

Multnomah County Benchmarks

A Framework for Action and Government Accountability

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INTRODUCTION

Benchmarks are powerful tools that Multnomah County uses to focus our efforts for long-term results and to create partnerships to solve problems. They provide quantified targets for specific, quality of life conditions desired for the future.

The benchmarks provide a framework for focusing the resources and performance of Multnomah County. In the future, the benchmarks will be refined as performance measures are developed and progress towards those results are reported. Benchmarks development and refinement is a continuous process.

Multnomah County first adopted benchmarks on February 17, 1994, after a six month process involving County commissioners, department and division managers and citizens. The benchmarks were aligned with the Oregon benchmarks and the community benchmarks adopted by the Portland-Multnomah Progress Board creating a basis for intergovernmental accountability.

Twelve urgent benchmarks were adopted to provide a focus for policy-making, budgeting, program planning, performance measurement and evaluation efforts. Strategies to implement the benchmarks are in process.

This report describes how benchmarks were developed, presents the urgent benchmarks, highlights efforts towards those urgent benchmarks in 1995-96, discusses continuing work towards the benchmarks and concludes with a complete listing of the benchmarks.

BACKGROUND

The benchmarks system, developed by the Oregon Progress Board, is now recognized nationally as a model for governing for results. Benchmarks were created as a means to monitor progress towards the goals set forth in Oregon Shines, which is a citizen-based strategic plan developed in the late 1980's. This was a response to the fact that too many strategic plans in the public sector have been quickly forgotten. Determined to avoid this pitfall, Oregon created a panel of statewide leaders charged to monitor achievement of it's strategic goals. This panel, the Oregon Progress Board, then created the benchmarks.

Multnomah County Chair Beverly Stein and Portland Mayor Vera Katz jointly established the Portland-Multnomah County Progress Board in September 1993. The local Progress Board is intended to fill a comparable role to the Oregon Progress Board: it is comprised of community leaders committed to monitoring progress towards the benchmarks. As representatives of a broad spectrum of private and public organizations, the Progress Board is well positioned to alert the community when benchmark targets are not being reached and to stimulate collaborative efforts towards our most urgent benchmarks. The Portland-Multnomah Progress Board adopted benchmarks for the community on January 6, 1994. The Board of County Commissioners adopted 85 benchmarks specifically for Multnomah County on February 17, 1994, including twelve urgent benchmarks.

DEVELOPING BENCHMARKS

Multnomah County's Process

Development of benchmarks for Multnomah County was a participative process involving the Board of Commissioners, elected officials, managers, interested employees and citizens. The following is a summary of the process.

Understanding Benchmarks

An overview presentation on the Oregon benchmarks system was given by Duncan Wyse, Executive Director of the Oregon Progress Board.

Getting Commitment

Members of the Board of County Commissioners, other elected officials and managers agreed to work towards development of benchmarks for Multnomah County. It was recognized that this would be a major planning and priority-setting effort. A professional facilitator assisted the group working through the following process of developing benchmarks at a series of monthly meetings.

The Community Vision

Commissioners, other elected officials and managers reviewed Multnomah County Visions, a strategic plan developed through a citizen-based process coordinated by the Citizens Involvement Committee (C.I.C.) in 1989 and updated in 1992. The ten strategic priorities from Visions are presented later in this report. Participants also assisted in developing a statement of underlying values for Multnomah County government. That statement also follows in this report.

Connecting With Oregon Benchmarks, the Portland-Multnomah County Progress Board Benchmarks and Development of Unique County Benchmarks

Of the nearly three-hundred Oregon benchmarks, consensus emerged that about forty were especially important to Multnomah County. Benchmarks unique to Multnomah County were added to this list as well as some drawn from the Portland/Multnomah Progress Board list.

Multnomah County's Process [continued]

Citizen Participation

Citizen involvement in developing County benchmarks and selecting urgent benchmarks was coordinated by the Citizen Involvement Committee [C.I.C.] and involved briefings to citizen advisory groups, community meetings, newsletter articles and a cable television show on the benchmarks. Citizens also completed at-home ballots to vote on urgent benchmarks. This effort was directly targeted at the more than 6,000 people who have identified themselves to C.I.C. as being interested in the affairs of Multnomah County government.

Finalizing Selection of Benchmarks

The County Commissioners, other elected officials and managers met at a work session to finalize the selection of the entire set of County benchmarks. There was a strong group consensus on the twelve urgent benchmarks.

Formal Adoption of Benchmarks

The Board of County Commissioners adopted resolutions to formally adopt the Multnomah County Benchmarks and the Urgent Benchmarks and to endorse the community benchmarks of the Portland-Multnomah County Progress Board.

Benchmarks Development: A Continuing Process

The benchmarks development process should not be viewed as a one-time or isolated event. The benchmarks will be continuously reviewed and refined in the coming years as the County works with interested citizens, the Oregon Progress Board, the Portland-Multnomah Progress Board, County departments and contracted service providers to implement data collection, monitoring and reporting systems. As trend data is collected, specific quantified targets will be recommended for adoption by the Board. A systematic review and revision of the benchmarks will be done at least every two years.

Multnomah County's Vision

The following ten strategic priorities were identified through the citizen-based strategic planning process, Multnomah County Visions.

For a Safe Community

- Preventing youth from becoming involved in crime and drug abuse through neighborhood and governmental partnership.
- Major revision and adequate funding for the criminal justice system.

For a Healthy Community

- Promotion of health awareness and preventative health programs.
- Assuring access to quality health care for all county residents.

For a Livable Environment

- Defining the county role in the delivery of rural and urban services.
- Preserving valued lands -- both urban and rural.

For an Accountable Government

- Revision of current form of government and provision of equitable tax base for the future.
- Making local government more responsive and accessible to its citizens.

For a Productive Community

- Establishment and growth of responsible and appropriate business and industry.
- Incentives for education, training and retraining for existing and projected employment.

Underlying Values for Multnomah County Government

The following statement of values was developed by the Board of Commissioners, elected department heads and other managers as part of the benchmarks development process.

INTEGRITY: We strive to be honest and fair in all our dealings.

RESPONSIVENESS: As stewards of the public trust, we respect our citizens and work with them as partners. We are consistently open and accessible. Moreover, we actively seek opportunities to involve citizens meaningfully in decision-making.

VISION: We are guided by a vision of a community in which:

- * people live without fear of their personal safety;
- * basic health needs are met;
- * the natural environment is valued and preserved;
- * workers find well-paying jobs which fully use their skills; and
- * responsible business and industries flourish.

QUALITY OF SERVICE: We provide effective services by using limited resources wisely. Specifically, we emphasize integrated services, preventive approaches and innovation.

FISCAL RESPONSIBILITY: We recognize that we are spending other people's hard earned money. We manage carefully the funds entrusted to us.

ACCOUNTABILITY: We earn the respect of citizens by providing full information about our goals, our programs, and the standards by which we expect our performance to be evaluated.

TEAMWORK: We cooperate enthusiastically with one another, with other governmental units, and with the private sector because we believe this makes us all more effective.

DIVERSITY: We honor and celebrate differences as sources of strength.

RESPECT FOR EMPLOYEES: County employees are skilled and committed professionals. One important role of elected officials and senior managers is to provide employees with the support they need to do the best job they can.

Criteria for Selecting Urgent Benchmarks

The following criteria were developed at the Multnomah County benchmarks work sessions to provide a framework for the selection of the twelve urgent benchmarks for Multnomah County:

- ◆ It is consistent with the underlying values for Multnomah County government;
- ◆ It reflects root causes or sources of problems;
- ◆ It encourages investment in preventative efforts which will provide a return on investment, even if it may take many years for that return to be realized;
- ◆ Multnomah County has directly related responsibilities;
- ◆ Reliable measurement standards can be identified, even if the data is not available immediately; and / or
- ◆ Data can be made available within the foreseeable future [say less than five years] even though investment in data collection or computer systems may be required.

Additional factors to consider in selecting urgent benchmarks include whether:

- ◆ Through collaboration, the opportunity exists to significantly contribute towards progress on a benchmark, although it is not a direct county responsibility;
- ◆ Multnomah County has an opportunity to obtain grant funding or otherwise leverage resources to make significant progress towards a benchmark; or
- ◆ An urgency or need for immediate action exists.

MULTNOMAH COUNTY'S URGENT BENCHMARKS

For Children & Families

◆ **Reduce Teen Pregnancy**

Pregnancy rate per 1,000 females ages 10 - 17[by ethnicity]

◆ **Increase Percentage of Drug - Free Babies**

Percentage of infants whose mothers did not use illicit drugs, alcohol or tobacco during pregnancy.

◆ **Reduce Domestic Abuse**

a. **Child Abuse** - Number of children abused or neglected per 1,000 persons under 18. [by ethnicity]

b. **Spousal Abuse** - Spouse or domestic abused per 1,000 persons [by ethnicity]

c. **Elderly Abuse** - Elder abuse per 1,000 persons [by ethnicity]

◆ **Reduce Student Alcohol & Drug Use**

a. Percentage of students free of involvement with alcohol in the previous month.

b. Percentage of students free of involvement with illicit drugs in the previous month. [both of the above measured at 8th and 11th grades]

For Public Safety

◆ **Reduce Violent Crime**

Crimes against people [by juveniles and adults]

◆ **Increase Success of Diversion Programs**

Percentage of diverted offenders who commit any offense within one year after completing the diversion program. [by juveniles and adults]

◆ **Reduce Recidivism**

Percentage of felons who commit new felonies within three years of re-entry into the community. [by juveniles and adults]

MULTNOMAH COUNTY'S URGENT BENCHMARKS (CONTINUED)

For Access to Services

◆ **Increase Drug Treatment Services**

Percentage of people seeking alcohol or drug treatment who receive it.

