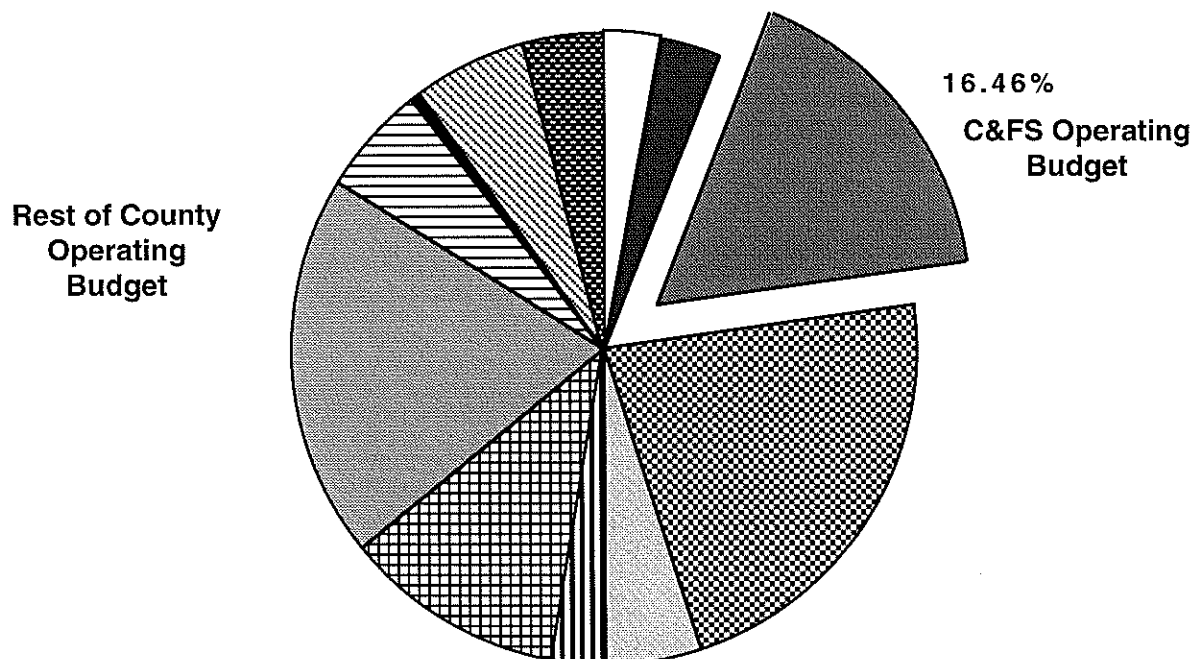
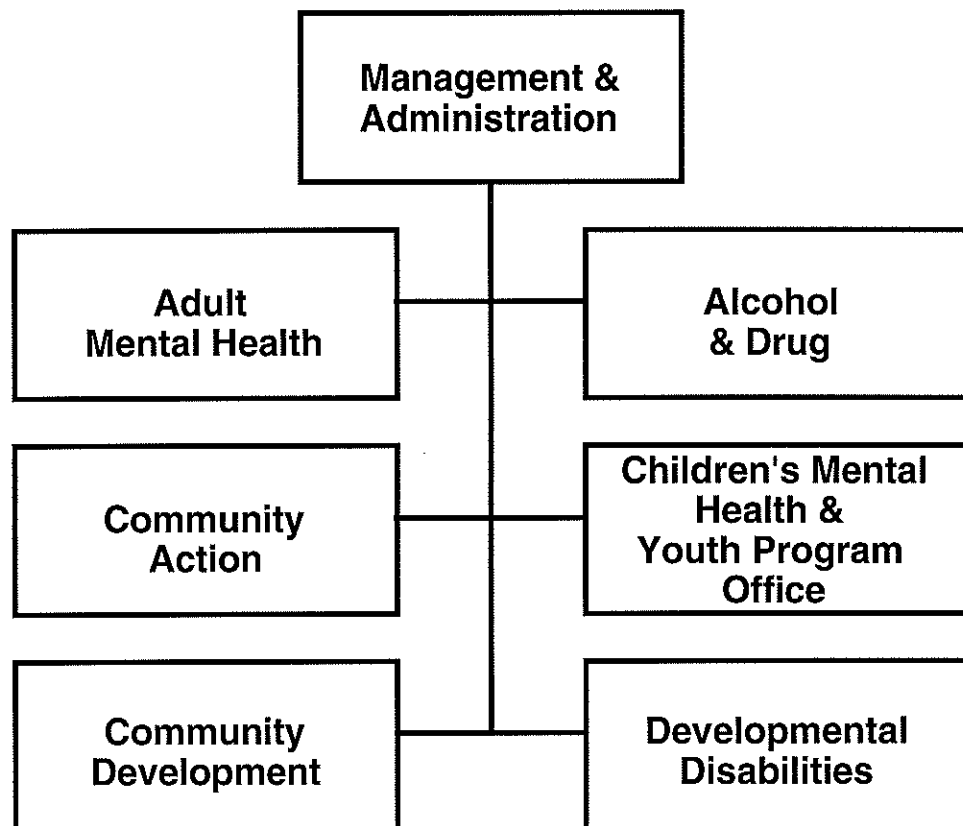


