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I. Priority – *Result to be realized, as expressed by citizens* –

All Multnomah County residents and their families are able to meet their basic living needs.

We are fortunate to live in a community where most people are able to meet their basic living needs. Health, housing, food, and the income to obtain and maintain these basic living needs provide the foundation for people to create a vibrant community, a thriving economy, and other societal benefits.

However, there will always be vulnerable people in our community and any one of us could fall victim to an accident or other misfortune. Our goal is to ensure that every member of our community is able to meet their basic living needs. Multnomah County government plays a vital role in providing access to information, assistance with temporary needs, and ongoing assistance to vulnerable people with no other means of support.

Several assumptions underlie the selection strategies that follow.

- "Care" is defined very broadly to include all aspects of physical, dental and mental health, and addictions treatment.
- Vulnerable community members are defined as people with physical and mental disabilities, people with chemical dependencies, the elderly, the seriously and persistently mentally ill, children with special needs and those at risk of neglect and abuse, low income individuals and families, and others needing ongoing care.
- Although each factor is listed as a column or band, the interconnectivity of each factor must be recognized as contributing to the goal of ensuring basic needs.
- Basic living needs are interconnected with the other priority outcome teams.
- Multnomah County has chosen to assume stewardship for the federal and state resources available for vulnerable individuals with no other means of support.
- Families are a key resource for vulnerable individuals; public social investments are necessary and contribute to healthy and successful families.
- Information and referral should be easily available to all.

II. Indicators of Success – *How the County will know if progress is being made on the result*

The following indicators were chosen in previous years because they: 1) were readily measurable; 2) contained data elements currently collected; 3) allowed comparison with other jurisdictions; 4) were consistently cited by experts and referenced materials reviewed; and 5) were recognized as accepted national standards in the health and social service fields.

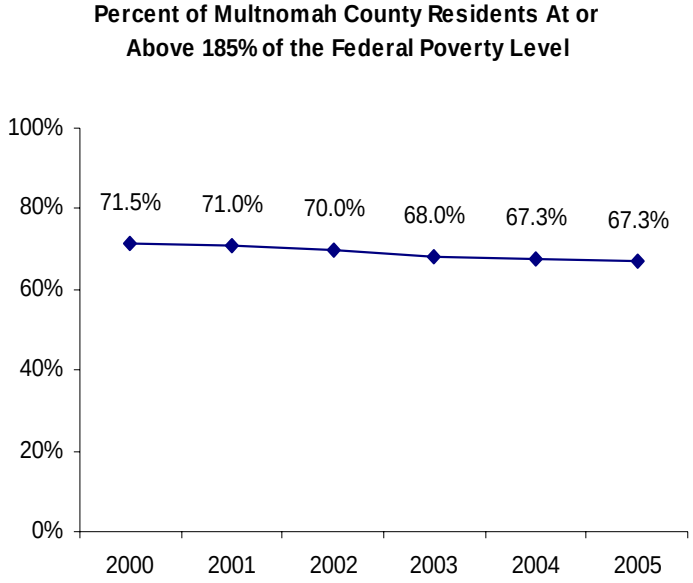
1. ***Percentage of community members not living in poverty by using Census data to evaluate the number and percentage of people in Multnomah County with incomes above 185% of the Federal Poverty Level.***

   This indicator establishes an income standard consistent with federal guidelines and at least approaches what might be considered a living wage.

   Most social scientists believe that the federal poverty standards established in 1964 are too low to accurately gauge "poverty." Entitlement programs typically use the Federal Poverty Level (FPL) plus XX% to determine eligibility for services. For example, a commonly used measure of children living in poverty is statistics collected for the Free & Reduced Lunch Program. Children receive a free lunch at school if their family income level is below 130% of the FPL; they receive a reduced-price lunch if their family income level is below 185% of the FPL.

The chart shows the percentage of Multnomah County residents whose earnings put them at 185% of the federal poverty level or above. It is intended to show the percentage of residents with adequate means for basic living.

The most current data available (through 2005) show stabilization during the past three years with a decline of 6 percent between 2000 and 2005. This indicates that compared to 2000, fewer residents are earning at least 185% of the federal poverty level.



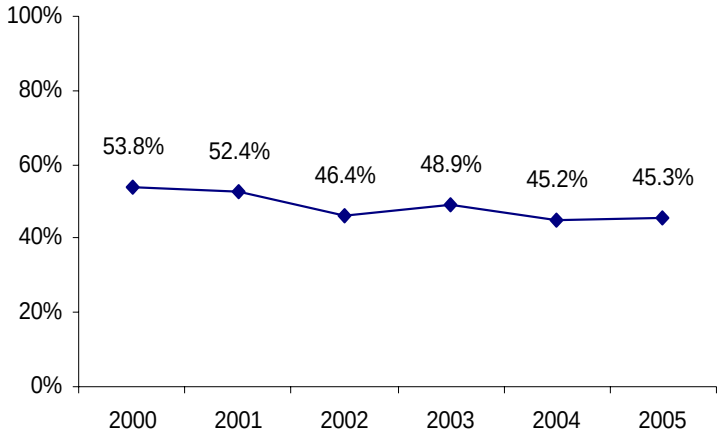
Source: Census Bureau's American Community Survey

2. *Percent of renting households paying less than 30% of income for housing.*

This indicator is intended to measure the affordability of local housing, with particular focus on rentals. Spending less than 30% of income on housing is generally considered affordable.

