

ANNOTATED MINUTES

*Tuesday, May 3, 1994 - 9:00 AM
Multnomah County Courthouse, Room 602*

BUDGET WORK SESSION

WS-1 *Work Session to Review and Discuss the COMMUNITY AND FAMILY SERVICES BUDGET for 1994-95 and CITIZENS BUDGET ADVISORY COMMITTEE (CBAC) REPORT - Presented by the Appropriate Department and Budget Staff*

LOLENZO POE, HOWARD KLINK, SUSAN CLARK, KATHY TINKLE, MURIEL GOLDMAN, BILL THOMAS AND JAMES EDMONDSON PRESENTATIONS AND RESPONSE TO BOARD QUESTIONS AND DISCUSSION. STAFF TO RESPOND TO FOLLOW UP INFORMATION REQUESTS.

*Tuesday, May 3, 1994 - 11:30 AM
Multnomah County Courthouse, Room 602*

BUDGET PUBLIC HEARING

Chair Beverly Stein convened the hearing at 11:30 a.m., with Vice-Chair Tanya Collier, Commissioners Sharron Kelley, Gary Hansen and Dan Saltzman present.

PH-1 *Public Hearing and Testimony for the COMMUNITY AND FAMILY SERVICES BUDGET*

CHRISTINA GERMAIN, BILL MUIR, DIANE FELDT, JAN SAVIDGE, BOB BERNSTEIN, ERIK STEN, DEBBIE ARUENFELD, DAVID FUKS, LARRY SANCHEZ, RICHARD LUCETTI, JUDY LOW AND VIEMG KHAMVOMGSA TESTIMONY IN SUPPORT OF PROPOSED BUDGET AND ADD PACKAGES.

There being no further public testimony, the hearing was adjourned at 12:15 p.m.

*Tuesday, May 3, 1994 - 1:00 PM
Multnomah County Courthouse, Room 602*

BOARD BRIEFING

B-1 *Briefing on the City of Portland's Approved Budget. Presented by Mayor Vera Katz.*

**MAYOR VERY KATZ PRESENTED AND RESPONSE TO
BOARD QUESTIONS AND DISCUSSION REGARDING
CITY OF PORTLAND'S APPROVED BUDGET.**

*Tuesday, May 3, 1994 - 1:30 PM
Multnomah County Courthouse, Room 602*

EXECUTIVE SESSION

Chair Beverly Stein convened the meeting at 1:40 p.m., with Vice-Chair Tanya Collier, Commissioners Sharron Kelley, Gary Hansen and Dan Saltzman present.

E-1 *Multnomah County Board of Commissioners Will Meet in Executive Session Pursuant to ORS 192.660 (1)(e) for Deliberations Concerning Real Property Transactions*

**FOLLOWING THE EXECUTIVE SESSION, THE BOARD
CONVENED IN OPEN SESSION FOR DISCUSSION.**

*Wednesday, May 4, 1994 - 9:00 AM
Multnomah County Courthouse, Room 602*

BUDGET WORK SESSION

WS-2 *Work Session to Review and Discuss the HEALTH DEPARTMENT BUDGET for 1994-95 and CITIZENS BUDGET ADVISORY COMMITTEE (CBAC) REPORT - Presented by the Appropriate Department and Budget Staff*

**BILLI ODEGAARD, TOM FRONK, DR. GARY OXMAN,
MARGE JOZSA, JOANNE DeHOFF, GORDON EMPEY,
SHARI BLAKESLEE, MARY LOU HENNRICH, JAN
SINCLAIR, DATHY PAGE, DARLENE YOUNG AND
DWAYNE PRATHER PRESENTATIONS AND RESPONSE
TO BOARD QUESTIONS AND DISCUSSION. STAFF TO
RESPOND TO FOLLOW UP INFORMATION REQUESTS.**

*Wednesday, May 4, 1994 - 11:15 AM
Multnomah County Courthouse, Room 602*

BOARD BRIEFING

B-2 *Update and Presentation on the Community Strength Meetings. Presented by*

BRIEFING CANCELLED.

*Wednesday, May 4, 1994 - 11:30 AM
Multnomah County Courthouse, Room 602*

BUDGET PUBLIC HEARING

Chair Beverly Stein convened the hearing at 11:30 a.m., with Vice-Chair Tanya Collier, Commissioners Sharron Kelley, Gary Hansen and Dan Saltzman present.

PH-2 Public Hearing and Testimony for the HEALTH DEPARTMENT BUDGET

**KENNETH YEE TESTIMONY IN OPPOSITION TO
CHAIR'S ENVIRONMENTAL HEALTH DIVISION
BUDGET PROPOSAL. BOB DONOUGH TESTIMONY IN
SUPPORT OF PUBLIC SAFETY ADD PACKAGES.**

*There being no further public testimony, the hearing was adjourned at 11:35
a.m.*

*Wednesday, May 4, 1994 - 1:30 PM
Multnomah County Courthouse, Room 602*

BUDGET PUBLIC HEARING

Chair Beverly Stein convened the hearing at 1:35 p.m., with Vice-Chair Tanya Collier, Commissioners Sharron Kelley, Gary Hansen and Dan Saltzman present.

**PH-2A Public Hearing and Testimony for the COMMUNITY AND FAMILY
SERVICES DIVISION and HEALTH DEPARTMENT BUDGETS**

**MICHAEL BALTER, DR. DAVID ROSENSTEIN, ORIN
BOLSTAD, TOM TROXEL, JUDITH MAYER, VICKI
SMEAD, CHRISTINE BRUNO, DEBRA EVANS, LESLIE
HAINES, KATHY OLIVER, VALARIE FAGERBERG,
CAROL LAINE, RON HURL, JEAN WAGNER, MARY A.
MILLS, KATHY HAMMOCK, PATTI SWANSON, KINDA
DULIO, BUZZ MARRON, JANET ROSENSTEIN,
GERALDINE WILLIAMS, DIANE FELDT, LINDA
BIFANO, DON TRUE, JULIA LING, SUSIE SILVA-
STROMMER, NATALIA SANCHEZ, LUCY UBALDO,
KEVIN FITTS, MARY CLAIRE BUCKLEY, LAURIE
BENDER AND DONNA SHILTZ-MARESH TESTIMONY**

**IN SUPPORT OR PROPOSED BUDGET AND ADD
PACKAGES.**

*There being no further public testimony, the hearing was adjourned at 3:45
p.m.*

**Wednesday, May 4, 1994 - 6:00 PM
Multnomah County Central Library - Auditorium
801 SW 10th Avenue**

**BUDGET OVERVIEW & ORIENTATION and
PUBLIC HEARING**

*Overview and Orientation of Multnomah County Chair's Proposed 1994-95
Budget*

**CHAIR BEVERLY STEIN AND DAVE WARREN
PRESENTATION TO PUBLIC QUESTIONS REGARDING
THE PROPOSED 1994-1995 EXECUTIVE BUDGET.**

*Chair Beverly Stein convened the hearing at 7:00 p.m., with Vice-Chair Tanya
Collier, Commissioners Sharron Kelley, Gary Hansen and Dan Saltzman present.*

**PH-3 Public Hearing and Testimony for the Multnomah County Proposed 1994-95
Budget**

**JUDITH WILD, ARDEN BALLOU, TOMAS AMADOR,
FARM SAETERN, JENNIFER NINN, TERESA TAYLOR,
JUANITA GLASS, MELIZZA DELANEY, MARILYN
MILLER, VALENTINA CORTEZ, ROSY ORTEGA,
CHRISTINA GERMAIN, BARBARA SULEK, ELIZABETH
PERRY, TINI MATT, DIANET GOMEZ, KALE
SAETERN, JIM FRANCESCONI, JUDY LOW, TERSIA
RODRIGUEZ, SULUTASEN AMADOR, JON KART,
NICOLE RENSENBRINK, JOE NAZZARO, SHANNON
GILBERT, CINNAMON BANCROFT, KASEY SAE CHAO
AND ARMANDO MAFFIA TESTIMONY IN SUPPORT OF
PROPOSED BUDGET AND ADD PACKAGES.**

*There being no further public testimony, the hearing was adjourned at 8:20
p.m.*

**Thursday, May 5, 1994 - 9:30 AM
Multnomah County Courthouse, Room 602**

REGULAR MEETING

Chair Beverly Stein convened the meeting at 9:36 a.m., with Vice-Chair Tanya Collier, Commissioners Sharron Kelley, Gary Hansen and Dan Saltzman present.

CHAIR STEIN REQUESTED THAT C-4 BE CONSIDERED WITH THE REGULAR AGENDA. UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER SALTZMAN, MOTION TO MOVE C-4 TO THE REGULAR AGENDA WAS UNANIMOUSLY APPROVED.

CONSENT CALENDAR

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER COLLIER, THE CONSENT CALENDAR (ITEMS C-1, C-2, C-3 AND C-5) WAS UNANIMOUSLY APPROVED.

SHERIFF'S OFFICE

- C-1 *Dispenser Class C/Greater Privilege Liquor License Application Submitted by Sheriff's Office with Recommendation for Approval, for CLUB GENESIS, 13639 SE POWELL, PORTLAND*

DEPARTMENT OF ENVIRONMENTAL SERVICES

- C-2 *ORDER in the Matter of the Execution of Correction Deed D940971 for Certain Tax Acquired Property to AAA STRUCTURES INC.*

ORDER 94-79.

- C-3 *ORDER in the Matter of Contract 15765 for the Sale of Certain Real Property to GREGORY V. WEIGEL, FRANCESCA W. ROSEMEYER AND JUDITH ANN DONALDSON*

ORDER 94-80.

DEPARTMENT OF HEALTH

- C-5 *Ratification of an Intergovernmental Revenue Agreement, Contract #202294, between METRO and Multnomah County, Health Department to Provide Assistance and Guidance in the Completion of a Bloodborne Pathogens Program Services, Effective May 2, 1994 through May 1, 1995*

REGULAR AGENDA

NON-DEPARTMENTAL

- R-1 *Presentation in the Matter of Employee Service Awards Honoring Multnomah County Employees with Various Years of Service.*

BOARD GREETED, ACKNOWLEDGED AND PRESENTED 5 YEAR AWARDS TO CARRIE BUNCH OF DCC; NILS BITTNER DENNIS DEXTER, NASARIO GARCIA, DEBRA LONG, MARIA MALDONADO-KILIS, MICHAEL MATTHEW, PATRICIA THOMPSON AND CAROLYN ZWASCHKA OF DES; JAN MARIE COOPER AND NATALIE SHILLING OF LDS; RITA LYNE MARTIN, MARIA ROJO DE STEFFEY, JAY TUMBAGA AND BRYAN WALDEN OF NOND; DELORES ANDERSON, LISA DAVISON, VIRGINIA JONES, KATHERINE MARTIN, JAN OLSON, CAROLYN PFAENDER, CRYSTAL ROBINSON AND NANCY WILTON OF DSS; 10 YEAR AWARDS PRESENTED TO VICKI MARCH, GERARD WELCH AND SUSAN KAESER WINTERBOURNE OF DCC; CAROL BOWNE AND MARILYN HALL OF DA'S; KATHLEEN TUNEBERG OF DES; MEGAERA JARVIS, ELAINE MORGAN AND GAIL PARKER OF DLS; LAURA JEANETTE DEAN AND J. MICHAEL DOYLE OF NOND; STEPHEN BALOG AND KATHLEEN TINKLE OF DSS; 15 YEAR AWARDS PRESENTED TO BARBARA SKILES OF DA'S; ALLAN HOVDE, CAROL HOVDEY AND MURRAY SINGLETON OF DCC; GAIL ANDERSON AND DEANNA MAYER OF DES; MARGARET KHILNANI OF DSS; 20 YEAR AWARDS PRESENTED TO JEAN GUNN OF DA'S; LUCILLE BEIGHLEY AND HAROLD STANKEY OF DES; JOHN MILLER OF DSS; 25 YEAR AWARDS PRESENTED TO GREGG LOWE OF DA'S; LAWRENCE FLETCHER, LYNN LANGLEY, SHARON HOFFMANN AND NEWCOMBE WANG OF DES; 30 YEAR AWARDS PRESENTED TO W. REESE HOOPES OF DCC; AND MANUAL MIKE OF DSS.

- R-2 *PROCLAMATION in the Matter of Proclaiming May 12, 1994 as Chronic Fatigue Syndrome Awareness Day in Multnomah County, Oregon*

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-2. BILLI ODEGAARD INTRODUCED DEAN FLECK WHO PRESENTED VIDEO AND EXPLANATION. PATRICIA BERGIN-GALLUP READ PROCLAMATION FOR THE RECORD. PROCLAMATION 94-81 UNANIMOUSLY APPROVED.

NON-DEPARTMENTAL

R-3 Consideration in the Matter of Setting A Hearing Date Regarding an Appeal of the Revocation of an Adult Home Care License for Charla Dinnocenzo.

PETE KASTING, DEPUTY CITY ATTORNEY FOR THE CITY OF PORTLAND, REPRESENTING THE BOARD OF COUNTY COMMISSIONERS ON THIS ITEM, PRESENTED EXPLANATION AND RESPONSE TO BOARD QUESTIONS REGARDING THE POSSIBLE DECISION TO SET A HEARING DATE TO REVIEW THE APPEAL OF CHARLA DINNOCENZO FROM THE HEARINGS OFFICER DECISION REVOKING APPELLANTS'S ADULT CARE HOME LICENSE.

CHAIR STEIN PROPOSED TO ALLOW THREE MINUTES TO EACH SIDE TO EXPLAIN IF HEARING SHOULD BE GRANTED OR NOT.

MARTIN REEVES, ATTORNEY FOR THE APPELLANT, PRESENTED AND EXPLAINED WHY HEARING WITH ADDITIONAL EVIDENCE SHOULD BE GRANTED AND SCHEDULED.

CHIP LAZENBY, ASSISTANT COUNTY COUNSEL, PRESENTED OPTIONS AND RULES AVAILABLE TO THE BOARD TO MAKE A DECISION WITHOUT GRANTING AND ADDITIONAL HEARING. THE COMPLETE HEARINGS OFFICER RECORD WILL BE ON FILE WITH THE OFFICE OF THE BOARD CLERK AND AVAILABLE FOR REVIEW. MR. LAZENBY SUGGESTED THAT THERE WAS NO NEED FOR A HEARING.

MR. KASTING LISTED POSSIBLE OPTIONS WITH PARAMETERS.

UPON MOTION OF COMMISSIONER COLLIER, TO UPHOLD THE HEARINGS OFFICERS DECISION, FAILED FOR LACK OF SECOND.

COMMISSIONER KELLEY MOVED TO LEAVE RECORD OPEN TO RECEIVE WRITTEN TESTIMONY ON THE ISSUE OF THE PSYCHOLOGICAL CONDITION OF THE APPELLANT, SECONDED BY COMMISSIONER SALTZMAN, WAS UNANIMOUSLY.

TIME LINES AGREED ON BY ALL TO ALLOW FIVE WEEKS, WITH THREE WEEKS FOR THE PURPOSE OF OBTAINING PSYCHOLOGICAL EVALUATIONS FROM EACH SIDE, AND TWO WEEKS FOR EACH SIDE TO RESPOND TO THE EVALUATIONS, THEN TO RETURN TO THE BOARD OF COUNTY COMMISSIONERS FOR CONSIDERATION.

COMMISSIONER COLLIER STATED CONCERN FOR ANYONE WHO REMAINS IN THIS FACILITY FOR CARE DURING THIS PERIOD OF TIME.

STEVE BALOG PRESENTED RESPONSE TO BOARD QUESTION AND EXPLANATION AS TO WHAT IS CURRENTLY BEING DONE AND THE CONCERNS OF THE COUNTY FOR THE WELL BEING OF ANY AND ALL RESIDENTS OF THIS FACILITY.

MR. KASTING SUGGESTED ASK MR. REEVES IF HE CAN ASSURE THAT ACCESS AS PROVIDED BY THE RULES WILL BE PROVIDED AND IF THIS IS NOT BEING DONE, IT WILL COME BACK BEFORE THE BOARD MORE EXPEDITIOUSLY.

MR. REEVES RESPONDED THAT HE WOULD MAKE THIS RECOMMENDATION TO HIS CLIENT AND EXPLAIN THAT SHE MUST COMPLY WITH THE COUNTY REGULATIONS.

MR. KASTING SUGGESTED THAT THE BOARD PROCEED AS DESCRIBED WITH THE FIVE WEEKS TO SUBMIT ADDITIONAL TESTIMONY, BUT TO MAKE THIS PROCEDURE CONTINGENT UPON THE APPELLANT COMPLYING FULLY WITH ADMINISTRATIVE STAFF AND IF APPELLANT FAILS THIS ISSUE WOULD COME BACK BEFORE THE BOARD IMMEDIATELY TO TAKE OTHER ACTION.

UPON MOTION OF COMMISSIONER COLLIER, SECONDED BY COMMISSIONER HANSEN, IF THE APPELLANT IN THIS CASE DOSE NOT COMPLY WITH COUNTY RULES IN REGARDS TO PROVIDING INFORMATION AND COMPLY WITH THE PSYCHIATRIC EVALUATIONS, THAT THIS ISSUE WILL IMMEDIATELY BE BROUGHT BACK BEFORE THE BOARD OF COUNTY COMMISSIONERS FOR

IMMEDIATE ACTION. ALSO, THE DATE FOR CONSIDERATION AND POSSIBLE ACTION WILL BE DETERMINED AFTER ALL RESPONSES HAVE BEEN RECEIVED. MOTION WAS UNANIMOUSLY APPROVED.

MANAGEMENT SUPPORT

- R-4** *RESOLUTION in the Matter of the Issuance and Sale of Short-Term Promissory Notes (Tax and Revenue Anticipation Notes, Series 1994) in the Amount of \$11,000,000 for the Purpose of Meeting Current Expenses of the County for the 1994-95 Fiscal Year*

COMMISSIONER KELLEY MOVED AND COMMISSIONER SALTZMAN SECONDED, APPROVAL OF R-4. DAVE BOYER PRESENTED EXPLANATION AND RESPONDED TO BOARD QUESTIONS. RESOLUTION 94-82 UNANIMOUSLY APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

- C-4** *Budget Modification DES #15 Requesting Authorization to Transfer \$16,100 from Fair Fund Contingency into Personal Services to Fully Fund the Fair Administrator Position and a Temporary Clerical Position*

COMMISSIONER COLLIER MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF C-4. LANCE DUNCAN PRESENTED EXPLANATION AND RESPONSE TO BOARD QUESTIONS. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

SERVICE DISTRICTS

(Recess as the Board of County Commissioners and convene as the Governing Body of Dunthorpe-Riverdale Sanitary Service District No. 1)

- R-5** *PUBLIC HEARING and First Meeting of the Board of County Commissioners Sitting as the Budget Committee for Dunthorpe-Riverdale Sanitary Service District No. 1 Regarding Acceptance and Approval of Fiscal Year 1994-95 Budget*

COMMISSIONER COLLIER MOVED, AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-5. JOHN DORST PRESENTED EXPLANATION AND RESPONSE TO BOARD QUESTIONS. NO PUBLIC TESTIMONY RECEIVED. R-5 WAS UNANIMOUSLY APPROVED.

(Recess as the Governing Body of Dunthorpe-Riverdale Sanitary Service District No. 1 and convene as the Governing Body of Mid-County Street Lighting Service District No. 14)

- R-6 *PUBLIC HEARING and First Meeting of the Board of County Commissioners Sitting as the Budget Committee for Mid-County Street Lighting Service District No. 14, Regarding Acceptance and Approval of Fiscal Year 1994-95 Budget*

COMMISSIONER COLLIER MOVED, AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-6. JOHN DORST PRESENTED EXPLANATION AND RESPONSE TO BOARD QUESTIONS. NO PUBLIC TESTIMONY RECEIVED. R-6 WAS UNANIMOUSLY APPROVED.

(Recess as the Governing Body of Mid-County Street Lighting Service District No. 14 and reconvene as the Board of County Commissioners)

SHERIFF'S OFFICE

- R-7 *Ratification of an Intergovernmental Agreement, Contract #800724, between the Metropolitan Explosive Disposal Unit (MEDU) and the Multnomah County Sheriff's Office to Participate in and Fund the Activities of the MEDU, Effective Upon Completion*

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-7. LARRY AAB PRESENTED EXPLANATION AND RESPONSE TO BOARD QUESTIONS. R-7 WAS UNANIMOUSLY APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-8 *RESOLUTION in the Matter of Exempting the Multnomah County Fair from Resolution 90-2 and Allowing the Multnomah County Fair to Serve Beer and Wine and to Enter into Sponsor Partnerships with Local Microbreweries and Wineries*

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-8. BARBARA RUTHERFORD-CREST PRESENTED EXPLANATION AND RESPONSE TO BOARD QUESTIONS. COMMISSIONER KELLEY AND COMMISSIONER HANSEN PRESENTED EXPLANATION WHY THEY WOULD NOT SUPPORT THIS RESOLUTION. RESOLUTION 94-83 APPROVED, WITH

CHAIR STEIN, VICE-CHAIR COLLIER AND COMMISSIONER SALTZMAN VOTING AYE, AND COMMISSIONER KELLEY AND COMMISSIONER HANSEN VOTING NO.

DEPARTMENT OF HEALTH

- R-9** *Request for Approval of a Notice of Intent to Apply for a Grant from the Department of Health and Human Services for Funding the Development of Integrated Service Networks*

COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-9. TOM FRONK PRESENTED EXPLANATION AND RESPONSE TO BOARD QUESTIONS. R-9 WAS UNANIMOUSLY APPROVED.

PUBLIC CONTRACT REVIEW BOARD

(Recess as the Board of County Commissioners and convene as the Public Contract Review Board)

- R-10** *ORDER in the Matter of Exempting from Public Bidding a Contract with Racal-Datcom for the Provision of Modems*

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-10. SUSAN KAESER PRESENTED EXPLANATION AND RESPONSE TO BOARD QUESTIONS. ORDER 94-84 WAS UNANIMOUSLY APPROVED.

(Recess as the Public Contract Review Board and reconvene as the Board of County Commissioners)

NON-DEPARTMENTAL

- R-11** *PUBLIC HEARING and Testimony in the Matter of the Proposed Midland Branch Library Relocation and Possible Board Decision*

PUBLIC TESTIMONY RECEIVED FROM MARK RUHLAND, ELMER SANKEY, KEN BRUNEAU, MAVIS HOLD, HOWARD HOLD, LELA JOANNE HILL, MARK CVETKO, MARIANNE FELT, LES PRATT, DENNIS RICHEY, MICHAEL DANA AND DIANE HARR.

PUBLIC COMMENT

R-12 *Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.*

NONE.

There being no further business, the meeting was adjourned at 11:45 a.m.

**OFFICE OF THE BOARD CLERK
for MULTNOMAH COUNTY, OREGON**

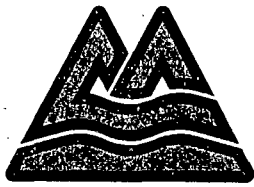

Carrie A. Parkerson

*Thursday, May 5, 1994 - 11:45 AM
Multnomah County Courthouse, Room 602*

BOARD BRIEFING

B-3 *Presentation and Discussion of Recommendations made by the 1994 Multnomah County Salary Commission, Presented by Judith Clark, Chair; Ron Craig and Mary Ann Wersch of the Multnomah County Salary Commission.*

MULTNOMAH COUNTY AUDITOR, GARY BLACKMER INTRODUCED JUDITH CLARK, CHAIR OF THE MULTNOMAH COUNTY SALARY COMMISSION, PRESENTED AND EXPLAINED THE DETAILED REPORT OF THE SALARY COMMISSION. INFORMATION ONLY, NO BOARD ACTION TAKEN AT THIS TIME.



MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK
SUITE 1510, PORTLAND BUILDING
1120 S.W. FIFTH AVENUE
PORTLAND, OREGON 97204

BOARD OF COUNTY COMMISSIONERS		
BEVERLY STEIN •	CHAIR •	248-3308
DAN SALTZMAN •	DISTRICT 1 •	248-5220
GARY HANSEN •	DISTRICT 2 •	248-5219
TANYA COLLIER •	DISTRICT 3 •	248-5217
SHARRON KELLEY •	DISTRICT 4 •	248-5213
CLERK'S OFFICE •	248-3277 •	248-5222

AGENDA

MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS FOR THE WEEK OF

May 2, 1994 - May 6, 1994

Tuesday, May 3, 1994 - 9:00 AM - Budget Work Session	Page 2
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Wednesday, May 4, 1994 - 11:30 AM - Budget Public Hearing	Page 3
Wednesday, May 4, 1994 - 6:00 PM - Budget Orientation	Page 3
& Public Hearing - at the CENTRAL LIBRARY	
Thursday, May 5, 1994 - 9:30 AM - Regular Meeting	Page 4
Thursday, May 5, 1994 - 11:45 AM - Board Briefing	Page 6

Thursday Meetings of the Multnomah County Board of Commissioners are taped and can be seen at the following times:

Thursday, 10:00 PM, Channel 11 for East and West side subscribers

Thursday, 10:00 PM, Channel 49 for Columbia Cable (Vancouver) subscribers

Friday, 6:00 PM, Channel 30 for Paragon Cable (Multnomah East) subscribers

Saturday 12:00 Noon, Channel 21 for East Portland and East County subscribers

INDIVIDUALS WITH DISABILITIES MAY CALL THE OFFICE OF THE BOARD CLERK AT 248-3277 OR 248-5222, OR MULTNOMAH COUNTY TDD PHONE 248-5040, FOR INFORMATION ON AVAILABLE SERVICES AND ACCESSIBILITY.