Community and Family Services



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.

Community and Family Services

- 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.

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	284.00
Departmental Costs	\$59,264,913	\$72,558,564	\$72,558,564	\$83,076,003
Program Revenues	\$48,702,743	\$61,986,137	\$61,986,137	\$68,887,020

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)

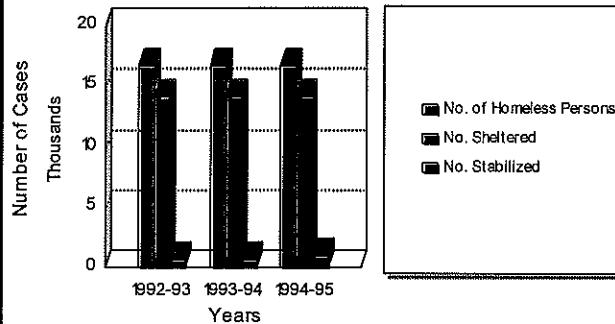
Because these programs are primarily funded through federal and state resources, local policy discretion regarding them is significantly limited by federal and state mandates and other funding source (grant) requirements.

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

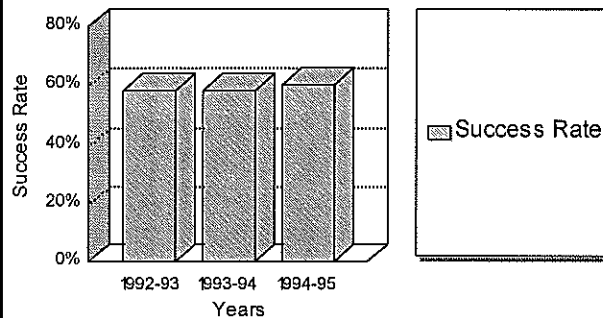
Performance Trends

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

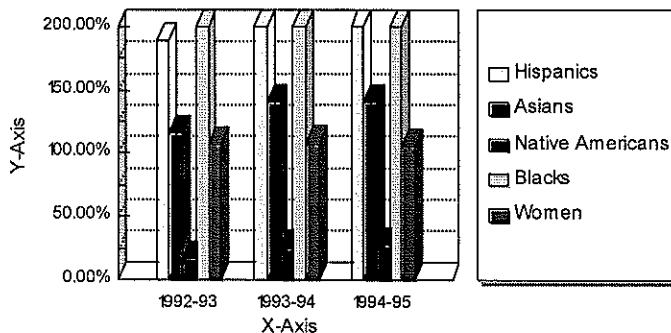


About six out of ten youth completing diversion programs have successful outcomes.

