

# Community and Family Services

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# Community and Family Services

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## Vision

The mission of the Department of Community and Family Services (CFS) is to oversee and assure the provision of Human Services to the indigent and underserved populations in Multnomah County. The Department will serve as the catalyst for building strong, healthy communities by creating a service system that puts our customers first and ensures that services are delivered in an integrated, uninterrupted system. These services will be delivered with respect, cultural competency and in a cost effective manner. In carrying out this mission we are committed to celebrating the strengths and diversity of our community, fostering the renewal and expansion of community resources, and creating an environment where individuals, children and families will thrive.

To achieve these goals, the values reflected in this mission must also be an integral part of the working culture of CFS. In that context, CFS promotes a work environment that:

- is based on employee involvement, teamwork and leadership;
- reflects the diversity of the community;
- builds awareness, self esteem, empowerment, pride and enthusiasm;
- encourages optimism, innovation and dedication; and,
- recognizes group and individual achievement.

## Strategies

To actualize this mission, Community and Family Services will strive to create healthy, safe communities where individuals, children and their families thrive. Its strategies are based on these values:

- Meeting the needs of families and children is the focus of every action and supersedes the needs of service systems and programs.
- Children are best served within their families, and families can best be supported in strong, safe communities.
- Existing community facilities (schools, churches, community centers, libraries, etc.) should be used to the greatest extent possible.
- Government should be a catalyst to create partnerships that leverage resources and break barriers.
- Services should be funded in a coordinated way and should provide incentives to collaborate and integrate efforts, and should focus on preventing problems and addressing the issues identified by families and their communities.

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The Community and Family Services strategies for 1995-96 are:

- Further develop Family Centers as key actors in bringing each neighborhood together to improve the quality of life for all households in the area.
- Implement managed care in the Children and Youth Program Office.
- Develop supportive services and affordable housing options for people with special needs and the homeless.
- Develop and implement a centralized procurement and evaluation system for the Department.
- Integrate the service delivery system into the community and into places where consumers reside.
- Develop and implement an information system that enables CFS to measure Benchmark progress and achievements and be accountable to the community.

## Partnerships

Strategies to improve the social fabric of our communities will require partnerships with:

- Service providers, to assure quality services and supports for clients.
- Other public agencies, including Cities of Portland and Gresham, Housing Authority, State and federal agencies, other County departments, and public school districts, to jointly set policy and program direction and to coordinate implementation.
- Major funding groups such as United Way, Black United Fund, Oregon Community Foundation, Meyer Memorial Trust Foundation, and others, to coordinate program implementation.
- Citizens, to maintain relevancy to the community's values and needs, to monitor Benchmark activity, and to provide a volunteer base for program support.
- Colleges and universities, to assure currency in philosophy, approach, and skills and to coordinate evaluation efforts.

# Community and Family Services

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## Budget Overview

	1993-94	1994-95	1994-95	1995-96	
	<u>Actual</u>	<u>Current</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	
Staffing FTE	233.54	292.99	284.00	329.36	45.36
Departmental Costs	\$69,094,092	\$74,781,166	\$83,076,003	\$85,413,813	\$2,337,810
Program Revenues	\$56,915,832	\$61,223,366	\$68,854,158	\$69,392,097	\$537,939
General Fund Support	\$12,178,260	\$13,557,800	\$14,221,845	\$16,021,716	\$1,799,871

## Department Services

The Department of Community and Family Services offers the following services:

- Planning, program development, advocacy, and accountability
- Alcohol/Drug use prevention, assessments, and treatment
- Community Action Anti-Poverty Services (community organizing, housing stabilization, self-sufficiency services for low income people, energy assistance, weatherization)
- Community Development (housing development, public works)
- Developmental Disabilities services for children and adults
- Mental Health services for children and adults
- Youth Programs (family centers, prevention and intervention services)

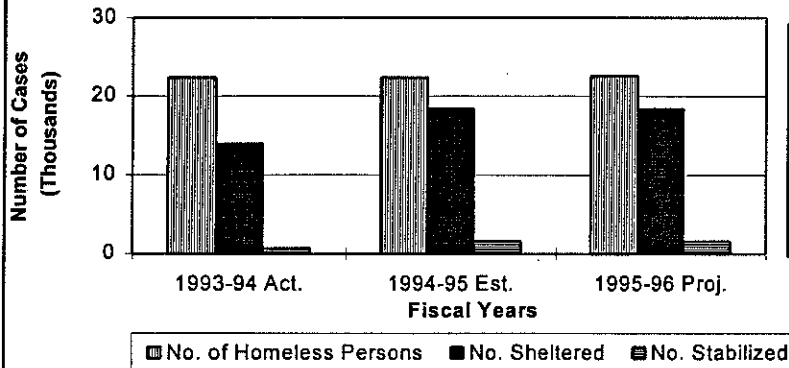
Because these programs are primarily funded through federal and state resources, local policy discretion regarding them is significantly limited by federal and state mandates and other funding source (grant) requirements.

Several citizen groups, involving over 175 people, have formal advisory or oversight responsibilities for programs and Benchmark activities. For Community and Family Services as a whole, the Citizens Budget Advisory Board advises on budget issues. Other ad hoc citizen committees and task forces are formed to provide input, guidance, and commitment to specific projects and concerns. Each program area in Community and Family Services has its own specific citizen advisory group as well.

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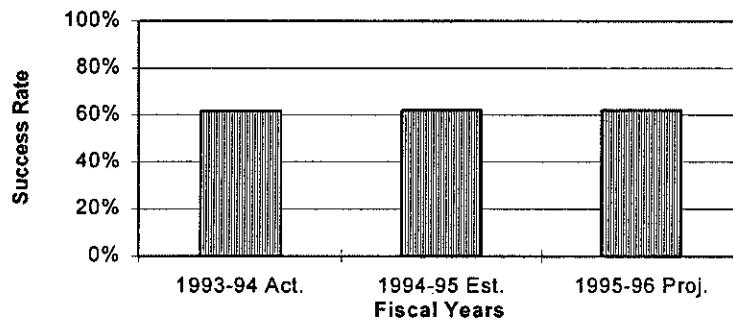
## Performance Trends

### Homeless Population Sheltered/Stabilized



The number of homeless sheltered and stabilized increased in 1994-95 due to the implementation of the Winter Plan, which provides additional shelter capacity of 275 beds during the winter months.

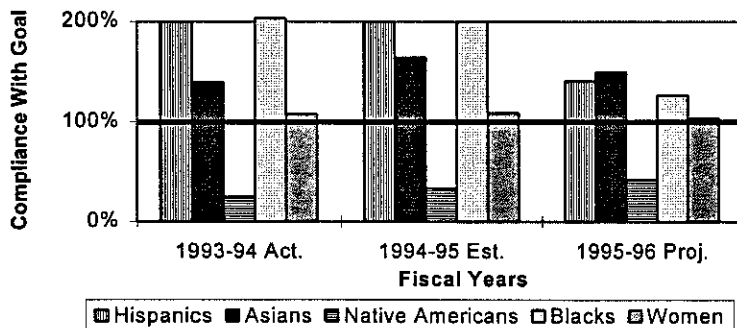
### Successful Diversion of Youth Offenders



The Diversion Program, a partnership between the Family Centers and the Juvenile Justice Division, has reduced recidivism among youth offenders. In 1993-94, 61.8% of youths completing the program did not have subsequent offenses within a year, compared with 43.6% of comparable youth offenders who did not participate in the Diversion Program.

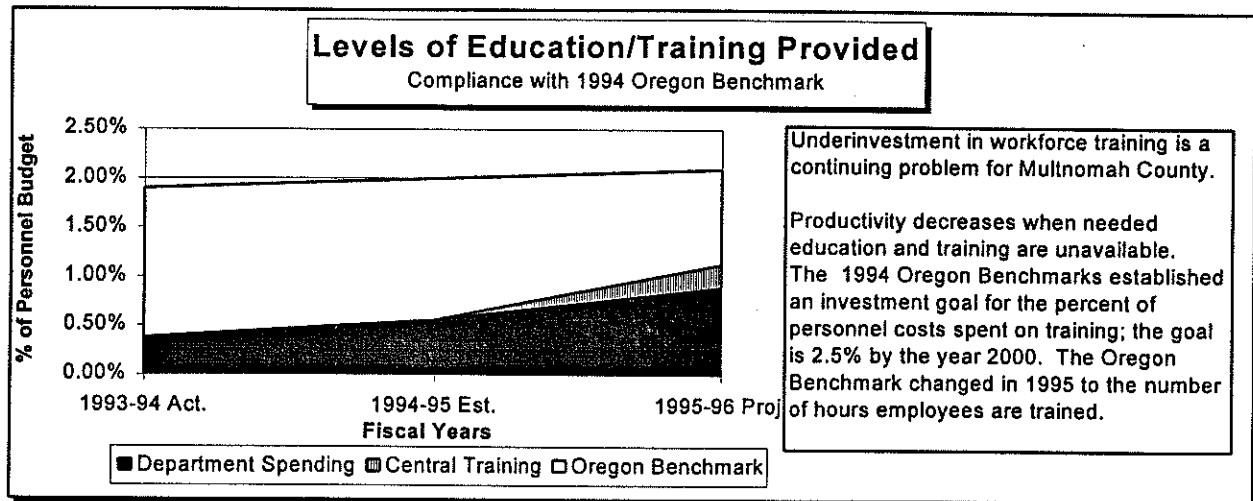
### Workforce Diversity

Success Towards Goals (Across all job classifications)



Commitment to Workforce Diversity has led to good results in meeting established goals. Actual hires meet or exceed Affirmative Action goals for Hispanics, Asians, Blacks and Women. Strategic plans are in place to improve statistics for Native Americans.

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## Recent Accomplishments

- **Expanded services to children and families:**
  - Completed the implementation of six Family Centers and Parent Child Development Centers, which serve over 2,700 youth and 250 families.
  - Established culturally-specific programs for families within the Asian and Hispanic communities.
  - Increased the number of children/families served by the CARES Program services for abused children.
  - Expanded mental health services at Mount Hood Head Start Program.
  - Created new and specialized services for 300 youth under the Level 7 program, including case management, housing and outreach.
  - Placed over 100 gang-affected/gang-involved youth into wage-paying jobs through the Youth Employment and Empowerment Project.
  - Increased substance abuse intervention services (Touchstone Family Intervention Project) from two schools to five and facilitated the expansion of this model to the Portland Public Schools Head Start Program in conjunction with the Target Cities Project.
- **Integrated behavioral health planning, policy and program development:** Created the Behavioral Health Management Council, integrating planning and development for managed mental health and alcohol and drug services. Developed an agreement with CareOregon to provide managed chemical dependency services to CareOregon's members statewide under the Oregon Health Plan.
- **Developed a continuum of services for homeless persons:** Implemented services for homeless, sexual minority and runaway youth. Initiated a winter shelter program to assist homeless youth and adults with developmental disabilities. Facilitated the operation of the Homeless Alcohol and Drug Intervention Network to assure effective use of services for homeless persons with chemical dependencies.
- **Increased alcohol and drug services:** As part of the Portland Target Cities Project, established Multnomah County's first centralized intake program for clients in need of substance abuse services. Developed a training and mentorship program to increase the diversity of certified alcohol and drug counselors. Implemented integrated projects with the Health Department, the State Children's Services Division and the Adult and Family Services Division by placing A&D evaluators in their sites to assess and evaluate clients and refer them to treatment as needed.
- **Initiated quality improvement efforts:** Consistent with the RESULTS campaign, initiated the re-engineering of CFS decision-making, planning, program development and service delivery through the development of department-wide teams, education and training activities, and organizational restructuring.



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## Budget Highlights

### Service Levels

- State funding of mental health services for non-Medicaid children and adults was reduced drastically in the Governor's Budget. The Legislature restored funding in most of the major service areas, but the final allocations were not available at the time the budget was adopted. This budget currently reflects over \$2 million in mental health reductions, which will be revised during the fiscal year through budget modifications.
- Funding for the Target Cities Project, a five-year federal demonstration project to determine effective approaches to improving alcohol and drug treatment, increased by \$475,000 as the project entered the implementation phase.
- The Low Income Energy Assistance Program is projected to be cut by \$360,000. Previously, the reduction was estimated to be \$1.8 million. The program provides energy subsidies and education to low income households.
- The CARES project was enhanced through the addition of 2 Mental Health Consultants, and professional consultation. The project provides assessment and other services to victims of child abuse. The enhancement will allow it to increase the number of children served from 700 to 1,600 per year.

### Scope of Services

- CFS has been planning the 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 to develop a managed care system for children's mental health and alcohol and drug services. The budget contains \$100,000 for consultants to study managed care feasibility and assist in planning and system design.
- CFS is exploring options for development of a **Mental Health Crisis Program** to respond to the mental health 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. A one-time-only allocation of \$400,000 has been added as base funding; ongoing funding will be reallocated within current Department resources and solicited from other organizations that rely on the crisis system, including community resources.
- Funding has been added for the development of a **Management Information System**. The system will be used for a wide range of purposes: tracking performance data, contracts monitoring, client information, budget tracking, billing and accounting, and connecting with a variety of networks and platforms. \$145,000 has been dedicated to MIS development for consultant services and 3 employees.
- Six-month funding of \$80,000 was added for a **High School Transition** program for developmentally-disabled youth aged 21-26. The program will serve youth with extremely high care needs to prevent out-of-home placements.

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- A six month demonstration project to provide **Diversion for Mentally-Ill Individuals** who are charged with a Class C felony or less was funded with \$37,000. The project would be modeled after the STOP program. An individual who agreed to specific terms of mental health treatment would be diverted from sentencing, and placed in treatment instead.

## Staffing

- Staffing levels increased by 45.36 FTE between the FY 94-95 adopted budget and the FY 95-96 adopted budget. Seventeen of these positions were added during FY 94-95, primarily through new grant funds, with a net increase of 28.16 FTE in the FY 95-96 budget. Eleven of the new positions are in the Target Cities Project. Other newly budgeted positions include 3 FTE for the MIS unit, 2 Gang Influenced Female Team (GIFT) positions transferred from JJD, 2.5 FTE for the AITP program, 1 FTE in the Fiscal Unit, 1.5 FTE for CARES, and 3.5 FTE transferred from the Health Department.
- Staff were transferred within the department to form the new Contracts Unit. Ten positions were transferred from other programs to build the unit's evaluation capacity.

## Partnerships

- This budget reflects new and expanded partnerships as CFS services become increasingly integrated. The budget includes \$60,000 for improvements in **District Coordinating Teams/Caring Communities**; support to these Teams will strengthen cooperation and collaboration among service providers and further link community resources. In order to support communities' efforts to deliver alternative services and keep kids in school, the budget contains \$50,000 for **Alternative Schools**, to be matched by \$50,000 from the business community. Pass-through funds of \$100,000 are contained within the budget to support the expansion of the infrastructure of **Family Centers** as additional County workers are outstationed to the Centers

## Structural Changes

- Although essentially the same as last year, several adjustments have been made. Target Cities is now a separate organization which allows more efficient tracking of expenditures and improves grant reporting. The Children and Youth Program restructured and simplified its organizations to consolidate youth services with mental health services and to better reflect linkages between the programs and County Benchmarks. The Contract & Evaluation Unit has been identified separately to show the development of this unit and the transfer of staff.
- CFS consolidated from three locations to one when it moved to the Commonwealth Building in June of 1995. Although the initial expenses of the move to the Commonwealth occurred in FY 94-95, ongoing building management costs will increase by \$76,000 due to a net increase of 18,000 square feet. The move will relieve the overcrowded conditions that have been problematic for CFS for several years.