◆ **Increase Health Care Services**

Percentage of population with economic access to health care
[by ethnicity]

◆ **Increase Mental Health Care Services**

Percentage of population with access to public or private treatment for mental or emotional problems [by children and adults]

For Good Government

◆ **Increase County Work Force and Contractor Diversity**

Percent of minorities and women presently employed by the County or its contracted service providers versus percent presently available within the local labor market.

◆ **Increase County Government Accountability & Responsiveness**

a. **Citizen Satisfaction** - Percentage of citizens who are satisfied that County services are necessary, responsive and cost-effective.
[by type of service]

b. **Government Responsiveness** - percent of citizen volunteers in a governmental advisory capacity who are satisfied that their recommendations were carefully and respectfully considered.

c. **Cost of Government** - per capita cost of government.

BENCHMARKS DATA UPDATE

Benchmarks represent our commitment to focus upon data as objective indicators of our community's quality of life. In Multnomah County, the Chair and Board are working with the Budget Office and program managers to assist in making the benchmarks and other measurable outcomes a routine part of policy analysis, program planning, management and evaluation. We are striving for integration of benchmarks into the way we do business throughout the organization. Technical assistance is provided by staff from the Portland Multnomah Progress Board and the Oregon Progress Board.

Benchmarks data is not yet available for all of the County's benchmarks. The following section provides an update on data available for the county's urgent benchmarks; if data is not available, that benchmark section is omitted until a future printing. In the interest of brevity, just the highlights are presented in this document. Separate "Benchmark Update" reports are being prepared periodically to provide the Board and interested others with more in-depth analysis of the benchmarks.

For each benchmark, the following questions are addressed here:

Importance - Why is this benchmark important? What difference could it make if we improved our outcomes in this area?

Key Findings - What does the data tell us about current conditions? Are things getting better or worse? How do we compare with others? Can we identify any new trends or underlying patterns that should be considered in setting policies or strategies?

Data Limitations - Are there any cautions needed in interpreting the key findings? In general, are we limited in the data available for this benchmark?

County Role - What is the current role of Multnomah county in supporting achievement of this benchmark -- leader of community efforts, program administrators, advocates and/or something additional?

TEEN PREGNANCY PREVENTION

Pregnancy rate per 1,000 females ages 10-17. [by ethnicity]

Importance

Pregnancies among 10 through 17 year old girls result in poor maternal and neonatal outcomes more often than due pregnancies among adult women. Consequences may include prenatal and perinatal complications, infant mortality and disruption of maternal schooling. In addition to poor pregnancy outcomes, mothers who are children are at risk of dropping out of school, becoming welfare dependent and limiting their options. Their children face a greater risk of impaired development and a poor start in life.

Key Findings

- **There were 775 teen pregnancies in Multnomah county in 1993**; this represents about 28 pregnancies per 1000.
- **Multnomah County's teen pregnancy rate is about 50% higher than that for the entire State**; the State rate is about 20 pregnancies per 1000.
- **Sexual involvement is happening at an increasingly young age**; national data shows one out of four females [25%] is sexually active by 15 years of age and two out of five boys [20%] are sexually active by that age.

Data Limitations

The number of pregnancies is calculated by adding the number of births of residents plus the number of abortions of residents who had an abortion in Oregon. Estimates on the number of abortions are understated because of incomplete reporting of both in-state and out-of-state abortions. It is not possible to provide an ethnic breakdown at this time, due to the lack of annual demographic data for Multnomah County.

County Role

The Teen Pregnancy Prevention Coordinator is issuing a "benchmark update" report in May 1995. A full report including recommended current and future strategies will be available at the end of June 1995.

INCREASE PERCENTAGE OF DRUG-FREE BABIES

Percentage of infants whose mothers did not use illicit drugs, alcohol or tobacco during pregnancy.

Importance

Drug exposure puts babies at greater risk of complications during pregnancy and correlates with low birth weights and exposure to aids and sexually transmitted diseases. Babies in drug abusing families face greater risk of poor health, inadequate nutrition and abuse and neglect. Intrauterine exposure to even small amounts of alcohol is associated with fetal alcohol syndrome, which includes a wide variety of abnormalities. Tobacco use is associated with low birth weight and its complications. As with alcohol, there is no known safe level of tobacco use during pregnancy.

Key Findings

- **Alcohol and tobacco use by pregnant women in Multnomah County appears to be decreasing slightly, according to self-reports.** There was a drop in alcohol use from about 10% to 6% over four years from 1989 to 1992 and in tobacco use from 27% to 24% over that time.
- **A disproportionate number of CareOregon clients report substance abuse during pregnancy;** more than one-third (37%) of pregnant County Health clients from August 1992 through July 1994 had substance abuse problems documented on their charts.

Data Limitations

Under-reporting is a pervasive problem in measuring substance abuse: clients are often hesitant to reveal substance abuse due fear of Children Services Division involvement, fear of judgment and fear of loss of other services.

County Role

The Program Manager for the Prenatal Substance Use Intervention Program Manager is issuing a "benchmark update" report in May 1995. This program was initiated in 1994-95 to promote drug-free babies among our SE Clinic population. The Alcohol and Drug Program also has a variety of program efforts which support drug-free babies.

REDUCE DOMESTIC ABUSE

a. CHILD ABUSE

Number of children abused or neglected per 1,000 persons under 18. [by ethnicity]

Importance	Child abuse and neglect is linked to immediate stresses on families, including single parent families, unemployment, and drug and alcohol abuse. It is linked to many social problems later in life, including teen pregnancy, crime and drug and alcohol abuse.
Key Findings	<ul style="list-style-type: none">• There were nearly 2000 child abuse victims in Multnomah County in 1993; this represents about 13 victims per 1000 children under the age of 18.• Multnomah County's child abuse rate is slightly [2.5%] above the State average ; the State rate is just under 11%.• Child abuse gradually rose between 1991 and 1993 in Multnomah County. The Multnomah County rate increased about one-half percent each year.• Infants are most at risk of child abuse; Statewide, infants comprise the largest single age group of victims -- nearly 10% [800] in 1993.• Sexual abuse decreased by 17% Statewide in 1993; The most prevalent types of abuse are neglect [27%], sexual abuse [23%], physical abuse[21%] and threat of harm [21%].
Data Limitations	This data is from the State Children's Services Division. The rate of child abuse reported to CSD is affected by numerous factors including fear of the consequences of CSD involvement, inconsistent screening procedures by community agencies, public awareness and the extent of community resources available to respond to abuse. At this time, we have access to only limited data to the county level.
County Role	The Multi-disciplinary Team [MDT] includes District Attorney's Office prosecutors, child specialists and law enforcement personnel. The Community and Family Services Division has a coordinating role in child abuse system improvements.

REDUCE VIOLENT CRIME

Crimes against people [by juveniles and adults]

Importance

This benchmark measures crimes against people --- the violent aspect of criminal activity. Assault, robbery, rape and other sex crimes, murder and homicide are included in this benchmark.

Key Findings

- **There were over 7300 arrests for violent crimes against people in Multnomah County in 1994.**
- **The vast majority [72%] of these crimes were simple assaults;** there were over 5200 arrests for simple assaults in 1994.
- **Most crimes against persons are committed by adults [85%] rather than juveniles [15%].**

Arrests for Crimes Against Persons - Multnomah County - 1994

	<u>Adults</u>	<u>Juveniles</u>
Murder	77	19
Negligent Homicide	4	0
Rape	101	15
Other Sex Crimes	332	44
Kidnap	9	0
Robbery	401	157
Aggravated Assault	600	230
Simple Assault	<u>4,604</u>	<u>633</u>
Total	6,128	1,098

Data Limitations

The Law Enforcement Data System (LEDS) is the primary source of data for this benchmark. Annual reports are published which have some data by county but not the particular breakdown between adults and juveniles which is required by this benchmark. Reliance on published reports also limits the type of analysis which could be accomplished on a data base directly accessible to the County via computer.

County Role

Multnomah County has direct responsibility for most of the criminal justice system at the local level: prosecution, jails, community corrections, juvenile justice services and law enforcement in unincorporated areas. The City of Portland is responsible for law enforcement within the City. The State of Oregon administers the Courts.

INCREASE COUNTY WORK FORCE AND CONTRACTOR DIVERSITY

Percent of minorities and women presently employed by the County or its contracted service providers versus percent presently available within the local labor market.

Importance

Diversity is a deeply felt underlying value for Multnomah County Government. As part of the benchmarks development process, the Board of County Commissioners joined with the County's top management team in adopting this value: " We honor and celebrate differences as sources of strength." Workforce diversity improves the ability of our employees and contracted service providers to plan and provide quality services to meet the needs of our diverse customers.