The percentage of Multnomah County households that pay less than 30% of their income on rent dropped significantly (16%) between 2000 and 2005, remaining stable from 2004 through 2005. This could mean that rental housing is less affordable for the county's households compared to 2000.

Percentage of Renting Households in Multnomah County Paying Less Than 30% of Their Incomes for Housing



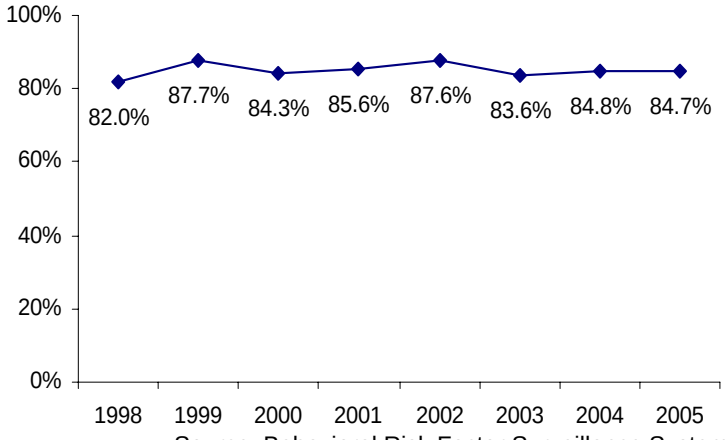
Source: Census Bureau's American Community Survey

3. *Residents' perception of their own health.*

The state of Oregon conducts an annual survey that asks residents to respond to a number of health related questions. This measure shows the percentage of respondents reporting that their health is good, very good, or excellent.

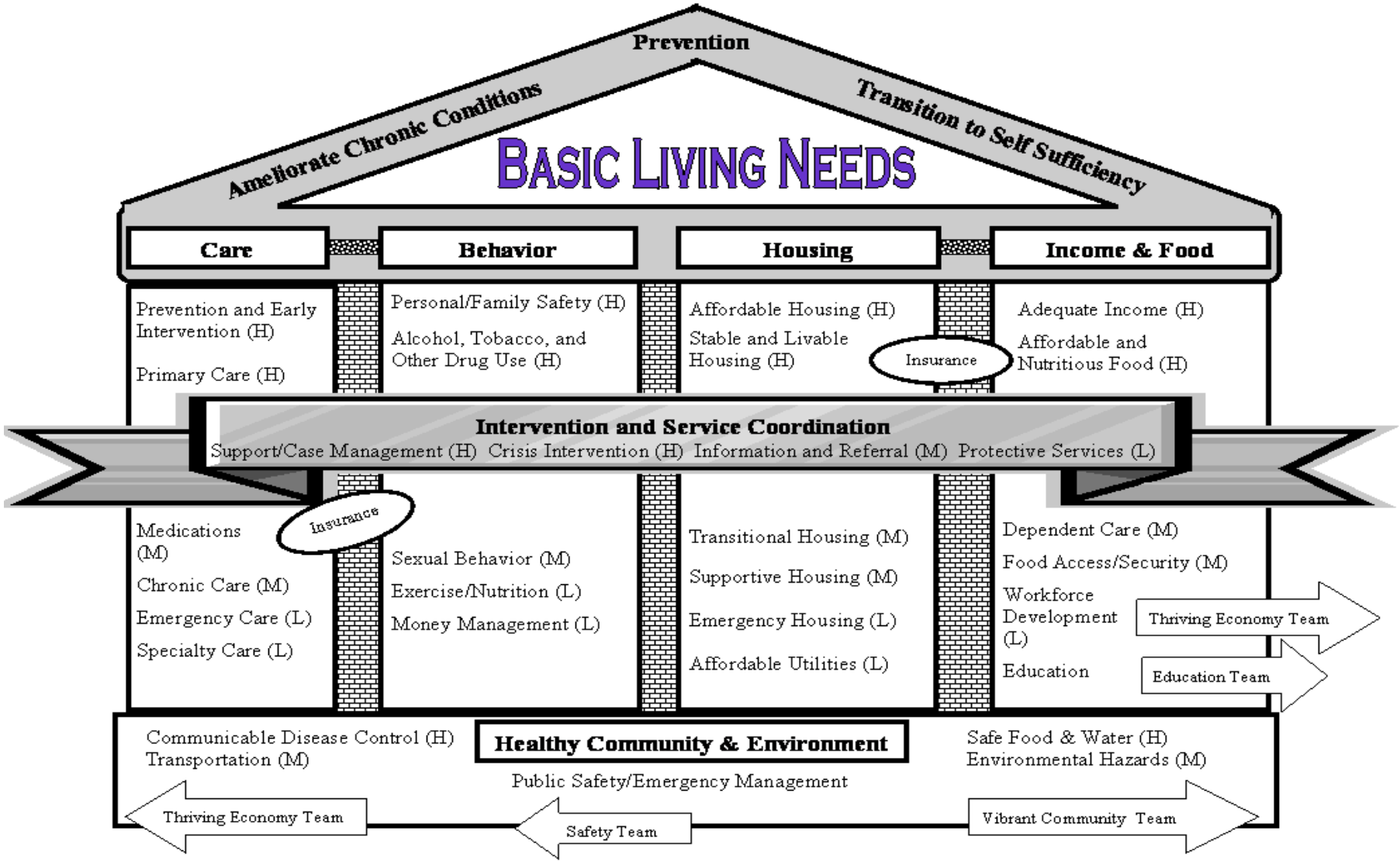
Between 1998 and 2005, the most current years available, this measure fluctuated between a low of 82% to highs of nearly 88%. Currently, just under 85% of respondents report good or better health.