Tuesday, May 3, 1994 - 9:00 AM

Multnomah County Courthouse, Room 602

BUDGET WORK SESSION

9:00 - 11:30 AM

WS-1 *Work Session to Review and Discuss the COMMUNITY AND FAMILY SERVICES BUDGET for 1994-95 and CITIZENS BUDGET ADVISORY COMMITTEE (CBAC) REPORT - Presented by the Appropriate Department and Budget Staff*

Tuesday, May 3, 1994 - 11:30 AM

Multnomah County Courthouse, Room 602

BUDGET PUBLIC HEARING

11:30 AM - Noon

PH-1 *Public Hearing and Testimony for the COMMUNITY AND FAMILY SERVICES BUDGET*

Tuesday, May 3, 1994 - 1:00 PM

Multnomah County Courthouse, Room 602

BOARD BRIEFING

B-1 *Briefing on the City of Portland's Approved Budget. Presented by Mayor Vera Katz. 1:00 PM TIME CERTAIN, 30 MINUTES REQUESTED.*

Tuesday, May 3, 1994 - 1:30 PM

Multnomah County Courthouse, Room 602

EXECUTIVE SESSION

E-1 *Multnomah County Board of Commissioners Will Meet in Executive Session Pursuant to ORS 192.660 (1)(e) for Deliberations Concerning Real Property Transactions - 1:30 TIME CERTAIN, 1 HOUR REQUESTED.*

Wednesday, May 4, 1994 - 9:00 AM

Multnomah County Courthouse, Room 602

BUDGET WORK SESSION

9:00 - 11:15 AM

WS-2 *Work Session to Review and Discuss the HEALTH DEPARTMENT BUDGET for 1994-95 and CITIZENS BUDGET ADVISORY COMMITTEE (CBAC) REPORT - Presented by the Appropriate Department and Budget Staff*

Wednesday, May 4, 1994 - 11:15 AM

Multnomah County Courthouse, Room 602

BOARD BRIEFING

B-2 *Update and Presentation on the Community Strength Meetings. Presented by Jo Ann Allen, Helen Richardson and Steve Johnson. 11:15 AM TIME CERTAIN, 15 MINUTES REQUESTED.*

Wednesday, May 4, 1994 - 11:30 AM

Multnomah County Courthouse, Room 602

BUDGET PUBLIC HEARING

11:30 AM - Noon

PH-2 *Public Hearing and Testimony for the HEALTH DEPARTMENT BUDGET*

Wednesday, May 4, 1994 - 6:00 PM

Multnomah County Central Library - Auditorium
801 SW 10th Avenue

**BUDGET OVERVIEW & ORIENTATION and
PUBLIC HEARING**

6:00-7:00 PM *Overview and Orientation of Multnomah County Chair's Proposed 1994-95 Budget*
PH-3 7:00-8:00 PM *Public Hearing and Testimony for the Multnomah County Proposed 1994-95 Budget*

Thursday, May 5, 1994 - 9:30 AM

Multnomah County Courthouse, Room 602

REGULAR MEETING

CONSENT CALENDAR

SHERIFF'S OFFICE

- C-1 *Dispenser Class C/Greater Privilege Liquor License Application Submitted by Sheriff's Office with Recommendation for Approval, for CLUB GENESIS, 13639 SE POWELL, PORTLAND*

DEPARTMENT OF ENVIRONMENTAL SERVICES

- C-2 *ORDER in the Matter of the Execution of Correction Deed D940971 for Certain Tax Acquired Property to AAA STRUCTURES INC.*
- C-3 *ORDER in the Matter of Contract 15765 for the Sale of Certain Real Property to GREGORY V. WEIGEL, FRANCESCA W. ROSEMEYER AND JUDITH ANN DONALDSON*
- C-4 *Budget Modification DES #15 Requesting Authorization to Transfer \$16,100 from Fair Fund Contingency into Personal Services to Fully Fund the Fair Administrator Position and a Temporary Clerical Position*

DEPARTMENT OF HEALTH

- C-5 *Ratification of an Intergovernmental Revenue Agreement, Contract #202294, between METRO and Multnomah County, Health Department to Provide Assistance and Guidance in the Completion of a Bloodborne Pathogens Program Services, Effective May 2, 1994 through May 1, 1995*

REGULAR AGENDA

NON-DEPARTMENTAL

- R-1 *Presentation in the Matter of Employee Service Awards Honoring Multnomah County Employees with Various Years of Service. 9:30 AM TIME CERTAIN, 20 MINUTES REQUESTED.*
- R-2 *PROCLAMATION in the Matter of Proclaiming May 12, 1994 as Chronic Fatigue Syndrome Awareness Day in Multnomah County, Oregon. 9:50 AM TIME CERTAIN, 10 MINUTES REQUESTED.*

- R-3 *Consideration in the Matter of Setting A Hearing Date Regarding an Appeal of the Revocation of an Adult Home Care License for Charla Dinnocenzo. 10:00 AM TIME CERTAIN, 10 MINUTES REQUESTED.*

MANAGEMENT SUPPORT

- R-4 *RESOLUTION in the Matter of the Issuance and Sale of Short-Term Promissory Notes (Tax and Revenue Anticipation Notes, Series 1994) in the Amount of \$11,000,000 for the Purpose of Meeting Current Expenses of the County for the 1994-95 Fiscal Year*

SERVICE DISTRICTS

(Recess as the Board of County Commissioners and convene as the Governing Body of Dunthorpe-Riverdale Sanitary Service District No. 1)

- R-5 *PUBLIC HEARING and First Meeting of the Board of County Commissioners Sitting as the Budget Committee for Dunthorpe-Riverdale Sanitary Service District No. 1 Regarding Acceptance and Approval of Fiscal Year 1994-95 Budget*

(Recess as the Governing Body of Dunthorpe-Riverdale Sanitary Service District No. 1 and convene as the Governing Body of Mid-County Street Lighting Service District No. 14)

- R-6 *PUBLIC HEARING and First Meeting of the Board of County Commissioners Sitting as the Budget Committee for Mid-County Street Lighting Service District No. 14, Regarding Acceptance and Approval of Fiscal Year 1994-95 Budget*

(Recess as the Governing Body of Mid-County Street Lighting Service District No. 14 and reconvene as the Board of County Commissioners)

SHERIFF'S OFFICE

- R-7 *Ratification of an Intergovernmental Agreement, Contract #800724, between the Metropolitan Explosive Disposal Unit (MEDU) and the Multnomah County Sheriff's Office to Participate in and Fund the Activities of the MEDU, Effective Upon Completion*

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-8 *RESOLUTION in the Matter of Exempting the Multnomah County Fair from Resolution 90-2 and Allowing the Multnomah County Fair to Serve Beer and Wine and to Enter into Sponsor Partnerships with Local Microbreweries and Wineries*

DEPARTMENT OF HEALTH

- R-9 *Request for Approval of a Notice of Intent to Apply for a Grant from the Department of Health and Human Services for Funding the Development of Integrated Service Networks*

PUBLIC CONTRACT REVIEW BOARD

(Recess as the Board of County Commissioners and convene as the Public Contract Review Board)

- R-10 *ORDER in the Matter of Exempting from Public Bidding a Contract with Racal-Datcom for the Provision of Modems*

(Recess as the Public Contract Review Board and reconvene as the Board of County Commissioners)

NON-DEPARTMENTAL

- R-11 *PUBLIC HEARING and Testimony in the Matter of the Proposed Midland Branch Library Relocation and Possible Board Decision, 11:15 AM TIME CERTAIN, 30 MINUTES REQUESTED.*

PUBLIC COMMENT

- R-12 *Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.*

Thursday, May 5, 1994 - 11:45 AM

Multnomah County Courthouse, Room 602

BOARD BRIEFING

- B-3 *Presentation and Discussion of Recommendations made by the 1994 Multnomah County Salary Commission, Presented by Judith Clark, Chair; Ron Craig and Mary Ann Wersch of the Multnomah County Salary Commission. 11:45 AM TIME CERTAIN, 15 MINUTES REQUESTED.*

MULTNOMAH COUNTY BUDGET MEETING SCHEDULE

(April 22, 1994 Revision)

<i>Community & Family Services Division (CFS) Work Session</i>	<i>5/3/94</i>	<i>9:00-11:30 am - Board Room +</i>
<i><u>CFS Public Testimony</u></i>	<i><u>5/3/94</u></i>	<i><u>11:30-12:00 pm - Board Room</u></i>
<i>Health Department (HD) Work Session</i>	<i>5/4/94</i>	<i>9:00-11:30 am - Board Room</i>
<i><u>HD Public Testimony</u></i>	<i><u>5/4/94</u></i>	<i><u>11:30-12:00 pm - Board Room</u></i>
<i><u>*CFS/HD Public Testimony</u></i>	<i><u>5/4/94</u></i>	<i><u>1:30-4:30 pm - Board Room</u></i>
<i><u>Budget 101 Orientation</u></i>	<i><u>5/4/94</u></i>	<i><u>6:00-7:00 pm - Central Library</u></i>
<i><u>Public Hearing/Budget</u></i>	<i><u>5/4/94</u></i>	<i><u>7:00-8:00 pm - Central Library</u></i>
		<i><u>Auditorium, 801 SW 10th, Portland</u></i>
<i>Aging Services Division (ASD) Work Session</i>	<i>5/9/94</i>	<i>10:00-11:30 am - Board Room</i>
<i><u>ASD Public Testimony</u></i>	<i><u>5/9/94</u></i>	<i><u>11:30-12:00 pm - Board Room</u></i>
<i>Juvenile Justice Division (JJD) Work Session</i>	<i>5/9/94</i>	<i>1:30-3:00 pm - Board Room</i>
<i><u>JJD Public Testimony</u></i>	<i><u>5/9/94</u></i>	<i><u>3:00-3:30 pm - Board Room</u></i>
<i>District Attorney (DA) Work Session</i>	<i>5/9/94</i>	<i>3:30-4:30 pm - Board Room</i>
<i><u>DA Public Testimony</u></i>	<i><u>5/9/94</u></i>	<i><u>4:30-5:00 pm - Board Room</u></i>
<i>Multnomah County Sheriff's Office (MCSO) Work Session</i>	<i>5/10/94</i>	<i>9:00-11:30 am - Board Room</i>
<i><u>MCSO Public Testimony</u></i>	<i><u>5/10/94</u></i>	<i><u>11:30-12:00 pm - Board Room</u></i>
<i><u>*ASD/JJD Public Testimony</u></i>	<i><u>5/11/94</u></i>	<i><u>1:30-3:00 pm - Board Room</u></i>
<i><u>*DA/MCSO Public Testimony</u></i>	<i><u>5/13/94</u></i>	<i><u>9:30-12:00 pm - Board Room</u></i>
<i>Department of Environmental Services (DES) Work Session</i>	<i>5/23/94</i>	<i>9:00-11:30 am - Board Room</i>
<i><u>DES Public Testimony</u></i>	<i><u>5/23/94</u></i>	<i><u>11:30-12:00 pm - Board Room</u></i>
<i>Department of Community Corrections (DCC) Work Session</i>	<i>5/23/94</i>	<i>1:30-4:30 pm - Board Room</i>
<i><u>DCC Public Testimony</u></i>	<i><u>5/23/94</u></i>	<i><u>4:30-5:00 pm - Board Room</u></i>
<i>DES & Management Support Services (MSS) Work Session</i>	<i>5/24/94</i>	<i>9:00-11:30 am - Board Room</i>
<i><u>DES/MSS Public Testimony</u></i>	<i><u>5/24/94</u></i>	<i><u>11:30-12:00 pm - Board Room</u></i>

MULTNOMAH COUNTY BUDGET MEETING SCHEDULE - continued
(April 22, 1994 Revision)

Department of Library Services (DLS) Work Session	5/31/94	9:00-11:30 am - Board Room
<u>DLS Public Testimony</u>	<u>5/31/94</u>	<u>11:30-12:00 pm - Board Room</u>
<u>*DLS/DES/DCC Public Testimony</u>	<u>5/31/94</u>	<u>1:30-4:30 pm - Board Room</u>
Independent Agencies & Other Government Support Work Session	6/1/94	9:00-11:30 am - Board Room
<u>Ind/Other Public Testimony</u>	<u>6/1/94</u>	<u>11:30-12:00 pm - Board Room</u>
<u>Public Hearing/Budget</u>	<u>6/1/94</u>	<u>7:00-9:00 pm - Council Chambers, Gresham City Hall, 1333 NW Eastman Parkway, Gresham</u>
General Work Session	6/7/94	9:30-12:00 pm - Board Room
<u>Public Hearing/Budget</u>	<u>6/7/94</u>	<u>7:00-9:00 pm - Board Room</u>
General Work Session	6/8/94	9:30-12:00 pm - Board Room
General Work Session	6/14/94	9:30-12:00 pm - Board Room
General Work Session	6/15/94	9:30-12:00 pm - Board Room
<u>Public Hearing/Adopt Budget</u>	<u>6/16/94</u>	<u>9:30-12:00 pm - Board Room</u>

(* Denotes Additional Public Testimony As Needed)

+ Board Room Address:

Multnomah County Courthouse, Room 602
1021 SW Fourth Avenue, Portland, Oregon 97204

Contact the Office of the Board Clerk, 248-3277 or 248-5222
for Further Information

1 ✓
PLEASE PRINT LEGIBLY!

MEETING DATE

05-03-94

NAME

M^a Cristina Germain

ADDRESS

451 NW First

STREET

Chesham OR

97030

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

Hispanic
Community
School

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

2/
PLEASE PRINT LEGIBLY!

MEETING DATE

5/3/94

NAME

BILL MOIR

ADDRESS

2545 E. BURNSIDE

STREET

PORTLAND

OR 97214

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

Div C & FS

SUPPORT

X

OPPOSE

SUBMIT TO BOARD CLERK

3 ✓

PLEASE PRINT LEGIBLY!

MEETING DATE 5-3-94

NAME Diane Feldt

ADDRESS 7704 N. Hopeford

STREET
Portland
CITY **ZIP CODE**

I WISH TO SPEAK ON AGENDA ITEM # YPO Add

SUPPORT ✓ **OPPOSE** _____
SUBMIT TO BOARD CLERK

4 ✓
PLEASE PRINT LEGIBLY!

MEETING DATE

5/3/94

NAME

Jan Savidge

ADDRESS

STREET

Wresham

97030

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

PH-1

SUPPORT

Homeless

Single Add

OPPOSE

SUBMIT TO BOARD CLERK

6/

PLEASE PRINT LEGIBLY!

MEETING DATE 5-3-94

NAME Bob Bernstein

ADDRESS 1730 SE 35th Place
STREET

CITY _____ **ZIP CODE** _____

I WISH TO SPEAK ON AGENDA ITEM # Division

SUPPORT X **OPPOSE** _____

SUBMIT TO BOARD CLERK

7/
PLEASE PRINT LEGIBLY!

MEETING DATE 5/3/94

NAME Erik Sten

ADDRESS Gretchen Kafoury's Office

STREET

Portland

97204

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM # PH-1

SUPPORT _____ **OPPOSE** _____

SUBMIT TO BOARD CLERK

Homeless Services Money

5✓
~~Not Here~~

PLEASE PRINT LEGIBLY!

MEETING DATE 5/3/94

NAME Debbie Gruenfeld

ADDRESS

STREET

Portland

CITY

97214

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM # PH-1

SUPPORT Homeless
Singles Add **OPPOSE** _____

SUBMIT TO BOARD CLERK

8 ✓
PLEASE PRINT LEGIBLY!

MEETING DATE

5-39

NAME

David Links Fuchs

ADDRESS

6930 SW 14th

STREET

Portland

CITY

97219

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

Budget

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

9/

LARRY Sanchez

PLEASE PRINT LEGIBLY!

MEETING DATE May 3/94

NAME Carmen Bernier-Grand

ADDRESS 3707 SW Coronado

STREET Portland

CITY 97219

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM # 9

SUPPORT _____ **OPPOSE** _____

SUBMIT TO BOARD CLERK

Carmen Bernier

#9

PLEASE PRINT LEGIBLY!

MEETING DATE _____

NAME

Larry Saker

ADDRESS _____

STREET _____

CITY _____

ZIP CODE _____

I WISH TO SPEAK ON AGENDA ITEM # _____

SUPPORT _____

OPPOSE _____

SUBMIT TO BOARD CLERK

10/

PLEASE PRINT LEGIBLY!

MEETING DATE 5-3-94

NAME Richard Lucetti

ADDRESS 8714 ne Broadway
STREET

Portland OR
CITY 97220
ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM # 9

SUPPORT X **OPPOSE** _____
SUBMIT TO BOARD CLERK

11/ ✓
PLEASE PRINT LEGIBLY!

MEETING DATE

5/3/94

NAME

JUDY LOW

ADDRESS

2014 NW GUSAN #308

STREET

PORTLAND, OR 97209

CITY

ZIP CODE

ASIAN ACCULTURATION CTR

I WISH TO SPEAK ON AGENDA ITEM #

9?

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

12 ✓
Dio

PLEASE PRINT LEGIBLY!

MEETING DATE 5-3-94

NAME Viemg Khamlongsa

ADDRESS 6575 SW 124th
STREET

Deerfield, OR 97005
CITY **ZIP CODE**

I WISH TO SPEAK ON AGENDA ITEM # _____

SUPPORT _____ **OPPOSE** _____

SUBMIT TO BOARD CLERK

AGENDA NUMBER WS-1 & PH-1

Any Questions: Call the Office of the Board Clerk 248-3277/248-5222

1994-95 Budget Work Session & Public Hearing

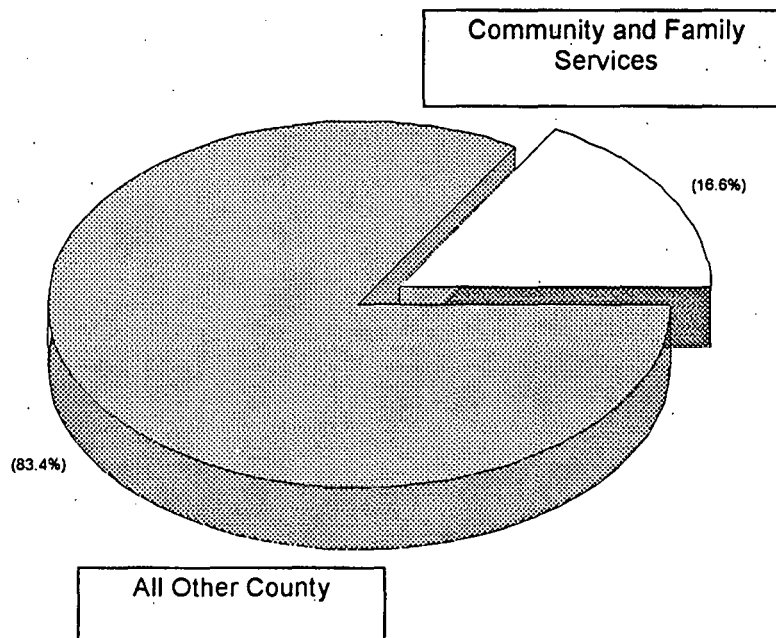
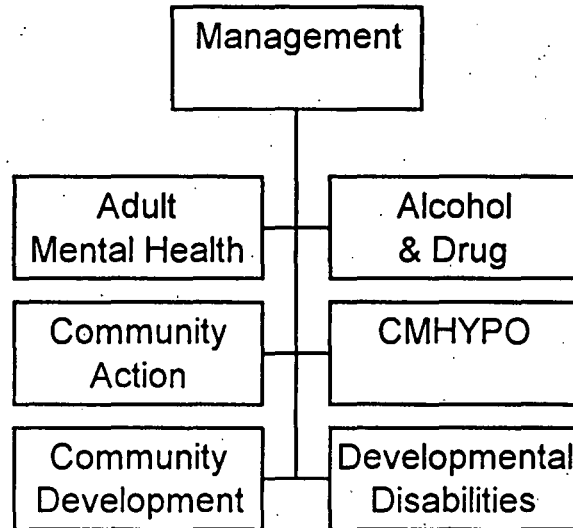
Community and Family Services Division

Tuesday, May 3
9:00 - 12:00

AGENDA

- | | | |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| I. | Division Budget Overview | 9:00 |
| II. | CBAC Report | 9:20 |
| III. | Discussion of Issues & Opportunities | 9:30 |
| | <ul style="list-style-type: none">1. Family Centers2. Diversion Resources3. Homeless Families Case Management4. Level 7 Planning5. Regional Acute Care / Commitment Process6. Mental Health Managed Care System for Children7. Target Cities8. Contracting System9. Asian Acculturation, Hispanic Family Support
& School Retention, and the Family Support Network | |
| IV. | Program Level Questions & Answers | 10:30 |
| | <ul style="list-style-type: none">1. Management and Administration2. Adult Mental Health3. Alcohol and Drug4. Community Action5. Children's Mental Health & Youth Program Office6. Community Development7. Developmental Disabilities | |
| V. | Public Testimony | 11:30 |

Community and Family Services



Community and Family Services

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Community and Family Services

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Community and Family Services

Vision

In the next twenty years, our neighborhoods and communities will become healthier, safer, and more supportive places to live and thrive. The social fabric of our neighborhoods, which has been fraying, will be rewoven. County efforts will reinforce family dynamics and social support networks. They will knit together a system built on and honoring the capacities of communities and the assets and strengths of families, a system that does not stigmatize those who participate in it. This will be accomplished through a continuous effort to integrate all appropriate County services into a continuum that each client can access through any individual program.

Every family will find, within walking distance, the support and assistance it needs to succeed. In many cases outreach will be door to door. Every person who wants to assist this support network will have a clear avenue to volunteer. Children will have greater opportunities to develop appropriately and learn. They will have more alternatives to delinquency and problem behaviors.

People in low income households will be able to find and stay in affordable housing. People with special conditions (e.g., mental illness, developmental disabilities) will have a greater choice of ways to reside and thrive in the least restrictive setting appropriate to their conditions. Poverty will no longer cost people opportunities for health, well-being, and achievement of their potential.

Strategies

To reach this vision, Community and Family Services strives to create healthy, safe communities where 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.

Community and Family Services

The Community and Family Services strategies for 1994-95 are:

- Develop Family Centers as key actors in bringing each neighborhood together to improve the quality of life for all households in the area.
- Experiment with managed (capitated) care to serve more people better with the same level of resources.
- Develop an array of services and resources to prevent delinquent behaviors, potentially delinquent behaviors (such as gang membership), and other potentially harmful behaviors (such as teen pregnancies and parenting), as a step to address development of healthy families and children.
- Develop supportive services and affordable housing options for people with special needs and the homeless.
- Identify ways to reform public welfare, making it possible for individuals and families to support themselves through work while providing an adequate safety net of services for children and their families.

Partnerships

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

- Other public agencies, including Cities of Portland and Gresham, Housing Authority, State and federal agencies, other County divisions and 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.
- Colleges and universities, to assure currency in philosophy, approach, and skills and to coordinate evaluation efforts.
- Service providers, to assure quality services and supports for clients.
- Citizens, to maintain relevancy to the community's values and needs, to monitor Benchmark activity, and to provide a volunteer base for program support.

Community and Family Services

	1992-93	1993-94	1993-94	1994-95
Budget Overview	<u>Actual</u>	<u>Adopted</u>	<u>Revised</u>	<u>Budget</u>
Staffing FTE	164.26	227.54	227.54	280.00
Departmental Costs	59,264,913	72,060,090	73,747,150	80,414,742
Program Revenues	45,694,883	60,555,907	62,204,025	66,801,349

Department Services

The Community and Family Services Division 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.

Community and Family Services

Issues and Opportunities

1 Family Centers

Family Centers are the primary service delivery focus of the 1994-95 budget. They are the keystone in the County's efforts to better serve children, families, and communities. The Centers are intended to provide access to and interrelationships among a variety of County services carried out by means of contracts with non-profit providers. Their primary focus is parent/child development, parenting education, and outreach programs. Other potential activities to be carried out at these centers, such as juvenile diversion programs and Sheriff's Safety Action Teams, are discussed elsewhere.

Major Alternatives:

- Change the focus of the Child and Youth Service Centers and the related Parent/Child Development Centers to Family Centers. Expand the number of Family Centers so that one is available in each of six service districts. Expand the service component at each Center so that it provides a range of interrelated family development programs. This alternative requires the existing contractors to accept and expand a set of services they do not now provide or provide at other than the intended level.
- Retain the existing Service Centers and initiate separate, additional Family Centers. This alternative places less of a burden on existing contractors who could continue their current level of services. Additional or expanded services could be provided at additional sites, with a potential for expanding the number of service providers involved in the system. The drawback is that the cost is about three times the cost of the first alternative.
- Leave in place the structure as of January 1994. The County funds two Centers at a level approximating the proposed plan, and funds a third Center at a somewhat lower level. This means that about half the citizens of the County are served at levels different from the other half, depending on where they live.

Chair's Recommendation:

Fund full Family Centers in each of the six service districts. This expansion costs the General Fund about \$840,000. It is intended to form the basis for a geographically dispersed, integrated service methodology, convenient to clients, and capable of addressing multiple client issues in a coordinated way.

Community and Family Services

2. Diversion Resources

Diversion programs are contracted services allowing youth and families alternatives to adjudication for legal offenses. Increasing funding for them will allow staff at the Family Centers to do more preventive work and increase the amount of follow up to assure that youth complete their diversion contracts. Juvenile Justice staff believe that diversion may be the most effective means of shifting youth from behavior patterns that will lead to further criminal activity. The Juvenile Justice budget includes staffing to make diversion programs mandatory for juvenile offenders who commit misdemeanors. In order to assure that these youth comply with their diversion requirements, resources must be available to work with them, develop appropriate activities and contracts for each individual, and monitor their progress. The existing diversion program does not have the capacity to effectively absorb the numbers of young people who will be assigned under the Juvenile Justice Diversion program.

Major Alternatives:

- Increase funding through the existing contracted service providers so that each Family Center will have nearly a full FTE for managing diversion programs. This will improve the functioning of the diversion contracts. It will be cost effective because it will utilize existing facilities and sites. It will also add a family development resource to the Family Centers, strengthening that program as well.
- Leave the level of funding for diversion services at the current level. This will allow current services to continue with the current effectiveness rate. It will decrease the effectiveness of an expanded effort in Juvenile Justice to divert a larger caseload into this mode of treatment.

Chair's Recommendation:

Fund diversion service staff at each Family Center at a cost of \$300,000. This approach will allow the Juvenile Justice program to proceed. It will assure that juveniles required to participate in the program do not slip through the cracks because the resource to set up their individual plans is overburdened.

3. Homeless Families Case Management

Existing case management for 150 homeless families to help them secure housing and support services is jeopardized by the failure of public/private partners to secure the funding to continue the program. In 1993-94, the public/private resources will fall below budgeted estimates. In 1994-95, continuation of the program will require additional County support (about \$120,000) and matching revenue from other sources. This is

Community and Family Services

not an expansion to the program itself, it is a funding requirement necessary if the program is to continue.

Major Alternatives:

- Add \$120,000 of General Fund support to this program; secure a matching amount from the City of Portland, the Housing Authority of Portland, United Way and foundations.
- Recognize that, in the absence of other funding sources, the program is a key factor in stabilizing homeless families with children and continue it with General Fund support only, approximately \$240,000.
- Accept the inability of public/private supporters of this program to secure the anticipated funding; cut the ongoing financial drain to the County and close down the project services unless the funding sources that initiated the program can generate the revenues necessary to continue it.

Chair's Recommendation:

Match \$120,000 of outside revenue with a General Fund allocation. As well as mitigating hardships, the program has great potential to shift homeless families from the cycle of uncertainty that tends to perpetuate their economic status. The program will enhance the strength of these families, allow them to function more effectively, and provide the children with the stability necessary for them to continue and succeed in school.

4. Level 7 Planning

Youth who are not under the custody of the State Children's Services Division (CSD) but who are experiencing difficulties can be transferred to counties' jurisdiction along with the funding now used by CSD to provide them with services. The target population consists of young people (13-17) who continue to live with their families but who have serious social problems that their families are unable to address. (Level 7 indicates the level of difficulty they are assessed as having). These children are served by CSD, but they are not a primary concern of that agency. For the County to accept responsibility for these services is an opportunity to link them into the Family Network, rather than allow them to drift until their dysfunctions lead to crises that must be solved by termination of parental rights or some other judicial action.

Community and Family Services

Major Alternatives:

- Accept the State funding and the program responsibility for this population of youth. This choice will increase State revenue by approximately \$1.1 million for 1994-95 and will link with the overall effort to create and maintain a Family Network.
- Recognize that, although the initial funding is entirely external, ongoing support beyond the current biennium is not guaranteed. Wait until the next legislature establishes an ongoing level of financial commitment.

Chair's Recommendation:

Accept the responsibility for 1994-95; create the contracted network of specific services necessary to deal with this population and develop a fall back position in anticipation of difficulties during the next biennium. The effort to prevent further deterioration in this population should result in fewer of them committing crimes and reduce the number who become involved in dependency terminations. It should also keep them in school or allow them to keep jobs. The long term consequences could be significant.

5. Regional Acute Care / Commitment Process

The State of Oregon is reducing the number of hospital beds available for mentally ill people. Counties are required by statute to pay for hospitalization while allegedly mentally ill clients go through the commitment process. Currently, each county in the metropolitan area faces this cost independently. This has, at times, resulted in resources being underutilized while at other times individual counties cannot find appropriate beds in which to place clients. Moving toward a cooperative regional system has the potential to reduce total commitment costs and provide maximum flexibility to handle the probable increase in the number of clients recycling through the mental health system as the State releases less stable inmates to meet its capacity caps.

Major Alternatives:

- Maintain the current system; each county will continue to contract for short term hospitalization capacity while allegedly mentally ill clients undergo judicial determination of the advisability of committing them into State custody.
- Negotiate a system of cooperative arrangements in the metropolitan area which will provide a dependable regional pool of resources to house these clients appropriately, not necessarily in their county of origin.

Community and Family Services

Chair's Recommendation:

Gain the maximum possible efficiency and effectiveness by coordinating with the other governments in the region facing the same problem; develop cooperative arrangements with Washington and Clackamas Counties to contract for a regional resource system.

6. Mental Health Managed Care System for Children

The Partners Project, a demonstration program of managed care for mentally ill children, has resulted in a request from the State that the County move to a capitated mental health system for Medicaid eligible children in 1994-95. Capitated systems involve the County's assuming risk, making it important to understand the results of management decisions. This will require authorization of services, solid contract monitoring to assure fiscal compliance, clinical and program evaluation to determine performance outcomes, and may require technical assistance to help contractors operate successfully.

Major Alternatives:

- Continue the planning effort based on managed care principles; determine, and negotiate with the State, a capitation rate that will assure needed services to all Medicaid eligible children with mental health problems, will cover case management, gatekeeping, and evaluation and other administrative costs. This will deliver services in a more clinically appropriate, culturally competent and cost efficient manner.
- Turn implementation planning for Medicaid services to children under the Oregon Health Plan over to the State; reduce the risk to the County by placing the responsibility for arriving at an appropriate rate on the State which has the legal responsibility to provide the service
- Return to the traditional non-capitated mental health care system (except for the Partners Project that serves 250 children a year).

Chair's Recommendation:

Work with the State to develop a capitated, managed mental health care system for Medicaid eligible children. Recognize that there are risks associated with this course. Monitor the relationship between costs and revenues and be prepared to negotiate changes in the rates if they are needed. Recognize also that not all clients will fall into this model, and gather data that will address whether this model has potential for expansion to other populations as well.

Community and Family Services

7. Target Cities

The Target Cities grant will pay for a demonstration project to manage the treatment of substance abusers, including offenders in County correctional facilities who have alcohol and drug problems. The proposal involves central assessment of client needs, referral to appropriate services, in-depth outcome evaluation and tracking through automated data systems. It is intended to identify the most cost-effective services and to move toward performance based contractual reimbursement. It is a model that should help answer larger questions about how to manage treatment programs. The feedback loops that it intends to establish have the potential to lead toward treatment programs that can be demonstrated to be more effective than the current, uncoordinated, systems.

Chair's Recommendation:

Take advantage of this federal program to develop and test this system of treatment and case management.

Multnomah County will be an important test site for this model of alcohol and drug programming. The model assumes reliable information about client experiences and contract outcomes, and requires computer systems to track the clients, their referrals, their attendance, and their record in completing treatment. The management information (MIS) system needs to be developed, and should be appropriately linked to other MIS systems.

8. Contracting System

Community and Family Services provides services mainly through contracts with providers. The process by which these contractors are selected has been the subject of considerable review by the Contracting Task Force. The Task Force has recommended changes in the RFP process. The Board of Commissioners has emphasized, in addition, that the County must begin to incorporate outcome requirements in contracts. Other departments also provide services by contracting with providers.

Chair's Recommendation

Include performance requirements in all contracts with service providers, specifying outcome measures on which the providers must report to their respective County funding programs. Community and Family Services should coordinate the efforts of all County organizations to build consistent requirements in their contracts, and should prepare to become the organization that formally reviews the accomplishments of contractors in compliance with these requirements.