Key Findings

- **Overall, Multnomah County is meeting its goal for providing people of color job opportunities;** minorities are about 15% [547] of the workforce, which is about 1% above the percent presently available within the local labor market.
- **Overall, Multnomah County is near its goal for providing women job opportunities;** females are about 58% [2163] of the workforce, which is about 1% below the goal of 59%.
- **Within job categories, there are no significant deficiencies in terms of achieving goals for people of color but there are for women.** There is a significant gap between our practices and our goals in providing job opportunities for females in service/maintenance and protective services job categories.

Data Limitations

Affirmative Action Reports are issued quarterly by the City/County Affirmative Action Office but these do not cover the subcontractor workforce. Departmental success in meeting affirmative action goals is reported in the "Performance Trends" presentation for each department.

County Role

The City/County Affirmative Action Office is charged with overall responsibility to coordinate our efforts towards achievement of diversity within the County workforce. Specific affirmative action goals and strategies are developed in collaboration with each department. Responsibilities for working towards achieving diversity in the workforce of our contracted service providers is not yet as clearly established.

INCREASE COUNTY GOVERNMENT ACCOUNTABILITY & RESPONSIVENESS

a. CITIZEN SATISFACTION

Percentage of citizens who feel government is doing a good job at providing services.

Importance Throughout the United States, there is an alarming lack of confidence in government among citizens. Governments at all levels are being impacted as citizens take steps to limit revenues while expecting higher levels of services. A fundamental premise of the benchmarks model is that government alone can not solve our quality of life problems: benchmarks can only be achieved if we are successful in collaboration between government and the community. To some extent, citizen satisfaction with government is both a precursor to willingness to join in partnerships to achieve the benchmarks and it is a reflection of the ultimate success of this new tool in governance.

Key Findings

- **Just over half [52%] of Multnomah County citizens think government did a good or very good job in 1994.** Relatively few [5% of total] rated government as doing a "very good" job.
- **About one in ten think government did a bad or very bad job a bad in 1994.** Relatively few [3% of total] rated government as doing a "very bad" job. The other one third [37%] were neutral in their opinion.

Data Limitations In 1994, the annual Portland Citizen Survey was expanded to include residents of Multnomah County residing outside the City of Portland. Data is not available for historical comparisons. Additional information is available on satisfaction with those County services that are used by the general public -- i.e. the libraries, tax and assessment services, elections and animal control services.

County Role The Multnomah County Auditor' Office administers the annual citizen survey in partnership with the City of Portland Auditor's Office. The Auditor may conduct focus groups in 1995-96 to explore the issues contributing to customer satisfaction with particular County services.

b. GOVERNMENT RESPONSIVENESS

Percent of citizen volunteers in a governmental advisory capacity who are satisfied that their recommendations were carefully and respectfully considered.

Importance	Citizen volunteers play a key role in the governance of the County as well as in increasing our overall capacity to provide County services. Each year approximately 415 people serve on official Boards, Commissions and advisory committees for Multnomah County. Many hundreds more volunteer in our libraries and other service centers. In the long run, we will not retain high caliber volunteers if their experiences are less than satisfactory.
Key Findings	N/A
Data Limitations	Information on this benchmark is not yet available. Staff from the Multnomah County Budget Office and the Portland Multnomah Progress Board are working with the Citizens Involvement Committee to design, administer and analyze a survey to collect this information.
County Role	The Citizen's Involvement Committee has responsibility for leadership in achieving this benchmark for Multnomah County government volunteers.

c. COST OF GOVERNMENT

Per capita cost of government

Importance

The cost of government has become a major issue among the electorate. Carefully weighing the cost of government with consideration for the scope and level of services provided, achieved outcomes, including citizen satisfaction with services, must be a primary concern of both elected officials and County employees.

Key Findings

- **The per capita cost of Multnomah County government shows almost no increase between the 1994-95 budget and the Chair's Proposed budget for 1995-96.** The per capita cost was \$804 per year in 1994-95 and is \$810 per year in the proposed budget.
- **More than half of the cost increase between 1990-91 and 1995-96 is due to increased spending for new local government responsibilities for the Libraries, Community Corrections and other governmental programs.** Costs increased from \$455 per capita in 1990-91.

Data Limitations

The above statistics should be adjusted to account for the effects of inflation, but the Consumer Price Index for 1995-96 is not yet available. Other limitations are that several detailed adjustments should be made to account for addition to the County of programs previously operated elsewhere, e.g., the library, and deletion of programs from the baseline cost which are no longer operated by the County, e.g., parks. Once these adjustments are complete, a more thorough analysis can identify reasons for growth in the County's budget.

County Role

The Budget and Quality Office will report and analyze this urgent benchmark on an ongoing basis.

WORKING TOWARDS THE BENCHMARKS

A Framework for Budgeting

Action plans, programs and initiatives in the 1995-96 Multnomah County budget reflect the urgent benchmarks. The County's performance measures, referred to as performance trends for departments and key results for programs, have also been developed to link our organizational efforts to the benchmarks.

Multnomah County approaches its work towards the benchmarks systematically and strategically. Where there are existing multi-agency groups ready to take leadership in a benchmark area, the County looks to them for guidance and collaboration. Where necessary, the County convenes key stakeholders and initiates the strategic process.

County Departments Collaborating Towards the Urgent Benchmarks

Achievement of the benchmarks depends on successful collaboration among County departments as well as with our community partners. Each County department has responsibilities related at least two of the urgent benchmarks -- and most are connected with more than half of them. The following table lists the topic of Multnomah County's urgent benchmarks down the left side and lists the county's departments across the top. The full language for each urgent benchmark is presented earlier in this report.

Table 1. County Divisions & Departments With Responsibilities Related to the Urgent Benchmarks

Urgent Benchmarks.....	County Divisions & Departments.....									
	CFS	HEALTH	AGING	JUVENILE	MCSO	DCC	DA	DES	LIBRARY	OTHER
Reduce Teen Pregnancy	*	*		*						
Increase % of Drug-Free Babies	*	*		*	*	*				
Reduce Domestic Abuse	*	*	*	*	*	*	*		*	
Reduce Student Alcohol/Drug Abuse	*	*		*	*	*	*			
Reduce Violent Crime	*			*	*	*	*			
Increase Success of Diversion Programs	*	*		*	*	*	*			
Reduce Recidivism	*			*	*	*	*			
Increase Access to Drug Treatment	*	*	*	*	*	*	*			
Increase Access to Health Care	*	*	*							
Increase Access to Mental Health Care	*	*	*	*	*	*	*			
Increase Work Force Diversity	*	*	*	*	*	*	*	*	*	*
Increase County Accountability and Responsiveness	*	*	*	*	*	*	*	*	*	*

Efforts to Meet the Urgent Benchmarks

In 1995-96, many new and expanded efforts are initiated to help meet the urgent benchmarks. These new efforts build upon benchmark program strategies and investments initiated in 1994-95. The cumulative scale of effort is impressive, particularly when considered along with the on-going responsibilities of County departments. This section provides a summary of Multnomah County's new and continuing efforts to meet the urgent benchmarks. [Please note: new efforts funded in the 1995-96 budget are denoted with an arrow; continuing efforts are denoted with a diamond.]

Reduce Teen Pregnancy

- ⇒ **A Postponing Sexual Involvement [PSI]** curriculum is to be provided to sixth graders in fifteen middle schools in Multnomah County and to participants in the Teen connection Program, which serves teen mothers. The goal of the program is to reduce the rate of adolescent pregnancy by providing adolescents with the skills to resist social pressures and to maintain control over how decisions about risk taking behaviors are made.
- ⇒ **Teen Health Infoline** opened in April 1995 to provide accurate information and referral to adolescents and their families in Oregon. Under contract with the Oregon Health Division and the Oregon Medical Assistance Program, Multnomah County Health Department provides these services throughout the State.
- ◇ **The six Family Centers** support Teen Pregnancy prevention efforts, especially repeat teen pregnancies, through the provision of parent development, child development and the community health nursing services.
- ◇ **A Teen Pregnancy Prevention Coordinator** position in the Health Department is continued for a second year and continues to act as catalyst to bring together the many parties in our community interested and involved in reducing adolescent pregnancy in Multnomah County.
- ◇ **Child abuse prevention and treatment programs** are perhaps the single most effective approach to teen pregnancy prevention, recent studies suggest; the County's efforts in this area are described under the domestic violence benchmark.

Reduce Teen Pregnancy [continued]

- ◇ **School-Based Health Centers** include reducing teen pregnancies as a principal goal -- comprehensive, confidential and accessible primary care and mental health care are provided. Two middle-school health clinics established in 1994-95 are continued to determine the impact of earlier teen pregnancy prevention efforts as well as to provide the full range of health care and mental health care services.
- ◇ **The Teen Parent Network** provides programmatic direction for the Health Department's Connection Program for Young Parents which links with eight hospitals.
- ◇ **The Teen Parent Family Support Program** provides intake, assessment, referral and case management services to high risk teen mothers and their children.
- ◇ **Corrections Health** provides family planning services for females (women, teens and young men) to assist them in managing their lives when they are released from incarceration.
- ◇ **Primary Care Clinics** through the Health Department provide family planning services for adolescents in our community
- ◇ **Community Health Educators** provide direct classroom education, as well as community development to enhance pregnancy prevention efforts in our community.

