outbreak investigation, and contact tracing within a culturally and linguistically appropriate framework is a public health strategy that can help contain the spread of COVID-19.

### Program Summary

Public Health continues to implement COVID-19 epidemiology, facilities outreach and outbreak investigation, and contact tracing for high risk populations in line with OHA's LPHA guidelines. The goal is to slow community disease transmission, particularly for BIPOC communities and other vulnerable and priority populations. Epidemiologists, community health nurses, and disease intervention specialists comprise the investigation and response teams, which are the backbone of surveillance, outbreaks investigation, and contact tracing. This infrastructure sits within the Public Health's Office of the Director and CD programs and works together with Public Health's Community Partnerships & Capacity Building team, the Department of County Human Services, and numerous culturally specific community-based organizations (CBO) to ensure that community members are connected to community health workers (CHWs) and isolation and quarantine resources.

Staff reflect the demographics of the county, providing culturally and linguistically responsive capacity to continue to meet State, OHA, and Multnomah County criteria; respond to outbreaks; and implement strategies focused on BIPOC communities and other vulnerable and priority populations. For high risk populations and congregate care settings, Public Health investigators work to identify close contacts, work sites, living quarters, health care settings and provide health education and consultation for facilities. For identified outbreaks in congregate residential settings, the program coordinates testing, PPE, infection control inspections, and quarantine/isolation planning with the facility and state partners.

Epidemiologists utilize data from the regional datamart to monitor local COVID trends, including racial or ethnic disparities related to COVID diagnoses or vaccine access. These data enable the County to focus COVID-19 response on communities most impacted by the pandemic, as evidenced by the COVID-19 BIPOC Plan. Public Health contracts with a number of culturally specific CBOs and convenes a number of culturally specific groups to engage populations most disparately impacted and ensure that community members influence the design of COVID-19 response.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of COVID-19 cases interviewed	20,586	15,000	6,485	N/A
Outcome	% of staff with a language or culturally specific KSA	52%	50%	45%	40%
Output	# of outbreaks managed	1,195	500	1,452	500
Output	# of outreach and prevention activities with facilities and high risk populations	N/A	N/A	N/A	50

### Performance Measures Descriptions

In January 2022 individual case interviews were discontinued to focus capacity on more effective interventions to slow the spread of the Omicron variant. FY23 output measures reflect the changing Public Health interventions at this phase of the pandemic. The focus of the work has moved to high risk populations and settings. Individual case investigations and contact tracing will only occur in relation to a facility outbreak. An output measure has been added in FY23 to track the number of outreach and prevention interventions targeting high risk populations and settings.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$4,042,841	\$0	\$4,357,243
Contractual Services	\$0	\$752,448	\$0	\$133,585
Materials & Supplies	\$0	\$118,191	\$0	\$83,460
Internal Services	\$0	\$0	\$0	\$226,432
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$4,913,480</b>	<b>\$0</b>	<b>\$4,800,720</b>
<b>Program Total:</b>	<b>\$4,913,480</b>		<b>\$4,800,720</b>	
<b>Program FTE</b>	0.00	0.00	0.00	34.80

Program Revenues				
Intergovernmental	\$0	\$4,913,480	\$0	\$4,800,720
<b>Total Revenue</b>	<b>\$0</b>	<b>\$4,913,480</b>	<b>\$0</b>	<b>\$4,800,720</b>

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$ 4,800,720

Significant Program Changes

**Last Year this program was:** FY 2022: 40199A ARP - Public Health - Contact Tracing

In FY23, this program was renamed to better reflect its scope of work. The 34.80 FTE in this program are changed from Limited Duration to permanent positions.

This program falls under the Public Health Emergency Response ARP priority area.

**Department:** Health Department      **Program Contact:** Kim Toevs  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40199T, 40010C  
**Program Characteristics:**

**Executive Summary**

The Community Immunization Program (CIP) contributes to a safe environment by supporting providers in their use of federally subsidized Vaccines for Children (VFC) and 317 (adults at high risk) programs. The program assures that schools and childcare facilities comply with state school immunization rules and supports the provision of COVID-19 vaccines and testing and annual influenza vaccinations. A portion of CIP funding and activities are also in program offer 40010C.

**Program Summary**

As a program within Communicable Disease Services (CDS), the goal of the Community Immunization Program (CIP) is to be a trusted community resource that protects the people of Multnomah County from vaccine-preventable communicable diseases, including COVID-19. As vaccine-preventable diseases spread from person-to-person, vaccination is important not only for individual health but also for the health of the community and places where children live, play, and go to school. CIP assures state and federally funded program components and approaches are implemented to protect community health. Key areas of work include:

Safe vaccine supply and efficient use of vaccines - CIP supports the County system of Federally Qualified Health Centers in receiving Vaccines for Children and 317 (adults at high risk) vaccine supply.

State school immunization laws - CIP issues exclusion orders as needed and assures that all children and students are complete or up-to-date on their immunizations. The program works in BIPOC and other underserved communities to address health and vaccine inequities. In FY22, CIP will assist over 600 facilities in complying with State mandates.

COVID-19 and influenza - CIP provides COVID-19 vaccination, influenza vaccination, and access to COVID-19 testing at locations throughout the county. Testing strategies also include home testing kits. The program prioritizes work within BIPOC and other underserved communities. CIP collaborates with Public Health's REACH and Community Partnerships and Capacity Building programs and community based organizations to implement vaccination and testing activities.

CIP works with other CDS programming to identify racial, ethnic, and other community groups who are either at risk of or being impacted by infectious diseases utilizing multiple data sources. CIP is committed to the values of innovation, collaboration, diversity, and accountability and works closely with community partners to reach BIPOC and other underserved communities.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of immunizations provided to children under 18, including COVID-19 vaccines	N/A	N/A	N/A	350
Outcome	Percent of schools and daycares successful in meeting immunization law requirements	100%	90%	100%	90%
Output	Number of schools & other facilities assisted with immunization law requirements.	N/A	600	648	480
Outcome	Percentage of COVID-19 Vaccine provided to BIPOC individuals.	60%	60%	70%	70%

**Performance Measures Descriptions**

Measure 2 was moved from 40010A to this program offer and program offer 40010C in FY23. Measure 3: The FY23 Offer number reflects the percentage of CIP staff budgeted in this program offer. The FY23 Offer for 40010C reflects the percentage of CIP staff budget in that offer. Combined, the two offers will assist 600 schools and other facilities in FY23.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$8,120,551	\$0	\$443,552
Contractual Services	\$0	\$1,734,704	\$0	\$0
Materials & Supplies	\$0	\$350,361	\$0	\$960
Internal Services	\$0	\$151,193	\$0	\$953,882
Capital Outlay	\$0	\$59,600	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$10,416,409</b>	<b>\$0</b>	<b>\$1,398,394</b>
<b>Program Total:</b>	<b>\$10,416,409</b>		<b>\$1,398,394</b>	
<b>Program FTE</b>	0.00	0.00	0.00	4.17

Program Revenues				
Intergovernmental	\$0	\$10,416,409	\$0	\$1,398,394
<b>Total Revenue</b>	<b>\$0</b>	<b>\$10,416,409</b>	<b>\$0</b>	<b>\$1,398,394</b>

Explanation of Revenues

This program generates \$59,614 in indirect revenues.  
 \$ 504,126 - COVID-19 Federal CARES  
 \$ 894,268 - ARPA - Federal Multco- Vaccination

Significant Program Changes

**Last Year this program was:** FY 2022: 40199B ARP - Public Health - Community Testing, Vaccination, and Distribution

In FY 2022, this offer only focused on COVID-19 testing and vaccination. In FY23, the focus of this offer is being broadened to include additional immunization work and it is connected to 40010C. Together this program offer and 40010C represent the integration of COVID-19 vaccination and testing into broader and ongoing Communicable Diseases Services immunization work and strategies. CDC COVID-19 Health Disparities funding (40199T) is supporting 3.57 FTE to work across both program offers.

This program falls under the Public Health Emergency Response ARP priority area.

**Department:** Health Department      **Program Contact:** Jessica Guernsey  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 25156, 25032  
**Program Characteristics:** One-Time-Only Request

### Executive Summary

As the local public health authority (LPHA), Public Health is responsible for assuring that vulnerable residents who test positive for COVID-19 or are a close contact of someone who tests positive have their financial and physical needs met so they can safely isolate and quarantine. Wraparound services are implemented through partnerships with other Health Department and County programs, and culturally specific community-based services are provided in a coordinated, culturally relevant manner. As the pandemic continues to shift, isolation and quarantine guidelines are changing and this program will ramp down in FY 2023.

### Program Summary

Wraparound services are provided to COVID-19-positive individuals, their families, and households and their close contacts with the goal to slow community disease transmission by providing the resources needed to successfully isolate or quarantine. Services include timely, low-barrier rental, mortgage, utility, and food assistance, and other resources to minimize the financial impact of self-isolating, as well as access to a Voluntary Isolation Motel (VIMo). Individuals are also linked to behavioral health and other services as needed. With isolation and quarantine guidelines changing, this program will ramp down direct client assistance services in FY 2023 while maintaining funding for community based organizations (CBO) to support COVID-19 response and recovery efforts.

The Health Department has an agreement with Department of County Human Services (DCHS) and the Joint Office for Homeless Services and contracts with culturally specific CBOs to support wraparound services. DCHS manages the programming and staff to directly provide wraparound services while Public Health provides staffing to manage CBO contracts for CHWs who link community members to these services and implement associated strategies. CBOs provide referrals to Public Health and DCHS for services and also support aspects of contact tracing, case investigation, community testing, and vaccination strategies.

The County uses the Regional COVID-19 Dashboard to analyze racial disparities for COVID-19 response. The Dashboard includes COVID-19 cases, cumulative tests, and percentage of positive tests by race/ethnicity, as well as other important factors such as age, sex, housing status, and coexisting conditions. These data allow the County to focus COVID-19 response on communities most impacted by the pandemic, as evidenced by the COVID-19 BIPOC Plan. Public Health contracts with culturally specific CBOs and convenes a number of culturally specific groups to guide COVID-19 response. These approaches enable the County to reach populations most disparately impacted by COVID-19 and include them in the design of COVID-19 response. Additionally, DCHS is surveying clients who receive wraparound supports to monitor program quality and integrate client feedback.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of contracted partners that are culturally specific community partners	17	18	18	25
Outcome	Number of households receiving housing support to prevent eviction	N/A	N/A	3,500	1,750
Output	# of referrals for CHW support/wraparound services made by the Call Center and self-referrals to CBOs	6,492	N/A	4,500	2,250
Output	# of referrals for wraparound services made to Bienestar	3,567	N/A	3,000	1,500

### Performance Measures Descriptions

FY23 Offers for Measures 2,3, and 4 are lower than FY22 estimates to represent the program offer budget being reduced to support 6 months of these services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$968,188	\$0	\$1,358,921
Contractual Services	\$0	\$19,343,812	\$0	\$12,364,285
Materials & Supplies	\$0	\$87,000	\$0	\$52,563
Internal Services	\$0	\$0	\$0	\$65,656
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$20,399,000</b>	<b>\$0</b>	<b>\$13,841,425</b>
<b>Program Total:</b>	<b>\$20,399,000</b>		<b>\$13,841,425</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$20,399,000	\$0	\$13,841,425
<b>Total Revenue</b>	<b>\$0</b>	<b>\$20,399,000</b>	<b>\$0</b>	<b>\$13,841,425</b>

Explanation of Revenues

\$ 2,500,000- COVID-19 - Federal ELC  
 \$ 11,341,425 - American Rescue Plan (ARP) Direct County Funding

Significant Program Changes

Last Year this program was: FY 2022: 40199C ARP - Public Health - Isolation and Quarantine

In FY 2023, CBO contract amounts are being increased in this offer to cover cost of living and other cost increases. Additionally, in FY23, direct client assistance and associated implementation costs are only being funded for 6 months.

This program falls under the Public Health Emergency Response ARP priority area.

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

### Executive Summary

Since FY21, the Behavioral Health Division has implemented a number of initiatives to better serve Multnomah County residents struggling to navigate the Coronavirus pandemic. Older adults and Black, Indigenous and other People of Color (BIPOC) experience significant barriers to access support to address symptoms of stress, anxiety, depression, isolation, fear, and loneliness. The second full year of the pandemic further heightened disparities in social indicators of health in BIPOC communities, across the age spectrum, and impacting mental health acuity and crisis, substance use, violence and education. BHD works to proactively address these challenges while continuously adapting to meet the shifting community needs. This program offer is designed to address the current known factors and retain flexibility as the pandemic continues.

### Program Summary

This program is a continuation of the Behavioral Health Division's (BHD) response to COVID-19 response initiated in FY21. It is developed with the intent to retain enough flexibility to allow services to be directed toward emerging needs while also retaining appropriate measures for accountability, as we have learned that community needs may shift rapidly as the pandemic continues. To address the behavioral health challenges brought on through the pandemic, this program offer prioritizes:

- \*Brief counseling and support for culturally specific populations
- \*Flexible peer support services to address access to services and other increased needs
- \*Enhanced crisis response services
- \*Community identified gaps/needs among BIPOC, LGBTQIA and other vulnerable populations.
- \*Communications and marketing to address impacts of Covid on behavioral health, with emphasis on BIPOC and other vulnerable populations.

Personnel costs included in this program offer are associated with increased demand in crisis and safety net services and the infrastructure required to support contract monitoring, evaluation of services, increased demand in current services, as well as standing up infrastructure for new services.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of unique individuals connected to services by peers (VIMOs and in the community).*	N/A	900	852	N/A
Outcome	Percentage of BIPOC and/or older adults served across all services.	N/A	35%	36%	35%
Outcome	Build data tracking mechanisms & reports for new programs for establishing and monitoring outcomes	N/A	100%	100%	100%
Output	Number of unique individuals connected to behavioral health services and other resources, via peers.**	N/A	N/A	N/A	900

### Performance Measures Descriptions

- \* Output to be discontinued because funding is no longer specific to Voluntary Isolation Motels (VIMO).
- \*\* This is a new output beginning FY23 and includes peers and behavioral health services across our area of service to reflect a broader scope of peer services.

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$483,901	\$0	\$706,404
Contractual Services	\$0	\$1,127,139	\$0	\$891,444
Materials & Supplies	\$0	\$0	\$0	\$13,192
Internal Services	\$0	\$0	\$0	\$14,848
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,611,040</b>	<b>\$0</b>	<b>\$1,625,888</b>
<b>Program Total:</b>	<b>\$1,611,040</b>		<b>\$1,625,888</b>	
<b>Program FTE</b>	0.00	0.00	0.00	1.00

Program Revenues				
Intergovernmental	\$0	\$1,611,040	\$0	\$1,625,888
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,611,040</b>	<b>\$0</b>	<b>\$1,625,888</b>

**Explanation of Revenues**

American Rescue Plan (ARP) Direct County Funding - \$1,625,888

**Significant Program Changes****Last Year this program was:** FY 2022: 40199D ARP - Behavioral Health - Continuing COVID Response

The progress on this program offer was impacted by a behavioral health workforce crisis which has limited capacity amongst providers across the county and impacted hiring and retention. Further, severe weather events diverted resources. The unfortunate continuation of elevated COVID levels due to the Delta and Omicron variants continues to put strain on our behavioral health systems and to exacerbate stressors on our communities, especially BIPOC and houseless communities. As noted in the program description, BHD has intentionally built in flexibility in the allocation of funds to reflect the ever shifting needs of the pandemic, particularly in BIPOC and other vulnerable communities.

BHD will continue to provide behavioral health crisis services, counseling, peer support, and connection to ongoing services/resources. This program falls under the County's Crisis Response and Community Recovery ARP Priority Area.



## Legal / Contractual Obligation

Limited term duration Deputy Health Officer with primary responsibilities to COVID response and recovery.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$166,792	\$0	\$188,989
Materials & Supplies	\$0	\$24,509	\$0	\$2,011
Internal Services	\$0	\$0	\$0	\$14,848
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$191,301</b>	<b>\$0</b>	<b>\$205,848</b>
<b>Program Total:</b>	<b>\$191,301</b>		<b>\$205,848</b>	
<b>Program FTE</b>	0.00	1.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$191,301	\$0	\$205,848
<b>Total Revenue</b>	<b>\$0</b>	<b>\$191,301</b>	<b>\$0</b>	<b>\$205,848</b>

## Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$205,848

## Significant Program Changes

**Last Year this program was:**

This program falls under the County's Public Health Emergency Response ARP Priority Area.

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

**Executive Summary**

Multnomah County's Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Together, our eight primary care clinics, seven dental clinics, nine student health centers, seven pharmacies, and laboratory services serve more than 60,000 patients per year, with a focus on people who otherwise have limited access to health care. Considering the potential risk of COVID-19 to employees and patients, the Integrated Clinical Services COVID-19 Response is essential to ensure the safety of all that work and receive services with ICS.

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline, and nearly 2,000 of our patients report experiencing houselessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to health care.

The ICS Logistics and COVID-19 Response supports safe and effective services for all ICS employees and patients by ensuring adequate infrastructure, resources, and supplies to build capacity both within and outside of normal clinical operations, such as drive-through testing and vaccination clinics. These activities are supported by funding from the American Rescue Plan Act (ARPA) for COVID-19 vaccination, response, and treatment capacity; maintaining and increasing capacity of Health Center services; recovery and stabilization of Health Center workforce and infrastructure to address pent-up demand and enhancement of service delivery. Expenditures will include staffing and infrastructure, software and IT solutions, equipment and supplies, patient and staff experience, and other innovations in support of services for our patients.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Percent of active age-appropriate patients who have been offered a vaccine	N/A	60%	60%	60%
Outcome	COVID-19 vaccine rates for patients self-identifying as BIPOC	N/A	60%	60%	60%

**Performance Measures Descriptions**

**Output:** This measure indicates the percentage of our established patients who we have vaccinated or been offered a vaccine. **Outcome:** This measure indicates that the Health Center outreach efforts and community engagement has increased vaccine administration within communities who are experiencing higher disparities in COVID-19 infection and vaccination rates.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$0	\$7,118,540
Contractual Services	\$0	\$13,000,000	\$0	\$956,732
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$13,000,000</b>	<b>\$0</b>	<b>\$8,075,272</b>
<b>Program Total:</b>	<b>\$13,000,000</b>		<b>\$8,075,272</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$13,000,000	\$0	\$8,075,272
<b>Total Revenue</b>	<b>\$0</b>	<b>\$13,000,000</b>	<b>\$0</b>	<b>\$8,075,272</b>

Explanation of Revenues

\$ 8,075,272 - ARPA Federal Community Health Centers COVID Response

Significant Program Changes

Last Year this program was:

This program falls under the Public Health Emergency Response priority. Integrated Clinical Services will provide COVID-19 vaccination, response, and treatment capacity; maintaining and increasing capacity of Health Center services; recovery and stabilization of Health Center workforce and infrastructure to address pent-up demand and enhancement of service delivery. Several additional temp/LD positions will be funded under this program offer/ARPA Revenue in FY23.

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

**Executive Summary**

This program offer funds infrastructure to support the Health Department's work in its response to the COVID-19 pandemic. It includes services in finance, business management, human resources and organizational development.

**Program Summary**

This program offer funds multiple infrastructure positions necessary for a comprehensive and equity-based response to the COVID-19 pandemic.

Funding will support finance and business management services that directly impact our community-based partners, many of whom are culturally specific organizations who depend on expedited contracts and prompt payment of services.

Additionally, if the department continues to distribute client assistance, business relief and other large scale community support efforts, additional staff will provide prompt service and assist clients and businesses troubleshoot their applications and requests. These efforts target BIPOC community organizations and members and will directly impact the timeliness of relief efforts and experience with the County.

Funding will also support additional human resources staff focused on recruitment and hiring support related to the COVID-19 response.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of COVID-19 related recruitments	N/A	100	N/A	N/A
Outcome	Percent of COVID-19 related contracts executed by start of contract	N/A	90%	89.3%	90%
Quality	% of public information messages available in top 5 languages spoken by County residents	N/A	100%	90%	90%

**Performance Measures Descriptions**

Program Measure 1: Unable to easily track recruitments as specific to COVID-19 consistently across all Divisions, thus, N/A.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$1,297,410	\$0	\$1,347,378
Contractual Services	\$0	\$0	\$0	\$50,000
Materials & Supplies	\$0	\$62,540	\$0	\$9,116
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,359,950</b>	<b>\$0</b>	<b>\$1,406,494</b>
<b>Program Total:</b>	<b>\$1,359,950</b>		<b>\$1,406,494</b>	
<b>Program FTE</b>	0.00	2.00	0.00	3.00

Program Revenues				
Intergovernmental	\$0	\$1,359,950	\$0	\$1,406,494
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,359,950</b>	<b>\$0</b>	<b>\$1,406,494</b>

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$1,406,494

Significant Program Changes

Last Year this program was:

This program falls under the County's Public Health Emergency Response ARP Priority Area.

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

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

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

### Executive Summary

Public Health's Community Partnerships and Capacity Building (CPCB) and Chronic Disease Prevention & Health Promotion (CDPHP) units develop, support, and maintain partnerships across BIPOC communities. This expansion will enable CPCB and CDPHP to increase capacity within Pacific Islander, Latinx, Black/African American, and African immigrant and refugee communities. Focus areas include youth violence prevention; chronic disease prevention; mentoring, training, and technical assistance across multiple content areas; and convening stakeholders to advance community priorities, including strategies focused on COVID-19 recovery.

### Program Summary

Community Partnerships and Capacity Building (CPCB) and Chronic Disease Prevention & Health Promotion (CDPHP) are central to Public Health's goal to develop, implement, and advocate for policy, system, and environment changes that reduce disparities experienced by BIPOC communities to lower rates of the leading causes of preventable death. They are also hubs for developing, supporting, and maintaining partnerships across BIPOC communities. This expansion will increase capacity within these Public Health units and Asian, Pacific Islander, Latinx, Black/African American, and African immigrant and refugee communities.

Public Health programming - CDPHP houses Community & Adolescent Health (CAH) programs. Three culturally specific Community Health Specialists for CAH will be supported through this program offer. The staff will work with communities to support youth violence prevention, injury prevention, and chronic disease prevention strategies.

Community capacity - This program offer will support community capacity in the following ways. 1) Continuing to support community coalition work within the Latinx Emotional Health Collaborative, African Immigrant/Refugee Coalition, Future Generations Collaborative, and Pacific Islander Coalition. CBOs funded will convene stakeholders meetings and develop/implement community priorities. 2) Organizations and/or businesses will be funded to provide training and consultation for smaller and emerging CBOs to develop infrastructure and sustainable programming. 3) Community circles and health and healing events will be funded to support Native communities.

These increases in Public Health and community capacity will lead to collective problem solving with BIPOC communities. The results of these efforts will be policy, system, and environment change strategies that improve overall community health by addressing the impacts of racism and social determinants such as education and economic opportunities.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of BIPOC partners engaged	N/A	50	33	38
Outcome	# of community meetings	N/A	40	52	72
Outcome	# of policy, systems, and environment strategies identified	N/A	15	5	10
Output	# of community support circles and community events	N/A	N/A	N/A	100

### Performance Measures Descriptions

## Legal / Contractual Obligation

Contract Numbers:

Oregon Latino Health Coalition HD-SVCSGEN-13691-2022

Samoa Pacific Development Corporation HD-SVCSGEN-13696-2022

African Families Holistic Health Organization HD-SVCSGEN-13819-2022

Somali American Council of Oregon HD-SVCSGEN-13820-2022

Oregon & SW Washington African CDC HD-SVCSGEN-13821-2022

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$516,518	\$0	\$280,920
Contractual Services	\$0	\$640,000	\$0	\$688,500
Materials & Supplies	\$0	\$9,482	\$0	\$54,375
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,166,000</b>	<b>\$0</b>	<b>\$1,023,795</b>
<b>Program Total:</b>	<b>\$1,166,000</b>		<b>\$1,023,795</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,166,000	\$0	\$1,023,795
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,166,000</b>	<b>\$0</b>	<b>\$1,023,795</b>

## Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$1,023,795

## Significant Program Changes

**Last Year this program was:** FY 2022: 40199J ARP- Public Health Community Partners and Capacity Building Expansion

This program falls under the County's Public Health Emergency Response ARP Priority Area.

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

### Executive Summary

Communicable Disease (CD) is a foundational public health program that protects the health of the community by upholding State of Oregon infectious disease statutes through disease tracking and investigation, disease intervention and control, and response evaluation. The CD Services Expansion will strengthen capacity and work within CD Clinical and Community Services and CD Prevention and Control Program Offers. The scope of expansion includes increased staffing and engagement with BIPOC and other communities to support prevention strategies for vaccination, tuberculosis, hepatitis C, and emerging infectious diseases.

### Program Summary

This expansion will increase CD program capacity to address disparities by identifying racial, ethnic, and other community groups who are either at risk of or being impacted by infectious diseases. The program utilizes multiple data sources, including case and contact interviews, syndromic surveillance, and immunization data. The expansion will enable the program to work more closely with communities most impacted by communicable diseases, including BIPOC and unstably housed communities. More deeply engaging community as part of the below focuses will lead to better health outcomes and better access to health and social service resources in the event of a communicable disease diagnosis.

**Vaccination:** The CD program has long addressed vaccine hesitancy and access to vaccines as prevention strategies. Additional staffing will allow the program to engage communities most likely to be impacted by vaccine-preventable diseases or who have a high prevalence of unvaccinated community members to reduce barriers to vaccination.

**Tuberculosis (TB):** COVID-19 is compounding the effects of other diseases like TB due to lack of access to care or hesitancy to receive care. For TB, long periods of time spent indoors with family members is another factor: secondary cases from the same household and the number of close household contacts have both increased. Additional staffing will support expanded contact investigations and completion of treatment for latent TB before it becomes active.

**Emerging infectious diseases and changing infections:** As the current pandemic has made clear, public health must be prepared to prevent, control, and investigate emerging infectious diseases. Additional staffing and the 24/7 call system will provide critical capacity in this area. Additionally, a nurse with FTE dedicated to case management of patients diagnosed with neurosyphilis will ensure adequate treatment and response for an increasing disease burden.

**Foundational support:** Additional staffing will support Hepatitis C prevention and other communicable disease areas through front desk clinic support, data entry, specimen processing and collection, etc.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of communicable disease-focused community engagement events	N/A	12	6	12
Outcome	% of TB contacts who start and complete latent TB treatment	N/A	75%	75%	75%
Output	# of neurosyphilis cases receiving case management	N/A	5	5	10

### Performance Measures Descriptions

Measure 1: FY22 Estimate is 6 due to not having filled anticipated positions to date.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$883,823	\$0	\$698,808
Contractual Services	\$0	\$117,726	\$0	\$0
Materials & Supplies	\$0	\$36,451	\$0	\$12,400
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,038,000</b>	<b>\$0</b>	<b>\$711,208</b>
<b>Program Total:</b>	<b>\$1,038,000</b>		<b>\$711,208</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,038,000	\$0	\$711,208
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,038,000</b>	<b>\$0</b>	<b>\$711,208</b>

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$711,208

Significant Program Changes

Last Year this program was: FY 2022: 40199K ARP- Public Health Communicable Disease Services Expansion

This program falls under the County's Public Health Emergency Response ARP Priority Area.



**Legal / Contractual Obligation**

None

**Revenue/Expense Detail**

	<b>Adopted General Fund</b>	<b>Adopted Other Funds</b>	<b>Adopted General Fund</b>	<b>Adopted Other Funds</b>
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Contractual Services	\$0	\$400,000	\$0	\$400,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$400,000</b>	<b>\$0</b>	<b>\$400,000</b>
<b>Program Total:</b>	<b>\$400,000</b>		<b>\$400,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$400,000	\$0	\$400,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$400,000</b>	<b>\$0</b>	<b>\$400,000</b>

**Explanation of Revenues**

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

**Significant Program Changes****Last Year this program was:**

This program falls under the County's Public Health Emergency Response ARP Priority Area.



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$848,896	\$0	\$575,859
Contractual Services	\$0	\$254,840	\$0	\$543,939
Materials & Supplies	\$0	\$110,664	\$0	\$94,602
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,214,400</b>	<b>\$0</b>	<b>\$1,214,400</b>
<b>Program Total:</b>	<b>\$1,214,400</b>		<b>\$1,214,400</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,214,400	\$0	\$1,214,400
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,214,400</b>	<b>\$0</b>	<b>\$1,214,400</b>

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$1,214,400

Significant Program Changes

Last Year this program was: FY 2022: 40199Q ARP - Gun Violence Impacted Families Behavioral Health Team

\*Program originally aimed to serve 150 clients which would count all family members receiving services. This was changed to the specific youth being served as denoted in our Electronic Health Record which is why this # has been reduced.

This program falls under the County's Crisis Response & Community Recovery ARP Priority Area.

**Department:** Health Department      **Program Contact:** Julie Dodge

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

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

As Multnomah County residents near the end of a second year of experiencing the impacts of COVID-19, behavioral health acuity continues to escalate, resulting in higher need for mental health and addiction services and resources than ever before. We're seeing increases in overdoses, suicidal ideation (especially in adolescents), violence, depression and general inability to cope as a result of the extended isolation, economic, vocational, and other stressors associated with this pandemic. In particular, Black, Indigenous, and other People of Color (BIPOC) experience greater disparities. The American Rescue Plan Act offers a unique opportunity to expand access to care and services in BIPOC communities through external program investments and direct client assistance.

**Program Summary**

This offer works to offset the increase in behavioral health and addiction acuity rates with access to culturally specific supports through multiple program investments.

The Trauma Healing and Recovery program pilot launched in FY22 and continues in FY23. Designed for African American women who have trauma histories such as abuse, abandonment, incarceration and addiction, the program offers weekly workshops, one-on-one support and an annual retreat. Women will have the opportunity to connect with culturally grounded, client identified spirituality, which is an important aspect of African American identity, leading to improved mental and physical health outcomes.

The pandemic has highlighted the need for culturally specific peer recovery support services. BHD is investing in new culturally specific Peer Recovery Support services. This investment is intended to expand culturally specific services and invest in infrastructure for emerging programs that will lead to sustained expanded culturally specific services.

