

Community and Family Services

Table of Contents

Department	1
Vision.....	1
Strategies	2
Partnerships.....	2
Department Services.....	3
Performance Trends.....	4
Recent Accomplishments.....	5
Budget Highlights	6
RESULTS Efforts	8
Expenditure and Revenue Graphs.....	10
Budget Trends.....	11
Issues and Opportunities.....	12
1. Local Behavioral Health Authority.....	12
2. Managed Care Infrastructure.....	13
3. School Support	14
4. Mental Health Crisis Triage Center.....	15
Management and Administration	16
Management.....	19
Resource Management.....	20
Contracts and Evaluation Unit.....	21
Behavioral Health Program.....	22
Program Management	26
Alcohol & Drug Services.....	27
Adult Mental Health Services	29
Children's Mental Health Services.....	30
Planning & Operations	31
Access & Authorization	32
Treatment Services.....	33
Assessment & Referral	34
Quality Improvement & Utilization Review	35
Regional Drug Initiative	36
Office of Community Action & Development	37
Program Management and Advocacy	40
Housing Development/Rehabilitation.....	41
Public Works.....	42
Anti-Poverty and Housing Stabilization.....	43
Singles Housing Assessment Center	45
Low Income Weatherization	46
Child, Youth & Family Program.....	47
Program Management	51
Early Childhood Care & Education	52
Family Center System.....	53
Prevention.....	54
Intervention	55
Youth Investment.....	56
Integrated Services	57
Touchstone.....	58

Community and Family Services

Developmental Disabilities	59
Program Management	62
Vocational Services.....	63
Residential Services.....	64
Adult Services Coordination	65
Youth Service Coordination.....	66
Protective Services	67
Intake and Assessment.....	68
Specialized Services	69

Community and Family Services

Vision

The Department of Community and Family Services is recognized for its leadership and excellent employees participating in the growth of strong healthy families and diverse caring communities through collaborations and partnerships.

Mission:

The Department of Community and Family Services works collaboratively to further the continued development of individuals, families and communities by leveraging resources, maximizing capacities and maintaining a quality driven system of uninterrupted services which are easily accessible to the people of Multnomah County.

The Department of Community and Family Services has embarked on several ventures which reflect the Department's vision and mission. **Customer driven services** are seen in the provision of family and individual services available at Family Centers, Family Resource Centers and other existing neighborhood based locations such as schools and churches. **Collaborations and Partnerships** are reflected in the blending of funding streams that was successfully incorporated by Portland Public Schools, Centennial School District, the State Office for Children and Families, the Multnomah County Juvenile Justice Department and the Casey Family Program to secure care coordination for non-Oregon Health Plan Children. **Leadership**, as the Department aggressively responds to youth and family violence through providing crisis intervention to students affected by violent incidents on the school campus and violence reduction programs to parents and children at Head Start programs. The Department has led the community development in a new managed care system for improved delivery of mental health services for children and families.

The future for the Department is filled with ensuring that homelessness is an issue of the past, as innovative projects address employment needs, low-income housing is adequately available and transition projects have placed those desiring alternative housing have been enabled to secure appropriate living situations. Individuals with developmental disabilities are self sufficient or in placements where they live with dignity and are respected and valued. Cultural diversity is celebrated and the unique perspective that each group brings is incorporated into service delivery and program development. Behavioral Health services are provided through a managed care model that provides Mental Health, and Alcohol and Drug services to families and individuals in a comprehensive and cost efficient manner.

Values:

- Diversity
- Collaborations and Partnerships
- Customer Driven Services and Continuous Quality Improvement
- Shared Responsibility

Community and Family Services

- Openness and Clear Communication
- Leadership and Continuous Learning
- Recognition
- Personal Integrity and Accountability
- Inclusive Decision Making
- Success

Strategies

- Use neighborhood-based service models, such as Family Resource Centers, Family Centers and Community Action Agencies, to develop a single point of entry to services.
- Use Managed Care as a vehicle to provide complete and comprehensive services and flexible spending to address individual needs.
- Coordinate and align data systems with Key Results and contractor outcomes to facilitate consistent and continuous performance measurements and evaluations.
- Invest in early intervention services to enhance and support healthy children and families.
- Combine mental health and alcohol and drug services into a unified Behavioral Health service delivery model.
- Establish a coordinated family support and anti-poverty program using blended funding from various sources.
- Develop innovative, non-traditional models of services and supports for low-income individuals and families to increase economic opportunities and self-sufficiency, empowerment and create institutional changes.

Partnerships

Strategies to improve the social fabric of our communities include ongoing partnerships with:

- Service providers, to assure quality services and supports for clients.
- Other public agencies, including Cities of Portland and Gresham, public school districts, Housing Authority, and State and Federal agencies to jointly set policy and program direction and to coordinate implementation.
- Major funding groups, such as United Way, Black United Fund, the Casey Foundation, Oregon Community Foundation, and Meyer Memorial Trust Foundation, to coordinate program implementation.
- Citizens, of Multnomah County to maintain relevancy to the community's values and needs, monitor Benchmark activity and provide a volunteer base for program support.
- Colleges and universities, to assure currency in philosophy, approach, and skills and to coordinate evaluation efforts.
- Consumers and their families, to inform us about consumer needs and service quality.
- Community Planning Efforts, including Partners for a Caring Community, Regional Drug Initiative, Community Action Commission and the Multnomah Commission of Families and Children to coordinate policy and program design and reduce barriers to services.

Community and Family Services

Budget Overview	1994-95	1995-96	1995-96	1996-97	Difference
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Staffing FTE	284.30	329.36	329.36	373.58	44.22
Departmental Costs	\$76,062,256	\$87,569,293	\$85,413,813	\$99,961,048	\$14,547,235
External Revenues	\$62,430,988	\$75,975,573	\$69,392,097	\$79,334,866	\$9,942,769
General Fund Support	\$13,631,268	\$16,118,804	\$16,021,716	\$20,876,182	\$4,854,466

Department Services

The Department of Community and Family Services contracts with over 250 organizations to provide the following services:

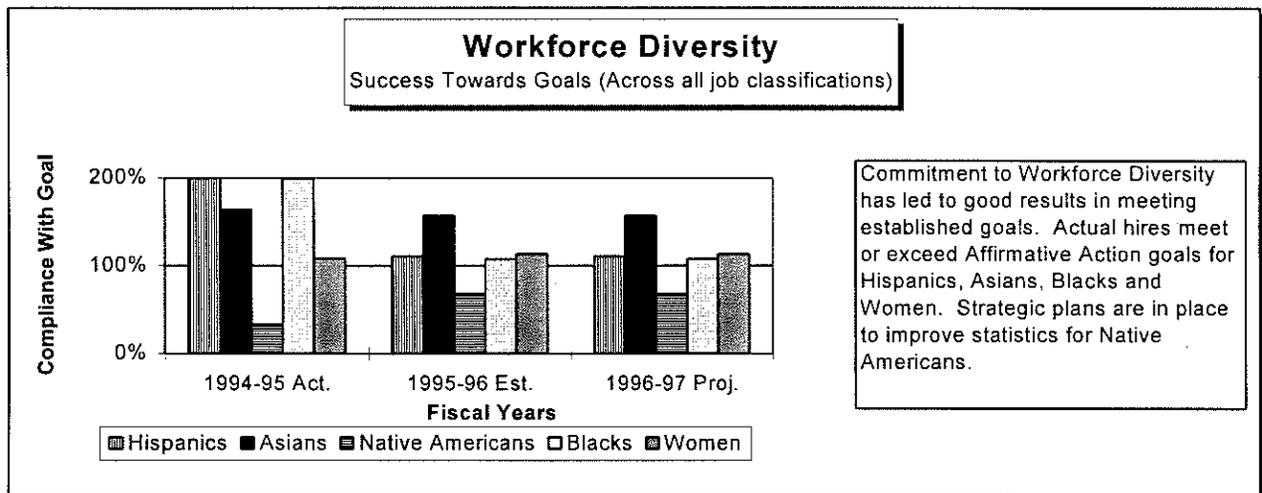
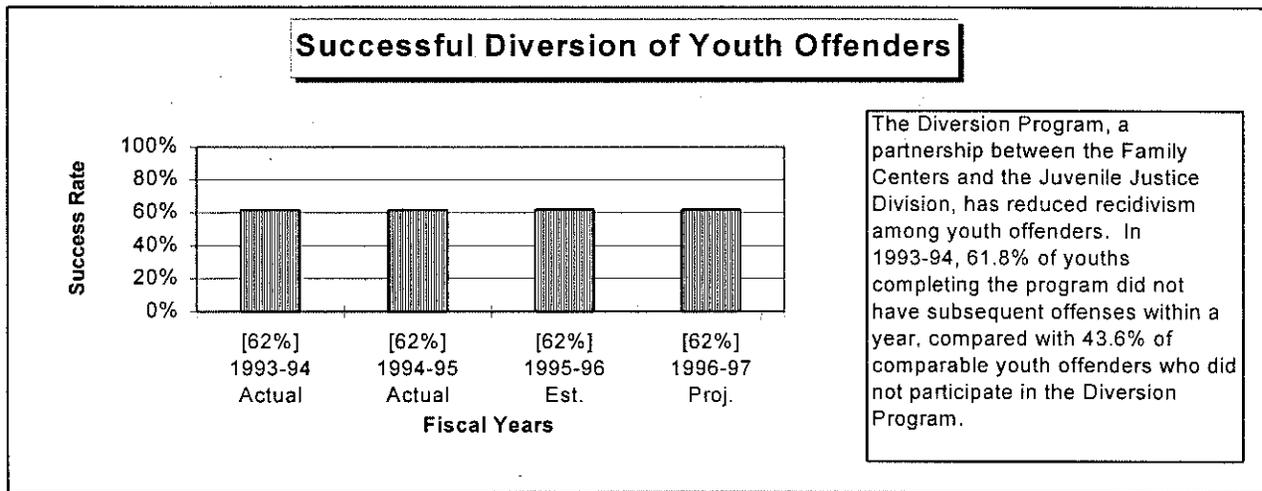
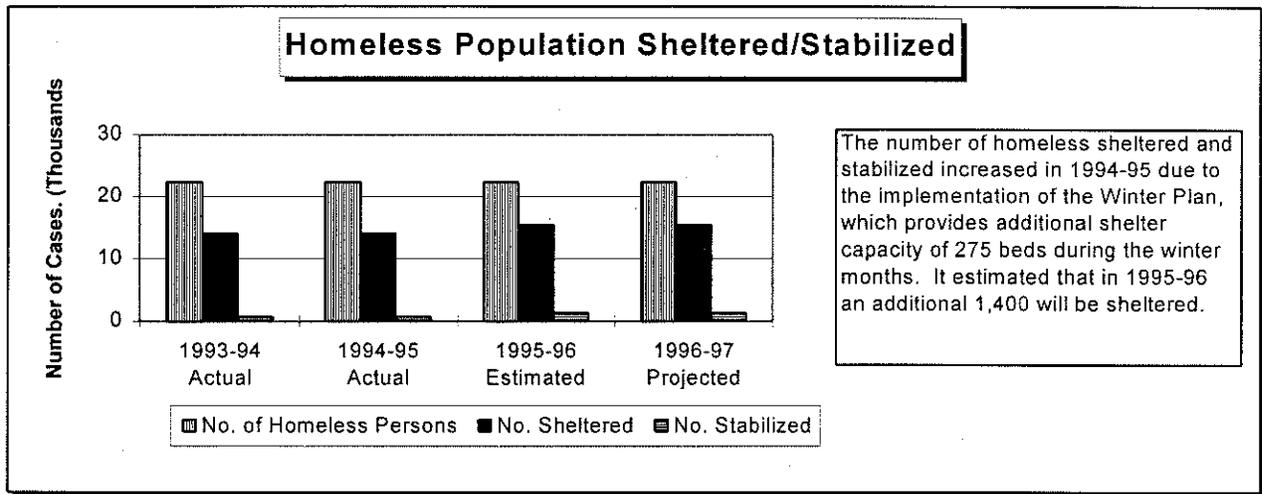
- Alcohol and other drug screening, assessment, treatment and prevention services, serving approximately 58,000 persons.
- Anti-poverty programs providing advocacy, economic opportunities and self-sufficiency supports to over 22,000 individuals along with energy or weatherization assistance to over 14,000 households.
- Development of affordable housing and public works improvements.
- Services to over 3,700 individuals with developmental disabilities, including advocacy, service coordination, residential, vocational, respite, family support and emergency services.
- Mental Health screening and evaluation, treatment, family support and crisis services to over 7,250 adults and 7,000 children.
- A network of seven Family Centers located throughout the County provides a full spectrum of programs for youth and families. Over 3,100 youth and 325 families have used services ranging from prevention to intensive intervention programs.

Because department services are primarily funded through federal and state resources, local policy discretion regarding them is significantly limited by federal and state mandates and other funding source (grant) requirements.

Several citizen groups, involving over 175 people, have formal advisory or oversight responsibilities for programs and Benchmark activities. For Community and Family Services as a whole, the Citizens Budget Advisory Committee advises on budget issues. Other ad hoc citizen committees and task forces are formed to provide input, guidance, and commitment to specific projects and concerns. Citizen groups include: Multnomah County Community Action Commission, CDBG Policy Advisory Board, Developmental Disabilities Coordinating Council, Family Support Council, Multnomah Council on Chemical Dependency, Multnomah County DUII Community Advisory Board, and Children and Adult Mental Health Advisory Committees.