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## **RESULTS Efforts**

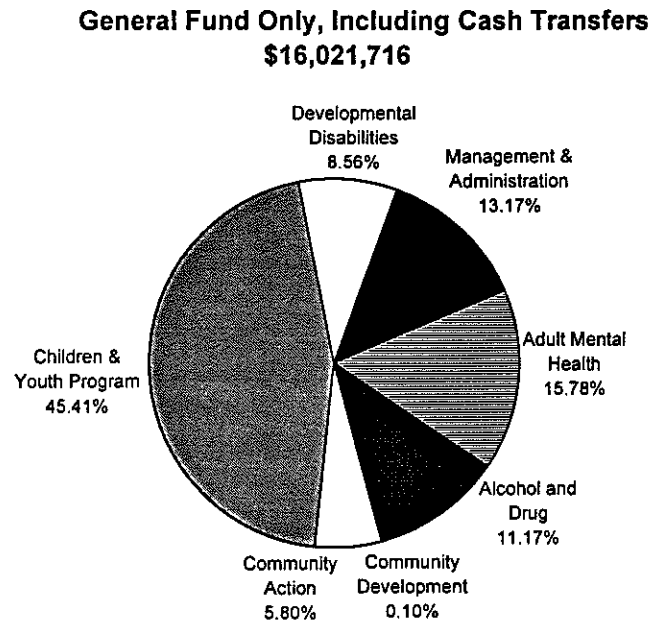
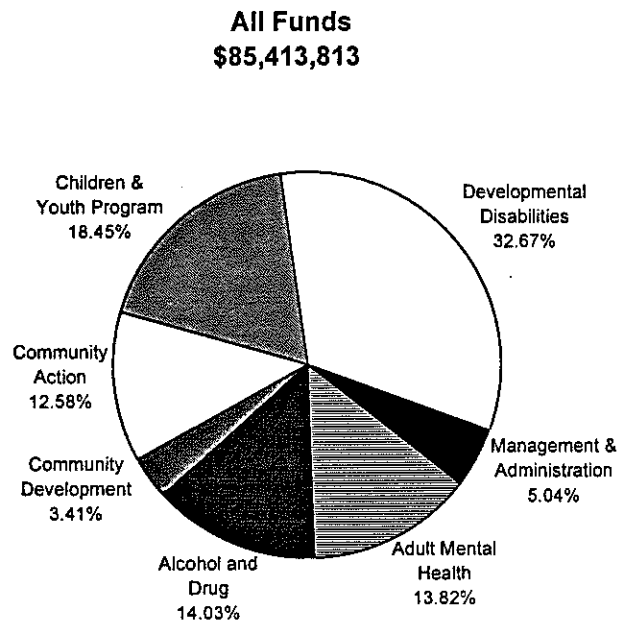
A major goal for the Department of Community and Family Services is to incorporate the techniques of Total Quality Management (TQM) and Continuous Quality Improvement (CQI) into its processes to enhance and strengthen services. The Department has hired consultants to train staff on topics ranging from work teams to quality improvement. Department managers and supervisors received training from consultant Les Wallace regarding the transformations they will need to make in order to respond to the changing organization. CFS formed a departmental RESULTS Steering Committee that is learning about CQI/TQM concepts and developing a strategy to implement quality philosophy throughout the Department. The Department also participated in the Marylhurst climate survey and continues to use the results of this analysis to direct organizational tasks and changes.

Many of the individual programs have begun activities to implement RESULTS. For example, Developmental Disabilities created its own CQI Steering Committee, conducted a morale survey, and received a RESULTS grant that helped it examine and refine its customer survey. The Contracts Unit has redirected 4,080 staff hours to other priorities and has initiated new processes to streamline contract approval time, standardize boilerplate language and eliminate unnecessary documents being forwarded for signatures. Community Action Program Office/Community Development has begun to establish work teams and has developed a survey for Weatherization services. Other programs have conducted trainings, developed surveys, and are exploring the work team concept. Program managers will be evaluated on their progress towards developing program-wide training plans for their staff on Quality and RESULTS approaches.

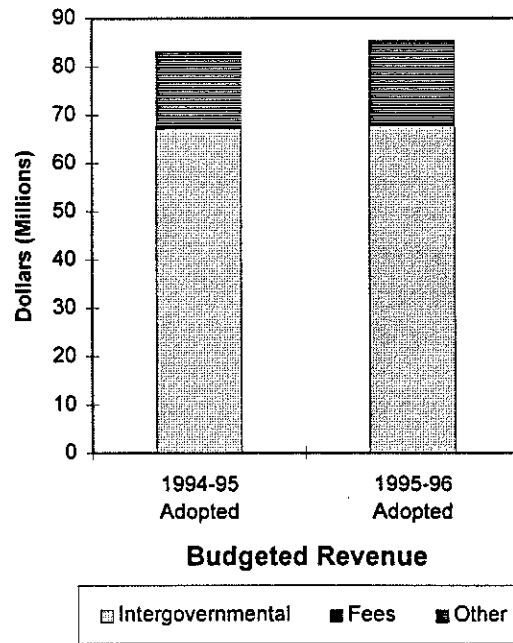
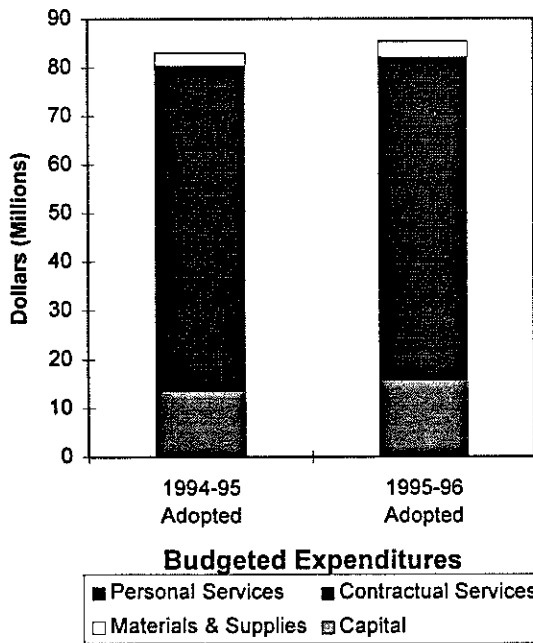
Future plans for RESULTS includes the continued training and development of managers and supervisors. The RESULTS training budget is \$15,000 Department-wide. Consultant Larry Wharton has been working with the department management team to enhance its effectiveness and will provide training on quality tools and processes to all managers, supervisors, and CFS RESULTS Steering Committee members. The goal is to use this training as a springboard for managers and supervisors to begin incorporating quality processes throughout their work units. The Department is working toward utilizing existing staff skills by developing and coordinating "in-house" trainings.

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## TOTAL EXPENDITURES BY DIVISION 1995-96 ADOPTED BUDGET



## EXPENDITURE AND REVENUE COMPARISON 1994-95 Adopted Budget and 1995-96 Adopted Budget All Funds, Including Capital Projects



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## Budget Trends

	1993-94 <u>Actual</u>	1994-95 Current <u>Estimate</u>	1994-95 Adopted <u>Budget</u>	1995-96 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	233.54	292.99	284.00	329.36	45.36
Personal Services	\$10,874,385	\$12,830,261	\$13,478,309	\$15,723,769	\$2,245,460
Contractual Services	55,397,330	59,008,364	66,831,262	66,369,015	(462,247)
Materials & Supplies	2,632,852	2,717,376	2,588,550	3,183,551	595,001
Capital Outlay	<u>189,525</u>	<u>225,165</u>	<u>177,882</u>	<u>137,478</u>	<u>(40,404)</u>
<b>Total Costs</b>	<b>\$69,094,092</b>	<b>\$74,781,166</b>	<b>\$83,076,003</b>	<b>\$85,413,813</b>	<b>\$2,337,810</b>
Program Revenues	\$56,915,832	\$61,223,366	\$68,854,158	\$69,392,097	\$537,939
General Fund Support	\$12,178,260	\$13,557,800	\$14,221,845	\$16,021,716	\$1,799,871

## Costs by Division

	1993-94 <u>Actual</u>	1994-95 Current <u>Estimate</u>	1994-95 Adopted <u>Budget</u>	1995-96 Adopted <u>Budget</u>	<u>Difference</u>
Management & Admin.	\$1,552,540	\$2,855,368	\$3,454,853	\$4,306,261	\$851,408
Adult Mental Health	13,200,299	12,538,956	14,367,846	11,807,114	(2,560,732)
Alcohol & Drug	9,142,733	8,872,695	11,702,800	11,984,778	281,978
Community Action	9,561,277	10,085,918	10,819,350	10,741,644	(77,706)
Community Development	1,048,148	1,068,771	2,822,218	2,911,237	89,019
Children & Youth Prog.	11,804,390	12,852,068	14,903,724	15,760,632	856,908
Dev'pmental Disabilities	<u>22,784,705</u>	<u>26,507,390</u>	<u>25,005,212</u>	<u>27,902,147</u>	<u>2,896,935</u>
<b>Total Costs</b>	<b>\$69,094,092</b>	<b>\$74,781,166</b>	<b>\$83,076,003</b>	<b>\$85,413,813</b>	<b>\$2,337,810</b>

## Staffing by Division

	1993-94 <u>Actual</u>	1994-95 Current <u>Estimate</u>	1994-95 Adopted <u>Budget</u>	1995-96 Adopted <u>Budget</u>	<u>Difference</u>
Management & Admin.	26.89	36.60	36.60	57.92	21.32
Adult Mental Health	28.60	31.32	30.10	32.10	2.00
Alcohol & Drug	24.40	50.32	48.70	64.00	15.30
Community Action	25.48	22.20	22.10	19.30	(2.80)
Community Development	8.00	6.80	6.80	7.00	0.20
Children & Youth Prog.	55.87	69.80	68.10	73.84	5.74
Dev'pmental Disabilities	<u>64.30</u>	<u>75.95</u>	<u>71.60</u>	<u>75.20</u>	<u>3.60</u>
<b>Total Staffing FTE's</b>	<b>233.54</b>	<b>292.99</b>	<b>284.00</b>	<b>329.36</b>	<b>45.36</b>

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## Issues and Opportunities

### 1. Managed Behavioral Health Care

The traditional fee-for-service health care delivery system has turned to managed care as a way to control costs, maximize resources and provide the highest quality services. CFS expects the State to move increasingly toward a capitated system for behavioral health care with managed care requirements. The Department of Community & Family Services is developing a managed care approach to respond to changes in publicly-funded mental health and chemical dependency services under the Oregon Health Plan. This assures a continuing role for the County in designing a coordinated system and allocating resources to assure public safety and access of care to vulnerable populations.

The Department's move to managed care is an extension of learning it has accrued by administering managed care coordination through the Partners Project for children with serious emotional disorders, the EPSDT Medicaid Program to provide outpatient mental health services to children, and the Target Cities Project, which centralizes assessment and triage to persons with chemical dependency needs. Planning is currently underway to develop a managed care system for children's mental health and alcohol and drug services. This represents a workload expansion for CFS, since a parallel fee-for-service system will continue to be in place for the foreseeable future.

#### **Major Alternatives:**

- Add 2.5 FTE's to create a department-wide managed care planning and implementation effort. The positions would be funded with capitation revenues once the managed care efforts become fully operational.
- Hire consultants to perform planning and implementation functions in conjunction with CFS staff. This would provide support for a transitional period, before the pending managed care ventures are fully implemented and self-supporting.
- Conduct planning and implementation within existing resources by reallocating staff. This would potentially compromise the Department's ability to operate effectively in managed care, since staff will continue to be needed to administer ongoing elements of the fee-for-service delivery system.

#### **Board Action:**

*Managed care represents a dramatic shift from the present system, and it will require considerable staff support to make the transition to effective participation. However, uncertainty about the status of the existing managed care proposals warrants the use of*

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*consultants, rather than the creation of permanent staff at this point. Provide one-time-only funding of \$100,000 for consultants to study managed care feasibility and assist in planning and system design.*

## **2. Management Information System**

Historically, the programs within the Department of Community & Family Services have independently collected information about their services, clients, programs and providers. As CFS becomes involved in service integration and managed care efforts, the need for a centrally-managed information system grows. CFS will need to collect information across program lines and to maintain data integrity with higher standards than current practice. It is critical to manage the collection of information centrally in order to operate efficiently, effectively evaluate contracts, track performance measures and consolidate client tracking.

### **Major Alternatives:**

- Add staff positions to develop and administer an integrated management information system. The system development will require a multi-year effort, and the staff will also be responsible for developing interim solutions.
- Hire professional consultation for information system development. Existing staff will have to manage interim steps, and the question of ongoing system administration is deferred.
- Continue to collect and manage data at the individual program level.

### **Board Action:**

*The RESULTS campaign emphasizes data-driven decision-making and monitoring performance toward County Benchmarks. The Department of Community and Family Services lacks the core infrastructure it needs to be able to operate in this environment. Fund 3 positions for information systems development and administration, at a General Fund cost of \$145,000. The Board also supports the DPMC allocation of \$100,000 toward a requirements study for the development of an integrated management information system in CFS.*

## **3. Centralized Crisis Triage Unit**

Multnomah County's current mental health crisis system is fragmented and does not adequately serve those in need. The County contracts with five agencies to provide crisis

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services, and services are not consistently defined across agencies. Access to the system is limited because there is no 24-hour mobile response, and after-hours care is provided primarily by telephone. As a result, individuals in psychiatric crisis frequently end up in the custody of the police, the juvenile justice system, or in a hospital emergency room. The system is not available to individuals at the onset of a crisis who might otherwise be stabilized. The demand for emergency hold beds frequently exceeds capacity, yet many of the individuals who are put on hold could be served in voluntary settings if there were adequate crisis intervention capacity.

A centralized, 24-hour system would provide a clear access point for individuals in crisis. By moving to a centralized system, the County has the opportunity to manage crisis care as a system, matching the appropriate level of services to individual needs. This would help to reduce the number of individuals served in the more costly intensive services, yet expand access to individuals who are not currently being served.

## **Major Alternatives:**

- Develop a 24-hour centralized crisis triage center with secure transport, in-home structured respite care, a volunteer crisis line, mobile crisis response, and 5 stabilization beds.
- Create two triage sites with active diversion services and beds managed on an acuity basis. Operate a mobile response team and secure transportation. Services would be more limited than the first option, but there would be greater community access due to the multiple sites. This would be more costly to operate than a single central site.
- Operate a single site with curtailed services after-hours and on weekends. This is a lower cost option, but it offers fewer opportunities for redeployment of existing funds.
- Continue to operate under the present structure.

## **Board Action:**

*Make a one-time-only allocation of \$400,000 as base funding for a 24-hour centralized crisis triage system. CFS will identify ongoing funding by reallocating funding within the Department and by identifying other funding sources outside of County General Funds, including community sources.*

## **4. State Reductions**

The Governor's budget proposed over \$2.5 million in reductions for Community and Family Services programs in 1995-96. The majority of these reductions are in adult



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mental health, with over \$2 million cut from outpatient and wraparound services. The Legislature opted to restore most of these reductions, but the final funding allocations were not known when the budget was adopted. Preliminary department analysis indicates that reductions may remain in several service elements.

## **Major Alternatives:**

- Backfill State reductions by shifting funds from other program areas.
- Partially restore State reductions by targeting priority programs or client populations.
- Do not replace State reductions with County General Fund. Leave responsibility for funding these services with the State and allow the service reductions to occur.

## **Board Action:**

*Because the final status of the funding allocations will not be known until July, do not backfill State reductions at this time. Reserve funds in contingency that can be available for restoring programs once the funding picture is known. The Board will address these issues in July.*

# Management and Administration

## Community and Family Svcs

### Description

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

Integrated Services is a new program in this budget. The Integrated Services Initiative is an approach to services that focuses on improving the delivery of services to individuals and families by collaborating and sharing resources across programs and agency lines. The Integrated Services Initiative was created to focus CFS on integrating services into the community and places where consumers reside, ensuring that government and private agencies work together effectively to break through barriers to service.

The Contracts and Evaluation Unit is also newly identified as a separate unit. The Contracts Unit will perform contract development, monitoring and evaluation for the Department. The Unit was formed by transferring staff from other programs.

### Action Plan

- Design and implement a centralized, automated management information system that will track and bill for all managed care services record contract services, payments and outcomes; and provide efficient budget development, tracking and modification by June, 1996.
- Implement a managed behavioral health care system for children and adolescents in partnership with the State Office of Mental Health and local non-profit mental health agencies.
- Develop a centralized Crisis Triage center for children, adolescents and adults and begin operation by January 1, 1996.