Multiple providers have reported challenges for bilingual, immigrant and refugee populations that have limited ability to access telehealth services. To address this need, BHD is investing in organizations serving monolingual, immigrant and refugee communities to address barriers or offer safe alternatives to telehealth service, thus increasing access to behavioral health and addiction services. Finally, this program invests in life-saving supplies and other resources for BIPOC and other vulnerable communities impacted by COVID, including Naloxone kits and fentanyl test strips.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of unique individuals served through new program investments	N/A	350	60	284
Outcome	Percentage of participants in new program investments who are BIPOC	N/A	70%	70%	70%

**Performance Measures Descriptions**

Measure 2 full description: Increased access to culturally specific services as indicated by percentage of participants in new program investments who are BIPOC

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$620,000	\$0	\$625,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$620,000</b>	<b>\$0</b>	<b>\$625,000</b>
<b>Program Total:</b>	<b>\$620,000</b>		<b>\$625,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$620,000	\$0	\$625,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$620,000</b>	<b>\$0</b>	<b>\$625,000</b>

Explanation of Revenues

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

Significant Program Changes

Last Year this program was: FY 2022: 40199R ARP - Culturally Specific Behavioral Health Programs

This program falls under the County's Crisis Response & Community Recovery ARP Priority Area.

**Department:** Health Department      **Program Contact:** Jessica Guernsey  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 40001, 40010B, 40010C, 40199B, 40037, 40053, 40060, 40096A, 40097  
**Program Characteristics:**

**Executive Summary**

In June 2021, Public Health was awarded funding through the Centers for Disease Control and Prevention (CDC) National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved. This funding runs through May 2023 and will support nine program offers within Public Health in FY23. Activities aim to build infrastructure that both address disparities in the current COVID-19 pandemic and set the foundation to address future responses. Public Health is supporting both internal staff and community partners to focus on disparities that are impacting BIPOC and other underserved communities.

**Program Summary**

Public Health CDC COVID-19 Health Disparities funding supports an array of activities across nine program offers. Key activities include coordinating Public Health COVID-19 response (testing and vaccination) and recovery activities; supporting internal project management, fiscal, and administrative infrastructure; implementing communications and health literacy strategies; building community partners capacity through contracts, technical assistance, and facilitating collaboration; emergency preparedness planning both for COVID-19 and future events such as those related to climate change; and developing policy, system, and environment change strategies that work to improve health, social, and economic disparities within BIPOC and other underserved communities.

Work within the following program offers is resourced through CDC COVID-19 Health Disparities funding: 40001 (Public Health Administration and Quality Management); 40010B (Communicable Disease Clinical and Community Services); 40010C and 40199B (Communicable Disease Community Immunization Program); 40037 (Environmental Health Community Programs); 40053 (Racial and Ethnic Approaches to Community Health); 40060 (Community & Adolescent Health); 40097 (Parent, Child, and Family Health Management); 40096A (Public Health Office of the Director).

Measures within the above program offers reflect program-specific capacity provided through CDC COVID-19 Health Disparities funding. Collectively, the programs are utilizing data and community input to increase internal and external capacity to address disparities within BIPOC and other underserved communities.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of Public Health programs supported	N/A	N/A	1	9
Outcome	# of community partners supported	N/A	N/A	250	250

**Performance Measures Descriptions**

Measure 1 is defined as number of program offers with staff/activities/partners funded by CDC grant funds. Measure 2 is defined as both funded and unfunded partners.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$0	\$1,689,547
Contractual Services	\$0	\$0	\$0	\$1,559,222
Materials & Supplies	\$0	\$0	\$0	\$167,935
Internal Services	\$0	\$0	\$0	\$237,520
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,654,224</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$3,654,224</b>	
<b>Program FTE</b>	0.00	0.00	0.00	11.77

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$3,654,224
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,654,224</b>

Explanation of Revenues

This program generates \$227,075 in indirect revenues.  
 \$ 3,654,224 - Public Health Disparities

Significant Program Changes

Last Year this program was:

In FY 2022, Public Health utilized CDC COVID-19 Health Disparities funding to begin planning and collaboration for project implementation, limiting the scope to internal project management expenses and continued partner engagement. In FY23, funding will be spread across the division and external partnerships. The nine FY23 program offers that are supported through this offer reference the impact of the funding in the significant changes sections.

This program falls under the County's Public Health Emergency Response ARP Priority Area.

**Department:** Health Department      **Program Contact:** Tameka Brazile  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Public Health’s Racial and Ethnic Approaches to Community Health (REACH) program received supplemental Centers for Disease Control and Prevention (CDC) funding to support COVID-19 and flu vaccination work in March 2021. The supplemental funding ends September 29, 2022. The funding supports identifying barriers to vaccine uptake, equipping community members to support vaccination strategies, and implementing vaccine clinics. These activities are focused on the local Black/African American and African immigrant and refugee communities.

### Program Summary

REACH programming centers a culture- and strength-based approach, relying on community wisdom to develop and implement culturally tailored interventions that address root causes of health inequities and preventable risk behaviors. The following supplemental activities are implemented alongside input and support from community partners.

Identifying barriers to vaccine uptake via community assessment and engagement - providing technical assistance and other wraparound support connections to community health workers (CHWs), faith ministries, and other community spokespersons to support data collection; developing social media content, videos, and messaging to raise awareness and educate in a way that resonates with Black, African American, and African immigrant and refugee families; and collaborating with state and local Public Health and Integrated Clinical Services Federally Qualified Health Center (FQHC).

Equipping community members with the knowledge and data related to vaccination strategies - identifying and training CHWs and trusted community-level spokespersons to communicate COVID-19 and flu disparities and importance of vaccination and other prevention activities through local media outlets, social media, faith-based venues, community events, and other community-based, culturally-appropriate venues.

Implementing vaccine clinics - connecting vaccination providers with places of worship, community organizations, and other trusted community settings to set up COVID-19 and flu vaccination sites.

Health Department partners include the FQHC program, local health systems, and other Public Health programs. External partners include the ACHIEVE Coalition and Healthy Birth Initiative Community Action Network; Portland Community College and nursing schools; faith-based organizations; Portland Public Schools; Schools Uniting Neighborhoods (SUN); Boys & Girls Club; Black- and African-led community and service organizations; Portland Fire and Rescue; Portland Trail Blazers, and community members, leaders, and influential voices.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of settings with COVID-19/flu vaccine clinics	N/A	N/A	29	5
Outcome	# of people receiving a COVID-19/flu vaccine	N/A	N/A	8,811	500

### Performance Measures Descriptions

FY22 Estimates are based on 12 months. FY23 Offer is based on 3 Months (July 2022 through September 2022) since supplemental funding ends in September 2022.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$0	\$105,195
Contractual Services	\$0	\$0	\$0	\$127,550
Materials & Supplies	\$0	\$0	\$0	\$7,000
Internal Services	\$0	\$0	\$0	\$14,139
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$253,884</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$253,884</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.25

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$253,884
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$253,884</b>

Explanation of Revenues

This program generates \$14,139 in indirect revenues.  
 \$253,884 - COVID-19 Federal REACH - Flu Vaccine

Significant Program Changes

Last Year this program was:

This program falls under the County's Public Health Emergency Response ARP Priority area.

**Department:** Health Department      **Program Contact:** Jessica Guernsey  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Program Design and Evaluation Services (PDES) has received federal and state COVID-19 funding to provide ongoing support to the Oregon Health Authority Office of the State Public Health Director. The scope of work includes collaborating with BIPOC community partners to improve public health data systems; analyzing and reporting on COVID-19 measures; and creating COVID-19 modeling reports. Activities support both statewide and local needs.

**Program Summary**

Program Design and Evaluation Services (PDES) is a research and evaluation unit within both the Multnomah County Public Health Office of the Director and Oregon Health Authority Public Health Division. PDES will utilize federal and state COVID-19 funding for the following activities in FY23:

Collaborate with BIPOC community partners - PDES will work with partners to describe the impact of COVID-19 on their communities and improve data systems for response planning, recovery, and preparedness. Community based scholars and community based organizations for five BIPOC communities will be funded to lead the project for their communities.

Analyze and report on COVID-19 measures - PDES will analyze and report monthly on current statewide measures of the far-reaching impact of COVID-19 and identify new measures for inclusion. Expanded measures will provide a comprehensive picture for assessing the impact of COVID-19 both statewide and locally, alongside data on COVID-19 cases, testing, vaccinations, hospitalizations, and deaths. Data will be disseminated publicly online.

COVID-19 modeling reports - PDES will create modeling reports for Oregon that will be shared with Oregon Health Authority leadership, as well as local leadership, every two weeks until COVID-19 cases remain at a low-risk level. Modeling reports will be created as needed thereafter. Reports include both estimates over time and scenario planning.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of reports on statewide measures	N/A	N/A	12	12
Outcome	Amount of contracts/ grants with BIPOC community partners	N/A	N/A	N/A	1,050,000

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$0	\$193,093
Materials & Supplies	\$0	\$0	\$0	\$5,955
Internal Services	\$0	\$0	\$0	\$25,952
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$225,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$225,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.84

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$225,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$225,000</b>

Explanation of Revenues

This program generates \$25,952 in indirect revenues.  
 \$125,000 - COVID-19 Federal PE19-28 PDES Outbreak Modeling  
 \$100,000 - COVID-19 State PE 19-29 Support to Oregon State PHD

Significant Program Changes

Last Year this program was:

This program falls under the County's Public Health Emergency Response ARP Priority area.

**Department:** Health Department      **Program Contact:** Christa Jones  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted

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

Social services providers have experienced challenges in providing support in the downtown area due to the increase in critical incidents that impact safety for those experiencing houselessness, provider teams, area businesses and other community members. These incidents interfere with service provision, such as meal services, which are vital supports for community members. The Old Town Inreach program is a partnership between the County and multiple provider agencies and provides peer support and provider coordination to decrease critical incidents and support individual's connection to behavioral health resources.

**Program Summary**

This program supports the Old Town Inreach which provides peer support focused on: recovery, hope, personal responsibility, self-determination, positive social connection and increasing natural support, and to improve the interconnection between service agencies. This program is a response to the escalation in behavioral health symptoms, acuity and impacts of illicit drug use observed in individuals experiencing houselessness in the downtown area who are living in an environment of great instability, inhumane living conditions, and violence. Clients, local residents, business owners, and service providers are experiencing an unprecedented risk of harm and injury to staff and property. Daily disruptions to aid delivery now requires nonprofit service providers to invest scarce resources in emergency additional staffing and security.

The goal of the program is to create a shared team of mental health and peer support specialists in collaboration with nonprofit social service agencies located in the Old Town and Pearl District neighborhoods. The team will provide rapid response intervention and services to the people experiencing homelessness and poverty that are served by these agencies.

The program has been designed by community partners and peers with an equity lens, recognizing that Black, Indigenous, and other People of Color (BIPOC) are disproportionately represented among houseless persons who are also experiencing behavioral health challenges. The impact of COVID-19 has significantly upset our community and escalated the mental health and addiction crisis among people experiencing homelessness and income insecurity in the Old Town and Pearl District neighborhoods.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of enrolled or intentionally engaged persons <sup>1</sup>	NEW	NEW	NEW	400/day
Outcome	% reduction in critical incidents from baseline <sup>2</sup>	NEW	NEW	NEW	60%

**Performance Measures Descriptions**

<sup>1</sup># of enrolled or intentionally engaged clients will be tracked in the program pilot to determine a baseline

<sup>2</sup># of critical incidents will be tracked in the program pilot to determine a baseline

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$0	\$1,100,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,100,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$1,100,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,100,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,100,000</b>

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$1,100,000

Significant Program Changes

Last Year this program was:

This program falls under the County's Crisis Response & Community Recovery ARP Priority area.



## 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	2022	2022	2023	2023
Personnel	\$0	\$0	\$0	\$109,438
Contractual Services	\$0	\$0	\$0	\$5,895
Materials & Supplies	\$0	\$0	\$0	\$18,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$133,333</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$133,333</b>	
<b>Program FTE</b>	0.00	0.00	0.00	1.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$133,333
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$133,333</b>

## Explanation of Revenues

\$133,333 from the Oregon Health Authority - Stimulus Funding specific for the EASA program

## Significant Program Changes

**Last Year this program was:**

This program offer falls under the County's Public Health Emergency Response ARP Priority Area.

### Department Overview

Multnomah County Library uses short term priorities to shape what we do and explain how we do it. In a world that changes quickly, we build those priorities on four pillars that will not change. Multnomah County Library’s mission: Empowering our community to learn and create

As a result of the COVID-19 pandemic we face profound challenges now and for the foreseeable future. People of color and communities subjected to marginalization are experiencing higher risk and worse outcomes from COVID-19 as a result of systemic inequities. Multnomah County Library will focus library resources on our community’s recovery, starting with those most deeply impacted by the crisis. Equity is at the core of the library’s response, and the priorities below center equity and lived experience.

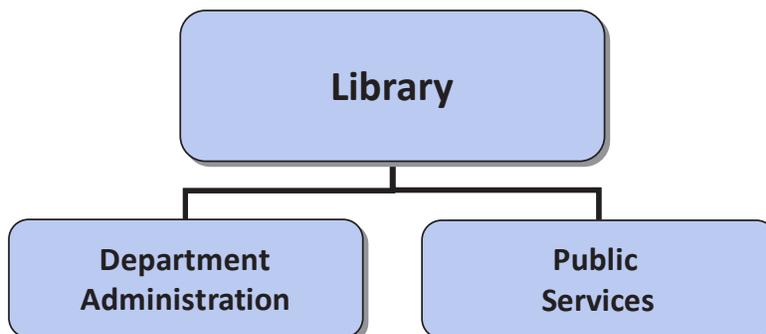
Helping people find work and develop career skills  
We help people look for work  
We offer resources to learn new job skills  
We help people with resumes and applications

Supporting education and learning for all ages  
We support teachers and educators in their work  
We offer students tools and resources to help virtual and in-person learning  
We provide tools and help for lifelong learning

Enhancing and diversifying virtual services  
We will expand digital collections and resources  
We will increase virtual services in the most spoken languages in our county  
We will engage more diverse voices and communities online

Technology training, access, and assistance for all  
We work to make technology available and useful for those who need it most  
We collaborate with partners to provide devices, access and training  
We amplify the urgency of digital inclusion through advocacy and action

Creating and maintaining safe and healthy spaces  
We serve people in buildings that are safe and healthy  
We follow public health guidance and use best practices  
We plan for future library spaces that support personal and public health



### Budget Overview

The Library FY 2023 Adopted budget is \$100.5 million, a \$4.1 million, or 4.2%, increase from the FY 2022 Adopted budget. Library operations are funded exclusively through the independent Multnomah County Library District. In the tenth year of the Library District, the Library proposes to levy a rate of \$1.22 per \$1,000 of assessed value. This rate is unchanged from FY 2022, and is below the voter approved maximum of \$1.24 per \$1,000 of assessed value. According to the most recent economic forecast for the Library, the Library District will experience growing property tax revenues due to the impending end of several large Urban Renewal Areas in the City of Portland which will allow the Library to run modest surpluses without raising the tax rate in the near term.

In November of 2020, voters passed the Library General Obligation (GO) Bond measure which will fund development or significant renovations of eight library branches, including a new East County Flagship branch, as well as a new sorting center and expansion of automated materials handling capabilities. The majority of funding from the bond is held in DCA program offers 78228A-J, which also feature detailed updates on each bond project.

Highlights for FY 2023 include:

- Library Building Bond Administration (80024) \$0 and 6.00 FTE: The budget for the 6.00 FTE is held in DCA program offer Library Capital Bond Construction (78228A).
- Mass reclassification of 52 Library Clerks to Library Assistants which is part of the Library’s ongoing staffing update and better aligns budgeted positions with actual work done. Inclusion of 8.00 FTE of new Library Security Liaisons and the discontinuation of security services provided by the Multnomah County Sheriff’s Office.

All Library branches have fully reopened following over 500 days of closure due to COVID-19. A fuller description of the Library’s ongoing COVID-19 response and adaptation can be found in the COVID-19 and American Rescue Plan section.

Budget Trends	FY 2021	FY 2022	FY 2022	FY 2023	Difference
	Actual	Current	Adopted	Adopted	
		Estimate	Budget	Budget	
Staffing FTE	514.25	538.08	534.00	544.75	10.75
Personnel Services	\$49,175,794	\$58,820,090	\$61,090,188	\$64,418,733	\$3,328,545
Contractual Services	883,930	1,692,791	1,837,637	1,975,107	137,470
Materials & Supplies	11,420,723	12,546,520	12,818,814	13,030,759	211,945
Internal Services	18,894,511	17,908,572	20,275,395	21,117,170	841,775
Capital Outlay	<u>156,604</u>	<u>20,047</u>	<u>450,000</u>	<u>0</u>	<u>(450,000)</u>
<b>Total Costs</b>	<b>\$80,531,562</b>	<b>\$90,988,020</b>	<b>\$96,472,034</b>	<b>\$100,541,769</b>	<b>\$4,069,735</b>

## Successes and Challenges

As the library looks to FY 2023, we do so with the benefit of experience from a FY 2022 permeated by change, evolution and transformation. This budget reflects the continuation of those themes and better prepares the organization to center race and lead with equity and inclusion as the foundation for future library services.

In FY 2022 the library completed the reopening of its 19 locations for public access after a prolonged closure of those spaces due to the COVID-19 pandemic. Plans and services for restored public access were based on a community engagement process that identified services and resources based on culturally specific feedback. The library continues to restore and adapt services based on that framework.

The library completed a significant organizational restructuring of the Public Services division in FY 2022. This shift is aimed at creating better support for the library's public service teams and more engagement and service for communities that have been oppressed or marginalized. The new structure adjusts the geographic regional support for public service locations; further develops and realigns the community services unit that serves youth, adults, partner organizations, and centers community engagement in service design and delivery. The new structure also includes an Integrated Library Services program (80020) that will allow the library to rethink its work around the collection and materials movement in coordination with ongoing capital projects.

Among the challenges the library faces in FY 2023, security and safety loom large. The severity and frequency of behavioral problems in library spaces have increased significantly. Often such incidents began with issues around compliance with the requirement to wear masks while inside a library. These incidents regularly escalate and result in stress or trauma for library staff members. Due to this, the library is continuing to make investments in staffing that supports library staff in responding to security and safety issues. This includes three positions that are supporting locations with new or additional security coverage needs and five positions that will support the Central Library program (80001) in transitioning away from the support historically provided by the Multnomah County Sheriff's Office that were added through budget modifications in this past year. Along with this, the library is expanding coverage through contracted staffing for crisis intervention support at Central Library. As our community struggles with issues related to homelessness, addiction and mental health, the library also expects to expend considerable resources in response to the impacts of these community issues into the foreseeable future. Recruitment and staffing continue to be important priorities for the library. Many library programs have expanded the number of positions with cultural and language Knowledge, Skills, and Abilities designations. This has led to many new recruitments in a much more competitive marketplace for professional talent. To that end, the library will be continuing to support additional limited duration capacity for recruitment in the Human Resources program offer (80017).

## COVID-19 Impacts and American Rescue Plan

The library entered FY 2022 as the COVID-19 pandemic continued to deeply impact services. The last public library to restore access was Albina Library in August of 2021. Throughout the year the library has worked to adjust services to continuously changing conditions, including limits on the number of people inside a building and for computer use, changes around mask policy and requirements, and intermittent service reductions or infrequent closures due to COVID-19 exposure or employee illness. The enforcement of mask mandates has added to the safety and security challenges library staff face in serving the public during the pandemic.

During the Omicron surge, the library experienced staffing issues like other businesses and organizations. In response, the library quickly modified its staffing practices, and provided public information to library users in all service languages about service changes.

The library continues to find ways of serving library users online through programs, reference services, tutorials and one-on-one technology assistance. In FY 2022 the library expanded its Library Connect partnership with local school districts to allow access to library services through a student ID card to more than 80,000 students in our area.

This year the library has continued to develop its role of supporting the community during weather-related emergencies to provide shelter, information and staff resources in collaboration with the County's Office of Emergency Management.

Looking forward, the library will continue to evolve and adapt services to changing community needs and COVID-19 related restrictions, regulations or circumstances. The challenges of the current fiscal year helped the organization create new processes and resources to support partners and assist library users during times of continual change and uncertainty. The library looks forward to a future where changing public health protocols and new library spaces will allow people to reconnect in person and build community in library spaces.

In the past year, the library used federal American Rescue Plan dollars to support two initiatives. The library developed a plan for a Library Tech Mobile through County coordinated federal funding. The library has acquired the vehicle for this initiative and is outfitting it to provide library and technology services to the community such as Wi-Fi, devices, books and personal assistance to communities in need of these resources. That same program is supporting another effort coordinated through the Oregon State Library to use federal funds to support digital inclusion outreach focused on tech lending of Chromebooks and internet hot spots. The FY 2023 budget further extends the tech lending outreach work from the previous year to support more hotspots to meet the demand for access the library is experiencing through the current lending program, through additional ARP funding.

# Diversity, Equity and Inclusion

Multnomah County Library is working to create a system that equitably nurtures, empowers and lifts staff, library users and the community to their highest potential. Libraries are uniquely positioned to address barriers to opportunity and access that disproportionately affect families in poverty and communities of color. Multnomah County Library is committed to the goals of equity, inclusion and sustaining a workforce that reflects and engages the community it serves.

FY 2023 will be the seventh year of the library’s formal equity and inclusion (E&I) initiative that sits within the Library Director’s Office program (80010). Ongoing efforts include a continuing focus on training and coaching for the library’s Executive Management Team. The library is hiring an equity analyst position for this program that was newly funded in FY 2022. This position will expand and enrich equity and inclusion work across the library system including support for the County’s Workforce Equity Strategic Plan.

This budget will be the third library budget that includes distinct equity goals for every program. These goals reflect the library’s commitment to make meaningful changes throughout the organization and provide opportunities for programs to be accountable for the work of creating a more equitable library.

The library’s FY 2023 budget includes the new position of a Spanish-speaking Communications Coordinator to serve as Multnomah County Library’s designated Spanish language spokesperson.

Additional Library efforts in FY 2023 will include but are not limited to Central Library’s (80001) effort to focus teen librarian services on services for teenagers experiencing houselessness; Community Information’s (80007) efforts to expand language access to library phone services; an equity analysis of Mobile and Partner Libraries’ services (80009); the Library Director’s Office’s (80010) efforts to develop a tracking system to support program equity goals throughout the library system; Integrated Library Service’s (80020) diversity, equity and inclusion assessment of the collection; and a data equity evaluation coordinated through the Public Services Division Management program (80022).

# Budget by Division

Division Name	FY 2023 General Fund	Other Funds	Total Division Cost	Total FTE
Department Administration	\$0	\$22,838,662	\$22,838,662	62.00
Public Services	0	77,503,107	77,503,107	482.75
COVID-19 & American Rescue Plan	0	<u>200,000</u>	<u>200,000</u>	<u>0.00</u>
<b>Total Library</b>	<b>\$0</b>	<b>\$100,541,769</b>	<b>\$100,541,769</b>	<b>544.75</b>

### Department Administration

Department Administration provides executive leadership and strategic vision for the library system; connects the community with library materials and services; and develops and leads proactive equity and inclusion initiatives. The Director's Office works with elected leaders, stakeholders, residents and staff to ensure that library services meet the needs of Multnomah County residents; develops policies and procedures to help people use library services; and ensures that the library provides relevant information and exceptional customer service to library users.

The library director serves as the library's budget officer in the annual public budgeting process. Equity and Inclusion leads the library's work to equitably nurture, empower and lift staff, library users and the community to their highest potential. Marketing and Communications maintains the library's public image, brand, social media presence, and informational resources to connect the community to library resources. Library Capital Bond Administration supports public investment in library spaces in collaboration with the Multnomah County Department of County Assets.

IT Services leads development and support for the library's technology strategy, ensuring innovative and sustainable IT for progressive service to a diverse community. IT Services supports staff computing and over 1,000 computers and mobile devices for public use. Wired and wireless networking provides public access to the library catalog, databases, downloadable books/ media and websites for job hunting, continuing education and government services. Business Services manages the library's finance and budget operations; Facilities coordinates the distribution of books and materials among all 22 locations and coordinates buildings and grounds maintenance; Human Resources provides assistance with all aspects of the employment cycle and coordinates training for staff and library users; and oversees the recruitment and placement of volunteers for all libraries, outreach programs.

### Significant Changes

This division now includes the IT Services (80018) program offer from the previous fiscal year's Content Strategy division. It also includes the Human Resources (80017), Facilities (80014), and Business Services (80012) program offers from the previous fiscal year's Operations division.

### Public Services

Public Services includes 19 neighborhood libraries, which are hubs of community engagement, learning and creativity. Other programs include Community Information services, which provides in-person and virtual reference services and the contact center, which serves library users via phone, email, text and chat.

Public libraries are welcoming spaces with friendly staff who provide access to books, computers with internet access, free programs and meeting spaces. People visit Multnomah County Libraries to access over two million physical and digital materials, attend programs such as storytimes in English, Spanish, Russian, Vietnamese, Chinese and Somali and access and get help with technology.

Community Learning provides support for in-person and virtual programming, public training, creative learning and reader services as well as partnership initiatives. Community Engagement connects both in-person and virtually with stakeholder groups and partners. Other programs and services include Youth Development, which supports kindergarten readiness, works with school districts and afterschool programs to improve student success; and the Summer Reading program. Mobile and Partner Libraries provide programs and services to older adults, new immigrants, adult learners, people with disabilities and people who are institutionalized or experiencing homelessness.

Integrated Library Services buys, catalogs, digitizes, curates and processes print and electronic/digital resources. It manages interlibrary loans, around 2,500 periodical subscriptions, more than 120 databases and online resources such as OverDrive and Hoopla and supports the systemwide movement of library materials.

### Significant Changes

The public services division continued the realignment of its management structure to improve communication and collaboration within the division. The Education Services program was reorganized into Youth Development (80006) and Community Learning (80008). The Programming and Events program was reorganized into Community Learning (80008). The Intergenerational Services program is now Mobile and Partner Libraries (80009). The public location program offers (80002, 80003, 80004, 80005) have been realigned with different libraries in order to create more parity between the program offers based on regions of the County.

### Multnomah County Library

The following table shows the programs that make up the department's total budget. The individual programs follow their respective divisions.

Prog. #	Program Name	FY 2023 General Fund	Other Funds	Total Cost	FTE
<b>Department Administration</b>					
80010	Library Director's Office	\$0	\$1,365,588	\$1,365,588	6.00
80012	Business Services	0	1,608,449	1,608,449	7.75
80014	Facilities	0	4,014,015	4,014,015	10.00
80017	Human Resources	0	3,091,842	3,091,842	15.75
80018	IT Services	0	10,898,390	10,898,390	6.00
80019	Marketing and Communication	0	1,860,378	1,860,378	10.50
80024	Library Building Bond Administration	0	0	0	6.00
<b>Public Services</b>					
80001	Central Library	0	13,069,248	13,069,248	94.25
80002	North and Northeast County Libraries	0	8,861,878	8,861,878	68.00
80003	South and Southwest County Libraries	0	8,506,230	8,506,230	63.00
80004	Mid County Libraries	0	8,795,859	8,795,859	66.25
80005	East County Libraries	0	7,336,971	7,336,971	53.00
80006	Youth Development	0	1,119,805	1,119,805	6.75
80007	Community Information	0	3,716,282	3,716,282	25.75
80008	Community Learning	0	3,858,815	3,858,815	22.75
80009	Mobile and Partner Libraries	0	1,586,600	1,586,600	10.75
80020	Integrated Library Services	0	15,195,438	15,195,438	42.25
80022	Public Services Division Management	0	3,393,432	3,393,432	19.00
80023	Community Engagement	0	2,062,549	2,062,549	11.00
<b>COVID-19 &amp; American Rescue Plan</b>					
80099	ARP - Outreach Hotspots	0	200,000	200,000	0.00
<b>Total Library</b>		<b>\$0</b>	<b>\$100,541,769</b>	<b>\$100,541,769</b>	<b>544.75</b>



## Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$9,320,657	\$0	\$9,653,483
Contractual Services	\$0	\$152,500	\$0	\$237,170
Materials & Supplies	\$0	\$97,199	\$0	\$91,127
Internal Services	\$0	\$3,265,826	\$0	\$3,087,468
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$12,836,182</b>	<b>\$0</b>	<b>\$13,069,248</b>
<b>Program Total:</b>	<b>\$12,836,182</b>		<b>\$13,069,248</b>	
<b>Program FTE</b>	0.00	91.75	0.00	94.25

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

## Explanation of Revenues

This program generates \$346,560 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

## Significant Program Changes

**Last Year this program was:** FY 2022: 80001 Central Library

This program offer includes an additional 5.00 FTE of Library Safety Liaison and 1.00 FTE of Library Administrator staffing.



## Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$6,985,394	\$0	\$7,278,470
Contractual Services	\$0	\$5,500	\$0	\$4,700
Materials & Supplies	\$0	\$95,949	\$0	\$109,762
Internal Services	\$0	\$1,167,331	\$0	\$1,468,946
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$8,254,174</b>	<b>\$0</b>	<b>\$8,861,878</b>
<b>Program Total:</b>	<b>\$8,254,174</b>		<b>\$8,861,878</b>	
<b>Program FTE</b>	0.00	66.75	0.00	68.00

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

## Explanation of Revenues

This program generates \$261,296 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

## Significant Program Changes

**Last Year this program was:** FY 2022: 80002 North County Libraries

This program was realigned to include Albina and Hollywood libraries. Northwest Library is no longer part of this program offer. Internal service costs for the facilities at Albina Library were moved to this program from the Facilities program offer (80014).



## Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$6,702,345	\$0	\$6,878,225
Contractual Services	\$0	\$5,350	\$0	\$8,500
Materials & Supplies	\$0	\$67,645	\$0	\$59,484
Internal Services	\$0	\$1,466,932	\$0	\$1,560,021
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$8,242,272</b>	<b>\$0</b>	<b>\$8,506,230</b>
<b>Program Total:</b>	<b>\$8,242,272</b>		<b>\$8,506,230</b>	
<b>Program FTE</b>	0.00	62.75	0.00	63.00

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

## Explanation of Revenues

This program generates \$246,929 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

## Significant Program Changes

**Last Year this program was:** FY 2022: 80003 South and West County Libraries

This region has been reconfigured and for the FY 2023 budget year and now includes the Northwest, Belmont, Capitol Hill, Hillsdale, and Sellwood-Moreland Libraries. The pandemic impacted service offerings and delivery last year.



## Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$6,688,183	\$0	\$7,260,815
Contractual Services	\$0	\$4,900	\$0	\$4,500
Materials & Supplies	\$0	\$69,940	\$0	\$68,957
Internal Services	\$0	\$1,365,301	\$0	\$1,461,587
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$8,128,324</b>	<b>\$0</b>	<b>\$8,795,859</b>
<b>Program Total:</b>	<b>\$8,128,324</b>		<b>\$8,795,859</b>	
<b>Program FTE</b>	0.00	64.00	0.00	66.25

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

## Explanation of Revenues

This program generates \$260,662 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

## Significant Program Changes

**Last Year this program was:** FY 2022: 80004 East County Libraries

Mid County Libraries program offer is reconfigured for FY 2023 to include 4 libraries: Gregory Heights, Holgate, Midland and Woodstock.



## Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Personnel	\$0	\$5,696,056	\$0	\$6,002,136
Contractual Services	\$0	\$17,600	\$0	\$3,900
Materials & Supplies	\$0	\$254,481	\$0	\$72,262
Internal Services	\$0	\$1,199,830	\$0	\$1,258,673
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$7,167,967</b>	<b>\$0</b>	<b>\$7,336,971</b>
<b>Program Total:</b>	<b>\$7,167,967</b>		<b>\$7,336,971</b>	
<b>Program FTE</b>	0.00	53.00	0.00	53.00

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

## Explanation of Revenues

This program generates \$215,477 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

## Significant Program Changes

**Last Year this program was:** FY 2022: 80004 East County Libraries

This region has been reconfigured and now includes the Gresham, Fairview, Rockwood, and Troutdale Libraries. Midland, Gregory Heights and Holgate Libraries are now in the Mid County Libraries program offer (80004).



## Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$943,382	\$0	\$946,224
Contractual Services	\$0	\$7,000	\$0	\$34,000
Materials & Supplies	\$0	\$419,285	\$0	\$95,847
Internal Services	\$0	\$52,330	\$0	\$43,734
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,421,997</b>	<b>\$0</b>	<b>\$1,119,805</b>
<b>Program Total:</b>	<b>\$1,421,997</b>		<b>\$1,119,805</b>	
<b>Program FTE</b>	0.00	6.75	0.00	6.75

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

## Explanation of Revenues

This program generates \$33,972 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

## Significant Program Changes

**Last Year this program was:** FY 2022: 80006 Education Services

This program offer is changing due to management restructuring. Parts of this program are now incorporated into the Community Learning program (80008).



## Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$2,680,944	\$0	\$3,165,546
Contractual Services	\$0	\$0	\$0	\$276,000
Materials & Supplies	\$0	\$8,040	\$0	\$136,398
Internal Services	\$0	\$69,874	\$0	\$138,338
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$2,758,858</b>	<b>\$0</b>	<b>\$3,716,282</b>
<b>Program Total:</b>	<b>\$2,758,858</b>		<b>\$3,716,282</b>	
<b>Program FTE</b>	0.00	23.75	0.00	25.75

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

## Explanation of Revenues

This program generates \$113,643 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

## Significant Program Changes

**Last Year this program was:** FY 2022: 80005 Community Information

This program contains staff from the Central Library (80001) and Programming and Events (80008) program offers from FY 2022.



## Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$2,616,361	\$0	\$3,126,528
Contractual Services	\$0	\$378,500	\$0	\$76,250
Materials & Supplies	\$0	\$621,670	\$0	\$530,041
Internal Services	\$0	\$112,490	\$0	\$125,996
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$3,729,021</b>	<b>\$0</b>	<b>\$3,858,815</b>
<b>Program Total:</b>	<b>\$3,729,021</b>		<b>\$3,858,815</b>	
<b>Program FTE</b>	0.00	20.75	0.00	22.75

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

## Explanation of Revenues

This program generates \$112,241 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

## Significant Program Changes

**Last Year this program was:** FY 2022: 80008 Programming and Events

This program now includes parts of the Education Services program offer (80006) from FY 2022



## Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$1,267,619	\$0	\$1,333,344
Contractual Services	\$0	\$737	\$0	\$737
Materials & Supplies	\$0	\$97,000	\$0	\$199,802
Internal Services	\$0	\$37,441	\$0	\$52,717
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,402,797</b>	<b>\$0</b>	<b>\$1,586,600</b>
<b>Program Total:</b>	<b>\$1,402,797</b>		<b>\$1,586,600</b>	
<b>Program FTE</b>	0.00	10.75	0.00	10.75

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

## Explanation of Revenues

This program generates \$47,867 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

## Significant Program Changes

Last Year this program was: FY 2022: 80009 Intergenerational Services



## Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$1,097,559	\$0	\$1,160,797
Contractual Services	\$0	\$177,500	\$0	\$77,500
Materials & Supplies	\$0	\$85,647	\$0	\$68,628
Internal Services	\$0	\$40,830	\$0	\$58,663
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,401,536</b>	<b>\$0</b>	<b>\$1,365,588</b>
<b>Program Total:</b>	<b>\$1,401,536</b>		<b>\$1,365,588</b>	
<b>Program FTE</b>	0.00	6.00	0.00	6.00

Program Revenues				
Intergovernmental	\$0	\$95,937,034	\$0	\$100,306,769
Other / Miscellaneous	\$0	\$35,000	\$0	\$35,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$95,972,034</b>	<b>\$0</b>	<b>\$100,341,769</b>

## Explanation of Revenues

This program generates \$41,673 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.6%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (98.71%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.29%).

## Significant Program Changes

**Last Year this program was:** FY 2022: 80010 Library Director's Office

This program offer has 2.00 FTE reallocated from last year's Operations program offer (80012) as part of the reorganization of the Operation's Division into the Department Administration Division.



## Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$1,255,946	\$0	\$1,422,858
Contractual Services	\$0	\$12,200	\$0	\$14,200
Materials & Supplies	\$0	\$55,261	\$0	\$86,459
Internal Services	\$0	\$69,938	\$0	\$84,932
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,393,345</b>	<b>\$0</b>	<b>\$1,608,449</b>
<b>Program Total:</b>	<b>\$1,393,345</b>		<b>\$1,608,449</b>	
<b>Program FTE</b>	0.00	6.75	0.00	7.75

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

## Explanation of Revenues

This program generates \$51,080 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

## Significant Program Changes

**Last Year this program was:** FY 2022: 80012 Operations

In the FY 2022 Program Offer 80012 Operations included both Business Services and Project Management & Evaluation. In FY 2023 this Program Offer only includes Business Services, while Project Management & Evaluation moves to Program Offer 80022 Public Services Management. This program includes an additional 1.00 FTE of Contract Specialist support.

**Department:** Library

**Program Contact:** Alene Davis

**Program Offer Type:** Support

**Program Offer Stage:** As Adopted

**Related Programs:** 80010, 80020

**Program Characteristics:**
**Executive Summary**

Facilities coordinates maintenance of buildings and grounds to maintain safe, secure and welcoming facilities. It contributes to the successful planning and delivery of construction projects in collaboration with the Department of County Assets. It ensures that library materials move quickly and accurately among all 21 library locations. This program acquires and coordinates supplies and fleet management; and manages risk and safety for the library, in coordination with the security team.

**Program Summary**

Facilities provides centralized coordination of repair and maintenance activities with county facilities staff, telecommunications, contractors and vendors for 21 library locations, helps develop the Library District five-year Capital Fund expenditure plan, and contributes to DCA's Library five-year Capital Improvement Plan for library buildings. This program serves all library staff and the public as expert resources on ADA-compliant building access, ergonomics, and workflow management; assists the security team and provides support for secure building access and security policy development and implementation.

The Library Logistics team operates delivery operations that move library materials to and among library locations, enabling residents to have quick access to materials throughout Multnomah County. This program operates a seven-day-per-week delivery system that provides delivery to 37 service points, delivering and receiving all library books and materials, interoffice mail, U.S. mail, library supplies and bank deposits. It provides support to all library fleet vehicles including coordinating service, working with County Fleet. It also acquires and coordinates systemwide supplies for the library system, including PPE and disinfecting supplies in response to the global pandemic.

This program supports diversity, equity and inclusion by budgeting to upgrade facilities to better meet universal design standards, in addition to Americans with Disabilities Act (ADA) requirements, to support equitable access for all. ADA represents minimum requirements and Universal Design represents best practices. This program also supports diversity, equity and inclusion by promoting design justice and trauma-informed design principles, sustainability, pandemic resiliency, biophilia, and workforce equity during upgrades and renovations at Library facilities.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Crates of books, mail and supplies moved annually	149,000	200,000	175,000	200,000
Outcome	Library manager satisfaction with the delivery system	94%	95%	90%	90%
Outcome	% of patrons who agree library spaces are safe and welcoming	94%	90%	90%	90%

**Performance Measures Descriptions**

Performance Measure 1: A crate is the library's unit of measurement for transporting library materials, mail, supplies and other items.

Performance Measure 2: Satisfaction as determined by an annual survey of library managers.

## Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$1,162,618	\$0	\$1,195,371
Contractual Services	\$0	\$300	\$0	\$1,200
Materials & Supplies	\$0	\$129,605	\$0	\$66,742
Internal Services	\$0	\$3,113,538	\$0	\$2,750,702
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$4,406,061</b>	<b>\$0</b>	<b>\$4,014,015</b>
<b>Program Total:</b>	<b>\$4,406,061</b>		<b>\$4,014,015</b>	
<b>Program FTE</b>	0.00	10.00	0.00	10.00

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

## Explanation of Revenues

This program generates \$42,914 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

## Significant Program Changes

**Last Year this program was:** FY 2022: 80014 Facilities

This program contained the library's sort center work group in FY 2022 which is now in the Integrated Library Services offer (80020). The internal service costs for facilities at the Albina Library have been moved from this program to the North and Northeast County Libraries program (80002).



## Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$2,402,467	\$0	\$2,605,051
Contractual Services	\$0	\$46,800	\$0	\$48,250
Materials & Supplies	\$0	\$308,664	\$0	\$329,291
Internal Services	\$0	\$96,268	\$0	\$109,250
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$2,854,199</b>	<b>\$0</b>	<b>\$3,091,842</b>
<b>Program Total:</b>	<b>\$2,854,199</b>		<b>\$3,091,842</b>	
<b>Program FTE</b>	0.00	15.75	0.00	15.75

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

## Explanation of Revenues

This program generates \$93,521 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

## Significant Program Changes

Last Year this program was: FY 2022: 80017 Human Resources



## Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$1,072,730	\$0	\$1,121,819
Contractual Services	\$0	\$295,000	\$0	\$236,000
Materials & Supplies	\$0	\$1,110,980	\$0	\$1,079,460
Internal Services	\$0	\$7,807,564	\$0	\$8,461,111
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$10,286,274</b>	<b>\$0</b>	<b>\$10,898,390</b>
<b>Program Total:</b>	<b>\$10,286,274</b>		<b>\$10,898,390</b>	
<b>Program FTE</b>	0.00	6.00	0.00	6.00

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

## Explanation of Revenues

This program generates \$40,273 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

## Significant Program Changes

Last Year this program was: FY 2022: 80018 IT Services



## Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$1,272,045	\$0	\$1,481,007
Contractual Services	\$0	\$118,000	\$0	\$157,000
Materials & Supplies	\$0	\$144,209	\$0	\$164,552
Internal Services	\$0	\$45,637	\$0	\$57,819
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,579,891</b>	<b>\$0</b>	<b>\$1,860,378</b>
<b>Program Total:</b>	<b>\$1,579,891</b>		<b>\$1,860,378</b>	
<b>Program FTE</b>	0.00	9.50	0.00	10.50

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

## Explanation of Revenues

This program generates \$53,168 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

## Significant Program Changes

**Last Year this program was:** FY 2022: 80019 Marketing and Communication

This program includes the addition of 1.00 FTE focused on Spanish-language communications.

**Department:** Library

**Program Contact:** Dave Ratliff

**Program Offer Type:** Support

**Program Offer Stage:** As Adopted

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

### Executive Summary

The Integrated Library Services Program provides access to a diverse, dynamic, and relevant collection of physical books and other digital information resources for all ages. This program is responsible for selecting, acquiring, curating, cataloging, processing, and distributing materials in the library's collections, as well as managing the technical functions and policies that provide library users access to these collections and those of other cooperating libraries.

### Program Summary

Integrated Library Services manages and coordinates all aspects of acquiring and providing access to the library's collection of materials. This includes monitoring publishing trends and technology platforms, selecting, purchasing, and digitizing materials, maintaining an accurate and up to date catalog of materials, processing and preparing physical items for library use, monitoring and evaluating collection usage and diversity, developing and implementing equitable circulation policies, coordinating the timely movement and distribution of materials throughout the library system, processing and mailing holds and outreach items directly to patrons, coordinating cooperative lending and borrowing with other library systems, and maintaining the technical systems that support this work.

This program serves people in Multnomah County of all ages, ethnicities, and economic backgrounds by reducing barriers and providing a wide range of informational, educational, and recreational materials. The library collects materials in a variety of formats for the diverse access needs of library users. The collection includes materials in five "We Speak Your Language" collections (Spanish, Chinese, Vietnamese, Russian, and Somali) as well as a smaller collection of other World Languages. This program also works to reduce barriers to access through policy changes and direct services, such as mailing holds to patrons who are unable to access them at a library branch. Library users provide input on collection decisions by suggesting items for the library to purchase or requesting materials through interlibrary loan.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of items in the collection, physical & digital	2,617,983	2,550,000	2,550,000	2,550,000
Outcome	% of library users who found books and items they wanted	93%	90%	90%	90%
Outcome	Turnover rate, physical & digital content	4.6	5.0	5.5	5.0
Output	% of the collection that supports diversity, equity, and inclusion	N/A	N/A	20.8%	21%

### Performance Measures Descriptions

Performance Measure 4: This is a new measure for FY 2023. The diversity, equity, and inclusion collection count is determined by CollectionHQ using national diversity collection lists, librarian-reviewed curated lists, and Library of Congress subject headings mapped to DEI Topics.

## Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$4,875,299	\$0	\$4,906,325
Contractual Services	\$0	\$570,900	\$0	\$534,800
Materials & Supplies	\$0	\$9,065,979	\$0	\$9,561,847
Internal Services	\$0	\$182,957	\$0	\$192,466
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$14,695,135</b>	<b>\$0</b>	<b>\$15,195,438</b>
<b>Program Total:</b>	<b>\$14,695,135</b>		<b>\$15,195,438</b>	
<b>Program FTE</b>	0.00	43.75	0.00	42.25

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

## Explanation of Revenues

This program generates \$176,137 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

## Significant Program Changes

**Last Year this program was:** FY 2022: 80020 Collections and Technical Services

This program now includes parts of previous programs including Access/Circulation Services team from Central Library (80001) and Library Materials Sorting for delivery to public locations from the Facilities (80014) as part of the Public Services Division management restructure.



## Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$3,600,822	\$0	\$3,196,844
Contractual Services	\$0	\$44,850	\$0	\$33,400
Materials & Supplies	\$0	\$71,980	\$0	\$25,840
Internal Services	\$0	\$143,007	\$0	\$137,348
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$3,860,659</b>	<b>\$0</b>	<b>\$3,393,432</b>
<b>Program Total:</b>	<b>\$3,860,659</b>		<b>\$3,393,432</b>	
<b>Program FTE</b>	0.00	20.00	0.00	19.00

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

## Explanation of Revenues

This program generates \$114,767 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

## Significant Program Changes

**Last Year this program was:** FY 2022: 80022 Public Services Division Management

This program reflects the results of the Public Services management realignment to a regional structure. This program now includes the program management and evaluation work unit from the Operations program offer (80012) from last year's budget.



## Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$1,449,761	\$0	\$1,683,890
Contractual Services	\$0	\$0	\$0	\$27,000
Materials & Supplies	\$0	\$65,280	\$0	\$284,260
Internal Services	\$0	\$38,301	\$0	\$67,399
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,553,342</b>	<b>\$0</b>	<b>\$2,062,549</b>
<b>Program Total:</b>	<b>\$1,553,342</b>		<b>\$2,062,549</b>	
<b>Program FTE</b>	0.00	10.00	0.00	11.00

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

## Explanation of Revenues

This program generates \$60,452 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

## Significant Program Changes

Last Year this program was: FY 2022: 80023 Community Engagement

**Department:** Library

**Program Contact:** Katie O'Dell

**Program Offer Type:** Administration

**Program Offer Stage:** As Adopted

**Related Programs:** 80010

**Program Characteristics:**
**Executive Summary**

The Library Building Bond Administration program consists of the Library employees who are part of the Library Capital Program Management Office (PMO). It includes the Library PMO Deputy Director, and positions responsible for communications, staff and community outreach, Library-side project coordination, and office administration.

**Program Summary**

With the passage of the library capital construction bond (Measure 26-211), the voters of Multnomah County have approved the funding for all of the projects that are laid out as part of the bond plan. This program represents the library staff positions that will support the capital program's administration in collaboration with the Department of County Assets. Library Building Bond Administration supports the library's vision for the bond construction projects through collaboration with bond program management staff and community outreach and engagement. Most of the Library Bond expenses are budgeted in the Department of County Assets. These positions are funded by the Multnomah County Library Capital Construction Fund (2517).

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Rating on a scale of 1 to 10 for the professionalism and helpfulness of the Library Project Coordinators	N/A	8.5	0	8.5
Outcome	Community advocate satisfaction (scale of 1 to 5) with their experience as community engagement members	N/A	N/A	N/A	4.0

**Performance Measures Descriptions**

Performance Measure 2: This measure is new for FY 2023. This reflects the commitment to include and amplify community voice throughout the bond projects, and is a measure of community advocates' satisfaction with their experience as paid grassroots community engagement members.

## Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would ... prevent reductions in services, programs and activities, and hours."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Personnel	\$0	\$0	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$0</b>	
<b>Program FTE</b>	0.00	6.00	0.00	6.00

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

## Explanation of Revenues

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.96%) and resources from the County's Library Fund (0.04%). It represents a pro-rated share of property taxes (98.03%) and other revenues such as overdue fines, interest earnings, grants, and user charges for services provided to library patrons (1.97%).

## Significant Program Changes

Last Year this program was: [FY 2022: 80024 Library Building Bond Administration](#)



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$0	\$200,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$200,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$200,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$200,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$200,000</b>

Explanation of Revenues

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

Significant Program Changes

Last Year this program was:

This program falls under the County's Crisis Response & Community Recovery ARP Priority Area. This technology supports community recovery by allowing the Library to provide WiFi hotspots for longer periods of time which allows recipients uninterrupted internet access.

### Department Overview

The Nondepartmental budget accounts for programs and countywide functions that do not belong to particular departments. Programs include the Board of County Commissioners and its Chair; the Auditor’s Office; the County Attorney’s Office; the Communications Office; the offices of Emergency Management, Sustainability, Diversity and Equity, and the Community Involvement Committee; independent County organizations such as the Local Public Safety Coordinating Council; non-County agencies such as the Regional Arts and Culture Council and the Oregon Historical Society; and entities that account for corporate debt service. Fund-level transactions are also budgeted here.

The Board of County Commissioners provides corporate leadership, policy direction, and strategic direction for Multnomah County. The elected Auditor and staff promote efficient, effective, accountable government. The County Attorney’s Office provides legal guidance, advice, and other services. The Communications Office provides information and access to County government for the news media and public. The Office of Emergency Management coordinates countywide emergency disaster preparedness, response, and mitigation activities. The Community Involvement Committee, an advisory body to the County, involves the community in County policy and decision-making processes. Several independent County agencies provide advice, oversight, analysis, and advocacy on behalf of the County and the community. The Local Public Safety Coordinating Council coordinates public safety plans, policies, operations, and strategies of local government agencies; and the Tax Supervising and Conservation Commission oversees budget and tax levy authority for taxing districts in the County.

### Budget Overview

Nondepartmental contains County programs, independent County agencies, corporate functions, and payments to other entities that do not belong to County departments. The Nondepartmental FY 2023 Adopted budget is \$251.2 million, a \$49.8 million increase from the FY 2022 Adopted budget. The increase in contractual services primarily relates to an increase in the Oregon Public Employees Retirement System (PERS) Bond Sinking Fund (10028). In FY 2023, The County plans to establish a new PERS side account (\$25 million) with Oregon PERS. The side account will help mitigate rising PERS costs by providing PERS rate relief. Though rate of relief can vary, the relief is estimated to be between 0.6% - 0.7% of payroll.

The General Fund (including Video Lottery) has increased by \$10.7 million. The General Fund increase includes \$1,524,340 in new, ongoing funding for:

- Audit Capacity Expansion (10005C) \$665,988
- Communication Coordinator Homeless and Housing Services (10007B) \$165,000
- Internal Communications Coordinator (10007C) \$165,000
- Gun Violence Coordination (10009D) \$176,482
- Climate Resilience Coordinator (10018C) \$148,000
- Youth Opportunity and Workforce Development – Expansion (10029B) \$203,870

Additionally, the Nondepartmental General Fund includes \$7,335,000 in one-time-only funding (10005B, 10007D, 10009C, 10010B/C, 10017C, 10018B/D, 10020B, 10021B, 10031, 10033, 10034, 10036, 10040B). A list of programs funded as one-time-only can be found in the Budget Director’s Message.

Budget Trends	FY 2021	FY 2022	FY 2022	FY 2023	Difference
	Actual**	Current Estimate	Adopted Budget	Adopted Budget	
Staffing FTE	114.59	117.63	117.63	126.80	9.17
Personnel Services	\$19,015,477	\$32,848,575	\$24,210,698	\$27,730,463	\$3,519,765
Contractual Services	42,303,249	56,385,965	52,009,276	91,563,870	39,554,594
Materials & Supplies	2,181,845	3,562,471	3,198,436	3,628,514	430,078
Internal Services	15,302,545	15,918,781	16,243,654	17,145,108	901,454
Capital Outlay	66,125	0	0	0	0
Debt Service	<u>144,353,717</u>	<u>103,621,494</u>	<u>105,736,218</u>	<u>111,116,796</u>	<u>5,380,578</u>
<b>Total Costs</b>	<b>\$223,222,958</b>	<b>\$212,337,286</b>	<b>\$201,398,282</b>	<b>\$251,184,751</b>	<b>\$49,786,469</b>

\*Does not include cash transfers, contingencies or unappropriated balances. Program offers DO contain cash transfers, contingencies, and unappropriated balances.

\*\* In the FY 2021 Adopted budget, \$117.1 million and 32.00 FTE associated with the Joint Office of Homeless Services (JOHS) were included in the Nondepartmental budget. Because JOHS was established as a department in FY 2022, the FY 2021 actual amounts associated with JOHS are shown in the JOHS Budget Trends table, not here.

### Successes

The **Auditor's Office's** mission is to ensure that County government is efficient, effective, equitable, transparent, and fully accountable to all who live in our county. To support this mission in fiscal year 2022, the office issued audit reports on the County's pandemic-related spending, financial condition, and jail conditions, as well as a required communication about Joint Office of Homeless Services' public reporting. The office published multiple reports on the status of audit recommendations and annual reports on the Good Government Hotline and the Auditor's Office. In accordance with County Charter, the office proposed the plan to reapportion County Commissioner districts based on the decennial U.S. Census, and the Board of County Commissioners approved the plan. The Auditor fulfilled another Charter assignment by appointing the Salary Commission to set the salaries for the Chair, Commissioners, and Sheriff, and to set the county supplement for the District Attorney. Throughout the year, the Auditor concentrated on three Workforce Equity Strategic Plan focus areas.

The **Office of Government Relations'** work in the Legislature resulted in additional resources for the Behavioral Health Housing, Affordable Housing Providers, Rental Assistance, and other needed programs. The office continued to advocate at the Federal level for additional resources from the Federal government for local governments related to the Burnside Bridge, as well as securing Congressionally directed funding for the Behavioral Health Resource Center. Additional success includes expanding the County's grant capacity by training staff across departments. The Office held over fifteen meetings to develop and post a new Tribal Relations position to better align with Tribal Governments.

The **Office of Diversity and Equity (ODE)** moved through a restructuring based on recommendations from Focus Area 5 of the Workforce Equity Strategic Plan. They ensured capacity to take on key pillars of work. This includes the ongoing implementation of the Workforce Equity Strategic Plan, initiatives and leadership around disability and LGBTQ+ equity, gender inclusion, civil rights and employee accommodations, as well as data, research and evaluation. In addition, there was focus on advancing work to strengthen the Equity and Empowerment Lens, resource group governance and supporting a robust Multnomah Youth Commission. ODE contributed to a number of efforts related to the COVID-19 response, including infrastructure support for disability access, youth engagement, equity analysis, farm labor outreach, research and analysis of remote work experiences (which informed a revised telework policy), and convening staff across the organization to share strategies and support culturally specific providers.

## Successes (continued)

The **Local Public Safety Coordinating Council**, after a successful What Works in Public Safety Conference in January, 2020, launched the “Transforming Justice” effort, which aims to create and implement a long term vision for the future of local justice policy. This effort leads with race by prioritizing nonjustice interventions for BIPOC communities while decreasing the criminal system footprint and growing health and human service responses. The vision was completed in June, which queues up implementation of the core strategies. Other key LPSCC projects include: implementation of the MacArthur Foundation’s Safety and Justice Challenge which is a complete overhaul of the pretrial system; participation in the Square One Project’s effort to reimagine justice; and managing local Justice Reinvestment program operations and evaluation.

**Sustainability** worked with community based organizations that represent frontline people of color led organizations to develop Climate Justice by Design, a collaborative process for developing climate actions and shared vision. Over the next year the Office will use that process to develop a Climate Justice Plan with the community. Sustainability also worked to help shape the statewide Climate Protection Program, and new utility rules aimed at eliminating fossil fuel based electricity and protecting low income customers through discounts and shutoff protections. In the air-quality space, Sustainability led a work group to explore strategies for reducing pollution from wood which led to important changes in the wood smoke curtailment program. Those changes included simplifying the warning system, and making the curtailment program year-round. Sustainability also continued work with the City of Gresham on the Green Gresham Healthy Gresham tree planting program planting over 100 trees in low-tree-canopy areas of west Gresham. Within the County, Sustainability hosted over two hundred staff for educational programs and reached over 1,800 people via our newsletter.

The **Office of Emergency Management** continues to respond to COVID-19 with the distribution of millions of masks and the storage and delivery of over 100,000 test kits, thousands of gallons of hand sanitizer and gloves. This includes supplies to organizations supporting our BIPOC communities, shelter populations, COVID outbreaks and other at-risk and underserved populations. The office also provided set up and logistical support for County vaccination and testing locations throughout the year. The Office continues to support shelter activations and other emergency declarations with coordinating the County’s overall response including staffing both the Planning and Logistics sections under the Incident Command System (ICS). To support both the storage and distribution of Personal Protective Equipment (PPE) and shelter supplies, the County has leased a new warehouse and delivers 1000s of pounds of supplies before, during and after events.

### Successes (continued)

The **Office of County Attorney** is the County's legal resource center. The Office assisted County leaders navigate the dynamic legal landscape of providing services during a global pandemic and ongoing housing crisis. Attorneys actively supported the deployment of several new and innovative programs recently passed by voters: Preschool for All, Supportive Housing Services, and Library facility expansion. Attorneys successfully defended the County's innovative renter protections, and finalized a multi-million dollar settlement in the opioid litigation. The Office negotiated one of the County's first regional project labor agreements establishing best-in-class approaches to diversifying and enhancing the workforce and subcontractor pool and supporting on-time and on-budget project delivery. Reviewed and edited hundreds of contracts pertaining to critical County services. Navigated legal challenges of weather related emergency road repairs, unpermitted land use activities, and acquisitions for temporary easements for planned road improvements such as NE 238th in East County.

Assisted with federal compliance issues involving millions of dollars in grants for the Health Department clinical system. Successfully appealed an OHA reimbursement decision that involved significant wraparound funding. Drafted an ordinance that received national attention relating to the commercialization of displaying dead bodies. Worked with public health to develop a response to the ongoing Legionella outbreak that killed 1 person, hospitalized others, and infected 14 people.

The **Complaints Investigation Unit** is the County's primary centralized point for all inquires and complaints regarding protected class discrimination. In its second full year, the team, made up of three investigators, a manager and investigations coordinator, fielded over 100 inquiries and opened 43 investigations into allegations of harassment and discrimination based on race, sex, disability, gender identity and other protected classes. Of these cases screened in for investigation, 45.4 percent resulted in findings of violation of Multnomah County's personnel rules against harassment and discrimination, while another 17.3 percent found violations of other applicable personnel rules. The team continues to attend ongoing trainings on investigative best practices, trauma informed delivery, and alternative dispute resolution options. CIU partners closely with Department Human Resources, Central Organizational Learning, the Office of Diversity and Equity, the Unions, and others across the County to highlight trends in cases and help find ways to prevent them from becoming complaints in the future. CIU hopes to continue the work into alternative dispute resolution to inquiries that come in, as well as help to drive resolution and healing solutions after investigations.

### Successes (continued)

The **Communications Office** significantly increased the audience, variety of content, and culturally specific materials and platforms for Multnomah County public information. We achieved a longtime strategic goal to better reach the Spanish-speaking community — the County’s largest population speaking a language other than English — by deploying a new full-time bilingual, bicultural multimedia coordinator, creating and building the Condado de Multnomah, a Spanish-language Facebook page, and partnering with a Spanish-speaking media expert to create more than 15 videos in English and Spanish. We created and launched 53 advertising campaigns to promote County services, reaching hundreds of thousands of people. We worked with the Chair’s Office to promote a rent relief campaign, sending a text to 380,000 folks about rent assistance and a mailer to 300,000 households in multiple languages. We led the crisis communications for the community throughout five severe weather events, including the devastating heat dome. We wrote and designed the Preliminary Review of Health Deaths Report, issued the first wireless emergency alert for a heat emergency with the city of Portland and solidified the County’s Help for When it’s Hot and Care for When it’s Cold as the community’s frontline bulletin boards during a weather emergency. We managed the rush of media throughout three COVID-19 surges, while prioritizing culturally specific communications. We issued more than 270 graphics, many in multiple languages. We created more than 48,000 photographs to document County services, staff and clients and provide for the media and public. We managed more than 90 complex public records requests. And we increased our output increasing the number of media stories we worked on 131%, and boosting Twitter followers (up 30%), Facebook followers (up 52%) and Instagram followers (up 160%).