Community and Family Services

Performance Trends



Community and Family Services

Recent Accomplishments

- Established the Behavioral Health Program, combining all mental health and alcohol and drug services, to promote a more integrated, responsible, collaborative and efficient system of behavioral health services in the County and support the department's managed care efforts. The new structure is intended to facilitate dual diagnosis treatment, foster greater understanding in staff of the needs, activities and programs related service areas, and pave the way for new forms of future funding, contracting and treatment.
- Successfully negotiated an intergovernmental agreement with the State Mental Health and Developmental Disability Services Division to operate a managed mental health organization for Medicaid-eligible children in Multnomah County.
- The December 1, 1995 opening of the Singles Homeless Assessment Center (SHAC), a joint venture with the City of Portland, was in response to the closure of the Salvation Army Recovery Inn. The SHAC provides centralized housing assessment and temporary basic shelter to help transition people out of homelessness.
- Participated with Parent Advocates to establish a position for a Parent Advocate for children's mental health program to serve as a parent trainer and family advocate for our system of providers.
- In conjunction with other County departments and Commissioner Sharron Kelley, developed recommendations for the Public Safety Coordinating Council regarding alcohol and drug treatment needs of offenders.
- Successfully applied for over \$4 million in grants for supportive housing services, including the following awards: \$3 million to provide case management, mental health treatment, housing development and job system development to assist homeless families transitioning into permanent housing; \$1.2 million for supportive services and operation of a transitional housing facility being constructed by the Housing Authority of Portland; \$250,000 per year for the next two years to extend case management and supportive services to homeless families moving from transitional housing.
- Developed a new grant initiative, Innovative Project Fund, to support local projects using tools such as community organizing and advocacy to increase self-sufficiency and empowerment among low-income people, and increase public education and support for anti-poverty strategies. Two large grants (\$75,000 each) and eight small grants (\$15,000 each) have been awarded.
- Provided assistance to the victims of the Grand Oaks and Wiltshire apartment fires, helping residents move into other temporary or permanent housing.
- Staff in Developmental Disabilities developed an African American Service Coordinators Task Group to provide ongoing technical assistance for both provider staff and program staff in order to appropriately serve African Americans and their families.

Community and Family Services

Budget Highlights

Service Levels

- State Medicaid revenues of \$10.5 million are added for the Children's Capitation Pilot Project. Medicaid services were formerly reimbursed directly to providers from the State Office of Medical Assistance Programs (OMAP).
- The Department will receive over \$2 million in HUD grants in 1996-97 for transitional housing programs to help homeless families find permanent housing. The grants fund construction and operation of a transitional housing facility, as well as case management and supportive services for families in the facility.
- Funding of \$270,000 is added to support operations in the crisis triage center.
- Out-of-shelter services for victims of domestic violence are added, at a cost of \$225,000.
- Three new Touchstone sites are added, at a cost of \$132,000. The school-based program serves families affected by substance abuse.
- Family Resource Centers are added at Brentwood-Darlington, Villa de Clara Vista, Marshall and Beach.
- Services for families affected by child abuse increase through the addition of the Family Advocates service (\$40,000), and support for the foster care system (\$50,000).
- Several expiring grants or funding reductions are backfilled with General Fund, including the emergency housing vouchers program (\$137,000) and the GIFT program for gang-affiliated girls (\$222,000).
- Funding for the Asian Family Center is renewed based upon favorable program evaluation results.
- One-time-only support is provided for several school-based programs, primarily to backfill expiring federal grants: eight Touchstone sites in the Portland Public Schools (\$392,000), the Counteract program for students with alcohol and drug violations (\$278,000), the Hispanic retention program (\$170,000) and case management for children aged 0-5 with developmental delays (\$370,000).

Scope of Services

- The Singles Homeless Assessment Center (SHAC) and shelter was added during the past year. After an unsuccessful RFP, the City agreed to match County funds if the County would provide the service. The shelter serves 94 homeless people per night.
- The department is expanding its involvement in managed care through the Children's Capitation project for mental health services.
- The continued planning and an RFP process for a mental health crisis triage center is expected to result in services beginning in 1996-97. The planned system includes the use of mobile mental health response teams to respond to mental health crises.
- Funding of \$105,000 is added for the Friends of Children mentorship program, providing long-term mentorships for 150 children.

Community and Family Services

- Parent child development services are expanded to children aged 4-5 at six family centers and aged 0-3 at the Asian Family Center, through an addition of \$239,000.
- Funding of \$70,000 is added to create the Girls Empowerment Program for girls aged 8-12 to enhance self-esteem and resiliency and promote school success.
- The Home Preservation Training Program is added, at a cost of \$191,000, to assess homes in low-income areas for lead paint or other home health hazards.

Staffing

- Staffing increases by a net amount of 44.22 FTE's. Thirteen of the new positions were added mid-year to staff the SHAC. The implementation of the Children's Capitation Pilot Project adds 3.5 FTE's. Other growth includes: 3.5 FTE Family Resource Coordinators, 2.5 FTE planning positions for supportive housing, 3.0 FTE Family Intervention Specialists at Touchstone sites, 6.7 FTE's providing alcohol and drug assessment, additional Developmental Disabilities case managers, a grant-writer, a Fiscal Specialist, and a planner for the Child, Youth & Families Program.

Strategies

- New strategies are being developed to involve families more closely. The Community Leadership Institute (\$25,000) coaches parents to advocate for their children in the schools. A Family Involvement Coordinator is added (\$16,000) to contract with parents to leverage family involvement in shaping services.
- The Department is emphasizing training to achieve program goals. Training funds are added to increase staff awareness of domestic violence, with special focus on training direct service staff to perform domestic violence assessments. Funding is also added to train all service providers in working with children and youth with developmental disabilities.
- The Innovative Projects mini-grants program is expanded by \$50,000. The program provides grants to support local projects increasing self-sufficiency and empowerment among low-income people through community organizing and advocacy.

Structural Changes

- Significant reorganization was necessary to create the new Behavioral Health Program from the former Alcohol & Drug program and the adult and children's mental health programs. This new program positions DCFS as a key player in managed care.
- The Child, Youth and Family Program was also formed through reorganization. This program includes Integrated Services, Touchstone services, Family Centers and other youth-oriented prevention and diversion services.
- DCFS created a centralized Information Services Unit, bringing together 13 FTE's from across the department.

Community and Family Services

RESULTS Efforts

The Department of Community and Family Services considers the leadership and guidance of managers and supervisors as a key element in supporting the organizational and cultural change necessary to sustain RESULTS. A major focus of Department training for fiscal years 1995-96 and for 1996-97 is to continue to support and shape the top management team into a more effective leadership unit.

In addition to management development, process improvement teams are beginning to develop throughout various programs. These teams are excellent opportunities for staff to learn more about quality techniques and theories and apply them to improve services. A team in the Fiscal Unit is improving the direct pay process that purchases special client support services for requests that are needed on an urgent basis. Fiscal staff identified that the present process created duplication of activities, contained unnecessary steps and required excess copying of documents. The team's goal is to develop a process that allows them to respond in a more timely manner. The Developmental Disabilities program is improving the process of transferring cases from one Case Manager to another. The current process is too complicated and causes a delay in completion. Their goal is to create a seamless process for clients to receive uninterrupted services. Additional process improvement teams are being facilitated by DCFS staff who have attended the County CQI Facilitator Training. One team is improving the new employee orientation process, and another team is improving the eligibility process for Family Consultant Services. The Target Cities Project is a process improvement project by design. A major accomplishment for the project is that all baseline information has been gathered, allowing the program to measure and track all future improvements.

RESULTS strategies were employed in the reorganization of Adult Mental Health, Child and Adolescent Mental Health, and Alcohol and Drug Services into a combined Behavioral Health Unit. Staff focus groups and sessions with providers, parent groups and others were opportunities for those closest to the work and services to shape the infrastructure. Review of this infrastructure is an ongoing process to assure quality internal and external customer service. Staff reported that contributing to the operational design of the department increased their feeling of value and importance to the organization.

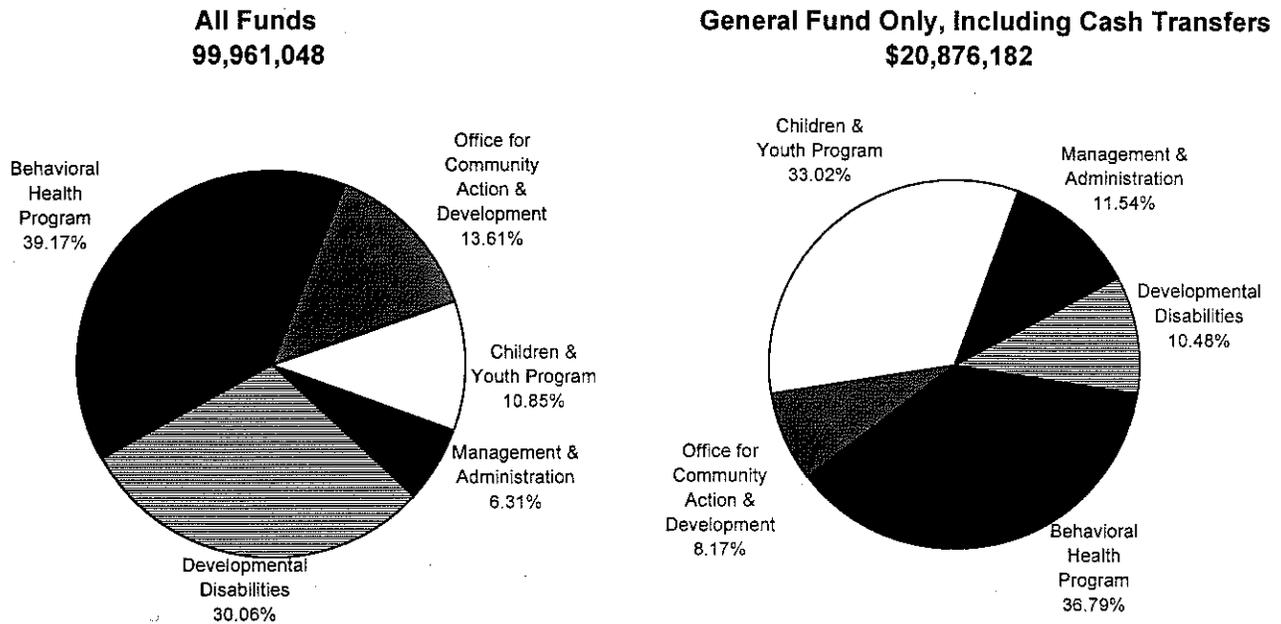
Finally, the Department RESULTS Steering Committee will be working hard to develop an implementation plan for the RESULTS Roadmap. Membership restructuring added more top management, representatives from the Department's Cultural Diversity Committee and Employees of Color group and a union steward. The Department believes the connection of the diversity and quality initiatives are essential to implementing the RESULTS Roadmap. The Department is committed to incorporating cultural competency and continuous quality improvement into service development and delivery in order to serve the residents of Multnomah County.

Community and Family Services

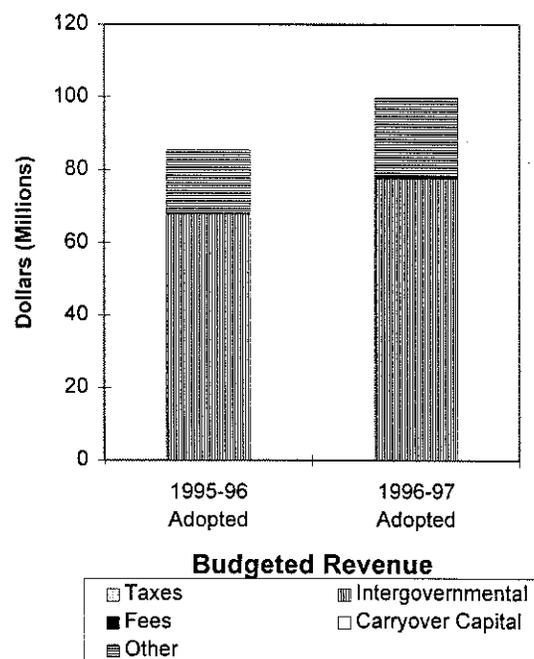
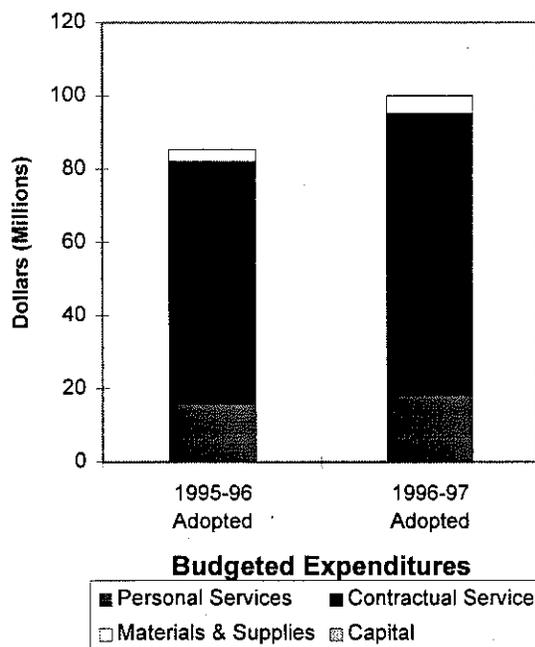
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Community and Family Services

TOTAL EXPENDITURES BY DIVISION 1996-97 ADOPTED BUDGET



EXPENDITURE AND REVENUE COMPARISON 1995-96 Adopted Budget and 1996-97 Adopted Budget All Funds, Including Capital Projects



Community and Family Services

Budget Trends

	1994-95	1995-96	1995-96	1996-97	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	284.30	329.36	329.36	373.58	44.22
Personal Services	\$12,832,651	\$14,814,017	\$15,723,768	\$18,187,857	\$2,464,089
Contractual Services	60,055,872	69,098,574	66,369,015	77,087,732	10,718,717
Materials & Supplies	2,903,848	3,153,666	3,183,551	4,561,468	1,377,917
Capital Outlay	<u>269,885</u>	<u>503,036</u>	<u>137,479</u>	<u>123,991</u>	<u>(13,488)</u>
Total Costs	\$76,062,256	\$87,569,293	\$85,413,813	\$99,961,048	\$14,547,235
External Revenues	\$62,430,988	\$75,975,573	\$69,392,097	\$79,334,866	\$9,942,769
General Fund Support	\$13,631,268	\$16,118,804	\$16,021,716	\$20,876,182	\$4,854,466

Costs by Division

	1994-95	1995-96	1995-96	1996-97	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Management & Admin.	\$2,668,286	\$4,250,668	\$3,436,121	\$6,309,599	\$2,873,478
Behavioral Health	27,279,036	31,687,735	30,935,044	39,149,766	8,214,722
Commun. Action & Devpt	11,270,388	15,288,620	13,652,881	13,608,478	(44,403)
Child Youth & Family	8,367,793	9,185,053	9,487,620	10,842,644	1,355,024
Dev'pmental Disabilities	<u>26,476,754</u>	<u>27,157,217</u>	<u>27,902,147</u>	<u>30,050,561</u>	<u>2,148,414</u>
Total Costs	\$76,062,256	\$87,569,293	\$85,413,813	\$99,961,048	\$14,547,235

Staffing by Division

	1994-95	1995-96	1995-96	1996-97	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Management & Admin.	34.60	54.92	54.92	71.42	16.50
Behavioral Health	119.44	155.44	155.44	159.77	4.33
Commun. Action & Devpt	28.90	26.30	26.30	45.87	19.57
Child Youth & Family	29.76	17.50	17.50	24.92	7.42
Dev'pmental Disabilities	<u>71.60</u>	<u>75.20</u>	<u>75.20</u>	<u>71.60</u>	<u>(3.60)</u>
Total Staffing FTE's	284.30	329.36	329.36	373.58	44.22

Community and Family Services

Issues and Opportunities

1. Local Behavioral Health Authority

The County's role as Local Mental Health/Alcohol & Drug Authority is changing through the advent of managed care. Traditionally the County's role as Local Authority for these services has entailed planning for and overseeing the system of publicly-funded mental health and chemical dependency services in Multnomah County. The County has been responsible for overseeing the entire continuum of behavioral health services, contracting with providers and monitoring service quality, although many of these services were paid directly by the State.

