

## Attachment C - FY 2015 Budget Notes

Last Updated: May 27, 2014

<b>Health Department: Alternative Payment Methods (Wendt)</b>	<p>The Affordable Care Act and State health transformation are changing the way Health Department clinics will be paid for services, away from a fee-for-service model and towards “Alternative Payment Methodology” (APM), which will provide a capitated rate for Medicaid patients assigned to Multnomah County clinics. The County expects to begin a pilot of APM soon, but the FY 2015 budget does not reflect payment methodology changes.</p> <p>The Board of Commissioners would like the Health Department to report back to the Board on progress with APM, including:</p> <ol style="list-style-type: none"><li>1. Timing of the County’s participation in an APM pilot</li><li>2. Whether the compensation received under APM covers the cost of providing care to patients</li><li>3. Any trends in treatment, outcomes, or expenses, if applicable.</li></ol>
<b>Medical Examiner (Wendt)</b>	<p>Counties and the State of Oregon share authority and responsibility for staffing, supervision, operations, and technical direction of the County Medical Examiner’s (ME) Office. This unique structure presents challenges for staffing and supervision.</p> <p>We direct the Health Department and District Attorney to jointly conduct a review of the staffing and management structure of the County Medical Examiner’s Office. The review should recommend the appropriate level of supervision for the County ME office.</p>
<b>Feasibility Assessment: Mental Health Jail Diversion (Shiprack)</b>	<p>The Board remains concerned about the number of people with mental health issues being housed in the county’s jails. It remains a questionable and expensive way to address the mentally ill who come in contact with the public safety system. Jail diversion programs focused on stabilization, integration of health care, and the public safety system’s ability to direct people with mental illness away from jails and into appropriate treatment have been successful. The Chair’s proposed pilot programs for jail diversion in this year’s budget are commendable. In places like Bexar County, Texas, thousands of people have been diverted from jail into more appropriate treatment facilities, saving millions of dollars annually in jail and emergency room costs.</p> <p>The Board will set aside \$100,000 in General Fund Contingency to evaluate current efforts and further investigate opportunities for Mental Health Jail Diversion efforts in Multnomah County.</p> <p>By December 31, 2014, the Local Public Safety Coordinating Council</p>

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	<p>(LPSCC) will provide the Board with an assessment of the feasibility of increasing jail diversion programs in Multnomah County. LPSCC will coordinate with a facilitator to convene stakeholders and produce the assessment, which should include:</p> <ul style="list-style-type: none"><li>• evaluation of current jail diversion pilot programs;</li><li>• findings and recommendations from successful jail diversion programs in other municipalities, including elements central to a successful jail diversion program;</li><li>• an estimate of the number of people currently in Multnomah County jails or on community supervision in need of such services;</li><li>• existing community capacity to implement and sustain a holistic jail diversion program, including identification of any new infrastructure that would be required by government or non-government service providers;</li><li>• recommendations for the size and annual caseload for the jail diversion program and programmatic components;</li><li>• an estimate for the annual costs for running a jail diversion program, including who might incur these costs;</li><li>• estimated savings from reduced use of the jails; and</li><li>• grant opportunities to improve services for clients in the public safety system experiencing mental illness.</li></ul>
Update on Fleet Services (McKeel)	<p>The Department of County Assets (DCA) will provide a briefing to the board on the Fleet division of DCA. The briefing will include a general overview of key Fleet activities, issues and long-range planning, including:</p> <ul style="list-style-type: none"><li>• an update on the pilot partnership with the City of Portland for vehicle services, the ongoing negotiations to expand City servicing of County vehicles, and other potential options for vehicle service;</li><li>• long-range strategic sourcing plans, including efforts to increase the participation of local and women or minority-owned businesses.</li></ul>