Multnomah County Residents Reporting Their Health is Good, Very Good, or Excellent



Source: Behavioral Risk Factor Surveillance System, Oregon Department of Human Services

III. Map of Key Factors – *Cause-effect map of factors that influence/ produce the result*



Basic Living Needs

Our map represents a paradigm shift for how we understand basic living needs. It looks holistically at the needs of citizens who need assistance to prevent problems, to address a crisis, or for ongoing care. Implicit in this holistic approach is a focus on coordinated service that addresses the multiple and often complex needs of the whole person and families.

The Basic Needs factors are complex and interrelated because individual circumstances are complex and highly nuanced. The Basic Living Needs Priority Map represents six primary factors which are ***interconnected*** for the best outcomes. Within the primary factors, secondary factors are identified as contributing to the Basic Living Needs Priority result. At any given time, depending upon the needs of the individual or family, one or more of the factors may be most important to meeting a person's basic living needs. Those factors include:

- Intervention and Service Coordination
- Environmental and Community Health
- Care
- Behavior
- Housing
- Food and Income

Two of the primary factors are fundamentally associated with health (broadly defined): Care, and Behavior. Two are primarily focused on other basic sufficiency needs: Food and Income, and Housing. Environmental and Community Health and Intervention and Service Coordination cross both health and basic sufficiency.

Within each of the primary factors, there are secondary factors that suggest prevention, intervention/transition, and emergency approaches. Behavior is primarily a prevention focused factor. Care, housing, income and food balance intervention, transition, crisis approaches, as well as prevention. While on the map, our ideal is prevention or transition to self-sufficiency, our strategies suggest a mix of approaches to address realities of the community's needs.

Intervention and Service Coordination

Intervention and Service Coordination is the ribbon that binds the other factors together. This factor is represented as a horizontal band in the center of the map to represent its connectivity and importance to the other factors. The highest priority is given to support and case management because our most vulnerable community members frequently require assistance or support across multiple primary basic living needs.

Environmental and Community Health

Environmental and Community Health is the foundation at the bottom of the map upon which the basic needs factors are based. The highest priority is given to the prevention and control of communicable diseases because they are potential threats for which the whole community could be at risk.

Linkages are made within this priority to the Public Safety Team, Thriving Economy, and Vibrant Community.

Care

This factor represents all aspects of physical, dental and mental health care, and addictions treatment. The secondary factors reflect a continuum of care services for vulnerable individuals. This continuum applies to physical and behavioral health, as well as addictions treatment. The highest priority is given to prevention and early intervention because detecting risk factors and treating problems have a more substantial impact. Access to primary care is a priority because it helps assure integrated and accessible care, a partnership between providers and clients, and care provided in the context of family and community.

Behavior

Individual behaviors are responsible for about 70% of all premature deaths in the United States. By promoting positive personal behaviors we can reduce the burden of illness, enhance quality of life, and promote an individual's ability to meet their own basic living needs. Because behavior is a new factor on the Basic Living Needs map, we provide the explanation of the secondary factors:

Personal and family safety includes both interpersonal violence and unintentional injury. Injuries are the leading cause of death for children ages 1-9 years. Injuries, homicide, and suicide are the leading cause of death for adolescents and young adults between 10 – 24 years of age in Multnomah County.

Alcohol, illicit drug use, and cigarette smoking are associated with preventable disease and death, violence, injury, HIV infection and criminal activity. They are associated with child and spousal abuse; sexually transmitted diseases, teen pregnancy, school failure, motor vehicle crashes, escalating health care costs, low worker productivity, and homelessness.

Sexual behaviors can lead to unintended pregnancies and sexually transmitted diseases, including infection with HIV. Half of all pregnancies in the United States are unplanned or unwanted at the time of conception.

A **healthy diet and regular physical activity** reduce the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease, stroke, arthritis, respiratory problems, and certain types of cancers, and may reduce the risk of depression and anxiety.

Money management is a critical factor in individuals being able to meet their basic living needs. Financial literacy skills can help people move out of poverty or keep them from falling into poverty during a time of crisis.

Housing

The highest priority is given to stable, livable, and affordable housing so that people don't have to choose between where they live and meeting their other basic living needs. According to HUD, housing is "affordable" when a household pays no more than 30 percent of its annual income on housing costs. Stable and livable housing is not only safe and has heat, water, cooking facilities, and proper plumbing for sanitation needs, but also allows a family or individual to maintain their residence without having to move.

Income and Food

The highest priority factors under the Income & Food factors were adequate income and affordable/nutritious food. "Adequate income" encompasses income from earnings, public entitlement programs, and tax credit programs. Affordable and nutritious food is a priority for addressing hunger and inadequate nutrition in our community. Dependent care includes care provided for children as well as aging family members.