The inclusion of Alcohol and Drug treatment in the Oregon Health Plan significantly reduced the scope of the County's role as Local Alcohol & Drug Authority. Under the Oregon Health Plan, the Prepaid Health Plans (PHP's) that provide medical services are responsible for delivering alcohol and drug services. This has fragmented the service delivery system for Medicaid-eligible clients among the multiple plans. As a result, the County has no legislated role in planning, overseeing or regulating the full continuum of the service delivery system. In addition, it raises the potential for cost-shifting to the County.

Under current law, mental health services will be included in the Oregon Health Plan in 1997. If the same model is used for mental health as for alcohol and drug treatment, the County's ability to participate in mental health policy and program development and system design will be even more drastically reduced.

Major Alternatives:

- Negotiate a broad role for the County in coordinating and overseeing service quality and access across the system of Prepaid Health Plans. It is unclear whether this would require a change in the current law.
- Pursue a broad scope of authority for the County in overseeing the local mental health service delivery system. Negotiate the possibility of developing the children's capitation project as a model for the County's involvement, an option which would require a change in the current law. Deschutes County achieved such a "carve out" for alcohol and drug services under the Oregon Health Plan. A broader role would result in a more coordinated service system and allow the County to assure broad access to services, but could expose the County to a higher level of financial risk.

Community and Family Services

- Do not seek any changes from current law. The County will retain its traditional role for the portion of services and consumers funded by State General Fund, but will have little influence over the Medicaid-funded mental health system. This will create a fragmented system divided by funding streams and multiple plans.

Board Action:

Defer any decisions until a more extensive analysis of the different alternatives is conducted. Request the Department to prepare a Board Briefing on this topic.

2. Managed Care Infrastructure

Managed care is rapidly transforming the behavioral health care industry. The County is currently involved in two managed behavioral health care efforts: providing outpatient chemical dependency treatment to CareOregon enrollees under the Oregon Health Plan, and the pilot project providing mental health care to Medicaid-eligible children in a managed care model. Managed care is likely to expand even further in the publicly-funded behavioral health system; under current law, mental health services will be folded into the Oregon Health Plan in July, 1997.

Community and Family Services plans to pursue managed care opportunities throughout many of its major program areas. The framework is already established in behavioral health; in other areas, such as developmental disabilities and housing, the Department will seek new and innovative opportunities to incorporate managed care concepts.

In order to participate effectively in the unfolding managed care opportunities, the Department needs to develop the basic infrastructure to support its involvement. Above all, Community and Family Services needs the ability to manage cost, quality and access data in a timely manner. Our current and planned future involvement in managed care creates an immediate need for an information system to supply this data.

Major Alternatives:

- Accelerate the development of the integrated client tracking system to meet the immediate information needs for managed care. An accelerated timeline may not allow the full participation of other affected departments in the system design.
- Develop or purchase an information system to meet the immediate information needs for managed care. This would provide a bridge for the Department since the development of an integrated system will require a longer development cycle in order to serve a broader range of needs and users.

Community and Family Services

- Do not fund any expansion of information systems. The Department will not be able to track some of the critical aspects of the managed care system for which it is responsible, creating potential legal liability.

Board Action:

The Department cannot execute its responsibilities in administering the managed care systems without supporting information systems. Accelerating the development of the integrated system to meet this immediate need could compromise the scope and value of the integrated system. Allow the department to utilize the \$100,000 set aside in the current year for the integrated client tracking system to develop or purchase an interim information system to support managed care. Provide \$200,000 in one-time-only funding to support the development of the cross-departmental integrated client tracking system for social services.

3. School Support

Many local school districts are experiencing a budget crisis due to the cumulative effects of Measure 5 and State equalization efforts. At the same time, federal grants that support several joint school-County programs are expiring. Many of these programs are delivered at school sites but are closely linked with County Benchmarks, such as reducing student alcohol and drug use. Such programs include: the Counteract program for students with alcohol and other drug problems, the school-based Touchstone program for families with substance abuse problems and the Hispanic student retention program.

There is increasing overlap between the County and the schools. The County delivers many services at school sites as a way to reach youth. Many efforts to achieve our Benchmarks, such as improving access to services or reducing drug use, also improve students' readiness to learn and help to retain students in the school system. As a result, many programs are operated as a partnership between the County and the schools.

Because of the current budget crisis, the schools are unable to fund these programs as their grants expire. In order to retain these programs, the County may backfill the lost grant funds.

Major Alternatives:

- Provide ongoing support to the programs that are losing federal revenues. This expands the County's responsibility by making programs that were traditionally joint efforts a sole County responsibility.

Community and Family Services

- Provide one-time-only support for these programs to maintain them for the current year. This will stabilize them in the short term and enable us to examine ongoing funding roles and responsibilities.
- Do not backfill the grant funds and discontinue the programs.

Board Action:

Provide one-time-only funding to stabilize these programs for the coming year, helping relieve the schools' current crisis. As a long-term response to school funding problems is developed, we can adopt a joint approach to funding these important programs. Increase funding for other school-based County programs as well, including case management for children aged 0-5 with developmental delays, and expanding the STARS teen pregnancy prevention program to middle schools throughout the County.

4. Mental Health Crisis Triage Center

Initial efforts to obtain funding from other jurisdictions for the mental health crisis triage center have failed to procure support from law enforcement or other local agencies. As a result, current base funding for the center falls short of the support outlined in the Request for Proposals (RFP). Reduced funding could result in a rebid of the crisis triage proposal and/or a delay of the project implementation.

Major Alternatives:

- Provide the full level of funding needed to meet the terms of the RFP, \$540,000. This represents a substantial increase in County support for mental health crisis services, which have traditionally relied primarily on State funding.
- Provide half of the requested amount as a challenge grant to the City to meet the other half. If the City is unwilling to meet the request, it is unclear whether it will be necessary to rebid the proposal.
- Add no funding to the crisis system. This may require an untenable reduction in the scope of triage services, forcing us to revert to the old crisis system model.

Board Action:

Crisis triage is an innovative model for improving access to mental health services for individuals in crisis. This in turn improves public safety and relieves the burden on law enforcement agencies. Provide \$270,000 and look to the City for partnership in meeting the funding gap or negotiate with the provider for the best available service package.

Management and Administration

Community and Family Svcs

Description

The purpose of Management and Administration is to provide leadership, policy direction, quality assurance, program oversight, and administrative support to client service programs. The unit sets direction for the Department of Community and Family Services; carries out department-wide responsibilities, such as fiscal and contracting support, community advocacy and leadership, special projects, and public affairs; and maintains the integrity of Community and Family Services in terms of its mission, community expectations, and funding source requirements.

Action Plan

- Clarify Multnomah County's role as the local Behavioral Health Authority by June 30, 1997 in order to maintain an integrated system of care and administrative control over all public behavioral health resources to meet the wide range of citizen needs.
- Identify and present research findings on effective behavioral health strategies for adult and juvenile diversion models to the Public Safety Coordinating Council by May 1997.
- Convene and facilitate a process of critical stakeholders to explore the feasibility of merging Community Service Centers and Family Centers by January, 1997.
- Evaluate the effectiveness of the pilot project using flexible funding at Portland Impact to create an Integrated Family Center by July, 1997 in order to determine the appropriateness of expanding the model to other centers in the following year.
- Train 90% of the Department's staff on the issue of domestic violence, assessment and appropriate intervention by June 30, 1997, in order to increase support for and safety of victims and their children.
- Develop an information system by June 30, 1997 to support multiple needs of behavioral health care management efforts.
- In collaboration with ISD and other County departments, by December 1996 complete a needs assessment and requirements study for an integrated client data system.
- Develop an outline of strategies to implement RESULTS Roadmap goals throughout the Department by June, 1997 and complete the first year goals.
- Replace and upgrade all necessary PC hardware to accommodate use of the Microsoft Windows operating system by June, 1997 and begin migration to the Microsoft Office Suite.

Significant Changes - Revenues

	<u>Amount</u>
Add revenues for Children's Capitation (CAPCARE) administration	\$1,015,035
Increase Carryover of State Mental Health and DD Grant	\$1,013,475
Increase admin. funds for OCAD and Enterprise Community Programs (net)	\$19,859
Transfer Target Cities revenue from Behavioral Health to Central MIS Unit	\$477,556
"Partners Project" revenue transferred to fund 395	(\$26,663)
Eliminate GIFT Revenue due to grant expiration, replace with General Fund	(\$100,704)
Eliminate State Mental Health carryover	(\$100,000)
Eliminate one-time-only General Fund support for managed care consultation	(\$100,000)
Develop risk reserve for CAPCARE as loan from General Fund	\$250,000

Management and Administration

Community and Family Svcs

Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Integrated Services program transferred to Child Youth & Families Program; 1995-96 Adopted reorganized to reflect changes (reduced by 4.0 FTE's)		
Increase Pass-through funded by State Mental Health Grant Carryover		\$1,013,475
Transfer staff from other divisions to create a central IS Unit	9.00	\$432,030
Add one-time-only support for managed care consultation		\$50,000
Fund department-wide training on Domestic Violence		\$10,000
Add out-of-shelter support services for Domestic Violence victims		\$226,575
Add support for Neighborhood Pride Team		\$23,161
Add 3.5 FTE's to support Children's Capitation	3.50	\$169,023
Eliminate 1995-96 one-time-only funds for managed care consultation		(\$100,000)
Other net staffing changes, detailed at the program level	3.00	\$155,149
Increase professional services for CAPCARE claims processing		\$418,240
Transfer PDS for CAPCARE from Behavioral Health to Contracts Unit	1.00	\$48,853
Transfer Building Management costs to other divisions based on est. use		(\$114,450)

Budget Trends

	<u>1994-95 Actual</u>	<u>1995-96 Current Estimate</u>	<u>1995-96 Adopted Budget</u>	<u>1996-97 Adopted Budget</u>	<u>Difference</u>
Staffing FTE	34.60	54.92	54.92	71.42	16.50
Personal Services	\$1,664,590	\$2,552,481	\$2,497,266	\$3,502,687	\$1,005,421
Contractual Services	283,421	926,021	358,729	1,932,154	1,573,425
Materials & Supplies	655,488	593,679	532,410	837,579	305,169
Capital Outlay	<u>64,786</u>	<u>178,487</u>	<u>47,716</u>	<u>37,179</u>	<u>(10,537)</u>
Total Costs	\$2,668,286	\$4,250,668	\$3,436,121	\$6,309,599	\$2,873,478
External Revenues	\$2,018,165	\$4,250,668	\$1,668,105	\$4,150,612	\$2,482,507
General Fund Support	\$650,120	\$2,207,505	\$1,768,016	\$2,408,987	\$640,971

Costs by Program

	<u>1994-95 Actual</u>	<u>1995-96 Adopted Budget</u>	<u>1996-97 Adopted Budget</u>	<u>Difference</u>
Department Management	\$1,153,803	\$817,856	\$1,784,137	\$966,281
Resource Management	1,514,483	1,564,368	3,348,848	1,784,480
Contracts & Evaluation	<u>0</u>	<u>1,053,897</u>	<u>1,176,614</u>	<u>122,717</u>
Total Costs	\$2,668,286	\$3,436,121	\$6,309,599	\$2,873,478

Management and Administration

Community and Family Svcs

Staffing by Program

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Department Management	6.00	8.00	9.00	1.00
Resource Management	21.60	28.00	41.42	13.42
Contracts & Evaluation	<u>7.00</u>	<u>18.92</u>	<u>21.00</u>	<u>2.08</u>
Total Staffing FTE's	34.60	54.92	71.42	16.50

Management

Description

The purpose of Department Management is to provide leadership and set policy and direction for Community and Family Services and its programs. Management is responsible for assuring programs and activities are responsive and accountable to the clients, community, funding sources, citizen advisory bodies, and County employees. Department Management works with all players to clarify and set current priorities and directions, resolve implementation problems, and ensure the work of the organization is done.

The Public Affairs Coordinator activities are included in Department Management. The Public Affairs Coordinator works with CFS and other human service departments in the County to coordinate and facilitate public information concerning human service issues in accordance with private industry advertising and marketing standards and practices. The Coordinator is responsible for developing and presenting information on issues, needs, options, and solutions in order to further the public's understanding of human services and the role the County plays in strengthening communities and families.

Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	6.00	8.00	9.00	1.00
Program Costs	\$1,153,803	\$817,856	\$1,784,137	\$966,281

Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Increase Pass-through funded by State Mental Health Grant Carryover		\$1,013,475
2.0 PDS transferred from Behavioral Health; 1995-96 budget reorganized to reflect change		\$0
PDS reclassified to PDS Senior for Managed Care Coordination	0.00	\$1,773
Add Office Assistant 2 to support Results/Domestic Violence	1.00	\$32,427
Eliminate 1995-96 one-time-only funds for managed care consultation		(\$100,000)
Eliminate Pass-through funded by State Mental Health carryover		(\$100,000)
Redistribute Building Management costs to programs within department		(\$114,540)
Add PC flat fee based on inventory		\$7,390
Add one-time-only support for managed care consultation		\$50,000
Add one-time-only support for Neighborhood Pride Team		\$23,161

Resource Management

Description

The purpose of Resource Management is to assure the accountability of CFS services and activities in terms of funding source requirements, County policies and procedures, and expectations of the community. The section is responsible for personnel management, fiscal accounting, budgeting, management information and client tracking systems, and program/resource development. Resource Management oversees Department-wide policy and procedures development and implementation to assure program consistency and direction. The Domestic Violence Coordinator and funding for domestic violence training and services is also reflected in this organization.