### Significant Changes - Revenues

#### Amount

Eliminate State MH Division Carryover	(\$607,000)
Transfer funds for Respite to DD, Children & Youth, Adult Mental Health	(\$100,000)
Increase revenue from transfers within CFS to support creation of MIS unit	\$104,600
Transferred GIFT grant from JJD	\$100,704
Transferred funds from CAPO to create Integrated Services unit	\$157,590
Medicaid revenues for AITP Program reduced due to change in billing rules, shortfall made up with County General Fund	(\$20,752)
Increase State and City revenue for YEPP	\$36,524

### Significant Changes - Expenditures

#### FTE's

#### Amount

Eliminated Carryover-funded pass through		(\$607,000)
Transferred CGF-funded Respite to DD, Child. & Youth, Adult Mental Health		(\$100,000)
Created MIS Unit & MIS Administrator during 1994-95 with salary savings	1.00	\$104,600
Added 3 positions and resources for MIS development, MIS Unit	3.00	\$145,000
Transferred positions from other divisions to create Contracts unit	8.92	\$528,620

# Management and Administration

## Community and Family Svcs

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Other staffing changes, detailed at program level	8.40	\$385,214
Added \$100,000 for consultation for managed care planning & system design		\$100,000
Added Pass-Through for District Coordinating Team/Caring Communities		\$60,000
Increased Pass-Through for YEEP		\$36,270

### Budget Trends

	<u>1993-94 Actual</u>	<u>1994-95 Current Estimate</u>	<u>1994-95 Adopted Budget</u>	<u>1995-96 Adopted Budget</u>	<u>Difference</u>
Staffing FTE	26.89	36.60	36.60	57.92	21.32
Personal Services	\$1,172,931	\$1,754,376	\$1,803,455	\$2,763,250	\$959,795
Contractual Services	85,839	526,097	1,253,408	926,021	(327,387)
Materials & Supplies	270,863	526,678	395,990	569,274	173,284
Capital Outlay	<u>22,907</u>	<u>48,217</u>	<u>2,000</u>	<u>47,716</u>	<u>45,716</u>
<b>Total Costs</b>	<b>\$1,552,540</b>	<b>\$2,855,368</b>	<b>\$3,454,853</b>	<b>\$4,306,261</b>	<b>\$851,408</b>
Program Revenues	\$784,247	\$2,090,068	\$2,491,891	\$2,195,844	(\$296,047)
General Fund Support	\$768,293	\$765,300	\$962,962	\$2,110,417	\$1,147,455

### Costs by Program

	<u>1993-94 Actual</u>	<u>1994-95 Adopted Budget</u>	<u>1995-96 Adopted Budget</u>	<u>Difference</u>
Division Management	*	\$1,401,776	\$817,856	(\$583,920)
Resource Management	*	1,146,407	1,512,253	365,846
Special Projects - YEEP	*	524,973	520,508	(4,465)
Contracts	*	381,697	1,053,897	672,200
Integrated Services	*	0	401,747	401,747
Accounting History	<u>143,038</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Total Costs</b>	<b>\$1,552,540</b>	<b>\$3,454,853</b>	<b>\$4,306,261</b>	<b>\$851,408</b>

### Staffing by Program

	<u>1993-94 Actual</u>	<u>1994-95 Adopted Budget</u>	<u>1995-96 Adopted Budget</u>	<u>Difference</u>
Division Management	*	6.00	6.00	0.00
Resource Management	*	21.60	27.00	5.40
Special Projects - YEEP	*	2.00	1.00	(1.00)
Contracts	*	7.00	18.92	11.92
Integrated Services	*	0.00	5.00	5.00
Accounting History	<u>6.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
<b>Total Staffing FTE's</b>	<b>26.89</b>	<b>36.60</b>	<b>57.92</b>	<b>21.32</b>

\* Detailed breakout of 1993-94 Actuals is not available at the program level.

# Management

Administration

Community and Family Svcs

## Description

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

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

## Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
Staffing FTE	NA	6.00	6.00	0.00
Program Costs	NA	\$1,401,776	\$817,856	(\$583,920)
Program Revenues	NA	\$958,924	\$295,618	(\$663,306)
General Fund Support	NA	\$442,852	\$522,238	\$79,386

## Significant Changes - Revenues

	<u>Amount</u>
Eliminated State MH Division Carryover	(\$607,000)
Transferred CGF for Respite Services to Programs	(\$100,000)
Increased City Emergency Funds	\$24,000
Reduced State DHR Funds	(\$11,500)

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Eliminated Carryover-funded Pass-through		(\$607,000)
Eliminated CGF-funded Respite		(\$100,000)
Consolidated Public Affairs activities; 1994-95 budget revised to reflect this		
Transfer Hispanic Coordinator to Integrated Services	(1.00)	(\$59,037)
Consolidated all Div Mgmt Support from Resource Management	1.00	\$40,259
Added \$100,000 for consultation for managed care planning & system design		\$100,000

# Resource Management

## Description

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

## Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	21.60	27.00	5.40
Program Costs	NA	\$1,146,407	\$1,512,253	\$365,846
Program Revenues	NA	\$817,928	\$843,804	\$25,876
General Fund Support	NA	\$328,479	\$668,449	\$339,970

## Significant Changes - Revenues

	<u>Amount</u>
Revenue transferred to Div Mgmt to consolidate Div Mgmt support	(\$40,259)
Revenue and staff transferred during 1994-95 to support Contract Evaluation Unit activities; 1994-95 budget reorganized to reflect this	
Increased revenue from transfers within CFS to create MIS unit	\$104,600
Medicaid revenues for AITP Program reduced due to change in billing rules, shortfall made up with County General Fund	(\$20,752)

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Consolidation of Div Mgmt support	(1.00)	(\$40,259)
Transferred reception support from CAPO	1.00	\$30,910
Created MIS Unit & Administrator with salary savings	1.00	\$104,600
Increased support services: 1 new OA2, increased 2 positions from .8 to 1.0	1.40	\$44,114
Added 3 positions and resources for MIS development, MIS Unit	3.00	\$145,000

# Special Projects - YEEP

Community and Family Svcs

## Description

The Youth Employment and Empowerment Program (YEEP) is responsible for developing, implementing and monitoring specialized services for gang-affected/gang-involved youth through a community process. The project is guided by the Youth Employment & Empowerment Coalition, which consists of significant leaders from the community. The program works closely with the community, service providers, other public agencies and the business community to develop and carry out its responsibilities.

## Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Staffing FTE	NA	2.00	1.00	(1.00)
Program Costs	NA	\$524,973	\$520,508	(\$4,465)
Program Revenues	NA	\$445,936	\$491,239	\$45,303
General Fund Support	NA	\$79,037	\$29,269	(\$49,768)

## Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Gang involved/affected youth who stay in YEEP jobs for 60+ days (number/percent)	168/62%	149/39%	149/39%	114/45%

## Significant Changes - Revenues

Increased SCJS-YEEP and City revenues \$36,524

## Significant Changes - Expenditures

Transferred PDS to Contracts Unit	<u>FTE's</u>	
	(1.00)	(\$46,829)
Increased Pass Through		\$36,270

# Contracts and Evaluation Unit

Administration  
Community and Family Svcs

## Description

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

## Budget Overview

	1993-94 Actual	1994-95 Adopted Budget	1995-96 Adopted Budget	Difference
Staffing FTE	0.00	7.00	18.92	11.92
Program Costs	\$0	\$381,697	\$1,053,897	\$672,200
Program Revenues	\$0	\$269,103	\$504,683	\$235,580
General Fund Support	\$0	\$112,594	\$549,214	\$436,620

## Significant Changes - Revenues

	Amount
Transferred State and County funds from other programs	\$590,213
Transferred Gang Influenced Female Team (GIFT) grant from JJD	\$100,704

## Significant Changes - Expenditures

	FTE's	Amount
Contracts & Evaluation separate budget created by transferring employees within CFS; 1994-95 Adopted budget figures reorganized to reflect this.		
Transferred GIFT positions from JJD	2.00	\$100,704
Transferred positions from YEOP, Adult Mental Health, Alcohol and Drug, Community Action, Children & Youth Program, and Developmental Disabilities	9.92	\$577,140
Reclassified 2 PDS to PDS Lead		\$6,310
Reclassified PDT to PDS		\$6,210

# Special Projects - Integrated Services

Administration  
Community and Family Svcs

## Description

The Integrated Services Initiative is an approach to services that focuses on the strengths and capacities of individuals and families, collaboration and sharing of resources across programs and agency lines, and improved access to services. The Integrated Services Initiative was created to focus CFS on integrating services into the community and places where consumers reside, ensuring that government and private agencies work together effectively to break through barriers to service. The Integrated Services Initiative includes projects at Columbia Villa, Roosevelt and Marshall Schools, a Domestic Violence Coordinator and a Hispanic Services Coordinator. 1995-96 is the first year that Integrated Services is a separate budget entity. It was created by transferring employees from other programs within CFS.

A particular emphasis has been placed on three integration projects: Columbia Villa, Roosevelt and Marshall Schools. The purpose of these projects is to provide families and children with information about community social services in their area and to assist in referral, assessment and coordination of services with families. As school-based integration projects, Roosevelt and Marshall place a particular emphasis on outreach to families whose children are having difficulties with regular school attendance due to family issues and concerns.

The Domestic Violence Coordinator provides administrative and staff support for the Family Violence Intervention Steering Committee in efforts to reduce domestic/family violence in Multnomah County. The Coordinator also works to promote and enhance an integrated system of intervention strategies through planning, coordinating, and resource development and to improve integration of responses between victim assistance services, police, district attorney, courts, corrections, and treatment programs.

The Hispanic Services Coordinator provides culturally appropriate administrative and staff support for Hispanics and Hispanic organizations, coordinates services being provided to the Hispanic community and monitors and evaluates programs which have a direct impact on Multnomah County Hispanics. A focal point is building partnerships between the public and private sectors in order to support Hispanic needs or concerns.

## Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted</u> <u>Budget</u>	<u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	0.00	0.00	5.00	5.00
Program Costs	\$0	\$0	\$401,747	\$401,747
Program Revenues	\$0	\$0	\$60,500	\$60,500
General Fund Support	\$0	\$0	\$341,247	\$341,247

## Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Key Results are being developed and will be finalized later in this year's budget process	NA	NA	NA	NA

## Significant Changes - Revenues

Transferred State & County funds to create separate unit previously budgeted in Div Mgmt, Res Mgmt and Community Action (CAPO)

Amount  
\$301,047



# Special Projects - Integrated Services

Administration

Community and Family Svcs

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## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Columbia Villa, Roosevelt coordinators transferred from Community Action	2.00	\$108,590
Created Marshall Coordinator with prof'l svcs transferred from Div. Mgmt	1.00	\$55,102
Created Domestic Violence Coord. pos'n with prof'l svcs funds from CAPO	1.00	\$45,794
Transfer Hispanic Coordinator from Department Management	1.00	\$59,037
Added Pass-Through for District Coordinating Team/Caring Communities		\$60,000

# Accounting History

## Administration Community and Family Svcs

### Description

The former Department of Social Services (DSS) administration costs are included here to provide financial history. DSS was comprised of divisions that were reorganized into the current Department of Community and Family Services, Juvenile Justice Department, and Aging Services Department. DSS administration was eliminated in 1993-94, and the funds reverted to the General Fund.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	
		<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	6.00	0.00	0.00	0.00
Program Costs	\$143,038	\$0	\$0	\$0
Program Revenues	NA	\$0	\$0	\$0
General Fund Support	NA	\$0	\$0	\$0

# Adult Mental Health

## Community and Family Svcs

### Description

The purpose of the Adult Mental Health Program is to create and mobilize resources for adults with mental illness and emotional disorders who require public assistance to stabilize and improve their functioning in the community in the least restrictive setting appropriate to their needs. The Program is responsible for providing direct services, contracting for services, and coordinating mental health issues with public safety agencies. The Program provides commitment and protective services and contracts for: Clinic and Home-based Community Treatment, Acute Care Inpatient Services, Residential Care Facilities, Community Hospital Services, Employment Services, 24-hour Crisis Line, Crisis/Crisis Respite Services, and Specialized Services for Target Populations.

In 1994 there were 13,263 adults in Multnomah County estimated to have a diagnosis of severe, long-term mental illness, of whom some 5,355 are served in public mental health programs. The program also serves an additional 6,004 with acute mental illness on a short term or emergency basis, or refers them to treatment. Demand for services continues to climb as Dammasch State Hospital downsizes. The average daily census for county residents at Dammasch in January 94 1995 was 89, compared to 138 in December of 1994. Dammasch is scheduled to close in April of 1995 and only intermediate and long-term patients will receive care at the State hospital site at Holladay Park. As of this writing (April, 1995), the State budget will not include funds for non-Medicaid clients. This places the crisis and commitment system at great risk of spiked demand when lack of treatment, particularly medication, causes psychiatric crises to erupt in this group.

Local discretion is limited by ORS 426, ORS 430, and the Intergovernmental Agreement with the Oregon Office of Mental Health Services. The Mental and Emotional Disabilities Advisory Council advises the Board of County Commissioners and the Mental Health Program, carries out systems planning, and oversees the general operations of the program and system.

### Action Plan

- Implement the new centralized crisis triage unit to be fully operational and procedurally sound by January 1, 1996, in order to respond to individuals in psychiatric crisis in the most effective, cost efficient and humane way possible.
- Implement adult mental health community contracting based on capitation by June 30, 1996, as a means of controlling escalating Medicaid costs while ensuring that customers receive the most appropriate services needed and only service needed, in the least restrictive setting.

#### Significant Changes - Revenues

	<u>Amount</u>
Increased State Mental Health Carryover	\$19,000
State Mental Health Grant reductions per Governor's Budget	(\$3,131,499)
Respite funds transferred from Department Management	\$25,000
Transferred State Mental Health Funds to Contracts Unit	(\$56,696)

#### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Increased Carryover-funded Pass-Through		\$19,000
Total Mental Health program reductions, detailed at program level		(\$3,276,739)

# Adult Mental Health

# Community and Family Svcs

## Significant Changes - Expenditures (continued)

	<u>FTE's</u>	<u>Amount</u>
Added one-time-only base funding for crisis triage center development		\$400,000
Net change in positions, detailed at program level	2.00	\$90,517
Contracted respite services transferred from Department Management		\$25,000
Added pass through for 6 months of diversion program demonstration project		\$37,259

## Budget Trends

	<u>1993-94</u>	<u>1994-95</u>	<u>1994-95</u>	<u>1995-96</u>	
	<u>Actual</u>	<u>Current</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	
Staffing FTE	28.60	31.32	30.10	32.10	2.00
Personal Services	\$1,299,166	\$1,495,977	\$1,513,601	\$1,621,823	\$108,222
Contractual Services	11,603,503	10,755,949	12,582,148	9,922,227	(2,659,921)
Materials & Supplies	295,811	276,153	270,097	263,064	(7,033)
Capital Outlay	<u>1,819</u>	<u>10,877</u>	<u>2,000</u>	<u>0</u>	<u>(2,000)</u>
<b>Total Costs</b>	<b>\$13,200,299</b>	<b>\$12,538,956</b>	<b>\$14,367,846</b>	<b>\$11,807,114</b>	<b>(\$2,560,732)</b>
Program Revenues	\$11,107,313	\$10,756,456	\$12,219,076	\$9,278,972	(\$2,940,104)
General Fund Support	\$2,092,986	\$1,782,500	\$2,148,770	\$2,528,142	\$379,372

## Costs by Program

	<u>1993-94</u>	<u>1994-95</u>	<u>1995-96</u>	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Program Management	*	\$520,251	\$822,198	\$301,947
Commitment	*	5,012,403	4,751,946	(260,457)
Community Based Services	*	3,343,757	867,738	(2,476,019)
Residential Care Facilities	*	1,877,898	1,843,294	(34,604)
Crisis & Acute Care	*	2,121,520	2,104,756	(16,764)
Specialized Services	*	<u>1,492,017</u>	<u>1,417,182</u>	<u>(74,835)</u>
<b>Total Costs</b>	<b>\$13,200,299</b>	<b>\$14,367,846</b>	<b>\$11,807,114</b>	<b>(\$2,560,732)</b>

## Staffing by Program

	<u>1993-94</u>	<u>1994-95</u>	<u>1995-96</u>	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Program Management	*	6.60	5.60	(1.00)
Commitment	*	15.80	20.50	4.70
Community Based Services	*	4.70	3.00	(1.70)
Residential Care Facilities	*	0.50	1.00	0.50
Crisis & Acute Care	*	2.00	2.00	0.00
Specialized Services	*	<u>0.50</u>	<u>0.00</u>	<u>(0.50)</u>
<b>Total Staffing FTE's</b>	<b>28.60</b>	<b>30.10</b>	<b>32.10</b>	<b>2.00</b>

\* Detailed breakout of 1993-94 Actuals is not available at the program level.

# Program Management

## Community and Family Svcs

### Description

The Program Management Unit is responsible for coordinating the adult mental health system and overseeing 20 contracted programs. The unit develops and monitors contracts, credentials providers, provides information, and conducts needs assessments, program planning, development, and evaluation.

The Oregon Office of Mental Health Services certifies the management function according to ORS 430 and ORS 426 and associated Administrative Rules.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Staffing FTE	NA	6.60	5.60	(1.00)
Program Costs	NA	\$520,251	\$822,198	\$301,947
Program Revenues	NA	\$293,233	\$581,337	\$288,104
General Fund Support	NA	\$227,018	\$240,861	\$13,843

### Significant Changes - Revenues

	<u>Amount</u>
Increased State Mental Health Carryover	\$350,000
Transferred State Mental Health Grant Local Admin. funds to Contracts Unit	(\$56,696)

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Increased Carryover-funded Pass-Through		\$350,000
Reclassified Prog. Svcs Administrator to Administrative Analyst		(\$6,083)
Transferred PDS to Contracts Unit	(1.00)	(\$52,226)

# Commitment

## Community and Family Svcs

### Description

The purpose of the Commitment Unit is to assure adequacy and appropriateness of resources to provide for client and community safety and to stabilize persons referred for involuntary commitment. The unit is responsible for investigating circumstances of people served with a Notice of Mental Illness. The unit is also responsible for determining appropriateness of County payments, monitoring hospitalization payments, and managing finite state hospital and County acute inpatient resources by finding alternative, less restrictive levels of care. The unit conducts pre-commitment investigations and follow-up, coordinates placements of committed clients, arranges non-hospital based, less restrictive care for hospitalized clients to facilitate discharge and assure continuity of care, pays for pre-commitment hospitalizations (holds) on a last-dollar basis, and monitors hospitals' search for other coverage.