Increase the Percentage of Drug-Free Babies

- ⇒ **A group home for pregnant alcohol or drug affected women** under community corrections supervision is to be established in cooperation with the Housing Authority of Portland.
- ⇒ **A public information plan** to educate young women between the ages of 12 and 22 years of age about alcohol and drug affects during pregnancy will be developed by the Drug and Alcohol Program.
- ◇ **Prenatal Substance Use Intervention** is a new Health Department program started in 1994-95 to reduce the incidence of drug-affected births. In collaboration with the Target Cities Central Intake system, pregnant women and women of child-bearing age who are at-risk for substance abuse obtain on-site or in-home screening, assessment, referral and nursing case management through the southeast Health Center and Southeast Field Team.
- ◇ **The Target City Project Central Intake system** has developed a cooperative program to provide comprehensive alcohol and drug treatment and prenatal care/delivery through the SAFE program at Oregon Health Sciences University. The SAFE program will be an allied Central Intake site.
- ◇ **Full-time Community Health Nurses** in each of the six Family Centers were first funded in 1994-95 to improve the ability to identify and get appropriate treatment for women at risk of having drug-affected births.
- ◇ **The ADAPT program identifies pregnant, drug-using women in custody** and provides health services, substance abuse treatment and case management while in custody ; the Target City Project In-Jail Intervention Unit for women works with pregnant offenders to develop community treatment plans including prenatal care following release.
- ◇ **Community Health Nurses and field service teams** are responsible for the identification , assessment and case management of vulnerable individuals and families at risk for drug use.
- ◇ **Through the Health Department**, a continuum of linked primary health care and drug treatment is provided in community-based Primary Care, Substance Abuse, HIV/AIDS and Mental Health Treatment programs.
- ◇ **The three Parent Child Development Centers** provide preventative clinical and home visit services to pregnant women and their families in the neighborhood.

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- ◇ **HIV prevention outreach workers** working on several different grant programs provide family planning education and referrals for prenatal care.

Reduce Domestic Abuse in Three Areas

a. Child Abuse

- ⇒ **A Deputy District Attorney [DDA] is added to the Child Abuse Multi-disciplinary Team (MDT)** in 1995-96. The team includes District Attorney's Office prosecutors, child specialists and law enforcement personnel. MDT jointly reviews and investigates suspected child abuse cases and decides how to proceed with the case.
- ◇ **Child abuse system improvements** were funded in 1994-95 and are to continue in 1995-96; the strategy is to use information technology to improve client tracking and services coordination.
- ◇ **Child abuse prevention efforts** enhanced in 1994-95 create a fund for Family Centers to finance respite services for high risk families.
- ◇ **Expansion of treatment services for child abuse victims** in 1994-95 enable the Cares Program to provide immediate treatment and referral at the time of medical screening and creates a fund for Family Centers to allocate for treatment services to child victims.
- ◇ **The "Level 7" grant program** started in 1994-95 provides support for victims of child abuse and children affected by spousal abuse through crisis intervention, respite care and family mediation and counseling for the up to 1,000 children aged 13 or above which can be served through the program.
- ◇ **The Juvenile Justice Abused/ Neglected Children Unit's** counselors review all dependency cases and recommend to the court actions which are in the best interest of the child.

Reduce Domestic Abuse in Three Areas [continued]

b. Spousal Abuse

- ◇ **A Domestic Violence Coordinator** position in Community and Family Services is continued for a second year as a cooperative effort with the City of Portland.
- ◇ **School-based prevention programs for K-12 grades** initiated in 1994-95 serve approximately 5,400 children and use a variety of formats to address conflict resolution, dating, violence in the home, safety planning and how to get help from school staff.
- ◇ **Shelter-based prevention** programs initiated in 1994-95 provide 3,750 hours of child advocate services for about 720 children to expand/enhance children's services within current shelters. The programs include safety planning, trauma counseling and parenting skills.
- ◇ **The Family Violence Intervention Steering Committee** expands monitoring and resource capacity for the intervention system.
- ◇ **Establishment of six Family Centers** in 1994-95 increases the availability of parent development, child development and community health nursing services and thereby supports domestic abuse prevention, intervention and treatment efforts.
- ◇ **The District Attorney's Office Domestic Violence Unit** screens all domestic violence cases and aggressively prosecutes those cases; it also monitors a six-month deferred prosecution program and provides victim support services.
- ◇ **Community Corrections' Domestic Violence Unit** is working to reduce victimization through a cognitive-behavioral model of supervision and treatment; the program facilitates two anger management groups - one for domestic violence offenders and one for a more general population of offenders with potential for domestic violence.

Reduce Domestic Abuse in Three Areas [continued]

c. Elder Abuse

- ⇒ **Improved prevention , monitoring and follow-up efforts at adult care homes** are funded in 1995-96 to assure quality care is provided. Training requirements for licensing have been made more rigorous. Existing staff are inspecting homes more frequently. Two additional staff are budgeted to follow-up promptly when problems are identified.
- ⇒ **Public guardian services expansion** will allow more than forty additional clients to be served; this will increase the client caseload from 147 to 190 clients.
- ◇ **The Portland/Multnomah County Office on Aging [PMCOA]** assumed a new role as advisors in the licensing of Adult Care Homes in 1994-95.
- ◇ **Adult Care Homes have additional recreational services** due to the addition of a half-time recreational specialist in 1994-95.
- ◇ **Aging Services' Multi-disciplinary Team** brings a geriatric mental health specialist, a social worker, community health nurses and case managers together to address complex cases involving behavior and health problems.
- ◇ **Many of the Aging Services Division's programs** are related to the prevention or remediation of elder abuse: adult home care regulation and licensing; public guardianship/ conservatorship; protective services; gatekeepers; and case management.
- ◇ **The Portland-Multnomah Commission on Aging** organizes an Elder Safety Coalition in the east county area.

Reduce Student Alcohol and Drug Use

- ◇ **The Level 7 grant program**, started in 1994-95, makes alcohol and drug abuse prevention and treatment services available for the up to 1,000 at-risk teenagers it serves.
- ◇ **The Touchstone program** was expanded to an additional three elementary schools in 1994-95. The program is located at Ockley Green Middle School, Beach Elementary, Sitton Elementary, Woodmere Elementary and Whitman Elementary School and works with students and their families who are experiencing problems which increase their risk of developing alcohol and drug problems. The program emphasizes services to strengthen family support skills.
- ◇ **School based health centers** perform routine alcohol and drug use assessments and provide referral to mental health or alcohol and drug counselors when necessary for high school students.
- ◇ **Mainstream provider's Early Service and Intervention program** works on site at the Justice Services Division to provide alcohol and drug pre-assessment and treatment to youth referred by juvenile counselors.
- ◇ **Mainstream alcohol and drug counselors** work with the existing Family Centers to screen and refer youth for prevention and treatment services, as appropriate.
- ◇ **The primary care / substance abuse linkage program** involves a community health nurse who is out-stationed part time at Mainstream to work toward better drug treatment outcomes.
- ◇ **School-based alcohol and drug abuse prevention services** are provided as an on-going component of the Alcohol & Drug Program at selected middle schools.
- ◇ **Children's mental health and youth programs** also provide school-based services and make referrals for alcohol & drug abuse treatment.
- ◇ **The Regional Drug Initiative (RDI)** promotes a variety of public anti-drug programs focused on reducing substance abuse among youth. Many County departments are actively involved in supporting the RDI effort.
- ◇ **A teen alcohol/drug impact panel** based on the DUII Victims Impact panel is provided monthly to teens referred for DUII, minor levels of drug possession or other high risk students.

Reduce Violent Crime by Juveniles

- ⇒ **A parole transition unit for youth parolees** returning to Multnomah County from the State training school will open in the existing facility starting in May 1995. Traditionally, parole has been a State responsibility but the development of this unit will improve public safety and help Juvenile Justice manage its commitment cap for the State training school.
- ⇒ **An additional unit for Ballot Measure 11 youth** will open in July 1995 in the existing facility.
- ⇒ **Additional supervision is provided for Ballot Measure 11 youth** released pre-trial under the adult system criteria.
- ⇒ **Regional partnerships to expand juvenile detention facility capacity by 32 beds** will support construction in 1995-96 and operation of 16 beds beginning in March 1996. Washington County will be an equal partner with Multnomah County in the construction and operation of these additional beds. Clackamas County plans to increase its overall number of leased detention beds by five.
- ⇒ **Deputy Sheriffs are reassigned in 1995-96 to work with the Family Centers** in each of our six districts to assist juvenile counselors.
- ◇ **The Juvenile Justice Services Division** has reduction of juvenile crime, particularly violent juvenile crime, as one of its primary goals; the Division works in cooperation with the Juvenile Court System, governmental agencies and local community providers to balance the needs of community protection, youth accountability and the need to assist youths in developing the skills to become contributing members of a diverse community.
- ◇ **The G.R.I.T. (Gang Resource Intervention Team)** works with youth involved in gang activity to provide counseling services through the Assessment Intervention Transition Program (A.I.T.P.)
- ◇ **A.I.T.P. is a supportive residential program** which provides high-risk or gang-involved youth a stable, secure environment in which they can acquire skills, confidence and support to transition to the community.
- ◇ **Establishment of six Family Centers** in 1994-95 increases access to diversion, family intervention, parent development and alcohol and drug treatment services which may help prevent juvenile violence and support appropriate responses when youth start getting into trouble.