Budget Overview

	1994-95	1995-96	1996-97	
	Actual	Adopted	Adopted	Difference
		Budget	Budget	
Staffing FTE	21.60	28.00	41.42	13.42
Program Costs	\$1,514,483	\$1,564,368	\$3,348,848	\$1,784,480

Significant Changes - Expenditures

	FTE's	Amount
Transfer staff from other divisions to central IS Unit. Transfers from DD (2.0), Behavioral Health (7.0)	9.00	\$432,030
Add staff to support Children's Capitation: 1.0 FTE IS, 2.5 FTE Budget/Fiscal	3.50	\$169,023
Transfer Domestic Violence Coordinator from Integrated Services, 1995-96 adopted reorganized to reflect		\$0
Add out-of-shelter support services for Domestic Violence victims		\$226,575
Fund department-wide training on Domestic Violence		\$10,000
Add Fiscal Spec. Senior to Budget/Fiscal Unit	0.92	\$48,599
Transfer supplies for Target Cities Project IS		\$110,000
Add PC Flat Fee based on inventory		\$25,126
Add Professional Services for Capitation Claims processing		\$418,240
Add Capitation Risk Reserve as loan from General Fund		\$250,000
Increased space costs due to staff transfers and new Capitation staff		\$31,842
Transfer PDS from Behavioral Health, reclassify to Fiscal Specialist Sr	1.00	\$54,009
Transfer Office Assistant to Behavioral Health	(1.00)	(\$36,725)

Contracts and Evaluation Unit

Administration

Community and Family Svcs

Description

The purpose of the Contracts and Evaluation Unit is to assure the accountability and responsiveness of Department services purchased from other organizations. The Unit is responsible for openly and competitively selecting contractors and preparing contracts in compliance with federal, state, and local rules; monitoring service delivery to assure compliance with contracts; evaluating service programs to assure quality of service delivery and appropriateness of the services for achieving the stated outcomes; and assisting the Department's programs and the community in using the evaluation findings to improve service systems. The Unit also supports other County human service programs by administering the County-wide Request for Administrative Qualifications process for human service contract agencies. The Contracts and Evaluation Unit was formed during 1994-95 by transferring employees from other programs within the Department.

Budget Overview

	<u>1994-95</u>	<u>1995-96</u>	<u>1996-97</u>	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Staffing FTE	7.00	18.92	21.00	2.08
Program Costs	\$0	\$1,053,897	\$1,176,614	\$122,717

Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Net change in personnel from BudMod CFS #5	0.08	\$2,300
Reduce Data Tech position to reach constraint	(0.92)	(\$35,805)
Add PDS-Grant Writer	0.92	\$41,490
Add PC Flat fee based on inventory		\$13,302
Add PDS funded with Enterprise Community Grant	1.00	\$48,854
Transfer PDS for CAPCARE from Behavioral Health to Contracts Unit	1.00	\$48,853
Reclassify PDS to PDS Senior	0.00	\$0

Behavioral Health Program

Community and Family Svcs

Description

The purpose of the Behavioral Health Program is to develop, mobilize and manage resources for services to adults and children with mental illness, emotional and addictive disorders (including alcohol, other drugs and gambling). The Program provides support to individuals and their families in the least restrictive setting appropriate to their needs. The Program also works to assist the community in preventing or reducing the harmful consequences resulting from alcohol or other drug problems. The Program is responsible for providing or contracting for a continuum of crisis intervention and treatment services, providing access to and authorization for services, providing assessment and referral to treatment resources, educating the community, mobilizing citizen participation, and monitoring and improving the quality of alcohol, drug and mental health services available in the community.

The Behavioral Health Program was formed during 1995-96 by merging programs from the Adult Mental Health, Children's Mental Health and Alcohol and Drug divisions. This new program positions DCFS as a key player in managed care. The Program will facilitate dual diagnosis treatment, foster greater understanding of the interrelationships between related services and pave the way for new forms of funding, contracting and treatment.

In 1994 there were 13,263 adults in Multnomah County estimated to have severe, long term mental illness; 2,000 individuals require assessment of their mental health risk to self or others through examination of alleged mental illness. The closure of Dammasch Hospital has resulted in growing needs to develop community-based crisis and ongoing supportive mental health services. 58,000 people are estimated to have alcohol or other drug abuse problems or dependence.

During 1995-96, Multnomah County entered a major partnership with the State of Oregon to manage the care for approximately 38,000 children and adolescents eligible for Medicaid-financed mental health services.

Action Plan

- Implement the centralized, mental health crisis system by October, 1996 to respond to individuals in psychiatric crisis in an efficient, effective and customer-focused manner.
- Broaden and expand the funding base of the Multnomah County Behavioral Health Crisis Triage Center by June 30, 1997 in order to assure its continued accessibility and effective operation.
- Develop an implementation plan by January, 1997 to respond to the mental health roll-up of the Oregon Health Plan effective July 1, 1997.
- Develop and implement a process by March, 1997 to screen people receiving mental health or alcohol and drug assessments for domestic violence and link persons in need with appropriate services.

Significant Changes - Revenues

	Amount
Add Medicaid funding for Children's Capitation project (CAPCARE)	\$6,384,763
Reduce federal Linkage Grant	(\$38,736)
Reduce Video Lottery funds based on projected collections	(\$239,321)

Behavioral Health Program

Community and Family Svcs

Significant Changes - Revenues (continued)

	<u>Amount</u>
Reduce federal Public Health funds	(\$23,532)
Transfer Target Cities Revenue to Central IS Unit in Department Mgmt	(\$477,556)
Add funds from CareOregon to support administration of A&D managed care	\$37,637
Add Social Security Administration funds for A&D Intake	\$330,830
Increase Provider Refunds for Adult Mental Health services	\$42,624
Reduce State MHD funding for Alcohol & Drug prevention services	(\$35,145)
Reduce State MHD funding for Adult Mental Health services	(\$81,039)

Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Pass thru increase as a result of Children's Capitation project (CAPCARE)		\$6,524,726
Increase General Fund support for Crisis Triage Center		\$271,890
Add mental health services for Head Start in Portland and Gresham	0.90	\$59,056
Add Pass-through for Family Advocates for families affected by child abuse		\$40,275
Add one-time-only support for Counteract program to backfill lost grant	2.00	\$296,827
Increase pass-through to add Family Involvement Coordinator		\$16,495
Increase Professional svcs for CAPCARE due to added Medical Director time		\$147,900
Eliminate one-time-only support for crisis triage center development		(\$400,000)
Transfer 7.0 FTE's to Central IS Unit in Department Management	(7.00)	(\$337,030)
Repair and Maintenance adjusted to reflect actual use		(\$26,729)
Postage increase due to mailing of member handbooks for CAPCARE		(\$67,245)
Transfer Target Cities IS Supplies to Central IS Unit in Department Mgmt.		(\$89,584)
Increase Travel and Training for Managed Care systems, staff dvpmt		\$22,121
Building Management adjusts to actual space costs for occupied area		\$79,298
Increase contracted services in support of RDI		\$30,000
Reduce Commitment budget based on projected cost savings		(\$175,000)
Transfer Office Assistant from Department Management	1.00	\$36,725
Transfer Program Development Specialist to Department Management	(1.00)	(\$54,009)
Reduce County supplements for former Partners Project match to support CAPCARE		(\$139,963)
PC Flat fee based on current inventory		\$71,683
Increase Printing to reflect projected actual costs, primarily due to CAPCARE		\$29,303
Net adjustments in Mental Health Consultant positions	(0.08)	(\$4,080)
Reclassify 2.0 PDS to Mental Health Consultant	0.00	\$0
Reclassify 3.0 Case Manager Senior to Mental Health Consultants	0.00	\$0
Add 2.0 FTE Office Assistant 2 for CAPCARE	2.00	\$61,388
Add 1.0 FTE Office Assistant 2 for administration of managed care for A&D	1.00	\$37,637
Reduce 0.9 FTE Mental Health Consultant for CAPCARE	(0.90)	(\$44,245)
Transfer 1.0 PDS for CAPCARE to Department Management	(1.00)	(\$48,853)
Carry forward General Fund for CAPCARE member handbook printing		\$112,156
Add positions for A&D assessment funded by Social Security Administration: 2.1 Evaluation Specialist, .8 Supervisor, 1.3 Data Clerk, 2.5 Office Assistant	6.71	\$330,830
Add funding for relapse model training for all A&D providers		\$26,310
Add .60 FTE Program Devp't Spec. to RDI by shifting funding from Pass-thru	0.60	\$30,000
Eliminate Pass-through for Vocation Village, an A&D prevention program		(\$35,145)
Reduce Pass-through for Adult Mental Health services		(\$81,039)

Behavioral Health Program

Community and Family Svcs

<u>Budget Trends</u>	1994-95	1995-96	1995-96	1996-97	<u>Difference</u>
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Staffing FTE	119.44	155.44	155.44	159.77	4.33
Personal Services	\$5,348,267	\$6,218,837	\$7,749,268	\$7,895,344	\$146,076
Contractual Services	20,806,376	23,913,092	21,754,874	29,225,558	7,470,684
Materials & Supplies	1,012,502	1,323,520	1,394,602	1,964,652	570,050
Capital Outlay	<u>111,890</u>	<u>232,286</u>	<u>36,300</u>	<u>64,212</u>	<u>27,912</u>
Total Costs	\$27,279,036	\$31,687,735	\$30,935,044	\$39,149,766	\$8,214,722
External Revenues	\$18,159,557	\$24,792,549	\$23,959,301	\$31,469,808	\$7,510,507
General Fund Support	\$9,119,478	\$6,895,186	\$6,975,743	\$7,679,958	\$704,215
<u>Costs by Program</u>	1994-95	1995-96	1995-96	1996-97	<u>Difference</u>
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Program Management	*	*	*	\$174,918	*
Alcohol & Drug Services	*	*	*	7,715,204	*
Adult Mental Health Svcs	*	*	*	10,271,011	*
Children's Mental Health Services	*	*	*	10,799,560	*
Planning & Operations	*	*	*	1,635,397	*
Access & Authorization	*	*	*	1,607,942	*
Treatment Services	*	*	*	2,305,385	*
Assessment & Referral	*	*	*	3,127,855	*
Qual. Impvt. & Util. Rev.	*	*	*	862,968	*
Regional Drug Initiative	*	*	*	<u>649,527</u>	*
Total Costs		\$27,279,036	\$30,935,044	\$39,149,766	\$8,214,722

Behavioral Health Program

Community and Family Svcs

Staffing by Program

	<u>1994-95</u>	<u>1995-96</u>	<u>1996-97</u>	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Program Management	*	*	2.00	*
Alcohol & Drug Services	*	*	0.00	*
Adult Mental Health Svcs	*	*	0.00	*
Children's Mental Health Services	*	*	0.00	*
Planning & Operations	*	*	19.00	*
Access & Authorization	*	*	24.30	*
Treatment Services	*	*	35.16	*
Assessment & Referral	*	*	54.31	*
Qual. Impvt. & Util. Rev.	*	*	12.30	*
Regional Drug Initiative	*	*	<u>12.70</u>	*
Total Staffing FTE's	119.44	155.44	159.77	4.33

* Detailed breakout of 1994-95 Actuals and 1995-96 Adopted is not available at the program level.

Program Management

Community and Family Svcs

Description

Program Management is responsible for policy development; service system design; resource generation, allocation and management; assuring citizen and consumer input; participation in budget development and management; collaboration in contract development; maintenance of strategic partnerships with founders, community policy-makers and varied stakeholders; for providing leadership in quality improvement and defining and achieving program outcomes; achieving a diverse workforce and service delivery system which provides culturally competent services; and providing effective advocacy on behalf of those who rely upon public alcohol, drug and mental health services.

Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Staffing FTE	NA	NA	2.00	NA
Program Costs	NA	NA	\$174,918	NA

Significant Changes - Expenditures

Details not available at program level; see division for detail

Alcohol & Drug Services

Community and Family Svcs

Description

An estimated 58,000 persons are in need of alcohol and drug treatment in Multnomah County annually. Alcohol and Drug Abuse Contracts cover a continuum of services including prevention, intervention, sobering and detoxification, outpatient and residential treatment and services for gambling addicts. Contracts also cover services delivered through a managed care approach to persons enrolled in the Oregon Health Plan. Services are available to both adults and adolescents and are delivered through a diverse network of providers who use a variety of approaches including group, individual and family therapy, in both outpatient and residential programs. Services also include synthetic opiate replacement therapy, such as Methadone treatment, in which a legal, prescribed opiate drug is substituted for illegal Heroin under supervision and in combination with other counseling until the individual is able to become completely drug free.

In recent years special attention has been given to reaching women alcoholics and addicts, including pregnant women, in gender-specific treatment programs which include options for child care and for children to live with their mothers in residential treatment. This has had an impact on reducing drug affected births and increased services to women in general. Cultural aspects of treatment are an increasing focus; there are culturally-specific treatment programs for Native Americans, African Americans, Hispanics and, added during FY 1995, Southeast Asians.

During the 1994-95 fiscal year, the following numbers of persons were served: Sobering services - 7,500, Detoxification services - 2,160, Residential Treatment - 1,588, Outpatient treatment - 10,453 (of which 4,777 were mandated to DUII treatment) and Methadone treatment 2,586.

Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	NA	NA	0.00	NA
Program Costs	NA	NA	\$7,715,204	NA

Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Number and percent of clients who have not previously served in the sobering program within the past year.	7,530/54%	7,000/85%	7,550/55%	7,500/60%
2) Number and percent of clients terminating outpatient treatment who complete treatment plans and achieve abstinence.	1,026/34%	NA	1050/45%	1050/45%
3) Number and percent of clients terminating opiate substitute treatment following at least 90 days of treatment, who complete at least 75% of their treatment plans and are abstinent from illicit drugs at termination.	127/15.2%	250/30%	170/20%	250/30%

Alcohol & Drug Services

Behavioral Health
Community and Family Svcs

<u>Key Results - continued</u>	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
4) Number and percent of problem gamblers leaving treatment who complete treatment plans and achieve abstinence or control over behavior.	31/22%	40%	50/35%	50/35%
5) Number and percent of clients terminating residential treatment who complete treatment plans and achieve abstinence.	541/56%	NA	600/60%	600/60%
6) Number and percent of clients completing detoxification who are referred for further alcohol or drug treatment	780/67%	70%	NA	70%

Significant Changes - Expenditures

Details not available at program level; see division for detail

Adult Mental Health Services

Behavioral Health
Community and Family Svcs

Description

In 1995 there were over 13,000 adults in Multnomah County estimated to have a diagnosis of severe, long term mental illness. The public mental health programs contracted through the Behavioral Health Program served 6,754 individuals in ongoing community treatment during FY 94-95. In addition, 5,532 individuals received crisis services and 2,113 individuals were assessed for involuntary commitment in FY 94-95.