Community and Family Services

9. Asian Acculturation Center, Hispanic Family and school retention, and the Family Network

The Family Network of services provided in sites distributed geographically through the county is the backbone of the social service system of the County. Services in the dispersed sites are intended to be integrated so that clients experience ease of access to all appropriate programs in offices near their homes. This model of service delivery is intended to improve quality, quantity, and efficiency of service delivery. However, some definable populations in the county, who are uncomfortable communicating in English or who have cultural expectations that differ from the majority population, find it difficult to fit into the integrated service model.

Chair's Recommendation

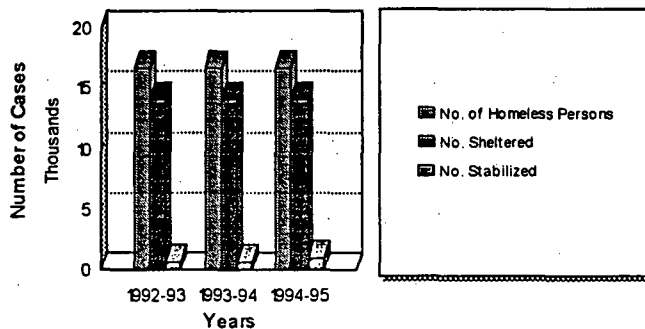
Fund an Asian Acculturation Center. This Center will act as a pilot program to help Asian ethnic populations become acquainted with the array of services the County provides, to help them access these services, to develop strategies of service delivery that will work with specific populations, and to educate and support the Family Network in helping this population.

Provide matching grant funds to encourage Hispanic service providers to develop programs to support Hispanic families and improve the retention rate of Hispanic students in school.

Community and Family Services

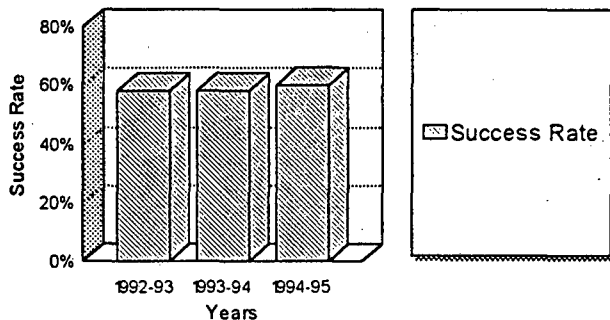
Performance Trends

Homeless Population Sheltered/Stabilized



Based 1992-93 data from various sources, it is estimated that over 14,000 received shelter services and nearly 700 were stabilized in housing for six months or more. In 1994-95, it is expected that the number stabilized will increase slightly to about 6% of those served, or a total of nearly 1,000.

Successful Diversion of Youth Offenders

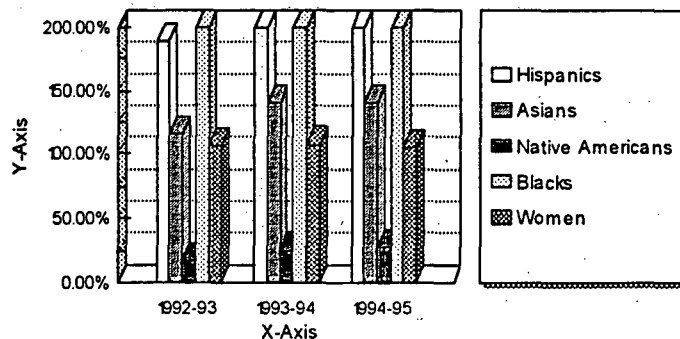


About six out of ten youth completing diversion programs have successful outcomes.

Successful diversion of youth is considered to occur when the youth does not have subsequent allegations within the year after completing the program.

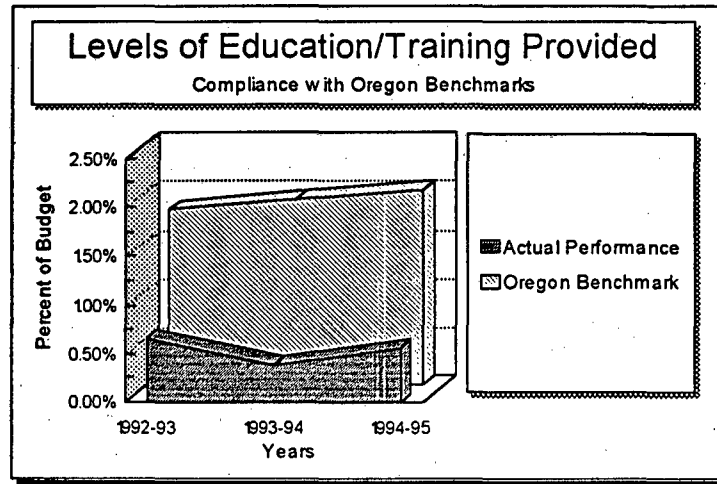
Workforce Diversity

Progress Towards County Goals (across all job classifications)



Commitment to Workforce Diversity has led to good results in meeting established goals in the Social Services programs. Actual hires exceed Affirmative goals for Hispanics, Asians, Blacks, and Women, while the rate of success has improved for Native Americans. Strategic plans are in place to improve these statistics during the next year.

Community and Family Services



Underinvestment in workforce training is a continuing problem for Multnomah County.

Productivity decreases when needed education and training are unavailable. The Oregon Benchmarks establish an investment goal for the percent of personnel costs spent on training; by the year 2000, the goal is 2.5%

Community and Family Services

Recent Accomplishments

During FY 1993-94, Community and Family Services came into existence through the merger of the Housing and Community Services Division and Mental Health, Youth, and Family Services Division. Significant changes in service delivery are expected in the future as a result of this merger.

Community and Family Services improved coordination with the City of Portland's Bureau of Housing and Community Development, jointly adopting a *Strategy to Serving Homeless Single Adults* which consolidated City contracts for single adult homeless services in the County, and laid the foundation for coordinated City, County, and United Way funding for services to all homeless populations.

Responsibility for a new, countywide Multnomah Commission on Children and Families, with broader responsibilities and a greater focus on children and families, has been transferred to Nondepartmental to assure independence.

Community and Family Services has begun to prepare for major changes in service delivery as the State Hospitals for people with mental illnesses and developmental disabilities close down.

The Partners Project, a demonstration managed care system for children with mental illness, has been successfully completed. The State has asked the County to convert the traditional mental health system for children to a capitated, or managed, care system.

Community and Family Services completed a collaborative community planning process to redesign the adult mental health system to improve quality and access.

Multnomah County received a major federal Target Cities grant, which will allow the County to improve access to and use of appropriate alcohol and drug treatment resources.

Community and Family Services

Budget Highlights

The FY 1994-95 budget is the first budget for Community and Family Services. In addition to the adds discussed here and in the Issues and Opportunities section, there has been a slight increase from FY 1993-94 (4.94%). Two programs - Alcohol and Drug, and Developmental Disabilities - were increased during 1993-94 with grant revenue added through budget modifications and that funding continues in 1994-95.

Service Levels: Services will increase for children and families through Family Resource and Service Centers; alcohol and drug dependent prisoners (through the Target Cities grant); Asian children, youth, and families; pre-adjudicated youth (through diversion services); vulnerable families with members who are developmentally disabled or mentally ill (respite services); and at-risk, low income children and families attending Head Start programs in East County (mental health). Another add package will maintain current case management services for homeless families.

Scope of Services: CFS has a large contracting function which will change to implement recommendations from the Contracting Task Force. For instance, staff may need to be redeployed to implement a quarterly Request for Qualifications process. The scope of client services will remain the same for the short term. Changes may occur, however, as the focus of CFS solidifies and options are developed to better serve and strengthen communities and families.

Level 7 funding from CSD will provide additional respite care for young people finding it difficult to live with their families, but who are likely to be able to return after short term crises are resolved. In addition, the General Fund will provide \$100,000 of support for respite services targeted at families with members suffering from mental illness or developmental disabilities. Both programs intend to prevent more serious and permanent disruptions in family living environments that would result in unavoidable government intervention at much greater expense.

Strategies: Children's mental health services for Medicaid eligible clients will be changed to a managed care system. Under the Target Cities grant, alcohol and drug assessments will be broadened to include assessments of people referred for publicly funded treatment and outcome tracking to determine the relative effectiveness of treatment methodologies.

A mental health component (2.25 FTE and \$110,000) has been included as an adjunct to the Mt. Hood Head Start program. Its purpose is to help children who are

Community and Family Services

demonstrating signs of emotional disturbance, abuse, or neglect at the earliest intervention point possible.

Similarly, a mental health component is included to support the Child Abuse Response and Evaluation System (CARES). This program (2 FTE and \$110,000) will provide mental health assessment and triage for alleged abuse victims, psychiatric consultation for CARES staff, and group education for parents of abuse victims.

Significant Changes in Contractual Services: The clearinghouse function for emergency services, motel vouchers, rent assistance will no longer be contracted because the contractor, American Red Cross, has decided to terminate its contract. Community Action staff will develop and monitor the emergency services resources, adding 0.5 FTE.

Organizational Changes: Organizational changes result from the merger of two divisions. Additional changes may be made in the future.

The Youth Employment / Empowerment Project (YEPP) has been transferred from Juvenile Justice to Children's Mental Health and Youth Program Office.

Structural Changes in Expenditures or Revenues: The Children and Families Commission costs and staff have been moved to a separate, Nondepartmental, organization. Other potential changes under consideration are the centralization of contract preparation, processing, and monitoring; management information systems client tracking; and coordination of planning, evaluation, and resource development, to assure consistency and accountability. This budget does not reflect these centralized structures.

Community and Family Services

Revenue Sources	1992-93 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
TOTAL GENERAL FUND COST	13,799,210	11,775,250	11,814,192	13,944,007
Less General Fund Program Revenues				
Service Charges	229,180	271,067	271,067	0
SUBTOTAL GENERAL FUND PROGRAM REVENUES	229,180	271,067	271,067	0
NET GENERAL FUND SUPPORT REQUIRED	<u>13,570,030</u>	<u>11,504,193</u>	<u>11,543,135</u>	<u>13,944,007</u>
Federal / State Fund				
Intergovernmental	44,260,577	58,975,222	60,623,370	65,065,070
Service Charges	180,610	222,552	222,522	330,614
Interest	8,442	10,000	10,000	10,000
Other Sources	<u>1,016,074</u>	<u>1,077,066</u>	<u>1,077,066</u>	<u>1,065,051</u>
TOTAL Federal State FUND PROGRAM REVENUES	45,465,703	60,284,840	61,932,958	66,470,735

Community and Family Services

Budget Trends	1992-93 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
Staffing Levels	164.26	227.54	227.54	280.00
Personal Services	8,147,882	10,252,747	10,749,126	13,302,443
Contractual Services	48,583,695	59,214,355	60,352,122	64,432,946
Materials & Supplies	2,414,474	2,487,432	2,553,124	2,513,471
Capital Outlay	<u>118,862</u>	<u>105,556</u>	<u>92,778</u>	<u>165,882</u>
Total Costs	59,264,913	72,060,090	73,747,150	80,414,742
Program Revenues	45,694,883	60,555,907	62,204,025	66,801,349
Net Revenues Required	13,570,030	11,504,193	11,543,135	13,944,007

Costs by Division	1992-93 <u>Actual (est)</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
Management	991,787	2,279,258	*	2,718,667
Adult Mental Health	18,368,588	15,023,079	*	13,764,552
Alcohol and Drug	7,652,116	9,251,723	*	11,602,100
Community Action	6,838,007	10,956,384	*	10,556,523
Children's Mental Health and Youth				
Program Office	5,525,760	12,134,507	*	14,362,434
Community Development	1,072,842	2,839,288	*	2,822,218
Developmental Disabilities	18,815,813	19,575,851	*	24,588,248
Total Costs	59,264,913	72,060,090	73,747,150	80,414,742

Staffing by Division	1992-93 <u>Actual (est)</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
Management	16.95	20.89	*	36.60
Adult Mental Health	21.45	28.60	*	29.10
Alcohol and Drug	16.24	24.40	*	48.70
Community Action	0	25.48	*	22.10
Children's Mental Health and Youth	47.81	59.83		68.10
Program Office			*	
Community Development	6.56	8.00	*	6.80
Developmental Disabilities	55.25	64.30	*	68.60
Total Staffing	164.26	227.54	*	280.00

* Details for 1993-94 Revised not available at the program level.

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 Community and Family Services (CFS); carries out CFS-wide responsibilities, such as fiscal and contracting support, community activism and leadership, special projects, public relations, etc.; and maintains the integrity of Community and Family Services in terms of its mission, community expectations, and funding source requirements.

Action Plan

- Merge two Divisions (Housing and Community Services and Mental Health, Youth, and Family Services) into one operating Division, by December 31, 1994, creating a cohesive structure and mission for the new organization, and streamlining planning, contracting, and service provision
- Implement the Family Resource and Service Center network, including developing agreements with school districts over the use of school facilities, by June 30, 1995, to assure effective and responsive programming based on the integrated services/Family Network concepts and principles.
- Apply performance-based contracting and Contracting Task Force recommendations to the organization's contracting process and monitor the applicability of performance measures included in the FY 1994-95 contracts, revising them as needed, by June 30 1995, to streamline contracting processes.
- Find and move into adequate workspace for all CFS programs, preferably in one building, by June 30, 1995, to promote unity, efficient working relationships, and equity, and to relieve the severe overcrowding in the McCoy Building
- Plan a management information system, by June 30, 1995, to coordinate service system data, collect and report on performance and outcome data, and streamline client tracking and contract billing procedures.

Explanation of Changes

	FTE's	Dollars
Increased Personnel to reflect added, transferred and annualized positions and cost of living	4.17	248,299
State revenues included in 1993-94 as carryover have not yet been determined for 1994-95. Approximately the same amount will be available at the end of this year, and CFS intends to ask for their appropriation with an amendment when they know how much.	0	(605,859)
Building management	0	166,143
Reduced equipment	0	(47,490)

Management and Administration

Community and Family Svcs

Budget Trends	1992-93	1993-94	1993-94	1994-95
	<u>Actual (est)</u>	<u>Adopted (est)</u>	<u>Revised</u>	<u>Budget</u>
Staffing Levels	16.95	18.89	*	36.60
Personal Services	763,945	981,595	*	1,803,455
Contractual Services	18,016	1,014,040	*	522,339
Materials & Supplies	201,277	234,133	*	390,873
Capital Outlay	<u>8,549</u>	<u>49,490</u>	*	<u>2,000</u>
Total Costs	991,787	2,279,258	*	2,718,667
Program Revenues	*	*	*	(1,809,891)
Net Revenues Required				908,776
	1992-93	1993-94	1993-94	1994-95
	<u>Actual</u>	<u>Adopted</u>	<u>Revised</u>	<u>Budget</u>
Costs by Activity/Service				
Division Management	*	641,739	*	619,003
Resource Mgmt and Contracts	*	1,637,519	*	1,528,104
Special Projects - (YEEP)	*	0	*	500,736
Special Projects - Public Relations	*	0	*	70,824
Total Costs	991,787	2,279,258	-	2,718,667
	1992-93	1993-94	1993-94	1994-95
	<u>Actual</u>	<u>Adopted</u>	<u>Revised</u>	<u>Budget</u>
Staffing by Activity/Service				
Division Management	*	2.00	*	5.00
Resource Mgmt and Contracts	*	16.89	*	28.60
Special Projects - (YEEP)	*	0.00	*	2.00
Special Projects - Public Relations	*	0.00	*	1.00
Total Staffing	16.95	20.89	-	36.60

* Details for 1992-93 and 1993-94 Revised budgets are not available at the program level.

Management

Administration

Community and Family Svcs

Description

The purpose of 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. 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.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Families with mentally ill or developmentally disabled member who receive respite services and overcome the crisis (number/percent)	n/a	n/a	n/a	3,000/80%

Explanation of Changes

	FTE's	Dollars
Additional contractual services for respite care for families with developmentally disabled or mentally ill members	0.00	100,700
Support for Leaders Roundtable transferred from DSS Administration	0.00	10,070
Added Deputy Director and Coordinator for Special Projects to help administer the expanded organization	2.00	139,766
Transferred Hispanic Coordinator from Housing/Community Svcs	1.00	55,572
Pass through for 1994-95 does not include State Mental Health Grant carryover which will be rebudgeted in 1994-5 when the balance available is known	0.00	(454,184)
Building management	0.00	126,535
General inflation and wage increase	0.00	15,137
Total expenditures	3.00	(22,736)

Budget Changes

	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	2.00	5.00	3.00
Costs	641,739	619,003	(22,736)
Program Revenue	not available	(276,924)	
Net Revenue Required		229,878	

Resource Management and Contracts

Administration

Community and Family Svcs

Description

The purpose of Resource Management and Contracts 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, contract preparation and monitoring, management information and client tracking systems, system planning and evaluation, and program/resource development. The section oversees Division-wide policy and procedures development and implementation to assure program consistency and direction.

Explanation of Changes

	FTE's	Dollars
Added 2 Fiscal Specialist 1 positions funded with Target Cities and other grant revenue	2.00	77,544
Annualized part year of Data Analyst budgeted effective 9/93	0.17	7,200
Cut 1.06 Fiscal Spec 1 and 0.20 OA2	(1.26)	(43,828)
Administrative positions transferred from programs in Housing and Community Services - net cost	10.80	447,673
Capital in 1993-94 not budgeted in 1994-95	0.00	(49,490)
Pass through for 1994-95 does not include State Mental Health Grant carryover which will be rebudgeted in 1994-5 when the balance available is known	0.00	(548,514)
Total expenditures	11.71	(109,415)

	1993-94 <u>Adopted (est)</u>	1994-95 <u>Budget</u>	<u>Change</u>
Budget Changes			
Staffing Level	16.89	28.60	11.71
Costs	1,637,519	1,528,104	(109,415)
Program Revenue	not available	(1,087,031)	
Net Revenue Required		441,834	

Special Projects - YEEP

Community and Family Svcs

Description

The purpose of Special Projects - YEEP is to plan and develop specialized services and programs at the Division level when they cross Program structure lines or relate to specialized populations that do not readily fit within any one program area, for instance, the Youth Employment and Empowerment Project (YEEP) and Division-wide Respite Services. This program is responsible for developing, implementing, and monitoring services using techniques and processes tailored to the specific project. The program works with the community, service providers, other public agencies, the business community, etc. to develop and carry out its responsibilities.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Gang involved/affected youth who stay in YEEP jobs for 60+ days (number/percent)	149/39%	149/39%	149/39%	149/39%

Explanation of Changes

This budget is composed of the Youth Employment and Empowerment Project budgeted in Juvenile Justice in prior years

Program Development Specialists transferred from Juvenile

Pass through contracts and other Materials and Services

Total expenditures

FTE's

Dollars

2.00

95,448

0.00

405,288

2.00

500,736

Budget Changes

1993-94

1994-95

AdoptedBudgetChange

Staffing Level

0

2.00

Costs

0

500,736

Program Revenue

0

(445,936)

Net Revenue Required

0

54,800

Special Projects - Public Relations

Administration
Community and Family Svcs

Description

The purpose of the Special Projects - Public Relations program is to join with other human service divisions and 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 program is responsible for developing and presenting information on issues, needs, options, solutions in order to further the public's understanding of human services and the role the County plays in strengthening communities and families.

Explanation of Changes

Public Relations Coordinator shown in the budget for the first time.
Divisions and departments reduced their budgets to cover the following proportions of the cost of this program: Health Department and Community and Family Services each covered thirty percent of the costs, Aging Services and Juvenile Justice each covered twenty percent of the costs.

FTE's	Dollars
1.00	70,824

Budget Changes	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
Staffing Level	0.00	1.00	1.00
Costs	0	70,824	70,824
Program Revenue	0	0	0
Net Revenue Required	0	70,824	70,824

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, Specialized Services for Target Populations

Over 12,000 adults in Multnomah County are estimated to have a diagnosis of severe, long term, mental illness, of whom some 3,606 are served in public mental health programs. The program also serves an additional 5,000 with acute mental illness on a short term or emergency basis, or refers them to treatment. Demand for services is increasing due to the shift in responsibility for mental health services from the State to the community, a lack of services, and population growth.

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

- Develop a working partnership among consumers, advocates, providers, other interested agencies and institutions, and the County Adult Mental Health staff, by June 30, 1995, in order to implement the Mental Health System Design Plan and lay the foundation for improved and more coordinated mental health services.
- Develop agreements and protocols with Washington and Clackamas Counties, for pooling and joint development of commitment resources, high volume purchasing of inpatient resources, and care provision within the natural boundaries of the metropolitan area, by June 30, 1995, in order to address the changing service environment, in which state hospitals are being downsized and more emphasis is being placed on serving people in the community, and to institute better resource management practices.

Adult Mental Health

Community and Family Svcs

Budget Trends	1992-93 <u>Actual (est)</u>	1993-94 <u>Adopted (est)</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
Staffing Levels	21.45	28.60	*	29.10
Personal Services	1,305,841	1,336,199	*	1,461,119
Contractual Services	16,594,798	13,857,107	*	12,042,564
Materials & Supplies	441,469	328,247	*	260,869
Capital Outlay	<u>26,480</u>	<u>0</u>	*	<u>0</u>
Total Costs	18,368,588	15,521,553	*	13,764,552
Program Revenues	*	*	*	(11,620,560)
Net Revenues Required			*	2,143,992
Costs by Activity/Service	<u>Actual</u>	<u>Adopted</u>	<u>Revised</u>	<u>Budget</u>
Program Management	*	926,352	*	419,912
Commitment	*	4,205,716	*	4,584,576
Community Based Services	*	5,326,106	*	3,297,758
Residential Care Facilities	*	1,565,523	*	1,796,943
Crisis & Acute Care	*	2,091,374	*	2,121,520
Specialized Services	*	<u>1,406,482</u>	*	<u>1,493,615</u>
Total Costs	18,368,588	15,521,553	-	13,714,324
Staffing by Activity/Service	<u>Actual</u>	<u>Adopted</u>	<u>Revised</u>	<u>Budget</u>
Program Management		17.60	*	6.60
Commitment		11.00	*	14.80
Community Based Services		0.00	*	4.70
Residential Care Facilities		0.00	*	0.50
Crisis & Acute Care		0.00	*	2.00
Specialized Services		<u>0.00</u>	*	<u>0.50</u>
Total Staffing	21.45	28.60	-	29.10

* Detailed breakout of the 1992-93 and 1993-94 Revised budgets are 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 22 contracted programs and services to 8,700 people with mental illness. 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.

Explanation of Changes

	FTE's	Dollars
Data Analyst for Mental Health Information Systems Project (funded by the State in 1993-94) cut when project transferred to the State	(1.00)	(46,621)
Positions transferred to other Adult Mental Health programs: 3.80 to Commitment, 4.70 to Community-based Services, 0.50 to Residential Care, 2.00 to Crisis and Acute Care, 0.50 to Specialized Services - net change	(10.50)	(471,193)
Partial Data Tech funded with Target Cities grant	0.50	20,934
Consultation for strategic planning as recommended by the MED task force was completed in 1993-94 and the contract is not rebudgeted	0.00	(10,000)
Total expenses	(11.00)	(506,880)

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	17.60	6.60	(11.00)
Costs	926,352	419,551	(506,880)
Program Revenue	not available	(193,233)	
Net Revenue Required		226,679	

Commitment

Adult Mental Health Community and Family Svcs

Description

The goal 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, paying for pre-commitment hospitalization, assuring appropriateness of last dollar 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, pays for pre-commitment hospitalization (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 25% of the 3,152 allegedly mentally ill individuals given a Notice of Mental Illness in FY 1992/93. As the State downsizes the state hospitals, the numbers of commitment investigations and holds are likely to increase, although aggressive resource management has succeeded in holding costs down.

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.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
People for whom there is a bed available within two hours of being held for a Notice of Mental Illness (number/percent)	n/a	n/a	n/a	2720 / 80%
Average length of hospital stay for people placed on hold	n/a	n/a	n/a	12 days

Community and Family Services is also preparing a tracking system that will allow them to report in the 1995-96 budget on the number of people committed who are served in the community rather than a state hospital.

Explanation of Changes

	FTE's	Dollars
Mental Health Consultant, 2.0 Case Mgrs, 0.5 Prog Dev Tech and 0.30 Prog Svcs Administrator transferred from Division Management	3.80	181,982
Costs of psychiatric exams ordered by the Probate Court transferred from Community Corrections	0.00	51,855
Increase in pass through contracts for emergency holds	0.00	183,307
General inflation and wage increase	0.00	12,752
Total expenditures	1.30	429,896

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	13.50	14.80	1.30
Costs	4,205,716	4,635,612	429,896
Program Revenue	not available	(3,468,244)	
Net Revenue Required		1,167,368	

Adult Mental Health

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 through other services provided by Multnomah County. The unit is responsible for providing out-patient 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 12,000 adults in Multnomah County have a diagnosis of severe mental illness, of whom the Unit serves approximately 3,606. Need is increasing as the State downsizes state institutions and a greater emphasis is placed on serving people with mental illness in the community.

During 1993-94, because of the final State budget, State Mental Health has materially revised its allocations for contractual services passed through the County. Community-based Services has been significantly reduced. Although the total contractual pass-through dollars for Adult Mental Health as a whole are estimated to be about \$1.4 million below the 1993-94 Adopted Budget level, Community-based Services contracts were trimmed by \$2 million. The 1994-95 level is consistent with the final funding for the first year of the biennium.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of clients who maintain or improve ability to function as indicated by the Ability Scale	n/a	n/a	n/a	80%
Percent of clients at high risk of hospitalization who are stable in community placements	n/a	n/a	n/a	80%

Explanation of Changes

	FTE's	Dollars
Program Dev Tech, Prog Dev Spec, Data Analyst, OA2, and 0.70 Prog Svcs Manager transferred from Division Management	4.70	202,323
The 1993-94 budget was adopted before the Legislature had established the budget for Mental Health services. The estimate for 1993-94 contracts was significantly overstated. The 1994-95 amount is consistent with final allocation in the first year of the biennium.	0.00	(2,240,343)
Building Management and other operating costs	0.00	9,225
Total expenditures	4.70	(2,028,795)

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	0.00	4.70	4.70
Costs	5,326,106	3,297,311	(2,028,795)
Program Revenue	not available	(3,048,739)	
Net Revenue Required		248,572	

Residential Care

Community and Family Svcs

Description

The goal 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 demand for residential services is increasing due to the shift of State responsibility for hospital care to the community; a lack of alternative services, and population growth.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of clients at high risk of hospitalization who are stable in residential care placements	n/a	n/a	n/a	80%

Explanation of Changes

	FTE's	Dollars
Transfer of 0.50 Prog Dev Spec from Division Management	0.50	27,504
Contractual services revised in 1994-95 consistent with funding in the first year of the biennium	0.00	201,687
Changes in indirect costs on the larger amount	0.00	2,429
Total expenditures	0.50	231,420

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	0.00	0.50	0.50
Costs	1,565,523	1,796,943	231,420
Program Revenue	not available	(1,756,128)	
Net Revenue Required		40,815	

Crisis and Acute Care Svcs

Adult Mental Health Community and Family Svcs

Description

The goal 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.

Of the approximately 5,000 persons with acute mental illness served by the Adult Mental Health Program annually, a significant proportion require crisis and acute care services. Demand is increasing due to the downsizing of state hospitals and the increasing population.

Multnomah County's agreement with the State Mental Health Division mandates these services.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected

Community and Family Services is developing a tracking system that will enable them to report in the 1995-96 budget on the number of clients who have a Notice of Mental Illness filed within a month of crisis intervention

Explanation of Changes

	FTE's	Dollars
Program Dev Spec transferred from Division Management	1.00	48,109
Program Dev Spec funded by Target Cities grant	1.00	48,108
Reduction in pass through contracts	0.00	(66,071)
Total expenditures	2.00	30,146

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	0.00	2.00	2.00
Costs	2,091,374	2,121,520	30,146
Program Revenue	not available	(2,056,414)	
Net Revenue Required		65,106	

Specialized Services

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.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Seniors/Multidisciplinary Team (MDT) utilization	n/a	n/a	n/a	estimate?
Homeless mentally ill stabilized in housing (number/percent)	n/a	n/a	58 / 2.7%	58 / 2.7%

Community and Family Services is creating a tracking system that will enable them to report in the 1995-96 budget on the number and percent of persons supervised by the Psychiatric Security Review Board who complete supervision without returning to jail.

Explanation of Changes

	FTE's	Dollars
Transferred partial Prog Dev Spec from Division Administration	0.50	27,162
Change in contracted pass-through allocation based on first year of biennium	0.00	58,556
Indirect cost on larger amounts	0.00	1,415
Total expenditures	0.50	87,133

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	0.00	0.50	0.50
Costs	1,406,482	1,493,615	87,133
Program Revenue	not available	(1,097,802)	
Net Revenue Required		395,813	

Alcohol & Drug Abuse Community and Family Svcs

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 services, and providing intervention and treatment opportunities. Services include: public education and prevention, case management, interagency coordination, treatment for youth and adults, client assessment and referral, treatment for gambling addiction.

According to a 1992 survey and prevalence estimates, some 88,000 people in Multnomah County may suffer from alcohol or other drug abuse or dependence, 58% of the residents believe drug abuse to be a very serious problem in Portland, 37% feel that way about alcohol abuse, and 28% reported that they or a family member had experienced a drug abuse problem. Although casual drug and alcohol use has been declining, recent studies show an increase among high school students, and the rates of addiction have remained steady or increased, particularly among various ethnic minority groups.