Multnomah County paid last dollar costs for pre-commitment hospitalization for approximately 20% of the 2,851 allegedly mentally ill individuals (children and adults) given a Notice of Mental Illness in FY 1993-94. Dammasch State Hospital is scheduled to close April 15, 1995, eliminating the availability of the State hospital as back-up for regional commitment beds and creating a serious lack of capacity. Aggressive resource management has held hospital costs down in the past, but the reduced State capacity may create a hospital bed crisis.

Commitment services are strictly regulated by ORS 426, Oregon Administrative Rules, Multnomah County probate court, and the contract between the County and the State Mental Health Division. Under ORS 426.421, the County is responsible for payment for involuntary hospitalization while on a hold for persons without resources once State funds are exhausted.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	15.80	20.50	4.70
Program Costs	NA	\$5,012,403	\$4,751,946	(\$260,457)
Program Revenues	NA	\$3,840,728	\$3,543,173	(\$297,555)
General Fund Support	NA	\$1,171,675	\$1,208,773	\$37,098

### Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
People taken into police/Director Custody and admitted to an approved hospital or non-hospital facility within two hours of custody	NA	2720/80%	NA	80%
Average length of hospital stay for people placed on hold	NA	NA	NA	4.4 days
Number of people committed who are served in the community rather than a state hospital	49%	NA	83%	95%

### Significant Changes - Revenues

	<u>Amount</u>
State Mental Health Division reductions per Governor's Budget	(\$172,373)
Eliminated State Mental Health Carryover	(\$331,000)

# Commitment

## Adult Mental Health Community and Family Svcs

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<b><u>Significant Changes - Expenditures</u></b>	<b><u>FTE's</u></b>	<b><u>Amount</u></b>
Projected state cuts in transportation		(\$112,423)
Projected state cuts in E-hold, E-room		(\$59,990)
Eliminated Carryover-funded Pass-Through		(\$331,000)
Created 3 positions to perform Trial Visit/Protective Services	3.00	\$127,915
Reduced pass-through for Trial Visits, per Attorney General's opinion		(\$127,915)
Moved Prog. Admin from Community-Based Services	.70	\$44,736
Added Target Cities funded Investigator	1.00	\$59,732
Reclassified PDT to PDS		\$9,411

# Community Based Svcs

## Community and Family Svcs

### Description

The purpose of Community Based Services is to provide a continuum of treatment services to maintain stability in the least restrictive setting for people with diagnosed mental illness who are most in need and cannot have their needs met through the private care system or other services provided by Multnomah County. The unit is responsible for outpatient mental health services designed to provide mentally ill adults with proper medication management, nutrition, aid in getting and keeping adequate housing, and help in reaching a maximum quality of life. The unit contracts for assessment, evaluation, medication management, psycho-social rehabilitation, pre-vocational services, daily structure and support, and counseling and assistance with daily living needs.

An estimated 13,263 adults in Multnomah County have a diagnosis of severe mental illness, of whom the Unit serves approximately 4,299. The need for more intensive outpatient service is increasing for a small but growing subgroup as the State downsizes state institutions and a greater emphasis is placed on serving people with mental illness in the community.

In the Governor's budget for 1995-96, virtually all outpatient services for non-Medicaid eligible individuals were eliminated, a reduction of approximately \$1.2 million from 1994-95. The Legislature voted subsequently to restore funding for most services, but the final funding allocations are not yet known.

### Budget Overview

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	4.70	3.00	(1.70)
Program Costs	NA	\$3,343,757	\$867,738	(\$2,476,019)
Program Revenues	NA	\$3,095,966	\$690,863	(\$2,405,103)
General Fund Support	NA	\$247,791	\$176,875	(\$70,916)

### Key Results

	1993-94 <u>Actual</u>	1994-95 <u>Estimated</u>	1994-95 <u>Adopted</u>	1995-96 <u>Projected</u>
Percent of clients who maintain or improve ability to function as indicated by the Multnomah County Ability Scale (MCAS)	NA	NA	NA	80%
Percent of clients at high risk of hospitalization who are stable in community placements	NA	NA	NA	80%

### Significant Changes - Revenues

	<u>Amount</u>
State Mental Health Division reductions per Governor's Budget	(\$2,405,073)

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Reduced Non-residential mental health services		(\$2,238,261)
Reduced Special Projects		(\$214,950)
Transferred Program Administration to Commitment	(0.70)	(\$44,736)
Reclassified Clerical Unit Supervisor to Operations Supervisor		\$4,063
Transferred PDS to Contracts Unit	(1.00)	(\$44,904)
Added pass through for 6 months of diversion program demonstration project		\$37,259



# Residential Care

## Adult Mental Health Community and Family Svcs

### Description

The purpose of Residential Care Facilities is to provide a long-term residential resource for people with mental illness who are in need of continuing services to avoid hospitalization, are a danger to themselves or others, or otherwise require such long-term care to remain in the community. The unit is responsible for providing 24-hour care, supervision, medication supervision and administration, and other services described by Oregon Administrative Rules. The Unit contracts for residential care facility placements for people enrolled in case management at the designated mental health clinics (see Community Based Services).

The County currently maintains a 201-bed capacity in residential care facilities throughout the four quadrants. In 1993-94, 233 individuals received this service. Three proposals for PASSAGES projects to serve persons discharged from Dammasch were selected by the State for funding in 1994-95. As a result, 28-40 clients will receive residential care facility services or supportive housing services in their homes under these projects.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	0.50	1.00	0.50
Program Costs	NA	\$1,877,898	\$1,843,294	(\$34,604)
Program Revenues	NA	\$1,836,520	\$1,793,110	(\$43,410)
General Fund Support	NA	\$41,378	\$50,184	\$8,806

<u>Key Results</u>	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percent of clients at high risk of hospitalization who are stable in residential care placements	93%	80%	NA	80%

### Significant Changes - Revenues

State Mental Health Division reductions per Governor's Budget	<u>Amount</u>
	(\$61,226)

### Significant Changes - Expenditures

Reduced Residential Care Facilities services	<u>FTE's</u>	<u>Amount</u>
Transferred PDS from Specialized Services	0.50	(\$61,226)
		\$27,219

# Crisis and Acute Care Svcs

## Adult Mental Health Community and Family Svcs

### Description

The purpose of the Crisis and Acute Care Unit is to intervene with people experiencing mental health emergencies and resolve the problems before they require hospitalization. The unit is responsible for providing 24-hour response and support services - e.g., respite housing and treatment, emergency transportation, and police support during community crises - to stabilize people in the community. The unit contracts for walk-in, outreach, and telephone crisis intervention; medication management and assessment; referral to ongoing services; family interventions; and residential and medical care outside the home.

In 1993-94, 3,153 consumers received crisis services, including respite, and 869 received acute care outpatient services. The State budget maintains crisis services at the current level but eliminates acute care outpatient services for non-Medicaid eligible clients, estimated to affect 235 clients. The State has also eliminated its support for crisis respite services, which may result in the elimination of these services. State reductions in regular and acute care outpatient services, coupled with the possible loss of respite care, will place greater demand on the crisis units.

The Department of Community & Family Services is planning a comprehensive crisis triage system to be implemented in 1995-96. The system will promote diversion of crisis cases through care management and integration of services between mental health and related services.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	2.00	2.00	0.00
Program Costs	NA	\$2,121,520	\$2,104,756	(\$16,764)
Program Revenues	NA	\$2,056,414	\$1,620,618	(\$435,796)
General Fund Support	NA	\$65,106	\$484,138	\$419,032

<u>Key Results</u>	1993-94 <u>Actual</u>	1994-95 <u>Estimated</u>	1994-95 <u>Adopted</u>	1995-96 <u>Projected</u>
Number and percent of clients who have a Notice of Mental Illness filed on them who have a record of use of other public mental health services 1 week before or after the date the notice was filed.	27%	35%	NA	35%

### Significant Changes - Revenues

	<u>Amount</u>
State Mental Health Division reductions per Governor's Budget	(\$435,796)
Transferred CGF for respite previously budgeted in Div Mgmt	\$25,000

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Reduced Non-residential mental health services	0.00	(\$435,796)
Transferred contracted respite services from Department Management		\$25,000
Added one-time-only base funding for crisis triage center		\$400,000

# Specialized Services

Adult Mental Health

Community and Family Svcs

## Description

The purpose of Specialized Services is to arrange for and maintain specialized mental health services for targeted populations, as resources permit. The unit is responsible for developing and maintaining services and service delivery designs specific to targeted populations who traditionally do not use the community based network of services, including mentally ill seniors, homeless people, and people under supervision of the Psychiatric Security Review Board. The unit provides and/or contracts for a variety of service options, including assessment and treatment, medications management, skills training, case management, and assistance with housing problems.

In 1993-94, the Program served 290 seniors, 65 PSRB clients, and 129 homeless persons with a severe mental illness. State funding is maintained in 1995-96 for all services except the SEEDS program, which serves 500 homeless and disaffiliated clients who would not otherwise receive treatment.

## Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	0.50	0.00	(0.50)
Program Costs	NA	\$1,492,017	\$1,417,182	(\$74,835)
Program Revenues	NA	\$1,096,215	\$1,049,871	(\$46,344)
General Fund Support	NA	\$395,802	\$367,311	(\$28,491)

## Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Homeless mentally ill stabilized in housing (number/percent)	48/2.3%	58/2.7%	NA	58/2.7%
Number and percent of persons supervised by the Psychiatric Security Review Board who complete supervision without revocation	73%	NA	NA	75%

## Significant Changes - Revenues

	<u>Amount</u>
State Mental Health Division reductions per Governor's Budget	(\$57,031)
Increased revenues from City of Portland	\$10,688

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Reduced Special projects - SEEDS		(\$154,093)
Increased PSRB service funding		\$96,807
Increased homeless shelter funding		\$10,688
Transferred PDS to Residential Care Facilities	(0.50)	(\$27,219)

## **Description**

The purpose of the Alcohol and Drug Program is to prevent or reduce the harmful consequences for individuals, families, and the community which result from alcohol and other drug problems and dependencies. The Program is responsible for educating the community, mobilizing citizen participation and volunteer service, and providing intervention and treatment opportunities. The Program provides or manages the following services: public education and prevention, client assessment, referral and case management, treatment for youth and adults, treatment for gambling addiction and interagency coordination and planning.

With the growing role of alcohol and drug treatment in the health care system, particularly through the Oregon Health Plan, the County Alcohol and Drug Program is increasingly focused on assuring availability of a comprehensive array of services and continuity of care. In order to address the role of alcohol and other drugs in crime and violence, the Program is working to achieve integration of services and system management among the Department of Community and Family Services, the Department of Community Corrections, the Sheriff's Office and the Department of Health, all of whom provide critical elements of services for alcohol and drug dependent offenders. As Oregon has moved further and further into widespread availability of legal gambling, the Alcohol and Drug Program has become the service development point for assisting persons who become dependent on gambling and suffer similar personal and family problems to other addicts.

According to prevalence estimates, as many as 58,000 people in Multnomah County may suffer from alcohol or other drug abuse or dependence. Recent data shows that young people in Multnomah county fall within the highest risk group on over 80% of the risk factors which are highly correlated with alcohol and drug problems. While casual drug use among most groups has fallen, the rates of addiction have increased, and recent student data shows that there has been an increase in use among students. Urine testing on persons booked into the County jail continues to show over 70% testing positive for one or more illegal drugs and injection of drugs remains a serious threat to HIV infection among this population.

## **Action Plan**

- Create an integrated, outcome-driven continuum of alcohol and drug treatment services through implementation of the Oregon Health Plan, development of a managed care system, and strengthening of partnerships with non-profit agencies and private health care providers.
- Improve the organization and cost effectiveness of alcohol and drug treatment services provided to offenders through linking In Jail Intervention Services and Central Intake services provided through the Target City project with community based treatment services managed by the Department of Community and Family Services and the Department of Community Corrections.

# Alcohol & Drug Abuse

# Community and Family Svcs

- Operate an alcohol and drug treatment system improvement demonstration project in Multnomah County which provides for uniform, comprehensive assessment and client-treatment matching, establishes and utilizes a comprehensive management information system, establishes provider-based continuous quality improvement efforts and enhances provider cultural and clinical competence through organized staff training efforts.
- Improve the effectiveness of the DUI Diversion system in Multnomah County through development of automated case management and strengthened criminal justice system coordination.

## Significant Changes - Revenues

	<u>Amount</u>
Eliminate State Mental Health Carryover	(\$100,000)
Receipt of additional RDI grant	\$137,880
Projected decrease in DUI Evaluation Fees based on 94-95 collections	(\$81,044)
DUI/OTSC Community Corrections grant	\$26,000
State Mental Health Division reductions per Governor's Budget	(\$220,187)
Projected reductions in Video Lottery funds	(\$581,669)
Transferred federal Linkage Grant revenues from Health Department	\$85,791
Target Cities revenue projections based on proposed Year 3 of grant	\$476,173
Increased Target Cities carryover	\$419,659

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Eliminate Carryover-funded Pass-Through		(\$100,000)
Net increase of 3 RDI-funded positions	3.00	\$131,007
Net reduction of Residential, Outpatient, Methadone & Adolescent Services		(\$232,187)
Gambling Treatment service reductions		(\$581,669)
Increased payments to Hooper Detox to cover revenue loss, cost increase		\$73,782
Transferred Staff to Contracts Unit	(1.50)	(\$67,829)
Transferred 3 A&D Evaluation Specialists from Health Department	3.00	\$126,636
Target Cities changes based on revenue increase, detail at program level	10.80	\$889,825

## Budget Trends

	<u>1993-94</u>	<u>1994-95</u>	<u>1994-95</u>	<u>1995-96</u>	
	<u>Actual</u>	<u>Current</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	
Staffing FTE	24.40	50.32	48.70	64.00	15.30
Personal Services	\$1,246,057	\$1,709,459	\$2,221,447	\$2,963,362	\$741,915
Contractual Services	7,594,582	6,696,011	8,854,846	8,225,235	(629,611)
Materials & Supplies	262,913	403,369	513,607	765,682	252,075
Capital Outlay	<u>39,181</u>	<u>63,856</u>	<u>112,900</u>	<u>30,499</u>	<u>(82,401)</u>
<b>Total Costs</b>	<b>\$9,142,733</b>	<b>\$8,872,695</b>	<b>\$11,702,800</b>	<b>\$11,984,778</b>	<b>\$281,978</b>
Program Revenues	\$7,690,524	\$7,103,395	\$9,951,404	\$10,194,835	\$243,431
General Fund Support	\$1,452,209	\$1,769,300	\$1,751,396	\$1,789,943	\$38,547

# Alcohol & Drug Abuse

# Community and Family Svcs

## Costs by Program

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Program Management	*	\$447,279	\$326,596	(\$120,683)
Community Awareness & Prevention	*	947,896	1,053,172	105,276
Assessment	*	548,872	492,692	(56,180)
Target Cities	*	1,709,463	2,776,899	1,067,436
Sobering & Detoxification	*	1,807,309	1,887,622	80,313
Residential Treatment	*	2,143,684	2,118,355	(25,329)
Adult Outpatient Treatment	*	1,486,563	1,613,401	126,838
Methadone Treatment	*	489,765	282,198	(207,567)
Adolescent Treatment	*	630,732	587,393	(43,339)
Gambling Addiction Treatment	*	<u>1,491,237</u>	<u>846,450</u>	<u>(644,787)</u>
<b>Total Costs</b>	<b>\$9,142,733</b>	<b>\$11,702,800</b>	<b>\$11,984,778</b>	<b>\$281,978</b>

## Staffing by Program

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Program Management	*	5.80	4.80	(1.00)
Community Awareness & Prevention	*	15.60	18.10	2.50
Assessment	*	6.80	9.80	3.00
Target Cities	*	20.00	30.80	10.80
Sobering & Detoxification	*	0.00	0.00	0.00
Residential Treatment	*	0.00	0.00	0.00
Adult Outpatient Treatment	*	0.00	0.00	0.00
Methadone Treatment	*	0.00	0.00	0.00
Adolescent Treatment	*	0.00	0.00	0.00
Gambling Addiction Treatment	*	<u>0.50</u>	<u>0.50</u>	<u>0.00</u>
<b>Total Staffing FTE's</b>	<b>24.40</b>	<b>48.70</b>	<b>64.00</b>	<b>15.30</b>

\* Detailed breakout of 1993-94 Actuals is not available at the program level.