The local continuum of adult mental health services includes: clinic and home based community treatment, acute care inpatient services, residential care, community hospital services, employment services, crisis services offered through a new centralized crisis response system and specialized services for target populations such as Psychiatric Security clients and the homeless mentally ill.

Demand for locally based services continues to increase. Despite development of State contracted hospital services locally at Holladay Park Hospital to replace capacity at Dammasch State Hospital, there are insufficient available inpatient beds to meet the demand for committed patients. Additionally, State funding has declined for the 25% of seriously mentally ill persons who are not eligible for Medicaid.

Local discretion is limited by ORS 426, ORS 430 and the Intergovernmental Agreement with the Oregon Office of Mental Health Services which define and constrain the use of State provided funds and govern certain operations of services.

Budget Overview

	1994-95 Actual	1995-96 Adopted Budget	1996-97 Adopted Budget	Difference
Staffing FTE	NA	NA	0.00	NA
Program Costs	NA	NA	\$10,271,011	NA

Key Results

	1994-95 Actual	1995-96 Original Projection	1995-96 Current Estimate	1996-97 Projection
1) Number and percent of clients who show maintenance or improvement in ability to function in the community, as indicated on the Multnomah Ability Scale.	NA	80%	80%	80%
2) Number and percent of clients classified as high risk of hospitalization who demonstrate stability in residential care facilities over a year's time.	NA	80%	70%	70%

Significant Changes - Expenditures

Details not available at program level; see division for detail

Children's Mental Health Services

Behavioral Health
Community and Family Svcs

Description

The Children's Mental Health Services program provides community-based mental health services to children and their families through contractual relationships with a diverse network of community based providers. This network provides crisis services, assessment, treatment, and a broad array of wrap-around services to children and their families based upon a managed care model of service delivery emphasizing an individualized plan of care for each child and family.

In the Spring of 1996 Multnomah County entered a partnership with the State of Oregon to manage mental health care for approximately 38,000 children and adolescents eligible for Medicaid-financed mental health services. This program will serve all Medicaid eligible children, as well as some other children in the community, through a financing arrangement with the State of Oregon which provides a monthly set payment for each eligible child enrolled in the Medicaid program. This pool of money must be managed through agreed-upon community service standards and treatment protocols, pre-authorization of care and assessment of service quality and client outcomes.

Budget Overview

	1994-95	1995-96	1996-97	
	Actual	Adopted	Adopted	Difference
		Budget	Budget	
Staffing FTE	NA	NA	0.00	NA
Program Costs	NA	NA	\$10,799,560	NA

Significant Changes - Expenditures

Details not available at program level; see division for detail

Planning & Operations

Description

Planning and Operations is responsible for carrying out appropriate planning processes to develop and operate an integrated continuum of effective, customer-focused behavioral health services. The unit provides program development and operation oversight in order to meet contractual and administrative requirements of funding sources; coordinates the operations of the major units of Behavioral Health Program to assure effective and integrated services; coordinate operations of Behavioral Health with other Department; organizes and manages cross-program team projects to meet Program Action Plans and special initiatives, such as Managed Care, the Target City System Improvement Project, RESULTS activities and Integrated Human Services activities; and provides administrative program support.

Budget Overview

	<u>1994-95</u>	<u>1995-96</u>	<u>1996-97</u>	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Staffing FTE	NA	NA	19.00	NA
Program Costs	NA	NA	\$1,635,397	NA

Significant Changes - Expenditures

Details not available at program level; see division for detail

Access & Authorization

Description

The Access and Authorization Program is responsible for assuring effective, responsive customer information and access, for programs and services within the Behavioral Health Program, both those which are directly operated and those which are contracted. The Program is also responsible for authorization of the appropriate level of children's mental health services as the cornerstone of the Program's care management efforts.

Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	NA	NA	24.30	NA
Program Costs	NA	NA	\$1,607,942	NA

Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Number and percent of children at high risk of hospitalization who receive services in non-hospital settings over a twelve month period without an episode of hospitalization (Partners & EPSDT children).	95%	NA	95%	95%
2) Number and percent of children at high risk of hospitalization who receive non-hospital settings over a twelve month period without an episode of hospitalization (Level II/Intensive Outpatient).	95%	NA	95%	95%
3) Appropriateness of services to consumer need as perceived by families of children and adolescents served.	baseline data to be available 95/96	NA	NA	NA

Significant Changes - Expenditures

Details not available at program level; see division for detail

Treatment Services

Description

Treatment Services is responsible for provision of broad based mental health services for children and adolescents, including direct assessment, diagnosis, crisis intervention and treatment, collaboration and consultation to families and other human services professionals in a wide variety of settings such as HeadStart, Healthy Start program, child abuse assessment programs, School Based Health Centers, Parent Child Centers, juvenile justice settings and service integration programs.

Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Staffing FTE	NA	NA	35.16	NA
Program Costs	NA	NA	\$2,305,385	NA

Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original</u>	<u>Current</u>	<u>Projection</u>
		<u>Projection</u>	<u>Estimate</u>	
1) Number and percent of children served by the CARES program and referred to Multnomah County Mental Health Services whose families are enrolled in appropriate treatment or abuse prevention program within 30 days following evaluation.	NA	NA	85%	85%
2) Number and percent of students served by school-based mental health services still in original school placement at reporting periods.	NA	445/95%	463/99%	515/99%

Significant Changes - Expenditures

Details not available at program level; see division for detail

Assessment & Referral

Description

The Assessment and Referral program encompasses three service areas: Alcohol and Drug Central Intake, Commitment Services, and Mental Health Jail Diversion.

The purpose of the Central Intake unit is to maximize the chances of successful treatment for people with alcohol and/or drug problems (including all people with Driving Under the Influence of Intoxicants offenses). The unit provides assessment and referral to appropriate treatment. The unit is also responsible for providing outreach, advocacy, information, education, consultation, case management and follow-up.

The purpose of the Commitment Services unit is to assure adequacy and appropriateness of treatment resources, provide for client and community safety and stabilize persons referred for involuntary commitment. The unit is responsible for investigating the circumstances and psychiatric condition of people in the commitment process and managing finite State hospital, and County acute inpatient resources by finding and facilitating alternative, less restrictive care for hospitalized people. The unit conducts pre-commitment investigations, coordinates placements of committed clients, arranges alternative care for hospitalized clients, provides outpatient monitoring of committed clients, pays for pre-commitment hospitalizations (holds) on a last dollar basis and monitors hospitals' search for other coverage.

The purpose of the Mental Health Jail Diversion unit is to quickly identify and assess clients with mental illness, who are in the Multnomah County Jail system, for appropriateness for pre-adjudication release from jail. Release is contingent on cooperating with agreed upon mental health services. The unit is responsible for doing in-jail psychiatric assessments, determining treatment plans, coordinating court services, obtaining outpatient services, monitoring compliance and reporting to the court the outcome of treatment.

Commitment Services are strictly regulated by ORS 426, Oregon Administrative Rules, Multnomah County Family Court and the contract between the County and the State Office of Mental Health. The County is responsible for payment for involuntary hospitalization, while on a hold, for persons without resources once State funds are exhausted.

Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	NA	54.31	NA
Program Costs	NA	NA	\$3,127,855	NA

Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) Number and percent of people assessed and referred to treatment who actually enroll in treatment.	NA	70%	70%	70%
2) Length of stay: Average length of hospital stay for people on emergency hold.	4.4 days	4.4 days	4.4 days	4.4 days

Significant Changes - Expenditures

Details not available at program level; see division for detail

Quality Improvement & Utilization Review

Behavioral Health
Community and Family Svcs

Description

The Quality Improvement and Utilization Review Program is responsible for assessing, monitoring and improving the quality, effectiveness and appropriateness of services delivered to clients in the overall Behavioral Health Program, both through direct service provision efforts and contracted services. The program is responsible for establishing quality standards and client outcome and service process measures; analyzing data to monitor quality and appropriateness of services; managing customer feedback processes, including tracking complaints and appeals processes; organizing and managing quality assurance and utilization review committees and committee work and determining priorities for quality improvement studies and improvement processes. The Program is responsible for publication of data on quality and utilization indicators.

Budget Overview

	<u>1994-95</u> <u>Actual</u>	<u>1995-96</u> <u>Adopted</u> <u>Budget</u>	<u>1996-97</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	NA	NA	12.30	NA
Program Costs	NA	NA	\$862,968	NA

Significant Changes - Expenditures

Details not available at program level; see division for detail

Regional Drug Initiative

Community and Family Svcs

Description

The mission of the Regional Drug Initiative is to create a community free from problems related to alcohol, tobacco and other drugs by promoting community actions, social attitudes and individual behaviors which improve the quality of community life. The goal of RDI is to coordinate the networking efforts of criminal justice, treatment and prevention agencies, health care, education, business and the media. RDI focuses on five major strategies:

- Coordinating prevention efforts
- Engaging community leaders in collaborating and developing a comprehensive approach to alcohol, tobacco and other drug problems
- Advocating for resources to assist businesses in eliminating workplace alcohol/drug abuse
- Mobilizing and coordinating neighborhood efforts to combat alcohol and other drug related problems
- Including community members, youth, and diverse ethnic groups in planning and carrying out prevention efforts

The Regional Drug Initiative is a task force of community leaders who work together to plan and implement a variety of local actions and cooperative efforts to support and encourage a drug free community.

Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Staffing FTE	NA	NA	12.70	NA
Program Costs	NA	NA	\$649,527	NA

Significant Changes - Expenditures

Details not available at program level; see division for detail

Office of Community Action & Development

Community and Family Svcs

Description

The Office of Community Action and Development is committed to eliminating the causes and consequences of poverty through the development of viable urban communities within Multnomah County. Viable communities are those which are built on decent affordable housing and expanded economic opportunity so that each family can achieve self-sufficiency through employment, and a safety net of support services that insure that all low and moderate income households can meet their basic needs for food, housing and home energy. This commitment is evidenced by the strategies employed to counteract the consequences of poverty through the implementation of a continuum of services to the low-income target population which are intended to empower them to achieve self-sufficiency.

The office targets services to more than 100,000 households in the County with incomes at or below 125% of poverty. This includes more than 18,000 households estimated to be at risk for homelessness. These problems are exacerbated by trends which show that the poverty rate is increasing at the same time that population in-migration is reducing the availability of affordable housing.

In fulfilling this commitment the office staffs three policy boards: the Community Action Commission, charged with the provision of policy, program direction, oversight and advocacy on poverty issues; the Policy Advisory Board, which advises the office on the use of federal community development block grant (CDBG) entitlement resources; and the Housing and Community Development Commission, which provides policy and program direction on housing issues.

The Office of Community Action & Development was formed by merging the Community Action and Community Development divisions. Programs administered by the office include: the Community Development Block Grant (CD) and HOME programs from Housing and Urban Development, which are leveraged with other resources to implement housing projects and community development activities for unincorporated Multnomah County and the East County cities of Troutdale, Maywood Park, Fairview, and Wood Village; Anti-Poverty and Energy Assistance programs which provide for community organizing, case management, temporary housing, rent assistance, services-enriched housing, emergency food and supplies, homeless shelters, home energy assistance, access services for ethnic and cultural minorities, home weatherization and client safety education; and the Singles Homeless Assessment Center jointly funded with the City of Portland to provide shelter services as well as intensive services to assist homeless persons to transition to permanent housing.

Action Plan

- Assess the effectiveness of the Singles Housing Assessment Center and develop recommendations for the transition of its operation by June, 1997.
- Develop a collaborative response with the City to the pending joint City-County audit of housing services by June 30, 1997.

Office of Community Action & Development

Community and Family Svcs

- Expand the hours of homeless youth system drop-in to provide access to 24-hour safety off the streets by November, 1996.
- Develop a plan by January, 1997 for the continuum of coordinated services needed to assist pregnant and parenting youth to move from homelessness to stable housing with adequate income and supports.
- Develop and begin to implement a comprehensive community economic development strategy linking partners such as the Community Development Corporation network and PIC with the Community Action system by June 30, 1997.
- Develop a continuum of workforce support services to provide training and employment for low income residents of Southeast and East Multnomah County by January 1997, with plans to expand the model throughout the County in the future.