The Multnomah Council on Chemical Dependency, as mandated by Oregon law, is responsible for identifying local needs and priorities for alcohol/drug prevention and treatment. The DUII Community Advisory Council is responsible for identifying approaches to reducing DUII-related problems, coordinating community efforts, and educating the public.

Action Plan

- Create an Alcohol/Drug central intake unit as part of the federal Target Cities grant, by October 1, 1994, in order to improve and expedite assessment of alcohol and other drug problems, referral to appropriate resources, and follow-up to assure treatment is provided.
- Provide an In-Jail Alcohol/Drug Intervention Service, including two separate units for alcohol/drug intervention and pretreatment (one male, one female) in the Justice Center Jail, and develop a pre-commitment diversion project to assess alcohol/drug needs of persons being investigated for involuntary mental health treatment (commitment) who may be better served in alcohol/drug treatment, by June 30, 1995, in order to improve linkages among the criminal justice, alcohol/drug, and mental health treatment systems.

Explanation of Changes

The Target Cities grant is a major addition to the Alcohol and Drug budget. It also funds 2.50 positions and costs elsewhere in Community and Family Services (\$80,000 in Admin / Fiscal, \$30,000 in Adult MH Prog Mgmt, and \$49,000 in Crisis / Acute Care)

FTE's	Dollars
19.00	1,700,807

Alcohol & Drug Abuse

Community and Family Svcs

Budget Trends	1992-93 <u>Actual (est)</u>	1993-94 <u>Adopted (est)</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
Staffing Levels	16.24	24.40	*	48.70
Personal Services	711,162	811,251	*	2,085,469
Contractual Services	6,748,171	8,201,228	*	5,745,846
Materials & Supplies	191,436	234,244	*	3,501,787
Capital Outlay	<u>1,347</u>	<u>5,000</u>	*	<u>112,900</u>
Total Costs	7,652,116	9,251,723	*	11,446,002
Program Revenues	*	*	*	(9,851,404)
Net Revenues Required				1,594,598

Costs by Activity/Service	1992-93 <u>Actual</u>	1993-94 <u>Adopted (est)</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
Program Management	*	339,000	*	346,668
Community Awareness/Prevention	*	1,617,692	*	788,666
Assessment	*	421,203	*	2,258,737
Sobering	*	688,349	*	765,463
Detoxification	*	878,986	*	1,044,482
Adult Residential Treatment	*	1,888,264	*	2,143,684
Adult Outpatient Treatment	*	2,137,953	*	1,486,563
Methadone Treatment	*	569,982	*	489,765
Adolescent Treatment	*	337,653	*	630,732
Gambling Addiction Treatment	*	<u>1,441,190</u>	*	<u>1,491,242</u>
Total Costs	7,652,116	10,320,272	-	11,446,002

Staffing by Activity/Service	1992-93 <u>Actual (est)</u>	1993-94 <u>Adopted (est)</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
Program Management	*	4.80	*	5.80
Community Awareness/Prevention	*	11.50	*	15.60
Assessment	*	7.60	*	26.80
Sobering	*	0.00	*	0.00
Detoxification	*	0.00	*	0.00
Adult Residential Treatment	*	0.00	*	0.00
Adult Outpatient Treatment	*	0.00	*	0.00
Methadone Treatment	*	0.00	*	0.00
Adolescent Treatment	*	0.00	*	0.00
Gambling Addiction Treatment	*	<u>0.50</u>	*	<u>0.50</u>
Total Staffing	16.24	24.40	-	48.70

* Details for the 1992-93 and 1993-94 Revised Budget are not available at the program level.

Alcohol & Drug Abuse Program Management 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.

Explanation of Changes	FTE's	Dollars
OA Senior funded by Target Cities grant	1.00	40,341
Reduced indirect costs because of rate change from 8.1% to 3.72%	0.00	(19,225)
Reduced Motor Pool to reflect actual historical use	0.00	(42,009)
Professional Services for ADAPT transferred to Community Awareness and Prevention	0.00	(12,528)
Total expenditures	1.00	(33,421)

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	4.80	5.80	1.00
Costs	380,001	346,579	(33,421)
Program Revenue	not available	(145,681)	
Net Revenue Required		200,898	

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.

In 1992, 26.2% of eighth graders and 37.4% of eleventh graders reported alcohol use, 10.1% of eighth graders and 18.7% of eleventh graders reported drug use, 64% of jail inmates had drugs in their system at booking, 155 babies were born drug-affected, and 28% of County residents reported a self or family drug abuse problem. Eighth grade alcohol use has increased and the number of drug overdose deaths reached an unprecedented high level in 1993.

Key Results	1992-93 Actual	1993-94 Adopted (est)	1993-94 Estimated	1994-95 Projected
Students and families who show a positive change in alcohol/drug related behavior after receiving prevention services (number / percent)	n/a	n/a	n/a	35 / 88%
Percentage increase in survey respondents who believe they can influence community alcohol and drug problems	n/a	n/a	n/a	5%

Explanation of Changes

	FTE's	Dollars
Program Development Tech and 0.1 Program Dev Specialist added to support Regional Drug Initiative using grant revenue	1.10	33,635
Expansion of Touchstone project, drug and alcohol outreach and counseling in schools, by the addition of 3 Case Mgr 2 positions, contractual services for referrals, and supplies	3.00	159,285
Pass through contracts distributed through the division	0.00	(869,013)
General inflation and wage increase	0.00	6,297
Total expenditures	4.10	(669,796)

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	11.50	15.60	4.10
Costs	1,617,692	947,896	(669,796)
Program Revenue	not available	(700,283)	
Net Revenue Required		247,613	

Assessment

Description

The goal 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.

Key Results	1992-93 Actual	1993-94 Adopted (est)	1993-94 Estimated	1994-95 Projected
Percent of those referred who enroll in treatment	n/a	n/a	n/a	70%
Percent of those assessed who complete treatment.	n/a	n/a	n/a	10%

Explanation of Changes

This program is the primary recipient of the Target Cities grant - 8.25

Eval Spec, 3 Prog Dev Spec, 2.75 OA 2, 2 Data Analysts, 1 Data

Systems Admin, and 1 Prog Admin

Additional Evaluation Specialists added with CSD funding

Building management

General inflation and wage increase

FTE's

Dollars

18.00 1,700,807

1.20 52,000

0.00 38,933

45,392

Total expenditures 19.20 1,837,132

Budget Changes

1993-94

Adopted (est)

1994-95

Budget

Change

Staffing Level

7.60

26.80

19.20

Costs

421,203

2,258,335

1,837,132

Program Revenue

not available

(2,112,248)

Net Revenue Required

146,087

Sobering

Alcohol & Drug Abuse Community and Family Svcs

Description

The purpose of the Sobering Program is to increase public safety and address the harmful effects of alcohol and other drug abuse by sobering public inebriates. The program is responsible for removing public inebriates from public areas, managing acute intoxication, and motivating individuals to receive further treatment. The program contracts for safe shelter, physical assessment, emergency medical intervention, and motivational counseling.

Sobering provides over 19,000 admissions to nearly 13,000 individuals each year. While overall admissions have remained relatively stable in recent years, an increase in police admissions to sobering of more violent clients and younger, drug dependent clients has increased the difficulty of cases.

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

Key Results	1992-93 Actual	1993-94 Adopted (est)	1993-94 Estimated	1994-95 Projected
Key stakeholders who report that sobering is responsive in addressing shelter needs of intoxicated persons (number / percent)	n/a	n/a	n/a	50 / 80%
Clients not previously served in the past year (number/percent)	13,000 / 68.5%	n/a	13,000 / 68.5%	13,000 / 68.5%

Explanation of Changes

	FTE's	Dollars
Cost of living adjustment in contract for sobering services	0.00	38,077
Indirect cost on increased contract and Building Management	0.00	37,719
Total expenditures	0.00	75,796

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	0	0	0
Costs	688,349	764,145	75,796
Program Revenue	not available	(341,756)	
Net Revenue Required		422,389	

Detoxification

Alcohol & Drug Abuse Community and Family Svcs

Description

The goal of the Detoxification Program is to start the treatment process for people with alcohol and/or drug problems by providing an inpatient opportunity to detoxify. The program is responsible for maintaining a next-steps, treatment-oriented option for people who require management of withdrawal before entering further treatment. The program provides inpatient detoxification services, including physical assessment, motivational counseling, medical supervision, and referral to ongoing treatment, through contracts.

Detoxification admits 2,600 clients per year. Overall admissions have been relatively stable in recent years, but the percentage of drug detoxification admissions compared to alcohol detoxification admissions has increased.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Detox clients who complete program and enroll in further treatment (number / percent)	n/a	n/a	n/a	2080 / 80%
Detox clients who complete program and complete a further treatment (number / percent)	n/a	n/a	n/a	1000 / 40%

Explanation of Changes

	FTE's	Dollars
Cost of living adjustment in contract for detoxification services	0.00	125,844
Indirect cost on increased contract and Building Management	0.00	38,334
Total expenditures	0.00	164,178

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	0	0	0
Costs	878,986	1,043,164	164,178
Program Revenue	not available	(809,702)	
Net Revenue Required		233,462	

Adult Residential Treatment

Alcohol & Drug Abuse
Community and Family Svcs

Description

The goal of Adult Residential Treatment is to provide an inpatient resource 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 5,200 and 8,800 people in Multnomah County are estimated to need residential treatment services to deal with alcohol and drug dependence; 1,351 adults were admitted to publicly funded residential treatment in 1992. 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.

Key Results	1992-93 Actual	1993-94 Adopted (est)	1993-94 Estimated	1994-95 Projected
Clients completing residential treatment (number/percent)	n/a	n/a	n/a	947 / 70%
Abstinence from substance use for six months following discharge from treatment (number/percent)	n/a	n/a	n/a	378 / 40%

Explanation of Changes

	FTE's	Dollars
Transfer of ADAPT contractual support from A&D Program Mgmt	0.00	12,528
Increase in State support of Residential program contracts	0.00	242,892
Total expenditures	0.00	255,420

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	0	0	0
Costs	1,888,264	2,143,684	255,420
Program Revenue	not available	(2,030,170)	
Net Revenue Required		113,514	

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 assessment and diagnosis, 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 9,830 adults admitted to outpatient treatment in 1992. 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.

Key Results	1992-93 Actual	1993-94 Adopted (est)	1993-94 Estimated	1994-95 Projected
Clients completing outpatient treatment (number/percent)	n/a	n/a	n/a	6,881/70%
Abstinence from substance use for six months following discharge from treatment (number/percent)	n/a	n/a	n/a	2,752/40%
DUII clients without a subsequent offense within the year following treatment (number/percent)	n/a	n/a	n/a	3,835/75%

Explanation of Changes

The 1993 Legislature continued to meet after the 1993-94 County budget was adopted. The decrease in this program reflects legislative allocations made too late to be included in the 1993-94 budget. The reduction is consistent with actual 1993-94 contract pass-through funding

FTE's	Dollars
0.00	(651,390)

Budget Changes

	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	0	0	0
Costs	2,137,953	1,486,563	(651,390)
Program Revenue		(1,456,018)	
Net Revenue Required		30,545	

Methadone Treatment

Community and Family Svcs

Description

The purpose of the Methadone Treatment Program is to provide a resource 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 assessment, 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 0.5% of the population in a metropolitan community; there were 900 individuals admitted to Multnomah County methadone services in 1992. Opiate use appears to be on the increase, fueled, in part, by the resurgence of tar heroin in the community.

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.

Key Results	1992-93 Actual	1993-94 Adopted (est)	1993-94 Estimated	1994-95 Projected
Percent of clients who abstain from illicit drugs for six months following discharge from treatment	n/a	n/a	n/a	30%
Percent of clients not arrested during treatment	n/a	n/a	n/a	70%

Community and Family Services is developing tracking systems that will enable them to report in the 1995-96 budget on the percent of clients who remain free of illicit drugs while participating in the program

Explanation of Changes

Changes from 1993-94 estimate of the State Mental Health support of Methadone Treatment contracts. The amount budgeted is the estimated balance of the biennial appropriation.

FTE's

Dollars

0.00

(80,217)

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	0	0	0
Costs	569,982	489,765	(80,217)
Program Revenue		(486,360)	
Net Revenue Required		3,405	

Adolescent Treatment

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.

Both eighth and eleventh graders (1.7%) report daily use of alcohol while 1.1% of eighth graders and 2.4% of eleventh graders report daily use of marijuana; 1,000 adolescents were admitted to treatment in Multnomah County in 1992. Juvenile drug arrests have increased by 255% since 1986, 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.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Clients successfully completing treatment	n/a	n/a	n/a	500 / 50%
Abstinence from illicit drugs for six months following discharge from treatment (number/percent)	n/a	n/a	n/a	250 / 50%

Explanation of Changes

The 1993 Legislature continued to meet after the 1993-94 County budget was adopted. The increase in this program reflects legislative allocations made too late to be included in the 1993-94 budget. The amount is consistent with the actual funding for the first year of the biennium

FTE's Dollars

0.00 293,079

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	0	0	0
Costs	337,653	630,732	293,079
Program Revenue		(277,944)	
Net Revenue Required		352,788	

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 a 24-hour hot line; 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 1.5% and 4.4% of the adult population. As indicated by the 200 calls per month (900% increase in calls since the advent of video poker) to the Gamblers Anonymous Hotline, the rate of addiction and problems is increasing with the advent of new, enticing, and more widely available forms of legal gambling.

State statute allocates 3% of video poker revenue specifically and solely for gambling addiction treatment. A current law suit, on appeal, challenges State Lottery funds being used for this purpose.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected

Community and Family Services intends to track the number and percent of clients successfully completing treatment and to report their findings in the 1995-96 budget.

Explanation of Changes

These expenditures are functions of the dedicated revenue received.
The change covers general inflationary costs.

FTE's	Dollars
0.00	50,045

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	0.50	0.50	0
Costs	1,441,190	1,491,237	50,045
Program Revenue	(1,441,190)	(1,491,237)	50,045
Net Revenue Required	0	0	

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 excessive 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 (U.S. 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, mandated by federal and Oregon statutes, 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

- Increase the housing options available to homeless single adults and site shelter facilities for men, women, and chronically mentally ill homeless people, by June 30, 1995, to implement the County and City approved Strategy for Serving Homeless Single Adults in Downtown Portland.
- In line with the Contracting Task Force Report develop a program specific strategic plan for the Community Action Service System, by June 30, 1995, including service delivery models and 3-5 year implementation plans for housing and services for homeless families, youth, and victims of domestic violence, to provide funding and program development guidance.
- Develop County anti-poverty policies identifying the County's philosophy, values, and goals for reducing poverty, the County's roles and responsibilities for addressing poverty, and the strategies to be implemented in collaboration with major community institutions to achieve the County's goals, by June 30, 1995, to provide policy direction to programs on how to prioritize and address issues and social consequences of poverty, and how to work with and strengthen low income communities and the people who live there.

Community Action Community and Family Svcs

Budget Trends	1992-93 Actual	1993-94 Adopted (est)	1993-94 Revised	1994-95 Budget
Staffing Levels	*	27.48	*	22.10
Personal Services	974,563	1,434,512	*	993,813
Contractual Services	5,482,741	9,376,887	*	9,273,247
Materials & Supplies	352,030	360,268	*	289,463
Capital Outlay	<u>28,673</u>	<u>31,400</u>	-	<u>0</u>
Total Costs	6,838,007	11,203,067	*	10,556,523
Program Revenues	*	*		(9,559,498)
Net Revenues Required				997,025
Costs by Activity/Service	1992-93 Actual	1993-94 Adopted (est)	1993-94 Revised	1994-95 Budget
Program Management	*	722,947	*	201,551
Anti-Poverty and Housing Stabilization	*	5,529,153	*	5,527,572
Low Income Energy Assistance	*	3,237,309	*	3,169,758
Low Income Weatherization	*	<u>1,713,658</u>	*	<u>1,657,652</u>
Total Costs	-6,838,007	11,203,067		10,556,523
Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted (est)	1993-94 Revised	1994-95 Budget
Program Management	*	13.68	*	3.00
Anti-Poverty and Housing Stabilization	*	5.80	*	11.10
Low Income Energy Assistance	*	1.00	*	1.00
Low Income Weatherization	*	<u>7.00</u>	*	<u>7.00</u>
Total Staffing	*	27.48		22.10

* Details for the 1992-93 and 1993-94 Revised budgets are 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, program management, and a community action administering board.

Explanation of Changes	FTE's	Dollars
Program Admin, Fisc Spec 1, Fisc Spec 2, Hispanic Coordinator, Program Dev Specialists, OA Senior, and OA 2's transferred to CFS Management	(9.80)	(448,111)
HCS Manager cut with the merger of the two divisions	(1.00)	(71,513)
Partial Prog Dev Spec cut and partial Fiscal Spec 1 added	0.12	5,766
Reduced indirect cost rate from 8.2% to 3.71%	0.00	(7,538)
Total expenditures	(10.68)	(521,396)

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	13.68	3.00	(10.68)
Costs	722,947	201,551	(521,396)
Program Revenue	not available	(0)	
Net Revenue Required		201,551	

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 35,522 people in FY 1992-93.

Key Results	1992-93 Actual	1993-94 Adopted (est)	1993-94 Estimated	1994-95 Projected
Case managed households whose income has increased or stabilized (number / percent)	40%	40%	40%	40%
Homeless and at-risk households stabilized in housing for 6+ months (number / percent)	27%	27%	27%	27%
Percent of minorities provided access to anti-poverty services compared to percent of minorities in poverty population.	35.2% / 30%	35.2% / 30%	35.2% / 30%	35.2% / 30%

Explanation of Changes

Partial Health Svcs Spec transferred from Children's Mental Health and Youth Program Office

FTE's

Dollars

0.50

24,488

Program Dev Spec, 0.5 Prog Dev Tech, 0.3 CHN, Admin Secretary, and 2 OA 2's added

4.80

165,250

Contractual services includes \$120,000 of County Supplement to support the homeless families program in which other revenue sources have failed to materialize as planned.

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	5.80	11.10	5.30
Costs	5,529,153	5,527,572	(1,581)
Program Revenue	not available	(4,818,932)	
Net Revenue Required		708,640	

Low Income Energy Assistance

Community Action Community and Family Svcs

Description

The goal of the Low Income Energy Assistance Unit is to provide income support for low income households by providing energy assistance subsidies and 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 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. Poverty rates are growing in this county, according to the 1990 Census.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of allocation spent on eligible households.	99%	100%	100%	100%
Percent of energy case managed households who avoid an energy shut-off while receiving services and for six months afterward	n/a	n/a	n/a	75%

Explanation of Changes

	FTE's	Dollars
Reduction in pass-through contracts from various sources	0.00	(66,937)
General inflation and wage increase	0.00	1,386
Total expenditures	0.00	(65,551)

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	1.00	1.00	0.00
Costs	3,237,309	3,169,758	(65,551)
Program Revenue	not available	(3,088,061)	
Net Revenue Required		81,697	

Low Income Weatherization

Community Action Community and Family Svcs

Description

The goal 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; 482 housing units were weatherized in FY 92-93.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Households receiving energy conservation education who report an increase in comfort and a decrease in energy consumption or expenditures	n/a	n/a	n/a	75%
Households receiving weatherization assistance who report an increase in comfort and a decrease in energy consumption or expenditures	n/a	n/a	n/a	75%
Weatherization dollars spent on energy measures with a payback of less than seven years	n/a	n/a	n/a	90%

Explanation of Changes

	FTE's	Dollars
Eliminated capital budgeted in 1993-94	0.00	(31,400)
Prog Dev Tech transferred to CFS Management, offset by addition of OA 2	0.00	(9,729)
Five Prog Dev Techs reclassified to Weatherization Specialists	0.00	0
Reduction in pass through contracts from various sources	0.00	(26,967)
General inflation and wage increase	0.00	12,080
Total expenditure	0.00	(56,016)

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level		7.00	
Costs	1,713,658	1,657,642	(56,016)
Program Revenue	not available	(1,652,505)	
Net Revenue Required		5,137	

Children's Mental Health and Youth Program Office Community and Family Svcs

Description

The goal of the Children's Mental Health 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 to promote healthy communities and families, prevent problems, and intervene when problems disrupt the growth and development of children and their families. 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, family resource and service centers

There are approximately 132,000 children under age 18 in Multnomah County (1990 Census), with an estimated 30,000 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 a capitated/managed mental health care service system for Medicaid-eligible children and their families and for other specialized populations, by June 30, 1995, in order to better serve more people within the same level of resources.
- Designate and/or establish Family Resource and Service Centers, including Parent/Child Development Centers, throughout the County, by June 30, 1995 to implement the County's emphasis on integrated services for families.
- Redefine and implement the roles and relationships among Community and Family Services Division, Juvenile Justice Division, community providers, community players, and the Child and Youth Service (Family Resource and Service) Centers, by June 30, 1995, in order to address prevention of youth violence, diversion, and other intervention activities.
- Contract for an inventory of resources available to children and families suffering from abuse and for design of a management information system to track use of these resources.

Explanation of Changes

The primary change in this budget is the expansion of Family Centers from 2.5 to 6, the institution of an Asian acculturation center, inclusion of diversion resources and child abuse prevention groups at the six Family Centers, and contractual money for Hispanic family support and school retention

The budget also contains the new Level 7 program to be funded by CSD

FTE's	Dollars
0.00	1,172,553
1.00	1,149,263

Children's Mental Health and Youth Program Office Community and Family Svcs

Budget Trends	1992-93 Actual	1993-94 Adopted (est)	1993-94 Revised	1994-95 Budget
Staffing Levels	47.81	59.83	*	68.10
Personal Services	1,808,603	2,727,826	*	3,384,559
Contractual Services	3,240,069	8,817,532	*	10,462,367
Materials & Supplies	442,664	584,555	*	467,019
Capital Outlay	34,424	4,594	*	48,489
Total Costs	5,525,760	12,134,507	*	14,362,434
Program Revenues	*	*	*	(7,595,340)
Net Revenues Required				6,767,094

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted (est)	1993-94 Revised	1994-95 Budget
Program Management	*	601,892	*	485,576
Managed Mental Health Care	*	4,498,018	*	3,545,008
Community-based Mental Health Care	*	1,167,207	*	1,130,503
School-based Mental Health Care	*	347,705	*	500,105
Specialized Services	*	910,127	*	961,330
Growth Promotion	*	295,338	*	306,692
Family Centers	*	2308,319	*	2,420,106
Prevention	*	872,292	*	907,271
Intervention	*	1,133,631	*	1,179,264
Level 7	*	0	*	1,176,171
Total Costs	5,525,760	12,134,507	-	14,362,434

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted (est)	1993-94 Revised	1994-95 Budget
Program Management	*	11.17	*	9.25
Managed Mental Health Care	*	22.20	*	26.00
Community-based Mental Health Care	*	2.00	*	5.00
School-based Mental Health Care	*	6.77	*	13.62
Specialized Services	*	9.73	*	10.23
Growth Promotion	*	0.00	*	0.00
Family Centers	*	1.00	*	1.00
Prevention	*	1.25	*	0.50
Intervention	*	1.75	*	1.50
Level 7	*	0.00	*	1.00
Total Staffing	47.81	55.87	-	68.10

* Details for 1992-93 and 1993-94 Revised budgets are not available at the program level.

Children's Mental Health and Youth Program Office

Program Management Community and Family Svcs

Description

Program Management is responsible for developing and managing a variety of resources for children and their families and assuring compliance with federal Medicaid entitlements and State requirements, particularly the 1992 Court decree that stipulates Medicaid-eligible children receive timely access to mental health services. The unit plans, contracts, monitors, implements, researches, and evaluates services and documents the quality of care to the appropriate authorities for children and families receiving mental health services.

Explanation of Changes	FTE's	Dollars
2 OA 2's added to handle word processing and clerical work associated with expanded division	2.00	60,024
Partial Children and Adult MH Mgr and OA Senior transferred from Managed Care / Partners	1.20	51,244
0.5 Prog Dev Spec and 0.5 Fisc Spec 1 transferred to CFS Mgmt	(1.00)	(41,482)
Youth Svcs Administrator, Prog Dev Spec, and OA Sr transferred to Nondepartmental Children and Families Commission	(3.00)	(146,295)
0.5 Health Svcs Spec transferred to Community Action	(0.50)	(24,488)
Clinical Supervisor transferred to Specialized Services	(0.50)	(34,043)
Cut balance of Prog Dev Specialist position left after 1993-94 adopted budget reductions	(0.12)	(5,953)
Added contractual allotment to conduct an inventory of child abuse resources and to design an appropriate information system	0.00	82,968
General inflation and wage increase	0.00	23,880
Total expenditures	(1.92)	(34,145)

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	11.17	9.25	(1.92)
Costs	601,892	567,747	(34,145)
Program Revenue	not available	(126,585)	
Net Revenue Required		441,162	

Children's Mental Health and Youth Program Office

Managed Mental Health Community and Family Svcs

Description

The goal of the Managed Mental Health Unit is to deliver, manage, and monitor, through a capitated process, public mental health services for children with mental and emotional disturbances and their families, in order to avoid unnecessary hospitalization and to provide treatment in the least restrictive setting possible. The unit is responsible for assuring that the medically necessary mental health services for children and their families are pre-authorized, delivered, and monitored. The unit 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.

The unit provides mental health services to children who are suffering a diagnosable mental health illness; in FY 1992-93, 150 such children were served each month through the Partners Project - 250 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.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of children who avoid hospitalization by placement in less restrictive settings	n/a	n/a	n/a	50%
Percent of additional children receiving mental health services through managed care within the same resources and level of care (n/a	n/a	n/a	25%
Percent of families that show positive behavior changes after a year of service	n/a	n/a	n/a	60%

Explanation of Changes

	FTE's	Dollars
Reduced State funded pass-through contracts	0.00	(966,797)
Partial Children and Adult MH Mgr and OA Senior transferred to CMHYPO Program Management	(1.20)	(51,244)
3.0 MH Consultant, Data Analyst, and OA2 added with EPSDT Local Administration and Partners Project funding	5.00	143,195
Indirect cost rate reduced from 8.2% to 3.71%	0.00	(71,830)
Total expenditures	0.00	(946,676)

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	22.20	26.00	3.80
Costs	4,498,018	3,551,342	(946,676)
Program Revenue	not available	(3,339,220)	
Net Revenue Required		212,122	

Children's Mental Health and Youth Program Office

Community-based Svcs

Community and Family Svcs

Description

The goal of Community Based Services is to provide quality mental health resources for children and their families through collaboration with community-based service providers. The unit is responsible for developing and managing contracts with nonprofit, culturally diverse, neighborhood-based child and family serving agencies. The unit contracts for identification of current mental health problems, assessment and treatment of emotional problems 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.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of children who avoid hospitalization by placement in less restrictive settings	n/a	n/a	n/a	50%
Percent of children completing their treatment plans within the plans' timelines	n/a	n/a	n/a	75%

Explanation of Changes

	FTE's	Dollars
Mental Health Consultants added as staff support to the CARES-project	2.00	113,766
Program Dev Specialist added in 1993-94 with State Mental Health funds	1.00	36,704
Reduction in State funded pass-through contracts and materials	0.00	(42,539)
Reduction in indirect cost rate from 8.2% to 3.71%	0.00	(7,385)
Total expenditures	3.00	77,793

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	2.00	5.00	3.00
Costs	1,167,207	1,245,000	77,793
Program Revenue	not available	(504,692)	
Net Revenue Required		740,308	

Children's Mental Health and Youth Program Office

School-based Services Community and Family Svcs

Description

The goal 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. The unit provides mental health assessments, treatment, and consultations in school-based clinics and Head Start Centers, promotion of mental health through 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.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of children receiving services who continue in school through the year	n/a	n/a	n/a	75%
Percent of pre-school children receiving services hat kindergarten teachers believe are prepared to participate successfully in school	n/a	n/a	n/a	75%
Percent of children served who successfully complete school	n/a	n/a	n/a	75%

Explanation of Changes

	FTE's	Dollars
Expansion of mental health capacity in school clinics, raising Mental Health Consultants to full time	2.87	197,110
Adds Mental Health Consultants and partial OA 2 to the Mt. Hood Head Start program to identify and intervene with very young children exhibiting signs of emotional disturbance, abuse or neglect	2.40	128,743
Adds Mental Health Consultants to Albina Head Start using Title XIX funds	1.58	80,229
General inflation and wage increase	0.00	74,205
Total expenditures	6.85	480,287

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	6.77	13.62	6.85
Costs	347,705	827,992	480,287
Program Revenue	not available	(204,944)	
Net Revenue Required		623,048	

Children's Mental Health and Youth Program Office

Specialized Services Community and Family Svcs

Description

The goal of Specialized Services is to provide specialized mental health services to specific groups of children who are not served in the managed or community-based service systems. The unit is responsible for providing specialized service approaches, such as CARES (Child Abuse Response and Evaluation System), and for making mental health services available at alternative service sites, such as hospitals, Juvenile Justice facilities, health clinics and field nursing team visits, schools, and child welfare offices. The unit provides prevention, identification and treatment of mental health problems, education of the broader community, including parents and other child-serving professionals; systems intervention and collaboration, advocacy and support, and oversight, coordination, and triage for the broad-based mental health services existing in Multnomah County.