Reduce Violent Crime by Juveniles [continued]

- ◇ **Level 7 grant program** resources available beginning in 1994-95 are targeted for teenagers who are acting-out and yet do have some family connections intact; the program is focused on helping these at-risk youth when they first begin to get into trouble and thereby preventing the decline into crime.
- ◇ **Additional youth diversion counselors at each of the six Family Centers** will work on violence prevention programs in elementary and middle schools.
- ◇ **The Touchstone program** expanded to an additional three elementary schools in 1994-95. The program is located at Ockley Green Middle School, Beach Elementary, Sitton Elementary, Woodmere Elementary and Whitman Elementary School and works with students and their families who are experiencing problems which increase their risk of developing alcohol and drug problems. The program emphasizes services to strengthen family support skills.
- ◇ **Increased supervision of juvenile sex offender cases** in 1994-95 was made possible by adding two more juvenile counselors to specialize in sex offender cases; the caseload per counselor was thereby reduced.
- ◇ **Three additional juvenile court counselors** were provided in 1994-95 to keep up with the dramatic increase in the overall number of juvenile offenders.
- ◇ **Improved security at the juvenile detention hall**, funded in 1994-95, is continued to reduce the possibility of escape and to increase safety within the area.
- ◇ **An anti-violence program** started in 1994-95 offers public information to "de-glamorize" violence among juveniles, assists public schools teachers in accessing existing conflict-management curriculum and funds an alternative five-day program for youth suspended from school because of their aggressive behavior.
- ◇ **A juvenile court trial deputy** was added in 1994-95 to address increased case loads and changes in State law.

Reduce Violent Crime by Adults

- ⇒ **Local jail bed capacity is increased** to absorb a population of State felons sentenced to less than 12 months who were previously held in State facilities: 45 jail beds are added at the Inverness Jail as a short-term solution; the Restitution Center beds will be used for more secure detention; and a long-range jail plan is under development. An estimated \$7.3 million in "high impact" funds are to be allocated by the State to compensate the County for the operating costs of additional beds. In addition, construction grants are expected to be available from the State on a competitive basis in August 1995.
- ⇒ **Current jail bed capacity will be used to most effectively** by detaining the most dangerous defendants and providing more effective supervision of lower risk offenders in the community. Twenty electronic bracelets will be procured to help supervise defendants under 24 hour house arrest; the Warrants Deputies will make periodic home visits to check on these people.
- ⇒ **A District Attorney Investigator position is budgeted** in response to the workload resulting from the rapid expansion of the Portland Police Bureau patrol function. City of Portland funding is requested.
- ⇒ **Community-based planning for expansion of the Neighborhood District Attorney Program to the Mid-County area** is planned for 1995-96; the goal is to add a position in the following year's budget. This would place Neighborhood DA's in each of the six service districts in the County. The addition of a Neighborhood DA team in Southeast Portland was funded in 1995-96 to work with the neighborhood groups, law enforcement officials and local businesses to identify quality of life crime issues, to work to resolve them and to thereby reduce the incidence of crime.
- ◇ **Probation Officers can impose immediate sanctions** for non-compliant behavior and may thereby prevent some violent crime. This capacity is the result of State legislation and the availability of a new set of programs including intensive case management, a day reporting center, a work release center, and 5-10 -20 day beds in the Courthouse jail for drug use among probationers and parolees.
- ◇ **Expansion of mental health services in the jails** and improved linkages with community agencies provide better assessment of inmates and appropriate treatment and supervision to prevent the recycling of people through the jails.

Reduce Violent Crime by Adults [continued]

- ◇ **The Sheriff works in cooperation with the District Attorney, community corrections and other governmental agencies** to reduce crime through: patrol services in unincorporated areas of Multnomah County, NE Cities and the riverways; safety action teams working in partnership with the communities; administration of an alarm ordinance; and other functions.
- ◇ **Community Corrections** contributes to the reduction of violent crime through a combination of supervision, treatment services and sanctions; the level of supervision of probationers and parolees is more intensive for assaultive offenders and sex offenders.
- ◇ **Parole / Probation Officers supervise sex offenders** and work closely with treatment providers , polygraph examiners, law enforcement, prosecutors, schools, and the State Children's Services Division (CSD) to monitor offender behavior and assure compliance with treatment and supervision requirements.
- ◇ **The Mental Health commitment process** supports the reduction of violent crime by identifying and placing holds on mentally ill persons who may be potentially dangerous; court ordered treatment is advocated for persons who do not become more stable during the commitment process.

Increase Success of Diversion Programs for Juveniles

- ⇒ **Implementation of the Casey Juvenile Detention Reform Initiative** will proceed in 1995-96 with the opening of day reporting and juvenile tracking programs.
- ⇒ **Funding to increase community-based program capacity** is budgeted in 1995-96. Specific programs may be focused at target populations, treatment services (such as alcohol and drug addiction) and/or programs to extend supervision over youth beyond the period they are in secure custody or detention.
- ⇒ **A plan to encourage closer monitoring of juveniles** who are charged with Minor Possession and DUII offenses for compliance with their diversion agreements and to apply sanctions more quickly if they are non-compliant will be developed by the Alcohol and Drug Program in 1995-96.
- ◇ **The 1994-95 restructuring of the juvenile justice system diversion process** maximizes the involvement of parents and ensures that young offenders are held accountable for completing their diversion program requirements.
- ◇ **Additional diversion counselors** provided in 1994-95 at each of the six Family Centers will follow-up with youths diverted from the juvenile justice system to maintain accountability and to link the child and parent(s) with other support services .
- ◇ **The Level 7 grant program** expanded in 1994-95 is targeted at pre-delinquent juveniles, but it is also a diversion program appropriate for youth committing status offenses or minor misdemeanors. These youth may be acting-out as a call for help or they may be staying away from their parent(s) as a logical, adaptive response to parental violence, alcoholism or drug abuse. The goals of the program are to provide comprehensive services to support the family remaining intact, to help the youth complete high school and to prevent more serious involvement with the juvenile justice system.

Increase Success of Diversion Programs for Adults

- ⇒ **The STOP drug diversion program is continued** with a combination of County general funds and funds requested from the City of Portland even though the Byrne Grant funding ends. The program has been shown to be highly effective in reducing recidivism and saves money by avoiding prosecution costs. The S.T.O.P. Drug Diversion Program serves up to 700 clients per year and is a collaborative effort with Community Corrections, the circuit court, the D.A., the Public Defender and a private non-profit treatment agency.
- ⇒ **An increase in pretrial releases for hispanic defendants** is expected due to the availability of a new, contracted program for pretrial supervision and support.
- ⇒ **The DUII division** of the newly formed Target Cities Central Intake system will be more closely monitoring clients' Court ordered treatment participation and applying more immediate sanctions for non-compliant clients. For individuals diverted from prosecution of DUII charges, assessment, referral, case monitoring and education/ treatment services are provided. A DUII monitoring program is operated by the D.A. to insure that convicted drunk drivers who have been diverted to treatment comply with the terms of the diversion program.
- ◇ **The District Attorney's Office** recommends diversion, when appropriate, to the STOP Drug Diversion program, the DUII Diversion program and a domestic violence diversion program.
- ◇ **Many other new or expanded efforts** which are likely to increase the success of diversion programs are described under the other public safety benchmarks.

Reduce Recidivism for Juveniles

- ⇒ **Implementation of the Casey Juvenile Detention Reform Initiative** will proceed in 1995-96 with the opening of day reporting and juvenile tracking programs.
- ⇒ **Funding to increase community-based program capacity** is budgeted in 1995-96. Specific programs may be focused at target populations, treatment services (such as alcohol and drug addiction) and/or programs to extend supervision over youth beyond the period they are in secure custody or detention.
- ⇒ **The Southeast GRIT and the Parole Transition Coordinator** position are continued with reallocated general fund support, despite the end of grant funding in 1995-96.
- ⇒ **Intensive sex offender treatment and follow-up** for young teenage juvenile offenders is provided by opening of a 16 bed residential sex offender treatment facility at the new juvenile facility in March 1996. The unit had been approved for 1994-95 but delayed opening is necessary to respond to Ballot Measure 11 youth and cap management challenges.
- ◇ **A number of successful community-based programs were stabilized and expanded** in 1994-95. The programs provide key tools for juvenile workers and family services specialists: including the Victim Offender Reconciliation Project (**VORP**) which sensitizes the offender to the personal cost which the crime imposed upon the victim ; the **Payback** Program which offers offenders opportunities to work to earn money for restitution to victims ; and **Save our Youth** which offers an intensive, targeted approach to reducing youth violence.
- ◇ **Community-based sex offender treatment services** available to young people aged 13 to 17 who are currently supervised by juvenile counselors were expanded in 1994-95.
- ◇ **Sex offender treatment programs for children ages 6 to 12** who are both victims and potential/actual sex offenders were also expanded in 1994-95.