Significant Changes - Revenues

	Amount
Reduce FEMA support for Emergency Housing, replaced by General Fund	(\$137,959)
Add VAHON revenues for new grant received in 1995-96	\$271,543
Add HUD Supportive Housing revenues for new grant received in 1995-96	\$1,913,603
Decrease Community Development Block Grant (CDBG) funding	(\$939,026)
HOME Award funding decrease	(\$520,229)
Increase Sewer on site/City Revenue.	\$126,300
Decrease IHIP	(\$183,600)
Decrease City Emergency	(\$464,292)
Decrease HAP/SAP	\$279,391
Decrease SHAP	(\$111,111)
Decrease CSBG	(\$202,682)
Increase Revenues from CDBG/Portland, Emergency Services, EHA and SHAP for Singles Housing Assessment Center	\$360,182
Reduce LIEAP Weatherization	(\$464,297)
Reduce Stripper Well	(\$150,000)
Reduce US Dept. of Energy- Weatherization	(\$323,613)
Increase LIEAP Energy Assistance	\$382,065

Significant Changes - Expenditures

	FTE's	Amount
Add Singles Housing Assessment Center	13.00	\$629,554
Increase Innovative Projects mini-grants		\$50,000
Add Community Leadership Institute to train parents as education advocates	0.13	\$25,438
Add Home Preservation training program	1.25	\$208,106
Increase transitional housing services, providing match for Supp. Hsg. grant		\$100,000
Reduce pass-through in Housing Devpt/Rehab based on revenue decreases		(\$929,324)
Reduce pass-through for contracted Weatherization Services		(\$869,465)
Reduce Neighborhood revitalization Pass thru		(\$658,760)
Increase Pass through for HUD Supportive Housing and VAHON grants		\$632,594
Increase contractual services for homeless on East side		\$10,000
Increase pass-through funded by LIEAP Energy		\$291,293
Net personnel changes, detailed at program level	5.20	\$232,076

Office of Community Action & Development

Community and Family Svcs

Budget Trends

	<u>1994-95 Actual</u>	<u>1995-96 Current Estimate</u>	<u>1995-96 Adopted Budget</u>	<u>1996-97 Adopted Budget</u>	<u>Difference</u>
Staffing FTE	28.90	26.30	26.30	45.87	19.57
Personal Services	\$1,313,183	\$1,619,923	\$1,285,475	\$2,199,352	\$913,877
Contractual Services	9,478,940	13,094,773	11,934,947	10,732,916	(1,202,031)
Materials & Supplies	456,451	483,961	382,996	676,210	293,214
Capital Outlay	<u>21,813</u>	<u>89,963</u>	<u>49,463</u>	0	(49,463)
Total Costs	\$11,270,388	\$15,288,620	\$13,652,881	\$13,608,478	(\$44,403)
External Revenues	\$10,111,886	\$15,288,620	\$12,706,886	\$11,902,308	(\$804,578)
General Fund Support	\$1,158,501	\$945,995	\$945,995	\$1,706,170	\$760,175

Costs by Program

	<u>1994-95 Actual</u>	<u>1995-96 Adopted Budget</u>	<u>1996-97 Adopted Budget</u>	<u>Difference</u>
Program Management	\$385,891	\$511,127	\$675,072	\$163,945
Housing Devpmt/Rehab.	609,626	1,503,618	600,945	(902,673)
Public Works	383,857	1,241,549	560,004	(681,545)
Anti-Pov./Housing Stab.	8,225,964	8,345,399	9,767,826	1,422,427
Housing Assess. Center	0	0	665,714	665,714
Low-Inc. Weatherization	<u>1,665,049</u>	<u>2,051,188</u>	<u>1,338,917</u>	(712,271)
Total Costs	\$11,270,388	\$13,652,881	\$13,608,478	(\$44,403)

Staffing by Program

	<u>1994-95 Actual</u>	<u>1995-96 Adopted Budget</u>	<u>1996-97 Adopted Budget</u>	<u>Difference</u>
Program Management	5.30	7.80	8.50	0.70
Housing Devpmt/Rehab.	2.50	2.50	3.00	0.50
Public Works	2.00	2.00	2.00	0.00
Anti-Pov./Housing Stab.	12.10	7.00	11.12	4.12
Housing Assess. Center	0.00	0.00	13.00	13.00
Low-Inc. Weatherization	<u>7.00</u>	<u>7.00</u>	<u>8.25</u>	<u>1.25</u>
Total Staffing FTE's	28.90	26.30	45.87	19.57

Program Management

Description

Program Management and Advocacy is responsible for bringing poverty issues and concerns of poverty to public consciousness and for developing and implementing strategies to counteract consequences and resolve the root causes and of poverty. The unit monitors and highlights issues of poverty, hunger, and homelessness; supports citizen involvement and advocacy through the Community Action Commission and the Policy Advisory Board; administers federal entitlement resources in conjunction with other funding sources, including the City of Portland; provides program planning, development, and service system coordination; and supervises direct services provided as part of low income weatherization assistance, emergency assistance vouchers through the Clearinghouse operation, and emergency shelter and housing readiness assessment provided through the Singles Homeless Assessment Center.

Federal and state funding sources mandate advocacy, planning, program management, and a community action administering board.

Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Staffing FTE	5.30	7.80	8.50	0.70
Program Costs	\$385,891	\$511,127	\$675,072	\$163,945

Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Community Dev. Spec, reclass to PDS transferred from Housing/Rehab	0.50	\$25,462
Program Dev. Spec. Senior added	0.50	\$34,339
Office Assistant 2 moved to Public Works	(0.80)	(\$24,321)
Add PDS during 1995-96, funded with VAHON grant	0.50	\$25,400
CDBG pass thru increased		\$40,693
Telephone costs increased to reflect actual projection		\$21,351
PC Flat fee based on inventory		\$33,255
Distribution and postage costs to reflect actual projection		\$10,781

Housing Development and Rehabilitation

Community Action & Development
Community and Family Svcs

Description

The purpose of Housing Development/Rehabilitation is to increase the number of safe, decent and affordable housing options for low to moderate income households and special needs populations (homeless, seniors, disabled) in the unincorporated areas and small cities of Multnomah County. The unit is responsible for allocating resources to maintain, improve, and increase affordable and supportive housing stock. The unit develops new/rehabilitated housing and arranges for support services, such as landlord/tenant mediation and services for elderly in assisted-living arrangement.

This program targets services to the 16,561 low to moderate income households living in unincorporated Multnomah County, Troutdale, Fairview, Wood Village, and Maywood Park.

Program activities are governed by the Housing and Community Development Plan, Comprehensive Housing Affordability Strategy, and funding source regulations which limit local discretion.

Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Staffing FTE	2.50	2.50	3.00	0.50
Program Costs	\$609,626	\$1,503,618	\$600,945	(\$902,673)

Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Reclassify 2.0 Community Dev. Spec. to Prog. Development Spec.	0.00	0.00
Transfer Housing Dev. Spec. from Public Works	0.50	\$30,131
Pass thru decrease as reflected in revenue decreases		(\$929,324)

Public Works

Description

The purpose of the Public Works Unit is to alleviate deficiencies in the public infrastructure (sewers, roads, water systems, etc.). The unit is responsible for addressing the critical infrastructure needs of low income households in unincorporated areas and small cities in Multnomah County, in accordance with a locally-developed and federally-approved Housing and Community Development Plan. The unit provides public infrastructure support and sewer connections.

This program targets services to the 16,561 low to moderate income households living in unincorporated Multnomah County, Troutdale, Fairview, Wood Village, and Maywood Park.

Program activities are governed by the Housing and Community Development Plan and funding source regulations which limit local discretion.

Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Staffing FTE	2.00	2.00	2.00	0.00
Program Costs	\$383,857	\$1,241,549	\$560,004	(\$681,545)

Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original</u>	<u>Current</u>	<u>Projection</u>
		<u>Projection</u>	<u>Estimate</u>	
1) Real per capita expenditures for public infrastructure development/repair.	\$74.42	NA	NA	NA

Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Transfer Housing Spec. to Housing Dev/Rehab	(0.50)	(\$30,131)
Transfer Community Dev. Spec to Program Mgmt, reclassify to PDS	(0.50)	(\$25,458)
Transfer .80 FTE Office Assistant 2 from Prog Mgmt, increase to Full time	1.00	\$30,431
Reduce Neighborhood revitalization Pass thru		(\$658,760)

Anti-Poverty & Housing Stabilization

Community Action & Development
Community and Family Svcs

Description

The goal of the Anti-Poverty and Housing Stabilization Unit is to increase economic self-sufficiency and housing stability of low/no income households by offering a continuum of client-centered services to address problems of poverty, including homelessness and hunger. The unit is responsible for contracting with service agencies to work with neighborhoods in addressing poverty issues, and to provide services (case management, housing, shelter, food, support groups, access to other resources, etc.) for target populations; e.g., domestic violence victims, low income/homeless families or single adults, homeless elderly and youth, cultural minorities.

The unit contracts for a service system that is based on a case management model linked to services-enriched housing. Case managers assist clients to access a variety of community resources based on individualized case plans, including access to the County's directly operated home energy programs, such as LIEAP energy assistance, emergency housing vouchers and rent assistance through the Clearinghouse, and community organizing and advocacy from community-based organizations through Innovative Projects funding.

This program targets services to more than 100,000 County residents with incomes of less than 125% of the Federal poverty level, 18,412 households estimated to be at risk of homelessness, and over 15,000 people who may be homeless. The program served 62,260 people in FY 1994-95.

The Low Income Energy Assistance Program, formerly budgeted as a separate program, has been transferred into this program. The 1995-96 Adopted budget was reorganized to reflect this change.

Budget Overview

	1994-95	1995-96	1996-97	
	Actual	Adopted	Adopted	Difference
	Actual	Budget	Budget	
Staffing FTE	12.10	7.00	11.12	4.12
Program Costs	\$8,225,964	\$8,345,399	\$9,767,826	\$1,422,427

Key Results

	1994-95	1995-96	1995-96	1996-97
	Actual	Original	Current	Projection
	Actual	Projection	Estimate	Projection
1) Percent of case managed low-income households whose income has increased	NA	40%	40%	40%
2) Percent of homeless and at-risk households receiving case management who remain in their same housing for at least 6 months	NA	30%	30%	30%
3) Percent of minorities provided access to anti-poverty services compared to percent of minorities in poverty population.	NA	50%/30%	38.5%/30%	38.5%/30%

Anti-Poverty & Housing Stabilization

Community Action & Development
Community and Family Svcs

<u>Significant Changes - Expenditures</u>	<u>FTE's</u>	<u>Amount</u>
Add PDS, funded by new HUD Supportive Housing Grant	1.00	\$44,786
Add PDS, for Veterans coordination, funded by VAHON	1.00	\$44,786
Pass thru increase including LIEAP transfer, HUD Supportive Housing and VAHON grants		\$632,594
Add Community Leadership Institute to train parents as education advocates	0.13	\$25,438
Increase transitional housing services, providing match for Supp. Hsg. grant		\$100,000
Increase Innovative Projects mini-grants		\$50,000
Add 1.0 Program Devpt Specialist and 1.0 Program Devpt Technician	2.00	\$85,556
Increase contractual services for homeless on East side		\$10,000
Professional Service increase Oregon Food Bank and PSU Evaluation		\$47,239
Increase pass-through funded by LIEAP Energy Assistance		\$291,293

Singles Housing Assessment Center

Community Action & Development
Community and Family Svcs

Description

The Singles Housing Assessment Center is a homeless shelter built by the City of Portland and staffed and operated by Multnomah County. The purpose of the facility is to provide homeless single adults with an assessment for housing while providing temporary shelter. The interim facility, which opened December 1, 1995, is available to 94 persons (80 male and 14 female). The goal of the program is to find permanent housing for each individual or refer them directly to an appropriate service agency, moving them out of the shelter setting into a more stable housing situation as soon as possible.

Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	0.00	0.00	13.00	13.00
Program Costs	\$0	\$0	\$665,714	\$665,714

Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Number and percent of individuals entering shelter who receive an assessment within a two-week period.	NA	NA	1,560/75%	1,560/75%
2) Number and percent of clients receiving an assessment who are placed in a more stable housing situation within 60 days of entering shelter.	NA	NA	780/50%	780/50%

Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Add staffing for shelter and assessment staff	13.00	\$470,157
Add Materials & Supplies for shelter operations		\$152,079

Low Income Weatherization

Community Action & Development
Community and Family Svcs

Description

The purpose of the Low Income Weatherization Assistance Unit is to increase economic self-sufficiency of low income households by reducing expenditures for home energy use and increasing client comfort. The unit is responsible for increasing energy conservation activities and weatherizing single- and multi- family homes of low income households, providing conservation education and self-help materials, recommending heating equipment upgrades, making health and safety repairs to save the house, contracting for weatherization work from a pool of private contractors and specialty vendors and inspecting the work to assure quality and completeness.

This program targets services to the more than 100,000 County residents with incomes of less than 125% of the Federal poverty level; staff estimate the program will be able to weatherize 390 housing units in FY 96-97, at projected funding levels.

Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	7.00	7.00	8.25	1.25
Program Costs	\$1,665,049	\$2,051,188	\$1,338,917	(\$712,271)

Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Number and percent of low-income households receiving Weatherization assistance who report an increase in comfort and in awareness of energy conservation strategies.	NA	75%	75%	210/75%
2) Number and percent of Weatherization dwellings that do not have life, health, and safety problems after completion of work.	NA	NA	80%	172/80%
3) Percent of Weatherization dollars spent on cost effective energy measures.	NA	90%	80%	80%

Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Reduce pass-through for contracted Weatherization Services		(\$869,465)
Add Home Preservation program to inspect for and remedy lead paint and other home toxins	1.25	\$208,106

Child, Youth and Family Program

Community and Family Svcs

Description

The Child, Youth and Family Program (CYFP) mobilizes and manages a continuum of services and resources which promotes the health growth and development of families with children and invests in building the resiliency of our children from the earliest moments of their lives. This continuum ranges from Early Childhood Care and Education to Prevention (both Primary and Secondary) to Intervention and includes a variety of developmentally and culturally appropriate services. CYFP staff provide: direct services; comprehensive program planning; coordination and integration of County child and youth services; legislative advocacy; contract development and monitoring; program evaluation; community education; technical assistance and program development; Multnomah Commission Children and Families (MCCF) support; and various other duties related to the development and support of a comprehensive services and resources continuum.

There are approximately 131,580 children and young people under the age of 18 living in Multnomah County (1990 US Census). These children and youth and their families require access to a variety of developmentally and culturally appropriate and responsive services in order to enhance their ability to become healthy, contributing adult members of our communities. The urgency to provide services along the full range of the continuum continues to grow. Without increased attention to Early Childhood Care and Education services, the ever increasing need for Intervention services will not be addressed.

Various state and federal requirement limit our local discretion with regard to certain funding streams and programming.

Action Plan

- Through a collaborative process between Family Centers, Family Resource Centers and Caring Communities, define the roles of each by September, 1996 in order to maximize efficient use of resources, minimize duplication of efforts and implement an integrated and coordinated system of community-based services and support for the children, young people and families of Multnomah County.
- In conjunction with key stakeholders, develop and adopt uniform early childhood development curriculum standards by January, 1997.
- By July 1997, develop and implement sexual minority youth services and early childhood care and education networks.