Need for services is growing due to increased identification.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of children affected by abuse whose families are enrolled in treatment or abuse prevention programs	n/a	n/a	n/a	75%

Explanation of Changes

	FTE's	Dollars
Transferred partial Clinical Supervisor from Program Management	0.50	34,043
General inflation and wage increases	0.00	10,348
Total expenditures	0.50	53,695

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	9.73	10.23	0.50
Costs	910,127	963,822	53,695
Program Revenue		(169,295)	
Net Revenue Required		794,527	

Children's Mental Health and Youth Program Office

Growth Promotion Community and Family Svcs

Description

The goal of the Growth Promotion Unit is to promote healthy growth and development of children and their families by assuring that all four components necessary for that development (competent nurturing adult, basic needs, physical and mental health, and developmental opportunities) exist in the community. The unit is responsible for developing and maintaining services and opportunities for growth promotion for all families without regard to income or special need. The unit contracts for child care stabilization and educational readiness and support.

There are approximately 131,580 children living in Multnomah County who could benefit from growth promotion activities.

Key Results	1992-93 Actual	1993-94 Adopted (est)	1993-94 Estimated	1994-95 Projected
Number of slots available in N/NE Portland, as a targeted area	3,552	3,552	3,552	3,552

Community and Family Services also intends to develop a tracking system that will enable them to report in the 1995-96 budget on the number and percent of Children entering kindergarten who meet specific developmental standards for their age

Explanation of Changes

General inflation

FTE's

0.00

Dollars

11,354

Budget Changes

	1993-94 <u>Adopted (est)</u>	1994-95 <u>Budget</u>	<u>Change</u>
Staffing Level	0.00	0.00	0.00
Costs	295,338	306,692	11,354
Program Revenue	not available	(306,124)	
Net Revenue Required		568	

Family Centers

Community and Family Svcs

Description

The goal of the Family Centers is to provide family centered, developmentally and culturally appropriate, multiple integrated services for children, their families, and their neighborhoods throughout Multnomah County, in order to promote the healthy growth and development of children and families. The unit is responsible for developing, monitoring, and promoting the Center network and the variety of service delivered through the Centers, including early childhood education assistance, parenting services, youth development, family support, and diversion. The unit contracts with six nonprofit agencies to serve as nexus for community activism and child and family support.

These Centers serve the approximately 131,580 children in Multnomah County and their families. The need for more effective, integrated services is growing as family problems become more complex, resources diminish, and greater consequences to society for not raising healthy families and communities become more apparent.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of children served through the Centers who show readiness to learn entering kindergarten	n/a	n/a	n/a	80%
Percent of children served through the Centers who remain in school	n/a	n/a	n/a	80%
Percent of children receiving diversion services through the Centers without subsequent allegations or offenses	58%	58%	58%	60%

Explanation of Changes

	FTE's	Dollars
Adds contractual dollars to expand the Family network from 2.5 to 6 Centers	0.00	506,127
Creates an Asian Acculturation Center to facilitate transition of Asian clients into mainstream service systems	0.00	201,400
Adds resources to each of six centers for child abuse prevention group counseling	0.00	62,226
Adds resources to each of six centers for diversion programs to assist Juvenile Justice in the required diversion program	0.00	302,100
Adds an allocation for contracts to provide family support services and school retention to Hispanic clients	0.00	100,700
Cost of living adjustment on contracts and wage increase	0.00	112,311
Total expenditures	0.00	1,284,864

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	1.00	1.00	
Costs	2,308,319	3,593,183	1,284,864
Program Revenue	not available	(563,484)	
Net Revenue Required		1,856,622	

Children's Mental Health and Youth Program Office

Prevention

Community and Family Svcs

Description

The goal of the Prevention Unit is to provide children and young people with the skills and support needed to avoid and/or ameliorate predictable problems. The unit is responsible for developing and managing services that alter susceptibility to an identified problem, reduce exposure to the cause of the problem, or provide early detection and treatment. The unit contracts for student retention services, child abuse prevention education, and services for displaced youth.

With Oregon Benchmark funding for teen pregnancy prevention, the number of young people to be served should increase.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of runaway/displaced youth who successfully transition to stable housing	n/a	n/a	n/a	80%
Percent of children attending child abuse prevention education sessions who can respond to a "What if" story about abuse with an appropriate plan of action	n/a	n/a	n/a	60%

Explanation of Changes

Adds an allocation to match City of Portland support for transitional shelter capacity for women and children experiencing domestic violence

FTE's

Dollars

0.00

110,770

Transfers partial Program Dev Specialist to Nondepartmental Children and Families Commission

(0.75)

(37,474)

General inflation

0.00

35,654

Total expenditures

(0.75)

108,950

Budget Changes

1993-94
Adopted (est)

1994-95
Budget

Change

Staffing Level

1.25

0.50

(0.75)

Costs

872,272

981,222

108,950

Program Revenue

not available

(503,405)

Net Revenue Required

477,817

Children's Mental Health and Youth Program Office

Intervention

Community and Family Svcs

Description

The goal of the Intervention Unit is to reduce or eliminate problems children and their families are experiencing. The unit is responsible for developing and managing a variety of services that are specialized and remedial in nature, seek to ameliorate the impact of the serious identified problem, and attempt to minimize negative consequences to the child, family, and community. The unit contracts for intervention services, such as teen parent services, culturally and gender specific services, and gang outreach.

Local and national information points to the growing epidemic of teen parenting, disproportionate minority commitment to the State Training School, gang involvement, child abuse, and violence, without a concomitant increase in resources.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of teen mothers receiving services who report active support and participation from the father of the child	n/a	n/a	n/a	60%
	n/a	n/a	n/a	n/a

Community and Family Services is also developing a tracking system that will enable them to report in the 1995-96 budget the number and percent of highest-risk teen parents whose children are not taken into custody by the State Children's Services Division.

Explanation of Changes

	FTE's	Dollars
Transfers partial Program Dev Specialist to Nondepartmental Children and Families Commission	(0.25)	(12,491)
General inflation and wage increase	0.00	55,031
Total expenditures	(0.25)	42,540

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	1.75	1.50	(0.25)
Costs	1,133,631	1,176,171	42,540
Program Revenue	not available	(673,768)	
Net Revenue Required		502,403	

Children's Mental Health and Youth Program Office

Level 7 Services

Community and Family Svcs

Description

The purpose of the Level 7 Services unit is to help children and their families deal with serious problems that have not yet reached the point where the judicial system has become involved or the children have left their families. The program is responsible for counseling and locating services for this category of child so that their problems will not continue to disrupt their progress toward normal adulthood. The program provides respite services, case management for ethnic and sexual minorities, case management for pregnant girls and victims of sexual abuse, and partial funding for transition housing for pregnant girls.

The Children's Services Division of the State is hard pressed to handle the workload that has developed at the extreme end of the range of children's problems. Multnomah County, through its network of services, is suited to assist young people who have not entered crises that will result in a permanent break with their families.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
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Community and Family Services is developing tracking systems that will enable them to report in the 1995-96 budget on:

- the number and percent of clients who do not end up in the court system or dependency terminations,
- the number and percent of clients who remain in school or retain jobs.

Explanation of Changes

	FTE's	Dollars
Adds Prog Dev Spec to issue contracts and monitor performance	1.00	44,995
Contracts for case management and for services to clients	0.00	1,104,268
Total expenditures	1.00	1,149,263

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	0	1.00	1.00
Costs	0	1,149,263	1,149,263
Program Revenue	0	(1,149,263)	1,149,263
Net Revenue Required	0	0	0

Community Development

Community and Family Svcs

Description

The goal 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, Wood Village, and Lake Oswego. 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 16,734 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 U.S. Department of Housing and Urban Development guidelines.

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

Action Plan

- Negotiate commitments with non-profit organizations, community development corporations, and/or builders by June 30, 1995, to bring on-line within the following 18 months a new/rehabilitated affordable housing facility for a special needs population (homeless, elderly, disabled.)
- In dialogue with the Cities of Portland and Gresham over the desired placement and roles of housing programs, develop a recommendation for consideration by the Housing and Community Development Commission, by June 30, 1995, to coordinate local housing efforts for special needs populations.

Community Development

Community and Family Svcs

Budget Trends	1992-93	1993-94	1993-94	1994-95
	<u>Actual</u>	<u>Adopted (est)</u>	<u>Revised</u>	<u>Budget</u>
Staffing Levels	6.56	8.00	*	6.80
Personal Services	331,096	419,121	*	348,270
Contractual Services	637,717	2,301,373	*	2,401,949
Materials & Supplies	102,000	116,794	*	69,506
Capital Outlay	<u>2,209</u>	<u>2,000</u>	*	<u>2,493</u>
Total Costs	1,072,842	2,839,288	*	2,822,218
Program Revenues	*	*	*	(2,821,622)
Net Revenues Required				596
Costs by Activity/Service	1992-93	1993-94	1993-94	1994-95
	<u>Actual</u>	<u>Adopted (est)</u>	<u>Revised</u>	<u>Budget</u>
Program Management and Advocacy	*	233,875	*	152,095
Housing Development / Rehabilitation	*	1,386,434	*	1,420,970
Public Works	*	<u>1,218,980</u>	*	<u>1,248,557</u>
Total Costs	1,072,842	2,839,288		2,822,218
Staffing by Activity/Service	1992-93	1993-94	1993-94	1994-95
	<u>Actual</u>	<u>Adopted (est)</u>	<u>Revised</u>	<u>Budget</u>
Program Management and Advocacy	*	3.50	*	2.30
Housing Development / Rehabilitation	*	2.50	*	2.50
Public Works	*	<u>2.00</u>	*	<u>2.00</u>
Total Staffing	6.56	8.00	-	6.80

* Details for 1992-93 and 1993-94 Revised budgets are not available at the program level.

Community Development Program Mgmt & Advocacy 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 U.S. 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.

Explanation of Changes

	FTE's	Dollars
Cut vacant Administrative Officer	(1.00)	(59,644)
Reduced vacant OA2 position to less than full time	(0.20)	(6,421)
Reduction in indirect cost rate from 8.2% to 3.71%	0.00	(18,750)
General inflation and wage increase	0.00	3,176
Total expenditures	(1.20)	(81,639)

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	3.50	2.30	
Costs	233,875	152,236	(81,639)
Program Revenue	not available	(152,236)	
Net Revenue Required		0	

Housing Development and Rehabilitation

Community Development Community and Family Svcs

Description

The goal 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 16,734 low to moderate income households living in unincorporated Multnomah County, Troutdale, Fairview, Wood Village, Maywood Park, and Lake Oswego.

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

Key Results	1992-93 Actual	1993-94 Adopted)	1993-94 Estimated	1994-95 Projected
Percent of area households below median income spending 30% or less of their income on housing.				
Homeowners	64%	n/a	n/a	73%
Renters	50%	n/a	n/a	60%

Explanation of Changes

General inflation

FTE's

0.00

Dollars

34,905

Budget Changes

Staffing Level

Costs

Program Revenue

Net Revenue Required

1993-94
Adopted (est)

1994-95
Budget

Change

2.50

2.50

0.00

1,386,433

1,421,338

34,905

not available

(1,420,970)

368

Public Works

Community Development Community and Family Svcs

Description

The goal 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 16,734 low to moderate income households living in unincorporated Multnomah County, Troutdale, Fairview, Wood Village, Maywood Park, and Lake Oswego.

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected

Community and Family Services will develop data to measure real per capita capital outlays for public infrastructure development/repair for reporting in the 1995-96 budget.

Explanation of Changes

General inflation

FTE's

0.00

Dollars

29,577

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	2.00	2.00	0.00
Costs	1,218,980	1,248,644	29,577
Program Revenue	not available	(1,248,557)	
Net Revenue Required		87	

Developmental Disabilities Community and Family Svcs

Description

The purpose of the Developmental Disabilities Program is to assure that individuals with developmental disabilities are fully participating citizens of Multnomah County, enjoying rights and responsibilities as they live, work, and play in this community. 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 served over 3,200 individuals and families in FY 1992-93. 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.

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

- Develop service delivery strategies that increase the number of individuals receiving services within the same level of resources, and implement the strategies effective July 1, 1995, in order to assist a greater number of people with developmental disabilities and their families.
- Integrate services to individuals and families within the Family Network concept, by June 30, 1995, through coordination, integration, and outstationing of staff, in order to provide community-based access to services as one component of a comprehensive service package.

Developmental Disabilities Community and Family Svcs

Budget Trends	1992-93 <u>Actual</u>	1993-94 <u>Adopted (est)</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
Staffing Levels	55.25	64.30	*	68.60
Personal Services	2,252,672	2,788,926	*	3,089,780
Contractual Services	15,862,183	16,146,188	*	20,975,634
Materials & Supplies	683,598	627,665	*	522,834
Capital Outlay	<u>17,360</u>	<u>13,072</u>	*	<u>0</u>
Total Costs	18,815,813	19,575,851	*	24,588,248
Program Revenues	*	*	*	(23,328,859)
Net Revenues Required				1,259,389

Costs by Activity/Service	1992-93 <u>Actual</u>	1993-94 <u>Adopted (est)</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
Program Management	*	825,673	*	928,927
Vocational Services	*	5,767,575	*	6,830,455
Residential Services	*	10,870,935	*	14,494,341
Adult Services Coordination	*	493,389	*	532,112
Youth Services Coordination	*	674,938	*	740,208
Protective Services	*	166,980	*	161,895
Intake and Assessment	*	174,741	*	167,314
Specialized Services	*	<u>601,620</u>	*	<u>736,853</u>
Total Costs	18,815,813	19,575,851	-	24,588,248

Staffing by Activity/Service	1992-93 <u>Actual</u>	1993-94 <u>Adopted (est)</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
Program Management	*	10.50	*	10.50
Vocational Services	*	2.00	*	2.00
Residential Services	*	15.90	*	15.90
Adult Services Coordination	*	10.00	*	11.00
Youth Services Coordination	*	13.80	*	14.80
Protective Services	*	3.00	*	3.00
Intake and Assessment	*	3.50	*	3.50
Specialized Services	*	<u>5.60</u>	*	<u>7.90</u>
Total Staffing	55.25	64.30	-	68.60

* Details for 1992-93 and 1993-94 Revised budgets are not available at the program level.

Developmental Disabilities Program Management Community and Family Svcs

Description

Program Management is responsible for maximizing and stabilizing the delivery system for 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.

Explanation of Changes

	FTE's	Dollars
Increase in pass-through contractual services to match Title XIX	0.00	64,645
General inflation and wage increases	0.00	38,038
Total expenditure	0.00	102,683

Budget Changes	1993-94 <u>Adopted (est)</u>	1994-95 <u>Budget</u>	<u>Change</u>
Staffing Level	10.50	10.50	0.00
Costs	825,673	928,356	102,683
Program Revenue	not available	(572,009)	
Net Revenue Required		356,347	

Vocational Services

Developmental Disabilities Community and Family Svcs

Description

The goal 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, consumers, and families in order to support individuals in community employment.

Approximately 770 adults are served annually. Need is growing due to the numbers of students completing secondary education and in need of vocational services and to movement of adults from the state institution back to the community.

	1992-93	1993-94	1993-94	1994-95
Key Results	Actual	Adopted	Estimated	Projected
Individuals receiving funded vocational services who show maintained or improved wages	n/a	n/a	n/a	80%

Explanation of Changes

Changes in State funded pass through contracts
General inflation and wage increase

	FTE's	Dollars
	0.00	1,059,528
	0.00	3,244
Total expenditures	0.00	1,062,772

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	2.00	2.00	
Costs	5,767,575	6,830,347	1,062,772
Program Revenue		(6,773,151)	
Net Revenue Required		57,196	

Residential Services

Developmental Disabilities Community and Family Svcs

Description

The goal 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 700 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..

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of adult clients receiving funded residential services who maintain or improve functioning	n/a	n/a	n/a	80%

Explanation of Changes

	FTE's	Dollars
Increase in State funded pass-through contracts	0.00	3,629,497
Indirect cost rate decreased from 8.2% to 3.71%, offset by general inflation	0.00	6,949
Total expenditures	0.00	3,622,548

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	15.90	15.90	
Costs	10,870,935	14,493,483	3,622,548
Program Revenue	not available	(14,084,299)	
Net Revenue Required		409,184	

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 500 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.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of people receiving services coordination who maintain or improve functioning	n/a	n/a	n/a	50%
Percent of adults for whom private resources are arranged as defined in their individual plan	n/a	n/a	n/a	20%

Explanation of Changes

Add one Case Mgr to deal with increased workload funded by Title XIX
State reimbursement

FTE's

1.00

Dollars

38,138

Budget Changes

	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	10.00	11.00	1.00
Costs	493,389	531,527	38,138
Program Revenue		(479,207)	
Net Revenue Required		52,320	

Youth Services Coordination

Developmental Disabilities Community and Family Svcs

Description

The goal of Youth Service Coordination is, in coordination with public school districts, 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.

The unit provides services to over 1,700 children and their families. The demand is growing due to increased federal entitlements and better identification of children with disabilities or at-risk of disabilities.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of youth with developmental disabilities who are working toward or achieving goals in their transition plan -	n/a	n/a	n/a	98%

Explanation of Changes

	FTE's	Dollars
Add Case Mgr to deal with increased workload funded by Title XIX		
State reimbursement	1.00	42,253
Pass through contract displayed here in 1994-95	0.00	19,092
General inflation and wage increases	0.00	3,126
Total expenditures	1.00	64,471

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	13.80	14.80	1.00
Costs	674,938	739,409	64,471
Program Revenue	not available	(638,942)	
Net Revenue Required		100,467	

Protective Services

Developmental Disabilities Community and Family Svcs

Description

The goal 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 and improve the life of 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 responded to approximately 200 allegations of sexual, physical, verbal, or emotional abuse, neglect, and financial exploitation during FY 1992-93. It appears that allegations of abuse and neglect are increasing.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of individuals for whom investigation recommendations were implemented who maintained or improved functioning within 60 days	n/a	n/a	n/a	40%

Explanation of Changes

Reallocation of materials and services costs elsewhere, offset by wage increases

FTE's

Dollars

0.00

(5,247)

Budget Changes

1993-94 Adopted (est)

1994-95 Budget

Change

Staffing Level

3.00

3.00

0.00

Costs

166,980

161,733

(5,247)

Program Revenue

not available

(136,916)

Net Revenue Required

24,817

Developmental Disabilities

Intake and Assessment Community and Family Svcs

Description

The goal 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 3,200 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.

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of intakes completed within 60 days of first contact	n/a	n/a	n/a	80%
Percent of people going through intake who report they were treated with respect, fairness, and courtesy	n/a	n/a	n/a	80%

Explanation of Changes

Reallocation of materials and services costs elsewhere, offset by wage increases

FTE's

Dollars

0.00

(7,615)

Budget Changes

**1993-94
Adopted (est)**

**1994-95
Budget**

Change

Staffing Level

3.50

3.50

0.00

Costs

174,741

167,126

(7,615)

Program Revenue

not available

(68,458)

Net Revenue Required

98,668

Developmental Disabilities Specialized Services Community and Family Svcs

Description

The goal 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 is able to serve about 100 families. Training is rapidly expanding to meet the needs of various groups of individuals and serves approximately 2,000 individuals annually.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of families served in the Family Support Program who report positive outcomes on survey	n/a	n/a	n/a	90%
Percent of people attending training who evaluate it as very good to excellent	n/a	n/a	n/a	90%

Explanation of Changes

	FTE's	Dollars
Added professional services allocation for interpreters	0.00	35,000
Added Case Mgrs during 1993-94 with additional State funds	2.00	60,412
Reclassified 0.5 Prog Dev Spec to 0.8 Case Manager	0.30	9,574
Increase in State funded pass-through contracts	0.00	29,661
Total expenditures	2.00	134,647

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	5.60	7.90	2.30
Costs	601,620	736,267	134,647
Program Revenue		(575,877)	
Net Revenue Required		160,390	

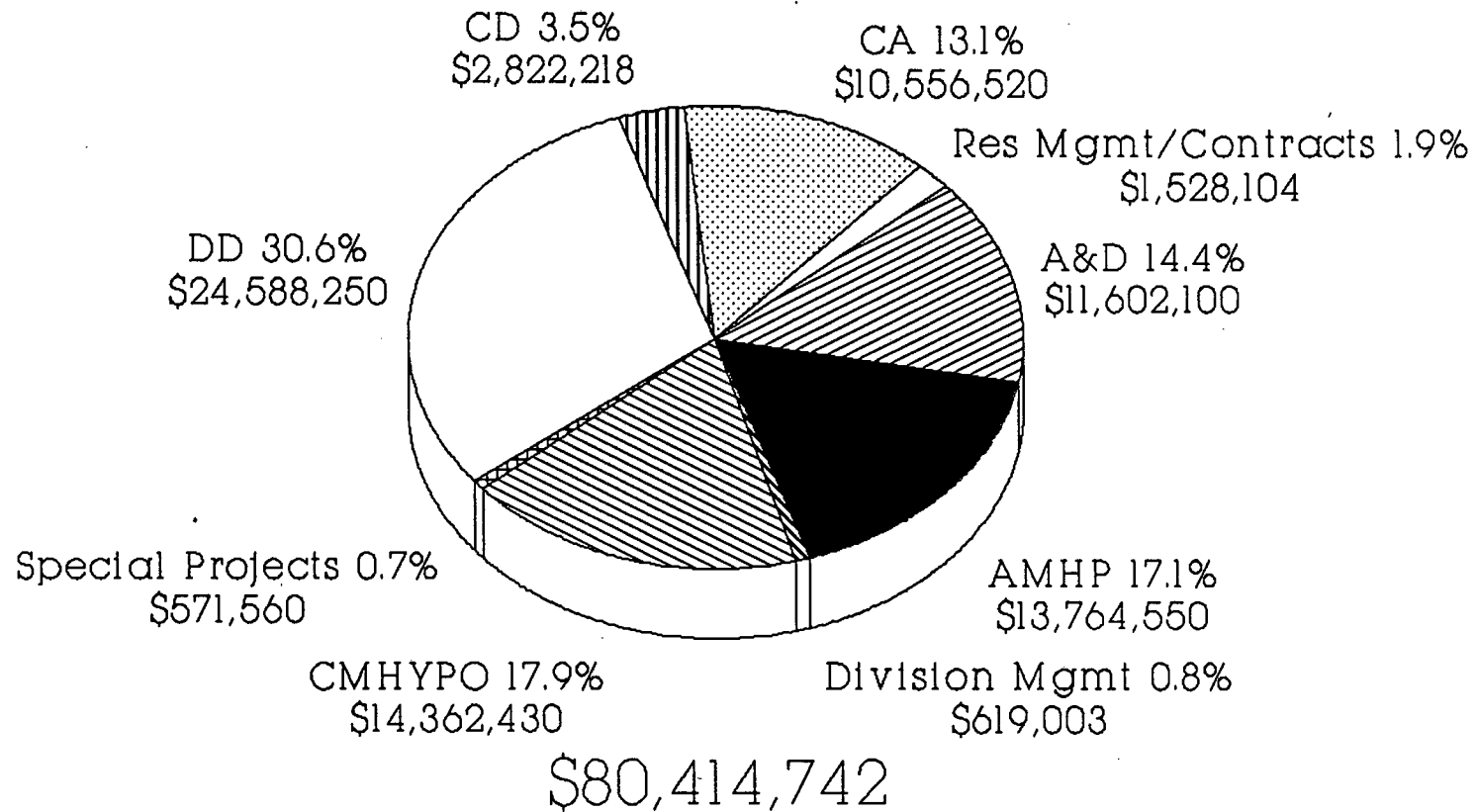
5-3-94
Budget & Tax Session
Handout #1
WS-2

COMMUNITY & FAMILY SERVICES DIVISION
Fiscal Year 1994/95 Budget
Presentation to Board of County Commissioners



Lorenzo T. Poe, Jr.
Director
May 3, 1994

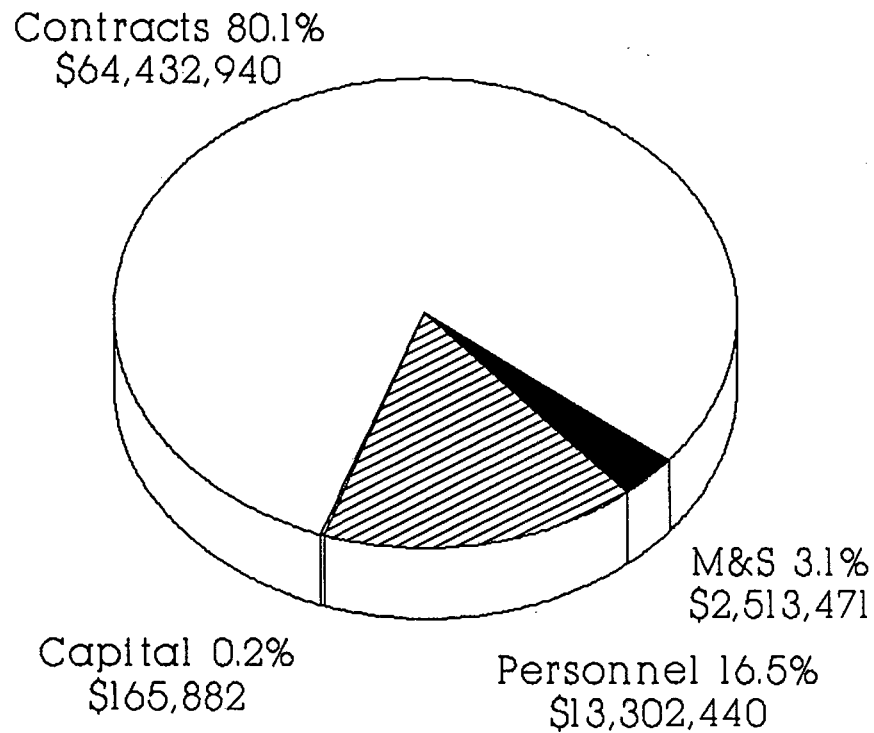
Community & Family Services Division FY 94/95 Budget



By Program

May 3, 1994

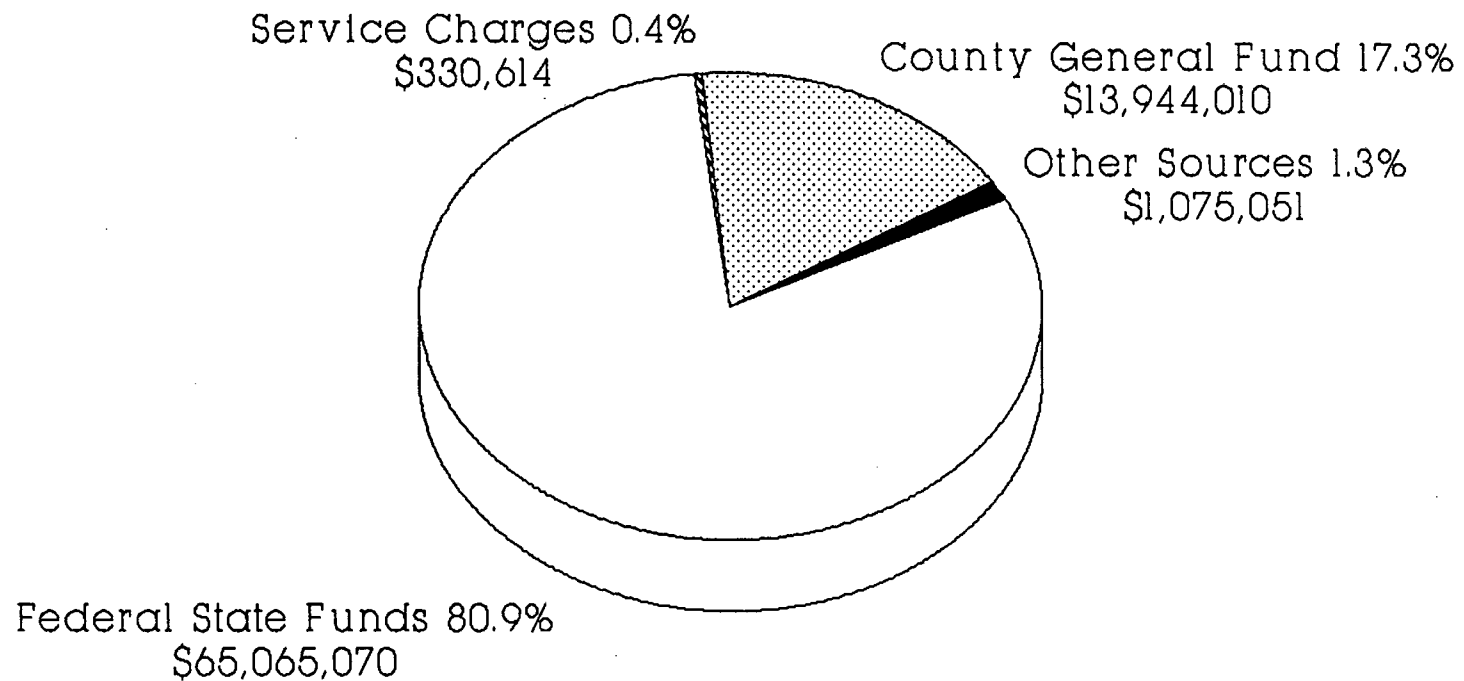
Community & Family Services Division FY 94/95 Expenditures