# Program Management

## Alcohol & Drug Abuse Community and Family Svcs

### Description

Alcohol and Drug Program Management is responsible for planning, managing, and evaluating efforts and activities addressing alcohol and other drug problems. Activities include community needs assessment and prioritization, system and service design, interagency problem-solving and program development, provider selection and support, contract development and monitoring, evaluation of services and efforts, and resource development and acquisition.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted</u> <u>Budget</u>	<u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	NA	5.80	4.80	(1.00)
Program Costs	NA	\$447,279	\$326,596	(\$120,683)
Program Revenues	NA	\$245,681	\$105,467	(\$140,214)
General Fund Support	NA	\$201,598	\$221,129	\$19,531

### Significant Changes - Revenues

	<u>Amount</u>
Eliminated State Mental Health Carryover	(\$100,000)

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Eliminated Pass-Through funded by carryover		(\$100,000)
Transferred OA Sr. to Target Cities	(1.00)	(\$38,347)
Reclassified Program Admin. to PDS Sr., and transferred to Prog Mgmt from Assessment	1.00	\$71,006
Transferred PDS to Contracts Unit	(1.00)	(\$44,904)

# Community Awareness and Prevention

Alcohol & Drug Abuse  
Community and Family Svcs

## Description

The purpose of Community Awareness and Prevention is to promote community actions, social attitudes, and individual behaviors that prevent or reduce problems related to alcohol or other drugs. The program is responsible for identifying community risk factors, promoting effective prevention approaches, educating and mobilizing the community to effective action, and developing and leveraging resources to carry out prevention efforts. The program, in coordination with the Regional Drug Initiative, carries out awareness and education, supervises volunteer activities, coordinates training for parents, youth leaders, and community leaders, monitors community understanding and attitudes about alcohol and other drug problems, and conducts workplace drug prevention activities. The program provides direct Family Intervention Services through school based services to families of children at risk for alcohol or other drug abuse.

In the 1994 Oregon Public School Survey 48.1% of sixth graders surveyed had tried alcohol at least once. Fourteen percent reported use of inhalants at least once. By the eight grade the percentage increases to 72.5% for alcohol and 28.2% for inhalants. 157 babies were born drug-affected, and 25% of those surveyed reported a self or family drug abuse problem.

## Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	15.60	18.10	2.50
Program Costs	NA	\$947,896	\$1,053,172	\$105,276
Program Revenues	NA	\$700,283	\$835,153	\$134,870
General Fund Support	NA	\$247,613	\$218,019	(\$29,594)

## Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Students and families who show a positive change in alcohol/drug related behavior after receiving prevention services (number/percent)	NA	35/88%	35/88%	88/88%
Percentage increase in survey respondents who believe they can influence community alcohol and drug problems	NA	5%	5%	5%

## Significant Changes - Revenues

Receipt of additional RDI grant

Amount  
\$137,880

## Significant Changes - Expenditures

Reclass of 5.0 Case Mgr 2 to Family Intervention Specialists  
Net increase in RDI grant-funded positions  
Transferred .5 FTE PDS to Contracts Unit

FTE's      Amount  
3.00      \$131,007  
(0.50)      (\$22,925)



# Assessment

## Alcohol & Drug Abuse Community and Family Svcs

### Description

The purpose of the Assessment Program is to maximize the chances of successful treatment for people with alcohol and/or drug problems (including all people with DUII (Driving Under the Influence of Intoxicants) offenses) by providing in-depth, quality assessment and referral to appropriate treatment. The program is responsible for providing outreach and advocacy, information and education, consultation, assessment and referral, and case management and follow-up. The Program assesses the alcohol or other drug problems of individuals, determines the extent of the problem and the most appropriate service, and engages the client(s) in that service.

Two recent surveys found that more than 60% of people needing alcohol or drug treatment did not know where to go, and the Multnomah County Auditor found that the treatment system did not routinely determine the most appropriate service or assure continuity of treatment. Health care reform and public pressure for accountability are increasing the need for better assessment and case management.

Efforts are underway to provide a comprehensive and uniform assessment service for Oregon Health Plan members needing alcohol or other drug treatment. The Central Intake Assessment service provides assessments for Oregon Health Plan enrollees needing outpatient or methadone treatment and for people needing residential or detoxification services funded by the State or County. The Central Intake system, supported by a management information system, is an integral element of a managed care approach, as recommended by the 1993 Multnomah County Performance Audit.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	6.80	9.80	3.00
Program Costs	NA	\$548,872	\$492,692	(\$56,180)
Program Revenues	NA	\$402,790	\$438,991	\$36,201
General Fund Support	NA	\$146,082	\$53,701	(\$92,381)

### Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percent of those referred who enroll in treatment	NA	70%	70%	75%
Percent of those assessed who complete treatment.	NA	60%	60%	63%

### Significant Changes - Revenues

	<u>Amount</u>
Projected decrease in DUII Eval. Fees based on current year collections	(\$81,044)
DUII/OTSC Community Corrections grant	\$26,000
Transferred Linkage Grant revenues from Health Department	\$85,791

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Transferred 3 A&D Evaluation Specialists from Health Department	3.00	\$126,636

# Sobering & Detoxification

## Alcohol & Drug Abuse Community and Family Svcs

### Description

The purpose of the Sobering and Detoxification Program is to provide the beginning point in the continuum of intervention and treatment services for alcoholics and addicts. The Sobering program is responsible for the public safety function of removing intoxicated individuals from public areas, managing acute intoxication, and motivating individuals to receive further treatment. Detoxification is often the next step toward treatment and recovery. The Detoxification program is responsible for providing supervised management of alcohol or other drug withdrawal, including medical oversight and management of medical complications. In addition to inpatient detoxification services, the program provides motivational counseling, treatment matching, and referral for ongoing services.

Sobering provides over 15,000 admissions to over 8,000 individuals per year. Detoxification is provided to over 2,200 admissions per year. There has been a slight decrease in detoxification admissions but there continues to be increasing detoxification episodes involving drugs other than alcohol. This represents a shift from the historical focus of the detoxification program, and has posed a significant challenge to find ways of meeting the needs of the new population. The Program uses innovative approaches, such as acupuncture services to effectively manage withdrawal symptoms and increase rates of successful completion of detoxification.

State funding and regulations limit local discretion on types of services, relative distribution of funds among services, and program requirements imposed on service providers.

### Budget Overview

	1993-94 Actual	1994-95 Adopted Budget	1995-96 Adopted Budget	Difference
Staffing FTE	NA	0.00	0.00	0.00
Program Costs	NA	\$1,807,309	\$1,887,622	\$80,313
Program Revenues	NA	\$1,151,458	\$1,137,458	(\$14,000)
General Fund Support	NA	\$655,851	\$750,164	\$94,313

Key Results	1993-94 Actual	1994-95 Estimated	1994-95 Adopted	1995-96 Projected
Key stakeholders who report that sobering is responsive in addressing shelter needs of intoxicated persons (number / percent)	NA	50/80%	50/80%	50/80%
Clients not previously served in the past year (number/percent)	NA	7,000/85%	13,000/68.5%	7,000/85%
Detox clients who complete program and enroll in further treatment (number / percent)	1,418/74%	NA	2,080/80%	NA
Detox clients who complete program and complete a further treatment (number / percent)	NA	NA	1,000/40%	NA

### Significant Changes - Revenues

No significant changes

### Significant Changes - Expenditures

	FTE's	Amount
Increased payments to Hooper Detox to cover revenue loss, cost increase	0.00	\$73,782

# Target Cities

## Alcohol & Drug Abuse Community and Family Svcs

### Description

The Target Cities Project is a five-year Federal demonstration project to determine effective approaches to improving alcohol and drug treatment. It involves a partnership effort among the Department of Community and Family Services, Departments of Community Corrections and Health and Multnomah County Sheriff's Office along with many other community human services agencies and community treatment providers. The project has four major goals: to increase access to treatment; to improve treatment outcomes; to encourage continuous quality improvement and to promote systemwide coordination. The project will establish a Central Intake system to provide client diagnostic assessments and refer clients to the most appropriate treatment service, provide an In-Jail Pre-Treatment Intervention Program in the Justice Center Jail, provide training and improve the overall skill level of personnel in the treatment system and establish a comprehensive management information system linking the project and all of our community treatment providers to provide data for evaluation of the efficiency and effectiveness of the treatment system. The project outcomes will be evaluated extensively to determine which elements of the project achieved the most cost effective results. Target Cities was formerly budgeted as part of the Assessment Program.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	20.00	30.80	10.80
Program Costs	NA	\$1,709,463	\$2,776,899	\$1,067,436
Program Revenues	NA	\$1,709,463	\$2,773,961	\$1,064,498
General Fund Support	NA	\$0	\$2,938	\$2,938

### Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percent of clients referred who enroll in treatment	NA	NA	NA	55%
Percent of clients enrolling in treatment who complete treatment successfully	NA	NA	NA	50%
Percent of In-Jail Intervention clients who are not reincarcerated	NA	NA	NA	60%
Percent of clients completing treatment who are abstinent or have reduced their use following treatment	NA	NA	NA	40%

### Significant Changes - Revenues

	<u>Amount</u>
Target Cities revenue projections revised based on proposed Year 3 of grant	\$476,173
Increased Target Cities carryover	\$419,659

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Added Target Cities staff and materials & svcs for implementation: 5.5 Eval. Specialists, 2 OA 2, 1 PDS Sr, 1 Case Manager 2, 1 Eval. Spec, .5 PDS	11.00	\$791,422
Reduced Nurse Practitioner	(0.20)	(\$11,356)
Net increase in pass through (\$419,659 funded by carryover)		\$109,759
Target Cities separate budget created by transferring FTE's from Assessment; 1994-95 Adopted budget figures reorganized to reflect this.		

# Adult Residential Treatment

Alcohol & Drug Abuse  
Community and Family Svcs

## Description

The purpose of Adult Residential Treatment is to provide residential resources for people to reduce or eliminate the harmful effects of alcohol and other drug use on their functioning. These services include providing 24-hour room, board, supervision, and treatment, which consists of counseling, health services, education about addiction and recovery, recreational and vocational services, orientation to recovery support and relapse prevention, and referral to needed services following discharge.

Between 5,840 and 8,800 people in Multnomah County are estimated to need residential treatment services to deal with alcohol and drug dependence; 1,363 adults were admitted to publicly funded residential treatment in 1994. Addiction/dependence appears to be increasing among disadvantaged and non-white persons.

State and federal funding requirements and State Administrative Rules limit local discretion on types of services, relative distribution of funds among various services, and program requirements imposed on service providers.

## Budget Overview

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	0.00	0.00	0.00
Program Costs	NA	\$2,143,684	\$2,118,355	(\$25,329)
Program Revenues	NA	\$2,030,170	\$1,988,075	(\$42,095)
General Fund Support	NA	\$113,514	\$130,280	\$16,766

## Key Results

	1993-94 <u>Actual</u>	1994-95 <u>Estimated</u>	1994-95 <u>Adopted</u>	1995-96 <u>Projected</u>
Clients completing residential treatment (number/percent)	428/66%	400/70%	946/70%*	400/70%
Abstinence from substance use for six months following discharge from treatment (number/percent)	NA	378/40%	378/40%	300/40%

## Significant Changes - Revenues

	<u>Amount</u>
State Mental Health Division reductions per Governor's Budget	(\$42,095)

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Increased Alcohol Residential services	0.00	\$43,892
Reduced Drug Residential services		(\$97,987)

# Adult Outpatient Treatment

Alcohol & Drug Abuse  
Community and Family Svcs

## Description

The purpose of Adult Outpatient Treatment is to provide an outpatient resource for people (including people with DUII (Driving Under the Influence of Intoxicants) to reduce or eliminate the harmful effects of alcohol and other drug use on their functioning. The program is responsible for providing treatment on a non-residential basis through contracts for treatment planning, counseling, linkage with other human services including health care, education about addiction and recovery, educational and vocational services, and referral to recovery support and relapse prevention.

Between 35,000 and 59,000 people in Multnomah County are estimated to have alcohol/drug addictions or dependencies; there were 5,288 adults admitted to outpatient treatment in 1993-94. Addiction / dependence appears to be increasing among disadvantaged and non-white persons.

State and federal funding requirements and State Administrative Rules limit local discretion on types of services, relative distribution of funds among various services, and program requirements imposed on service providers.

## Budget Overview

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	0.00	0.00	0.00
Program Costs	NA	\$1,486,563	\$1,613,401	\$126,838
Program Revenues	NA	\$1,456,018	\$1,592,082	\$136,064
General Fund Support	NA	\$30,545	\$21,319	(\$9,226)

<u>Key Results</u>	1993-94 <u>Actual</u>	1994-95 <u>Estimated</u>	1994-95 <u>Adopted</u>	1995-96 <u>Projected</u>
Clients completing outpatient treatment (number/percent)	912/34%	1,491/55%	6,881/70%	1,579/55%
Abstinence from substance use for six months following discharge from treatment (number/percent)	NA	596/40%	2,752/40%	632/40%
DUII clients without a subsequent offense within the year following treatment (number/percent)	NA	3,835/75%	3,835/75%	2,890/85%

## Significant Changes - Revenues

State Mental Health Division reductions per Governor's Budget

Amount  
\$71,064

## Significant Changes - Expenditures

Alcohol Outpatient services  
Drug Outpatient services  
DUII Treatment

FTE's      Amount  
0.00      (\$346,072)  
\$338,136  
\$79,000

# Methadone Treatment

Alcohol & Drug Abuse  
Community and Family Svcs

## Description

The purpose of the Methadone Treatment Program is to provide a resources to persons to reduce or eliminate the harmful effects of illicit opiate use on their functioning and to increase public safety through reduction of criminal behavior related to opiate drug addictions. The program is responsible for providing treatment services and supervised use of methadone (a synthetic, legal opiate) until the client can maintain a drug free recovery. The program contracts for treatment planning, counseling, medication management, and referral to recovery support services and other necessary vocational, educational, and human services.

Opiate (primarily heroin) addiction occurs in an estimated 0.7% of the population in a metropolitan community; there were 2003 individuals admitted to Multnomah County methadone services in 1993. Opiate use appears to be on the increase, fueled, in part, by the resurgence of tar heroin in the community. In addition, more Methadone clients became eligible for Medicaid and were included in the public data system.

State and federal funding requirements and federal (FDA and DEA) regulations limit local discretion on types of services, relative distribution of funds among various services, and program requirements imposed on service providers.

## Budget Overview

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	0.00	0.00	0.00
Program Costs	NA	\$489,765	\$282,198	(\$207,567)
Program Revenues	NA	\$486,360	\$280,236	(\$206,124)
General Fund Support	NA	\$3,405	\$1,962	(\$1,443)

## Key Results

	1993-94 <u>Actual</u>	1994-95 <u>Estimated</u>	1994-95 <u>Adopted</u>	1995-96 <u>Projected</u>
Percent of clients who abstain from illicit drugs for six months following discharge from treatment	NA	NA	NA	40%
Percent of clients not arrested during treatment	81%	NA	NA	80%

## Significant Changes - Revenues

	<u>Amount</u>
State Mental Health Division reductions per Governor's Budget	(\$206,124)

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Decrease services for Methadone detox and maintenance	0.00	(\$206,124)

# Adolescent Treatment

## Alcohol & Drug Abuse Community and Family Svcs

### Description

The purpose of the Adolescent Treatment Program is to provide resources for adolescents and their families to reduce or eliminate the harmful effects of drug use on their functioning. The program is responsible for providing a continuum of treatment services and linkage with other needed human services. The program contracts for assessment; intervention; residential and outpatient treatment; family counseling; education about addiction and recovery; recreational, health, and educational services; and referral to needed services upon discharge.

A 1994 Oregon Student Survey indicates that in Multnomah County 27.9% of eight graders and 33.4% of eleventh graders report alcohol use in the past month. Eight percent of eight graders and 14.7% of eleventh graders report marijuana use in the past month. 253 juveniles were arrested for drug offenses in 1993, and despite a fairly long-term period of declines in student reported use of alcohol and other drugs, eighth graders report increased alcohol use.

State and federal funding requirements and State Administrative Rules limit local discretion on types of services, relative distribution of funds among various services, and program requirements imposed on service providers.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
Staffing FTE	NA	0.00	0.00	0.00
Program Costs	NA	\$630,732	\$587,393	(\$43,339)
Program Revenues	NA	\$277,944	\$234,912	(\$43,032)
General Fund Support	NA	\$352,788	\$352,481	(\$307)

<u>Key Results</u>	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Clients successfully completing treatment	230/58%	250/50%	500/50%	300/55%
Abstinence from illicit drugs for six months following discharge from treatment (number/percent)	NA	250/50%	250/50%	150/50%

### Significant Changes - Revenues

	<u>Amount</u>
State Mental Health Division reductions per Governor's Budget	(\$43,032)

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Alcohol Outpatient services reduction	0.00	(\$65,312)
Increase Drug Outpatient services		\$22,280

# Gambling Addiction

Alcohol & Drug Abuse  
Community and Family Svcs

## Description

The purpose of the Gambling Addiction Treatment Program is to provide resources for people in order to reduce or eliminate the harmful effects of their loss of control over their gambling behavior. The Program is responsible for providing a treatment of gambling addiction and educating the community about gambling addiction. The Program contracts for assessment; counseling; assistance with related financial, legal, health, and emergency basic needs problems, referral for recovery support, and education to other agencies in identification and referral.

Estimates of the prevalence of problem gambling and gambling addiction range between 3% and 4.4% of the adult population. As indicated in part by the 143 calls per month from Multnomah County to the statewide gambling hotline, the rate of addiction and problems is increasing with the advent of new, enticing, and more widely available forms of legal gambling. 192 individuals received Gambling Treatment during FY 93/94.