### Diversity, Equity, and Inclusion

While the crises Multnomah County faced the past two years presented monumental challenges, they also represented opportunities for the County to showcase its values and work through the ways it met the community's needs. In light of a global pandemic, the County worked to protect the health and safety of the community through equity-focused approaches to public health strategies that prioritized our BIPOC communities, which were disproportionately impacted by the pandemic, particularly in its early days. In response to the community's calls to transform the criminal legal system into one that eliminates racial disparities, the County led the conversation and the start of tangible work to reimagine our region's vision of public safety. These strategies include upstream interventions to address the increase in gun violence which has also disproportionately impacted BIPOC communities. We have supported and uplifted solutions designed by and in collaboration with those most affected. We have also committed historic investments in a countywide response to help shelter, house, and add resources to address the behavioral health needs of people experiencing homelessness. We are implementing a first in the nation Preschool for All program, providing free, high quality, culturally responsive and inclusive programming to over 670 children this fall across 48 locations. And, we are moving forward to renovate and expand our libraries including building a flagship branch in East County.

Alongside that work, Multnomah County continued to advance the internal Workforce Equity Strategic Plan by meeting performance measures and developing language that supports the County's "Inclusively Leading with Race" approach. In this budget we have included a one-time-only investment for the renewal of the initial Workforce Equity Strategic Plan in FY 2023, as the last performance measures are due in July 2022.

Nondepartmental offices play a significant role in determining and defining the ways that equity is built into programs, processes and policies across Multnomah County. This shows up through the utilization of the Equity and Empowerment Lens, the Office of Diversity and Equity's efforts to increase inclusion and disability access, and through the Office of Community Involvement's leadership around stakeholder engagement, which is a core component of our budget development and adoption process. Amidst responding to and mitigating impacts from climate change including dangerous cold, raging wildfires and toxic smoke, the Office of Sustainability and the Office of Emergency Management have worked to protect public health. This is accomplished by focusing on those most disproportionately affected and those most vulnerable. In addition, the Local Public Safety Coordinating Council's Transforming Justice initiative continues to create pathways for lasting public safety reform that responds to the community's demand to confront the racial and ethnic disparities that show up at every decision-point in our criminal legal system.

The County's departments and Nondepartmental offices continue to support community led work relating to justice reform and violence prevention. Many partner community based organizations have been forced to dramatically pivot their services throughout the pandemic to meet the emerging needs

### Diversity, Equity, and Inclusion (continued)

of the culturally specific communities they serve. The Office of Diversity and Equity and the Department of County Management are continuing to support staff in departments in these critical partnerships.

Multnomah County's FY 2023 Adopted budget builds on the work that has been done over the past fiscal year and reflects critical investments that support the ability of non-departmental offices to explore and implement policy approaches that improve the County's ability to respond to ongoing and emerging community issues.

# Nondepartmental

fy2023 adopted budget

## Nondepartmental

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

Prog. #	Program Name	FY 2023 General Fund	Other Funds	Total Cost	FTE
10000	Chair's Office	\$2,012,867	\$0	\$2,012,867	8.65
10001	BCC District 1	766,633	0	766,633	4.00
10002	BCC District 2	766,633	0	766,633	4.00
10003	BCC District 3	766,633	0	766,633	4.00
10004	BCC District 4	766,633	0	766,633	4.00
10005A	Auditor's Office	1,984,737	0	1,984,737	9.00
10005B	Auditor Software	100,000	0	100,000	0.00
10005C	Audit Capacity Expansion	665,988	0	665,988	4.00
10006	Tax Supervising and Conservation Commission	482,672	0	482,672	2.00
10007A	Communications Office	2,365,102	0	2,365,102	13.00
10007B	Communications Coordinator Homeless and Housing Services	165,000	0	165,000	1.00
10007C	Internal Communications Coordinator	165,000	0	165,000	1.00
10007D	Public Records Software	200,000	0	200,000	0.00
10008	County Attorney's Office	0	7,253,210	7,253,210	26.00
10009A	Local Public Safety Coordinating Council	824,840	1,650,589	2,475,429	3.00
10009B	HB3194 Justice Reinvestment	0	635,406	635,406	0.80
10009C	Transforming Justice Implementation	250,000	0	250,000	0.00
10009D	Gun Violence Coordination	176,482	0	176,482	1.00
10010A	Office of Community Involvement	345,016	0	345,016	2.00
10010B	Charter Review Committee Support	50,000	0	50,000	0.00
10010C	Policy & Training Coordinator	80,000	0	80,000	0.00
10011	Office of the Board Clerk	1,038,857	0	1,038,857	2.35
10012	Office of Emergency Management	2,242,654	2,159,960	4,402,614	10.00
10016	Government Relations Office	1,372,055	0	1,372,055	6.00
10017A	Office of Diversity and Equity	1,831,366	0	1,831,366	8.00
10017B	Multnomah Youth Commission Support	175,000	0	175,000	1.00
10017C	WESP Update Planning and Engagement	200,000	0	200,000	0.00
10018A	Office of Sustainability	845,934	50,000	895,934	5.00

# Nondepartmental

fy2023 adopted budget

Prog. #	Program Name	FY 2023 General Fund	Other Funds	Total Cost	FTE
<b>Nondepartmental (cont.)</b>					
10018B	Climate Justice by Design	50,000	0	50,000	0.00
10018C	Climate Resilience Coordinator	148,000	0	148,000	1.00
10018D	Supporting Community Resilience in East County	175,000	0	175,000	0.00
10020	Regional Arts & Culture Council	300,000	0	300,000	0.00
10020B	RACC - Cultural Planning Process	25,000	0	25,000	0.00
10021	State Mandated Expenses	12,280,448	1,773,508	14,053,956	0.00
10021B	Courthouse Security	165,000	0	165,000	0.00
10022	Pass-Through Payments to East County Cities	11,560,000	0	11,560,000	0.00
10023	OHS Local Option Levy	0	3,672,039	3,672,039	0.00
10024	County School Fund	0	80,125	80,125	0.00
10025	Convention Center Fund	0	35,315,375	35,315,375	0.00
10026	Capital Debt Retirement Fund	0	32,195,250	32,195,250	0.00
10027	Library GO Bond	0	52,773,275	52,773,275	0.00
10028	PERS Pension Bond Sinking Fund	0	95,228,611	95,228,611	0.00
10029A	Youth Opportunity and Workforce Development	563,430	0	563,430	1.00
10029B	Youth Opportunity and Workforce Development - Expansion	203,870	0	203,870	0.00
10031	Community Capacity Expansion: Physical Infrastructure	5,000,000	0	5,000,000	0.00
10033	Elected Official Office Transitions	550,000	0	550,000	0.00
10034	Reimagine Safety	100,000	0	100,000	0.00
10036	Reproductive Health Access	200,000	0	200,000	0.00
10040A	Complaints Investigation Unit	1,127,398	0	1,127,398	5.00
10040B	Resolution & Development Coordinator Pilot	190,000	0	190,000	0.00
<b>COVID-19 &amp; American Rescue Plan</b>					
10090	ARP Countywide Client Assistance	0	2,230,000	2,230,000	0.00
10091A	ARP COVID-19 Policy and Project Coordination	0	215,000	215,000	0.00
10092	ARP Communications Office Public Health Emergency Response	0	325,000	325,000	0.00
10093A	ARP Emergency Management Logistics	0	2,425,000	2,425,000	0.00
10093B	ARP Emergency Management Community Personal Protective Equipment (PPE) & County Supplies	0	1,040,000	1,040,000	0.00

# Nondepartmental

fy2023 adopted budget

Prog. #	Program Name	FY 2023 General Fund	Other Funds	Total Cost	FTE
<b>COVID-19 &amp; American Rescue Plan (cont.)</b>					
10094	ARP Office of Sustainability Food Access Focus	0	500,000	500,000	0.00
10095	Sustainability - Wood Stove Replacement Pilot	0	500,000	500,000	0.00
10096	Sustainability - Electric School Buses	0	500,000	500,000	0.00
10097	Youth Connect	0	1,000,000	1,000,000	0.00
<b>Total Nondepartmental</b>		<b>\$53,278,248</b>	<b>\$241,522,348</b>	<b>\$294,800,596</b>	<b>126.80</b>

*\*The table above includes cash transfers, contingencies or unappropriated balances.*

## Fund Level Programs

The following program offers account for General Fund revenues and other fund level transactions. General Fund expenditures are budgeted in departments.

Prog. #	Program Name	FY 2023 General Fund	Other Funds	Total Cost	FTE
95000	Fund Level Transactions	\$124,430,072	\$102,460,847	\$226,890,919	0.00
	<i>This beginning fund balance is not shown in the Nondepartmental detail budget.</i>				
95001	General Fund Revenues	\$705,415,152	\$0	\$705,415,152	0.00
	<i>This program offer contains the budget for General Fund revenues. Expenses are budgeted in departments.</i>				

**Department:** Nondepartmental      **Program Contact:** County Chair, Deborah Kafoury  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

The Chair is the Chief Executive Officer of Multnomah County, leading the organization's efforts to create a community where anyone who needs help can find it, everyone shares in opportunity and the most vulnerable among us are protected. With both legislative and executive responsibilities, the Chair sets the County's strategic policy direction and priorities that are aimed at serving the community equitably and effectively, and works closely with the Board of County Commissioners to implement them as mandated by the Home Rule Charter. All departments and Nondepartmental offices, including the Office of Diversity and Equity, Office of Sustainability, Communications, Government Relations, the Local Public Safety Coordinating Council, Office of Community Involvement, and the Office of the Board Clerk, report to the Chair.

### Program Summary

The Chair oversees a \$2.8 billion budget and more than 6,000 employees. The Chair's responsibilities include: developing an executive budget, appointing department directors, overseeing contracts and financial instruments, presiding over the Board meetings, executing policies and ordinances adopted by the Board, and serving as the Chief Personnel Officer.

The County's critical role in helping to address systemic inequities that disproportionately harm Black, Indigenous and other communities of color has been underscored by the COVID-19 pandemic and continued calls for racial justice. Many of the Chair's long-held priorities, including preventing and ending homelessness, creating family stability, providing accessible healthcare to underserved populations, and reducing the use of incarceration while increasing the use of diversion programs, are aligned with the County's work to build a more equitable community.

During FY 2023, Chair Kafoury will continue to focus on the following priorities:

- Investing in programs that help community members respond to and recover from the ongoing impacts of COVID-19, prioritizing communities most harmed by the virus and community-based solutions.
- Rapidly expanding access to the housing and support services we know people need to end their homelessness.
- Leading the transformation of the criminal legal system and direct new investments to programs that support diversion, reentry and healing.
- Identifying and mobilizing public health strategies geared towards eliminating health disparities perpetuated by systemic racism by leveraging County departments and their respective roles in achieving health equity.
- Investing in areas that support children and youth and family stability, particularly through the successful ramp-up of the Preschool for All program.
- Championing and implementing Workforce Equity Strategic Plan strategies that move the organization towards greater safety, trust and belonging.
- Leading the library capital bond to build a new "flagship" library in East Multnomah County and update 7 branch libraries.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Ensure broad community input by conducting community listening sessions and budget hearings.	28	20	25	10*
Outcome	Engage constituents through timely and meaningful responses to emails, phone calls and meeting requests.	90%	100%	95%	100%
Output	Proactively communicate with residents through a regular community newsletter	22	14	15	8*
Outcome	Meet fiscal year countywide Workforce Equity implementation deadlines.	85%	100%	80% est.**	90% est.**

### Performance Measures Descriptions

\*The Output and Outcome measures for FY 2023 reflect goals for the first 6 months of the year since Chair Deborah Kafoury leaves office in December 2022.

\*\*The Office of Diversity and Equity (ODE) is currently preparing the WESP annual report. The performance measures are based on preliminary data from the report, but won't be finalized until winter of 2022.

## Legal / Contractual Obligation

The Multnomah County Chair and Commissioner offices are mandated by the Multnomah County Home Rule Charter, Chapter III, 3.10.(3)

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,506,365	\$0	\$1,690,326	\$0
Contractual Services	\$15,580	\$0	\$16,210	\$0
Materials & Supplies	\$84,020	\$0	\$87,570	\$0
Internal Services	\$211,101	\$0	\$218,761	\$0
<b>Total GF/non-GF</b>	<b>\$1,817,066</b>	<b>\$0</b>	<b>\$2,012,867</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,817,066</b>		<b>\$2,012,867</b>	
<b>Program FTE</b>	8.65	0.00	8.65	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2022: 10000 Chair's Office

In FY 2022, a 1.00 FTE Communications Staff was split between the Chair's Office and the Communications Office. In FY 2023, the 0.50 FTE staff assistant is moved to the Communications Office (10007A) to align the staffing - this transfer does not result in new FTE.

**Department:** Nondepartmental      **Program Contact:** Sharon Meieran  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Commissioner Meieran serves as one of five elected members that make up the governing body of Multnomah County, representing District 1. District 1 includes areas west of the Willamette River, as well as the inner east side of Portland south of Interstate 84. Her responsibilities include adopting a balanced budget, setting and advancing policy priorities, and responding to the needs and concerns of her district. She works to make Multnomah County a place where everyone can thrive by supporting programs and policies that allow residents to be safe, healthy, and live with dignity.

### Program Summary

Commissioner Meieran's priority issues include: monitoring the county's ongoing COVID-19 pandemic response; improving coordination of crisis response systems; increasing access to quality behavioral health services, including services specific to addressing meth addiction; supporting public safety system innovations to reduce recidivism and promote alternatives to costly incarceration; reducing homelessness through housing opportunity, supportive services, and harm reduction approaches; improving accountability and transparency of policy and budget making-decisions, especially related to homelessness response; implementing recommendations from a feasibility study of municipal broadband in Multnomah County; collaborating with her colleagues on major construction and infrastructure projects in District 1; addressing the needs of veterans, older adults, and people with disabilities; and advocating for policies that decrease risks stemming from climate change and a potential major earthquake.

Commissioner Meieran prioritizes programs that provide meaningful services to Multnomah County residents and have clear and measurable goals. She is also a strong advocate for effective legislation and adequate state and federal funding for local programs. Commissioner Meieran proactively engages with her District 1 constituents and strives for her office to respond to constituent inquiries and resolve constituent concerns in a timely manner. During the FY 2023 budget process, Commissioner Meieran will center the need to enact policies that address racial injustices, health inequities, and other disparities that disproportionately harm communities of color. She will promote inclusive decision-making that involves those most impacted by policy and budget decisions.

As the Co-Chair of the Association of Oregon Counties (AOC) Health and Human Services Steering Committee, Commissioner Meieran champions Multnomah County's interests. She is also the Board Liaison to the Aging Services Advisory Council, Disability Services Advisory Council, Veterans Task Force, Regional Disaster Preparedness Committee, and Behavioral Health Emergency Coordination Network.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Respond to constituent emails, phone calls and meeting requests timely and resolve constituent concerns.	49.2%*	94%	99%	100%
Outcome	Provide testimony and meet directly with state and federal legislators for priority issues.	NA	13 meetings	50 events	35 events
Output	Conduct or partner on twice quarterly outreach events.	NA	15 events	16 events	24 events
Output	Proactively connect with District 1 constituents, with an emphasis on marginalized communities.	NA	52 hours	100 events	75 events

### Performance Measures Descriptions

1) Timely response is 10 business days. \*A high increase in constituent correspondence and staff transition impacted our ability to meet this goal. 2) Priority issues include the County's legislative agenda and other emerging issues; D1 added meeting with City leaders in Q2 of FY22. 3) D1 updated the frequency of outreach events from quarterly to monthly in Q1 of FY22. 4) Output includes neighborhood meetings, community events, and other in-district connections (including virtual); this measure will change from hours to events to simplify tracking.

## Legal / Contractual Obligation

The Multnomah County Commissioners offices are mandated by the Multnomah County Home Rule Charter, Chapter III, 3.10.(3).

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$594,916	\$0	\$620,949	\$0
Materials & Supplies	\$45,432	\$0	\$58,399	\$0
Internal Services	\$84,352	\$0	\$87,285	\$0
<b>Total GF/non-GF</b>	<b>\$724,700</b>	<b>\$0</b>	<b>\$766,633</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$724,700</b>		<b>\$766,633</b>	
<b>Program FTE</b>	4.00	0.00	4.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2022: 10001 BCC District 1

**Department:** Nondepartmental      **Program Contact:** Susheela Jayapal  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Commissioner Susheela Jayapal serves as one of five elected officials tasked with developing policy, coordinating the development of Multnomah County's annual budget, and ensuring that policy and budget support the work of County Departments. She serves District 2, which includes North, Northeast, and parts of East Portland. Commissioner Jayapal is committed to ensuring racial equity, promoting effective evidence-driven programs and services, and engaging in community-driven policy. To learn more about Commissioner Jayapal's office visit the website at <https://multco.us/commissioner-jayapal>.

### Program Summary

As the pandemic continues to impact every activity at the County we continue to evolve our work to meet new and old demands with creativity, innovation and lots of elbow grease. The uncertainty of the future is our new normal, and planning for the roller coaster of coronavirus variants and changing public health needs means that we need to look to the FY23 budget with that knowledge, and be prepared for other waves of public health needs along with all of the ongoing programs and services that the county implements. The objective is not to return to what seemed normal, but rather to rethink our systems in ways that will move us toward equity and justice.

Commissioner Jayapal continues to focus on homelessness and affordable housing, public safety, youth employment and workforce development, and environmental justice. During the 2022 budget process, she will prioritize programs and strategies that address racial inequities, focus on proven prevention, protect our most vulnerable residents, and deliver results. Recognizing that we cannot achieve equity for the community we serve if our own employees do not experience equity and belonging in their workplace, the Commissioner is committed to monitoring and supporting the progress of the Workforce Equity Strategic Plan.

Commissioner Jayapal chairs the Multnomah Sex Trafficking Collaborative and co-chairs The Gateway Center for Domestic Violence Council as well as the Domestic Violence Fatality Review Committee. She is the liaison to the Regional Arts and Culture Council (RACC), the Metro Advisory Policy Committee (MPAC), the Workforce Development Board (Worksystems), Walnut Park Redevelopment Project, and Multnomah County's Audit Committee. She is also a member of the Metro Supportive Housing Services Measure Oversight Committee. In 2020 she chaired the Joint Task Force on Supporting Business in Reducing Diesel Emissions.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Community engagement and constituent outreach via meetings and events.	23	12	25	18
Outcome	Ongoing responsiveness to all County departments	100%	100%	100%	100%
Output	Respond to constituent emails, phone calls and meeting requests in a timely manner.	100%	100%	100%	100%
Outcome	Use of Leading with Race framework in all policy and community work.	N/A	100%	100%	100%

### Performance Measures Descriptions

1) Measured by the number of constituent coffees, neighborhood meetings and community events hosted, attended or led by Commissioner Jayapal either virtually or in person. 2) Measured by the percentage of department meetings, briefings and communication requested and completed. 3) A timely response is within 10 days. 4) New measure for FY 2022.

## Legal / Contractual Obligation

The Multnomah County Commissioners offices are mandated by the Multnomah County Home Rule Charter, Chapter III, 3.10.(3).

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$588,423	\$0	\$622,382	\$0
Contractual Services	\$14,070	\$0	\$14,640	\$0
Materials & Supplies	\$37,855	\$0	\$42,326	\$0
Internal Services	\$84,352	\$0	\$87,285	\$0
<b>Total GF/non-GF</b>	<b>\$724,700</b>	<b>\$0</b>	<b>\$766,633</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$724,700</b>		<b>\$766,633</b>	
<b>Program FTE</b>	4.00	0.00	4.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2022: 10002 BCC District 2

**Department:** Nondepartmental      **Program Contact:** Jessica Vega Pederson  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Multnomah County Commissioner Jessica Vega Pederson is one of five elected officials who form the governing body of Multnomah County. She represents District 3, comprising much of SE Portland. District 3 is the most densely populated County district according to 2020 U.S. Census data. Commissioner Vega Pederson focuses on serving her constituents and the needs of east Portland while embracing the County's mission, vision and values of equity, sustainability, inclusivity, social justice, health, public safety, integrity and innovation. To learn more please visit <https://multco.us/commissioner-vega-pederson>

### Program Summary

As the lone locally elected official designated with representing east Portland, Commissioner Jessica Vega Pederson takes her responsibilities to serve this unique part of our region very seriously. The Commissioner's top priorities include addressing the disparities and inequities affecting District 3, as well as low income and Black, Indigenous and people of color communities generally, such as: the homelessness crisis; the lack of transportation options; the need for affordable housing; access to affordable preschool and child care; more robust and varied behavioral health services; combating historically high rates of gun violence; and mitigating the impacts of climate change, extreme weather events, and pollution on front line communities.

To address these issues, Commissioner Vega Pederson championed passage of the Preschool for All, which will provide free, universal preschool to all 3 and 4 year olds in Multnomah County in the coming years. In partnership with Multnomah County's Preschool and Early Learning division, the Commissioner is working to ensure a smooth and timely implementation of Preschool for All. Commissioner Vega Pederson has also led the County's efforts to combat climate change and pollution, co-sponsoring the County's #100by50 and Environmental Justice resolutions, as well as efforts to regulate the use of wood smoke. She has also fought to establish a timeline for TriMet's conversion to a zero emissions fleet and has led efforts to improve the transportation system, particularly in east Portland, through investments in pedestrian safety, multimodal options, and expanded transit.

Commissioner Vega Pederson serves on the Portland Children's Levy allocation committee, which awards nearly \$19 million annually in programs touching on early childhood, hunger relief, mentorship, after school activities, child abuse prevention and supports for foster kids. She also serves as the County's liaison to the Advisory Committee on Sustainability and Innovation, and on several transportation committees, including the Joint Policy Advisory Committee on Transportation and the TriMet Transit Advisory Committee. She also co-chairs the Earthquake Ready Burnside Bridge feasibility project, which aims to create a resilient lifeline crossing over the Willamette River in the event of a major earthquake.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Proactively communicate with residents through a monthly community newsletter.	12	12	12	12
Outcome	Provide testimony & meet with State/Federal officials on issues, such as transportation, homelessness & housing.	13	12	17	12
Outcome	Engage community & conduct outreach via attendance of neighborhood meetings & community events.	17	12	25	15
Output	Convene, attend or participate in meetings on preschool or childcare needs and policy.	N/A	8	37	15

### Performance Measures Descriptions

1) Continue to publish a monthly newsletter. 2) Maintain federal and state advocacy, holding meetings with lawmakers, community groups and advocacy organizations. 3) Convene and/or participate in community-oriented events; provide opportunities for constituents to engage with local issues or county work; and provide translation services for events convened by Commissioner Vega Pederson's office. 4) Meet with county staff, community organizations, legislators and other organizations about Preschool for All. implementation. and lessons learned.

## Legal / Contractual Obligation

The Multnomah County Commissioners offices are mandated by the Multnomah County Home Rule Charter, Chapter III, 3.10.(3).

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$606,229	\$0	\$641,311	\$0
Materials & Supplies	\$34,110	\$0	\$37,856	\$0
Internal Services	\$84,361	\$0	\$87,466	\$0
<b>Total GF/non-GF</b>	<b>\$724,700</b>	<b>\$0</b>	<b>\$766,633</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$724,700</b>		<b>\$766,633</b>	
<b>Program FTE</b>	4.00	0.00	4.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2022: 10003 BCC District 3

**Department:** Nondepartmental      **Program Contact:** Lori Stegmann  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Commissioner Lori Stegmann is one of five elected members that comprise the governing body of Multnomah County, representing District 4 in East County. As a member of the Board of County Commissioners, Commissioner Stegmann is responsible for adopting a balanced budget, setting policy, and effectively representing her district. Commissioner Stegmann is committed to engaging the community, operating in an open and transparent manner, and responding to the needs of constituents in a timely manner. For more information, please visit: <https://multco.us/commissioner-stegmann>

### Program Summary

Commissioner Stegmann's office focuses on place-based anti-poverty strategies and efforts to increase economic mobility without displacement. This vision guides involvement in conversation about East County growth and continued investment. The core value of this is to mitigate the impacts of poverty and negative systemic interactions for all residents of East Multnomah County.

Specific policy areas for Commissioner Stegmann's office include: increasing housing stability and affordability, improved access to health and human services, reducing disparities for communities of color and residents involved in the justice system, and effective, ongoing conversations with East County communities about coordination of future growth strategies.

Commissioner Stegmann is chair of the East Multnomah County Transportation Committee, co-chair of the jail population subcommittee of the Local Public Safety Coordinating Council, and Multnomah County's lead convener of the East County Issue Forum. She represents Multnomah County through leadership with Greater Portland, Inc., East Metro Economic Alliance, Visitor's Development Fund, the Library Advisory Board, the Commission on Economic Dignity and the Urban Flood and Water Safety Quality District. Appointed to the Governor's Metro Regional Solutions leadership team, Commissioner Stegmann continues to bring East County needs to regional and state resource discussions.

She continues her leadership on the National Association of Counties Economic Mobility leadership cohort examining best practices and policies to address inequities in counties across the United States and bringing those efforts home to East Multnomah County. Commissioner Stegmann is committed to implementing the Equity and Empowerment Lens in all policy discussions and decisions that may disproportionately impact communities who are underrepresented in those discussions.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of residents involved in discussion of East County issues and policy areas	2,500	2,500	2,500	2,500
Outcome	Increase in awareness of East County issues	75%	75%	75%	75%
Output	Number of meetings and events convened	30	30	30	30
Outcome	Increase in knowledge of East County resources	75%	75%	75%	75%

### Performance Measures Descriptions

1) Measured by the number of individuals involved in topic-specific meetings, gathered through mailing lists and sign-in sheets. 2) Measured by qualitative response at monthly issue forums. 3) Measured by the number of publicized and completed meetings hosted or led by Commissioner Stegmann and her staff. 4) Measured by qualitative response at monthly issue forums.

## Legal / Contractual Obligation

The Multnomah County Commissioners offices are mandated by the Multnomah County Home Rule Charter, Chapter III, 3.10.(3).

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$619,933	\$0	\$657,396	\$0
Materials & Supplies	\$21,040	\$0	\$24,109	\$0
Internal Services	\$83,727	\$0	\$85,128	\$0
<b>Total GF/non-GF</b>	<b>\$724,700</b>	<b>\$0</b>	<b>\$766,633</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$724,700</b>		<b>\$766,633</b>	
<b>Program FTE</b>	4.00	0.00	4.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2022: 10004 BCC District 4

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

### Executive Summary

The Auditor is elected by voters countywide and answers to the people who live in Multnomah County. The mission of the Auditor's Office is to ensure that County government is efficient, effective, equitable, transparent, and fully accountable to all who live in our county. To meet this mission, we conduct performance audits and special studies that provide accountability to the public and help to improve Multnomah County programs, services, and operations.

### Program Summary

County Charter requires the County Auditor to perform duties including conducting performance audits of all county operations and financial affairs, as well as studies intended to measure or improve the performance of county efforts. This is a significant task, as the county includes a wide range of programs and services.

Guided by a commitment to equity, the Auditor prioritizes auditing county programs that directly impact people's health and safety. Audits involve hundreds of hours of work, including research, interviews, onsite observations, and data analysis. Auditors use an equity lens tool in every step of the work, from audit planning through the development of recommendations. For example, our audit process includes identifying community groups affected by an audit, engaging thoughtfully with those groups, and providing meaningful acknowledgment to them about how their knowledge and experiences shaped audit objectives, findings, and/or recommendations. A volunteer Community Advisory Committee that includes BIPOC and LGBTQ+ members provides guidance to the Auditor on the annual audit plan, community engagement, and work to integrate diversity, equity, and inclusion into audits.

Audit work includes a comprehensive fact-checking process. Based on sufficient, appropriate evidence, we arrive at logical conclusions. We acknowledge the good work taking place in county programs and identify impediments to achieving the County's mission to help people. We develop recommendations that are meaningful to community members, provide county leaders with information to help build policies that support racial equity and other forms of equity, and support continuous improvement.

Since 2007, the Office has operated the Good Government Hotline for employees and the public to report potential fraud, waste, or abuse. Per County Code, the Auditor's Office provides technical and clerical support to the Audit Committee, which is a liaison to the Board of County Commissioners, management, and the external auditor for the external financial audits required under Oregon law. All of our reports and audit schedule are online.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of audit reports and special studies issued.	3	3	3	3
Outcome	For reports with recommendations, percent with at least one rec. focused on supporting racial equity.	N/A	100%	100%	100%
Output	Number of special studies & special reports issued.	3	2	3	2
Outcome	Recommendations in progress or implemented at time of evaluation.	92%	94%	90%	90%

### Performance Measures Descriptions

The first output measure includes reports on audits, special studies, and annual reports on the Good Government Hotline and the Auditor's Office's work. The second output measure ensures that audit reports will consider and support equity. The outcome measure reports on audit recommendations that the Office finds to be in progress or implemented.

## Legal / Contractual Obligation

County Charter 8.10 states "The auditor shall conduct performance audits of all county operations and financial affairs and make reports thereof to the board of county commissioners according to generally accepted government auditing standards [GAGAS]. The auditor may also conduct studies intended to measure or improve the performance of county efforts." GAGAS include continuing education requirements and regular external reviews. Charter requires the Auditor to appoint the Salary Commission and apportion Commission districts. County Code created the Auditor's role to support the Audit Committee.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,503,487	\$0	\$1,565,584	\$0
Contractual Services	\$176,330	\$0	\$183,390	\$0
Materials & Supplies	\$38,138	\$0	\$70,006	\$0
Internal Services	\$159,745	\$0	\$165,757	\$0
<b>Total GF/non-GF</b>	<b>\$1,877,700</b>	<b>\$0</b>	<b>\$1,984,737</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,877,700</b>		<b>\$1,984,737</b>	
<b>Program FTE</b>	8.84	0.00	9.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2022: 10005 Auditor's Office

In FY 2023 this program offer is increased by 0.16 FTE; 0.91 FTE increased by 0.09 FTE to fund a 1.00 FTE staff assistant and 0.93 FTE increased by 0.07 FTE to fund a 1.00 FTE staff assistant.