\$80,414,742

May 3, 1994

Community & Family Services Division FY 94/95 Revenue

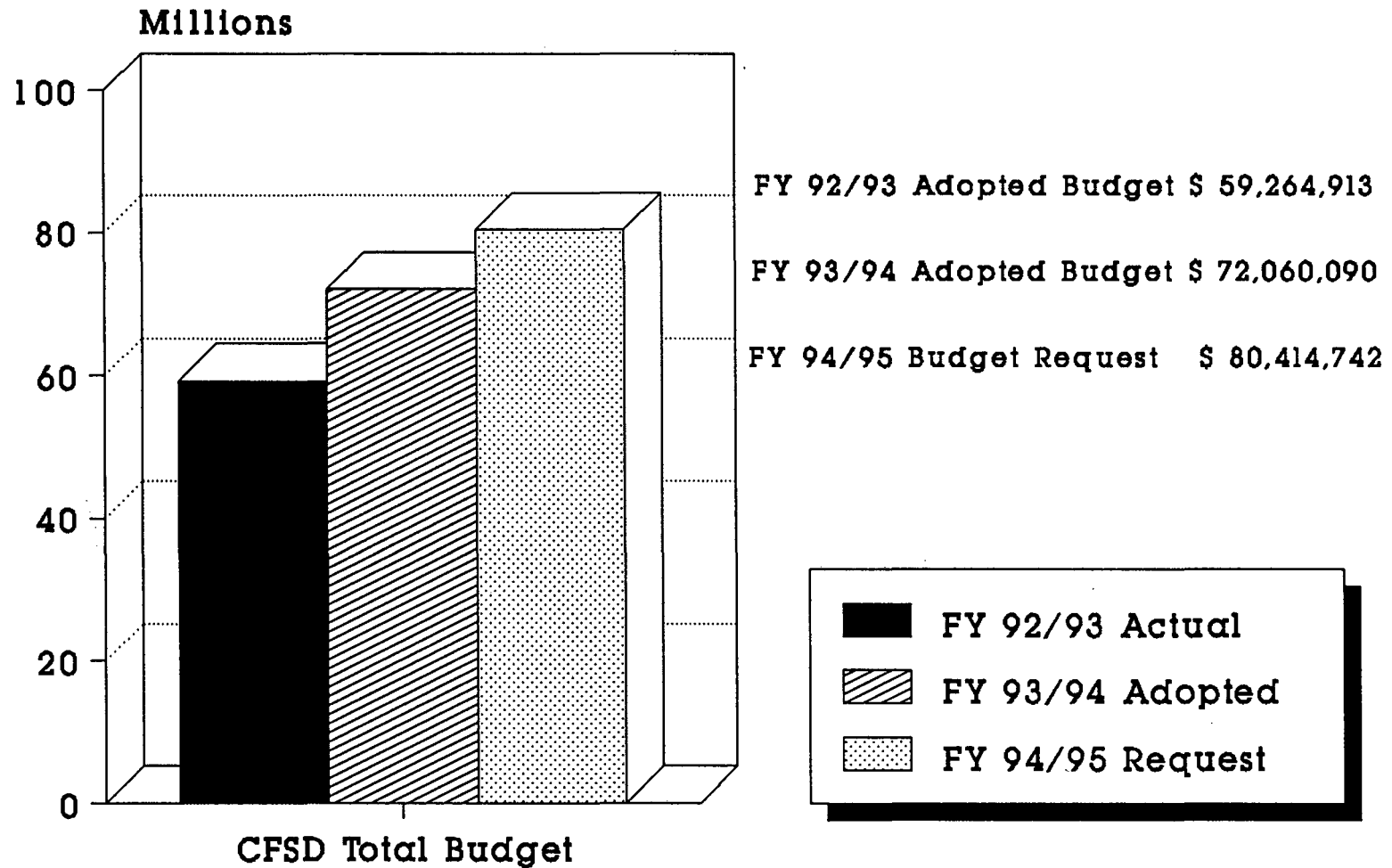


\$80,414,742

May 3, 1994

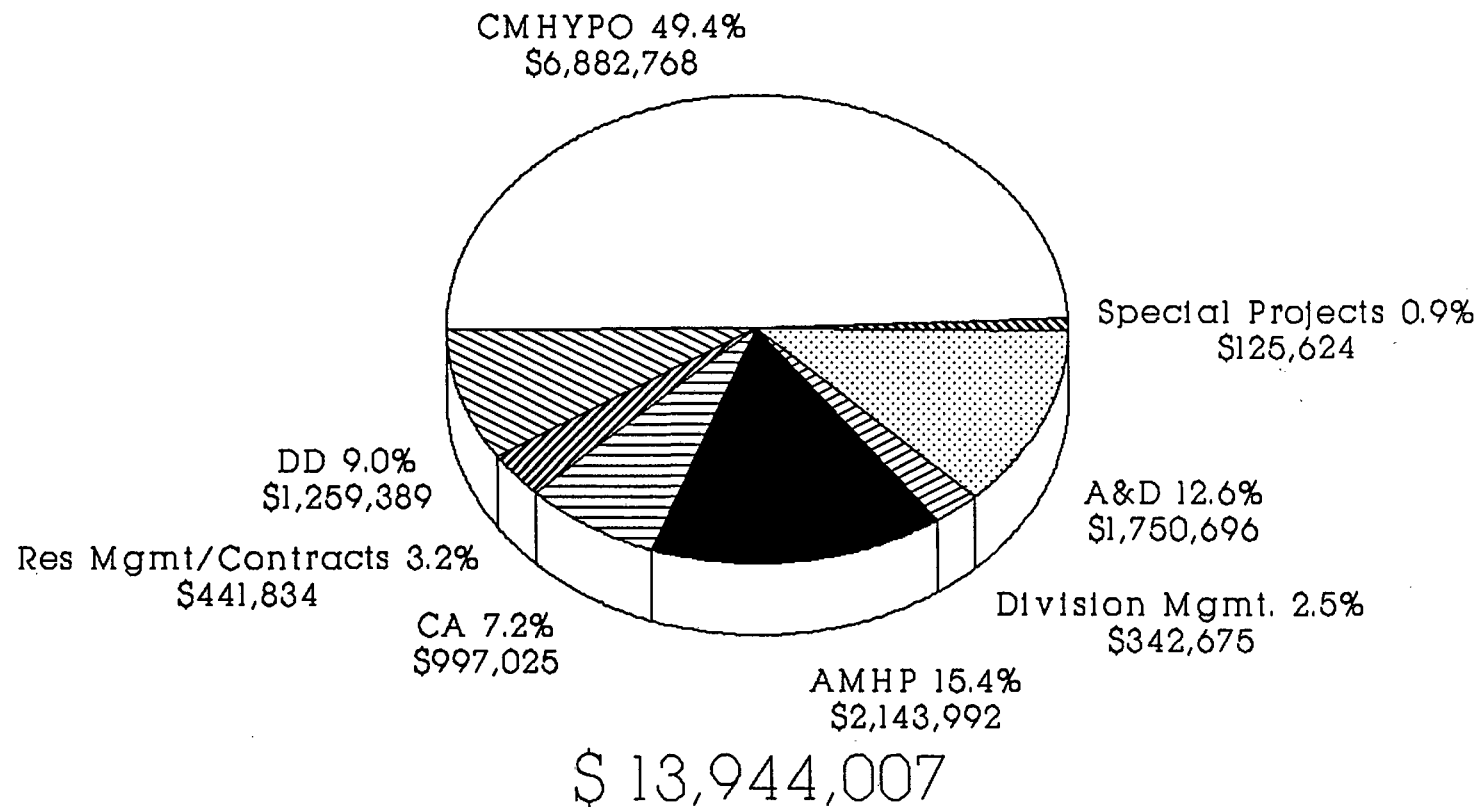
Community & Family Services Division

FY 94/95 Budget



May 3 1994

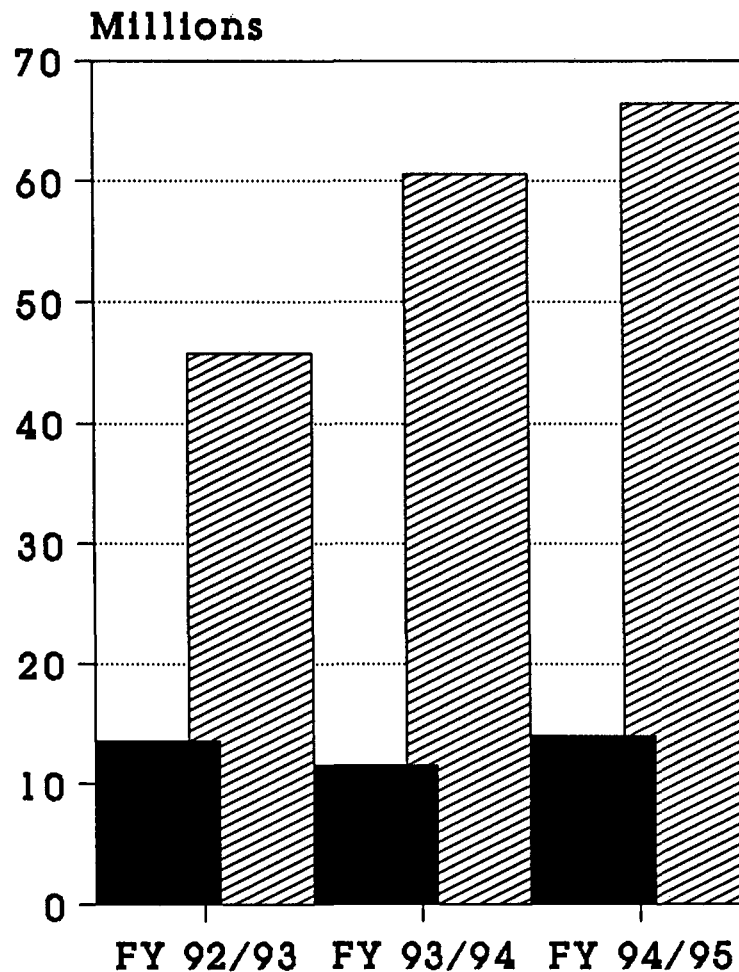
Community & Family Services Division County General Fund By Program Area



May 3, 1994

Community & Family Services Division

Revenue Comparison



FY 92/93

CGF: \$13,570,030 (23%)

Fed/State/Other: \$45,694,880 (77%)

FY 93/94


CGF: \$11,504,193 (16%)


Fed/State/Other: \$60,555,897 (84%)

FY 94/95

CGF: \$13,944,007 (17%)

Fed/State/Other: \$66,470,733 (83%)

 County General Fund

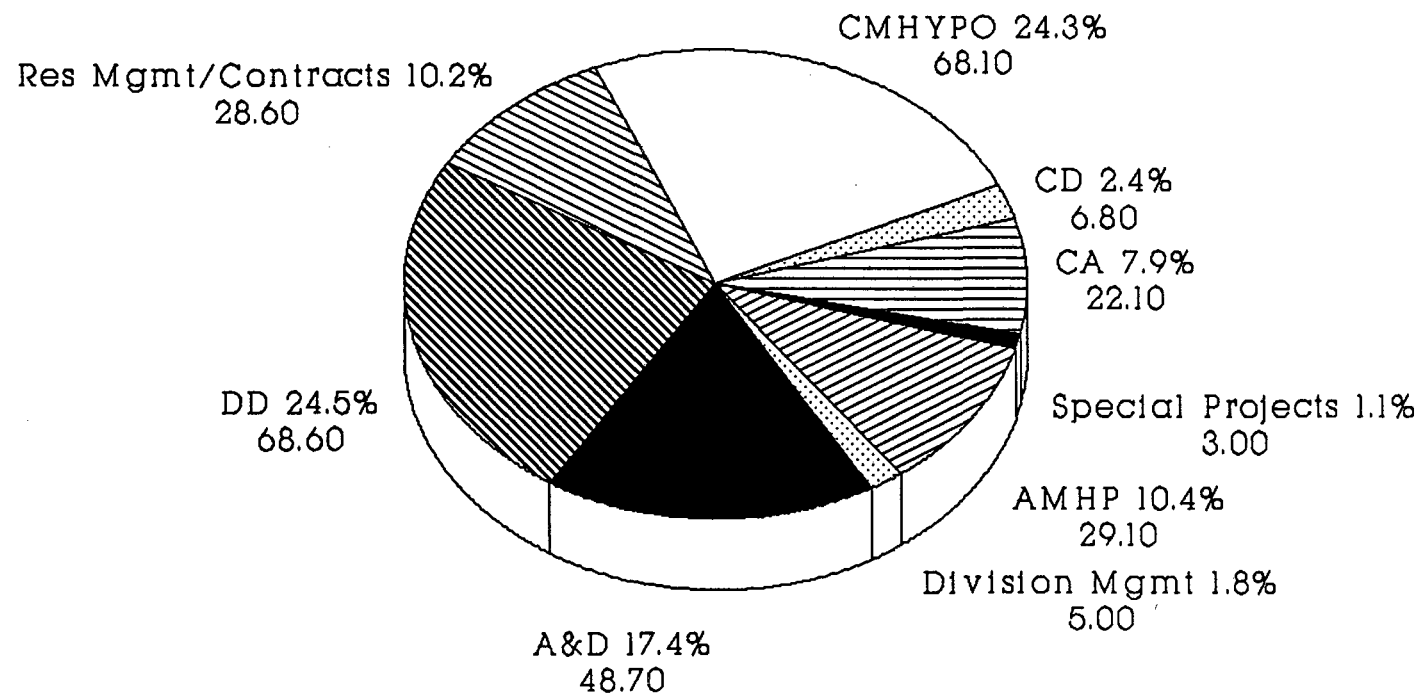
 Federal/State/Other

May 3, 1994

Community & Family Services Division

FTE by Program

FY 94/95



280.00 FTE

May 3, 1994

Community & Family Services Division

Total Increase 52.46 FTE

58% (30.65 FTE) Added in FY 93/94

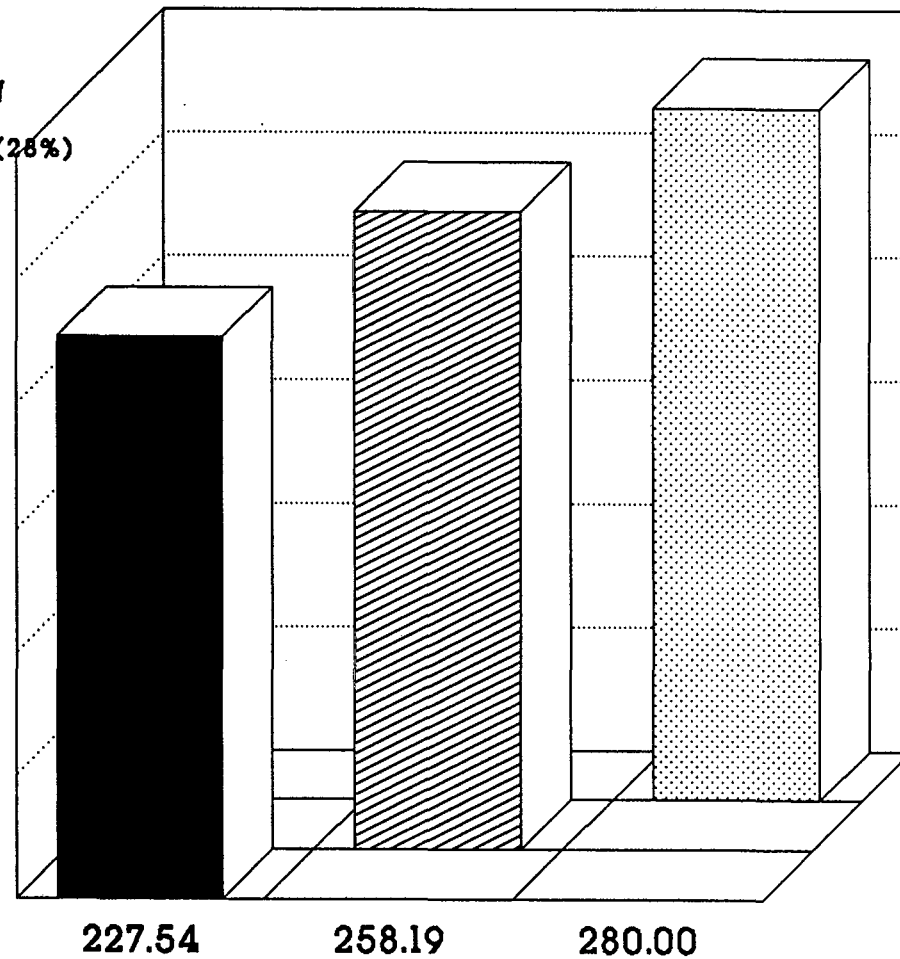
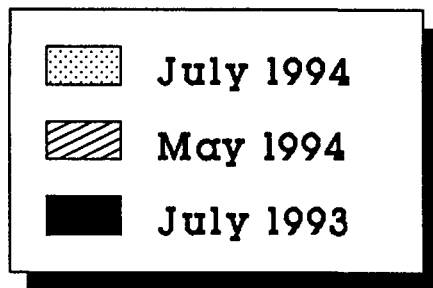
SMHG For Children's Services: 8.58 FTE (28%)

Target Cities Grant: 12.25 FTE (40%)

42% (21.81 FTE) as of July 1994

Target Cities Grant: 8.25 FTE (38%)

CGF Direct Services: 10.27 FTE (47%)



Summary of FTE Changes

May 3, 1994

TESTIMONY BEFORE THE BCC ON THE COMMUNITY AND FAMILY
SERVICES DIVISION BUDGET

Tuesday, May 3, 1994

Presented by Muriel Goldman, Chair
C & F S Division Central Advisory Board and CBAC

My name is Muriel Goldman. I chair the Central Advisory Board and Citizen Budget Advisory Committee to the Community and Family Services Division. I am here to represent the views of our Committee.

◆ We have spent the last several months working with the Division around budget development, performance measures and add packages. We support the Division's effort to move toward an outcome-based budget that reflects the directions of the Chair and the Board of County Commissioners and is designed to address the urgent benchmarks relevant to its responsibilities adopted by this county earlier this year.

◆ We supported the Division's add packages submitted to Chair Stein for consideration in developing her budget and our pleased to see that all but one item have been included, although not necessarily in the same amounts originally recommended.

◆ I simply want to say that our CBAC supports both the Chair's budget for this Division and her overall budget for the county.

◆ We support this budget for the following reasons:

* It addresses the county's urgent benchmarks around Children and Families, Public Safety, Access to Services and Good Government.

* It emphasizes prevention and early intervention, by focusing on the support services families and children need to make a difference in whether they can function effectively in school and in our community without needing more expensive treatment or incarceration later.

* Although funds are reallocated from the sheriff's office to address public safety for children and juveniles, it makes sense in a time of tight fiscal resources to use those resources to reduce child abuse, provide domestic violence supports and prevent and reduce juvenile delinquency through strengthening diversion services.

* We are impressed with the interdivision collaboration reflected in this budget. We strongly favor the across agencies theme reflected in this budget to work together for the sake of the client. It promotes efficiency and brings different talents to the needs of the people being served.

◆ In closing, we strongly support the Division's budget and respectfully urge you to support it as well.

◆



CITY OF

PORTLAND, OREGON

DEPARTMENT OF PUBLIC UTILITIES

Budget Public Hearing
5-3-94
Handwritten #1 for Speaker #7
Gretchen Kafoury, Commissioner
1220 S.W. 5th Avenue
Portland, Oregon 97204
Telephone: (503) 823-4151

MEMORANDUM

DATE: May 3, 1994
TO: Multnomah County Board of Commissioners
FROM: Gretchen Kafoury *GK*
SUBJECT: Funding Programs for Portland's Homeless

I write to encourage cooperation between Multnomah County and the City of Portland to provide necessary funds for programs that help homeless people in our community. I propose that we share responsibility for the revenue shortfall of the Homeless Action Fund. We must also commit funds necessary for those programs to continue.

Our programs for homeless people depend far too much on unstable, unsure means of support. I recently convened a group of community leaders to explore how we can stabilize funding for programs that we know are effective. These programs include those that rely on the Homeless Action Fund (HAF), as well as new services called for in the Shelter Reconfiguration Strategy.

The group is considering both increased government and private support. Katherine Burk, an assistant to Commissioner Saltzman is a member of our task force. We will conclude our work later this summer.

Current Situation

A shortfall of the HAF has left Multnomah County owing about \$500,000. We know that the County is stuck with this debt only because you agreed to be the fiscal agent to contract with the service providers. It will take about another \$500,000 to maintain the HAF programs for FY 94-95.

The adopted FY 94-95 City budget includes:

- \$124,000 increase for families -- these are HAF programs.
- \$136,000 increase for singles -- HAF programs and Shelter Reconfiguration.

Your proposed County budget includes:

- \$124,000 increase for families -- these are HAF programs.

You have not decided how to pay for the \$500,000 HAF deficit.

Multnomah County Board of Commissioners
May 3, 1994
Page 2

Proposal

I propose a plan whereby the City and County share responsibility for the past (the debt), the present (keeping programs alive in FY 94-95), and the future (ongoing funds for an acceptable level of care).

The plan is:

- County matches City's \$136,000 funding for singles.
- County budgets \$250,000 one-time towards the HAF debt.
- City matches one-time \$250,000 to complete debt retirement.
- Task Force finishes work to identify source of ongoing funds.

I believe other members of the City Council will seriously consider such a proposal. But it must have your support, as well as strong support of Portland's business community.

*Budget Public
Hearing
5-3-94
Handout #2
by Speaker #5*

TO: Board of Multnomah County Commissioners

FROM: Deborah Gruenfeld, Member
Multnomah County Community Action Commission

DATE: May 3, 1994

RE: Proposed County Budget

The Commission is pleased that Chair Stein has included \$120,000 for services to homeless families in the Chair's proposed budget. This item is a high priority for the Community Action Commission. One night last November, 282 families who sought shelter were turned away due to a lack of facilities. Shelter for homeless families is a crucial need that has been unmet until now. Thank you Chair Stein for your interest and commitment in providing for families.

Additionally, we seek the support of each of you for an additional add package of \$136,000 for services for homeless single adults. This additional money would implement the Singles Shelter Reconfiguration Plan which was adopted by your body and the Portland City Council. This plan was developed and supported by community members, business leaders, religious leaders and service providers to respond to the need to effectively move people out of the shelters and into permanent housing. This plan provides new and crucial elements to our service system for homeless single adults.

The need for additional housing for homeless singles is critical. While 386 units of affordable housing have been built in recent years, this does not begin to address the acute need for affordable housing in the downtown area. Between 1978 and 1988, a total of 1,337 low-rent housing units were lost in downtown Portland. An additional 194 units were lost due to the demolition of the Hamilton and Lownsdale Hotels. The replacement of that lost housing has resulted in many people who do not have permanent affordable housing. With housing vacancies so low, rent continues to escalate at a rate far greater than low wages. Therefore, the need is great. The one night shelter count in November of last year showed 621 men and 204 women seeking shelter on a single night. An additional 152 single adults were expected to sleep out of doors that night. Is this a situation that we can continue to ignore? The Singles Shelter Reconfiguration Plan will address this need. It will provide the means by which we can help people to help themselves. The contribution of the county is critical to this multijurisdictional partnership. Without the additional \$136,000 we will not be able to increase the transitional housing units that we know are important to the stabilization process. This is not just a city of Portland issue but a countywide problem which we must begin to address.

As you move through the budget process and are called upon to make difficult decisions, please remember that the homeless population is relying upon your recognition of their needs. Please retain the proposed \$120,000 for homeless families and allot the additional \$136,000 for homeless singles so that the shelter reconfiguration program may be implemented. The time to address these issues is now, so that together we may forge ahead in addressing the needs of our community.

Thank you again Chair Stein for your commitment and the inclusion of the money for homeless families. The Commission would also like to recognize and thank Commissioner Saltzman for his dedication to assisting homeless persons for his efforts to raise community awareness of the issues surrounding homeless.



MULTNOMAH COUNTY, OREGON

BOARD OF COUNTY COMMISSIONERS

BEVERLY STEIN
DAN SALTZMAN
GARY HANSEN
TANYA COLLIER
SHARRON KELLEY

PLANNING & BUDGET

PORTLAND BUILDING
1120 S.W. FIFTH - ROOM 1400
P. O. BOX 14700
PORTLAND, OR 97214
PHONE (503)248-3883

TO: Lorenzo Poe, Community and Family Services Director
Billi Odegaard, Health Department Director

FROM: Dave Warren

DATE: May 5, 1994

SUBJECT: Follow Up Items from the Work Sessions on May 4 and May 5

Attached is a list of items about which the Board of Commissioners would like additional information.

Please prepare a memo answering the Board's questions. I suggest that the responses state the question, and then state the response. The response may be a reference to an attached document.

I have two requests to make about the responses:

1. Please respond to all the questions by Wednesday, May 11. I realize that answers to several of the requests on the list will not be available by May 11. However, you will probably have a reasonable idea of when the answers will be available. The response to these items could be to say when the research is expected to be complete.
2. Please help us keep track of the responses. Send them to the Budget Office. We will copy them, attach a sequentially numbered cover sheet that will help the Board be sure that they are getting all the packets of information, and distribute them to the Commissioners and the Clerk of the Board.

Let me know if you have further suggestions.

c Board of County Commissioners
Larry Aab
Kelly Bacon
Susan Clark
Ginnie Cooper
Marie Eighmey
Margaret Epting
Bill Farver
Tom Fronk
Kathy Gillette
Tamara Holden
Susan Kaeser

Jim McConnell
Hal Ogburn
Mike Oswald
District Attorney Mike Schrunk
Sheriff Bob Skipper
Tom Simpson
Meganne Steele
Kathy Tinkle
Betsy Williams
CIC
Patrol

CHILDREN AND FAMILY SERVICES

Follow Up Items from the May 3 budget work session:

1. Family Support Network:

Describe the plan for this network more clearly and in a coordinated way including discussion of the following:

- collocation of service components
- client access
- service locations
- potential parallel efforts by other jurisdictions and agencies and how they relate to our plan
- outreach functions

Provide a one page description of each of the six districts, listing the services that are provided and the anticipated service location for next year.

2. Diversion:

- Describe the relation of the CFS diversion service contracts to the Juvenile Justice program
- Explain the services in CFS and the anticipated size of the caseloads
- Provide a "flow chart" of referrals and capacity by geographic area.

3. Homeless Family Case Management - explain the effect of the outstanding receivable for this program on the 1994-95 General Fund, and explain any offsets that may still be available that will improve this outlook.

4. Level 7 - Explain the potential to use Title IV A revenue to support Level 7 programs

5. Level 7:

- Describe the contracting plan for Level 7 services
- Explain the links to the Family Network and other County programs
- Address the issue of what outcome measurements will be included in the contracts

6. Regional Acute Care System - Explore, both for 1994-95 and for future years, opportunities to remove General Fund support from the crisis / commitment / emergency holds programs.

7. Managed Care for Children - Explain what risks the County may be running in moving toward the managed care model for children.

8. Hispanic student retention - How do we intend to address the geographic equity issue so that all school districts receive comparable levels of support?

9. Acculturation - Explain alternatives to an acculturation center that we could use to accomplish the same goal. Research other jurisdictions that provide publicly funded ethnic acculturation centers.

10. Respite Care

During citizen testimony on May 4 a mother discussed the difficulties she has had in locating respite providers to handle her foster children who are emotionally disturbed. The Board would like a discussion of the availability of respite care providers and the kinds of training required for such providers and its availability.

HEALTH DEPARTMENT

Follow up items from the May 4 work session

1. CareOregon

Suggest policies and strategies to deal with those who are not eligible for Care Oregon but have no other health coverage.

2. Interpretive Service

Report on how the strategies for interpretive services are working this year.

3. Drug Free Babies

Provide supplemental information about training for nurses to recognize substance abuse in prenatal clients.

4. Drug Free Babies

Provide information about any research relating to the impact of routine urinalysis on the number of pregnant women willing to contact clinics for prenatal care.

5. Immunization

Provide the Board a schedule of immunization opportunities

6. Columbia Villa Clinic

Discuss potential for collocation of County and other services at the Columbia Villa Clinic.

7. Environmental Health

Provide the Board with an overview of the inspection program including both restaurant inspection and other activities, show the revenue sources connected to the activities, and include information about the relative effectiveness of various inspection processes and the value of issuing food handler licenses.

8. Laboratory

Report on the advantages of providing lab services for Planned Parenthood.

9. Business Services

Analyze Health Department support services that parallel centrally provided support services.

10. Entrepreneurial activities

Report on marketing of blood borne pathogen training.