Education and workforce development are vital to meeting basic needs. However, these factors are more thoroughly and appropriately addressed by the Education and Thriving Economy outcome teams.

Insurance

Insurance is identified twice on the map because they are important considerations in meeting or maintaining basic living needs. Insurance impacts all of the factors on the map.

The Roof!

The roof represents three approaches in meeting basic living needs. Ideally, we could focus on prevention and services that help people transition out of poverty and toward wellness. For some populations, self-sufficiency is not a realistic goal. Sometimes the best we can do is ameliorate conditions by offering services and supports that help people cope and not deteriorate. This map illustrates that together, these approaches assure Multnomah County residents meet their basic living needs.

IV. Selection Strategies and Request for Offers – *Focused choices to realize results*

Selection Strategies

Provision of basic living needs ensures that all Multnomah County residents have access to the economic, social, and educational resources of our community. The basic needs map reflects all of the factors that contribute to people and communities meeting their basic needs. Each factor on the basic needs map is vital for healthy people and healthy communities. The County cannot affect all factors equally, therefore, our emphasis should be on program offers that fill gaps and maximize the County's leverage.

Program offers will be rated on their ability to support one or more of the following strategies:

1. **Provide intervention and coordination of services that meet basic needs.**
   Coordination and intervention is the ribbon that holds all of our strategies together; we encourage offers that combine the elements of intervention and service coordination. Case management, crisis intervention, information and referral, and protection of vulnerable people are all examples of activities that could support this strategy.

2. **Maintain a Healthy Community and Environment.**
   We recognize the importance of each of the factors related to a healthy community and environment but acknowledge that the County may not have great leverage in these areas since other government agencies are typically responsible for these functions. Areas the County could address include offers that prevent or control the spread of communicable diseases, ensure a safe supply of water and food, and which identify and reduce exposure to environmental hazards in the home.

3. **Ensure care for vulnerable members of the community.**
   Care is defined very broadly to include all aspects of physical, mental health, and oral health care and addiction treatment. This strategy could be addressed by offers that provide vulnerable populations with access to care and address their chronic and urgent care needs, that emphasize prevention and early intervention to avoid emergencies and more intensive and costly care, and that provide access to medications.

4. **Promote healthy behaviors.**
   It is our belief that the prevention of unhealthy behaviors through health promotion will not only improve the quality of life for Multnomah County residents but will ultimately result in cost-savings to the County by decreasing the need for ongoing public assistance and more expensive care. Responses to this strategy could include offers that empower people to avoid or escape victimization, violence, and unintended injury, to eliminate the use of alcohol, tobacco and other drugs, and to increase individual skills and knowledge of financial strategies to eliminate poverty and avoid financial crises.

5. **Assist in obtaining permanent and livable housing.**
   This strategy could be addressed with offers that assist people in obtaining and keeping supportive, affordable, and permanent housing.

6. **Provide access to income and food to every member of our community.**
   Responses to this strategy could include offers that help individuals achieve financial and food self-sufficiency, provide ongoing food/income support for those who are unable to meet their basic needs, and that provide emergency support.

Request For Offers -- *Focused choices to realize results*

Multnomah County provides a wide array of services to ensure that all residents are able to meet their basic living needs. Funding is never adequate in relation to need and Federal, State, and grant funding sources for basic needs services are often highly targeted or restricted. The result can be a service delivery system with gaps, overlaps, and, at times, inefficiencies that are challenging to overcome. In addition, years of repeated budget cuts have also led to a "thinning of the soup" that has resulted in many programs having inadequate resources to achieve their intended purposes. To begin addressing this situation, the County must lay the groundwork for more planned, results-driven, collaborative, and leveraged approaches in the future. An increase in collaboration and integration is essential to this effort.

The Requests for Offers (RFOs) outlined below are not intended to cover all of the work the County does to help County residents can meet their basic living needs. We expect and encourage offers that address needs and factors outlined in our Results Map and the aforementioned strategies. Instead, the RFOs are intended to encourage responses in specific areas which we believe need greater emphasis.

The County must change its focus in the provision of basic living needs. The County's challenge is to balance current essential services with the emphasis suggested in the following RFOs. We believe these emphases will improve the County's leverage, effectiveness, efficiency, and ability to avoid larger problems in the future.

In addition, the team expects that **all program offers** will:

- Reflect the principles of "The Policy Framework For Cultural Competency" which aims to ensure that the County provides culturally responsive, appropriate, and effective services to their clients.
- Reflect a consistent and meaningful application of Evidence Based Practices. With limited funding and increasing demands, we must give priority to efforts which have been proven to be effective.
- Re-examine staffing needs and resources to maximize program effectiveness and client outcomes.
- Demonstrate measurable results.

1. **We are looking for offers that promote innovation.**
   It is our belief that the demands for current services will typically take precedence over planning and creative strategizing unless we consciously provide the needed time, resources, and opportunity. The budget process allows for some smaller-scale innovation but system-wide, larger-scale thinking requires sustained effort and the active support of County leadership. Priority will be given to program offers that:

   - Provide a clear framework policy or plan for the delivery of future services particularly in areas such as Alcohol and Drug treatment and Mental Health services which currently span multiple departments and jurisdictions.
   - Focus on the total needs of the individual rather than on how to deliver an array of separate services.
   - Will deliver plans and strategies for more effective programs which could be implemented relatively quickly – preferably through the FY 2009 budget process.
   - Propose "pilot" programs which, if successful, will result in better outcomes for clients. When appropriate, pilot programs should seek one-time only or non-recurring funding which we believe is government's best source of research and development funding.