The Legislative Emergency Board appropriated funds for gambling addiction treatment pending further action of the 1995 Legislative session to further fund gambling addiction treatment. This action is necessitated by the Supreme Court invalidation of the original 5% set aside of State Lottery Funds. Bills have been introduced to restore gambling treatment funding, as requested in the Governor's Budget.

## Budget Overview

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	0.50	0.50	0.00
Program Costs	NA	\$1,491,237	\$846,450	(\$644,787)
Program Revenues	NA	\$1,491,237	\$808,500	(\$682,737)
General Fund Support	NA	\$0	\$37,950	\$37,950

## Key Results

	1993-94 <u>Actual</u>	1994-95 <u>Estimated</u>	1994-95 <u>Adopted</u>	1995-96 <u>Projected</u>
Clients who have improved their living stability at the time of discharge	NA	50%	50%	35%
Number and percent of clients successfully completing treatment	35%	40%	NA	40%

## Significant Changes - Revenues

Projected reduction in Video Lottery funds	<u>Amount</u> (\$581,669)
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## Significant Changes - Expenditures

Reduction in Gambling Treatment services	<u>FTE's</u> 0.00	<u>Amount</u> (\$581,669)
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# Community Action

## Community and Family Svcs

### Description

The purpose of Community Action is to counteract the consequences and causes of poverty, including homelessness, hunger, and high costs of basic needs (food, home energy, rent). The agency is responsible for developing and administering a continuum of services to help low income households meet their basic needs, become stabilized, empower themselves, and achieve self-sufficiency. The agency plans and advocates on a countywide basis, and contracts with a system of community-based agencies to provide such services as: community organizing, case management, temporary housing and rent assistance, services-enriched housing, emergency food and supplies, shelters, home energy assistance, access for cultural minorities, and home weatherization.

This program targets services to the more than 100,000 households in the County who have incomes no greater than 125% of the poverty level, including more than 18,000 households at risk of homelessness and more than 15,000 people who may be homeless. The rate of poverty is growing; the number of poor households increased by 20% between 1980 and 1990 while the Multnomah County population remained stable (US Census).

The Community Action Agency is one of a nationwide network of community action agencies, and it must comply with federal, state, and local funding requirements. The Community Action Commission serves as the administering board for the Community Action Agency and provides oversight, policy and program direction and advocacy on anti-poverty issues. The Housing and Community Development Commission provides policy and program direction on housing issues.

### Action Plan

- Continue efforts to strengthen partnership with the City of Portland to effectively channel and leverage resources focusing on anti poverty strategies in targeted communities and neighborhoods. Consolidate county and city anti poverty and homeless programs and funding sources in conjunction with the Community Action planning effort.
- Promote a customer focus by implementing total quality management/continuous quality improvement concepts. Develop the skills required for self-directed work teams through training and team-building.
- Research and develop comprehensive community economic development strategy linking partners such as the Community Development Corporation network and PIC with the community action system. Coordinate training, technical assistance and capacity building with City of Portland. Fund demonstration projects.

### Significant Changes - Revenues

	<u>Amount</u>
Loss of Robert Wood Johnson grant	(\$136,821)
Net increase of Anti-Poverty funds	\$282,543
LIEAP revenue reductions	(\$362,389)
PVE funding reduced	(\$240,220)
Increase Weatherization revenue	\$372,990
Increased Weatherization Carryover	\$14,119

# Community Action

## Community and Family Svcs

### Significant Changes - Expenditures

Net Staffing Changes, detailed at program level	FTE's (2.80)	Amount (\$147,826)
Transfer Domestic Violence funds to Department Management		(\$49,000)
Reduce contracted LIEAP services		(\$677,400)
Increase Weatherization services		\$347,776

### Budget Trends

	1993-94 <u>Actual</u>	1994-95 Current <u>Estimate</u>	1994-95 Adopted <u>Budget</u>	1995-96 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	25.48	22.20	22.10	19.30	(2.80)
Personal Services	\$1,148,331	\$990,923	\$993,813	\$930,733	(\$63,080)
Contractual Services	7,955,071	8,688,156	9,534,247	9,468,739	(65,508)
Materials & Supplies	419,951	385,026	291,290	295,909	4,619
Capital Outlay	<u>37,924</u>	<u>21,813</u>	<u>0</u>	<u>46,263</u>	<u>46,263</u>
<b>Total Costs</b>	<b>\$9,561,277</b>	<b>\$10,085,918</b>	<b>\$10,819,350</b>	<b>\$10,741,644</b>	<b>(\$77,706)</b>
Program Revenues	\$8,422,361	\$8,969,418	\$9,559,498	\$9,811,886	\$252,388
General Fund Support	\$1,138,916	\$1,116,500	\$1,259,852	\$929,758	(\$330,094)

### Costs by Program

	1993-94 <u>Actual</u>	1994-95 Adopted <u>Budget</u>	1995-96 Adopted <u>Budget</u>	<u>Difference</u>
Program Management	*	\$201,551	\$345,057	\$143,506
Anti-Poverty and Housing Stabilization	*	5,790,399	5,799,715	9,316
Low Income Energy Assistance	*	3,169,758	2,545,684	(624,074)
Low Income Weatherization	<u>*</u>	<u>1,657,642</u>	<u>2,051,188</u>	<u>393,546</u>
<b>Total Costs</b>	<b>\$9,561,277</b>	<b>\$10,819,350</b>	<b>\$10,741,644</b>	<b>(\$77,706)</b>

### Staffing by Program

	1993-94 <u>Actual</u>	1994-95 Adopted <u>Budget</u>	1995-96 Adopted <u>Budget</u>	<u>Difference</u>
Program Management	*	3.00	5.30	2.30
Anti-Poverty and Housing Stabilization	*	11.10	5.00	(6.10)
Low Income Energy Assistance	*	1.00	2.00	1.00
Low Income Weatherization	<u>*</u>	<u>7.00</u>	<u>7.00</u>	<u>0.00</u>
<b>Total Staffing FTE's</b>	<b>25.48</b>	<b>22.10</b>	<b>19.30</b>	<b>(2.80)</b>

\* Detailed breakout of 1993-94 Actuals is not available at the program level.

# Program Management and Advocacy

Community Action  
Community and Family Svcs

## Description

Program Management and Advocacy is responsible for bringing the issues and concerns of poverty into the public consciousness and for developing and implementing strategies to counteract the causes and consequences of poverty. The unit monitors and highlights issues of poverty, hunger, and homelessness; supports citizen involvement and advocacy through the Community Action Commission; facilitates policy and resource development for the Community Action service system; provides program planning, development, and coordination for community action services; oversees the contracted community-based service delivery system; supervises low income weatherization assistance provided as a direct service with County staff, and supervises special projects for community restoration and service integration.

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

## Budget Overview

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	3.00	5.30	2.30
Program Costs	NA	\$201,551	\$345,057	\$143,506
Program Revenues	NA	\$0	\$188,045	\$188,045
General Fund Support	NA	\$201,551	\$157,012	(\$44,539)

## Significant Changes - Revenues

	<u>Amount</u>
Increase Federal, State, Local funds transferred to Program Management	\$162,975
Increase LIEAP revenue based on State Community Services IGA	\$25,070

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Add Data Analyst	1.00	\$44,904
Add new PDS for planning	2.00	\$97,366
Transfer Administrative Secretary from Anti-Poverty	1.00	\$35,924
Transfer .20 Community Svcs Administrator shared with Community Devpt	(0.20)	(\$13,874)
Transfer 1.5 FTE PDS to Contracts Unit	(1.50)	(\$67,265)

# Anti-Poverty & Housing Stabilization

## Community Action Community and Family Svcs

### Description

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

The unit contracts for a service system that is based on a case management model linked to services-enriched housing. Case managers provide linkage and access to client assistance, services-enriched housing, and a variety of community resources based on individualized case plans.

This program targets services to more than 100,000 County residents with incomes less than 125% of the Federal poverty level, 18,412 households at risk of homelessness, and over 15,000 people who may be homeless. The program served 43,098 people in FY 1993-94.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	11.10	5.00	(6.10)
Program Costs	NA	\$5,790,399	\$5,799,715	\$9,316
Program Revenues	NA	\$4,818,932	\$5,101,775	\$282,843
General Fund Support	NA	\$971,467	\$697,940	(\$273,527)

<u>Key Results</u>	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Case managed households whose income has increased or stabilized	NA	40%	40%	40%
Homeless and at-risk households stabilized in housing for 6+ months	NA	30%	30%	30%
Percent of minorities provided access to anti-poverty services compared to percent of minorities in poverty population.	NA	50%/30%	35.2%/30%	50%/30%

### Significant Changes - Revenues

	<u>Amount</u>
Net Federal State fund increase	\$282,543
Loss of Robert Wood Johnson grant	(\$136,821)
County General Fund transferred to Program Management	(\$193,111)

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Deleted Robert Wood Johnson funded positions	(2.50)	(\$114,747)
Columbia Villa, Roosevelt coordinators transferred to new Integrated Svcs	(2.00)	(\$108,590)
Org in Div Mgmt		

# Anti-Poverty & Housing Stabilization

## Community Action Community and Family Svcs

<b><u>Significant Changes - Expenditures (continued)</u></b>	<b><u>FTE's</u></b>	<b><u>Amount</u></b>
Community Health Nurse funding eliminated during FY 94-95	(0.80)	(\$32,191)
OA2 transferred to Resource Management	(1.00)	(\$30,910)
Added .2 OA2 during FY 94-95	0.20	\$6,952
Added PDT during FY 94-95	0.50	\$18,550
Administrative Secretary transferred to CAPO Program Management	(1.00)	(\$35,924)
Service funding changes from FY 94-95 adopted budget:		
Community Service Centers		(\$423,568)
Special Needs - Domestic Violence		\$311,364
Homeless Youth		(\$72,949)
Homeless Elderly		\$162,731
Emergency Assistance		\$166,510
Special Needs Projects		\$122,074
Homeless Singles		\$51,926
Transferred PDS to Contracts Unit	(1.00)	(\$52,620)
Reclassified PDT to PDS		\$7,714
Cut .5 FTE OA2	(0.50)	(\$17,382)
Added 2 FTE PDS	2.00	\$97,366

# Low Income Energy Assistance

Community Action  
Community and Family Svcs

## Description

The purpose of the Low Income Energy Assistance Unit is to provide income support for low income households by providing energy assistance subsidies and to increase household self-sufficiency by helping them manage home energy expenses within household income. The unit is responsible for subsidizing a portion of the cost of home energy for low income households. The unit is responsible for client eligibility contracts with community service centers to conduct intakes, authorize subsidies according to a statewide allocation formula, and provide energy case management. Client assistance payments are made by the unit through contracts with energy suppliers.

This program targets services to the more than 100,000 County residents with incomes less than 125% of Federal poverty level, particularly low income seniors and disabled populations. The LIEAP Program expects federal funding reductions in 1995-96, which will reduce the number of clients for whom it provides energy subsidies.

## Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	1.00	2.00	1.00
Program Costs	NA	\$3,169,758	\$2,545,684	(\$624,074)
Program Revenues	NA	\$3,088,061	\$2,482,452	(\$605,609)
General Fund Support	NA	\$81,697	\$63,232	(\$18,465)

<u>Key Results</u>	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percent of allocation spent on eligible households.	100%	100%	100%	100%
Percent of energy case managed households who avoid an energy shut-off while receiving services and for six months afterward	NA	75%	75%	75%

## Significant Changes - Revenues

	<u>Amount</u>
LIEAP funding reduced	(\$362,389)
PVE funding reduced	(\$240,220)

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Reduction in contracted services		(\$677,400)
Added Office Assistant	1.00	\$34,764

# Low Income Weatherization

## Community Action Community and Family Svcs

### Description

The purpose of the Low Income Weatherization Assistance Unit is to increase economic self-sufficiency of low income households by reducing expenditures for home energy use and increasing client comfort. The Unit is responsible for increasing energy conservation activities and weatherizing single- and multi-family homes of low income households, with priority given to elderly, disabled, and families with children under age six. The unit audits homes of eligible households, provides conservation education and self-help materials, determines weatherization materials to be installed, recommends heating equipment upgrades, makes health and safety repairs and repairs to save the house, contracts for weatherization work from a pool of private contractors and specialty vendors, and inspects the work to assure quality and completeness.

This program targets services to the more than 100,000 County residents with incomes less than 125% of the Federal poverty level; 480 housing units were weatherized in FY 93-94.

### Budget Overview

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	7.00	7.00	0.00
Program Costs	NA	\$1,657,642	\$2,051,188	\$393,546
Program Revenues	NA	\$1,652,505	\$2,039,614	\$387,109
General Fund Support	NA	\$5,137	\$11,574	\$6,437

<u>Key Results</u>	1993-94 <u>Actual</u>	1994-95 <u>Estimated</u>	1994-95 <u>Adopted</u>	1995-96 <u>Projected</u>
Households receiving energy conservation education who report an increase in comfort and a decrease in energy consumption or expenditures	NA	75%	75%	75%
Households receiving weatherization assistance who report an increase in comfort and a decrease in energy consumption or expenditures	NA	75%	75%	75%
Weatherization dollars spent on energy measures with a payback of less than seven years	NA	90%	90%	90%

### Significant Changes - Revenues

	<u>Amount</u>
Increased Oregon Energy - Americorp Program revenue	\$26,926
Increased Federal/State Weatherization revenue	\$346,064
Increased Carryover	\$14,119

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Increased Weatherization Services	0.00	\$347,776
Purchased Van for Weatherization Program		\$14,119

# Community Development

# Community and Family Svcs

## Description

The purpose of Community Development is to develop viable urban communities, provide decent housing and a suitable living environment, and expand economic opportunities, principally for persons of low and moderate income who reside in unincorporated Multnomah County and the cities of Troutdale, Maywood Park, Fairview, and Wood Village. The program is responsible for allocating and managing federal Community Development Block Grant and HOME program funds and other resources developed by the program to implement community development and housing projects to meet community needs. Community Development plans and funds the construction or rehabilitation of affordable housing, arranges for financing for connection to the Mid-County Sewer Project, funds small cities' public works projects, participates in the HOME consortium and Comprehensive Housing Affordability Strategy, and advocates for fair housing.

This program serves some 16,561 low to moderate income households, for whom housing costs and neighborhood livability are likely to be problems. As housing stock and public infrastructure age, problems in these areas tend to increase.

This is a federally-funded urban entitlement program and must comply with US Department of Housing and Urban Development guidelines.

The Policy Advisory Board advises the Community Development program on use of resources.

## Action Plan

- Coordinate development of region wide strategic plan to address housing issues of Hispanic Migrant Farmworkers, implement policy recommendations by December, 1995.

### Significant Changes - Revenues

Net revenue increase, detailed at program level

### Amount

\$86,027

### Significant Changes - Expenditures

Increased Pass-Through

### FTE's

### Amount

Added .20 Community Services Administrator from Community Action

0.20

\$72,299

Reclassified HCS Administrator to PDS Sr

\$13,874



## Community Development

## Community and Family Svcs

### Budget Trends

	1993-94	1994-95	1994-95	1995-96	
	<u>Actual</u>	<u>Current</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	
Staffing FTE	8.00	6.80	6.80	7.00	0.20
Personal Services	\$353,166	\$322,215	\$348,270	\$354,742	\$6,472
Contractual Services	604,298	683,960	2,401,949	2,466,208	64,259
Materials & Supplies	89,090	62,596	69,506	87,087	17,581
Capital Outlay	<u>1,594</u>	<u>0</u>	<u>2,493</u>	<u>3,200</u>	<u>707</u>
<b>Total Costs</b>	<b>\$1,048,148</b>	<b>\$1,068,771</b>	<b>\$2,822,218</b>	<b>\$2,911,237</b>	<b>\$89,019</b>
Program Revenues	\$984,476	\$1,068,171	\$2,821,622	\$2,895,000	\$73,378
General Fund Support	\$63,672	\$600	\$596	\$16,237	\$15,641

### Costs by Program

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Program Management & Advocacy	*	\$152,236	\$166,070	\$13,834
Housing Development/Rehabilitation	*	1,421,338	1,503,618	82,280
Public Works	<u>*</u>	<u>1,248,644</u>	<u>1,241,549</u>	<u>(7,095)</u>
<b>Total Costs</b>	<b>\$1,048,148</b>	<b>\$2,822,218</b>	<b>\$2,911,237</b>	<b>\$89,019</b>

### Staffing by Program

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Program Management & Advocacy	*	2.30	2.50	0.20
Housing Development/Rehabilitation	*	2.50	2.50	0.00
Public Works	<u>*</u>	<u>2.00</u>	<u>2.00</u>	<u>0.00</u>
<b>Total Staffing FTE's</b>	<b>8.00</b>	<b>6.80</b>	<b>7.00</b>	<b>0.20</b>

\* Detailed breakout of 1993-94 Actuals is not available at the program level.