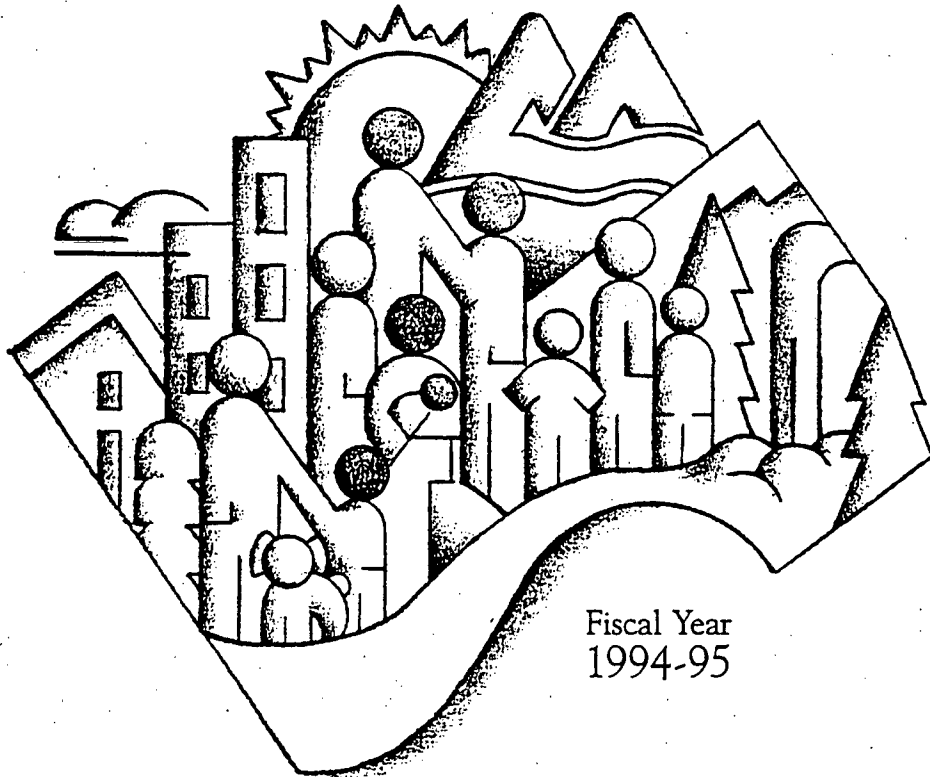
OTHER

1. Specialized contracts

At the afternoon work session on May 4, the Board requested that protocols be developed for specialized professional services that would establish norms for securing and monitoring contracts that departments might budget for and issue.

Multnomah County Budget

Supplemental Information



Packet # 1

Community & Family Services
Issues & Opportunities Reports



MULTNOMAH COUNTY OREGON

COMMUNITY AND FAMILY SERVICES DIVISION
ADMINISTRATIVE OFFICES
421 S.W. FIFTH AVENUE, 2ND FLOOR
PORTLAND, OREGON 97204
(503) 248-3691 / FAX (503) 248-3379
TDD (503) 248-3598

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SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Board of County Commissioners
Multnomah County

FROM:  Lorenzo Poe, Director
Community & Family Services Division

DATE: May 2, 1994

SUBJECT: CENTRALIZED CONTRACTS UNIT

INTRODUCTION

The Community and Family Services Division is proposing to centralize its contracting functions into one work unit. The Division is the largest single County contracting unit, (with a major emphasis on contracted service delivery and contracts management) processing over 400 contracts amounting to more than \$64 million, (comprise 81% of its annual budget). The other human service divisions and departments (Aging, Juvenile Justice, Health, and Community Corrections) have approximately 315 contracts among them, for around \$10.2 million (10% of combined annual budgets).

The Community and Family Services Division was recently created by consolidating two separate County divisions (Housing and Community Services, and Mental Health, Youth, and Family Services). Although both Divisions had a major emphasis on contracted service delivery, they had different contracting philosophies and standards. As the Community and Family Services Division consolidates into one, unified division, the centralized contracts unit is being proposed as a means to assure consistency, accountability, simplicity, and quality of contracts as a primary responsibility of the Division.

ANALYSIS/ALTERNATIVES

The proposal is to create a centralized contracts unit using current staff resources within the Community and Family Services Division. The unit would be responsible for:

- setting Division contracting and competitive procurement standards and policies (within County requirements);

ANALYSIS/ALTERNATIVES CONT'D

- assuring consistency in contracting and procurement processes, expectations, and documents;
- assuring accountability in the purchase of specific services or products and the allocation of public resources to obtain the greatest benefit;
- implementing the Total Quality Management concept of the County as an informed and critical purchaser, or consumer, of services, rather than as a supporter of service agencies;
- streamlining contracts and processes with a goal of simplicity with accountability;
- assuring performance-based contracting (at least one performance measure per contract for FY 1994/95) and spearheading the development of outcome-based contracting, in conjunction with the development of a comprehensive performance evaluation/management information system to track outcomes and costs;
- assuring the objective, ethical basis for competitive procurement, contract expectations, and evaluation, and establishing the structure to avoid conflict of interest between County staff and service providers; and
- consolidating, strengthening, and building upon the technical expertise and knowledge of staff specializing in contracts, performance measures, competitive procurement, and evaluation, as indicated in the Contracts Task Force Report.

The Community and Family Services Division currently has staff with the contracting expertise to carry out these responsibilities. The proposal is to build a work unit, drawing on this expertise, and focusing it on the development of strong, accountable, consistent, and quality contracts for services. The unit would also emphasize evaluation, performance measures, and outcomes in both the contracts and the programs.

By centralizing the technical functions of procurement, contracting, and evaluation, service programs can focus on the tasks of planning and systems development, to assure services promote the social agenda of the Multnomah County Chair and Board of County Commissioners, are of high quality, and are responsive to the needs and dictates of the community.

The proposal expands this centralized contracts responsibility to the other County human service divisions and departments, once the Division consolidation process is complete. This concept builds on the principles established in the Contracts Task Force Report, for uniformity and consistency across all County human service programs. It answers the

ANALYSIS/ALTERNATIVES CONT'D

Task Force questions concerning *who* will provide training on Requests for Proposals, contracting, administrative reviews, etc. And it provides for an objective, skilled work force to carry out the procurement and contracting functions while programs take more responsibility for comprehensive, community planning.

An alternative to this proposal is to maintain current decentralized contracting functions. This does not create the structure that promotes consistency and quality. A second alternative is to centralize only the Community and Family Services Division's contracting functions and not broaden them to include other human service divisions and departments. This provides the structure for an accountable system for the bulk of the County's human service contracts, but it does not extend that structure to all human services.

FINANCIAL IMPACT

This proposal requires the re-deployment of staff, but it is anticipated that at least the internal Division centralization could be done without additional resources. Because some divisions/departments may not have full time contracting staff, the impact of centralizing within the Community and Family Services Division on other divisions/departments must be evaluated.

EVALUATION

The effectiveness of a centralized contracts unit will be measured by the number of contracts including performance measures and outcome measures, the consolidation of multiple contracts per agency into one contract per agency, and the streamlining of contracts processing and payment procedures.

LEGAL ISSUES

Re-deployment will need to be done within the parameters set by County Personnel and the relevant unions.

CONTROVERSIAL ISSUES

This proposal assumes change in the way the County does business. County staff will face change in work assignments and work units; service providers will face change in the nature of their relationship with the County. Such change is likely to cause controversy.

LINK TO CURRENT COUNTY POLICIES

This proposal implements the County-approved Contracts Task Force Report. It provides the structure for implementing the changed focus for County programs highlighted in the FY 1994-95 Budget, toward performance measures and outcomes.

CITIZEN PARTICIPATION

The Contracts Task Force included several service provider representatives. The outcome focus of the FY 1994-95 Budget has been reviewed and discussed with numerous citizen advisory groups.

PARTNERSHIPS AND COLLABORATION

Centralization requires cooperation and coordination among the contracts unit and the service programs. As centralization goes beyond the Community and Family Services Division, the other affected divisions and departments will need to be collaborative partners.



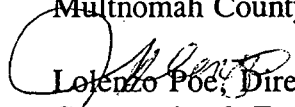
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SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Board of County Commissioners
Multnomah County

FROM:  Lorenzo Poe, Director
Community & Family Services Division

DATE: May 2, 1994

SUBJECT: FAMILY CENTERS - PARENT/CHILD DEVELOPMENT CENTERS

INTRODUCTION

The Community & Family Services Division has requested \$615,000 to fully implement Parent/Child Development Centers as part of the Family Support Network. The County Chair's Office has identified the Family Support Network concept as the cornerstone of the County's efforts to better serve children, families, and communities. The intent of the program development process within the Community and Family Services Division is to provide a structure, a funding plan and implementation strategy.

ANALYSIS/ALTERNATIVES

The Community and Family Services Division will be requesting County approval of the structure and proposed funding for Family Centers. The Division plans to brief the Board of County Commissioners during FY 1994-95 on the progress being made in implementing the Family Center system. Specific briefings will cover evaluations of various models being implemented, the status of agreements with Portland Public School District to use district buildings and facilities for family support service provision, and the plan for fully funding the centers.

The current planning changes the focus of Child and Youth Service Centers and the related Parent/Child Development Centers to Family Centers. During the course of this planning, a funding need of \$839,785 (including \$223,785 for Community Health Nurses in the Health Department budget) has been identified to fully fund the Parent/Child Development Centers. The Division will be examining various allocation strategies and will present a plan for fully funding the Centers to the Board for review and approval.

ANALYSIS/ALTERNATIVES CONT'D

One alternative to the current plan is to retain the Youth and Family Service Centers without changing their functions and to create new Family Centers. This may alleviate some concerns on the part of the contracted service providers, but it will require significant funding, estimated at a minimum of \$2,500,000. It also does not address the integration of services being pursued by the County.

A second alternative is to develop implementation guidelines for the Centers and phase in changes through a demonstration site approach. This could be an acceptable alternative given funding restrictions, but it will delay full implementation and benchmark impact significantly.

FINANCIAL IMPACT

Full implementation of Family Centers will require an additional \$839,785 over current funding levels. \$223,785 CGF is budgeted in the Health Department proposed budget provides for full funding of a Community Health Nurse at each Center in addition to the 1.0 FTE in each Parent/Child Development Centers with the remaining \$615,000 to annualize full funding to all Family Centers.

EVALUATION

Effectiveness of these centers is measured in Performance Trend #2. Growth Promotion/Readiness to Learn and Children's Mental health and Youth Program Office's Family Resource and Service Center Key Result #1: Growth Promotion and Readiness to learn.

LEGAL ISSUES

N/A

CONTROVERSIAL ISSUES

The current Youth and Family Service Centers were selected through a Request for Proposal in 1993. Changing the current structure to the Family Center approach will require service providers to change focus and, potentially, services and staffing. Providers may propose additional funding for this new approach rather than adjust existing funds. Alternatively, new requirements cannot be met within existing funding levels unless other requirements are dropped, which should be addressed by the planning process for the Family Centers.

LINK TO CURRENT COUNTY POLICIES

Family Centers are linked to Board resolutions in 1992 and 1993 concerning development of Family Centers and a phased-in approach for adapting the Child and Youth Service Centers to these Family Centers. It is also linked to Benchmarks concerning readiness to learn.

CITIZEN PARTICIPATION

The Family Center concept has received support from the Citizens Budget Advisory Committee and Multnomah Commission on Children and Families.

PARTNERSHIPS AND COLLABORATION

This activity will require collaboration with other service systems, such as Juvenile Justice, Community Policing, Community Action, and Health.



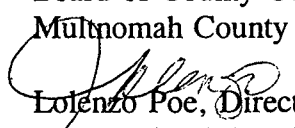
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MEMORANDUM

TO: Board of County Commissioners
Multnomah County

FROM:  Lorenzo Poe, Director
Community & Family Services Division

DATE: May 2, 1994

SUBJECT: DOMESTIC VIOLENCE INITIATIVE: ABUSE PREVENTION SERVICES

INTRODUCTION

This proposal is for \$110,000. It will match a request made to the City of Portland for \$205,000 for domestic violence prevention services. These services are just one component in a comprehensive system of services that includes the City's Domestic Violence Reduction Unit (Police Bureau), transitional shelter, emergency shelter and services, and prevention services for children and youth. This increase would fund school-based prevention education for children grades K-12, shelter-based prevention focused on children and staffing for the Family Violence Intervention Steering Committee.

BACKGROUND/ALTERNATIVES/ANALYSIS

The Domestic Violence Initiative, proposed by a group of representatives from the Family Violence Intervention Steering Committee, service providers, and City and County staff, calls for a multi-focused system of services to reduce and prevent domestic violence. The system includes expansion of capacity (case management and shelter), prevention (training and education), and stabilization of current services. Total cost of this initiative is \$315,000, of which \$110,000 is being requested from County General Funds.

The County funds will primarily support school-based prevention education for children in grades K-12, and shelter-based services. The education prevention program, to be funded with \$30,000 of County funds, will serve approximately 5,400 children using a variety of formats to address conflict resolution, dating violence, violence in the home, safety planning, and consultations for school staff. The shelter-based services, to be funded with \$70,000 of County funds, will provide 3,750 hours at \$20/hour of child advocate services for approximately 720 children. These services will include safety planning, trauma

BACKGROUND/ALTERNATIVES/ANALYSIS CONT'D

counseling, parenting skills, and enhanced children's services at the domestic violence emergency shelters funded by the Community Action Program. The funds will all be contracted to service providers.

County funds will also support increased staffing for the Family Violence Intervention Steering Committee. This increased staffing, to be funded with \$10,000 of County funds, will expand monitoring and resource capacity for the intervention system.

The Domestic Violence Initiative speaks directly to the County Urgent Benchmarks concerning reduction of violent crime and reduction of domestic abuse (spousal and child).

One alternative is to not fund the domestic violence initiative. Since this is proposed as a joint County/City effort and the City has indicated it will contribute additional funds, this alternative may jeopardize County/City relations. No services will be lost, but efforts to prevent domestic violence will be hampered.

A second alternative is to fund one or other of the proposed services. Again, this could jeopardize County/City relations, and it would implement the initiative at a slower pace.

FINANCIAL IMPACT

\$110,000 for domestic violence prevention services. The initial planning indicated the need to assume one-time-only funding with a review if ongoing funding is available, because different priorities and strategies might emerge.

EVALUATION

Services will be evaluated through the Community and Family Service Division's key result concerning effectiveness of domestic (child) abuse prevention education (Children's Mental Health and Youth Services, Prevention Unit).

LEGAL ISSUES

N/A

CONTROVERSIAL ISSUES

N/A

LINK TO CURRENT COUNTY POLICIES AND BENCHMARKS

Domestic Violence Prevention relates to County Urgent Benchmarks concerning reduction of violent crime and reduction of domestic abuse to children, spouses, and the elderly.

CITIZEN PARTICIPATION

The Domestic Violence Initiative was developed by a work group composed of representatives from the Family Violence Intervention Steering Committee, service providers, and City/County staff. Funding for the Domestic Violence Initiative and for domestic abuse prevention programs have been supported by the Community Action Commission, the Community Action Service Providers group, the Community and Family Services Division Budget Advisory Committee and the Multnomah Commission on Children and Families.

OTHER GOVERNMENT PARTICIPATION

The initiative actively involves the County and the City of Portland. The initiative affects the Community and Family Services Division, Health Department, and Portland Police Bureau.



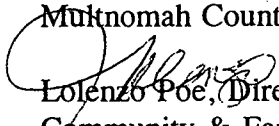
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MEMORANDUM

TO: Board of County Commissioners
Multnomah County

FROM:  Lorenzo Poe, Director
Community & Family Services Division

DATE: May 2, 1994

SUBJECT: REGIONALIZATION OF ADULT MENTAL HEALTH ACUTE
CARE/COMMITMENT PROCESS

INTRODUCTION

The County is mandated to pay for costs for people on whom a Notice of Mental Illness is served. (The Notice of Mental Illness begins the process of an involuntary commitment to hospitalization due to mental illness.) As the State downsizes and closes the State Hospitals for mentally ill people, pressure will build on the County to find alternative ways to cover costs while providing appropriate and quality service. Problems identified with the current system include: 1) funds currently pay for resources, such as residential beds, to be available at all times (capacity contracts) rather than when actually used; 2) demand for resources fluctuates considerably, causing uncertainties in resource availability, and 3) resources are not always available in the county of origin. The Action Plan for the Adult Mental Health Program calls for regionalization of resources as a means to better control expenses for this mandated program.

BACKGROUND/ANALYSIS/ALTERNATIVES

The Community and Family Services Division is requesting County approval to regionalize resources needed to respond to people served with a Notice of Mental Illness. The proposal is to develop agreements with Washington and Clackamas Counties to be able to use a pool of resources during the commitment process. These agreements, as intergovernmental agreements, will come before the Board for individual approval.

By regionalizing the commitment process, the three Counties will be able to maintain a larger pool of appropriate services and resources for people with a Notice of Mental Illness. This will allow more cost effective use of resources; clients will not be

BACKGROUND/ANALYSIS/ALTERNATIVES CONT'D

maintained in an expensive setting waiting for a less expensive and more appropriate service. Regionalization will also allow greater access to resources located in the suburbs across county lines.

One alternative is to maintain the current service system. This may not be possible with State Hospital closures if the County is required to pick up costs of service.

A second alternative is to develop a County Hospital to replace the State Hospitals. This is expensive and would probably inhibit the development and maintenance of less restrictive settings.

FINANCIAL IMPACT

The goal of this activity is to develop ways to stretch current funding levels further by paying for services delivered and having alternatives to a hospital available when needed. While no cost savings are anticipated, due to the closure of the State Hospitals, the effort is aimed at **maintaining** existing allocations.

EVALUATION

Admissions to the state hospital system will be limited to only those persons whose needs are critical to be served by the regional system as determined by: 100% of precommitment patients will be screened in local hospitals or will be known to meet criteria for state hospital admission before transport to a state hospital. 98% of precommitment patients will be served during the judicial hold period in local regional acute care settings; available local inpatient beds will increase from 55 to 65 during the year.

Discharges from the state hospital system to the community will be timely and appropriate, as indicated by: Regional inpatient services will increase from 22 beds to 32 beds; clinical collaboration between the counties and state will assure agreement on state hospital referrals; monthly meetings of the Regional Acute Care Advisory Council will address concerns of advocates, consumers and the community.

LEGAL ISSUES

The County is mandated to provide commitment services without regard to cost.

CONTROVERSIAL ISSUES

A review of the proposed intergovernmental agreement would be presented to the BCC on May 12, 1994, and any issues of concern raised by the Clackamas and Washington County Commissioners will be addressed at that time.

LINK TO CURRENT COUNTY POLICIES

This effort ties into the Chair's intent to coordinate and consolidate governmental operations in order to gain efficiencies and effectiveness.

CITIZEN PARTICIPATION

The Mental Health Advisory Board will be involved in the planning.

PARTNERSHIPS AND COLLABORATION

This effort involves collaboration with Washington and Clackamas Counties.



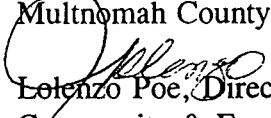
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MEMORANDUM

TO: Board of County Commissioners
Multnomah County

FROM:  Lorenzo Poe, Director
Community & Family Services Division

DATE: May 2, 1994

SUBJECT: HOMELESS FAMILIES PROJECT CASE MANAGEMENT

INTRODUCTION

The Community and Family Services Division is requesting \$120,000 to match new local and private contributions to the Homeless Action Fund in order to support and stabilize funding for existing long-term case management services for homeless families placed in services-enriched, permanent housing. These services support homeless parents and their children in: ameliorating the multiple problems and issues causing their homelessness, breaking the cycle of homelessness, and becoming permanently housed and self-sufficient. The project, which has expanded the Community Action service system's capacity for addressing homelessness by extending supportive services to homeless families beyond the traditional six months in transitional housing, will lose its case management revenues without public support for the Homeless Action Fund, jeopardizing the long term stabilization of homeless families with children placed in Section 8 housing.

BACKGROUND/ALTERNATIVES/ANALYSIS

This Proposal requests funds to continue existing services for families who have been homeless and are achieving housing stabilization and self-sufficiency. These services have been provided under the auspices of a Robert Wood Johnson Foundation Homeless Families Project grant, with local Homeless Action Fund match for long term case management. Without these supports, the families are likely to return to the streets and cycle back into homelessness.

The \$120,000 being requested will purchase case management services for approximately 75 families with children who have been homeless, exhibit multiple problems (e.g., mental illness, low education and self-esteem, history of abuse and domestic violence,

BACKGROUND/ALTERNATIVES/ANALYSIS CONT'D

alcohol/drug addiction, illiteracy, no or poor work histories, etc.), and who, with subsidized housing and supportive services, can address these problems, become stabilized in Section 8 housing, and become self-sufficient. These services are currently provided through contracts with six community action service centers. With anticipated matching funds from the Homeless Action Fund, another 75 families would be served.

Private funding to maintain the existing service levels will not be available for FY 1994/95. The funding source for these services has been the Homeless Action Fund, a public/private partnership initiated by the Metropolitan Chamber of Commerce to solicit funding for homeless programs. While the Fund, administered by the United Way, has been pledged nearly \$1 million to date, it has not reached its fundraising targets of over \$2 million. The County can no longer continue to provide contracts for these services unless more funding is made available. Discussions are underway with participating jurisdictions and agencies to address the shortfall.

This proposal provides resources that address the Division's Performance Trend #3 (Rate of Homelessness) and the Community Action Agency's Anti-Poverty and Housing Stabilization Program Key Result #2 (Housing Stabilization). It ties to the Oregon Benchmarks concerning percentage of people homeless during the year and the percentage of children under age 18 who were homeless during the year. It also ties to the County's Urgent Benchmarks related to public safety and domestic abuse.

One alternative to this Proposal is for the County to close down its Homeless Families Project services. At risk is Robert Wood Johnson Foundation funding for the Project, and all the related foundation funds the Division has leveraged by having the Homeless Families Project Grant (approximately \$500,000 in grant funds). For homeless families, this action could be devastating. The Homeless Families Project has been very successful in stabilizing homeless families with multiple problems by moving them from emergency shelter directly to subsidized permanent housing with supportive services. Current families in transition to stabilization, and newly homeless families will lose services and the opportunity for ending their homelessness. A further impact of closing down is that monies pledged to the Fund over a multi-year period would dry up, jeopardizing other Fund projects as well as payment to the County for service costs already incurred.

A second alternative is to rely solely on the Homeless Action Fund to pay for Homeless Families Project services. Problems with this alternative are the uncertainty of the Homeless Action Fund generating revenues absent an incentive match and the account receivable the County is already carrying due to lack of Homeless Action Funds to cover FY 1992/93 and FY 1993/94 services.

FINANCIAL IMPACT

This Proposal requests \$120,000 as match to the Homeless Action Fund in order to maintain current services.

EVALUATION

The outcome of services provided through the Homeless Families Project will be evaluated under Community Action Agency, Anti-Poverty and Housing Stabilization Key Result #2 (Housing Stabilization). The services will also be evaluated as part of Division Performance Trend #3, Rate of Homelessness.

LEGAL ISSUES

N/A

CONTROVERSIAL ISSUES

N/A

LINK TO CURRENT COUNTY POLICIES AND BENCHMARKS

This Proposal relates to a Division Performance Trend, to Oregon Benchmarks concerning percentage of people and children who were homeless during the year, and to the County Chair's priorities for providing for the healthy development of families.

CITIZEN PARTICIPATION

Citizen oversight of the homeless families case management services is through the Community Action Commission, its various subcommittees, Housing and Community Development Commission, Community Action Services Providers group, and the Homeless Families Coalition.

OTHER GOVERNMENT PARTICIPATION

Homeless Families Project services are provided in coordination with the City of Portland, Housing Authority of Portland, United Way, and County Health Department.



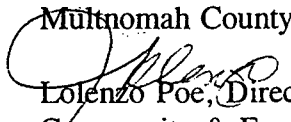
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MEMORANDUM

TO: Board of County Commissioners
Multnomah County

FROM:  Lorenzo Poe, Director
Community & Family Services Division

DATE: May 2, 1994

SUBJECT: FAMILY CENTERS - DIVERSION SERVICES

INTRODUCTION

The Community and Family Services Division is requesting \$300,000 to expand and enhance pre-adjudicatory juvenile diversion at six Family Centers. The funds will strengthen the Centers in reducing juvenile delinquency and improving diversion services for problem youth.

BACKGROUND/ALTERNATIVES/ANALYSIS

This proposal increases funding for diversion services through the Family Centers, formerly Child and Youth Service Centers. The funds will support additional home and school outreach, later hours of operation, and potentially, direct diverts from law enforcement at the centers. It is possible to have staff outstationed at schools, including elementary schools, to perform outreach and diversion functions. This model relates to, but does not duplicate, program efforts of Juvenile Justice Division, by supporting prevention and intervention services in the community before youth become adjudicated and, become clients of Juvenile Justice Division.

The Family Support Network is an integrated system of providers and outreach efforts who share information and agree to work closely to meet the challenges facing children and families in the district. Family Centers are one node in the Family Support Network which provide County-contracted services for child development, parenting education and diversion for youth. Development of Family Centers is one of the strategies the Community and Family Services Division is using to achieve its long-range vision for healthy communities.

BACKGROUND/ALTERNATIVES/ANALYSIS CONT'D

This proposal purchases additional services from the current contracted service providers. These providers meet with youth and their families to prevent delinquent behavior and to work out diversion contracts in lieu of adjudication for youth committing offenses. The funds will allow more up-front preventive work and greater follow-up to assure youth successfully complete diversion contracts. Effectiveness of these services is measured by evaluating the number of youth who are no longer involved in delinquency following their diversion services.

An alternative to this model is to not fund diversion enhancements. The current diversion services will continue, with the same effectiveness rate. This does not speak to the Urgent Benchmarks nor serve the growing number of youth involved in delinquent behavior.

FINANCIAL IMPACT

This proposal costs \$300,000 annually. This funding level will provide for \$50,000 for each Family Center.

EVALUATION

Effectiveness of these centers is measured under Performance Trend #2: Growth Promotion/Delinquency Prevention, and Children's Mental Health and Youth Program Office, Family Resource and Service Center Key Result #3: Growth Promotion/Diversion.

LEGAL ISSUES

N/A

CONTROVERSIAL ISSUES

Diversion is a preventive public safety service, by stopping delinquent behavior before it becomes serious enough for adjudication. Youth committing offenses will come through the County service system one way or another, at more short and long term cost if through the juvenile court.

LINK TO CURRENT COUNTY POLICIES AND BENCHMARKS

This proposal relates to Benchmarks concerning public safety and increased success of diversion programs.

CITIZEN PARTICIPATION

The Multnomah Commission on Children and Families, Division's Citizen Budget Advisory Committee, and service providers have endorsed diversion services.

OTHER GOVERNMENT PARTICIPATION

This effort involves a number of County divisions, departments, other governmental entities, and community based groups and providers, including: Health Department, Juvenile Justice Division, Oregon Commission on Children and Families, Citizen's Crime Commission, individual schools and their districts, the City of Portland, non-profit youth service agencies, and other citizen groups.



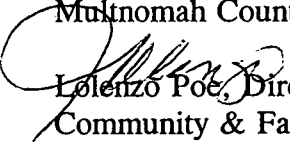
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MEMORANDUM

TO: Board of County Commissioners
Multnomah County

FROM:  Lorenzo Poe, Director
Community & Family Services Division

DATE: May 2, 1994

SUBJECT: **RESPIRE CARE FOR FAMILY SUPPORT AND DOMESTIC ABUSE
PREVENTION**

INTRODUCTION

The Community and Family Services Division is requesting \$100,000 for respite care services for families with members suffering from mental illness and/or developmental disabilities. The intent of respite services is to stabilize and support families under stress in caring for their disabled members, in order to prevent that stress from resulting in out-of-home placements, abuse, neglect, or family breakdown.

BACKGROUND/ALTERNATIVES/ANALYSIS

This proposal is for \$100,000, of which at least 50% may be matched by Medicaid funding, for Medicaid eligible families and services. This is a Division-wide service, due to the need for respite of vulnerable families across Program structure lines.

At \$10 per hour of service, this proposal will purchase approximately 10,000 hours of in-home respite services, up to 16,500 hours if 50% of the funds are matched by Medicaid, for an estimated 370 families. The services are targeted to families with a member who is mentally ill or developmentally disabled and is at risk of crisis, abuse, or family breakup. The intent of the services is to support the strengths and capabilities of families taking care of disabled members by alleviating stresses that are likely to reach a crisis and end up with an out-of-home placement or abuse.

BACKGROUND/ALTERNATIVES/ANALYSIS CONT'D

Respite services are the number one request for assistance from families with a member who has developmental disabilities. Based on service demand from the past, when funding was available, approximately 20% of eligible families request respite services, ranging from 20 to 200 hours per year, with an average of 75 hours per family. At \$10 per hour, 75 hours per year of service for 370 families would cost \$277,500.

Funding for respite care has been cut over the years, to the point that only 20 families could receive an hour a week of in-home respite during the year. Last year, 6 children with developmental disabilities were moved from their homes to institutional settings because in-home supports were not available. Currently 28 adults with developmental disabilities are in danger of requiring out-of-home placements. An institutional placement for a child costs about \$3,000 per month; for those 34 children and adults, the out-of-home alternative could cost the State and County approximately \$1,224,000.

Respite services relates to the County's Urgent Benchmarks concerning access to health and mental health services and reduction of domestic/child abuse.

An alternative to this proposal is to not fund respite care. As noted above, the down-the-line costs per family for out-of-home placements and crisis services are approximately 690% higher than the crisis-prevention focused respite services. As institutional options constrict, with the downsizing/closure of State Hospitals and Training Schools, the need for respite as an option to maintain the family as the primary support structure for people with mental illness or developmental disabilities, becomes greater.

FINANCIAL IMPACT

This proposal adds \$100,000 to the Division's contracted services budget annually. A portion of those funds (50%) may be used to match Medicaid, for an increase in total funds available for respite of approximately \$165,000.

EVALUATION

This funding will be added to the Division's Special Projects budget, since it crosses Program Group lines. Key result targets measuring family stabilization.

LEGAL ISSUES

N/A

CONTROVERSIAL ISSUES

N/A

LINK TO CURRENT COUNTY POLICIES AND BENCHMARKS

This Add Package relates to County Urgent Benchmarks concerning access to health and mental health services and reduction of domestic abuse.