2. **We are seeking offers that create or enhance the infrastructure that supports the provision of basic living needs services.**
   Over the last 5+ years, the departments that deliver basic living needs services have experienced large scale changes in funding and personnel. Additionally, many of the information systems that support the work of these departments are based on outdated technologies and are overly decentralized. A strong and efficient infrastructure, from data systems to use of Evidence Based Practices (EBP), will allow for innovation, seamless delivery of services and advanced leveraging of State and Federal funds. Priority will be given to offers that:

   - Find ways to share existing data to make maximum use of what we already have.
   - Invest in the knowledge, skills and abilities of personnel in the areas of data analysis, reporting, Quality Assurance and Quality Improvement.
   - Implement standardized, user friendly information systems and software programs that can be used to seamlessly share client information between County departments and programs. For instance, adopting a case management software and/or data system that could be used across all County departments reducing duplication.

3. **We are looking for program offers that promote healthy behaviors**.
   Studies demonstrate that behavior plays a crucial role in the leading causes of death and disability. Promoting healthy behaviors is a cost-effective method in mitigating and preventing injury, chronic or communicable diseases, addiction, mental illness, unintended pregnancy, birth defects and developmental disorders, homelessness and/or poverty. It is our belief that the ***prevention*** of these conditions through promotion of healthy behavior will not only improve the quality of life for Multnomah

County residents, it will ultimately result in cost-savings to the County by decreasing the need for ongoing public assistance and care. Priority will be given to offers that:

- Empower individuals, families, and communities to take greater control over their well-being through education, self-management, life skills and leadership development, and community mobilization.
- Employ prevention strategies and behavior change models aimed across communities (e.g. media advocacy, social marketing, etc.[1]), in addition to those implemented with individuals or groups, to target pervasive conditions.
- Utilize methods that will identify the factors that influence actions and reduce the barriers to desired behavior change.
- Promote approaches or partnerships (e.g. interdepartmental, State, school districts, community-based organizations, etc.) that support broad-based health promotion and wellness practices.
- **Prevent Illicit Drug and Tobacco use among Adolescents –** the team is concerned about illicit drug and tobacco use among youth in Multnomah County. Current data shows that illicit drug and tobacco use has increased among adolescents in the last 15 years with a corresponding increase in kids using County alcohol and drug treatment services. The early prevention of illicit drug, alcohol, and tobacco use among youth should, by principle, reduce the future treatment burden among adolescents and adults.

4. We are seeking program offers that ensure care for members of the community who need basic living needs services.

As stated before, care is broadly defined to include all aspects of physical, mental and oral health care and addictions treatment. The team recognizes that there is a great range in the types of people who will need these services. We will give priority to offers that:

- Prevent people from entering into more costly care (e.g., jail, emergency rooms), including increased access to medications and early diagnosis and intervention as effective means to prevent more serious complications.
- Address gaps in services to clients who have lost health care coverage (due to incarceration, financial misfortune or some other situation).
- Encourage and advocate the availability of insurance to a broader range of individuals.
- Educate individuals about the availability and use of existing resources such as Earned Income Credits and Medicare, Part D

[1] *Media advocacy* - "the strategic use of mass media (public information campaigns, etc.) to enhance environmental change or a public policy initiative". *Social marketing* – "the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon a behavior for the benefit of individuals, groups or society as a whole."

5. **We are seeking program offers that reduce the percentage of adults who use illicit drugs and abuse alcohol.**
   Alcohol and Drug use is consistently identified by citizens as one of the biggest problems in Portland neighborhoods (Citizen Survey 2006, Multnomah County Auditor). In addition, it is linked to myriad other basic needs issues including increased health care costs, homelessness, and criminal activity. We will give priority to offers that:

   - Reduce the waitlist for A&D Residential Treatment – by providing more cost efficient services or alternative treatments that have as good or better outcomes.
   - Prioritize treatment of populations so that the greatest benefit is provided.
   - Provide better coordination and resource management for all types of A&D treatment.
   - Incorporate dual diagnosis treatment in order to better serve clients with mental health and substance abuse issues.

6. **We are seeking program offers that assist people in obtaining permanent, affordable and livable housing.**
   Many chronically homeless people have a serious mental illness like schizophrenia and/or substance abuse issues. Most chronically homeless individuals have been in treatment programs, sometimes on dozens of occasions. Research shows that other types of treatment often fail if clients lack dependable, livable, and affordable housing. We will give priority to offers that:

   - Move people from transitional housing to permanent and affordable housing
   - Increase the availability of permanent, supported housing for homeless individuals
   - Make it easier to get into housing
   - Improve outreach to homeless people (for example, bringing services to the City's new SAFE homeless center).
   - Increase economic opportunities and self-sufficiency for homeless people by collaborating with the City of Portland, community partners, and businesses to offer workforce development and/or assistance.