Reduce Recidivism for Adults

- ⇒ **An additional work crew** is funded at the Inverness Jail to maximize the bed capacity at the facility and to reduce recidivism by adults.
- ◇ **Expansion of health and mental health services in the jails** in 1994-95 and improved linkages with community agencies provide better assessment of inmates and appropriate treatment and supervision to prevent the recycling of people through the jails.
- ◇ **Additional Probation Officer positions** were budgeted in 1994-95 due to increased workload in Community Corrections; an extensive affirmative action recruitment process has resulted in filling these positions which are budgeted to continue in 1995-96.
- ◇ **The Target cities grant** continuing from 1994-95 provides an in-jail intervention program to identify inmates with alcohol/drug problems or dependence, provide intensive motivational and orientation services to prepare them for successful treatment programs upon discharge.
- ◇ **Opening of new, transitional beds for parolees at a work release center** provides an intermediate step between State prison and return to the community and thereby reduces the recidivism rate.
- ◇ **Extended evening and weekend hours at the Day Reporting Center** started in 1994-95 to be more accessible for working probationers.
- ◇ **Community Corrections** provides an integrated array of supervision, treatment and sanction programs designed to reduce recidivism by assisting offenders to succeed while holding them accountable for their behavior. Intensive treatment/case management services are provided to reduce recidivism and counter the generational impacts of substance abuse, domestic violence, pregnant women's substance abuse and prostitution.
- ◇ **The District Attorney** prosecutes felony and misdemeanor offenses to serve justice and to deter offenders from committing future crimes.
- ◇ **The Adult Mental Health program** subcontracts for mental health treatment for persons released from prison under the supervision of the Psychiatric Review Board with the objective of avoiding future assaultive or explosive behaviors; monthly status reports are provided throughout the term of supervision.

Reduce Recidivism for Adults [continued]

- ◇ **In the jails**, inmates can be assigned to work crews, they may work towards high school completion, they may obtain religious counseling and they may receive treatment services on a limited basis for mental health, alcohol and drug abuse problems.
- ◇ **Emergency shelter** is provided to parolees in order to assist them in their transition to the community through a program operated by the Community and Family Services Division.

Increase Access to Drug Treatment Services

- ◇ **The Target Cities grant** continued from 1994-95 strengthens the client assessment function to assure the most cost-effective use of treatment resources; and focuses on increasing access to drug and alcohol treatment for people in the corrections system and under the mental health commitment processes.
- ◇ **The Alcohol and Drug Program** currently funds treatment services for adults and adolescents totaling about \$10 million annually. Over 18,000 admissions are made per year to treatment services which include sobering, detoxification, a variety of residential services, outpatient treatment, methadone, treatment and recovery support service. Services are specialized for women, pregnant women, ethnic minorities, adolescents, DUII offenders and homeless persons
- ◇ **Community Corrections** secures an extensive range of drug treatment services as part of its case management responsibilities in parole and probation supervision, including: contracts for detoxification, outpatient treatment, intensive outpatient treatment and residential treatment for 600 clients per year; drug-free housing programs serving about 300 clients per year; and about 1,000 clients per year in the department's drug testing program.
- ◇ **Adult Mental Health** requires that possible substance abuse is part of all mental health intake assessments, and all four quadrant mental health agencies offer mental health services that address substance abuse issues for those with dual diagnosis.
- ◇ **The District Attorney's Office:** recommends diversion of DUII offenders or people charged with possession of an illegal substance, as appropriate; and operates a DUII monitoring program to insure that convicted drunk drivers who have been diverted to treatment comply with the terms of the diversion program.
- ◇ **The Health Department** provides drug treatment information and referral services through various HIV projects to serve the homeless population, women at-risk and HIV clinic & field service clients.
- ◇ **Homeless people** with alcohol or drug problems are referred by the Community Action program contractors to the Alcohol & Drug Program for treatment.

Increase Access to Health Care Services

- ⇒ **CareOregon offers services** to all within 100% of federal poverty guidelines through the Oregon Health Plan. As its first full year of operation concludes, CareOregon has an enrolled membership of over 20,000. During 1995-96, it is projected that enrollment will rise to 32,320 members.
- ◇ **After-hours access to urgent care** reduced emergency room use and thereby kept costs down starting in 1994-95; under the Oregon Health Plan, CareOregon was required to make after-hours care available.
- ◇ **Expanded School Based Health Care** was made available in 1994-95 at two new middle-school health clinics and, through a federal grant, at one elementary school. School Based Health Centers operate in seven high schools, two middle schools and one elementary school. They provide acute and chronic medical care, reproductive health care, mental health care, physical exams, immunizations and general health guidance to students.
- ◇ **Full-time Community Health Nurses** in each of the six Family Centers improved the availability of health care services and contraceptive information to teens, starting in 1994-95.
- ◇ **Coalition health clinics** provide important access for populations who have difficulty accessing the health care system.
- ◇ **Eight Primary Care Clinics are operated** by the Health Department at locations around the County; non-English speaking clients are provided with health care in a language they understand.
- ◇ **Burnside Health Clinic** provides integrated primary health services to culturally diverse, medically indigent and homeless clients who reside in SROs, hotels or on the streets in the West Burnside area.
- ◇ **Primary Care/Coalition Clinics** provide access to basic health care for medically indigent residents of Multnomah county.

Increase Access to Health Care Services [continued]

- ◇ **Primary Care/ Homeless Children's Project** ensures availability and access to preventative and primary health care for children and their families who are at risk of being homeless with a focus on Hispanic children and their families.
- ◇ **The International Health Center** provides primary care services for incoming refugees.
- ◇ **Corrections Health** screens all inmates entering the jail and provides prenatal care for pregnant females (women and teens) while incarcerated.
- ◇ **HIV Clinic and Field Services** provide high quality primary health care to HIV infected persons who have no other source of care.
- ◇ **Aging Services enrolls all Medicaid eligible seniors (65+)** in the State's Medicaid program and assists those not Medicaid eligible to have their Medicare premiums paid by the State.
- ◇ **Juvenile Justice** screens and refers youth to health care providers.

Increase Access to Mental Health Care Services

- ⇒ Options are being explored for development of a **Mental Health Crisis Triage Unit** to respond to the crisis needs of individuals, children and families. This program would facilitate diversions from expensive hospital emergency holds, provide rapid evaluation and referral, coordinate service placement and handle dual diagnosis problems.
- ⇒ Community and Family Services has been planning for implementation of **managed care in the behavioral mental health** system as a result of the implementation of the Oregon Health Plan. Current planning is underway for implementation of managed care systems for children's mental health and for alcohol and drug services. Consultant support is budgeted to study managed care feasibility and to assist in planning and system design.
- ◇ **The Children's Mental Health and Youth Program** provides managed mental health care, community-based services, school-based mental health and specialized services.
- ◇ **Telephone crisis hot line services** are widely publicized to offer information, screening for mental health issues and referral to community providers.
- ◇ **Homeless persons with mental illness** are served through Community Action programs providing housing and emergency services.
- ◇ **Four multi-disciplinary teams** which advise and counsel ASD case managers on difficult or complex client issues include participants from Aging Services, Health, Community and Family Services and mental health contractors.
- ◇ **Community Corrections contracts** with a community agency to provide assessment, consultation, medication management and group therapy on-site at the district offices.
- ◇ **Adult Sex offender treatment** is provided by contracted therapists working closely with the Parole and Probation Officers.

Increase Access to Mental Health Care Services [continued]

- ◇ **Expanded mental health services in high school clinics** were budgeted starting in 1994-95 to improve student access to services.
- ◇ **Improved access to mental health services for pre-school children** and their families was achieved by entering into a partnership with Mt. Hood Head Start to provide assistance to targeting families in mid and east county.
- ◇ **Homeless families case management** funding is stabilized to continue at current levels.
- ◇ **The “Level 7” grant program** begun in 1994-95 provides access, referral and treatment opportunities for the up to 1,000 at-risk youth it serves.
- ◇ **Expansion of mental health services in the jails** and improved linkages with community agencies provide better assessment of inmates and appropriate treatment and supervision to prevent the recycling of people through the jails.
- ◇ **Project Respond** was expanded in 1994-95 through the voluntary dues paid to the Association for Portland Progress.

Increase County Work Force & Contractor Diversity

- ◇ **“Work Force Diversity”** is a performance trend for every department in the county’s program performance budget document.
- ◇ **Increase managerial accountability** for progress towards affirmative action goals by including this in the new performance evaluation system.
- ◇ **Outreach and recruitment efforts** by the Affirmative Action Office to support goals to hire people of color and women in underrepresented occupations were increased in 1994-95.
- ◇ **Improve participation in Cultural diversity training** by County employees by following-up with people who have not yet attended and by establishing attendance as a requirement for new hires.
- ◇ **The City/County Affirmative Action Office** prepares and implements the county’s Affirmative Action Compliance Plan and works with departments to develop and implement strategies to reach the goals.
- ◇ **The Employee Services Division** has primary responsibility for affirmative action recruitment and has developed key results measures to report its progress.
- ◇ **A Cultural Diversity Conference** is held annually to empower the Cultural Diversity Task Force to assist in developing countywide diversity goals and objectives and to set the agenda for training and other activities.
- ◇ **Every County department** conducts a unique outreach and recruitment to affirmative action hiring efforts in specialized job categories. A few noteworthy efforts are: the Library’s efforts to assign public service staff similar to the population using specific services; the “Multicultural Awareness Committee” of the Department of Environmental Services; the Health Department’s aggressive practices to improve work force diversity and bilingual capabilities of staff; the District Attorney’s Office outreach for professional positions and encouragement of minority law students to consider a public sector career; and Community Corrections outreach to community and college groups.
- ◇ **Contracts require a cultural competency plan and report** from contractors presently working with the Community Action, Youth and Community Development programs; RFPs for Mental Health require descriptions of Work Force diversity and cultural diversity.