# Program Mgmt & Advocacy

## Community Development Community and Family Svcs

### Description

The Program Management and Advocacy Unit is responsible for administering the Community Development program in accordance with rules and guidelines promulgated by US Department of Housing and Urban Development (HUD)/Housing and Community Development Block Grant Program, and by other funding sources, including the City of Portland and Robert Wood Johnson Foundation. The Unit develops annual plans and status reports for housing and community development projects; advocates and develops resources on community livability and fair/affordable housing issues; assures accountability for program expenditures; participates in community policy efforts, such as the CHAS, the Affordable Housing Development Project, and Fair Housing Advisory Task Force; and manages a Policy Advisory Board.

The program primarily operates with federal and private foundation funding, which require specific planning activities, types of services to be provided, and accountability reporting.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted</u> <u>Budget</u>	<u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	NA	2.30	2.50	0.20
Program Costs	NA	\$152,236	\$166,070	\$13,834
Program Revenues	NA	\$152,095	\$165,823	\$13,728
General Fund Support	NA	\$141	\$247	\$106

### Significant Changes - Revenues

	<u>Amount</u>
Increased Guardian Management revenues	\$10,000
Increased Community Development Block Grant	\$3,728

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Added .20 Community Services Administrator from Community Action	0.20	\$13,874

# Housing Development and Rehabilitation

Community Development  
Community and Family Svcs

## Description

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

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

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

## Budget Overview

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	2.50	2.50	0.00
Program Costs	NA	\$1,421,338	\$1,503,618	\$82,280
Program Revenues	NA	\$1,420,970	\$1,493,269	\$72,299
General Fund Support	NA	\$368	\$10,349	\$9,981

## Key Results

	1993-94 <u>Actual</u>	1994-95 <u>Estimated</u>	1994-95 <u>Adopted</u>	1995-96 <u>Projected</u>
Percent of area households below median income spending 30% or less of their income on housing.				
Homeowners	NA	73%	73%	73%
Renters	NA	60%	60%	60%

## Significant Changes - Revenues

Increased Federal, State and Local revenues	<u>Amount</u>
	\$72,299

## Significant Changes - Expenditures

Increased pass through	<u>FTE's</u>	<u>Amount</u>
	0.00	\$74,550

# Public Works

## Community Development Community and Family Svcs

### Description

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

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

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

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted</u> <u>Budget</u>	<u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	NA	2.00	2.00	0.00
Program Costs	NA	\$1,248,644	\$1,241,549	(\$7,095)
Program Revenues	NA	\$1,248,557	\$1,235,908	(\$12,649)
General Fund Support	NA	\$87	\$5,641	\$5,554

<u>Key Results</u>	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
To be determined in Spring 95 using baseline data gathered	NA	NA	NA	NA

### Significant Changes - Revenues

No significant changes

### Significant Changes - Expenditures

No significant changes

# Children and Youth Program

## Community and Family Svcs

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### Description

The goal of the Children and Youth Program Office is to mobilize and manage a continuum of services and resources that promote healthy families and invest in our children from the earliest stages of their lives. The program is responsible for planning, delivering, monitoring, researching, and evaluating direct and contracted services for children, youth, and families. These services are designed to be available to children and families across a full continuum of need: growth promotion, prevention, early intervention and treatment. The program uses a variety of culturally competent approaches to provide developmentally appropriate services, such as: managed mental health services, early childhood education and development, school based services, abuse prevention, services for runaway and homeless youth, child care support services, youth gang prevention and intervention, diversion services, and family resource and service centers.

There are approximately 132,000 children under age 18 in Multnomah County (1990 Census), with an estimated 38,000 children and families living in poverty. With more of a State and County emphasis on promoting healthy communities and children, the demand for more and better services is affecting the profile of this program.

The Multnomah Commission on Children and Families provides oversight, planning, and policy direction on youth programs.

### Action Plan

- Develop, implement and monitor the current proposal for a centralized children's crisis system by June 1996 in order to provide centralized access for children and families and to provide EPSDT-quality Medichex and authorizations for treatment.
- Develop, implement and monitor children's managed mental health care wraparound and other specialized services for children and their families by June 30, 1996 to more effectively serve children and families in the community by reducing the number of children who are admitted to the State Hospital or to shorten their stay and help with transition back into our community.
- Refine and participate with Juvenile Justice in the implementation of a sex offender unit and explore the application of the Medicaid mental health system within the unit by June 1996 to effectively meet the mental health needs for assessment and treatment of those who are housed on this unit.
- Build on the Partners Project model and expand the capacity of the mental health services delivery system for children and families through management of a contribution from the Casey Family Foundation for services for severely mentally ill children.

# Children and Youth Program

## Community and Family Svcs

### Significant Changes - Revenues

	<u>Amount</u>
State Mental Health revenue reductions	(\$1,172,075)
Net school-based services revenue increase	\$53,181
Medicaid revenues for AITP Program reduced due to change in billing rules, made up with County General Fund	(\$106,947)
Received Public Health grant	\$25,000
Increased Partners Project Carryover	\$500,000
Increased Level 7 Carryover	\$503,500
Transferred Level 7 funds to Contracts Unit	(\$46,947)

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Net Changes in FTE's for existing programs, details at program level	3.74	\$182,018
Increased pass through funded with Carryover		\$66,000
Reduced services for non-Medicaid eligible children		(\$380,507)
Added Pass-Through to be matched with business community support for Alternative Schools		\$50,000
Added funds for Mt. Scott Summer Learning tutoring program		\$5,539
Added .5 FTE Mental Health Cons. for Lane Middle School Clinic	0.50	\$3,569
Increased Pass-Through payments to Family Centers to fund infrastructure needs to accommodate County expansions		\$100,000
Increased County General Fund for Parent Child Development Centers to replace State funding cuts		\$85,000
Increased support for the CARES program beginning October 1, 1995	1.50	\$106,814

### Budget Trends

	<u>1993-94</u>	<u>1994-95</u>	<u>1994-95</u>	<u>1995-96</u>	
	<u>Actual</u>	<u>Current</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
Staffing FTE	55.87	69.80	68.10	73.84	5.74
Personal Services	\$2,830,260	\$3,272,546	\$3,384,559	\$3,694,854	\$310,295
Contractual Services	8,347,128	9,085,935	10,999,030	11,551,181	552,151
Materials & Supplies	585,320	454,032	471,646	504,797	33,151
Capital Outlay	<u>41,682</u>	<u>39,555</u>	<u>48,489</u>	<u>9,800</u>	<u>(38,689)</u>
<b>Total Costs</b>	<b>\$11,804,390</b>	<b>\$12,852,068</b>	<b>\$14,903,724</b>	<b>\$15,760,632</b>	<b>\$856,908</b>
Program Revenues	\$6,450,096	\$6,098,368	\$8,072,727	\$8,484,997	\$412,270
General Fund Support	\$5,354,294	\$6,753,700	\$6,830,997	\$7,275,635	\$444,638

# Children and Youth Program

## Community and Family Svcs

### Costs by Program

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Program Management	*	\$640,118	\$1,370,881	\$730,763
Managed Mental Health Care	*	3,992,010	3,678,334	(313,676)
Community & Mental Health Treatment	*	1,636,581	939,254	(697,327)
School-Based Services	*	827,992	950,567	122,575
Early Childhood Development	*	306,692	521,811	215,119
Family Centers	*	3,593,183	3,656,473	63,290
Prevention	*	1,134,631	2,411,439	1,276,808
Intervention	*	<u>2,772,517</u>	<u>2,231,873</u>	<u>(540,644)</u>
<b>Total Costs</b>	<b>\$11,804,390</b>	<b>\$14,903,724</b>	<b>\$15,760,632</b>	<b>\$856,908</b>

### Staffing by Program

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Program Management	*	19.50	19.50	0.00
Managed Mental Health Care	*	17.50	18.00	0.50
Community & Mental Health Treatment	*	0.50	3.00	2.50
School-Based Services	*	14.14	16.58	2.44
Early Childhood Development	*	3.63	3.63	0.00
Family Centers	*	1.00	1.00	0.00
Prevention	*	5.00	5.00	0.00
Intervention	*	<u>6.83</u>	<u>7.13</u>	<u>0.30</u>
<b>Total Staffing FTE's</b>	<b>55.87</b>	<b>68.10</b>	<b>73.84</b>	<b>5.74</b>

\* Detailed breakout of 1993-94 Actuals is not available at the program level.

# Program Management

Children and Youth Program

Community and Family Svcs

## Description

Program Management is responsible for developing children and youth policy, coordinating children, youth and family service systems, and planning for and creating programs and services along a continuum of care. In addition, management participates in budget preparation and collaborates in contract development, monitoring and evaluation. Program Management is responsible for defining and assuring the quality of services delivery and communicating outcomes to funders and policy makers, including the Multnomah Commission on Children and Families and the Children and Adolescent Mental Health Program Advisory Committee.

## Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
Staffing FTE	NA	19.50	19.50	0.00
Program Costs	NA	\$640,118	\$1,370,881	\$730,763
Program Revenues	NA	\$604,421	\$591,381	(\$13,040)
General Fund Support	NA	\$35,697	\$779,500	\$743,803

## Significant Changes - Revenues

	<u>Amount</u>
Transferred State Mental Health and Commission on Children and Families revenues from other programs	\$485,781
County General Fund transferred from other programs	\$311,619
Medicaid revenue for AITP Program reduced due to change in billing rules, made up with County General Fund	(\$29,500)

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Deleted Clinical Supervisor	(0.50)	(\$24,442)
Budgeted Building Management costs in this org for entire CYP program		\$92,255
Added .5 FTE Prog. Devpt. Technician	0.50	\$17,994
Set aside funds for Mult. Comm. on Child. & Families planning process		\$82,500



# Managed Mental Health

Children and Youth Program  
Community and Family Svcs

## Description

The goal of Managed Mental Health Care is to deliver, manage, and monitor capitated mental health services for children with mental and emotional disturbances and their families. Managed Mental Health Care is responsible for assuring that the medically necessary mental health services for children and their families are preauthorized, delivered and monitored. Managed Mental Health Care uses flexible funding to deliver an array of both innovative and traditional assessment, treatment, and related mental health services that are individualized to each child's needs through a plan of care.

Managed Mental Health Care provides mental health services to children who are suffering a diagnosable mental health illness; in FY 1993-94, 150 such children were served each month through the Partners Project - 196 during the year. The number of children in need is growing rapidly due to increased identification and the results of social and economic stresses impacting families.

## Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	17.50	18.00	0.50
Program Costs	NA	\$3,992,010	\$3,678,334	(\$313,676)
Program Revenues	NA	\$3,682,013	\$3,484,645	(\$197,368)
General Fund Support	NA	\$309,997	\$193,689	(\$116,308)

<u>Key Results</u>	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Average length of stay per psychiatric hospitalization	8.5 days	7.5 days	NA	7.5 days
Maintain penetration level at same rate as Baseline Year (93/94)	12%	12%	NA	12%

## Significant Changes - Revenues

	<u>Amount</u>
State Mental Health revenues reduced	(\$792,075)
Increased Partners Project Carryover	\$500,000

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Increased Pass-Through funded with carryover		\$66,000
Added Mental Health Consultant Lead	1.00	\$58,286
Deleted .5 Case Management Assistant	(0.50)	(\$15,006)

# Community & Mental Health Treatment

Children and Youth Program

Community and Family Svcs

## Description

The goal of Community and Mental Health Treatment is to provide quality mental health resources for children and their families through collaboration with community-based service providers. Community and Mental Health Treatment is responsible for developing and managing contracts with nonprofit, culturally diverse, neighborhood-based child and family serving agencies. Community and Mental Health Treatment contracts for assessment and treatment of emotional problems, Alcohol and Drug Support Services, Juvenile Justice Services, and mental illness education of the broader community including parents and other child-serving professionals, and advocacy and support.

The number of children needing mental health services is growing due to increased identification and societal stresses on families and children.

## Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	0.50	3.00	2.50
Program Costs	NA	\$1,636,581	\$939,254	(\$697,327)
Program Revenues	NA	\$574,955	\$216,033	(\$358,922)
General Fund Support	NA	\$1,061,626	\$723,221	(\$338,405)

## Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percent of children enrolled in crisis services who are not hospitalized	NA	NA	NA	50%
Percent of children who required Medicaid Authorization completing their Mental Health Treatment Plans	NA	NA	NA	75%
Percent of consumers satisfied with Community Mental Health Treatment Services throughout Multnomah County	NA	NA	60%	75%

## Significant Changes - Revenues

	<u>Amount</u>
Revenues transferred to other programs in Children & Youth	(\$211,212)
State revenues for non-Medicaid eligible children reduced	(\$380,000)
Medicaid revenue for AITP Program reduced due to change in billing rules, made up with County General Fund	(\$77,447)

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Reduction in State-funded mental health services for children		(\$380,507)
Increased Medical Records Technician to full time	0.50	\$18,096
Added Mental Health Consultants for AITP program	2.00	\$105,223

# School-based Services

Children and Youth Program

Community and Family Svcs

## Description

The purpose of School-based Mental Health Services is to reduce the disruption to children's education caused by emotional or behavioral problems. The unit is responsible for serving children and families in a school environment when they are unable to access other mental health services, and for providing oversight, coordination, and triage for the broad-based mental health services existing in Multnomah County. School-Based Services provides mental health assessments, treatment approaches which encourage a sense of competency and mastery, education of the broader community including parents and other child-serving professionals, systems intervention and collaboration, and advocacy and support.

Demand for services is anticipated to grow as the school districts eliminate their social work services.

## Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	14.14	16.58	2.44
Program Costs	NA	\$827,992	\$950,567	\$122,575
Program Revenues	NA	\$247,519	\$145,000	(\$102,519)
General Fund Support	NA	\$580,473	\$805,567	\$225,094

## Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percent of children receiving services in School Mental Health Program and School-Based Health Clinics who continue to attend and participate in school through the school year	NA	NA	NA	70%
Percent of young people who successfully transition from middle school to high school	NA	NA	NA	70%

## Significant Changes - Revenues

	<u>Amount</u>
Net revenue increase	\$53,181
Received Public Health grant	\$25,000
State Commission funds transferred to other programs in Children & Youth	(\$127,684)

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Transferred Youth Support Services from Prevention		\$126,797
Add Pass-Through to be matched with business community support for Alternative Schools		\$50,000
Added Mental Health Consultants	2.09	\$94,825
Deleted partial OA2 position	(0.15)	(\$4,805)
Transferred contracted services to other programs in Children & Youth		(\$126,797)
Added .5 FTE Mental Health Cons. for Lane Middle School Clinic	0.50	\$3,569

# Early Childhood Development

Children and Youth Program  
Community and Family Svcs

## Description

The purpose of Early Childhood Development is to promote healthy growth and development of children and their families. Early Childhood Development services assure that all four components necessary for that development (competent nurturing adult, basic needs, physical and mental health, and developmental opportunities) exist in the community. Services for growth promotion for all families are available without regard to income or special need. Early Childhood Development is responsible for serving children and families in a school environment when they are unable to access other mental health services, and for providing oversight, coordination, and triage for the broad-based mental health services existing in Multnomah County. Examples of Early Childhood Development issues are: child care stabilization, education readiness and support, early childhood mental health, early childhood education, and infant-toddler development.

## Budget Overview

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	3.63	3.63	0.00
Program Costs	NA	\$306,692	\$521,811	\$215,119
Program Revenues	NA	\$306,124	\$319,821	\$13,697
General Fund Support	NA	\$568	\$201,990	\$201,422

## Key Results

	1993-94 <u>Actual</u>	1994-95 <u>Estimated</u>	1994-95 <u>Adopted</u>	1995-96 <u>Projected</u>
Percent of children who received ECD services who meet specific developmental standards upon entering Kindergarten	NA	NA	NA	70%
Number of slots available in N/NE Portland, as a targeted area	3,552	3,552	3,552	3,552

## Significant Changes - Revenues

Increased Great Start Carryover	\$13,091
Transferred County and State Commission funds from other programs	\$27,898

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Increased Carryover-funded pass through		\$13,091
Transferred contract services from other programs in Children & Youth		\$27,704
Added funds for Mt. Scott Summer Learning tutoring program		\$5,539

# Family Center System

Children and Youth Program

Community and Family Svcs

## Description

The Family Center System (FCS) is comprised of seven (7) community based sites providing family centered, developmentally and culturally appropriate, multiple integrated services for children, young people and their families throughout Multnomah County. The FCS is a visible resource for children, young people and families in each service district, and in turn is part of a larger, county-wide Family Support System. The Family Support System is composed of multiple service sites including: Family Centers, Aging Service Centers, Community Action Centers, and Health Clinics, with at least one in each service district. The FCS provides a range of services from parent education and child development to Level 7, juvenile diversion and family intervention to service access and community activism.

The FCS overlays the philosophy of growth promotion on all services, including those problem focused. Local and national research points to the unmet and on-going needs of families with children and young people to have access to multiple services and support delivered with respect in a community-based location. The Family Center System served 3,100 children and youth in 325 families in 1993-94.

## Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	1.00	1.00	0.00
Program Costs	NA	\$3,593,183	\$3,656,473	\$63,290
Program Revenues	NA	\$520,652	\$445,488	(\$75,164)
General Fund Support	NA	\$3,072,531	\$3,210,985	\$138,454

<u>Key Results</u>	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percent of children receiving Diversion services through the Family Centers who do not have subsequent allegations or offenses	65%	60%	65%	65%
Percent of children served through the Family Centers who meet specified developmental standards upon entering kindergarten	NA	NA	NA	75%

## Significant Changes - Revenues

Transferred State Commission and County funds to other programs	<u>Amount</u> (\$92,464)
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## Significant Changes - Expenditures

Increased Pass-Through payments to Family Centers to fund infrastructure needed to accommodate County expansions	<u>FTE's</u> 0.00	<u>Amount</u> \$100,000
Increased County General Fund for Parent Child Development Centers to replace State funding cuts		\$85,000
Transferred contract services to other programs		(\$92,464)

# Prevention

## Children and Youth Program

## Community and Family Svcs

### Description

The purpose of Prevention is to provide children and young people with the skills and support needed to avoid and/or ameliorate predictable problems. Prevention services reduce susceptibility to an identified problem, reduce exposure to the cause of the problem, or provide early detection and treatment. These services provide for education of the broader community (including parents and child-serving professionals), advocacy, support, oversight, coordination, and triage for the broad-based mental health services existing in Multnomah County. Examples of prevention services include children abuse prevention/education, family enhancement program, teen pregnancy prevention, and Youth Conservation Corps.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	5.00	5.00	0.00
Program Costs	NA	\$1,134,631	\$2,411,439	\$1,276,808
Program Revenues	NA	\$96,840	\$1,815,911	\$1,719,071
General Fund Support	NA	\$1,037,791	\$595,528	(\$442,263)

<u>Key Results</u>	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percent of children attending child abuse prevention education sessions who can state an Appropriate Plan of Action in response to a "What if" story about an abusive situation	NA	NA	NA	60%
Percent of children affected by abuse whose families are enrolled in treatment or abuse prevention programs	NA	75%	NA	75%
Number of pregnant girls ages 9-12 per thousand	NA	NA	NA	15

### Significant Changes - Revenues

	<u>Amount</u>
Transferred State Commission and County funds from other programs	\$1,690,098

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Transferred contracted services from other programs in Children & Youth	0.00	\$1,690,098

# Intervention

## Children and Youth Program

## Community and Family Svcs

### Description

The purpose of Intervention is to support and strengthen families and reduce children's placement in restrictive settings. Intervention services are specialized and remedial in nature, ameliorate the impact of problems, and minimize negative consequences to the child and family. Services are delivered at a variety of community sites such as hospitals, Juvenile Justice facilities, health clinics and field nursing team visits, schools and child welfare offices. Both direct and contracted services are provided, including: case management for ethnic and sexual minorities, case management for pregnant girls and victims of sexual abuse, transition housing for pregnant girls, teen parent services, cultural and gender-specific services, gang outreach, Child Abuse Response and Evaluation System (CARES), Level 7 system, Kaleidoscope, and services to displaced youth.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	6.83	7.13	0.30
Program Costs	NA	\$2,772,517	\$2,231,873	(\$540,644)
Program Revenues	NA	\$2,040,203	\$1,466,718	(\$573,485)
General Fund Support	NA	\$732,314	\$765,155	\$32,841

<u>Key Results</u>	1993-94 <u>Actual</u>	1994-95 <u>Estimated</u>	1994-95 <u>Adopted</u>	1995-96 <u>Projected</u>
Percent of children served in CARES who are evaluated for abuse whose families are enrolled in an appropriate treatment or abuse prevention program	NA	NA	NA	70%
Percent of runaway/displaced youth who successfully transition to stable housing	NA	NA	NA	60%
Percent of highest-risk teen parents whose children are not taken into custody by the Children's Services Division	NA	NA	NA	60%
Percent of youth committed to the State Training School who are African-American compared to percent of African-American youth in the general population	NA	32% / 9.1%	NA	NA
Number of young people and families who receive services who do not appear on caseload for CSD or JJD	NA	NA	NA	250

### Significant Changes - Revenues

	<u>Amount</u>
Transferred Level 7 funds to Contracts Unit	(\$46,947)
Increased Level 7 Carryover	\$503,500
Transferred State Commission and County funds to other programs	(\$982,769)

# Intervention

Children and Youth Program

Community and Family Svcs

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## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Reduced Mental Health Consultant	(0.20)	(\$10,147)
Added PDT for Level 7 during 1994-95	1.00	\$38,289
Increased support for the CARES program beginning October 1, 1995	1.50	\$106,814
Increased Carryover-funded pass through		\$500,000
Transferred 2.0 FTE Prog. Devpt. Spec. to Contracts Unit	(2.00)	(\$96,295)
Transferred contracted services to other programs		(\$982,769)



# Developmental Disabilities

# Community and Family Svcs

## Description

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

The Developmental Disabilities Program will serve over 3,700 individuals and families in FY 1995-96. The number of people served will increase in the next few years because of continued downsizing of Fairview Training Center and the increase in federally-mandated services for children aged 0 - 5. Since 1988, 182 individuals have moved from Fairview to Multnomah County and have received the full range of residential and vocational supports as individually appropriate.

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

## Action Plan

- Formally evaluate and assess the effectiveness of the "Lost Person Project" by January 1, 1996. This project is a collaboration between this program, police, Metro Crisis Line, providers and families in order to quickly identify lost individuals and alert appropriate agencies in order to prevent inappropriate hospitalization/detention and assist individuals to quickly return to their homes.
- Assist 2,000 children and adults as they identify their priorities in health support services, understand the provider options available to them and enroll in the Oregon Health Plan. During the first year of the plan, the program will assist in communication between the individuals and the providers they choose, help the individuals to understand and access the benefits offered by their providers and assist individuals to seek new providers as necessary.

### Significant Changes - Revenues

	<u>Amount</u>
Increased State Mental Health grant carryover	\$700,000
State Mental Health Grant increases	\$1,981,778

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Increased Carryover-funded Pass-Through		\$700,000
Increase services, detailed at program level		\$1,926,834
Increase FTE's, detailed at program level	3.60	\$176,397
Added high school transition services for youth age 21-26, to begin 1/96		\$80,000

# Developmental Disabilities

# Community and Family Svcs

## Budget Trends

	1993-94 <u>Actual</u>	1994-95 <u>Current Estimate</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	64.30	75.95	71.60	75.20	3.60
Personal Services	\$2,824,474	\$3,284,765	\$3,213,164	\$3,395,005	\$181,841
Contractual Services	19,206,909	22,572,256	21,205,634	23,809,404	2,603,770
Materials & Supplies	708,904	609,522	576,414	697,738	121,324
Capital Outlay	<u>44,418</u>	<u>40,847</u>	<u>10,000</u>	<u>0</u>	<u>(10,000)</u>
<b>Total Costs</b>	<b>\$22,784,705</b>	<b>\$26,507,390</b>	<b>\$25,005,212</b>	<b>\$27,902,147</b>	<b>\$2,896,935</b>
Program Revenues	\$21,476,815	\$25,137,490	\$23,737,940	\$26,530,563	\$2,792,623
General Fund Support	\$1,307,890	\$1,369,900	\$1,267,272	\$1,371,584	\$104,312

## Costs by Program

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Program Management	*	\$1,129,756	\$1,916,968	\$787,212
Vocational Services	*	7,045,911	7,548,919	503,008
Residential Services	*	14,493,483	15,610,457	1,116,974
Adult Services Coordination	*	531,527	544,519	12,992
Youth Services Coordination	*	739,409	856,560	117,151
Protective Services	*	161,733	166,660	4,927
Intake and Assessment	*	167,126	190,575	23,449
Specialized Services	<u>*</u>	<u>736,267</u>	<u>1,067,489</u>	<u>331,222</u>
<b>Total Costs</b>		<b>\$22,784,705</b>	<b>\$25,005,212</b>	<b>\$2,896,935</b>

## Staffing by Program

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Program Management	*	10.50	9.50	(1.00)
Vocational Services	*	5.00	6.00	1.00
Residential Services	*	15.90	16.00	0.10
Adult Services Coordination	*	11.00	11.00	0.00
Youth Services Coordination	*	14.80	16.80	2.00
Protective Services	*	3.00	3.00	0.00
Intake and Assessment	*	3.50	4.00	0.50
Specialized Services	<u>*</u>	<u>7.90</u>	<u>8.90</u>	<u>1.00</u>
<b>Total Staffing FTE's</b>	<b>64.30</b>	<b>71.60</b>	<b>75.20</b>	<b>3.60</b>

\* Detailed breakout of 1993-94 Actuals is not available at the program level.

# Program Management

## Developmental Disabilities Community and Family Svcs

### Description

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

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted</u> <u>Budget</u>	<u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	NA	10.50	9.50	(1.00)
Program Costs	NA	\$1,129,756	\$1,916,968	\$787,212
Program Revenues	NA	\$772,009	\$1,562,292	\$790,283
General Fund Support	NA	\$357,747	\$354,676	(\$3,071)

### Significant Changes - Revenues

	<u>Amount</u>
Increased State Mental Health grant carryover	\$700,000
Transferred State Mental Health Grant to Contracts Unit	(\$56,755)
Transferred State Mental Health Grant to Spec. Services for Diag. & Eval.	(\$18,000)

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Increased pass through funded by carryover		\$700,000
Added Data Analyst	1.00	\$52,908
Deleted 0.50 PDS	(0.50)	(\$27,219)
Moved 0.50 Case Mgmt Asst to Specialized Services	(0.50)	(\$15,477)
Transferred PDS to Contracts Unit	(0.50)	(\$52,536)
Transferred contracted services to Specialized Services	(1.00)	(\$18,000)

# Vocational Services

## Developmental Disabilities Community and Family Svcs

### Description

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

Over 800 adults will be served during FY 1994-95. Need is growing due to the numbers of students completing secondary education and in need of vocational services and due to movement of adults from the state institution back to the community.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	5.00	6.00	1.00
Program Costs	NA	\$7,045,911	\$7,548,919	\$503,008
Program Revenues	NA	\$6,982,232	\$7,358,003	\$375,771
General Fund Support	NA	\$63,679	\$190,916	\$127,237

### Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Individuals receiving funded vocational services who chose to work and show maintained or improved wages	NA	80%	80%	80%

### Significant Changes - Revenues

	<u>Amount</u>
Increased State Mental Health grant	\$375,771

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Increased Transportation Services		\$64,356
Increased Employment and Alternative Services		\$288,369
Added Case Manager Lead in 1994-95	1.00	\$47,869
Reclassified Case Mgmt Asst to PDT		
Added high school transition services for youth age 21-26, to begin 1/96		\$80,000

# Residential Services

## Developmental Disabilities Community and Family Svcs

### Description

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

This unit serves approximately 740 adults. Need is growing as the adults move from the state institutions back to the community, as people in crisis are identified, and as the waiting list grows each year.

### Budget Overview

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	15.90	16.00	0.10
Program Costs	NA	\$14,493,483	\$15,610,457	\$1,116,974
Program Revenues	NA	\$14,084,299	\$15,205,565	\$1,121,266
General Fund Support	NA	\$409,184	\$404,892	(\$4,292)

### Key Results

	1993-94 <u>Actual</u>	1994-95 <u>Estimated</u>	1994-95 <u>Adopted</u>	1995-96 <u>Projected</u>
Percent of individuals receiving funded residential services who report, at their annual ISP, that they are satisfied with their living situation	NA	NA	NA	50%

### Significant Changes - Revenues

	<u>Amount</u>
Increased State Mental Health grant	\$1,121,266

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Increased Semi-independent living expenditures		\$82,321
Increased Residential Facilities expenditures		\$1,141,319
Increased Special Projects expenditures		\$24,504
Increased Supported Living expenditures		\$26,791
Increased 0.90 PDS to 1.00	0.10	\$4,889

# Adult Services Coordination

## Developmental Disabilities Community and Family Svcs

### Description

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

In Multnomah County, despite an array of contracted residential and vocational services, approximately 525 adults remain without funded services. As greater numbers of individuals with developmental disabilities apply for and are found eligible for service coordination, the number of persons waiting for funded services increases at a corresponding rate.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted</u> <u>Budget</u>	<u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	NA	11.00	11.00	0.00
Program Costs	NA	\$531,527	\$544,519	\$12,992
Program Revenues	NA	\$479,207	\$499,612	\$20,405
General Fund Support	NA	\$52,320	\$44,907	(\$7,413)

<u>Key Results</u>	1993-94 <u>Actual</u>	1994-95 <u>Estimated</u>	1994-95 <u>Adopted</u>	1995-96 <u>Projected</u>
Percent of people receiving services coordination who report that the services they received were timely and helpful	NA	NA	NA	80%
Percent of adults for whom private resources are arranged as defined in their individual plan	NA	20%	20%	25%

### Significant Changes - Revenues

No significant changes

### Significant Changes - Expenditures

No significant changes

# Youth Services Coordination

Developmental Disabilities  
Community and Family Svcs

## Description

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

During FY 94-95, this unit will provide services to over 2,300 children and their families. The demand is growing due to increased federal entitlement and better identification of children with disabilities or at-risk of disabilities.

## Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
Staffing FTE	NA	14.80	16.80	2.00
Program Costs	NA	\$739,409	\$856,560	\$117,151
Program Revenues	NA	\$638,942	\$809,148	\$170,206
General Fund Support	NA	\$100,467	\$47,412	(\$53,055)

## Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percent of children/families who report that the services received from this program were timely and helpful	NA	NA	NA	80%

## Significant Changes - Revenues

Increased State Mental Health grant

Amount  
\$170,206

## Significant Changes - Expenditures

Increased Case Management services

FTE's      Amount  
2.00      \$84,410

# Protective Services

## Developmental Disabilities Community and Family Svcs

### Description

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

Protective Services will respond to over 300 allegations of sexual, physical, verbal, or emotional abuse, neglect, and financial exploitation during FY 1994-95. It appears that allegations of abuse and neglect are increasing.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	3.00	3.00	0.00
Program Costs	NA	\$161,733	\$166,660	\$4,927
Program Revenues	NA	\$136,916	\$144,073	\$7,157
General Fund Support	NA	\$24,817	\$22,587	(\$2,230)

### Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percent of individuals for whom investigation recommendations are completed and final report distributed within 30 days	NA	NA	NA	25%

### Significant Changes - Revenues

No significant changes

### Significant Changes - Expenditures

No significant changes



# Intake and Assessment

Developmental Disabilities  
Community and Family Svcs

## Description

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

The Developmental Disabilities Program serves over 3,700 people a year, each of whom has used the services of the Intake and Assessment Unit. Demand for intake is growing due to federally mandated services for children age 0-5. During FY 1994-95, approximately 1,084 children will seek eligibility and 60% will be determined eligible for ongoing services from the program. Approximately 272 adults will seek eligibility, and 73% of the total will be determined eligible.

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

## Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	3.50	4.00	0.50
Program Costs	NA	\$167,126	\$190,575	\$23,449
Program Revenues	NA	\$68,458	\$93,796	\$25,338
General Fund Support	NA	\$98,668	\$96,779	(\$1,889)

<u>Key Results</u>	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percent of intakes and assessments completed within 60 days of first contact	68%	80%	80%	80%
Percent of people going through intake who report they were treated with respect, fairness, and courtesy	NA	80%	80%	88%

## Significant Changes - Revenues

	<u>Amount</u>
Increased State Mental Health grant	\$25,338

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Increased Case Management Asst position	0.50	\$16,257

# Specialized Services

## Developmental Disabilities Community and Family Svcs

### Description

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

Family Support will serve about 68 families during FY 1994-95. Training is rapidly expanding to meet the needs of various groups of individuals and will serve approximately 700 individuals during 1994-95.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	NA	7.90	8.90	1.00
Program Costs	NA	\$736,267	\$1,067,489	\$331,222
Program Revenues	NA	\$575,877	\$858,074	\$282,197
General Fund Support	NA	\$160,390	\$209,415	\$49,025

### Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percent of people attending training who evaluate it as very good to excellent	NA	80%	90%	80%

### Significant Changes - Revenues

	<u>Amount</u>
State Mental Health increases	\$289,197
Increase County General funding for Respite	\$50,000
Transferred State Mental Health Grant from Program Management	\$18,000

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Increased Diversion Services		\$124,812
Increased Family Support		\$64,942
Increased Special Projects		\$59,420
Increased Respite Care		\$50,000
Reclassified .80 Case Manager 2 to Intake Specialist		
Deleted Case Mgmt Asst	(0.50)	(\$15,006)
Transferred Case Mgmt Asst from Program Management	0.50	\$15,477
Added Case Manager 2	1.00	\$45,312
Transferred contracted diagnosis & evaluation svcs from Prog. Mgmt.		\$18,000