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

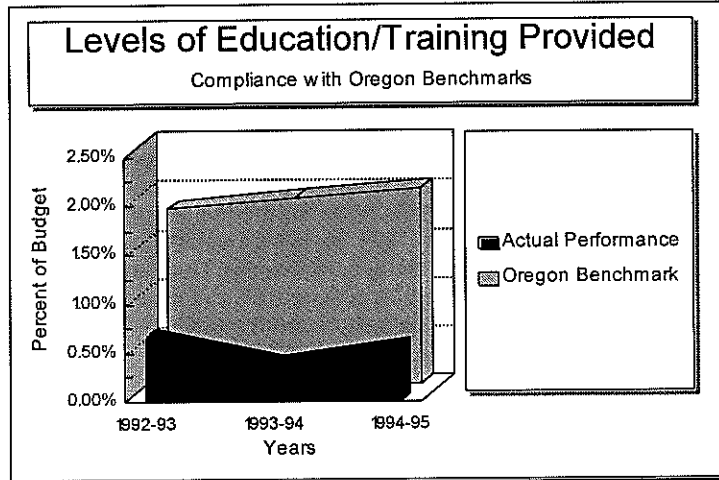
Workforce Diversity

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.

Community and Family Services

- 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 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.
- School support has been enhanced by providing \$25,000 to fund a coordinator in the Marshall district.
- 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 (YEEP) 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	\$10,562,170	\$10,572,427	\$10,572,427	\$14,188,983
PROGRAM REVENUES - OTHER FUNDS:				
Federal/State Fund	<u>48,702,743</u>	<u>61,986,137</u>	<u>61,986,137</u>	<u>68,887,020</u>
Subtotal Other Funds				
Program Revenues	<u>\$48,702,743</u>	<u>\$61,896,137</u>	<u>\$61,896,137</u>	<u>\$68,887,020</u>
TOTAL PROGRAM REVENUES	<u>\$48,702,743</u>	<u>\$61,896,137</u>	<u>\$61,896,137</u>	<u>\$68,887,020</u>
ADDITIONAL GENERAL FUND SUPPORT REQUIRED	\$10,562,170	\$10,572,427	\$10,572,427	\$14,188,983
TOTAL REVENUE REQUIRED	<u>\$59,264,913</u>	<u>\$72,558,564</u>	<u>\$72,558,564</u>	<u>\$83,076,003</u>

Community and Family Services

Budget Trends	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing Levels	164.26	227.54	227.54	284.00
Personal Services	\$8,147,882	\$10,252,747	\$10,252,747	\$13,478,309
Contractual Services	48,583,695	59,714,355	59,714,355	66,831,470
Materials & Supplies	2,414,474	2,485,906	2,485,906	2,588,342
Capital Outlay	<u>118,862</u>	<u>105,556</u>	<u>105,556</u>	<u>177,882</u>
Total Costs	\$59,264,913	\$72,558,564	\$72,558,564	\$83,076,003
Program Revenues	\$48,702,743	\$61,986,137	\$61,986,137	\$68,887,020
Net Revenues Required	\$10,562,170	\$10,572,427	\$10,572,427	\$14,188,983

Costs by Division	1992-93 Actual (est)	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Management	\$991,787	\$2,279,258	\$2,279,258	\$3,454,853
Adult Mental Health	18,368,588	15,521,553	15,521,553	14,367,846
Alcohol and Drug	7,652,116	9,251,723	9,251,723	11,702,800
Community Action	6,838,007	10,956,384	10,956,384	10,819,350
Children's Mental Health and Youth				
Program Office	5,525,760	12,134,507	12,134,507	14,903,724
Community Development	1,072,842	2,839,288	2,839,288	2,822,218
Developmental Disabilities	18,815,813	19,575,851	19,575,851	25,005,212
Total Costs	\$59,264,913	\$72,558,564	\$72,558,564	\$83,076,003

Staffing by Division	1992-93 Actual (est)	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Management	16.95	20.89	20.89	36.60
Adult Mental Health	21.45	28.60	28.60	30.10
Alcohol and Drug	16.24	24.40	24.40	48.70
Community Action	0	25.48	25.48	22.10
Children's Mental Health and Youth	47.81	59.83	59.83	68.10
Program Office				
Community Development	6.56	8.00	8.00	6.80
Developmental Disabilities	55.25	64.30	64.30	71.60
Total Staffing	164.26	227.54	227.54	284.00

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.