V. Program Rankings

Basic Needs

Program #	Name	Dept	Rank	Score	Votes Received		
					H	M	L
25068	Children's Mental Health Outpatient Services (Verity)...	DCHS	1	27	9	0	0
25055	Mental Health Crisis Call Center	DCHS	2	26	8	1	0
25056A	Mental Health Urgent Care Walk-In Clinic & Mobile Crisis Outreach...	DCHS	3	25	7	2	0
25026A	ADS Public Guardian/Conservator	DCHS	4	24	7	1	1
40020	Northeast Health Clinic	HD	4	24	7	1	1
40021A	Westside Health Clinic	HD	4	24	7	1	1
40022	MidCounty Health Clinic	HD	4	24	7	1	1
40023	East County Health Clinic	HD	4	24	7	1	1
25040A	Domestic Violence Victim Services & Coordination	DCHS	9	24	6	3	0
25062	Adult Mental Health Outpatient Treatment Services (Verity)...	DCHS	9	24	6	3	0
25080	Addictions Services Adult Outpatient Treatment	DCHS	9	24	6	3	0
40018	Women, Infants and Children (WIC) Program	HD	9	24	6	3	0
15020	Child Support Enforcement	DA	13	23	6	2	1
40007	Health Inspections and Education	HD	13	23	6	2	1
40011	STD/HIV/Hep C Community Prevention Programs	HD	13	23	6	2	1
40019	North Portland Health Clinic	HD	13	23	6	2	1
25022A	ADS Adult Care Home Program	DCHS	17	23	5	4	0
25024A	ADS Adult Protective Services	DCHS	17	23	5	4	0
25061	Mental Health Residential Services for Adults	DCHS	17	23	5	4	0
25063	Treatment & Psychiatric Meds. for Uninsured Indigent Individuals...	DCHS	17	23	5	4	0
25094	Addictions Services Youth Residential Treatment	DCHS	21	22	6	1	2
40021B	Westside Health Clinic Van and Homeless Outreach	HD	21	22	6	1	2
25020	ADS Access and Early Intervention Services	DCHS	23	22	5	3	1
25092	Addictions Services Severely Addicted Multi-Diagnosed Homeless...	DCHS	23	22	5	3	1
25093	Addictions Services Adult Residential Treatment	DCHS	23	22	5	3	1
40010	Communicable Disease Prevention & Control	HD	23	22	5	3	1
25023A	ADS Long Term Care	DCHS	27	22	4	5	0
25090	Addictions Services Detoxification	DCHS	27	22	4	5	0
25012	Services for Adults with Developmental Disabilities...	DCHS	29	21	5	2	2
25013	Services for Children with Developmental Disabilities...	DCHS	29	21	5	2	2

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Basic Needs

Program #	Name	Dept	Rank	Score	Votes Received		
					H	M	L
40017	Dental Services	HD	29	21	5	2	2
25021	ADS Emergency Basic Needs for Vulnerable Adults	DCHS	32	21	4	4	1
25058	Involuntary Civil Commitment Investigation Services...	DCHS	32	21	4	4	1
50009	Family Court Services	DCJ	32	21	4	4	1
25060	Mental Health Transitional Housing for Adults	DCHS	35	21	3	6	0
25070	Intensive Community Based MH Treatment for Children...	DCHS	35	21	3	6	0
25014	Eligibility & Protective Svcs. for Individuals with Dev. Disabilities...	DCHS	37	20	4	3	2
25073	Early Childhood and Head Start Mental Health Services...	DCHS	37	20	4	3	2
25103	Psychiatric Inpatient Hospitalization Services (Verity)...	DCHS	37	20	4	3	2
40016A	Medicaid/Medicare Eligibility	HD	37	20	4	3	2
25074	Child Abuse Mental Health Services	DCHS	41	20	3	5	1
25081A	Addictions Services Outreach Team	DCHS	41	20	3	5	1
40012	Services for Persons Living with HIV	HD	41	20	3	5	1
25078A	Culturally Specific Mental Health Services	DCHS	44	19	3	4	2
25057	Secure Alternatives to Psych. Hospitalization for Children (Verity)...	DCHS	45	19	2	6	1
25067	Intensive Children's MH Services Care Coordination Team...	DCHS	45	19	2	6	1
25069	Psychiatric Residential Treatment Services for Children...	DCHS	45	19	2	6	1
25150A	SUN Service System Anti Poverty Services	DCHS	45	19	2	6	1
25156	Bienestar Community Services	DCHS	45	19	2	6	1
25015	Crisis Services for Individuals with Developmental Disabilities...	DCHS	50	18	3	3	3
25065	Secure Mental Health Sub-Acute Facility for Adults...	DCHS	50	18	3	3	3
25075	Emergency Psychiatric Holds for Uninsured Indigent Individuals...	DCHS	50	18	3	3	3
25095	Addictions Services Youth Outpatient Assessment and Treatment...	DCHS	50	18	3	3	3
25119A	Energy Services	DCHS	50	18	3	3	3
40008	Vector-borne Disease Prevention and Code Enforcement...	HD	50	18	3	3	3
25133A	Housing Stabilization for Vulnerable Populations	DCHS	56	18	2	5	2
25099	Addictions Services Family Housing Assistance Services...	DCHS	57	17	2	4	3