CITIZEN PARTICIPATION

The Citizens Budget Advisory Committee, and advisory councils for the Adult Mental Health, Childrens Mental Health, and Developmental Disabilities Programs have supported the concept of respite care as a means to avoid institutionalization and abuse.

OTHER GOVERNMENT PARTICIPATION

Respite care services involves collaboration among County, State, service providers, and families to develop and provide respite services appropriate to individual family needs.



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MEMORANDUM

TO: Board of County Commissioners
Multnomah County

FROM: *Lorenzo Poe*
Lorenzo Poe, Director
Community & Family Services Division

DATE: May 2, 1994

SUBJECT: ASIAN ACCULTURATION CENTER

INTRODUCTION

The Community and Family Services Division is requesting \$160,000 to develop and support a multi-service center for Asian children, young people, and their families. Asian communities are currently under-served by existing service delivery systems, and due to cultural values and norms require access to culturally relevant and appropriate, multi-lingual services unavailable through the existing service delivery system. This Asian Acculturation Center is patterned on the Family Center model.

BACKGROUND/ALTERNATIVES/ANALYSIS

This proposal funds a S. E. Asian Acculturation Center for Asian children and their families. A phased-in approach to culturally-specific services is possible and is similar to the approach used for the broader community Centers; however issues of inequity among populations and concerns over County commitment to early childhood development and family support apply to this model.

The Family Support Network is a web of providers and outreach efforts who share information and agree to work closely to meet the challenges facing children and families in the district. Family Support Centers are one node in the Family Support Network which provide County-contracted services for child development, parenting education and diversion for youth. Development of Family Centers is one of the strategies the Community and Family Services Division is using to achieve its long-range vision for healthy communities.

BACKGROUND/ALTERNATIVES/ANALYSIS CONT'D

Although the six Centers are supposed to serve people without regard to race, ethnicity, or the other protected classifications under discrimination laws, the practical reality is that the Asian community in general has not identified with the existing Centers and sought services there. Given current funding constraints and full caseloads, it is unlikely this scenario will change.

FINANCIAL IMPACT

This proposal is for \$160,000 annually. Currently, \$40,000 is budgeted out of Commission on Children and Families ongoing funds for this purpose; an additional \$40,000 on one-time-only funds is available for start-up.

EVALUATION

Effectiveness of the centers will be measured under Performance Trend #2: Growth Promotion, and Children's Mental Health and Youth Program Office, Family Resource and Service Center Key Results #1-3.

LEGAL ISSUES

N/A

CONTROVERSIAL ISSUES

The County has emphasized cultural competence and diversity among service providers. This proposal, along with the proposal for an Hispanic Acculturation Center, sets up a parallel service system for designated ethnic minority peoples and essentially acknowledges that the "mainstream" service providers will not be serving these ethnic populations. The County may need to establish or clarify its policy regarding expectations for cultural diversity within service systems or individual providers.

LINK TO CURRENT COUNTY POLICIES AND BENCHMARKS

Relates to County policies concerning cultural diversity.

CITIZEN PARTICIPATION

The Multnomah Commission on Children and Families, Division's Citizen Budget Advisory Committee, and service providers have endorsed an Asian Acculturation Center.

OTHER GOVERNMENT PARTICIPATION

This effort involves a number of County divisions, departments, other governmental entities, and community based groups and providers, including: Health Department, Juvenile Justice Division, Oregon Commission on Children and Families, Citizen's Crime Commission, individual schools and their districts, the City of Portland, non-profit youth service agencies, and other citizen groups




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MEMORANDUM

TO: Board of County Commissioners
Multnomah County

FROM:  Lorenzo Poe, Director
Community & Family Services Division

DATE: May 2, 1994

SUBJECT: LEVEL 7 PLAN

INTRODUCTION

There are seven risk categories that Children's Services Division (CSD) uses to describe a child or young person's vulnerability to abuse. Level 7 young people are at the lowest vulnerability to abuse to which CSD would potentially respond. Multnomah County defines six sub-populations as primary under Level 7. They are: girls and young women (including pregnant/parenting young female and their children); homeless young people; runaway young people; sexual minority young people; young people of color (including refugee and immigrant young people); and, young people who are acting out and still living at home.

In November 1993, a joint conference was convened by CSD and the Oregon Commission on Children and Families (OCCF) to discuss a proposed initiative to transfer responsibility for services to CSD classified Level 7 young people and their families from CSD to the local county level through OCCF. Over 100 individuals from across the state attended representing juvenile justice and child welfare system, youth service providers and local county governments. As a result of this conference, agreement was reached to move the Level 7 initiative forward through an authorization request to the Legislative Emergency Board. In December authorization was granted as the beginning of HB 2004, the Children's Care Team Agenda implementation. Local counties were then empowered to begin planning for the transfer.

A committee was jointly appointed by County Chair Beverly Stein and Multnomah Commission on Children and Families (MCCF) Chair Pauline Anderson. The Committee, chaired by MCCF member and juvenile court referee Nan Waller, held its first meeting in December, 1993.

BACKGROUND/ALTERNATIVES/ANALYSIS

According to a CSD study of young people and their families who were in out-of-home care (February 1993), 14% of all out-of-home placements are Level 7. This 14% shared the following factors as contributing to the out-of-home placement:

- 62% due to out-of-control behavior and parent/child conflicts;
- 42% are chronically acting out and non-adjudicated;
- 57% of this population is female;
- 50% come from single parent households; and
- It costs CSD 60% more to serve a delinquent young person than an average Level 7 young person.

Based upon the percent of single headed households, there are at least 5416 young people and their families who would be eligible for Level 7 services in Multnomah County. 24% are young people of color, 53% are young women and 3% are parenting young women.

CSD for the past two years has been largely unable to serve Level 7 young people and their families. JJD has attempted to serve them through petitions for temporary custody to CSD and through diversion to Child and Youth Centers. There are 3-4 school based integrated service center projects throughout the county and various other agencies and programs serving this population although without any clear identification as such. More critically, culturally appropriate and relevant services are particularly absent for young people of color and girls and young women. Access to services is also restricted geographically.

FINANCIAL IMPACT

There will be no impact on County General Fund. Funding available for Level 7 Services is provided by State's CSD based upon access to federal match dollars. The annual cost breakdown for Level 7 Services as follow:

Level 7 Direct Service Funds	\$1,036,000
Increase capacity for 24 hr crisis intervention, family mediation, runaway shelter, parenting young female and their children shelter, East County shelter, minority shelter, Service Access Resource Staff (SARS), and parenting young female and their children transitional shelter.	
Administration Funds	\$ 115,000
New capacity for interagency system coordination team	
Total Annual CSD Level 7 Transfer Funds:	\$1,151,000

FINANCIAL IMPACT CONT'D

Federal IV-A Match Funds	\$ 442,000
Increase capacity for young female transitional shelter, client services funds, sexual minority youth support/peer ed groups, young people involved in sex industry outreach, and small grants pool for communities of color	
Total Annual Level 7 System Cost	\$1,593,000

EVALUATION

System providers will utilize both existing Client and Great Start Tracking Systems to track individual hours of service to individual young people and hours of service to their family. The system has an obligation to ensure that minimum standards are maintained regarding contracted providers and their service provision. Existing program standards will be used to monitor contracts. In addition, we are developing a tracking system that will enable us to report on:

1. The number of young people and their families who receive services who do not appear on caseload lists for CSD and JJD.
2. The number of young people who receive services who are able to identify a primary residence and to describe that residence as satisfactory in response to specific questions.
3. The number of young people who receive services and are enrolled in high school, GED completion or employment programs.

LEGAL ISSUES

N/A

CONTROVERSIAL ISSUES

Level 7 Planning Committee has made its allocations based upon two criteria:

- a. The minimum package of services which must be funded in order for a system to exist, and;
- b. The maximum possible funded services which are Title IV-A matchable.

Because of these two criteria, the committee has intentionally allocated funds in excess of its Level 7 allocation based upon access to federal match dollars.

LINK TO CURRENT COUNTY POLICIES AND BENCHMARKS

Two of the three Commission selected benchmarks apply directly to Level 7. The teen pregnancy prevention and high school completion benchmarks both will be used in conjunction with the proposed Level 7 system. In addition, the Portland/Multnomah Progress Board has selected other benchmarks which will be useful in examining Level 7 services.

CITIZEN PARTICIPATION

Oregon Commission on Children and Families and Multnomah Commission on Children and Families; state-wide representatives from juvenile justice and child welfare systems, and youth service providers.

PARTNERSHIPS AND COLLABORATION

Teams for Level 7 Services will be formed by Service Access Resource Staff (SARS), CSD intake staff, Multnomah County Children's Mental Health and Youth Program Office's mental health consultants and JJD staff for joint assessment, case planning and service provision. Shared training in strength-based service provision, the Family Unity model, and wrap-around service philosophy will be the first activity in the formation of these teams.



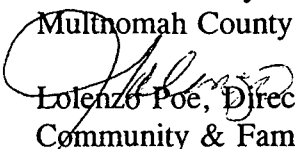
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MEMORANDUM

TO: Board of County Commissioners
Multnomah County

FROM:  Lorenzo Poe, Director
Community & Family Services Division

DATE: May 2, 1994

SUBJECT: ALCOHOL AND DRUG SERVICES - TARGET CITIES GRANT

INTRODUCTION

On an audit of contracted A&D services, Multnomah County Auditor identified the need for the publicly funded alcohol and drug treatment system to become a more managed system. Among recommendations were: develop mechanisms to assure that clients receive the most appropriate care; assure that clients move through the appropriate continuum of care; use data to determine the most cost effective services; and develop performance based methods of reimbursement. All of these recommendations can be addressed through the Target City grant which will provide approximately \$11 million over five years. This grant will fund the following activities: centralized assessment; referral and case management; automated client data and tracking; in-depth outcome evaluation; enhanced services to inmates of the Multnomah County jails; assessment and alternative placement for involuntary commitment clients with co-existing alcohol and drug problems; improvements in physical facilities in the community treatment programs to enable them to meet the requirements of ADA; recruitment and training for bi-cultural counselors and ongoing staff development for treatment personnel; expansion of treatment services; and quality improvement efforts in treatment programs.

ANALYSIS/ALTERNATIVES

This funding opportunity, a national treatment demonstration effort, will give Multnomah County the resources and experience to determine the impact on client outcomes of these modifications in its treatment system while maintaining the strengths of a diverse and privately-operated service delivery system. It also provides resources for infrastructure to move into the managed health care environment which is facing alcohol and drug treatment under the Oregon Health Plan and other health care reform plans. These funds

ANALYSIS/ALTERNATIVES CONT'D

will also allow analysis of whether enhancing services can increase alcohol and drug treatment and reduce criminal recidivism or divert people from more costly psychiatric hospitalization.

One alternative is for the County to give up responsibility for managing alcohol and drug services to the multiple health care organizations. There is concern about the history of under-identification of alcohol and drug problems in the health care system and the cost shift of untreated addiction to social services, public safety, and criminal justice systems. This must be a major concern for local government.

A second alternative is for the County to directly operate the publicly funded treatment system rather than attempt to strengthen its management of its "arms length" contracted system. This would not eliminate the need for the types of infrastructure being developed to manage services and would lose the current diversity of the existing system. It would also result in significant growth of government.

FINANCIAL IMPACT

The overall costs for the entire project for the funded five year period are \$11 million, all federal funds with no match required. The County is contributing significant "inkind" resources, such as corrections staff and health care in the jail, involuntary commitment investigations, DUII evaluations, and management and evaluation expertise.

EVALUATION

The Target Cities Grant has an extensive federally funded evaluation component. It will examine: client treatment completion rates by client characteristics and by services received; client continued improvement at twelve months post-discharge; successful completion of treatment and post-discharge improvement by jail program participants; reincarceration rates; and cost effectiveness of various types of treatment. It will also examine whether Central Intake assessment and treatment matching results in improved treatment outcomes compared to entering treatment without matching.

LEGAL ISSUES

Confidentiality of client information is a significant legal issue. The only current solution to this is the high degree of cooperation which assures that clients are consistently asked to authorize sharing of information.

CONTROVERSIAL ISSUES

The issue of the County functioning as a client gatekeeper has been controversial in the past; providers still prefer to operate without such involvement. The realities of managed care have largely made this concern obsolete, in that gate-keeping must be carried out by someone.

LINK TO CURRENT COUNTY POLICIES

The County has previously endorsed efforts to implement such managed care approaches. These efforts have shown promising outcomes in holding down costs and expanding services. They appear to offer acceptable levels of return for the public resources invested in them.

CITIZEN PARTICIPATION

The Multnomah County Council on Chemical Dependency has supported these efforts to obtain resources to address issues raised in the audit. The Target Cities Grant also has a 35 member Policy Steering Committee involving many key stakeholders.

PARTNERSHIPS AND COLLABORATION

All publicly funded providers have signed letters of agreement with the project; there is substantial involvement from the criminal justice system, the mental health system, the Health Department, and a myriad of other community human services.



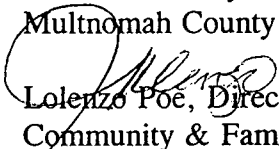
MULTNOMAH COUNTY OREGON

COMMUNITY AND FAMILY SERVICES DIVISION
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BOARD OF COUNTY COMMISSIONERS
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GARY HANSEN • DISTRICT 2 COMMISSIONER
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SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Board of County Commissioners
Multnomah County

FROM:  Lorenzo Poe, Director
Community & Family Services Division

DATE: May 2, 1994

SUBJECT: CAPITATION OF CHILDREN'S MENTAL HEALTH SERVICES

INTRODUCTION

The Children's Mental Health Program has been working with the State for some time to develop a managed care system of providing mental health services for children. The system has been promoted and tested through the Partners Project, a demonstration program in which children with severe mental health problems, who have been traditionally served by multiple agencies, receive managed care. The Partners Project has found that more children could be provided with a wider variety of services under the managed versus traditional system of care. The State of Oregon has been watching the Partners Project and has requested Multnomah County Children's Mental Health program to model a capitated, or managed mental health system beginning in FY 1994/95.

ANALYSIS/ALTERNATIVES

Planning for shifting children's mental health to a capitated/managed system of care has been going on for some time; the Board of County Commissioners has been briefed regularly on its progress. Recently the Board approved capitation in concept. The work now involves defining the details of implementation, including development of a capitation rate and staffing expectations for the "gatekeeper" function required in a managed care system. These involve negotiations with the State, providers, County Personnel, etc. The target date for implementation is January 1995.

ANALYSIS/ALTERNATIVES CONT'D

One alternative to this project is to stop the planning and return to the traditional mental health care system. Without some concrete reasons to stop the planning, this alternative would waste a lot of person hours already spent in planning a capitated system and would shake the credibility with the community over the sticking power and ability of the County to lead a public agenda. At this point in time, valid reasons to stop the change in service system have not been identified.

Another alternative is to turn the implementation planning over to the State. The State could set a capitation rate and requirements for gate-keeping. The County would be giving up control over the planning and the ability to tailor its program to local needs and preferences.

FINANCIAL IMPACT

Determining the financial impact of capitation is part of the planning process. The intent is to set a capitation rate that will provide needed services to children with mental health problems, cover case coordination, gate-keeping, and evaluation/administrative costs, while increasing the number of children who can get service.

EVALUATION

Effectiveness of the services will be determined by the percentage of children kept out of hospitals, the percentage of additional children served, and the percentage of families who demonstrate behavior improvements after service.

LEGAL ISSUES

The capitation plan must be approved by the State of Oregon. If it requires a waiver to Medicaid rules, the federal government must also approve the plan.

CONTROVERSIAL ISSUES

Moving toward a capitated/managed care system changes the traditional roles and relationships among government, providers, community, and consumers. Change breeds controversy, particularly where a party feels there will be a loss. The planning has been open and inclusive, but implementation may cause some providers to discover that a change in the way the County does business may impact funding available to specific providers. While some concern exists among providers regarding the range of services to be included in the capitated rate and the potential to compete for service dollars, the provider community is supportive of development of this system.

LINK TO CURRENT COUNTY POLICIES

The County is participating in the Oregon Health Plan, with a managed health care system, and has repeatedly approved participation in the Partners Project. This managed mental health system is a continuation of those efforts. The project also ties to the County's Urgent Benchmarks concerning access to mental health services.

CITIZEN PARTICIPATION

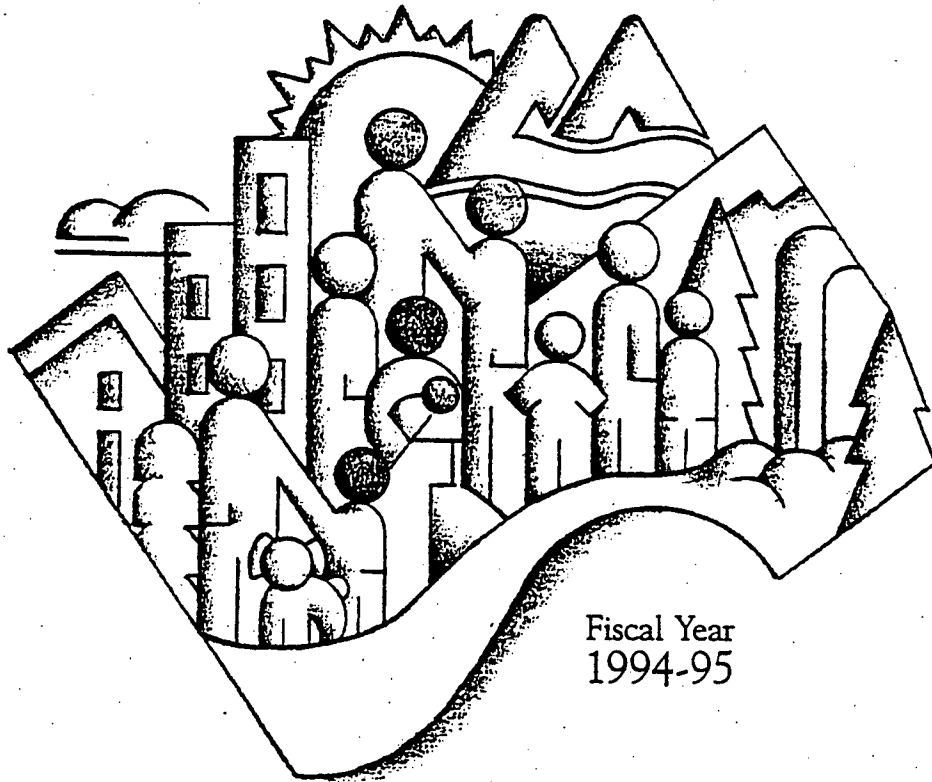
Planning has involved providers, the State, and Child and Adolescent Mental Health Advisory Committee.

PARTNERSHIPS AND COLLABORATION

This project involves cooperation among providers, the State, Portland Public Schools, Health Department, and other mental health authorities.

Multnomah County Budget

Supplemental Information



Fiscal Year
1994-95

Packet #8
Community & Family Services

Follow-up from May 4, 1994

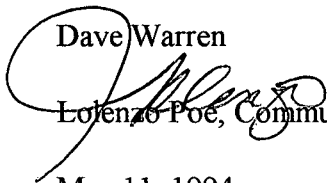


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MEMORANDUM

TO: Dave Warren
FROM:  Lorenzo Poe, Community & Family Services Director
DATE: May 11, 1994

SUBJECT: FOLLOW-UP ON MAY 4 BUDGET WORK SESSION

In response to your request for information about the following questions:

1. FAMILY NETWORK:

Describe the plan for this network clearly and in a coordinated way including: collation of service components; client access; service locations; potential parallel efforts by other jurisdictions and agencies and how they related to our plan; and outreach functions.

Provide a one page description of each of the six districts, listing services provided and anticipated service location(s) for next year.

See partial response attached. Individual center overviews by June 1.

2. DIVERSION:

Describe the relationship of the CFSD diversion service contracts to JJD and its program expansion; explain the CFSD services and anticipated caseloads; provide a flow chart of referrals and capacity by geographic area.

Response by June 1.

3. HOMELESS FAMILY CASE MANAGEMENT:

Explain the effect of the outstanding receivable for this program on the 1994-95 General Fund; explain any offsets that may still be available.

Follow-Up on May 4 Budget Work Session
May 11, 1994
Page 2

An analysis of the deficit to date, along with a close review of current year expenditures, revenue collections and projections will be conducted by mid-June. This will allow us to assess the status of all CFSD program expenditures and report on any savings that might be used against the estimated \$446,000 shortfall. To date, we have received word from Commissioner Kafoury that she will seek to have the City pick up half of the deficit.

4. LEVEL 7 USE OF TITLE IV-A REVENUE:

Explanation will be provided by May 20.

5. LEVEL 7:

Describe contracting plan for Level 7 services; explain the links to the Family Network and other County programs; and identify what outcome measurements will be included in the contracts.

See attached response.

6. REGIONAL ACUTE CARE SYSTEM:

Explore for FY 94/95 - and for future years - opportunities to remove CGF support from the crisis/commitment/emergency hold programs.

See attached.

7. MANAGED CARE FOR CHILDREN:

Explain the risks County may experience in moving toward the managed care model for children.

Response available within a week (May 20).

8. HISPANIC STUDENT RETENTION:

How do we intend to address the geographic equity issue so that all school districts receive comparable levels of support.

The Multnomah County Hispanic Advisory Committee has representation from throughout the County. This issue will be presented to that group as well as to the Multnomah County Commission on Children and Families and to representatives of various school districts. It should be noted that with only \$100,000 proposed for family support and school retention, equity may not be reached. However, it will allow us to work with the above representatives to develop a plan for equity.

9. ACCULTURATION ALTERNATIVES:

A. Explain the alternative to acculturation center that we could use to accomplish the same goal.

No alternative would accomplish exactly the same goals as an acculturation center. The option of funding specific outreach staff targeted to Asian young people and their families at each existing Family Center has not been entirely effective at providing equitable and appropriate service. There are many countries of origin, cultures and languages which represent Asian families in Multnomah County. These differences are particularly apparent in the various cultures and languages of Southeast Asian immigrants.

B. Research other jurisdictions that provide publicly funded ethnic acculturation centers.

In 1993, the *Program Models for Southeast Asian Youth* was published, which contained a national model program search, key informant and community research and program recommendations about meeting the needs of Asian young people and their families. Through the national search, many programs and centers similar to the proposed Asian Acculturation Center were discovered. Most notable were centers in Minneapolis/St. Paul, Minnesota; Oakland, California; Seattle, Washington; Dallas, Texas; Houston, Texas; and Denver, Colorado. These programs are supported by some form of public funding. The proposed Multnomah County center was developed based on the recommendation in this report.

At the May 4 budget hearing held in the Central Library, testimony was given about publicly funded centers in Fresno, California; St. Paul, Minnesota; Seattle, Washington; and in Florida.

10. RESPITE CARE AVAILABILITY AND TRAINING:

Respite care services are provided by several local agencies, including Boys and Girls Aid Society, Metropolitan Family Services, ARC of Multnomah, Parry Center. Many families locate their own providers, which may be professionals, friends or families. Training is provided to staff and others by both ARC and the Parry Center.

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COMMUNITY AND FAMILY SERVICES DIVISION
RESPONSE TO MAY 4 BUDGET WORK SESSION QUESTIONS

1. Family Network

1. Describe the plan for this network more clearly and in a coordinated way including discussion of the following:
 - collocation of service components
 - client access
 - service locations
 - potential parallel efforts by other jurisdictions and agencies and how they relate to our plan
 - outreach functions

The Multnomah County Family Network is an affiliation of individuals, informal groups, organizations, and communities who believe family strength is a key element of a healthy, economically sound, and stable community. Participants in the network are committed to providing accessibility to quality services, recognizing community strengths and resources, and celebration of diversity.

GOALS

1. Support families in a positive respectful manner.
2. Ensure that families can access or receive services that will promote health, economic stability, safety, and a connection to the community.
3. Promote collaboration and cooperation among network participants to maximize the capacity of communities to strengthen families.
4. Establish a culture of caring, participation, quality services, and promotion of positive expectations and outcomes.

Contract language will require all County providers to participate in its Network. A memorandum of agreement will enroll all other participants.

All participants in the Family Network agree to:

- A. Participate in organized sharing of community strengths and resources on a regular basis.
- B. Offer referral to other resources through (a) personal connections, (b) a willingness to continue advocacy, and (c) a uniform intake process.
- C. Approach delivery of services from the basis of strengths, growth promotion and resiliency.
- D. Use family defined goals/outcome measures to determine satisfaction with services.
- E. Prominently display a symbol of membership.
- F. Fight racism and celebrate diversity.

1. FAMILY NETWORK (Continued)

Collocation of various services components will occur based upon component appropriateness in relationship to the Family Center model and philosophy, component compatibility with individual Centers and districts, and available physical space. Client access will be maximized through single entry access at the Family Centers and through referrals among Network members. Potential parallel efforts will have the option of participation with the Network or, as phased implementation progresses, becoming one of multiple Family Centers in each district. Outreach functions will occur in a variety of ways through existing and proposed staff. A task force is currently developing the model by which these efforts will be integrated and coordinated.

5. Level 7

1. Describe the contracting plan for Level 7 services.

Specific contract awards will be made in one of three ways:

- Where additional capacity of an existing service is sought and there is only one current provider of that service, awards will be made based upon a sole source exemption request/approval;
- Where a viable inclusive provider/community network exists, a process will be convened to solicit a plan for cooperative deployment of the funds. If a plan is developed and consensus reached, awards will be made based upon that plan. If a plan can't be developed and consensus can not be reached then a competitive bid process will occur, and;
- Where a new service is sought and there are multiple potential providers of that service or if solicited cooperative plans cannot be developed, awards will be made based upon a competitive bid process (RFP).

2. Explain the links to the Family Network and other County programs.

Service Access Resource Staff (SARS) will be located at each of the six Family Centers. Dedicated client services funds are allocated to each Center. Single entry access to the Level 7 system will include access to the Family Network. Juvenile Justice Division (JJD) staff and Child and Adolescent Mental Health Program (CAMHP) staff will be members of the SARS teams on an on-going basis. Where appropriate, referrals will be made to other County funded programs.

3. Address the issue of what outcome measurements will be included in the contracts.

Outcome: Young people and their families will remain outside of the child welfare and juvenile justice systems or exit them.

Measure: Number of young people and families who receive services who do not appear on caseload lists for CSD and JJD.

Outcome: Young people will remain in the home/family living environment, where appropriate, or be in another support living environment.

Measure: Number of young people who receive services who are able to identify a primary residence and to describe that residence as satisfactory in response to specific questions.

Outcome: Young people will graduate from high school, receive a GED or be employed.

Measure: Number of young people who receive services and are enrolled in high school, GED completion or employment programs.

6. Regional Acute Care System

1. Explore, for FY 94/95 and future years, opportunities to remove CGF support from the crisis/commitment/emergency hold programs.

Crisis and Commitment services are entirely funded by State revenue. They include no County General Fund support.

The Emergency Holds budget includes both State revenue and County General Fund. Emergency Hold costs have increased four-fold over the past decade, but have leveled off in the past two years. For the first time in many years, program expenses came in under budget in FY 92/93 and we experienced a small savings. We hope to recover even more savings this year and in the future.

The proposed regional agreement to pool clients and resources and, together with Washington and Clackamas counties, manage the entire system is anticipated to provide savings for all three counties. This agreement requires that participating counties maintain their current investment in the coming year. The agreement anticipates that future savings realized in coming years can be invested in other locally prioritized mental health services to offset the need for involuntary hospital holds.

The downsizing and projected closure of Dammasch State Hospital has created a crisis and also opportunity for the three Metropolitan Counties. Multnomah County has reduced use of state hospital beds by 120 or 50% in the last two years. Multnomah County was assisted in this endeavor through new State IGA base funding starting in 1991. Washington and Clackamas Counties began receiving new State funding for local inpatient psychiatric services January, 1994. All three counties have won funding for new programs to provide intensive services to long term institutionalized persons. All this has created the opportunity for the three counties to consolidate resources and regionally manage hospital services. Each county brings to services mix resources needed by the citizens of the other counties.

Multnomah County, in collaboration with the tri county region will manage resources provided by the State and local governments so the Region's citizens will have a safe and therapeutic environment when incapacitated by mental illness. The Plan is funded by approximately \$1.4 million from the three counties' general fund, \$ 4.7 million State revenue, and \$7.5 million in other third party revenue.

1. Over the next six months the counties will work toward maintaining or reducing the number of holds diverted to Dammasch State Hospital. Between January 17, 1994 and April 15, 1994, sixteen holds were diverted to DSH out of a total of 963.
2. By September 1, 1994 the region will develop an interagency committee which will retrospectively review 5 % of holds to ensure the appropriateness of hospitalization and responsiveness of the investigator.
3. CareMark (Multnomah County's preferred hospital provider for involuntary holds) has set the goal of adding 10 acute level beds to Portland Adventist Medical Center by July 1, 1994 which will reduce the pressure and costs on the peace officers of all

6. Regional Acute Care System (Continued)

jurisdictions across the 3 counties.

4. The region will develop a second sub-acute facility for a net increase of 10 sub-acute beds.
5. Community programs will work with police and crisis programs to assist in evaluating potential "holds" for alternatives to hospital admission.

Implementation of the above practices and additional facilities with currently budgeted funds will reduce hold expenditures to the point that savings can accrue to CGF in future years. Other service cuts may increase crisis episodes but we will endeavor to decrease hospitalization which is the most expensive service and a mandated County expense.

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