Increase the Accountability and Responsiveness of County Government

- ⇒ **Improve communication capacity** and support information technology strategic planning efforts by investing in information systems including: expanded public access to information through the libraries; video arraignment at all justice facilities; new initiatives for communication with the community and for data transfer within the county ; improved connectivity through infrastructure investment ; and technology and systems support staff in departments.
- ⇒ **Caring Communities integrated services program efforts** are enhanced with additional funds for community partnership coordination and for “seed” grants for pilot integration projects.
- ⇒ **The RESULTS Campaign** (Reaching Excellent Service Using Leadership and Team Strategies) is underway as a quality services effort to fundamentally restructure the way the County works as an organization: the goal is to create a high performance organization where employee abilities are fully utilized to improve customer service and to keep costs down. In 1995-96, investment in employee training is budgeted as the critical next step in developing organizational capacity to achieve RESULTS.
- ⇒ **Increased facilities infrastructure investment** to begin to address deferred maintenance needs in the county’s buildings.
- ⇒ **Improved Animal Control customer service** through phone systems upgrades and systems improvements.
- ◇ **Training and incentive grants for RESULTS** efforts are awarded to employee teams who want to improve service.
- ◇ **A City-County citizen satisfaction survey** was conducted in 1994-95 and will be repeated each year to assess our progress towards selected benchmarks. This is a cooperative effort by the City and County Auditor’s Offices.
- ◇ **Customer surveys** were designed and administered in various departments across the County to gather specific, detailed information to assist work groups to understand the customers’ experiences and to identify opportunities to make improvements.
- ◇ **Program evaluation efforts** increased in 1994-95 by adding one Evaluation Specialist in the Budget Office to assist departments: to develop information collection and evaluation procedures for routine use; and to provide internal consulting services on major program evaluations.

Increase the Accountability and Responsiveness of County Government [continued]

- ◇ **The County Auditor's capacity** to conduct in-depth performance audits was enhanced in 1994-95 by an allocation for temporary services funds to employ as-needed subject experts ; this continues in 1995-96.
- ◇ **Implementation of a facility energy savings program** by Environmental Services has gained energy efficiencies and reduced operating costs.
- ◇ **Multnomah County Benchmarks** and a sub-set of urgent benchmarks were adopted by the Board of County Commissioners to provide focus our efforts on long-term goals and preventative strategies.
- ◇ **The Portland-Multnomah County Progress Board**, with leadership by the County Chair and City Mayor, has adopted benchmarks for the community and is beginning to advocate for adoption of those benchmarks by governmental, private, non-profit and community organizations.
- ◇ **The new program performance budget** document is designed to better communicate what the County is trying to accomplish, how the County functions and to what extent the County is getting results. This budgeting approach represents an important, on-going commitment to increased accountability to policy-makers and the public. Key results and action plans presented in the budget will be monitored during the year to sustain our focus on results and to establish accountability.
- ◇ **A new pay for results performance evaluation system** being implemented for managers supports the focus upon results and accountability.
- ◇ **Performance audits** conducted by the Multnomah County Auditor's Office provide independent, in-depth evaluations of governmental efficiency and effectiveness.
- ◇ **Citizen advisory and oversight boards** such as the Citizens Involvement Committee (CIC), the Citizen Budget Advisory Committees (CBAC) for each department and numerous others are in place to increase the accountability and responsiveness of government; within each departmental section of the budget, a summary of those groups which have a decision-making role over program budgets or policies is provided.

COMPLETE LISTING OF ADOPTED BENCHMARKS

1. **Teen Pregnancy** - Pregnancy rate per 1,000 females ages 10 - 17. [By ethnicity]
2. **Prenatal Care** - Percentage of babies whose mothers received adequate prenatal care beginning in the first trimester.
3. **Drug-Free Babies** - Percentage of infants whose mothers did not use illicit drugs, alcohol, or tobacco during pregnancy.
4. **Immunization** - Percent of two year olds adequately immunized.
5. **Teenagers' Sexually Transmitted Diseases** - Rate per 1,000 population ages 10 - 19.
6. **HIV and AIDS** - Annual percentage/number of HIV cases with an early diagnosis.
7. **Sexually Transmitted Disease** - Rate for adults 20 to 44 years old.
8. **TB** - Incidence of tuberculosis per 1,000 population.
9. **Hepatitis** - Incidence of hepatitis B per 1,000 population.
10. **Health Care Access/Economic** - Percentage of population with economic access to health care. [By ethnicity]
11. **Health Care Access/Geographic** - Percent of citizens who have geographic access to basic health care.
12. **Mental Health Care Access** - Percentage of population with access to public or private treatment for mental or emotional problems. [By children or adults]
13. **Care of elderly** - Percentage of elderly living independently or with adequate support.

COMPLETE LISTING OF ADOPTED BENCHMARKS [CONTINUED]

14. **Mental Illness and Housing** - Percentage living in housing of their choice with adequate support.
15. **Mental Illness and Employment** - Percentage of citizens with mental illness who are employed.
16. **Mental Illness and Poverty** - Percentage of citizens with mental illness living above poverty.
17. **Developmental Disabilities and Housing** - Percentage living in community housing of their choice with adequate support.
18. **Developmental Disabilities and Employment** - Percentage of citizens with developmental disabilities who are employed.
19. **Developmental Disabilities and Poverty** - Percentage of citizens with developmental disabilities living above poverty.
20. **Physical Disabilities and Housing** - Percentage living in housing of their choice with adequate support.
21. **Physical Disabilities and Employment** - Percentage of citizens with physical disabilities who are employed.
22. **Physical Disabilities and Poverty** - Percentage of citizens with physical disabilities living above poverty.
23. **Access to Facilities** - Percentage of public buildings and facilities accessible to Oregonians with physical disabilities.
24. **Homelessness** - Number of citizens who were homeless at some time in the last year. [By children and adults]
25. **Housing** - Percentage of home owners and renters below median income spending less than 30 percent of their household income on housing and utilities. [By ethnicity]

COMPLETE LISTING OF ADOPTED BENCHMARKS [CONTINUED]

26. **Tax Foreclosures** - Number of tax foreclosures per 1,000 homes.
[By owner occupied v. rental]
27. **Child Care Quality** - Percentage of child care facilities which meet established basic standards.
28. **Child Care Availability** - Number of identified child care slots available for every 100 children under age 13.
29. **Student Alcohol Use** - Percentage of students free of involvement with alcohol in the previous month. [At 8th and 11th grades]
30. **Student Drug Use** - Percentage of students free of involvement with illicit drugs in the previous month. [At 8th and 11th grades]
31. **Adult Drug Use** - Percentage of adults who use illegal drugs.
32. **Drug Treatment** - Percentage of people seeking alcohol or drug treatment who receive it.
33. **Family Wage Jobs** - Average annual payroll per worker.
34. **Poverty** - Percentages of citizens with incomes above 100% of the Federal poverty level. [By ethnicity]
35. **Children in Poverty** - Percentage of children living above poverty. [By ethnicity]
36. **Child Support** - Percentage of Court ordered child support paid to single parent families.
37. **Income** - Percentage of citizens with incomes above 125% of the Federal poverty level.
38. **High School Completion** - Percentage of students completing high school or an equivalent program. [By ethnicity]

COMPLETE LISTING OF ADOPTED BENCHMARKS [CONTINUED]

39. **Workforce Readiness** - Percentage of people who leave post-secondary programs possessing skill sets to match workforce needs.
40. **Early Childhood Development** - Percentage of children entering kindergarten meeting specific developmental standards for their age.
41. **Early Library Contact** - Percent of children having contact with a public library before starting kindergarten.
42. **Children's' Library Use** - Percentage of children who have library cards and have used them within the last six months. [By selected grades - 1st, 6th, and 11th]
43. **Library Use** - Books borrowed per capita.
44. **Adult Literacy** - Percentage of adults with English literacy skills [detailed by prose literacy, document literacy, and quantitative literacy].
45. **Child Abuse** - Number of children abused or neglected per 1,000 persons under 18. [By ethnicity]
46. **Spousal Abuse** - Domestic violence calls per 1,000 households.
47. **Elder Abuse** - Rate per 1,000 in elderly population.
48. **Hate crimes** - Per 1,000 population.
49. **Sense of safety** - Percentage of citizens who feel safe and secure from crime.
50. **Violent Crime** - Crimes against people per 1,000 population. [By juveniles and adults]
51. **Property Crimes** - Crimes against property per 1,000 population. [By juveniles and adults]
52. **Firearm Injuries** - Firearm injury rate per 1,000 population.