## Legal / Contractual Obligation

County Charter 8.10 states "The auditor shall conduct performance audits of all county operations and financial affairs and make reports thereof to the board of county commissioners according to generally accepted government auditing standards [GAGAS]. The auditor may also conduct studies intended to measure or improve the performance of county efforts." GAGAS include internal quality assurance reviews and regular external reviews.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Materials & Supplies	\$0	\$0	\$100,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$100,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$100,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was:

**Department:** Nondepartmental      **Program Contact:** Jennifer McGuirk  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

The Auditor is elected by voters countywide and answers to the people who live in Multnomah County. The mission of the Auditor's Office is to ensure that County government is efficient, effective, equitable, transparent, and fully accountable to all who live in our county. To meet this mission, the Charter requires the Auditor to perform duties including conducting performance audits of all County operations and financial affairs. The resources allotted to the Auditor have not kept pace with the County's increasing complexity. This program offer addresses that issue to enable the Auditor to meet its Charter-mandated responsibilities.

### Program Summary

The Auditor oversees 7 staff auditors, the same number of staff auditors the Office had in 1998. During that time, county government has grown increasingly complex. Since 2014 alone, the county has created substantial new functions including the Joint Office of Homeless Services and Preschool For All, and undertaken numerous capital projects, such as the Earthquake Ready Burnside Bridge. As the county government has grown, the resources allotted to the Auditor's Office have not kept pace. It is currently not possible for the office to meet its Charter mandate to audit all county operations. The Office is generally able to conduct only three audits, or one larger scale audit, at one time.

This program offer will fund year one of a two-year process to better align the Office's staffing resources with the Charter's mandate. In year one, FY2023, the Office will bring on four auditors and establish audit teams for public safety and human services. New hires will be onboarded through curricula that orients them to the Office, to the County, and to government auditing, as needed. Each new hire will be assigned to a team, have an in-office mentor, and regular one-on-one time with the Auditor. In year two, the Office will bring on five auditors.

At the conclusion of year two, the Auditor will be staffed to provide these benefits:

- Double the number of audits under way at one time to support accountability, transparency, and equity.
- Ensure audits take place concurrently in core service areas: 1) general government services, 2) public safety, 3) internal operations & financial affairs, 4) infrastructure & capital projects, 5) health, and 6) human services. Public safety and human services audit teams will be established in year one (FY 2023).
- Ensure timely evaluation of the implementation of all audit recommendations.

The proposed year-one budget should be sufficient to cover salaries and benefits for four staff auditors; related materials and services, including supports needed to ensure compliance with generally accepted government auditing standards' education requirements; and related internal service funds expenditures.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of audit reports in process.	N/A	N/A	N/A	2
Outcome	Recommendations in progress or implemented at time of evaluation	N/A	N/A	N/A	90%
Output	For reports w/ recommendations, % of reports w/ at least one recommendation focused on supporting racial equity.	N/A	N/A	N/A	100%

### Performance Measures Descriptions

The first output measure is focused on audit reports. The second output measure ensures that audit reports will consider and support equity. The outcome measure reports on audit recommendations that the Office finds to be in progress or implemented.

## Legal / Contractual Obligation

County Charter 8.10 states "The auditor shall conduct performance audits of all county operations and financial affairs and make reports thereof to the board of county commissioners according to generally accepted government auditing standards."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$606,188	\$0
Materials & Supplies	\$0	\$0	\$25,283	\$0
Internal Services	\$0	\$0	\$34,517	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$665,988</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$665,988</b>	
<b>Program FTE</b>	0.00	0.00	4.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was:

**Department:** Nondepartmental      **Program Contact:** Allegra Willhite  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

The Tax Supervising and Conservation Commission (TSCC) serves the public by overseeing budget, debt, and property tax issues for local governments in Multnomah County. Created by the Legislature in 1919, the TSCC focuses on four primary duties: advocating for the public by holding public hearings, training and supporting local government staff on issues related to local and state budget law, informing the public on issues related to local government budgets through publications, and conducting annual reviews and certifications of budgets for member districts. The Commission considers the whole community to be its customers and seeks to make the financial affairs of local governments transparent and accountable to those living within each district.

### Program Summary

The Tax Supervising and Conservation Commission (TSCC), established by the Oregon Legislature in 1919 (ORS 294.605-710), is an independent and impartial panel of five governor-appointed citizen volunteers that review and monitor the financial affairs of local governments in Multnomah County. TSCC protects and represents the public interest, ensures local government compliance with local budget law, promotes economy and efficiency within those local governments, and provides budgetary advice and assistance. Oregon law describes the duties of the TSCC, including the following:

**Advocacy:** The TSCC holds public hearings on TSCC member budgets and tax measures to engage with elected officials and advocate for the public in the spending of taxpayer dollars. Members of the public are encouraged to attend and comment at these public hearings.

**Training:** The TSCC holds annual local budget law training and provides regular advisory and consultative services to local government staff.

**Informing the Public:** Each year, the TSCC publishes a comprehensive report on local government budgets, indebtedness, and property taxes. This report is the only one of its kind in the region and is available both electronically and in hard copy.

**Budget Reviews and Certification:** The TSCC checks to see that budgets are balanced, property tax revenue projections are reasonable, and that the budget processes comply with state and local budget laws. TSCC staff works closely with the county assessor's office as a double check that property tax levies are requested and calculated accurately. These efforts reduce violations of local budget law, especially if the error results in a property tax levy that exceeds authority.

TSCC funding comes from three sources per ORS 294.632: the County General Fund, member districts, and the state's County Assessment Function Funding Assistance grant. TSCC budget increases are limited by law to 4% annually.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Hold public hearings on subject jurisdiction budgets and property tax ballot measures.	13	15	13	15
Outcome	Minimize the number of recommendations and objections to district budgets.	3	4	4	4
Output	Number of responses to budget law and other inquiries (annual measure).	N/A	N/A	40	45

### Performance Measures Descriptions

There were no property tax ballot measures in FY 2021-22, so the number of public hearings is less than anticipated. All statutorily required hearings are expected to be held.

## Legal / Contractual Obligation

ORS 294.625 (1) The Commission has jurisdiction over all municipal corporations principally located in Multnomah County with populations exceeding 200,000 and are subject to local budget law (13 Districts). ORS 294.625 (2) The Commission has jurisdiction over all municipal corporations principally located in Multnomah County with populations not exceeding 200,000 that are subject to local budget law and have not formally opted out of TSCC jurisdiction. (30 Districts of which 10 have opted out).

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$400,000	\$0	\$420,920	\$0
Contractual Services	\$6,000	\$0	\$6,240	\$0
Materials & Supplies	\$30,413	\$0	\$52,084	\$0
Internal Services	\$4,787	\$0	\$3,428	\$0
<b>Total GF/non-GF</b>	<b>\$441,200</b>	<b>\$0</b>	<b>\$482,672</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$441,200</b>		<b>\$482,672</b>	
<b>Program FTE</b>	2.00	0.00	2.00	0.00

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

## Explanation of Revenues

Although not budgeted directly in TSCC, the program is supported by the following countywide revenue:  
 Revenue from other member districts: \$169,712  
 Revenue from the County Assessment Function Funding Assistance (CAFFA) grant: \$73,403

## Significant Program Changes

Last Year this program was: FY 2022: 10006 Tax Supervising and Conservation Commission

**Department:** Nondepartmental      **Program Contact:** Julie Sullivan-Springhetti  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

The Communications Office promotes the values and actions of Multnomah County’s Chair and Board of Commissioners, department leaders and employees. We do this through strategic communications, media relations, writing, photography, videography and graphic design. We convey news developments and policy initiatives through accessible and equitable web articles, social media, event planning and public education campaigns. We respond to public records requests and link community members to County employees and expertise. We promote life safety 365 days a year, conducting a broad range of crisis communications during emergencies.

### Program Summary

Communicating during a crisis is our most essential function as a team and is our greatest responsibility to the community and to our colleagues. Working closely with the County Chair, Board of Commissioners, Chief Operating Officer and department leaders, we share accurate and timely messages during an emergency, we produce reports afterward, and provide accountability throughout. The cascade of recent crises has created an historic demand for media relations, public engagement and web, social media, photography, videography and graphic design services. In the face of this challenge, we strive to maintain the highest standards in our day-to-day operations, supporting Board policy, department initiatives and the public’s demand for information.

Key objectives for 2023:

- Expand strategic communications and planning Countywide through a deputy director.
- Continue investing in written materials, videos, social media and graphics in multiple languages.
- Support Workforce Equity through communications planning and coverage.
- Develop infrastructure for a more effective public records response.
- Coordinate and strengthen internal communications between leadership and County employees.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of news stories generated by the office in all media -- TV, print, radio, County website and blogs	1,583	1,500	2,000	1,800
Outcome	Number of multi-media videos/projects produced by the office that reach diverse audiences.	65	60	119	120
Outcome	Number of Twitter users for the County that signal public engagement.	36,164	36,500	47,000	47,500
Outcome	Number of Facebook followers for the County that signal public engagement.	10,289	10,300	15,630	15,630

### Performance Measures Descriptions

The performance measure 1 captures traditional media including the impact of COVID-19, while 3 and 4 capture social media reach. The multi-media projects capture the number of videos produced as well as those in multiple languages other than English.

## Legal / Contractual Obligation

Meet the spirit and intent of Oregon's public records law ORS 192.410 to 192.505, which governs public bodies and custodians of public records.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,983,983	\$0	\$2,122,569	\$0
Contractual Services	\$11,880	\$0	\$12,360	\$0
Materials & Supplies	\$76,530	\$0	\$71,020	\$0
Internal Services	\$153,441	\$0	\$159,153	\$0
<b>Total GF/non-GF</b>	<b>\$2,225,834</b>	<b>\$0</b>	<b>\$2,365,102</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,225,834</b>		<b>\$2,365,102</b>	
<b>Program FTE</b>	13.00	0.00	13.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2022: 10007 Communications Office

0.50 FTE staff assistant is moved from The Chair's Office (10000) to align the Communications staff - no new FTE.



## Legal / Contractual Obligation

Meet the spirit and intent of Oregon's public records law ORS 192.410 to 192.505, which governs public bodies and custodians of public records.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$158,243	\$0
Materials & Supplies	\$0	\$0	\$6,757	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$165,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$165,000</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

### Last Year this program was:

This program adds 1.00 FTE Public Affairs Coordinator (6089).



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$158,243	\$0
Materials & Supplies	\$0	\$0	\$6,757	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$165,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$165,000</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

This program adds 1.00 FTE Public Affairs Coordinator (6089).



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Materials & Supplies	\$0	\$0	\$200,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$200,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$200,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:



## Legal / Contractual Obligation

The role and duties of the County Attorney are set forth in Multnomah County Code Chapter 25.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Personnel	\$0	\$5,703,573	\$0	\$6,148,690
Contractual Services	\$0	\$285,920	\$0	\$297,360
Materials & Supplies	\$0	\$241,503	\$0	\$229,982
Internal Services	\$0	\$558,644	\$0	\$577,178
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$6,789,640</b>	<b>\$0</b>	<b>\$7,253,210</b>
<b>Program Total:</b>	<b>\$6,789,640</b>		<b>\$7,253,210</b>	
<b>Program FTE</b>	0.00	26.00	0.00	26.00

<b>Program Revenues</b>				
Other / Miscellaneous	\$0	\$6,789,640	\$0	\$7,253,210
<b>Total Revenue</b>	<b>\$0</b>	<b>\$6,789,640</b>	<b>\$0</b>	<b>\$7,253,210</b>

## Explanation of Revenues

Funding for the Office of County Attorney is generated through a portion of the liability insurance rate on County payroll expenses.

## Significant Program Changes

Last Year this program was: FY 2022: 10008 County Attorney's Office

**Department:** Nondepartmental      **Program Contact:** Abbey Stamp  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 10010A  
**Program Characteristics:**

**Executive Summary**

The central purpose of Multnomah County's Local Public Safety Coordinating Council (LPSCC) is to coordinate public safety planning, policies, operations, and strategies of government agencies to improve the local public safety system's cost effectiveness and responsiveness to the needs of the community. LPSCC has convened leaders from local governments; public safety, social service and health agencies; private service providers and local communities to collaborate on and improve public safety system outcomes. LPSCC focuses on equity by leaning into the requirement that justice reforms and programs must lead with race. LPSCC staff acknowledge the harm caused by the criminal legal system over the last 400 years, and each project and policy area is evaluated by its impact on Black Indigenous and People Of Color communities.

**Program Summary**

Senate Bill 1145 (1995) established LPSCCs in each of Oregon's 36 counties to "coordinate local criminal justice policy among affected criminal justice entities" (ORS 423.560). To carry out this mission, LPSCC's Executive Committee meets monthly to share information, identify issues and problems affecting public safety, and oversee development of new plans, policies, and strategies. The Executive Committee is co-chaired by Multnomah County Chair Deborah Kafoury and City of Portland Commissioner Jo Ann Hardesty.

LPSCC and its partners collaborate on the development of (a) solutions to problems in the intergovernmental operations of the public safety systems, (b) coordinated policies to improve those systems and (c) evidence-based strategies that address issues important to community safety. The LPSCC office prioritizes racial justice by ensuring leading with race is the lens through which policy development and evaluation occurs. With the help of data, the staff can also support policy efforts to reduce racial and ethnic disparities in the criminal legal system.

The Council directs the work of several subcommittees and smaller working groups that focus on the most critical issues within the justice system. Examples include: coordination between the public safety and mental health systems, decreasing Racial and Ethnic Disparities, and overseeing the Justice Reinvestment Program (House Bill 3194 from 2013) and MacArthur Foundation's Safety + Justice Challenge. It also oversees the operation of Decision Support System-Justice (DSS-J), the County's public safety data warehouse, which is a repository for public safety related data that allows for longitudinal analysis and evaluation. The LPSCC co-chairs also champion the Transforming Justice project.

In FY 2023, LPSCC will fund an Executive Director, who coordinates inter-agency public safety policy discussions; and an Executive Assistant, who provides organizational and communications support. In addition, to support implementation of the MacArthur Foundation's Safety + Justice Challenge (SJC), this year focused on overhauling the pretrial justice system, LPSCC funds five staff (two staff in the LPSCC office, one staff in OCI, and two staff in DCA IT).

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Percentage of data analyses that disaggregate and evaluate racial and ethnic disparities.	100%	100%	100%	100%
Outcome	% of new initiatives/projects that consult the Office of Diversity and Equity, including Equity Lens application	100%	100%	100%	100%
Output	Number of diversity, equity, and inclusion trainings attended by each LPSCC office staff each year	1	1	1	1
Outcome	Percentage/number of policy-level projects that include voices of people with lived experiences.	50%	80%	60%	60%

**Performance Measures Descriptions**

## Legal / Contractual Obligation

Senate Bill 1145 (1995) established LPSCCs in each of Oregon's 36 counties to "coordinate local criminal justice policy among affected criminal justice entities" (ORS 423.560). In FY 2010, Multnomah County's Board of Commissioners transferred responsibility for the administration of DSS-J to the County's LPSCC, which agreed to oversee the development and maintenance of DSS-J and ensure data accuracy and security through a Policy Committee.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$1,125,196	\$0	\$1,183,896
Contractual Services	\$0	\$98,089	\$0	\$265,400
Materials & Supplies	\$0	\$28,510	\$0	\$119,837
Internal Services	\$783,100	\$76,025	\$824,840	\$81,456
<b>Total GF/non-GF</b>	<b>\$783,100</b>	<b>\$1,327,820</b>	<b>\$824,840</b>	<b>\$1,650,589</b>
<b>Program Total:</b>	<b>\$2,110,920</b>		<b>\$2,475,429</b>	
<b>Program FTE</b>	0.00	2.00	0.00	3.00

Program Revenues				
Intergovernmental	\$0	\$422,700	\$0	\$514,885
Other / Miscellaneous	\$0	\$905,120	\$0	\$1,060,704
Beginning Working Capital	\$0	\$0	\$0	\$75,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,327,820</b>	<b>\$0</b>	<b>\$1,650,589</b>

## Explanation of Revenues

This program generates \$42,502 in indirect revenues.  
 State Department of Corrections through SB 1145 - \$514,885  
 Beginning Working Capital from SB 1145 funding - \$75,000  
 MacArthur Foundation - \$1,060,704

## Significant Program Changes

**Last Year this program was:** FY 2022: 10009A Local Public Safety Coordinating Council

A new partnership between LPSCC and the Office of Community Involvement (OCI) has blossomed. In FY 2023, the offices will launch a Justice Fellowship program to increase the voices of community members impacted by the criminal legal system. The goal of the program will be to partner Fellows with justice system leadership to advise on policy that will reduce racial and ethnic disparities. The program will be staffed by a Limited Duration Assignment employee housed at OCI and will fund a community-based agency to develop fellowship structure and curriculum.

In FY 2023, 1.00 FTE IT Business Systems Analyst Senior (6055) is added, funded by the MacArthur Foundation grant. This position was previously limited duration.

**Department:** Nondepartmental      **Program Contact:** Abbey Stamp  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The central purpose of Multnomah County's Local Public Safety Coordinating Council (LPSCC) is to coordinate the public safety plans, policies, operations, and strategies of local government agencies to improve the local public safety system's cost-effectiveness and responsiveness to the needs of the community. This program offer is specifically for the justice reinvestment funds allocated from the Justice Reinvestment Grant, administered by the Oregon Criminal Justice Commission.

**Program Summary**

Senate Bill 1145 (1995) established LPSCCs in each of Oregon's 36 counties to "coordinate local criminal justice policy among affected criminal justice entities" (ORS 423.560). To carry out this mission, LPSCC's Executive Committee meets monthly to share information, identify issues and problems affecting public safety and oversee development of new plans, policies, and strategies. The Executive Committee is co-chaired by Multnomah County Chair Deborah Kafoury and City of Portland Commissioner Jo Ann Hardesty.

LPSCC and its partners collaborate on the development of (a) solutions to problems in the intergovernmental operations of the public safety systems, (b) coordinated policies to improve those systems and (c) evidence-based strategies that address issues important to community safety. The LPSCC office prioritizes racial justice by ensuring leading with race is the lens through which policy development and evaluation occurs. With the help of data, the staff can also support policy efforts to reduce racial and ethnic disparities in the criminal legal system.

The Council directs the work of several subcommittees and smaller working groups that focus on the most critical issues within the justice system, including implementation of the Multnomah County Justice Reinvestment Program (prison diversion) and funding directed to agencies who serve victims of crime from underserved and Black Indigenous and People Of Color communities.

This program offer includes the funding for victim's services contracts. House Bill 3194 established the Justice Reinvestment Grant Program, which requires 10% of funds be spent on victims services. House Bill 3078 added additional funds to be used for the same victims services programs. The 10% is administered by LPSCC to contract with community-based victims services agencies. As indicated in the rules developed by the Criminal Justice Commission, County LPSCCs are responsible for choosing and contracting with victim's services agencies. This funding also supports a 0.80 FTE LPSCC Project Manager for the Multnomah County Justice Reinvestment Program.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of victims services contracted providers that aim to serve marginalized & underrepresented communities	3	3	3	3
Outcome	Percentage of MCJRP related analyses that included evaluation of racial and ethnic disparities	100%	100%	100%	100%
Outcome	Percentage of policy agreements made motivated by racial equity (i.e., eligibility)	80%	80%	100%	100%

**Performance Measures Descriptions**

## Legal / Contractual Obligation

Senate Bill 1145 (1995) established LPSCCs in each of Oregon's 36 counties to "coordinate local criminal justice policy among affected criminal justice entities" (ORS 423.560). Per the Oregon Criminal Justice Commission, each county's LPSCC is required to be the grant applicant for justice reinvestment funds.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$148,641	\$0	\$155,778
Contractual Services	\$0	\$434,048	\$0	\$473,556
Materials & Supplies	\$0	\$0	\$0	\$480
Internal Services	\$0	\$4,771	\$0	\$5,592
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$587,460</b>	<b>\$0</b>	<b>\$635,406</b>
<b>Program Total:</b>	<b>\$587,460</b>		<b>\$635,406</b>	
<b>Program FTE</b>	0.00	0.80	0.00	0.80

Program Revenues				
Intergovernmental	\$0	\$587,460	\$0	\$635,406
<b>Total Revenue</b>	<b>\$0</b>	<b>\$587,460</b>	<b>\$0</b>	<b>\$635,406</b>

## Explanation of Revenues

This program generates \$5,592 in indirect revenues.

State HB 3194 Criminal Justice Commission (CJC) - \$635,406

This revenue includes formula funding based on a statewide allocation (\$553,426) and supplemental funding (\$81,980) from the State for this program.

## Significant Program Changes

**Last Year this program was:** FY 2022: 10009B HB3194 Justice Reinvestment

In addition to funding a 0.80 FTE Project Manager, this program funds \$767,795 for three contracts for services to victims of crime. In 2021, the previous contracts ended and the dollars were re-procured, resulting in three new contracts with IRCO, Oregon Crime Victims Law Center, and Lutheran Community Services NW.

**Department:** Nondepartmental      **Program Contact:** Abbey Stamp  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** One-Time-Only Request

### Executive Summary

The central purpose of Multnomah County's Local Public Safety Coordinating Council (LPSCC) is to coordinate the public safety plans, policies, operations, and strategies of local government agencies to improve the local public safety system's cost-effectiveness and responsiveness to the needs of the community. In 2021, LPSCC embarked on a bold, multi-sector effort to Transform Justice to create a more just, equitable, and service-oriented non-criminal legal response to communities and individuals in need. That effort continued into FY 2022, which will result in an implementable vision for the future, starting in FY 2023.

### Program Summary

At the What Works Public Safety conference in January 2020, the criminal legal system leaders, health system administrators, behavioral health experts, advocates for victims of crime, and a number of government leaders in attendance agreed to embark on a large-scale planning and implementation process that will transform the future of local justice policy. This future system must be equitable and acknowledge the 400 years of institutionalized racism perpetrated by its inception. The system currently lacks a North Star, requiring the criminal legal system to often be the intervention for housing, behavioral health, and public health crises.

In order to effectively develop and implement a vision, an outside firm was selected through a competitive procurement process and the visioning process began in earnest in FY 2022. A report summarizing the perspective of several dozen stakeholders (from individuals in recovery to judges) will be completed in late February 2022. Throughout the Spring, local leadership and community members will engage in sessions to use the report to craft the final vision.

In addition to facilitating sessions with LPSCC and its partners in other sectors, including health care, housing, and community advocacy agencies, in FY 2023 a contractor will also help facilitate implementation of the strategies developed by the final vision.

This program offer allocates \$250,000 toward a contractor to support local stakeholders to implement strategies to create a more just criminal legal system.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Nbr of Steering Committee mtgs (includes community groups. svstem leaders. people w/ lived experience. etc).	N/A	6	6	6
Outcome	Percentage of strategies moved from vision to implementation.	N/A	N/A	N/A	100
Outcome	Percentage of strategies that lead with race using data and intentional approaches to reduce disparities.	N/A	N/A	N/A	100

### Performance Measures Descriptions

The FY 2022 performance measure related to the number of people that were to be engaged in surveys, focus groups, interviews, and facilitated sessions. The engagements were very successful, providing ample data for the discovery report. The FY 2023 performance measures are based on probable strategies which will be developed in Spring 2022.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$200,000	\$250,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$200,000</b>	<b>\$250,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$200,000</b>		<b>\$250,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$200,000	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$200,000</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 10009C Local Public Safety Coordinating Council Strategic Planning Contract

**Department:** Nondepartmental      **Program Contact:** Abbey Stamp  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

There has been a significant uptick in gun violence across our community since the beginning of the Covid-19 pandemic. Multnomah County has invested in a number of areas to help respond, adding prosecutors, detectives, community health workers, trauma support specialists, and behavioral health supports. With all these new resources, it is imperative that the County also assist with coordinating these diverse lines of work. This program adds a position in the Multnomah County Local Public Safety Coordinating Council (LPSCC) to provide leadership and subject matter expertise in respect to gun violence responses, as well as assess and coordinate community violence prevention strategies that further the goals of the County.

**Program Summary**

Multnomah County is heavily involved in violence prevention work across the organization. That work ranges from upstream interventions like building healthy relationships and social/emotional supports for youth, to far more downstream responses that are exemplified by the work of the criminal legal system. One area where we have seen an increased need since the start of the pandemic is gun violence. Over the last two years, Portland and Multnomah County have seen a sharp increase in gun related homicides and overall shooting incidents. In the City of Portland alone, injuries caused by firearms rose from 93 in 2019 to 334 in 2021.

The County has responded by adding additional staff in the District Attorney's Office, Multnomah County Sheriff's Office, the Department of Community Justice, and Health Department. These new resources, in addition to the work already existing within departments to respond to gun violence, are far reaching. The need for a level of coordination and collaboration is essential at this time.

This new coordinator position will work in the Multnomah County Local Public Safety Coordinating Council office to deepen the expertise and capacity to coordinate intra-county efforts to reduce gun and community violence. The position will work between departments and external agencies to monitor, track and coordinate existing and new efforts to reduce violence. They will be a resource on each department's violence prevention policies, programs, and outcomes. This coordination also includes being a point of contact and liaison with area advisory bodies, work groups and steering committees on violence prevention efforts in Multnomah County.

<b>Performance Measures</b>					
<b>Measure Type</b>	<b>Primary Measure</b>	<b>FY21 Actual</b>	<b>FY22 Budgeted</b>	<b>FY22 Estimate</b>	<b>FY23 Offer</b>
Output	Number of LPSCC meetings convened	N/A	N/A	N/A	12
Outcome	Provide an annual report that details the impact of gun violence prevention and intervention investments	N/A	N/A	N/A	1
Output	Number of briefings, planning groups and presentations provided to increase collaboration and coordination	N/A	N/A	N/A	12

**Performance Measures Descriptions**

LPSCC meetings facilitate solutions to problems in the intergovernmental operations of the public safety system, coordinate policies to improve that system and offer evidence-based strategies to address issues important to community safety. The annual report identifies positive and negative results providing transparency and accountability for county investments. Briefings, planning groups and presentations increase collaboration and information sharing to ensure deeper coordination for intra-county and external facing efforts to reduce gun and community violence.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$174,491	\$0
Materials & Supplies	\$0	\$0	\$1,991	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$176,482</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$176,482</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

This program offer adds 1.00 FTE Staff Assistant.

**Department:** Nondepartmental      **Program Contact:** Dani Bernstein  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:** 10009A  
**Program Characteristics:**

**Executive Summary**

The Office of Community Involvement was established by County Charter to develop and maintain community involvement programs and procedures for the purpose of facilitating direct communication between the people of Multnomah County and the Board of County Commissioners. The office connects community members with opportunities to serve on advisory boards and committees, with a focus on elevating the voices of communities historically underrepresented in government decision-making. The office's recruitment process prioritizes applicants from communities most impacted by the county's programs and services.

**Program Summary**

The Office of Community Involvement coordinates programs and activities designed to engage people from Multnomah County's diverse communities and support the County's community involvement programs. The office conducts continual outreach and recruitment to inform communities about opportunities to engage with Multnomah County by attending community events, fostering relationships with community partners and civic leadership programs, and through communications including social media and email.

The office maintains a community contact list for communications and sends out a quarterly e-newsletter with opportunities to volunteer on County advisory groups and participate in public input processes. The office provides a single point of contact for community members interested in volunteering by maintaining lists of advisory committees and other volunteer opportunities, managing inquiry and application processes, referring inquiries from the public to appropriate opportunities and resources, and maintaining a database of active and potential volunteers. The office also hosts an annual volunteer recognition event for all county departments.

The office staffs the volunteer members of the Community Involvement Committee (CIC), including providing support, training and coordination for CIC meetings. The CIC serves as Multnomah County's advisory body on community engagement and involvement. The office also manages the Community Budget Advisory Committee (CBAC) program by leading recruitment to fill vacancies, coordinating CBAC orientation and report submission deadlines, and serving as a resource for county employees who staff CBACs. The office also provides staffing and technical assistance to the County's Central and Nondepartmental CBACs. The office serves as a resource for offices and departments in the development of effective and inclusive community engagement plans, and coordinates a community of practice for county staff who support advisory boards and committees

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Percentage of participants in activities who felt time was well spent	93%	90%	90%	90%
Outcome	Percentage of volunteer positions on CIC and CBACs filled	94%	90%	90%	90%
Outcome	Percentage of new CIC & CBAC members who have not previously served on County advisory group	N/A	90%	88%	90%
Outcome	Community meetings & events with partners serving historically underrepresented/hard to reach communities	N/A	10	5	10

**Performance Measures Descriptions**

Measure 1 is based on an annual survey of CIC and CBAC members. Measures 3 and 4 are new for FY 2022, to better reflect the office's focus on engaging communities historically underrepresented in county decision-making and commitment to recruiting new community members to serve on advisory groups.

## Legal / Contractual Obligation

Multnomah County Home Rule Charter Chapter 3.75; Resolution 95-245; Multnomah County Code 3.250-3.253, 3.300-3.306, 25.810-25.830. The County Charter states that the commission “shall appropriate sufficient funds for the operation of the office and the committee.”

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$243,929	\$0	\$259,852	\$0
Contractual Services	\$6,390	\$0	\$15,850	\$0
Materials & Supplies	\$33,530	\$0	\$25,557	\$0
Internal Services	\$42,581	\$0	\$43,757	\$0
<b>Total GF/non-GF</b>	<b>\$326,430</b>	<b>\$0</b>	<b>\$345,016</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$326,430</b>		<b>\$345,016</b>	
<b>Program FTE</b>	2.00	0.00	2.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

**Last Year this program was:** FY 2022: 10010A Office of Community Involvement

In FY 2023, the office will collaborate with the Local Public Safety Coordinating Council (LPSCC) to pilot a fellowship program to increase the voices of community members impacted by the criminal legal system. The program will partner fellows with justice system leaders to advise on policies that will reduce racial and ethnic disparities. This work will be funded through a grant to LPSCC from the John D. and Catherine T. MacArthur Foundation's Safety & Justice Challenge. A Limited Duration Assignment employee housed within the Office of Community Involvement will staff the program and collaborate with a community-based agency to develop the fellowship structure and curriculum.

**Department:** Nondepartmental      **Program Contact:** Dani Bernstein  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

The Multnomah County Charter Review Committee, comprised of a group of county residents, began meeting in September 2022 to study the county charter and, if necessary, will propose amendments to the charter to appear on the 2022 primary and/or general election ballots.