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Basic Needs

Program #	Name	Dept	Rank	Score	Votes Received		
					H	M	L
25098	Addictions Services Family Involvement Team (FIT)...	DCHS	58	17	1	6	2
25113	Addictions Services Post-Detoxification Supportive Housing...	DCHS	58	17	1	6	2
10015	Family Economic Security	NonD	60	16	3	1	5
15019	District Attorney's Office-Victims Assistance	DA	61	16	2	3	4
25114	Bridges to Housing	DCHS	62	16	1	5	3
25140	Housing	DCHS	62	16	1	5	3
25059	Civil Commitment Monitors and Discharge Planners	DCHS	64	16	0	7	2
25024B	ADS APS Additional Multidisciplinary Team Nursing Capacity...	DCHS	65	15	2	2	5
25077	Sexual Offense and Abuse Prevention	DCHS	65	15	2	2	5
25079	African American Specific Mental Health Treatment...	DCHS	65	15	2	2	5
10032	211 Services	NonD	65	15	2	2	5
40016B	Medicaid Enrollment Outreach and Referral Partnerships...	HD	69	14	2	1	6
25023B	ADS Long Term Care Scaled Offer B	DCHS	70	14	1	3	5
25026B	Expand Public Guardian Capacity	DCHS	70	14	1	3	5
25086	Addictions Services Alcohol and Drug Prevention	DCHS	70	14	1	3	5
25096	Addictions Services African American Youth Specialized Treatment...	DCHS	70	14	1	3	5
25133B	Housing Stabilization - Maintain Current Service Level...	DCHS	70	14	1	3	5
25150B	Anti Poverty Svcs - Sys of Care for Homeless & Low-Income...	DCHS	70	14	1	3	5
25040B	Assuring Quality DV Community Response	DCHS	76	13	0	4	5
25102	Mental Health Respite Services	DCHS	76	13	0	4	5
25081B	Addictions Services Outreach Team Jail Transition Specialist ...	DCHS	78	12	1	1	7
10018	Elders in Action Personal Advocates	NonD	78	12	1	1	7
25056B	Mobile Crisis Outreach Enhanced - Project Respond...	DCHS	80	12	0	3	6
25112	Addictions Services Family Circle Project	DCHS	80	12	0	3	6
10013	Child Maltreatment Prevention	NonD	80	12	0	3	6
25040C	Domestic Violence Outreach to African Immigrants	DCHS	83	11	1	0	8
25064	Waitlist Reduction for State Hospital Admissions	DCHS	84	11	0	2	7
25066	Mental Health Organization Provider Tax (Verity)	DCHS	84	11	0	2	7

Basic Needs

Program #	Name	Dept	Rank	Score	Votes Received		
					H	M	L
25078B	Culturally Specific Mental Health Services - Scaled...	DCHS	84	11	0	2	7
25083	Addictions Services Community Recovery Support	DCHS	84	11	0	2	7
25097	Addictions Services Methamphetamine Treatment Project...	DCHS	84	11	0	2	7
25111	Addictions Services Parent Economic Support Pilot...	DCHS	84	11	0	2	7
25091	Addictions Services Sobering	DCHS	90	10	0	1	8
25110	Addictions Services Traumatic Brain Injury Efficiency Project...	DCHS	90	10	0	1	8
25085	Gambling Education, Treatment and Prevention	DCHS	92	9	0	0	9
25108	Addictions Services Youth Microenterprise Pilot	DCHS	92	9	0	0	9
25131	SIP - Supportive Housing	DCHS	92	9	0	0	9

= Programs that received a high/low vote disparity

VI. Program Ranking Discussion

The team only found it necessary to rank the program offers twice this year. We invested a large amount of time creating a team philosophy on how to approach this process, which proved invaluable when it came time to rank. We also endeavored to make sure Departments listened to the suggestions and recommendations not only by our team but of prior years' teams as well, and we adjusted our rankings accordingly. As a result there were very few disparities in our rankings.

Over all, the team had agreement on 94.6% of the program offer rankings. There were 5 program offers that were identified by the ranking tool as divergent:

1. **40021B (6-1-2) Westside Health Clinic Van and Homeless Outreach.**
   High: The Van and Outreach is really the only effective way to reach this population.
   This program provides an excellent entry point to an array of services.
   Low: The program is providing the same services as in the Westside Clinic but appears much less efficient.
   Some members wondered if there was a less expensive approach – perhaps providing transportation to the clinic rather than mobile medical services.

2. **225094 (6-1-2) Addictions Services Youth Residential Treatment.**
   High: Program addresses critical needs and a vulnerable population.
   The program helps avoid more serious problems and expenses (medical, safety, etc.)

Low: Treatment is very expensive and serves a very small number of individuals.
The program appears to have lower success rates than is average.

3. **10015 (3-1-5) Family Economic Security**
   High: The Program Offer responds strongly to RFOs/map.
   If implemented, the program has the potential to help move clients towards self-sufficiency.
   Low: Some members of the team were not convinced it is the most effective program strategy we could devise. There is a very narrow program focus.

4. **40016B (2-1-6) Medicaid Enrollment Outreach and Referral**
   High: The Program Offer responds strongly to RFOs/map.
   The program provides basic and necessary service.
   Low: Team members were unsure of how this program would be impacted by Governor's proposal to expand health care for children. Members felt that the offer may be premature in light of State actions.