COMPLETE LISTING OF ADOPTED BENCHMARKS [CONTINUED]

53. **Weapons Permits** - Number of concealed weapons permits issued per 1,000 population. [By male/female]
54. **Weapons Seized in Schools** - Number of weapons seized in public schools. [By high school or below]
55. **Diversion Programs** - Percentage of diverted offenders who commit any offense within one year after completing the diversion program. [By juveniles and adults]
56. **Recidivism** - Percentage of felons who commit new felonies within three years of re-entry into the community. [By juveniles and adults]
57. **Drugs & Crime** - Rate of arrestees who have one or more drugs in their system at time of arrest.
58. **Offender Drug Treatment** - Percentage of offenders needing drug and alcohol treatment who receive it.
59. **Community Policing** - Number of communities involved in a community-based strategic plan for law enforcement.
60. **Victimization** - Victimization rates for hate crimes, rape, domestic violence, and juvenile coerced theft. [By ethnicity]
61. **Community Preparedness** - Percentage of residences, institutions, and businesses which are prepared for an emergency by being able to sustain themselves for 72 hours.
62. **Emergency Losses** - Property and person loss due to emergency/disasters: number of lives lost per 1,000; dollar value of loss as a percentage of structure/property exposed.
63. **Emergency Services Preparedness** - Percentage of emergency service agencies (defined by ORS 401) with emergency plans and emergency response procedures in place that are regularly exercised and updated per federal standards.

COMPLETE LISTING OF ADOPTED BENCHMARKS [CONTINUED]

64. **Animal Control** - Reported incidents of personal injuries from dangerous dogs per 1,000 population.
65. **Sense of Community in Neighborhoods** - Percentage of people who feel a sense of community in their neighborhood.
66. **Water Quality** - Number of days per year our rivers and streams meet government in-stream water quality standards.
67. **Recycling and Solid Waste** - Pounds of solid waste landfilled per capita per year.
68. **Clean Streets** - Percentage of streets rated acceptably clean.
69. **Open Spaces** - Acres of parks and protected green spaces per 1,000 population.
70. **Land Use Planning** - Percent of rural lands that are included within a current, approved Rural Area Plan (R.A.P.).
71. **Community Design** - Percentage of population that lives within one-half mile walk of all of the following: park/open space; transit service; elementary school; neighborhood commercial mode; bike path.
72. **Proximity of Home to Work** - Percentage of people who commute [one-way] within 30 minutes between where they live and work.
73. **Transportation Alternatives** - Percentage of people who commute to and from work and use multiple modes of transportation for commuting.
74. **Civic Participation** - Percent of eligible citizens who vote.
75. **Taxes** - Total taxes per \$1,000 income.

COMPLETE LISTING OF ADOPTED BENCHMARKS [CONTINUED]

76. **Cost of Government** - Per capita cost of government.
77. **Financial Capacity and Performance** - Multnomah County's general obligation bond rating.
78. **Infrastructure Investment** - Real per capita outlays for public infrastructure.
79. **Streamlined Permits/Licenses** - Percent of permits/licenses issued within target time period or less.
80. **Citizen Satisfaction** - Percentage of citizens who are satisfied that County services are necessary, responsive, and cost-effective. [By type of service]
81. **Knowledge of Government** - Percentage of citizens who understand the Oregon governmental system.
82. **Citizen Involvement** - Percentage of citizens who volunteer at least 50 hours per year to civic, community, or non-profit activities. [By age and ethnicity]
83. **Government Responsiveness** - Percent of citizen volunteers in a governmental advisory capacity who are satisfied that their recommendations were carefully and respectfully considered.
84. **County Workforce and Contractor Diversity** - Percent of minorities and women presently employed by the County or its contracted service providers versus percent presently available within the local labor market.
85. **Government Accountability** - Percentage of agencies that employ results-oriented performance measures.



Multnomah County has adopted a set of Benchmarks for supporting children and families, assuring public safety and improving government accountability. The only way for the County to achieve its goals with current resources is to do things differently. The RESULTS Initiative is assisting the County in finding innovative ways to improve services and use tax dollars wisely.

Beverly Stein
Multnomah County Chair

What is the RESULTS Initiative?

The RESULTS Initiative is Multnomah County's approach to improve the quality of County services. RESULTS stands for "Reaching Excellent Service Using Leadership and Team Strategies." Our goal is excellence in customer service. Our strategies are new forms of leadership at all levels, an emphasis on teamwork and continuous quality improvement.

The goals are to empower managers and employees and improve their work lives so they can provide quality service and efficient use of tax dollars through valuing innovation, improving responsiveness, and practicing continuous quality improvement. To achieve our goals for RESULTS, we must orient ourselves to be customer-focused and to emphasize timely, accountable and measurable performance.

RESULTS is a labor/management partnership that acknowledges the value of all employees and is designed to tap into their wisdom. It is linked to our County's promotion of skills in communicating within a diverse workforce, and implementation of a budgeting process that focuses on measurable outcomes. RESULTS provides the tools to connect measurable goals for the County's day to day work with the County's community-based vision and long-term Benchmark goals.

Why are we doing this?

Public dissatisfaction with government at every level is at an all-time high. Many voters and taxpayers believe that they do not get good value for their tax investment in public services.

At the same time, many government workers are disheartened by the weight of bureaucracy and the difficulty in making changes. Years of budget slashing have too often targeted innovative programs or created impossible workloads. Anti-government sentiment wears away at employees' pride, job satisfaction and productivity.

Multnomah County has adopted long range benchmark goals to support children and families, to assure community safety, to provide access to services and to improve government accountability. The only way to achieve these goals is to orient ourselves more closely to people and their communities and to maximize the use of all our resources through partnerships with business, congregations, community-based organizations, schools and other governments.

How Is the RESULTS Initiative Changing County Government?

RESULTS focuses us on meeting the needs of our community. We are passionate about being responsive to and communicating effectively with our internal and external "customers."

RESULTS values the skills, knowledge and common sense of employees. The role of managers is changing from controlling to coaching, facilitating and breaking down barriers. Employee morale and job satisfaction is increasing and the public image of employees will improve.

RESULTS values innovation. Workers are encouraged to develop new solutions to old problems. We are studying "best practices" in the private and public sectors and adapting successful programs to our local needs. **RESULTS** will provide County workers with tools to eliminate unnecessary bureaucracy and increase productivity.

RESULTS moves the focus of attention from effort to results. Using benchmarks and performance measurements we are focusing on desired outcomes, not on effort and input.

What have we accomplished so far?

The first phase of our **RESULTS** Initiative developed commitment throughout the organization -- with policy-makers, managers, employees and union representatives. We also actively sought the advice and experience of other employers and quality experts, so that we could learn from their successes -- and mistakes.

The Board of Commissioners, department managers, line workers and labor union representatives are all supportive of and involved in the **RESULTS** initiative. Managers and employees are learning, through a variety of forums, the methods and tools to increase customer satisfaction and to continually improve quality and productivity.

The County's training program and performance evaluation system for managers are being revised to support a focus on outcomes and results. We have already trained a core of employees, managers and union representatives in the skills and tools of continuous quality improvement. We have a "grants" program that helps teams get started in service improvement, and we are training a core of employee facilitators to be our internal experts and team leaders.

We are in the second phase of **RESULTS**, which is to complete and implement a strategic design which will identify goals and milestones and help to redesign our delivery of services. The strategic design will outline the course of the program for the next five plus years, and will focus on measurement and accountability for all County services. Concurrently, all County departments have begun to initiate **RESULTS** in the workplace, and already are achieving improvements. We also will be looking at our underlying systems

(hiring, compensation, training, labor relations, etc.) to align them with quality and to provide a strong foundation for RESULTS.

Some of our Successes

The County's goal is to implement an organization-wide approach. However, projects have started which are already transforming the way services are delivered. Some examples:

- * Aging Services improved instructions to service providers in the Adult Housing program, and experienced a 25 % reduction in complaints
- * Community and Family Services consolidated and redesigned the County's contracting process, which resulted in being able to shift 1 staff person to other needed services
- * Misdirected letters to Purchasing Division for invoice payments reduced by 65 percent
- * Central Stores reduced the number of required forms for purchase process from 14 to 5
- * The S.E. Health Clinic reduced the return time of patient phone calls from 3 to 4 hours to 20 minutes, causing patient complaints to cease
- * The E. County Health Clinic converted an office into an exam room to serve 15 to 18 more patients per day; productivity increased 15 %
- * The N.E. Health Clinic reduced missing/misplaced charts by 75 %
- * The Library streamlined/redesigned work stations and reduced cycle time for "high demand" items from 5 days to 4 days
- * Community Corrections reduced the time between intake and supervision from 20 to 25 days to 5 to 10 days (and sometimes same day) processing

Guidance for the RESULTS Initiative

The RESULTS Steering Committee guides the campaign with help from external experts and practitioners. This committee includes broad representation from the Board of County Commissioners, union leadership, management and line employees.

We have obtained advice from experts and have begun to develop expertise within our organization. Chair Beverly Stein is on the Board of the Alliance for Redesigning Government, and on Secretary of Labor Robert Reich's Task Force on Excellence in Government through Labor/Management Cooperation. Barry Crook, Budget and Quality Manager, is the current Chair of the Public Sector Network for the American Society for Quality Control. A number of other internal staff persons and employees are becoming "experts" in quality, including union representatives. Multnomah County is also a charter governmental member of the Oregon Quality Initiative.

For More Information About The RESULTS Initiative: Contact Melinda Petersen, Multnomah County Chair's Office, 248-3971