**Program Summary**

The Multnomah County Home Rule Charter provides that every six years, a Charter Review Committee will be convened for the purpose of making a comprehensive study of the Charter and, if it chooses, to submit Charter amendments to the voters of Multnomah County. The county Charter is like our local constitution, creating the structure of county government and outlining the county's powers.

The Charter Review Committee is charged with studying the Charter by all appropriate means including open hearings and meetings, the taking of testimony and interviews. The committee's meetings are open to the public. Members of the committee were selected by the state senators and representatives of their senatorial districts.

The committee is required to present a report to the people and the Board of County Commissioners that includes their findings, conclusions, and recommendations including any amendments the committee proposes to the Charter. All amendments proposed by the committee will be submitted to the voters of Multnomah County at the 2022 primary or general election.

The committee began meeting in September 2021 and must conclude its work by August 2022. As required by Charter, the Office of Community Involvement convenes the meetings of the Charter Review Committee. The office has dedicated staff to provide support and technical assistance at all committee and subcommittee meetings, assist the committee with research, develop communications to keep the public informed of the committee's work, ensure the committee meets all required deadlines, and support the committee to be inclusive, accessible and elevate the voices of communities most impacted by county programs and services.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of CRC meetings and subcommittee meetings	N/A	15	25	4
Outcome	Public testimony received verbally or in writing	N/A	25	25	10
Output	Updates posted to county's public website & social media on work of CRC	N/A	10	20	5

**Performance Measures Descriptions**

Performance measure 1 captures the work to support the committee's comprehensive study of the county charter. Performance measures 2 and 3 capture the work to inform and engage the public in the work of the committee and the charter review process.

## Legal / Contractual Obligation

Multnomah County Home Rule Charter Chapter 12.40. The County Charter states that the Office of Community Involvement will convene the meetings of the Charter Review Committee, and that the commission “shall appropriate sufficient funds for the Office of Citizen Involvement to carry out its duties herein.”

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$92,180	\$0	\$25,000	\$0
Contractual Services	\$19,650	\$0	\$23,954	\$0
Materials & Supplies	\$20,980	\$0	\$1,046	\$0
<b>Total GF/non-GF</b>	<b>\$132,810</b>	<b>\$0</b>	<b>\$50,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$132,810</b>		<b>\$50,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2022: 10010B Charter Review Committee Support

**Department:** Nondepartmental      **Program Contact:** Dani Bernstein  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

As part of its mission to facilitate communication between the community and county leadership, the Office of Community Involvement supports county advisory groups through community outreach, staff support, technical assistance and policy development. This offer will use one-time-only funds to develop new trainings, standards and policies for use in advisory groups and volunteer programs across departments.

**Program Summary**

Since 2018, the Office of Community Involvement has expanded its work to support community engagement across offices and departments, including: establishing a community of practice for advisory group staff, drafting and supporting the adoption of advisory group standards, and convening a workgroup to consider a countywide approach to stipends for community participation.

In addition, the Community Involvement Committee drafted a community involvement resolution, adopted by the Board of Commissioners in May 2021, that directs the office to regularly evaluate the County’s community engagement policies and programs and reduce barriers to participation. The resolution also affirms the need for departments to create timely and culturally relevant plans for community involvement.

This program will add to the office’s capacity in FY 2023 to develop new trainings and policies to support county advisory groups and other volunteer programs, and will support the implementation of the community involvement resolution by developing tools and metrics for monitoring and evaluating countywide community engagement activities and impact. Training curriculum will cover a Multnomah County 101, personnel policies, the county budget process, the equity and empowerment lens, and ethics for public officials, as well as other topics identified in collaboration with the community of practice and other colleagues. The coordinator will develop, pilot and refine these trainings over the course of FY 2023.

The coordinator will also advance the work to establish countywide policies or approaches to stipends, working with finance and legal staff to develop the necessary resources and guidance for implementation.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of new countywide trainings for County volunteers	N/A	N/A	N/A	5
Outcome	Create framework and resources for countywide implementation of stipends	N/A	N/A	N/A	1

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$69,750	\$0
Contractual Services	\$0	\$0	\$10,250	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$80,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$80,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Nondepartmental      **Program Contact:** Marina Hovious  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

The Office of the Board Clerk supports the Board of County Commissioners by managing the Board meetings and providing information on items brought before the Board and the public. The Office is responsible for ensuring that notices of Board meetings, the agendas for the meetings, and any official actions taken are posted for the public. The Office is focused on making this information as accessible as possible.

### Program Summary

The Office of the Board Clerk manages all Board meetings, agendas, records, indices, and schedules. It maintains and disseminates information pertaining to adopted resolutions, orders, ordinances and proclamations.

Board Clerks are responsible for the following:

- Notifying internal and external customers of scheduled meetings and cancellations
- Processing, posting, and distributing all agenda submissions and official documentation that result from Board action and directives
- Ensuring access for future internal and external inquiries
- Providing members of the public with agenda, notices of public hearings, and access to public records
- Preserving the official County records both electronically and on paper for perpetuity
- Providing information on upcoming Board items

The Office of the Board Clerk focuses on making the Board meetings and the information it provides accessible to as much of the public as possible. For example, during some public hearings, the Board Clerk ensures that translators are available for a variety of different languages so that members of the public can more easily communicate with the Board. The Office of the Board Clerk also provides live closed captioning during Board meetings and posts videos and transcripts after the meetings. During the COVID-19 pandemic, the Office adapted to provide virtual public testimony so that the public could still engage in the public hearings. By making the information more accessible, the goal is that the meetings will be more equitable for people who communicate in different ways.

The Office pays for the County's memberships in advocacy organizations including the National Association of Counties, Association of Oregon Counties, and Leader's Round Table.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total number of Board related documents processed (digital files).	3,700	4,000	4,000	4,000
Outcome	Board Meeting Minutes uploaded and available to the public within two weeks.	85%	90%	90%	90%
Outcome	Board adopted resolutions, proclamations, orders & ordinances available to public within 1 week.	95%	95%	95%	95%
Outcome	All Board events have accessibility tools-including captioning and interpretation-available to public*.	100%	100%	100%	100%

### Performance Measures Descriptions

Board related documents include board packets, proclamations, resolutions, orders, & ordinances.

\*A new outcome measure was added in FY 2021 to reflect the County's efforts and goal to ensure all members of our community have the tools to listen and engage with the County Board of Commissioners - amidst new virtual formats that have been adopted in light of the COVID-19 pandemic.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$309,462	\$0	\$331,859	\$0
Contractual Services	\$33,910	\$0	\$50,270	\$0
Materials & Supplies	\$300,200	\$0	\$314,781	\$0
Internal Services	\$327,028	\$0	\$341,947	\$0
<b>Total GF/non-GF</b>	<b>\$970,600</b>	<b>\$0</b>	<b>\$1,038,857</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$970,600</b>		<b>\$1,038,857</b>	
<b>Program FTE</b>	2.35	0.00	2.35	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 10011 Office of the Board Clerk

In Spring 2020, the County added live streaming to YouTube, an online form to receive public comment and budget comments and developed new abilities to accept testimony virtually with language interpretation. These enhanced community access efforts are now part of program foundation and outcome metrics.

In Fall 2021, the County transitioned from 19 months of virtual-only meetings to hybrid board meetings that take place in the Multnomah County Boardroom but still allow the public and presenters to virtually listen and engage. The County is continuing to update and improve its technology equipment and management in this arena to support effective and accessible Board proceedings.

**Department:** Nondepartmental      **Program Contact:** Chris Voss  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Multnomah County Emergency Management (MCEM) coordinates disaster preparedness activities in Multnomah County. This includes planning, training, exercise and equipment procurement for staff and departments and coordination with cities, special districts and nongovernmental organizations. During events, MCEM will activate the emergency operations center to facilitate the appropriate response using people and resources throughout the county.

**Program Summary**

The MCEM program focus includes: 1) County preparedness, 2) Intergovernmental and regional preparedness, 3) Community preparedness and resilience and 4) the County's ability to continue critical operations in an emergency situation. MCEM regularly collaborates with local jurisdictions, districts and agencies engaged in emergency planning. MCEM understands that a resilient community can potentially reduce the burden on limited emergency response capacity in a severe emergency. For that reason, MCEM works with businesses, non-governmental organizations, faith-based groups, volunteer organizations and directly with community members to encourage disaster resilience and create a coordinated response to disasters. MCEM fosters preparedness and community resilience through working relationships with a diverse group of community partner organizations.

Program activity is informed by the Emergency Management Performance Grant (EMPG) work agreement, which includes staff training plans, a rigorous disaster exercise schedule, disaster plan management and coordination with volunteer, State and Federal partners. During an emergency, MCEM activates and manages the County Emergency Operations Center (EOC) which is staffed by employees from various County departments to provide a single location where strategic direction, response coordination and resource support for incident response is carried out. In a disaster, Emergency Management functions as the state-mandated conduit for obtaining State and Federal resources to support local emergency response for the County, cities and districts, and it coordinates emergency and disaster declarations. After a disaster, Emergency Management coordinates with State and Federal agencies that provide post-disaster assistance and also guides the community recovery process. Annual exercise of Emergency Coordination Center and evaluation of performance of established objectives in an After Action Report (AAR).

MCEM can respond to requests from county and city public safety partners and can quickly set up an operations center to respond to county emergencies. MCEM also authors and updates several plans including the County Mitigation Plan and County Emergency Operations.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Percentage of resource requests supporting underserved communities.	N/A	N/A	N/A	90%
Outcome	Percentage of approved resource orders fulfilled within 3 business days.	N/A	N/A	N/A	90%

**Performance Measures Descriptions**

Performance measures have changed for FY 2021 and FY 2022 due to the COVID-19 response.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,353,598	\$396,041	\$1,432,671	\$870,835
Contractual Services	\$141,600	\$585,150	\$147,270	\$966,579
Materials & Supplies	\$127,042	\$656,400	\$131,030	\$291,283
Internal Services	\$510,180	\$12,709	\$531,683	\$31,263
<b>Total GF/non-GF</b>	<b>\$2,132,420</b>	<b>\$1,650,300</b>	<b>\$2,242,654</b>	<b>\$2,159,960</b>
<b>Program Total:</b>	<b>\$3,782,720</b>		<b>\$4,402,614</b>	
<b>Program FTE</b>	8.00	2.00	8.00	2.00

Program Revenues				
Intergovernmental	\$0	\$1,650,300	\$0	\$2,159,960
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,650,300</b>	<b>\$0</b>	<b>\$2,159,960</b>

Explanation of Revenues

This program generates \$31,263 in indirect revenues.  
 Emergency Management Performance Grant - \$408,470  
 Urban Areas Security Initiative Grants - \$674,979  
 State Homeland Security Program - \$1,076,511

Due to the COVID-19 response some of this grant funding is carry over from FY 2022 for normal operations.

Significant Program Changes

Last Year this program was: FY 2022: 10012 Office of Emergency Management

The Office of Emergency Management began to respond to COVID-19 in January 2020 and this response continues today. While the office hopes to return to a more normal operation in FY 2023, it is likely to be focusing on COVID-19 response and coordination activities at the beginning of the year. While in a response mode, many of the everyday activities including planning, training, exercises, mitigation, etc. will have limited support. The office also anticipates COVID-19 After Action Report activities to pick up in FY 2023 as response operations diminish, which will also reduce our capability to support more year "typical" activities.

**Department:** Nondepartmental      **Program Contact:** Jeston Black  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

The Office of Government Relations represents the Board of Commissioners and County Departments before the United States Congress, the Oregon Legislature and local governing bodies to advance Multnomah County's annual state and federal legislative agenda. The office works with smaller cities in Multnomah County to provide insight on County actions and facilitate partnership. In addition, the office is working to create a single point of contact for Oregon's nine recognized Tribal Governments. These functions are vital in protecting the interests of Multnomah County and its residents.

### Program Summary

Government Relations Office services as the primary representative for the County to State and Federal Elected Officials.

The Office of Government Relations works with the Board of Commissioners, County Departments, Regional Partners and Community Groups to advance policy set by the Board of Commissioners at the Federal, State and Local Level.

The Office of Government Relations in partnership with County Departments provides analysis and tracks impacts that Federal and State Legislation would have on County programs and the people served by those programs.

The office also works with other local government partners in the metro region to align priorities and to give other local governments insight on Multnomah County operations and policy.

The Tribal Liaison position will create a single point of contact for Oregon's nine federally recognized Tribal Governments, as well as work with County staff to establish processes and protocols for departments interaction with Tribal Governments.

The Senior Grant Coordinator works across departments and systems to increase the county's capacity to secure, track, and successfully implement competitive grants aligned with the County's mission and values.

Over the past two budget cycles the Office of Government Relations has expanded its work in developing positive partnerships with cities in East County as well as expanding its budget analysis capabilities to better translate budget impacts in impacted communities.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Develop and pass a comprehensive legislative and federal agenda	1	1	1	1
Outcome	Provide an annual report that details bill outcomes and progress on County priorities	1	1	1	1
Output	Number of trainings, planning groups, and presentations to increase countywide competitive grant capacity	31	30	40	30
Outcome	Develop engagement strategies with Tribal governments and local American Indian/Alaska Native communities	N/A	1	1	1

### Performance Measures Descriptions

The adoption of the legislative agenda is the culmination of a broad process of consultation with employees, departments, elected officials, advocacy organizations and community groups. The report provides transparency and identifies both positive and negative results. The office also focuses on impacts of Legislation on communities in Multnomah County, not just County operations. A Tribal engagement plan will kick off the comprehensive approach to Tribal Governments. Planning groups, trainings and presentations ensures access to the resources necessary for submitting successful grants.

## Legal / Contractual Obligation

All government relations activities shall be consistent with federal laws and policies, State of Oregon statutes, the Multnomah County Home Rule Charter and Multnomah County Laws.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$1,052,530	\$0	\$1,127,639	\$0
Contractual Services	\$123,700	\$0	\$124,000	\$0
Materials & Supplies	\$37,113	\$0	\$48,651	\$0
Internal Services	\$68,257	\$0	\$71,765	\$0
<b>Total GF/non-GF</b>	<b>\$1,281,600</b>	<b>\$0</b>	<b>\$1,372,055</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,281,600</b>		<b>\$1,372,055</b>	
<b>Program FTE</b>	6.00	0.00	6.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2022: 10016A Government Relations Office

This program combines 10016B Tribal Relations Liaison from FY 2022.

**Department:** Nondepartmental **Program Contact:** Joy Fowler

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

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

### Executive Summary

The Office of Diversity is a team of subject matter experts focusing on the impacts on Multnomah County residents and employees disproportionately affected by institutional and systemic racism and other identity based oppression. ODE provides countywide leadership, models and builds best practices for equity policy analysis and development, conducts research and evaluation, and creates intersectional and inclusive frameworks for practice, policy and program delivery.

### Program Summary

ODE works across the organization, providing leadership, leading initiatives, piloting best practices, consulting, coordinating and collaborating to advance equity. Core to the work of ODE is a commitment to Inclusively Leading with Race and modeling intersectional approaches that recognize how multiple and compounding forms of marginalization impact communities and employee experience and wellbeing.

ODE advances this work by providing countywide leadership as a multi-racial, multi-identity, and diverse team of experts who are available to provide guidance and counsel across the organization, modeling best practices to inform and influence change.

The offer funds the ongoing implementation of key pillars of ODE work: Workforce equity and the Workforce Equity Strategic Plan through coordination and engagement of the WESP Committee and other stakeholders, developing communication strategies, and evaluating impacts as well as ensuring accountability to performance measures. Training and internal policy to support Safety, Trust and Belonging for all employees. The Equity Policy Teams work around disability equity and accommodations, compliance reporting, research and evaluation, exit interviews, policy development, and other initiatives that support equity. The ongoing utilization, tools, frameworks and capacity building around the Equity and Empowerment Lens: Racial Justice Focus. Support, coordination and governance of Employee Resource Groups. Leadership for the Multnomah Youth Commission, majority from Black, Indigenous, and People of Color communities, which utilizes youth-adult partnership to advance policies and practices that reflect the priorities of youth across Multnomah County. ODE also convenes the Equity Core Team made up of equity managers across the organization and other key stakeholder groups around specific or emerging organizational equity issues.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Employee Resource Groups managed and coordinated	9	9	9	9
Outcome	Compliance on Workforce Equity Strategic Plan performance measure adherence and completion	N/A	80%	80%	80%
Output	Number of guidance documents, evaluation reports or compliance reports completed	5	4	4	4
Output	Number of disability accommodation consults	N/A	N/A	25	25

### Performance Measures Descriptions

These performance measures reflect a transition in how we are measuring our work and applying ODE's Budget Equity Tool to our own work. It reflects metrics from WESP funded positions relating to WESP project management, evaluations and disability rights.

**Legal / Contractual Obligation**

ADA Title II Coordination, EEO Reporting, Civil Rights Grievance Staffing

**Revenue/Expense Detail**

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Personnel	\$1,373,684	\$0	\$1,556,876	\$0
Contractual Services	\$23,900	\$0	\$24,860	\$0
Materials & Supplies	\$82,798	\$0	\$88,366	\$0
Internal Services	\$158,918	\$0	\$161,264	\$0
<b>Total GF/non-GF</b>	<b>\$1,639,300</b>	<b>\$0</b>	<b>\$1,831,366</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,639,300</b>		<b>\$1,831,366</b>	
<b>Program FTE</b>	8.00	0.00	8.00	0.00

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

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

**Last Year this program was:** FY 2022: 10017A Office of Diversity and Equity

This program combines 10017A and 10017C ODE Employee Resource Group from FY 2022.

**Department:** Nondepartmental **Program Contact:** Joy Fowler

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

**Related Programs:**

**Program Characteristics:**

### Executive Summary

The Multnomah Youth Commission (MYC) the official youth policy body for Multnomah County and the City of Portland, is a group of 42 young people, ages 13- 21, from majority Black, Indigenous and People of Color Communities (BIPOC), that strives to amplify youth perspectives on policy impacting and relevant to youth, their families, peers, and community. In addition to its commission role within local government, the MYC works to improve the community through Social Justice projects, and by shifting negative community perceptions about youth. The work of MYC is guided by "Our Bill of Rights: Children + Youth," the nation's first Bill of Rights written by and for young people and adopted by a local government.

### Program Summary

The Multnomah Youth Commission advises and makes recommendations on policies and programs that impact youth through focused, issue-specific committee work, the Elected Official Liaison program, and training and technical assistance. MYC uses authentic youth engagement practices and tools to build the capacity of youth to participate in high-level policy advocacy to ensure that young people form relationships with caring adults, build skills, exercise leadership, and help their communities as they develop into healthy, productive adults. The MYC is a nationally recognized model using participatory action research, policy creation and advocacy, and Youth-Adult Partnership as its foundational underpinnings. The MYC has made an intentional and sustained effort over time to ensure that a majority of youth commissioners come from BIPOC Communities and embed equity and social justice into all of the work.

MYC's current policy focus areas are driven and led by youth and selected through youth outreach and engagement. These projects empower youth to take lead and work together to address issues most important to their communities, while highlighting and sharing ideas and experiences to build youth-led solutions. In the past several years, those include:

- Youth Against Violence committee: working to change the way violence is viewed and dealt with, eliminating police violence, gang violence and sexual and dating violence
- Transit Equity and Environmental Advocacy committee: focus on transit justice issues and expanding TriMet's YouthPass program region wide
- Education/Youth Voice committee: organizing candidates forums and working to combat chronic absenteeism by pushing back high school start times to 8:45 am or later.

The Office of Diversity and Equity (ODE) provides leadership and resources for advancing organizational equity and inclusion change efforts. ODE works in collaboration with departments and offices and serves as equity, inclusion and social justice resource at Multnomah County. The MYC sits within the Office of Diversity and Equity.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Youth Commission Meetings held	22	22	21	22
Outcome	Youth-led policies impacted and/or advocated for	12	12	12	12
Output	Number of partnerships established	10	11	12	12
Outcome	Number of Youth-led forums and/or events held	4	5	6	5

### Performance Measures Descriptions

There were more youth-led forums this fiscal year because of COVID and because 2022 is an election year.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$147,804	\$0	\$154,983	\$0
Materials & Supplies	\$19,996	\$0	\$20,017	\$0
<b>Total GF/non-GF</b>	<b>\$167,800</b>	<b>\$0</b>	<b>\$175,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$167,800</b>		<b>\$175,000</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 10017B Multnomah Youth Commission Support

Due to the multiple pandemics of anti-Black racism, increased gun violence, and COVID-19, and their impact on BIPOC youth commissioners, the work of the MYC has and will continue to shift to respond to changing needs. With continued focus on core areas of work, the MYC is also:

- Increasing the level of collaboration with youth-led organizations and city and county, co-leading efforts to identify and carry out shared projects and goals to better address the rising needs among youth, particularly related to youth mental health and violence prevention
- Addressing and resolving barriers for youth civic engagement including mental health referrals, and coaching support.

**Department:** Nondepartmental **Program Contact:** Joy Fowler

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

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

### Executive Summary

Workforce equity demands that the County identify and address structural and policy barriers to equal employment opportunity faced by our employees and communities because of their race, ethnicity, national origin, disability, gender and gender identity, sexual orientation and other protected classes. County employees across the organization stepped forward to develop the Workforce Equity Strategic Plan (“WESP”) to create a workplace where everyone can reach their full potential. The WESP is designed to be regularly reviewed and updated.

### Program Summary

The Multnomah County Board of County Commissioners approved the County’s groundbreaking WESP in April 2018, as amended in January 2019. The WESP contains five focus areas relating to: 1) organizational culture; 2) promotion and professional development; 3) retention; 4) recruitment and pipeline programs; and 5) the recommendations of the Jemmott Rollins Group Report.

Each focus area has corresponding objectives, minimum standards, and performance measures. The last of these performance measures has a target date of 2022. As a result, in FY 2023, the County will engage in a process to update the WESP with new performance measures extending from 2023 through 2028. This program offer supports an investment in designing and executing on a stakeholder engagement process resulting in an updated WESP.

The initial WESP was developed through advocacy from the County’s Employee Resource Groups, AFSCME Local 88, and external organizations in conjunction with the Office of Diversity and Equity and the County’s Chief Operating Officer. In order to update the WESP, additional stakeholders will include: County leadership, Central and departmental Human Resources, departmental Equity Managers and their staff, departmental equity committees, the Complaint Investigations Unit, and other County staff. It is imperative that those stakeholders implementing the WESP are included in this next iteration providing clarity, rationale and understanding as measures/metrics are outlined.

Utilizing these funds, the Office of Diversity and Equity will design, lead and implement a process that includes conversations, focus groups, listening sessions, surveys, and other methods to gather and analyze feedback. This will allow the Office of Diversity and Equity to make solid recommendations for the purpose of updating the WESP focus areas, objectives, base standards, and performance measures/metrics.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of meetings engaging with project team leads on process design and updates.	N/A	N/A	N/A	10
Outcome	Updated WESP where all stakeholders are invited to engage in meeting outlined objectives.	N/A	N/A	N/A	5
Output	Number of stakeholder engagement process sessions.	N/A	N/A	N/A	20
Output	Number of WESP focus areas reviewed and updated.	N/A	N/A	N/A	5

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$100,000	\$0
Contractual Services	\$0	\$0	\$100,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$200,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$200,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Nondepartmental      **Program Contact:** John Wasiutynski  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

The Multnomah County Office of Sustainability was established in 2010 to help plan, implement and coordinate the County's environmental sustainability policies and programs. The Office of Sustainability's mission is to work with County Departments and the community to promote programs and policies that lead to a more equitable, prosperous, and environmentally sound Multnomah County. We envision a Multnomah County that is: Equitable, Livable, Healthy, Resilient, and Low-Carbon. Equity and environmental justice are core guiding principles that shape the office's approach to policy and programs.

### Program Summary

The Office of Sustainability works with the community and County departments to develop unique partnerships that help make Multnomah County a better place to live, work, and do business. The Office is not only committed to a healthy planet but also firmly roots our work in the County's mission to protect the most vulnerable in our community. This value shapes how we approach sustainability, an approach based on achieving social, economic, and environmental justice.

Major focus areas for FY 2023 include implementing the Climate Justice Initiative, implementation of the Commercial Building Property Assessed Clean Energy program (PropertyFit), planting trees in low income low tree canopy neighborhoods in Gresham, advancing the County's ability to engage in Environmental Justice work through the development of the Board adopted Environmental Justice Snapshot, pursue policies that reduce human exposure to harmful air pollutants, and supporting a culture of resource-conservation in County operations. The Office will accomplish these goals by working with the County's elected leaders to develop and respond to new policies; by providing technical support to County departments and community organizations; through direct program delivery; partnership and co-creation with frontline-led community based organizations and community members; and through research, data analysis, and reporting.

The Office will lead the Climate Action Plan update in a new direction, one fully rooted in a community vision of a just transition and that centers frontline community voices. This reimagining of climate action rooted in environmental justice and committed to a community led process of co-creation will produce a new type of climate action plan based on a community driven consensus on how to build a more resilient and decarbonized community. The Office of Sustainability will also work to implement the Board's commitment to 100% renewable energy by 2050 through a partnership with business and community to develop sound strategies that will decarbonize our economy and build wealth and autonomy in our communities. The Office will prioritize the decarbonization of the electric grid.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of unique County employees engaged with programming offered by the Office of Sustainability.	208	1,000	300	500
Outcome	Decrease in community wide greenhouse gas emissions over 1990 levels based on trend line analysis.	19%	20%	17%	17%
Output	Total number of advisory committee meeting volunteer hours	128	100	134	100
Outcome	Percent Energy burdened Multnomah County Households	24%	24%	24%	24%

### Performance Measures Descriptions

Greenhouse gas emissions data are several years lagging, in this case the most recent year for which data is available is 2019. These data are also reported on a calendar year basis. An individual or family is considered energy burdened if they spend 6% or more of their income on energy costs. Energy burdened household data comes from <https://energyinfo.oregon.gov/2020-counties/2020/11/1/multnomah-county>

## Legal / Contractual Obligation

The Office of Sustainability is taking a lead role in the implementation of a Technical Assistance Grant, the County will receive no direct funding, to work with PPS and community stakeholders to identify PPS schools that can serve as cooling and clean air shelters. The project will include evaluating HVAC systems to ensure capacity at these facilities to serve this vital community need.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$698,408	\$15,000	\$741,772	\$7,000
Contractual Services	\$14,000	\$55,000	\$16,558	\$42,749
Materials & Supplies	\$25,496	\$0	\$29,960	\$0
Internal Services	\$56,486	\$0	\$57,644	\$251
<b>Total GF/non-GF</b>	<b>\$794,390</b>	<b>\$70,000</b>	<b>\$845,934</b>	<b>\$50,000</b>
<b>Program Total:</b>	<b>\$864,390</b>		<b>\$895,934</b>	
<b>Program FTE</b>	5.00	0.00	5.00	0.00

Program Revenues				
Intergovernmental	\$0	\$70,000	\$0	\$50,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$70,000</b>	<b>\$0</b>	<b>\$50,000</b>

## Explanation of Revenues

This program generates \$251 in indirect revenues.

The Office of Sustainability has applied for grant funding from the East Multnomah Soil and Water Conservation district, \$50,000 per a year for two years, to continue the Gresham tree planting program that is called Green Gresham / Healthy Gresham.

In addition, the Office of Sustainability will be administering two pools of ARP funding, including a continuation of \$200,000 in funding to develop infrastructure at the CROPS farm (program offer 10094), and \$500,000 to administer a pilot woodstove exchange program (program offer 10095).

## Significant Program Changes

**Last Year this program was:** FY 2022: 10018 Office of Sustainability

The Office is not anticipating substantial staffing or programmatic shifts over the next year. However, it is important to note that ongoing emphasis on addressing community vulnerabilities to the impacts of the climate crisis will be a top priority. This will include partnerships with Multnomah County Communications, Emergency Management, Departments, other jurisdictional partners, and the community. The impacts of global heating are dramatically altering the local environment and creating unprecedented risks to community safety. This requires renewed emphasis on partnership, policy development, and program implementation.

**Department:** Nondepartmental      **Program Contact:** John Wasiutynski  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

Climate Justice by Design uses a human-centered approach that convenes governments and the communities they serve with the intent to co-design and co-create climate justice strategies. The approach recognizes that frontline communities can be the source of the most innovative multi-benefit solutions, and reflects a shared commitment to equitable processes and outcomes. The goal of this investment is to develop a new climate action community justice framework as a successor to the 2015 Climate Action Plan.

**Program Summary**

In 2015 the Board of County Commissioners adopted the joint Multnomah County and City of Portland Climate Action Plan (CAP), which broke new ground connecting climate action to core County priorities such as racial equity and public health, and was recognized as the “best” climate plan in the world (by C40). The large majority of five year actions identified in the plan have been accomplished or are underway, and emissions have decreased from 1990 levels by 17%. However, emission reductions have plateaued in recent years and are not on track to meet 2030 goals. Since the CAP’s adoption, the racial justice reckoning and growing influence of frontline communities on environmental policy; and the painful community impacts from climate triggered heat waves and smoke events, in addition to stalled emissions reductions, have led to exploration of new climate planning approaches.

The Office of Sustainability responded by launching Climate Justice by Design (CJxD) in 2021, with the goal of creating a “third space” that is co-created and co-convened by government and frontline community organizations. This program offer will support a second iteration of CJxD that will have an expanded scope, and will: 1) Build a “third” space of deep collaboration and co-creation between the County and frontline community based organizations (CBO), with space for additional stakeholders; 2) assess the current state of climate justice efforts underway (government led, community led, joint efforts); 3) identify and prioritize future actions for the County and for County/community collaboration; 4) develop a shared County/community climate justice strategy; 5) develop mechanisms for ongoing transparency, accountability, and partnership. The climate justice strategy will serve as a critical part of the County’s plan for climate action. This program-offer will invest in the capacity of frontline CBO’s to participate, and will prioritize inclusion of voices missing from the first iteration of CJxD, particularly youth and youth of color. There is a high likelihood of leveraged support from foundations given the interest in government-community collaboration to advance climate justice. This program-offer aligns and supports several other County priority actions, including the completion of an Environmental Justice snapshot called for by the Board, the Board adopted racism as a public health emergency (Resolution 2021-017). and the Multnomah County Justice and Equity Agenda.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Hours of community based participation.	N/A	N/A	N/A	270
Outcome	Creation of a new climate action community justice framework.	N/A	N/A	N/A	1

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$50,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$50,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$50,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

This is a one-time-only request for general fund. The Office of Sustainability has already secured, with partners, \$125,000 in foundation funding for the first phase of this work. Partner organizations are poised to leverage this County investment to seek additional foundation funding and further increase CBO capacity to engage in climate planning work.