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<p>Sandy River Delta Outreach and Cleanup (McKeel)</p>	<p>The Sandy River Delta is a destination recreation area for the Multnomah County community. Hikers, horseback riders, families, and nature enthusiasts regular enjoy what is known as "1000 Acres."</p> <p>Currently, the area is a public health hazard and has experienced uncharacteristically high rates of crimes against people and property. The area is rural and those who camp in the area due to homelessness are far removed from the services available to similar populations who inhabit urban areas in the city centers.</p> <p>This budget note sets aside \$60,000 in General Fund Contingency dedicated to the restoration and cleanup of the Sandy River Delta and the service needs of the homeless population currently living there. The funding is intended to bring Department of County Human Services and their community partners along with the Multnomah County Sheriff's Office together to achieve two primary goals.</p> <ol style="list-style-type: none"><li>1. Establish stronger outreach relationships with the homeless populations in the area in order to link them into the service continuum to find a path into a home.</li><li>2. Conduct cleanup efforts in order to remove the significant public health and environmental hazards in the recreational site to include the removal of trash piles, human waste, animal carcasses harvested by campers, abandoned homestead sites, and discarded supplies.</li></ol> <p>This effort will bring dedicated professionals into the area to link individuals with services and improve the recreational value of the delta and the health of our waterways.</p> <p>This note calls for operational plans, developed in conjunction between DCHS and MCSO, to be reported to the Board in order to request the set-aside funds. The \$60,000 is intended to provide those departments with the ability to conduct multiple cleanups and outreach efforts throughout the year based on need.</p>
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<b>Addressing Racial Disparities (Smith)</b>	<p>Since 2010, the Coalition of Communities of Color has published several reports documenting disparities in a wide range of outcomes and services experienced by communities of color living in Multnomah County. The Board of Commissioners is placing \$1.0 million in General Fund Contingency for programs to eradicate socio-economic disparities experienced by people of color in Multnomah County. The Board is interested in programs following the template of the federal Promise Neighborhoods Initiative, including efforts to support youth in communities of color. The Board is seeking to develop evidence-based solutions tailored to the cultural specifics of each community through a collaborative infrastructure that promotes long-term impact and positive results.</p> <p>A multi-departmental team led by the Department of County Human Services and including the Department of Community Justice, the Office of Diversity and Equity, along with community stakeholders, and philanthropic community shall work together to plan how this funding will be used to address socio-economic disparities, inclusive of school retention, completion and reduction in school suspensions and expulsion. This team will report back to the Board by August 31, 2014, with a program proposal that includes:</p> <ul style="list-style-type: none"><li>• Identification of how County resources will be used and leveraged to eliminate disparities within communities of color;</li><li>• Descriptions of the programs that will be implemented with this funding;</li><li>• Which communities of color the programs will be designed to serve;</li><li>• How many people can be served with the funding;</li><li>• The programs' desired outcomes, including performance measures and targets that directly respond to the "Unsettling Profile" reports;</li><li>• Development of successful training and consultancy methods that establish competencies to support successful families of color and youth residing in Multnomah County.</li></ul> <p>Funding will be released by the Board upon approval of the program proposal. After program implementation begins, the team will report back to the Board on program progress including successes, challenges, and/or implementation barriers. One report should occur by December 31, 2014 and another by March 31, 2015.</p>
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<b>Safe Routes to Schools</b>	<p>The Department of Community Services -along with other relevant partners, including the Health Department- will report back to the board by September 30<sup>th</sup>, 2014 on the Safe Routes to School program. The presentation should include information on how we can better serve communities in unincorporated Multnomah County in the area of crosswalk safety for children.</p> <ul style="list-style-type: none"><li>• Create an annual report summarizing data, statistics, and policy initiatives relevant to pedestrian safety.</li><li>• Identify funds from the state and federal level that can be utilized for pedestrian safety when it is identified as a public health issue.</li><li>• Create a coalition to assist in the creation of policy initiatives to be presented to the Multnomah County Board of Commissioners, including regional government partners, the Oregon League of Conservation Voters, Oregon Safe Routes to School, and appropriate neighborhood associations.</li></ul>
<b>Briefings to the Board</b>	<p>In the course of the budget work sessions, commissioners requested more information or future briefings from departments in a variety of topic areas. The briefings listed in this budget note shall be presented to the Board during FY 2015:</p> <ul style="list-style-type: none"><li>• <u>Health Department</u>: a presentation that defines the Health Department's fundamental health care "platform." The presentation should discuss funding levels and differentiate between "platform" services and services that augment our fundamental responsibilities. The presentation should include discussion of the performance measures, client populations served, and system partners. (Shiprack)</li><li>• <u>Health Department</u>: a report to the board on potential cross-jurisdictional outcome measures for Early Childhood Services. The board is interested in how we can measure success of the Early Childhood Services program outside of the health realm, in areas such as school or juvenile justice. (Shiprack)</li><li>• <u>Health Department</u>: quarterly reports to the Board on the Corrections Health Mental Health Pilot Program that address outcomes, spending and budget impact, including the use of overtime by the Sheriff's Office and the length of time spent on Suicide Watch. (Program Offer 40059). (Wendt)</li><li>• <u>Countywide</u>: Discussion of succession planning across the</li></ul>

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	<p>county, including the county's human resource structures and training capacity. (McKeel).</p> <ul style="list-style-type: none"><li>• <u>Countywide</u>: Briefing on grant-writing capacity across the County, including number of grant-writers. (McKeel)</li><li>• <u>DCHS</u>: Work with other county departments to conduct an inventory of programs that have Housing as a component and provide a briefing to the Board by October 2014. (Shiprack)</li><li>• <u>DCHS</u>: Recommendation of adequate ongoing funding for the Homeless Youth System. Discussion should include a list of current services, funding sources, performance outcomes, and clients served. (Shiprack)</li><li>• <u>DCHS</u>: Briefing on the Early Learning Hub.</li><li>• <u>DCHS</u>: Briefing to the board on trends in mental health both before and after the implementation of the Affordable Care Act and expansion of Medicaid, including number of visits, percent of patients insured, and other trends in key financial indicators, treatment, or outcomes.</li></ul>
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