5. **25040C (1-0-8) Domestic Violence Outreach to African Immigrants**
   High: One team member has personal experience and recognizes a clear need for this type of service.
   There is a critical short-term need to deal with the large influx of immigrants.
   Low: The Program Offer did not provide any of the information on which our team member based her "high" ranking and the rest of us ranked based on the offer itself.
   The program offer did not explain why this group in particular is in need of these particular services.
   The program offer doesn't provide a context to understand this specific need. Are there other needs with this population? Is DV the only/primary need?

Program Offer Rankings which seem out of synch with our map

In reviewing the results of our rankings, the Basic Living Needs Outcome Team identified five Program Offers which we collectively ranked lower than called for in our RFOs/map. In order to insure the quality/integrity of our work, we re-visited each of these offers to see why we didn't give these Offers a higher priority. In every case, we found the Program Offer lacking rather than an inconsistency with our stated priorities. The Program Offers that fell into this category included:

6. **10013 (0-3-6) Child Maltreatment Prevention.**
   It was very difficult to determine what is accomplished by this program based on the information provided in the Program Offer. Also the outcomes are decreasing along with the clients served. The offer notes that the State model has changed and there was concern about how that impacted this offer.

7. **25086 (1-3-5) Addictions Services Alcohol and Drug Prevention.**
   The outcomes identified in this program offer seem more geared to education and because of that we felt the offer would do better in the Education Team.

8. **10032 (2-2-5) 211 Services.**
   There was no advocacy for this program offer and it was not persuasively written. The program offer provided no description of results.

9. **25077 (2-2-5) Sexual Offense and Abuse Prevention.**
   Use of the word "prevention" in the title is misleading; many members found this inappropriate and responded with lower rankings. The program offer was not persuasively written.

10. **25097 (0-2-7) Addictions Services Methamphetamine Treatment Project.**
    The program offer did not provide any outcomes or benchmarks. There was nothing in the program offer to support that the focus on meth is appropriate to the scale of the problem.

This is the fourth year the County has used the budget priority system and therefore the fourth year Departments have had to submit program offers. Our team felt it was important to reward those program offers that were well written, embraced the process, provided valuable information upon which to make a decision and followed all of the budget rules. Conversely, we did not "fill in the gaps" for program offers that assumed the reader understood the purpose or outcome of the program, that failed to invest in the process because all sources of funding were from outside sources and/or failed to follow the budget rules. In certain instances, program offers were ranked lower because they failed to follow the budget rules, made assumptions or did not embrace the budget process.

VII. Policy Issues

General Process Design

- For the third year in a row the team discussed building **culturally specific/competent service requirements** into contracts and programs. Like many of the teams before us, we agreed that the issue needs to be better addressed for the County as a whole. We renew the suggestion from last year's team that program offers should be able to document how their approaches to service (including both culturally specific and general service models) address the needs of diverse, culturally defined communities.

- **Keep Outcome Teams together longer** or at least try to carryover more than one or two members from one year to the next. The BLN Team, for example had only one member who had been on the team before. This is a broad and complex area which would benefit from the increased understanding that would come with multi-year participation. We also believe the Departments would benefit from interacting with the same team and team members over a period of years, rather than having to work with and respond to new teams year to year.

- **Allow more time for the Outcome Teams to complete their work.** We understand that this year was unusually compressed because of the change in Administration and the decision to release the Chair's Budget early. Review of maps, RFOs, discussions with Departments about coming changes and new

emphasis, as well as potential joint offers could all happen during the "off season" and would facilitate more thoughtful and meaningful Team input.

- Either **eliminate "pass-through" Program Offers** or move them to the administrative category. Having the Board and Outcome Teams rank them really adds no value and adds to the already large burden with which these groups carry.

- **Emphasize systems of care and logical decision groupings rather than relying on an artificial dollar limit on the size of Program Offers.** The BLN Team, for example found that we had 5 separate "Verity" offers. There is really only one question to be answered – to participate or not – and the need to write, review, rank, and purchase 5 separate Offers is inefficient and makes it harder to "see the forest for the trees". Fewer and more logically defined Offers would support higher quality review, discussion, and decisions.

- **Rethink "scaled" Offers to make them more meaningful.** We do not have a specific recommendation but do not believe the current approach is generating the desired results. First, we discovered that there was broad misunderstanding about when to do a "scaled" Offer requiring some Departments to do a good deal of last-minute re-writing. Second, we found that in reviewing our own Outcome Team performance that it was very easy to end up automatically ranking "B and C" Offers substantially lower than "A" Offers even if they were more important than other competing Offers. Perhaps this is just one of the pitfalls of the current system but we would encourage the Design Team to see if they can find a way to make improvements in this area.

Basic Living Needs Process Design

- **For purposes of ranking and purchasing, break the Basic Living Needs outcome area into two separate categories – early intervention/prevention and direct services.** The crush of need for direct services is huge and insatiable. When faced with a decision to deal with an urgent, basic need (mental health or drug crisis, homelessness, medical emergency, etc.) or to fund a preventative effort that could permit us to provide service to more individuals and to save the County significant money in the future, the urgent need will almost always win. We strongly believe that the only way to overcome this natural tendency is to rank/purchase the preventative work separately. It is very much like the personal finance advice of "paying yourself first". Take this funding off the top before we ever see it – in essence, creating a separate mini-fund, and make decisions separately. This would not require an additional Outcome area or Team – the idea is only to push our decisions solidly in the direction that was agreed upon in the Basic Living Needs map and RFOs