Significant Program Changes

Last Year this program was:

Climate planning

**Department:** Nondepartmental      **Program Contact:** John Wasitynski  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Climate risks have moved from being a future danger to a present threat. Unprecedented climate fueled environmental disasters have pummeled Multnomah County with dire consequences for Multnomah County residents. While short term interventions focused on improved sheltering strategies and outreach are critical, medium to long term policy interventions are also needed. This position will coordinate and catalyze these medium to long term programmatic and policy interventions.

**Program Summary**

Over the past several years Multnomah County has experienced unprecedented impacts from the climate crisis. For example, prior to 2016 the Department of Environmental Quality, which monitors air quality, had not recorded a wildfire smoke intrusion in Multnomah County since monitoring had begun. Since that time, wildfire smoke has become a seasonal hazard that impacts County residents on a nearly annual basis. Wildfire activity has also impacted Multnomah County, with the Eagle Creek Fire directly threatening homes in Multnomah County, to nearby wildfires forcing displaced households into Multnomah County shelters. Wildfires and wildfire smoke, are just two examples of the many natural phenomena that are being made worse, more intense, and more frequent due to global heating, threatening the lives and safety of Multnomah County residents.

Indeed, the list of threats from the climate crisis are year round and worsening. Besides those threats already mentioned, others include, drought, worsening air quality, flooding, impacts to drinking water, and extreme heat. Extreme heat alone was responsible for the deaths of over 68 people in Multnomah County during the 'heat dome' event in June 2021. The 'June 2021 Extreme Heat Event Preliminary Findings and Action Steps' report stated that the “[d]ramatic negative impacts of the climate crisis that seemed far off are hurting our community today. This is a moment for the County to redouble our efforts to both mitigate and prepare for the worst effects of climate change.”

The Climate Resilience Coordinator will implement and catalyze climate resilience policy within Multnomah County and across local and state agencies; e.x. assist with wildfire mitigation zoning updates, low income weatherization policy, co-develop best practices for public buildings to mitigate extreme heat and smoke conditions, coordinate with local governments on heat island mitigation strategies, update county administrative rules, build capacity for research and science based best practices, focus on partnerships with less resourced east county cities.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of county policies updated or adopted.	N/A	N/A	N/A	3
Outcome	Increase cross departmental collaboration and climate resilience capacity in Multnomah County.	N/A	N/A	N/A	10%

**Performance Measures Descriptions**

County policies may include updated administrative procedures, Board resolutions, or planning documents. A survey tool will be used to help determine baseline climate resilience capacity and changes to that capacity over time.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$147,164	\$0
Materials & Supplies	\$0	\$0	\$836	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$148,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$148,000</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

This program adds 1.00 FTE Program Specialist Senior.



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$125,000	\$0
Materials & Supplies	\$0	\$0	\$50,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$175,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$175,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Nondepartmental      **Program Contact:** Cindy Knapp  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

The Regional Arts & Culture Council (RACC) provides contract services to Multnomah County. Formerly a County bureau (as the Metropolitan Arts Commission), since 1995 RACC has been a 501(c)(3) nonprofit serving the Portland Metro area. This transition enables RACC to provide leverage support from other regional government partners and private donors, including foundations and trusts, ultimately investing much more in arts and culture than the County alone can afford. These investments create vibrant neighborhoods, enhance our children’s education, and fuel the creative economy with measurable economic benefits for Multnomah County.

### Program Summary

RACC plays a vital role in the County’s economic and community development efforts. Specifically, RACC provides services in six key areas: (1) Through Advocacy building support & resources for arts and culture; (2) Grants provide artists & arts organizations with base financial support needed to serve the community; (3) A nationally acclaimed Public Art program, including the Multnomah County 2% for Art Ordinance, integrates a wide range of art into public spaces; (4) Other Community Services including workshops for artists, consulting for arts organizations, and a variety of printed and electronic resources; (5) RACC works with K-12 arts educators supporting, advocating, providing professional development and resources to ensure a well-rounded arts education program is available in our schools. This includes the 6 districts that receive funding from the Arts Education and Access Income Tax fund for dance, music, visual arts and theater instruction for K-5 students; and (6) RACC invests in arts-related programming that supports vulnerable populations and marginalized communities including low-income Oregonians, veterans, communities of color, the LGBTQIA+ community, East County, seniors, and people experiencing homelessness.

Multnomah County is home to a majority of the region’s artists and arts and culture organizations, which pre-COVID-19, together generated more than \$294 million for the local economy and \$12.5 million for local government every year. During COVID-19 artists, creatives, and arts-servicing organizations have served as valuable partners to help our communities recover.

County funding supports: \$257,500 for grants and technical assistance services for artists and arts organizations, \$7,500 for arts education and assessment, \$15,000 for advocacy programs, and \$20,000 for general management and sustaining services such as accounting and information technology/web services. RACC receives separate funding from Multnomah County’s 2%-for-art to fund public art projects.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Dollars leveraged from other sources (FY 2022 includes ARPA and NEA funding)	\$21 million	\$8 million	\$8.5 million	\$8 million
Outcome	Children engaged in creative learning	27,633	35,000	25,000 (k-5)	23,000 (k-5)
Output	Direct Investment in artists & arts & culture organizations (includes ARPA and NEA funds)	\$5.9 million	\$5.4 million	\$4.5 million	\$4.5 million
Output	RACC-funded artists who identify as Black, Indigenous, and People of Color and/or reside in East County	44%	44%	44%	45%

### Performance Measures Descriptions

During the pandemic, virtual learning for arts education was deemed as a special and not considered a core subject, impacting the number of children engaged in services. RACC will continue to focus on bringing resources to historically under-served communities, artists, and arts & culture organizations with the goal to increase support for these individuals and communities.

## Legal / Contractual Obligation

RACC operates as a steward of Multnomah County investments in arts and culture via contract #440000704.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$300,000	\$0	\$300,000	\$0
<b>Total GF/non-GF</b>	<b>\$300,000</b>	<b>\$0</b>	<b>\$300,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$300,000</b>		<b>\$300,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2022: 10020 Regional Arts & Culture Council

**Department:** Nondepartmental      **Program Contact:** Christian Elkin  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** One-Time-Only Request

### Executive Summary

The City of Portland has initiated a two year Cultural Planning Process to review how our community supports the arts. The City has asked the County and other regional public and private partners to support this effort. The goals of the process are to engage the community to assess the state of arts and culture in the metro region, to identify inequities in funding and representation, to develop a clear vision for future funding and to review current intergovernmental agreements with the Regional Arts and Culture Council.

### Program Summary

Culture, creativity and the arts are a fundamental part of our regional identity, and a driver of our local economy. It has been 30 years since our region adopted the Arts Plan 2000 and established the Regional Arts & Culture Council as our primary arts service provider. The City of Portland, with support from jurisdictional partners, is leading a regional cultural planning process to help:

- Assess the state of arts and culture in the Portland metro region
- Identify opportunities and address inequities
- Develop a clear vision for arts and culture
- Establish goals and strategies for the next 5-10 years
- Review our intergovernmental agreements with the Regional Arts & Culture Council

Funds from regional agencies and grant funders will be used on community engagement , data collection and analysis , consultant support, design supplies.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	First year of planned community meetings and enaaement sessions completed	N/A	N/A	N/A	100%
Outcome	Update provided on progress toward Cultural Planning Process goals	N/A	N/A	N/A	1

### Performance Measures Descriptions

In fall of 2022 and spring of 2023, the consultant will complete a series of community engagement sessions and plan building. A draft plan will be sent to stakeholders in the fall of 2023.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$25,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$25,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$25,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Funds will go to the City of Portland. The total planning process is expected to be \$500,000: City of Portland, \$250,000 Foundations, \$150,000 Local government partners, \$75,000 State/Federal: \$25,000.



## Legal / Contractual Obligation

ORS 1.185 reads: "County to provide courtrooms, offices and jury rooms." (1) The county in which a circuit court is located or holds court shall: (a) Provide suitable and sufficient courtrooms, offices and jury rooms for the court, the judges, other officers and employees of the court and juries in attendance upon the court, and provide maintenance and utilities for those courtrooms, offices and jury rooms. (b) Pay expenses of the court in the county other than those expenses required by law to be paid by the state.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$1,005,000	\$0	\$1,205,000	\$0
Materials & Supplies	\$168,151	\$0	\$174,877	\$0
Internal Services	\$10,462,079	\$1,763,155	\$10,900,571	\$1,773,508
<b>Total GF/non-GF</b>	<b>\$11,635,230</b>	<b>\$1,763,155</b>	<b>\$12,280,448</b>	<b>\$1,773,508</b>
<b>Program Total:</b>	<b>\$13,398,385</b>		<b>\$14,053,956</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Fees, Permits & Charges	\$1,000,000	\$0	\$1,200,000	\$0
<b>Total Revenue</b>	<b>\$1,000,000</b>	<b>\$0</b>	<b>\$1,200,000</b>	<b>\$0</b>

## Explanation of Revenues

Operating courtrooms is a General Fund obligation of the County.

The Multnomah Law Library pass-through payment is fully supported by state-mandated court filing fees.

Debt service on the East County Courts is offset by a rebate received under the Build America Bonds program. Debt service costs were \$413,475 per year (net) from FY 2012 through FY 2020, and \$1.7 million per year from FY 2021 through FY 2030.

## Significant Program Changes

Last Year this program was: FY 2022: 10021 State Mandated Expenses



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Internal Services	\$0	\$0	\$165,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$165,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$165,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Nondepartmental **Program Contact:** Jeff Renfro

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

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

This program offer accounts for Business Income Tax (BIT) collected on behalf of and passed through to the east county cities of Gresham, Troutdale, Fairview, and Wood Village. These payments are prescribed in an intergovernmental agreement (IGA) that shares revenue from the BIT. Under the terms of this agreement, the four cities share 25% of the first 0.68% of BIT collections. In March 2020, the BCC made adjustments to the BIT affecting the rate, as well as the owners compensation deduction and gross receipts adjustments.

**Program Summary**

The BIT is imposed on the net income derived from business activity within Multnomah County. The BIT was originally set at a rate of 0.6% of net income. In 1985, the tax was increased to 0.95%. In 1987, the tax was further increased to 1.46%. In 1993 the rate was reduced to 1.45% due to the consolidation of collections with the City of Portland's Business License Fee (BLF). The County entered into a tax sharing agreement with the four east county cities, in part to acknowledge the value of business income derived from those cities. The County acts as a fiduciary agent for the four east county cities.

In March 2020, the Board of County Commissioners increased the tax to 2.00%, and increased the owners compensation deduction and gross receipts adjustments. The percent of total collections passed-through was updated to dedicate a portion of the new revenue to East County Cities.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Regularly share updates on current collections with East County Cities.	N/A	N/A	6	6
Outcome		N/A	N/A	N/A	N/A

**Performance Measures Descriptions**

## Legal / Contractual Obligation

The program is mandated under terms of the IGAs with Gresham, Troutdale, Fairview, and Wood Village. The County is obligated to transfer 25% of the revenue associated with the first 0.68% BIT increment.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$9,520,000	\$0	\$11,560,000	\$0
<b>Total GF/non-GF</b>	<b>\$9,520,000</b>	<b>\$0</b>	<b>\$11,560,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$9,520,000</b>		<b>\$11,560,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

## Explanation of Revenues

The BIT pass-through is 25% of the first 0.68% of BIT collections.

## Significant Program Changes

Last Year this program was: [FY 2022: 10022 Pass-Through Payments to East County Cities](#)

**Department:** Nondepartmental      **Program Contact:** Eric Arellano  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Oregon Historical Society (OHS) is a private not-for-profit entity founded in 1898. Since 1899, it has received appropriations from 1) state government (except 2002-6) in recognition of its operation of the state history museum and a large Oregon history research library; 2) Multnomah County (\$335k per year, 1999-2003) as a participant in the county library levy; and 3) Multnomah County special purpose levy 26-118 in November 2010 that provides for levy support at the rate of \$0.05 per thousand of assessed value and renewal of the second five-year period at the same rate. In May of 2021, measure 26-174 approved a third levy renewal from fiscal years 2021-22 through 2025-26.

**Program Summary**

OHS operates the Oregon History Museum, the Davies Family Research Library, and educational programs for adults, families and school groups (and also serves as the Multnomah County history repository). After nearly a decade of cuts in appropriations, programs, and service hours, the levy funding (which started in 2011 and was overwhelmingly renewed by Multnomah County voters in 2016 and 2021) has provided basic operational support, as well as funding to underwrite the improved hours of service in the library, free admission to residents of Multnomah County, improved collections development and care, and new and compelling exhibits and programming. OHS is committed to serving the diverse communities of Multnomah County and the State of Oregon, and it reflects that commitment in every aspect of its operations.

Four east Multnomah County historical societies-- East County Historical Organization, Gresham Historical Society, Troutdale Historical Society, and Crown Point Country Historical Society-- together received \$160,000 annually from the levy proceeds. Beginning January 1, 2022, the organizations will together receive \$200,000 annually from the levy proceeds. These funds are critical to the continued operation of these four organizations. The levy allocates the balance, estimated at \$3.2 million in FY 2021-22 to the Oregon Historical Society for its programs and operations.

The 2020 exhibits, Never the Less They Persisted: Women's Voting Rights and the 19th Amendment, and We are the Rose City! A History of Soccer in Portland were held over well into 2021 due to the COVID-19 2020-21 closures. Other exhibits in 2021 included: Freeze the Day! A History of Winter Sports in Oregon, and I Am My Story, Voices of Hope. Thanks to the levy funding, virtual public programs and events continued to serve the Oregon Historical Society's mission and engage a wide audience.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Multnomah County residents admitted free of charge	907	1,500	3,890	17,500
Outcome	Improved library hours per week	32	32	32	32
Output	Increased number of public programs	152	200	187	205
Quality	Care of Collections through additional curator/registrar	3	0	0	0

**Performance Measures Descriptions**

Due to the COVID-19 pandemic issues, OHS continued to make greater use of virtual programs and events. OHS sends two E-Digests per week: E-newsletter on articles pertaining to specific themes and Dear Oregon Blogs imparting articles of interest. OHS also sends a weekly E-Digest to educators in mid-April informing them of programs and articles that will assist them with virtual teaching and facilitates other educational programs such as History Day and curriculum workshops.

## Legal / Contractual Obligation

Measure 26-174 provides the Oregon Historical Society with a five-year property tax levy at the rate of \$0.05 per thousand dollars of assessed value. Four east county historical societies (Fairview-Rockwood-Wilkes, Gresham, Troutdale, and Crown Point Country) will together receive \$200,000 per year from the levy proceeds.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$3,436,940	\$0	\$3,643,039
Internal Services	\$0	\$7,500	\$0	\$29,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$3,444,440</b>	<b>\$0</b>	<b>\$3,672,039</b>
<b>Program Total:</b>	<b>\$3,444,440</b>		<b>\$3,672,039</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$0	\$3,403,655	\$0	\$3,646,083
Interest	\$0	\$3,000	\$0	\$3,000
Beginning Working Capital	\$0	\$37,785	\$0	\$22,956
<b>Total Revenue</b>	<b>\$0</b>	<b>\$3,444,440</b>	<b>\$0</b>	<b>\$3,672,039</b>

## Explanation of Revenues

This program generates \$29,000 in indirect revenues.

This is a dedicated local option property tax levy collected by Multnomah County on behalf of the Oregon Historical Society (OHS). OHS receives no other County funding.

## Significant Program Changes

**Last Year this program was:** FY 2022: 10023 OHS Local Option Levy

The levy was renewed for a third time in May of 2021. The levy extension runs from fiscal years 2021-22 through 2025-26. Under the revised funding agreement between Multnomah County and the Oregon Historical Society, Multnomah County will annually receive \$29,000 (increase from \$7,500) for administrative services which include tax collections, distributions, and support of Levy Oversight Committee (LOC).

**Department:** Nondepartmental **Program Contact:** Jeff Renfro

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

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

### Executive Summary

This program offer distributes revenues received from property taxes associated with railroad cars to local school districts. This is a statutory responsibility of Oregon counties (ORS 308.505 to ORS 308.665) and these revenues are dedicated to a County School Fund. It also includes revenues dedicated to the County School Fund received from the sale of timber cut on federal forest land and the Secure Rural Schools (SRS) program. Federal legislation governing the SRS payments has sunset several times, and has not been reauthorized.

### Program Summary

Since 1908, all counties in Oregon had received payments from the US government from revenue generated by the sale of timber cut on federal forest lands. State law specified how the revenue was to be allocated.

The federal law authorizing federal timber payments to counties, PL 106-393, sunset as of September 30, 2006. It was reauthorized by Congress for one year in 2007, and was renewed in 2008 for a four-year period, during which time the amount received declined each year. FY 2012 was to have been the last year in this 4-year extension. Congress reauthorized this legislation for one year in FY 2013, and again in FY 2014.

In April of 2015, Congress once again reauthorized the Secure Rural Schools program, but for two years. Payments are retroactive for the County's FY 2015 budget and will provide funds in FY 2016.

The law was not reauthorized for FY 2017, and timber payments will be governed by the 1908 Act as amended. The law was not reauthorized for FY 2019, and our assumption is that it will not be reauthorized in the future.

The remaining revenue is from the County's portion of the ad valorem tax that is assessed on the value of rail cars as outlined by state statute.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output		N/A	N/A	N/A	N/A
Outcome		N/A	N/A	N/A	N/A

### Performance Measures Descriptions

The County School Fund provides a very small amount of the total revenue available to schools in Multnomah County. Arguably, this amount is not large enough to contribute meaningfully toward student academic achievement.

## Legal / Contractual Obligation

ORS 328.005-035 outlines the requirement to establish a County School Fund. The apportionment of revenue from the sale of timber on federal forest lands is described in ORS 294.060, which states: "...moneys received by each county...shall be divided 75 percent to the Road Fund and 25 percent to the school fund of the County."

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$80,300	\$0	\$80,125
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$80,300</b>	<b>\$0</b>	<b>\$80,125</b>
<b>Program Total:</b>	<b>\$80,300</b>		<b>\$80,125</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$80,000	\$0	\$80,000
Interest	\$0	\$100	\$0	\$100
Beginning Working Capital	\$0	\$200	\$0	\$25
<b>Total Revenue</b>	<b>\$0</b>	<b>\$80,300</b>	<b>\$0</b>	<b>\$80,125</b>

## Explanation of Revenues

The County School Fund is credited with 25% of the revenue received from the statewide assessment of railroad cars apportioned to each County. Revenues have averaged \$60,000 over the past several years.

## Significant Program Changes

Last Year this program was: FY 2022: 10024 County School Fund



## Legal / Contractual Obligation

This program is mandated by IGAs that dictate how the revenues received in the Special Excise Tax Fund are allocated. There is no discretion in allocating the revenue - all receipts are turned over per County Code and pursuant to terms specified in the IGAs.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Contractual Services	\$0	\$30,187,210	\$0	\$35,315,375
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$30,187,210</b>	<b>\$0</b>	<b>\$35,315,375</b>
<b>Program Total:</b>	<b>\$30,187,210</b>		<b>\$35,315,375</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Taxes	\$0	\$30,091,530	\$0	\$35,225,475
Interest	\$0	\$8,000	\$0	\$8,000
Beginning Working Capital	\$0	\$87,680	\$0	\$81,900
<b>Total Revenue</b>	<b>\$0</b>	<b>\$30,187,210</b>	<b>\$0</b>	<b>\$35,315,375</b>

## Explanation of Revenues

The Transient Lodging Tax was originally established in 1972. A supplemental countywide tax of 3% was adopted in February 1986 and is dedicated primarily to operations of the Oregon Convention Center. The County adopted an additional tax of 2.5% that is dedicated to the Visitors Development Initiative.

The Motor Vehicle Rental Tax was originally established in 1976. The tax was increased to 12.5% in April 2000, with the additional 2.5% dedicated to the Visitors Development Initiative.

## Significant Program Changes

**Last Year this program was:** FY 2022: 10025 Convention Center Fund

The travel industry has been one of the hardest hit by the COVID-19 pandemic. Lodging occupancy rates have been at historical lows locally. Transient Lodging Taxes have seen improvement in FY 2022 but still well below peak level collections. Transient Lodging Taxes are estimated to be at 55% of peak level in FY 2022. Motor Vehicle Rental Taxes have recovered much faster, taxes are estimated to be at 82% of peak level in FY 2022.



## Legal / Contractual Obligation

Principal and interest on the full faith and credit obligations and intergovernmental agreements are a binding debt obligation of the County. All debt issues and refundings were approved by various resolutions adopted by the Board of County Commissioners.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Contractual Services	\$0	\$3,000	\$0	\$3,000
Debt Service	\$0	\$27,690,421	\$0	\$29,467,603
Unappropriated & Contingency	\$0	\$5,805,685	\$0	\$2,724,647
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$33,499,106</b>	<b>\$0</b>	<b>\$32,195,250</b>
<b>Program Total:</b>	<b>\$33,499,106</b>		<b>\$32,195,250</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$276,733	\$0	\$237,730
Other / Miscellaneous	\$0	\$26,415,688	\$0	\$28,231,873
Interest	\$0	\$125,000	\$0	\$50,000
Beginning Working Capital	\$0	\$6,681,685	\$0	\$3,675,647
<b>Total Revenue</b>	<b>\$0</b>	<b>\$33,499,106</b>	<b>\$0</b>	<b>\$32,195,250</b>

## Explanation of Revenues

Debt service payments are collected from departments through internal service reimbursements and passed through to the Capital Debt Retirement Fund.

Per House Bill 4093, a District Court surcharge on certain traffic and parking fines will support the Central Courthouse capital construction project.

## Significant Program Changes

**Last Year this program was:** FY 2022: 10026 Capital Debt Retirement Fund

In January 2021, the County refunded a large portion of its FFC Series 2012 (Sellwood Bridge Project) bonds to take advantage of favorable market interest rates. In fiscal year 2022 unrefunded portions of FFC Series 2012 fully matured. The refunding will yield the County a net present value savings of approximately 11% (over \$10 million) over the remaining term of the bonds. Bonds fully mature in FY 2033. In the fall of 2022, the County will be financing a portion (30%) of the Design and Right of Way phase of the Burnside Bridge Replacement project, estimated at \$25m.



## Legal / Contractual Obligation

The County is authorized by ORS 287A.100 to issue general obligation bonds to finance capital costs if such financing is approved by a majority of the governing body. Principal and interest on the voter approved General Obligation Bonds are a binding debt that the County must pay. The property tax levy used to pay the debt is outside of the property tax constitution limits imposed by State Ballot Measure #5 approved in 1990 and State Ballot Measure #50 approved in 1997.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Contractual Services	\$0	\$1,000	\$0	\$0
Debt Service	\$0	\$49,935,797	\$0	\$51,974,193
Unappropriated & Contingency	\$0	\$499,000	\$0	\$799,082
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$50,435,797</b>	<b>\$0</b>	<b>\$52,773,275</b>
<b>Program Total:</b>	<b>\$50,435,797</b>		<b>\$52,773,275</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Taxes	\$0	\$50,235,797	\$0	\$52,419,815
Interest	\$0	\$200,000	\$0	\$100,000
Beginning Working Capital	\$0	\$0	\$0	\$253,460
<b>Total Revenue</b>	<b>\$0</b>	<b>\$50,435,797</b>	<b>\$0</b>	<b>\$52,773,275</b>

## Explanation of Revenues

Revenues to pay the debt service is derived from property taxes and interest earned on the cash balances.

## Significant Program Changes

Last Year this program was: FY 2022: 10027 Library GO Bond

**Department:** Nondepartmental      **Program Contact:** Eric Arellano  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The PERS Pension Obligation Bond Sinking Program accounts for principal and interest payments on pension obligation revenue bonds issued December 1, 1999 in the amount of \$184,548,160 to retire the County's unfunded actuarial accrued pension liability. Revenues that support debt payments are derived from charge backs to departments based on their departmental personnel cost.

**Program Summary**

The County passed Resolution No. 99-218 on November 4, 1999 authorizing the issuance of up to \$200,000,000 of bond proceeds to finance the estimated unfunded accrued actuarial liability (UAL) of the County to the Oregon Public Employees Retirement System (PERS).

Senate Bill 198-B, effective October 23, 1999, authorized the County to pledge taxes that the County may levy within the limitations of sections 11 and 11b, Article XI of the Oregon Constitution not subject to annual appropriation. On December 1, 1999 the County issued \$184,548,160 in Pension Obligation Bonds to fund its PERS unfunded liability. The bonds have a final maturity date in FY 2030.

Debt service payments are supported by a surcharge against payroll. The surcharge rate has fluctuated, on average, between 6% and 9% of payroll. A reserve has been established to support future escalating debt payments in order to maintain the surcharge at a constant level.

To mitigate rising PERS rates, in FY 2017, the County Board approved a plan to set up four PERS side accounts over a four year period (\$25 million each year). In FY 2020, the County established its fourth side account, total side accounts \$100 million. Side accounts increase an employer's actuarial assets, reducing the difference between actuarial assets and actuarial liabilities, the PERS UAL. Side accounts reduce employer contributions/rates over time by paying down pension obligation. The County participated in the State of Oregon's SB 1049 PERS Employer Incentive Fund (EIF) match program, which provided for a 25% match on one qualifying side account (\$6.2 million). The County plans to establish a new \$25 million PERS side account in FY 2023, though rate of relief can vary, the relief is estimated to be between .6%-.7% of payroll.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Moody's Rating of Aa1 or Better	1	1	1	1
Outcome	Debt Service Payments Made as Scheduled	100%	100%	100%	100%

**Performance Measures Descriptions**

Maintaining an investment grade bond rating limits the amount the County might otherwise have to pay towards annual debt service. (1)-indicates Moody's Aa1, (0)-represents a rating lower than Aa1.

All principal and interest payments are made on time in order to maintain an investment grade rating on the bond issue. Multnomah County has never defaulted on a debt payment.

## Legal / Contractual Obligation

Principal and interest on the PERS Pension Obligation Bond are a binding debt obligation. The County passed Resolution No. 99-218 on November 4, 1999 authorizing the issuance of up to \$200,000,000 of bonds as authorized by state statute.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$461,495	\$0	\$25,461,495
Debt Service	\$0	\$28,110,000	\$0	\$29,675,000
Unappropriated & Contingency	\$0	\$33,654,725	\$0	\$40,092,116
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$62,226,220</b>	<b>\$0</b>	<b>\$95,228,611</b>
<b>Program Total:</b>	<b>\$62,226,220</b>		<b>\$95,228,611</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Other / Miscellaneous	\$0	\$34,462,926	\$0	\$35,082,027
Financing Sources	\$0	\$0	\$0	\$25,000,000
Interest	\$0	\$332,000	\$0	\$315,000
Beginning Working Capital	\$0	\$27,431,294	\$0	\$34,831,584
<b>Total Revenue</b>	<b>\$0</b>	<b>\$62,226,220</b>	<b>\$0</b>	<b>\$95,228,611</b>

## Explanation of Revenues

Interest earnings on the fund balance and service charges are assessed to departments as a percentage of payroll. In FY 2023, departments will pay 7.35% of payroll costs toward the retirement of the Pension Obligation Bonds.

## Significant Program Changes

**Last Year this program was:** FY 2022: 10028 PERS Pension Bond Sinking Fund

The County plans to establish a PERS side account (amount \$25 million) with Oregon PERS in FY 2023. The side account will help mitigate rising PERS costs by providing PERS rate relief. FY 2023 budgeted expenses also include \$450,000 to account for the County's obligations to members of the Oregon Public Service Retirement Program (OPSRP) who belong to labor unions covered by collective bargaining agreements.

**Department:** Nondepartmental      **Program Contact:** Raffaele Timarchi  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Work experience is critical for marginalized youth to successfully transition into adulthood and toward economic self-sufficiency. In alignment with local violence prevention strategies and youth wellness efforts, this program ensures training, coaching, and job placement for youth who face barriers to employment.

### Program Summary

The program supports key interventions to help stabilize vulnerable individuals, reduce recidivism rates, mitigate risk behavior, and create pro-social opportunities in the lives of low-income and disadvantaged youth by connecting them to supported learning experiences and paid work.

The program is coordinated with regional workforce partners and community-based organizations to create a community of practice that supports wellbeing and financial independence for young people. Partners assist in identifying, recruiting and enrolling youth as well as coaching and mentoring.

SummerWorks, a key component of this program, enables youth ages 16 to 24 to gain valuable work experience through paid training, virtual internships, traditional work experiences, and learning opportunities at Multnomah County or in partnership with external work sites that support the County's mission.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of participating youth*	170	138	231	138
Outcome	Percentage of youth who complete training and internship hours	82%	80%	86%	80%
Outcome	Percentage of participating youth experiencing barriers to employment**	94%	90%	96%	90%
Outcome	Percentage of youth of color participating	75%	70%	77%	70%

### Performance Measures Descriptions

\*Defined as youth completing 80% of planned work hours or learning opportunities, and received a positive evaluation from their work site supervisor.

\*\*Barriers to employment are self-reported and include, but are not limited to disability, homelessness, criminal justice involvement, immigrant/refugee status, and engagement with the foster care system.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$144,575	\$0	\$158,498	\$0
Contractual Services	\$386,000	\$0	\$399,168	\$0
Materials & Supplies	\$5,689	\$0	\$0	\$0
Internal Services	\$2,836	\$0	\$5,764	\$0
<b>Total GF/non-GF</b>	<b>\$539,100</b>	<b>\$0</b>	<b>\$563,430</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$539,100</b>		<b>\$563,430</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 10029A Youth Opportunity and Workforce Development

Persistent impacts from COVID-19 included navigating social distancing guidelines, and increased virtual opportunities and paid training due to fewer internship worksites due to office closures.

**Department:** Nondepartmental      **Program Contact:** Raffaele Timarchi  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Work experience is critical for marginalized youth to successfully transition into adulthood and toward economic self-sufficiency. In alignment with local violence prevention strategies and youth wellness efforts, this program ensures training, coaching, and job placement for youth who face barriers to employment.