Significant Changes - Revenues

	<u>Amount</u>
Decrease Level 7 one time only carryover.	(\$451,928)
Increase State Dept. Human Resources Matching Funds.	\$204,000
GIFT Grant expired, restored on OTO basis with General Fund	(\$238,801)
Transfer CASA and JSA revenues to Juvenile Justice	(\$77,525)
Backfill reduction in Youth Investment funds with General Fund	\$161,120

Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Expand parent child development services to 4-5 year olds at Family Centers and add services for children aged 0-3 at Asian Family Center		\$238,659
Renew funding for Asian Family Center based on evaluation data		\$160,000

Child, Youth and Family Program

Community and Family Svcs

Add 3 ongoing Touchstone sites

3.00

\$164,864

Child, Youth and Family Program

Community and Family Svcs

Significant Changes - Expenditures (continued)

	<u>FTE's</u>	<u>Amount</u>
Add 3 ongoing Touchstone sites	3.00	\$132,212
Add OTO funding for 8 Portland Public Schools Touchstone sites		\$392,081
Reduce contracted services funded by OTO Level 7 carry-over		(\$451,928)
Add PDS funded by MESD for Early Childhood Coordination	0.50	\$23,000
Add Family Resource Center Coordinators for Beach, Marshall, Brentwood-Darlington and Clara Vista	3.50	\$207,615
Add Girls Empowerment program for girls aged 8-12		\$70,490
Add pass-through for Friends of Children mentorship program		\$105,735
Provide one-time-only funding to backfill lost revenues for Hispanic retention		\$171,190
Provide one-time-only support for the GIFT program to replace expiring grant		\$178,990
Add support for foster care system		\$50,000
Increase teen parent child care services		\$35,244
Add one-time-only support for Big Brother/Big Sister network coordination		\$25,175
Net staffing changes, detailed at program level	0.42	\$5,006

Budget Trends

	<u>1994-95</u> <u>Actual</u>	<u>1995-96</u> <u>Current</u> <u>Estimate</u>	<u>1995-96</u> <u>Adopted</u> <u>Budget</u>	<u>1996-97</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	29.76	17.50	17.50	24.92	7.42
Personal Services	\$1,221,671	\$1,064,271	\$796,754	\$1,199,812	\$403,058
Contractual Services	6,952,656	7,890,630	8,511,061	9,358,615	847,554
Materials & Supplies	162,918	227,852	175,805	263,917	88,112
Capital Outlay	<u>30,548</u>	<u>2,300</u>	<u>4,000</u>	<u>20,300</u>	<u>16,300</u>
Total Costs	\$8,367,793	\$9,185,053	\$9,487,620	\$10,842,644	\$1,355,024
External Revenues	\$6,945,948	\$4,486,519	\$4,527,242	\$3,949,974	(\$577,268)
General Fund Support	\$1,421,845	\$4,698,534	\$4,960,378	\$6,892,670	\$1,932,292

Child, Youth and Family Program

Community and Family Svcs

<u>Costs by Program</u>	1994-95	1995-96	1996-97	<u>Difference</u>
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Program Management	*	\$626,219	\$340,700	(\$285,519)
Early Child. Care&Educ.	*	241,434	371,166	129,732
Family Center System	*	3,656,473	3,999,236	342,763
Prevention	*	881,797	1,258,737	376,940
Intervention	*	1,711,716	1,906,250	194,534
Youth Investment	*	1,758,989	1,478,425	(280,564)
Integrated Service Prog.	*	347,202	691,967	344,765
Touchstone	*	<u>263,790</u>	<u>796,163</u>	<u>532,373</u>
Total Costs		\$8,367,793	\$10,842,644	\$1,355,024

<u>Staffing by Program</u>	1994-95	1995-96	1996-97	<u>Difference</u>
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Program Management	*	4.50	4.92	0.42
Early Child. Care&Educ.	*	0.00	0.50	0.50
Family Center System	*	1.00	1.00	0.00
Prevention	*	1.00	1.00	0.00
Intervention	*	1.00	1.00	0.00
Youth Investment	*	1.00	1.00	0.00
Integrated Service Prog.	*	4.00	7.50	3.50
Touchstone	*	<u>5.00</u>	<u>8.00</u>	<u>3.00</u>
Total Staffing FTE's		29.76	24.92	7.42

* Detailed breakout of 1994-95 Actuals is not available at the program level.

Program Management

Description

Program Management provides the team leadership and administrative oversight and support necessary for the Child, Youth and Family Program (CYFP) to fulfill its identified roles and responsibilities and achieve its goals of a comprehensive services and resource continuum. Activities include: budget, fiscal, personnel, policy development and recommendations, staff support, provider relations, and various other duties related to the overall functioning of the CYFP office.

Local discretion is limited by restrictions posed by nine state and federal funding streams and accompanying legislation.

Budget Overview

	<u>1994-95</u> <u>Actual</u>	<u>1995-96</u> <u>Adopted</u> <u>Budget</u>	<u>1996-97</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	NA	4.50	4.92	0.42
Program Costs	NA	\$626,219	\$340,700	(\$285,519)

Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Travel and training attendance at program related conferences.		\$12,066
Add PDS position to coordinate activities with the MCCF	0.92	\$41,490
Add supplies and M&S for new position, purchase printers for outstationed staff and provide advisory meeting refreshments		\$11,028
Reclassify Office Assistant 2 to Program Development Technician	0.00	\$8,350
Reduced Prog. Development Tech	(0.50)	(\$17,994)
Transfer County supplement for local match for DHR funds to Integ. Svcs		(\$120,000)

Early Childhood Care & Education

Child, Youth & Family Program
Community and Family Svcs

Description

Early Childhood Care and Education services support the healthy physical, mental, and emotional growth and development of all children and their families through strength based, non-stigmatizing, proactive, wellness based models. Services are predicated upon the belief that all children need four components in their lives in order to succeed: a competent nurturing adult; basic needs (housing, food, clothing, safety, and health care); good physical and mental health; and support for academic readiness.

Early Childhood Care and Education services are based on building and supporting the four components of growth promotion rather than seeking to address problems. Children and their families involved in a early childhood education program have not necessarily exhibited any risk factors.

Federal Child Care Development Block Grant (CCDBG) funds may only support child care services.

Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	NA	0.00	0.50	0.50
Program Costs	NA	\$241,434	\$371,166	\$129,732

Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Number and percent of available childcare slots in N/NE Portland	3,552	3,552	3,552	3,552

Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Add 0.5 FTE PDS funded by Multnomah ESD for early childhood coord.	0.50	\$23,861
Increase teen parent child care services		\$35,244

Family Center System

Description

The Family Center System (FCS) is comprised of seven community-based sites providing family-centered, developmentally and culturally appropriate, multiple integrated services for children, young people and their families throughout Multnomah County. The FCS is a visible resource for children, young people and families in each service district, and in turn is part of a larger, county-wide Family Support System. The Family Support System is composed of multiple service sites including: Family Centers, Aging Service Centers, Community Action Centers, and Health Clinics, with at least one in each service district. The FCS provides a range of services from parent education and child development to youth investment, juvenile diversion and family intervention to service access and community activism.

The FCS overlays the philosophy of resiliency on all services, including those focused on remediation of problems. Local and national research points to the unmet and on-going needs of families with children and young people for access to multi-services and support delivered with respect in a community-based location.

State Great Start funds may only support services for families with children birth through six years. Local planning has targeted families with children birth through three.

Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	1.00	1.00	0.00
Program Costs	NA	\$3,656,473	\$3,999,236	\$342,763

Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Number and percent of children who participate in FCS parent/child development services and show age appropriate growth and development throughout their participation	NA	NA	NA/85%	NA/85%
2) Number and percent of young people diverted from the juvenile justice system who participate in FCS diversion services and do not have subsequent allegations	556/62%	556/62%	705/62%	798/70%
3) Number and percent of families with children and young people at a given school/housing site who name the nearest Family Center in response to the questions, "Where in the community can you get support for yourself as a parent and your family?"	NA	NA	NA	NA/12%

Significant Changes - Expenditures

	FTE's	Amount
Renew funding for Asian Family Center based on evaluation data	0.00	\$160,000
Expand parent child development services to 4-5 year olds at Family Centers and add services for children aged 0-3 at Asian Family Center		\$238,659
Reclassify PDS to PDS Senior	0.00	\$4,890
Add one-time-only support for Big Brother/Big Sister network coordination		\$25,175

Prevention

Description

Prevention services are delineated into primary and secondary modalities. Primary prevention seeks to alter susceptibility to an identified problem, or to reduce exposure to the cause of that problem. Contracted programs include child abuse prevention, and other prevention education services. Secondary prevention seeks to provide early detection and treatment of an identified problem in order to reverse the progression of that problem and reduce complications, including the recurrence of that problem. Contracted programs include student retention and displaced youth services.

The need for prevention services is increasing as a result of societal problems and a lack of access to early childhood care and education.

State Youth Conservation Corps (YCC), Student Retention Initiative (SRI), and Great Start funds may only support services which comply with existing fund guidelines.

Budget Overview

	<u>1994-95</u> <u>Actual</u>	<u>1995-96</u> <u>Adopted</u> <u>Budget</u>	<u>1996-97</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	NA	1.00	1.00	0.00
Program Costs	NA	\$881,797	\$1,258,737	\$376,940

Key Results

	<u>1994-95</u> <u>Actual</u>	<u>1995-96</u> <u>Original</u> <u>Projection</u>	<u>1995-96</u> <u>Current</u> <u>Estimate</u>	<u>1996-97</u> <u>Projection</u>
1) Number and percent of children attending a child abuse prevention education session who can state an appropriate plan of action in response to a "What if..." story about an abusive situation	NA	NA	NA/66%	NA/66%
2) Number and percent of displaced young people who receive displaced youth services and successfully transition into stable housing	NA	NA	NA/50%	NA/50%

Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Add pass-through for Girls Empowerment program	0.00	\$70,490
Add pass-through for Friends of Children mentorship program		\$105,735
Provide one-time-only funding to backfill lost revenues for Hispanic retention		\$171,190
Provide one-time-only support for EI Club summer camp		\$10,070

Intervention

Description

Intervention services work with children, young people, and their families who are dealing with and experiencing serious, identified problems. Services are highly specialized and remedial in nature, seek to ameliorate the impact of the serious identified problem, and attempt to minimize negative consequences to the child, young person, family, and/or community. Contracted programs include teen parent, displaced youth services, employment and gang outreach.

Local and national information point to the growing epidemic of teen parenting, disproportionate minority commitment to the State Training School, gang involvement, child abuse, and violence.

State Student Retention Initiative (SRI) and Court Appointed Special Advocates (CASA) funds may only support services which comply with existing fund guidelines.

Budget Overview

	1994-95 Actual	1995-96 Adopted Budget	1996-97 Adopted Budget	Difference
Staffing FTE	NA	1.00	1.00	0.00
Program Costs	NA	\$1,711,716	\$1,906,250	\$194,534

Key Results

	1994-95 Actual	1995-96 Original Projection	1995-96 Current Estimate	1996-97 Projection
1) Number and percent of gang involved/affected young people who participate in Youth Employment and Empowerment Project (YEPP) services and are successfully placed in meaningful employment	123/64%	114/45%	114/45%	127/50%
2) Number and percent of African-American young men at risk of and/or on suspended commitment to the State Training School who receive services and are not subsequently committed.	NA/45%	NA/45%	NA/45%	NA/45%
3) Number and percent of highest-risk teen parents who participate in services and whose child(ren) is not taken into custody by the State Office of Services to Children and Families (SOSCF)	NA	NA	NA	NA

Significant Changes - Expenditures

	FTE's	Amount
Add support for the foster care system	0.00	\$50,350
Provide one-time-only support for the GIFT program to replace expiring grant		\$178,990

Youth Investment

Description

The Youth Investment System, formerly known as "Level 7", is a comprehensive system of services and support for young people age 13-17 and their families who meet State Office of Services to Children and Families (SOSCF) Level 7 criteria. This criteria is defined as chronic acting-out behavior and parental neglect, but not necessarily involved with either the juvenile justice nor child welfare systems. Services include: 24-hour crisis intervention, emergency respite shelter, population-specific service access, assessment and individual/family service plans, transitional shelter, population-specific follow up, and flexible support funds for individuals and their families.

The Youth Investment System is an important new resource within the County promoting systemic, wrap around services from a resiliency perspective for a population that was previously unserved.

Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	NA	1.00	1.00	0.00
Program Costs	NA	\$1,758,989	\$1,478,425	(\$280,564)

Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Number and percent of young people who participate in Youth Investment services and are not involved with the juvenile justice or child welfare systems for 12 months following termination	NA	638/84%	638/84%	638/84%
2) Number and percent of young people who participate in Youth Investment services and transition into or maintain housing for 12 months	NA	NA	509/67%	509/67%
3) Number and percent of young people who participate in Youth Investment services and attend school or are employed	NA	NA	530/68%	530/68%

Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Reduce contracted services funded by one time only Level 7 carryover	0.00	(\$451,928)
Reclassify Prog. Dev. Tech. to PDS	0.00	\$9,432

Integrated Services

Description

Family Resource Centers (FRC) are school or housing complex sites providing service access and coordination for families with children and young people attending school at or in close proximity to those sites. Many of the Centers are part of an on-going collaboration with Caring Communities and the State Department of Human Resources. Eligible families with children and young people receive services including: screening and assessment, individual Plans of Action, case management, multi-disciplinary service teams, joint case consultation, basic needs resources, student/tenant advocacy, information and referral, academic support, etc. FRC staff approach each family as a resource for high school completion benchmark goals.

Budget Overview

	1994-95 Actual	1995-96 Adopted Budget	1996-97 Adopted Budget	Difference
Staffing FTE	NA	4.00	7.50	3.50
Program Costs	NA	\$347,202	\$691,967	\$344,765

Key Results

	1994-95 Actual	1995-96 Original Projection	1995-96 Current Estimate	1996-97 Projection
1) Number and percent of families with children and young people at a given school/housing site where a Family Resource Center (FRC) is located who name the FRC in response to the question, "Where in the community can you get support for yourself as a parent and your family?"	NA	NA	NA/50%	NA/66%

Significant Changes - Expenditures

	FTE's	Amount
Transfer County supplement for local match for DHR funds from Prog. Mgmt.		\$120,000
Add Family Resource Center Coordinators at Beach, Brentwood-Darlington, Marshall and Villa de Clara Vista	3.50	\$207,615

Touchstone

Description

Touchstone is a cooperative project with local school districts and the State Office of Alcohol and Other Drugs to develop and support family unity and strengths as a means by which to support student retention and prevent alcohol and other drug (AOD) use and abuse. Family Intervention Specialists are stationed at nine school sites to provide case management and service access for participating young people and their families throughout the school year. Services include: academic support, skill building, parent education, recreation, mentorship, prevention education, individual and family counseling, information and referral and other family identified supports.

Touchstone utilizes family unity and resiliency models to provide the "tools" that every family needs to function at its highest capacity.

State funds may only be used to support activities which prevent AOD use and abuse among young people.

Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	5.00	8.00	3.00
Program Costs	NA	\$263,790	\$796,163	\$532,373

Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Number and percent of students and their families who participate in Touchstone services and show and increase in knowledge and awareness of alcohol and other drug (AOD) issues and the potential impact of those issues upon themselves, their families and their communities.	NA	NA	NA	NA

Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Add 3 ongoing Touchstone sites	3.00	\$132,348
Add OTO funding for 8 Portland Public Schools Touchstone sites		\$392,081

Description

The purpose of the Developmental Disabilities Program is to plan strategies and generate resources that facilitate accessibility, inclusion and the choices of individuals with developmental disabilities and their families. The program is responsible for determining eligibility for publicly funded services, developing and maintaining services for children and adults with developmental disabilities, providing protective services in cases of alleged abuse, and providing information and access to available resources. The program carries out its mandated functions through a combination of direct service provision (intake and assessment, service coordination, protective services), and contracted services (residential and vocational services.)

The Developmental Disabilities Program will serve over 3,700 individuals and families in FY 1996-97. The number of people served will increase in the next few years because of continued downsizing of Fairview Training Center and the increase in federally-mandated services for children aged 0 - 5. Since 1988, 202 individuals have moved from Fairview to Multnomah County, where they receive the full range of residential and vocational supports as individually appropriate.

The majority of program funding (95%) is tied to state and federal funding requirements, as outlined in law and administrative rules. The Multnomah County Developmental Disabilities Coordinating Council advises the program and plans. The Training Advisory Group and the Family Support Advisory Council, as mandated in Administrative Rule, determine how state dollars are allocated for training and family support.

Action Plan

- Implement a customer feedback tool within all program units by January 1, 1997 in order to receive feedback and improve services.
- Evaluate the Developmental Disabilities program's process for measuring the quantity of service provided by each individual Family Consultant/Service Coordinator and reengineer work assignments consistent with a total quality approach.

Significant Changes - Revenues

	<u>Amount</u>
Eliminate State Mental Health carryover	(\$855,623)
Increase State Mental Health Grant	\$2,417,230
Reduce Portland Public Schools funding for Early Intervention	(\$127,976)

Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Transfer 2.0 Data Analysts to central IS in Department Management	(2.00)	(\$105,874)
Eliminate State pass-through funded by carryover		(\$900,000)
Increase pass through for Vocational Services		\$896,168
Increase contractual Residential Services		\$1,806,520
Decrease DD Special Projects		(\$150,175)
Eliminate Early Intervention services funded by Portland Public Schools; services will be provided by Portland Public Schools	(2.80)	(\$127,976)
Provide one-time-only support for case management for developmentally-delayed youth age 0-5, contracted through PPS and MESD		\$372,590

Developmental Disabilities

Community and Family Svcs

Net staffing changes, detailed at program level	0.70	\$32,666
Add training for County contractors for working with youth with developmental disabilities to improve service access	0.50	\$36,713

Budget Trends

	<u>1994-95 Actual</u>	<u>1995-96 Current Estimate</u>	<u>1995-96 Adopted Budget</u>	<u>1996-97 Adopted Budget</u>	<u>Difference</u>
Staffing FTE	71.60	75.20	75.20	71.60	(3.60)
Personal Services	\$3,284,940	\$3,358,505	\$3,395,005	\$3,390,662	(\$4,343)
Contractual Services	22,534,479	23,274,058	23,809,404	25,838,489	2,029,085
Materials & Supplies	616,488	524,654	697,738	819,110	121,372
Capital Outlay	<u>40,847</u>	<u>0</u>	<u>0</u>	<u>2,300</u>	<u>2,300</u>
Total Costs	\$26,476,754	\$27,157,217	\$27,902,147	\$30,050,561	\$2,148,414
External Revenues	\$25,195,431	\$27,157,217	\$26,530,563	\$27,862,164	\$1,331,601
General Fund Support	\$1,281,324	\$1,371,584	\$1,371,584	\$2,188,397	\$816,813

Costs by Program

	<u>1994-95 Actual</u>	<u>1995-96 Adopted Budget</u>	<u>1996-97 Adopted Budget</u>	<u>Difference</u>
Program Management	\$1,154,872	\$1,916,968	\$1,075,133	(\$841,835)
Vocational Services	7,387,785	7,548,919	8,363,215	814,296
Residential Services	15,167,783	15,610,457	17,542,970	1,932,513
Adult Services Coord.	607,681	544,519	592,136	47,617
Youth Services Coord.	795,197	856,560	906,659	50,099
Protective Services	162,891	166,660	172,744	6,084
Intake and Assessment	150,185	190,575	164,129	(26,446)
Specialized Services	<u>1,050,360</u>	<u>1,067,489</u>	<u>1,233,575</u>	<u>166,086</u>
Total Costs	\$26,476,754	\$27,902,147	\$30,050,561	\$2,148,414

Developmental Disabilities

Community and Family Svcs

Staffing by Program

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Program Management	10.50	9.50	7.50	(2.00)
Vocational Services	5.00	6.00	5.00	(1.00)
Residential Services	15.90	16.00	17.00	1.00
Adult Services Coord.	11.00	11.00	11.00	0.00
Youth Services Coord.	14.80	16.80	16.50	(0.30)
Protective Services	3.00	3.00	3.00	0.00
Intake and Assessment	3.50	4.00	3.00	(1.00)
Specialized Services	<u>7.90</u>	<u>8.90</u>	<u>8.60</u>	<u>(0.30)</u>
Total Staffing FTE's	71.60	75.20	71.60	(3.60)

Program Management

Developmental Disabilities
Community and Family Svcs

Description

Program Management is responsible for maximizing and stabilizing the delivery system composed of supports and resources for people with developmental disabilities. The unit identifies service needs and resources, develops and implements service options, contracts for services, monitors service providers and individual placements, and provides technical assistance to providers to assure quality service.

Budget Overview

	<u>1994-95</u> <u>Actual</u>	<u>1995-96</u> <u>Adopted</u> <u>Budget</u>	<u>1995-96</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	10.50	9.50	7.50	(2.00)
Program Costs	\$1,154,872	\$1,916,968	\$1,075,133	(\$841,835)

Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Transfer 2.0 Data Analysts to central IS in Department Management	(2.00)	(\$105,874)
Add Program Dev. Spec. during 1995-96	1.00	\$47,835
Add PC Flat fee based on inventory		\$48,744
Eliminate State pass-through funded by carryover		(\$900,000)
Eliminate Office Assistant 2 funded by Portland Public Schools	(1.00)	(\$32,088)

Vocational Services

Developmental Disabilities
Community and Family Svcs

Description

The purpose of the Vocational Services Unit is to provide a variety of vocational supports for people with developmental disabilities. The unit is responsible for creating and implementing a variety of community employment options for adults with developmental disabilities. The unit contracts for vocational services, monitors and develops options, and provides technical assistance to providers, individuals and families in order to support individuals in community employment.

Over 800 adults will be served during FY 1996-1997. Need is growing due to the numbers of students completing secondary education and in need of vocational services and due to movement of adults from the state institution back to the community.

Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	5.00	6.00	5.00	(1.00)
Program Costs	\$7,387,785	\$7,548,919	\$8,363,215	\$814,296

Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Percent and number of adults who receive employment/vocational services or employment alternatives	NA	NA	830/55%	830/55%

Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Eliminate Case Manager 2/Lead	(1.00)	(\$47,569)
Increase pass through for Vocational Services		\$896,168
Eliminate Supplies/Training for Local Solutions grant		(\$53,000)

Residential Services

Developmental Disabilities
Community and Family Svcs

Description

The purpose of the Residential Services Unit is to provide residential supports and community integration for people with developmental disabilities. The unit is responsible for creating and maintaining a variety of residential opportunities to meet varying needs and to provide for individual choice. The unit contracts for services, monitors and develops options, and provides technical assistance to providers, individuals, and families in order to assure availability of choices.

This unit serves approximately 750 adults. Need is growing as the adults move from the state institutions back to the community, as people in crisis are identified, and as the waiting list grows each year.

Budget Overview

	1994-95 Actual	1995-96 Adopted Budget	1995-96 Adopted Budget	Difference
Staffing FTE	15.90	16.00	17.00	1.00
Program Costs	\$15,167,783	\$15,610,457	\$17,542,970	\$1,932,513

Key Results

	1994-95 Actual	1995-96 Original Projection	1995-96 Current Estimate	1996-97 Projection
1) Percent of individuals receiving funded residential services who report, at their annual ISP, that they are satisfied with their living situation	NA	50%	50%	50%

Significant Changes - Expenditures

	FTE's	Amount
Add Case Manager 2	1.00	\$46,000
Increase contractual Residential Services		\$1,806,520

Adult Services Coordination

Developmental Disabilities
Community and Family Svcs

Description

The purpose of Adult Services Coordination is to provide services to eligible adults with developmental disabilities, living in Multnomah County, who do not have funded residential or vocational services. The unit is responsible for providing service coordination (case management) in order to protect health, safety, and rights, and facilitate access to community resources. Service coordination includes activities such as advocacy, coordinating and monitoring of services, information and referral, crisis intervention, employment / residential development.

In Multnomah County, despite an array of contracted residential and vocational services, approximately 540 adults remain without funded services. As greater numbers of individuals with developmental disabilities apply for and are found eligible for service coordination, the number of persons waiting for funded services increases at a corresponding rate.

Budget Overview

	1994-95 Actual	1995-96 Adopted Budget	1995-96 Adopted Budget	Difference
Staffing FTE	11.00	11.00	11.00	0.00
Program Costs	\$607,681	\$544,519	\$592,136	\$47,617

Key Results

	1994-95 Actual	1995-96 Original Projection	1995-96 Current Estimate	1996-97 Projection
1) Number and percent of adults receiving services coordination who have gained access to community supports.	275/54%	20%	286/54%	323/61%

Significant Changes - Expenditures

No significant changes

Youth Services Coordination

Developmental Disabilities
Community and Family Svcs

Description

The purpose of Youth Service Coordination, in coordination with public school districts, is to assist children under the age of 21 and their families to identify and access resources that will facilitate the child's progress toward educational achievement. The unit is responsible for providing information, intake, access to funding, educational forums, and transition to adult services. The unit works closely with the public school systems and integrated service districts to provide assessment and intake for early childhood education services and information for children and families on resources.

During FY 96-97, this unit will provide services to over 2,300 children and their families. The demand is growing due to increased federal entitlement and better identification of children with disabilities or at-risk of disabilities.

Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1995-96 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	14.80	16.80	16.50	(0.30)
Program Costs	\$795,197	\$856,560	\$906,659	\$50,099

Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Number and percent of eligible students/families age 5 to 16 identified as a % total eligible population and the numbers/percent provided with Family Consultant Services.	NA	NA	740	740

Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Reduce Case Manager 2.	(0.30)	(\$13,600)

Protective Services

Developmental Disabilities
Community and Family Svcs

Description

The purpose of Protective Services is to protect from harm or neglect people with developmental disabilities. The unit is responsible for investigating allegations of abuse against people with developmental disabilities and to intervene in order to protect the individual. The unit responds to allegations of abuse or neglect within 24 hours of referral, as mandated by the State, protects the person with developmental disabilities immediately, investigates the situation, and recommends options, as applicable, to prevent further problems.

Protective Services will respond to over 300 allegations of sexual, physical, verbal, or emotional abuse, neglect, and financial exploitation during FY 1995-96. It appears that allegations of abuse and neglect are increasing.

Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1995-96 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	3.00	3.00	3.00	0.00
Program Costs	\$162,891	\$166,660	\$172,744	\$6,084

Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Percent of individuals for whom investigation recommendations are completed and final report distributed within 30 days	161/59%	25%	189/61%	180/60%

Significant Changes - Expenditures

No significant changes

Intake and Assessment

Developmental Disabilities
Community and Family Svcs

Description

The purpose of the Intake and Assessment Unit is to determine eligibility for and intake into services and access to other resources appropriate to the needs of individuals and their families. The unit is responsible for determining eligibility for services, providing intake for Adult and Youth Services Coordination services, and making referrals to other resources. The unit provides diagnosis and evaluation services for people going through intake and makes assessments of people already being served in programs.

The Developmental Disabilities Program serves over 3,700 people a year, each of whom has used the services of the Intake and Assessment Unit. Demand for intake is growing due to federally mandated educational services for children age 0-5. During FY 1995-96, approximately 996 children will seek eligibility and 57% will be determined eligible for ongoing services from the program. Approximately 192 adults will seek eligibility, and 53% of the total will be determined eligible.

Criteria used to establish eligibility for Developmental Disability services are found in ORS Chapter 427.

Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	3.50	4.00	3.00	(1.00)
Program Costs	\$150,185	\$190,575	\$164,129	(\$26,446)

Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Percent of intakes and assessments completed within 60 days of first contact	82%	80%	80%	85%

Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Eliminate Case Management Assistant funded by Portland Public Schools	(1.00)	(\$32,260)

Specialized Services

Developmental Disabilities
Community and Family Svcs

Description

The purpose of the Specialized Services Unit is to provide, within available resources, specialized services for people with developmental disabilities, their families, and service providers, in order to enhance the quality of life. The unit is currently responsible for administering the Family Support and Training specialized services. For the Family Support Service, the unit provides flexible and personalized support services to families with a member who has a developmental disability as a means to allow those members to continue living at home; for the Training Service, the unit provides training for people with developmental disabilities, their families, service providers, and service staff.

Family Support will serve about 68 families during FY 1995-96. Training is rapidly expanding to meet the needs of various groups of individuals and will serve approximately 700 individuals during 1995-96.

Budget Overview

	1994-95 Actual	1995-96 Adopted Budget	1995-96 Adopted Budget	Difference
Staffing FTE	7.90	8.90	8.60	(0.30)
Program Costs	\$1,050,360	\$1,067,489	\$1,233,575	\$166,086

Key Results

	1994-95 Actual	1995-96 Original Projection	1995-96 Current Estimate	1996-97 Projection
1) Percent of people attending training who evaluate it as very good to excellent	87%	80%	90%	80%

Significant Changes - Expenditures

	FTE's	Amount
Decrease Diversion Services		(\$55,704)
Decrease DD Special Projects		(\$150,175)
Eliminate 0.80 FTE Intake Specialist funded by Portland Public Schools	(0.80)	(\$38,907)
Provide one-time-only support for case management for developmentally-delayed youth age 0-5, contracted through PPS and MESD		\$372,590
Add training for County contractors for working with youth with developmental disabilities to improve service access	0.50	\$36,713