### Program Summary

The program supports key interventions to help stabilize vulnerable individuals, reduce recidivism rates, mitigate risk behavior, and create pro-social opportunities in the lives of low-income and disadvantaged youth by connecting them to supported learning experiences and paid work.

The program is coordinated with regional workforce partners and community-based organizations to create a community of practice that supports wellbeing and financial independence for young people. Partners assist in identifying, recruiting and enrolling youth as well as coaching and mentoring.

FY 2022 funding allowed the program to extend opportunities for youth year-round (October to May) in addition to SummerWorks (June to September).

FY 2023 funding will sustain youth engagement efforts and continue expansion of year-round opportunities.

Youth Opportunities and Workforce Development will pilot a community leadership and career development program for young Black men ages 16 to 21. The pilot will include two cohorts of youth run during the school year and through the summer. Participants will engage with civic partners and stakeholders including community members, law enforcement, elected officials and criminal justice practitioners on issues of public safety, racial equity, and system change. These learning opportunities will be followed by internships in various offices related to the criminal legal system, social services and community development.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of participating youth*	N/A	50	89	50
Outcome	Percentage of youth who complete training and internship hours	N/A	80%	91%	80%
Outcome	Percentage of participating youth experiencing barriers to employment**	N/A	90%	96%	90%
Outcome	Percentage of youth of color participating	N/A	70%	75%	70%

### Performance Measures Descriptions

\*Defined as youth completing 80% of planned work hours or learning opportunities, and received a positive evaluation from their work site supervisor.

\*\*Barriers to employment are self-reported and include, but are not limited to disability, homelessness, criminal justice involvement, immigrant/refugee status, and engagement with the foster care system.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$140,000	\$0	\$197,872	\$0
Materials & Supplies	\$0	\$0	\$5,998	\$0
<b>Total GF/non-GF</b>	<b>\$140,000</b>	<b>\$0</b>	<b>\$203,870</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$140,000</b>		<b>\$203,870</b>	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 10029B Youth Opportunity and Workforce Development - Restoration

Persistent impacts from COVID-19 included navigating social distancing guidelines, and increased virtual opportunities and paid training due to fewer internship worksites due to office closures. During COVID the program model was shifted to Learn and Earn allowing the program to serve more youth who worked or learned for less than 160 hours (the standard for in-person internships). We expect more in-person opportunities in FY 2023 moving back toward 160 hours per internship or work experience.

In FY 2023 this program adds \$50,000 to pilot a community leadership and career development program for young Black men ages 16 to 21.

**Department:** Nondepartmental      **Program Contact:** Kim Melton

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

**Related Programs:**

**Program Characteristics:** One-Time-Only Request

### Executive Summary

Multnomah County will support community capacity building through physical infrastructure development, land acquisition and improvement, and the costs associated with relocating office spaces, to better serve culturally diverse communities who have been most impacted by the COVID-19 pandemic.

Multnomah County provides critical services to residents through partnerships with community based organizations. As our county continues to grow and diversify, we have a responsibility to support the growth of our community partners to ensure that the needs of our residents are met.

### Program Summary

Research has demonstrated the efficacy of culturally-tailored services led by community based organizations who hold strong relationships with diverse communities in Multnomah County.

This one-time-only program will support capital expenditures for ten or more culturally-specific population nonprofit organizations serving communities who have been most impacted by the COVID-19 pandemic. Funds will be distributed through a competitive procurement process. A two-tiered funding structure will ensure both smaller and larger organizations have equitable access to these funds. Specialty populations these funds will serve may include specific racial and ethnic communities, LGBTQIA2S+ populations, people experiencing houselessness, and other vulnerable communities.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Fiscal sustainability plan is identified.	N/A	1	5	12
Outcome	Improved infrastructure to serve communities most impacted by the COVID-19 pandemic.	N/A	1	5	12

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$1,500,000	\$0	\$5,000,000	\$0
<b>Total GF/non-GF</b>	<b>\$1,500,000</b>	<b>\$0</b>	<b>\$5,000,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,500,000</b>		<b>\$5,000,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

**Last Year this program was:** FY 2022: 10031 Community Capacity Expansion: Physical Infrastructure

In the FY 2022 Adopted budget, \$1,500,000 of General Fund was allocated to this program.

During FY 2022, an additional \$600,000 in one-time-only General Fund was added to this program which increased the total budget to \$2.1 million. This additional funding was Business Income Tax (BIT) above the forecasted expectation (refer to budget modification NOND-003-22).



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$415,000	\$0
Materials & Supplies	\$0	\$0	\$67,500	\$0
Internal Services	\$0	\$0	\$67,500	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$550,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$550,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Nondepartmental **Program Contact:** Kim Melton

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

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

### Executive Summary

Following nationwide racial justice demonstrations in the summer of 2020, the County was invited to participate in Reimagine Oregon, a Black led effort dedicated to holding government accountable to multiple policy proposals developed by organizations and activists over the last decade. This investment responds to requests that local and state jurisdictions invest in an ongoing Black community-led effort to develop community safety alternative policies for the Legislature, which is now known as "Reimagining Safety." Multnomah County was one of the first jurisdictions to respond, allocating \$100,000 in funding to be deployed in 2021.

### Program Summary

Reimagine Oregon and Reimagining Safety are critical, Black led efforts to address systemic racism, inequities, and disparities. Multnomah County remains committed to partnering and supporting both efforts.

As part of that work, the County entered into a formal contract with NW Health Foundation in early 2021, which is acting as the funding intermediary for Reimagining Safety. A board was established in 2021. However, significant funding from other sources did not materialize until the later part of the year, delaying the previously planned staffing, outreach and policy work.

This program offer will ensure previously allocated funds will be available for Reimagining Safety to spend in the next fiscal year.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Quarterly Updates	N/A	N/A	N/A	3
Outcome	Final Report with recommendations	N/A	N/A	N/A	1

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$100,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$100,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$100,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$200,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$200,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$200,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:



## Legal / Contractual Obligation

The Complaints Investigation Unit is responsible for identifying potential violations of Multnomah County personnel rules, which are based on state and Federal laws.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$837,741	\$0	\$891,258	\$0
Contractual Services	\$26,250	\$0	\$27,300	\$0
Materials & Supplies	\$83,490	\$0	\$87,495	\$0
Internal Services	\$118,519	\$0	\$121,345	\$0
<b>Total GF/non-GF</b>	<b>\$1,066,000</b>	<b>\$0</b>	<b>\$1,127,398</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,066,000</b>		<b>\$1,127,398</b>	
<b>Program FTE</b>	5.00	0.00	5.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2022: 10040 Complaints Investigation Unit

**Department:** Nondepartmental      **Program Contact:** Andrea Damewood

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

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

**Executive Summary**

The Complaints Investigation Unit (CIU), directed by the Deputy Chief Operating Officer, investigates discrimination and harassment complaints based on a protected class made by County employees. This offer would develop and pilot, with one-time-only money, a position to provide follow-up to those involved in protected class complaints. This could include mediation, team building, training, facilitation, restorative justice, etc.

**Program Summary**

This offer will fund a limited duration position to pilot a program that will:

- Work with participants following a Protected Class investigation to determine what steps could be taken to provide restoration for the individual(s) involved, and, when necessary, the larger workgroup
- Provide coaching to involved HR and managers on restorative practices
- Work collaboratively with reporting party in CIU case to assess needs and make a plan
- Remain in communication with CIU investigators during the course of their cases and at the completion of a report to have full awareness of cases
- Serve as a connector to additional County resources in Central HR, Equity Management, or even external trainings

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Work with the impacted parties in sustained cases on resolution post investigation.	N/A	N/A	N/A	25
Outcome	Create recommendations for resolution best practices based on pilot year.	N/A	N/A	N/A	1

**Performance Measures Descriptions**

Estimating that there would be about 25 sustained cases for additional resolution work based off of CIU data gathered (just over half our cases have sustained policy violations)

## Legal / Contractual Obligation

The Complaints Investigation Unit is responsible for identifying potential violations of Multnomah County personnel rules, which are based on state and Federal laws; this would be a step toward preventing further incidents of harm.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$0	\$173,340	\$0
Materials & Supplies	\$0	\$0	\$16,660	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$190,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$190,000</b>	
Program FTE	0.00	0.00	0.00	0.00

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

## Explanation of Revenues

## Significant Program Changes

Last Year this program was:



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$1,861,864	\$0	\$2,230,000
Materials & Supplies	\$0	\$0	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,861,864</b>	<b>\$0</b>	<b>\$2,230,000</b>
<b>Program Total:</b>	<b>\$1,861,864</b>		<b>\$2,230,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,861,864	\$0	\$2,230,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,861,864</b>	<b>\$0</b>	<b>\$2,230,000</b>

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$2,230,000

Significant Program Changes

Last Year this program was: FY 2022: 10090A ARP Countywide Client Assistance

This program offer falls under the County's Crisis Response & Community Recovery ARP Priority Area. The funds will provide client assistance resources to meet the basic needs of clients and communities impacted by the pandemic, provide a bridge to accessing long term supports and/or facilitate those connections.

**Department:** Nondepartmental **Program Contact:** Kim Melton

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

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

### Executive Summary

With both legislative and executive responsibilities, the Chair sets the County's strategic policy direction and priorities that are aimed at serving the community equitably and effectively, and works closely with the Board of County Commissioners to implement them as mandated by the Home Rule Charter. All departments and non-departmental offices, including the Office of Diversity and Equity, Office of Sustainability, Communications, Government Relations, the Local Public Safety Coordinating Council, Office of Community Involvement, and the Office of the Board Clerk, report to the Chair. This program provides project management and policy coordination capacity to manage the new and increased number of projects and initiatives related to COVID-19 response, recovery and resilience.

### Program Summary

Since the pandemic, the Chair's Office and Nondepartmental offices have led and managed numerous projects and new programs in response to the impacts of COVID-19. This program adds project management and policy coordination capacity to support the increased responsibilities of these offices and to track and manage COVID-19 related projects, including those that support economic and business relief, community violence response and prevention, and other initiatives.

This public health emergency has exacerbated existing inequities in our community while creating new challenges that threaten the health, safety and well-being of the community. The County has worked throughout the pandemic to address numerous crises that range from the devastation in the childcare, food service and hospitality sectors, to inequitable vaccines and testing access, to surges in community and gun violence. For Multnomah County and Chair Deborah Kafoury, key priorities for FY 2023 include continuing to invest equitably in these responses to COVID-19 and ensuring that federal relief funds are allocated in a way that prioritizes communities most impacted by the virus.

As the Local Public Health Authority and the state's largest provider of social safety net services, Multnomah County has deepened its community engagement strategies to ensure the effective, equitable and efficient delivery of crisis services and resources. Leading the public health response to the COVID-19 pandemic has also required the development of more flexible and creative ways to reach residents, culturally specific communities and local businesses. The County anticipates continuing to create and deploy new projects that will support community recovery efforts.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	COVID-19 policy initiatives developed and implemented	N/A	5	5	5
Outcome	Progress metrics and impact goals met	N/A	N/A	90%	95%
Output	Tracking and project plans created for key projects	N/A	3	3	3

### Performance Measures Descriptions

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$165,000	\$0	\$215,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$165,000</b>	<b>\$0</b>	<b>\$215,000</b>
<b>Program Total:</b>	<b>\$165,000</b>		<b>\$215,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$165,000	\$0	\$215,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$165,000</b>	<b>\$0</b>	<b>\$215,000</b>

**Explanation of Revenues**

American Rescue Plan (ARP) Direct County Funding - \$215,000

**Significant Program Changes**

**Last Year this program was:** FY 2022: 10091 ARP COVID-19 Policy and Project Coordination

This program offer falls under the County's Crisis Response & Community Recovery ARP Priority Area.



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$100,000	\$0	\$125,000
Contractual Services	\$0	\$200,000	\$0	\$200,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$300,000</b>	<b>\$0</b>	<b>\$325,000</b>
<b>Program Total:</b>	<b>\$300,000</b>		<b>\$325,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$300,000	\$0	\$325,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$300,000</b>	<b>\$0</b>	<b>\$325,000</b>

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$325,000

Significant Program Changes

**Last Year this program was:** FY 2022: 10092 ARP Communications Office Public Health Emergency Response

This program offer falls under the County's Public Health Emergency Response ARP Priority Area. It adds graphic design and photography to support creation of content. And it adds communication channels through new culturally and geographically specific outreach.

**Department:** Nondepartmental      **Program Contact:** Chris Voss  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

This program consists of a total of \$2,425,000 ARP Funds to support two initiatives. This funding provides for both staffing and warehouse support for the logistics group which maintains equipment and personnel protective gear to support the County's COVID-19 operations and to mitigate the spread of COVID-19 in our community.

**Program Summary**

This program consists of a total of \$2,425,000 ARP Funds to support two initiatives. This first initiative is \$2,000,000 to provide staffing support for the logistics group which maintains equipment and personnel protective gear to support the county's COVID-19 operations and to mitigate the spread of COVID-19 in our community. Specifically, this funding will pay for staffing (limited duration) and includes a logistics manager, 2 logistics section chiefs, resource request personnel, inventory specialists, drivers and other key staff to support logistical operations. This team works with County departments, Cities, the State, BIPOC community organizations, County contractors, non-profits, hospitals and other groups to support operations and mitigate the spread of COVID-19. This includes the requesting, purchasing, storage and dissemination of personal protective equipment, the requesting, purchasing, storage and dissemination of supplies to support vaccination clinics throughout the County and the storage and support to shelter operations when they exceed JOHS capabilities due to changes made necessary by COVID-19 distancing and COVID-19 outbreaks in the community.

The second initiative is for \$425,000 and will be utilized for both warehouse space, storage units and for the acquisition of vehicles and trucks to transport equipment and supplies to support operations. Specifically, the County leases over 12,000 square feet to store supplies and equipment necessary to continue COVID-19 operations. The warehouse allows us to consolidate supplies that had been stored in multiple locations including the Multnomah Garage, several hallways and conference rooms in the Multnomah Building, Yeon and other locations. Through consolidation, our efficiency increases as our drivers will not need to make multiple stops to compile a resource request. The warehouse allows us to move supplies that are more sensitive to temperature fluctuations into more of a controlled atmosphere which is not possible with the Multnomah Garage. Additionally, there is a significant cost savings as a result of increased security at the warehouse. Lastly, inherent to leasing the warehouse are ongoing maintenance costs required to maintain a safe working environment for staff and supplies at this location. A portion of this funding will also be utilized to ensure we have the proper vehicles to transport supplies. All of our current vehicles are on loan from other departments and as they return to more of a normal work environment, the current vehicles will no longer be available.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Conduct regular meetings to respond to changes in need to PPE	N/A	12	50	50
Outcome	Deliver 95% of processed PPE requests within 3 business days (unless later date is requested by client)	N/A	95%	95%	95%
Outcome	Provide 75% of supplies to underserved and BIPOC communities*	N/A	N/A	50.6%	75%

**Performance Measures Descriptions**

\*Adjusted the measure to include COVID-19 outbreaks.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$2,500,000	\$0	\$2,000,000
Internal Services	\$0	\$425,000	\$0	\$425,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$2,925,000</b>	<b>\$0</b>	<b>\$2,425,000</b>
<b>Program Total:</b>	<b>\$2,925,000</b>		<b>\$2,425,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,925,000	\$0	\$2,425,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,925,000</b>	<b>\$0</b>	<b>\$2,425,000</b>

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$2,425,000

Significant Program Changes

Last Year this program was: FY 2022: 10093A ARP Emergency Management Logistics

This program offer falls under the County's Public Health Emergency Response ARP Priority Area.

**Department:** Nondepartmental **Program Contact:** Chris Voss

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

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

**Executive Summary**

This program of \$1.04 million in ARP funds ensures the County has funds to continue to support the COVID-19 response and mitigation activities including the allocation of Personal Protective Equipment (PPE), test kits, and other critical supplies to County departments, contractors and organizations supporting the County's most vulnerable communities.

**Program Summary**

Since the beginning of COVID-19 response activities, the County has been a critical resource in providing PPE, and other supplies to reduce the spread of the virus. Much of this focus has been on supporting County departments and their employees, County contractors, organizations that support people experiencing homelessness, and organizations that support BIPOC, medically fragile, and other underserved communities. Since the beginning of our COVID-19 response, the County has regularly purchased cloth, reusable masks, child size masks, gel hand sanitizer, gloves, test kits and other supplies. This funding allows for the County to continue to support these organizations with PPE and other crucial supplies.

Although mask guidelines have changed, masks, other PPE, and testing remain an important part of the County's strategy to reduce the spread of COVID-19 and we believe a critical resource for many of our underserved communities.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Conduct regular meetings to respond to changes in need to PPE.	N/A	12	50	50
Outcome	Deliver 95% of processed PPE requests within 3 business days (unless later date is requested by client).	N/A	95%	95%	95%
Outcome	Provide 75% of supplies to underserved and BIPOC communities*	N/A	N/A	50.6%	75%

**Performance Measures Descriptions**

\*Adjusted measure to include COVID-19 outbreaks.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Materials & Supplies	\$0	\$1,000,000	\$0	\$1,040,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$1,000,000</b>	<b>\$0</b>	<b>\$1,040,000</b>
<b>Program Total:</b>	<b>\$1,000,000</b>		<b>\$1,040,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,000,000	\$0	\$1,040,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,000,000</b>	<b>\$0</b>	<b>\$1,040,000</b>

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$1,040,000

Significant Program Changes

**Last Year this program was:** FY 2022: 10093B ARP Emergency Management Community Personal Protective Equipment

This program offer falls under the County's Public Health Emergency Response ARP Priority Area.

**Department:** Nondepartmental      **Program Contact:** John Wasiutynski  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** One-Time-Only Request

### Executive Summary

Community Reaps Our Produce and Shares (CROPS) is a Multnomah County initiative that began in 2009 and was established to address hunger, a growing public health concern, and its links to obesity and chronic diseases. The CROPS Farm, now under the management of Mudbone Grown, will become a hub for community access to fresh culturally appropriate food, and for culturally specific training of new farmers with a particular focus on Black and African immigrant farmers.

### Program Summary

In CY 2021 the County officially awarded a 5-year license for the use of the CROPS site to MudBone Grown, a local Black owned farming business specializing in growing organically grown food, and providing farm training to people who are Black, African, Indigenous and veterans. MudBone will operate the CROPS site as an incubator farm for beginning farmers and as a community training site.

In order to fulfill our goals of increasing access to culturally appropriate organically grown food and offering access to economic development opportunities for historically marginalized and discriminated against groups, particularly in relation to farm-land access, the site must be improved with farm infrastructure. The funds will support the creation of farm buildings, irrigation, greenhouse(s), access to electricity, and other related capital expenses that will allow new farmers to have access to a turn-key farm operation. This aspect of the project will be important because new farmers, particularly Black farmers, often lack access to land, and farm equipment and other infrastructure when beginning their business and building a market for their agricultural products.

The project will also integrate with the Multnomah County Health Department REACH program, helping to promote healthy, fresh, locally grown, and culturally appropriate fruits and vegetables through “prescription CSA shares” and institutional procurement. In the current FY 2022 year we anticipate to have water connection (separately funded), site design and design and permitting of farm structures to all be completed or commence before the end of the fiscal year. Actual construction of a barn, however, will take place in FY 2023.

Also, starting this spring, MudBone will begin to cultivate crops that need minimal irrigation, since water service to the location has not yet been established.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of farmers using CROPS	N/A	4	1	4
Outcome	Increase number of Black farmers in Multnomah County	N/A	1%	0.27%	1%
Output	Volunteer hours	N/A	1,000	100	1,000

### Performance Measures Descriptions

According to the USDA only 0.27% of all farmers in MultCo identify as Black. This small percentage is the result of hundreds of years of discriminatory practices by governments, especially the Federal Government. This project is a deliberate attempt to increase farm training, economic development and access to farmland for Black and African farmers, while also increasing access to fresh, local, organically grown produce and opportunities for culturally specific community engagement in a farm setting for people who are food insecure.

## Legal / Contractual Obligation

The County will utilize existing contracts and cooperative contracts to complete this work.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Contractual Services	\$0	\$200,000	\$0	\$500,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$200,000</b>	<b>\$0</b>	<b>\$500,000</b>
<b>Program Total:</b>	<b>\$200,000</b>		<b>\$500,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$200,000	\$0	\$500,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$200,000</b>	<b>\$0</b>	<b>\$500,000</b>

## Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$500,000

## Significant Program Changes

**Last Year this program was:** FY 2022: 10094 ARP Office of Sustainability Food Access Focus

This program offer falls under the County's Crisis Response & Community Recovery ARP Priority Area. The program supports community recovery by promoting economic opportunity through access to farmland for beginning farmers and training opportunities, particularly in greenhouse propagation, for Black and African Immigrant farmers. The program will also address the ongoing issue of food insecurity through partnerships with the Health Department REACH program to increase prescription-CSA and institutional food purchases of local, culturally appropriate, organically grown produce.

Increased funding for improvements to the barn, road, parking, and greenhouse.



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$0	\$400,000
Materials & Supplies	\$0	\$0	\$0	\$100,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$500,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$500,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$500,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$500,000</b>

Explanation of Revenues

State of Oregon - American Rescue Plan (ARP) funding - \$500,000

Significant Program Changes

Last Year this program was:

This program offer falls under the County's Public Health Emergency Response ARP Priority Area.

**Department:** Nondepartmental      **Program Contact:** John Wasiutynski  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** One-Time-Only Request

### Executive Summary

Diesel exposure is an acute problem in Multnomah County. There is no safe level of exposure to diesel particulate matter (PM). Multnomah County has the highest exposure rate to diesel exhaust in Oregon and is in the 95th percentile nationally according to the U.S. Environmental Protection Agency (EPA) National Air Toxics Assessment (NATA) data. School children who ride in older diesel school buses that lack pollution controls have a 4% increased likelihood of developing cancer due to diesel PM in their lifetime. Research shows that reducing exposure to diesel PM increases children's lung function, decreases biomarkers for asthma, and decreases absenteeism. This investment purchases electric school buses in Multnomah County school districts that are already engaged in fleet electrification projects.

### Program Summary

Although no areas of Multnomah County have safe levels of diesel pollution, the pollution “hot-spots” are in neighborhoods with higher proportions of residents who are people of color. The disproportionate exposure to diesel mirrors health disparities in the community, particularly asthma, cardiovascular disease, low birth-weights and more recently morbidity and mortality related to COVID-19. Children are especially vulnerable to air pollution because their lungs are still in the developmental phase and they breathe, on average, 50% more air per pound of body weight than adults. School children who ride on older diesel school buses that lack pollution controls have a 4% increased likelihood of developing cancer due to diesel particulate matter in their lifetime. In addition, exposure to diesel exhaust enhances allergic response, can induce new allergies to airborne allergens, and exacerbate asthma. Studies show that diesel exhaust gets caught in the school bus cabin, increasing children’s exposure. Although bus commutes only comprise a fraction of a child’s day, the bus ride can represent up to 1/3 of a child’s daily diesel pollution exposure. A recent study in Washington State found that children riding on cleaner school buses reduced a marker for inflammation in the lungs by 16 percent over the whole group, and 20-31 percent among children with asthma, depending on the severity of their disease. Moreover, children riding on cleaner buses had a 6-8% reduction in the risk of absenteeism. Cleaner buses means healthier kids who are more ready to learn.

The County will identify a school districts that have access to other sources of funding for school bus electrification. This will be accomplished through collaboration with Portland General Electric, which offers a variety of incentives for fleet electrification, the Department of Environmental Quality that administers clean fleet incentives, and the school district. By leveraging existing school bus electrification projects, the County can maximize the funds to purchase new buses instead of allocating resources to charging infrastructure. To further maximize funds, the County will pay for the incremental cost of an electric bus over the cost of a conventional diesel powered bus, the remainder of the cost will be reimbursed from the state. In addition, the County will focus on school district owned and operated equipment to make sure these investments stay in Multnomah County. Finally, the County will ask the school district(s) to replace their oldest buses with these funds to help ensure that health benefits are maximized.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of school buses replaced*	N/A	N/A	N/A	2
Outcome	Lifetime Cost Effectiveness (\$/short ton reduced) for diesel particulate matter**	N/A	N/A	N/A	\$62.9 Million

### Performance Measures Descriptions

\*The estimated incremental cost of replacing a diesel bus with an all electric bus is \$250,000, so a total of two buses will be replaced. \*\*Calculated using EPA Diesel Emissions Quantifier and assumes replacement of a model year 2010 diesel powered bus.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$0	\$500,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$500,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$500,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$500,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$500,000</b>

Explanation of Revenues

State of Oregon - American Rescue Plan (ARP) funding - \$500,000

Significant Program Changes

Last Year this program was:

This program offer falls under the County's Public Health Emergency Response ARP Priority Area.

**Department:** Nondepartmental      **Program Contact:** Raffaele Timarchi  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** One-Time-Only Request

### Executive Summary

The COVID-19 pandemic has exacerbated economic and social inequities, creating prolonged emotional and financial stress that has fueled a significant uptick in community violence particularly in low income communities of color. Adolescents especially in these communities have experienced psychological distress from increased isolation, disconnection from schools, and disruption of healthy routines and social supports leading to an escalation of risky behaviors and mental health challenges. Youth Connect will identify and engage youth from these communities to provide essential skills training, service learning opportunities, caring adult mentors and stipends to help them successfully transition into adulthood and toward economic self-sufficiency.

### Program Summary

Youth Connect will provide incentivized positive youth development through early career and job skill exposure as a form of violence prevention to build resilience in underserved youth ages 14 to 21 experiencing barriers to employment and in need of interpersonal and community connection. This program offer represents the first phase of the project, which will significantly scale up in year two.

**CORE PROGRAM FUNCTIONS:**

- 1) Identify, recruit and enroll youth ages 14 to 21 facing barriers to employment such as houselessness, juvenile justice involvement, immigrant/refugee status, and engagement with the foster care system.
- 2) Provide up to 200 hours of paid job skill training, work experience, community-based activities, service learning, and support services for each participating youth.
- 3) Coordinate with community partners to develop place-based service learning projects in low income neighborhoods to create social connections and engage youth as change agents and valuable contributors.
- 4) Build organizational capacity at the community level and expand mentor networks and additional supports for youth.

### Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Youth served in professional/educational settings (year one)*	N/A	N/A	N/A	80
Outcome	% of youth who complete training and internship hours**	N/A	N/A	N/A	80%
Outcome	% of participating youth experiencing barriers to employment***	N/A	N/A	N/A	90%
Output	Number of community-based organizations activated to serve as mentors and life coaches in (year one)	N/A	N/A	N/A	2

### Performance Measures Descriptions

\*Defined as jobs, internships and paid learning opportunities. \*\*Defined as youth completing 80% of planned hours of work, training or learning opportunity with a positive evaluation and/or passing standardized assessments. \*\*\*Barriers to employment are self-reported and could include disability, homelessness, criminal justice involvement, immigrant/refugee status, and engagement with the foster care system. This program is the first phase and will significantly scale up in year two. By year two, 280 youth will be served, and 5 community-based organizations will be activated as mentors/life coaches.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Contractual Services	\$0	\$0	\$0	\$1,000,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,000,000</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$1,000,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,000,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,000,000</b>

Explanation of Revenues

State of Oregon - American Rescue Plan funding (two years)

Significant Program Changes

Last Year this program was:

This program offer falls under the County's Crisis Response & Community Recovery ARP Priority Area.



## Legal / Contractual Obligation

Reserve and contingency accounts reflect prudent financial management of county resources. The reserve has been established at 10% - a level that Moody's Investors Service uses as a benchmark. The goal in developing the reserve policy was to shield the County from fluctuations in revenues available to fund ongoing programs. The policy articulates the conditions under which reserves will be used and outlines a process for replenishing them should they fall below the goal. The General Fund contingency cannot be accessed unless the Board takes affirmative action to transfer it. Conditions under which the the contingencv can be used are limited. in most cases. to one-time-only expenditures.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Expenses</b>	<b>2022</b>	<b>2022</b>	<b>2023</b>	<b>2023</b>
Cash Transfers	\$3,565,000	\$0	\$34,798,621	\$3,200,000
Unappropriated & Contingency	\$80,022,847	\$96,482,151	\$89,631,451	\$99,260,847
<b>Total GF/non-GF</b>	<b>\$83,587,847</b>	<b>\$96,482,151</b>	<b>\$124,430,072</b>	<b>\$102,460,847</b>
<b>Program Total:</b>	<b>\$180,069,998</b>		<b>\$226,890,919</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$6,093,382	\$0	\$6,457,500
Financing Sources	\$1,223,494	\$0	\$4,737,250	\$7,062,417
Interest	\$0	\$1,200,000	\$0	\$935,312
Beginning Working Capital	\$284,665	\$93,852,813	\$216,439	\$101,374,801
<b>Total Revenue</b>	<b>\$1,508,159</b>	<b>\$101,146,195</b>	<b>\$4,953,689</b>	<b>\$115,830,030</b>

## Explanation of Revenues

## Significant Program Changes

Last Year this program was: FY 2022: 95000 Fund Level Transactions

No significant changes.



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
<b>Program Total:</b>		<b>\$0</b>		<b>\$0</b>
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$7,066,208	\$0	\$7,294,727	\$0
Taxes	\$474,296,853	\$0	\$524,928,237	\$0
Other / Miscellaneous	\$9,142,047	\$0	\$11,602,123	\$0
Interest	\$1,262,500	\$0	\$1,275,125	\$0
Beginning Working Capital	\$90,063,182	\$0	\$160,314,940	\$0
<b>Total Revenue</b>	<b>\$581,830,790</b>	<b>\$0</b>	<b>\$705,415,152</b>	<b>\$0</b>

Explanation of Revenues

A handful of revenues make up the bulk of the General Fund. These include (in order of size) - property tax, business income taxes, and motor vehicle rental taxes. The property tax is the single largest revenue in the General Fund at approximately two-thirds of ongoing revenue. It is governed by state statute and its' growth is limited by two constitutional measures which have been approved by the Oregon electorate. An explanation of the limitations imposed by Measure 5 and Measure 47/50 can be found in the Summaries section of Volume 1 of the budget document.

A more complete discussion of the forecast and assumptions can be found on the Budget Office website.

Significant Program Changes

Last Year this program was: FY 2022: 95001 General Fund Revenues