Board Action:

Fund full Family Centers in each of the six service districts. This expansion costs the General Fund about \$840,000 on an ongoing basis plus \$200,000 of one time contribution to the construction of a center in the Brentwood Darlington neighborhood.. The centers are 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.

Board Action:

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

Community and Family Services

program is to continue. Similarly, funding for homeless singles will also end without an increase in County support of \$136,000.

Major Alternatives:

- Add \$256,000 of General Fund support to these programs; 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 \$376,000.
- 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.

Board Action:

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. Provide funding for a homeless singles program at the \$136,000 level. Both of these actions are contingent upon a Portland proposal to supplement the 1992-93 and 1993-94 County revenue shortfall of \$500,000.

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.

Major Alternatives:

Community and Family Services

- 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.

Board Action:

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.

Board Action:

Community and Family Services

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).

Board Action:

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.

Board Action:

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.

Board Action

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.

Board Action

Fund an Asian Acculturation Center for a two year period. 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. The program will be measured by its success in linking clients to mainstream County services and in helping them to assimilate and by its success in leveraging other, non-governmental, funding sources.

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. These funds will be distributed only after planning discussions with other organizations and agencies, including both public and private entities and involving citizen advice.

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
Added Personnel explained in detail budgets	4.17	\$248,299
Positions transferred from other CFS organizations	13.54	573,561
State revenues from 1993-94 carried over for expenditure in 1994-95	0.00	76,141
Support for lost State funding of Youth Employment/Empowerment	0.00	24,237
Support for Marshall Coordinator	0.00	25,175
Building management	0.00	166,143
Other changes explained in detail budgets	0.00	62,039
Total Expenditure Change	17.71	\$1,175,595

Management and Administration

Community and Family Svcs

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	18.89	36.60	17.71
Costs	\$2,279,258	\$3,454,853	\$1,175,595
Program Revenue	not available	<u>2,491,891</u>	
Net Revenue Required		\$962,962	

Budget Trends	1992-93 Actual (est)	1993-94 Adopted (est)	1993-94 Revised	1994-95 Budget
Staffing Levels	16.95	18.89	18.89	36.60
Personal Services	\$763,945	\$981,595	\$981,595	\$1,803,455
Contractual Services	18,016	1,014,040	1,014,040	1,253,408
Materials & Supplies	201,277	234,133	234,133	395,990
Capital Outlay	<u>8,549</u>	<u>49,490</u>	<u>49,490</u>	<u>2,000</u>
Total Costs	\$991,787	\$2,279,258	\$2,279,258	\$3,454,853
Program Revenues	*	*	*	(1,809,891)
Net Revenues Required				908,776

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Division Management	*	\$641,739	\$641,739	\$1,330,952
Resource Mgmt and Contracts	*	1,637,519	1,637,519	1,528,104
Special Projects - (YEEP)	*	0	0	524,973
Special Projects - Public Relations	*	<u>0</u>	<u>0</u>	<u>70,824</u>
Total Costs	\$991,787	\$2,279,258	\$2,279,258	\$3,454,853

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Division Management	*	2.00	2.00	5.00
Resource Mgmt and Contracts	*	16.89	16.89	28.60
Special Projects - (YEEP)	*	0.00	0.00	2.00
Special Projects - Public Relations	*	<u>0.00</u>	<u>0.00</u>	<u>1.00</u>
Total Staffing	16.95	20.89	20.89	36.60

* Details for 1992-93 budgets are not available at the program level.

Management

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
General Fund support of Marshall Coordinator	0.00	25,175
Pass through for 1994-95 includes State Mental Health Grant carryover which will be rebudgeted in 1994-5 when the State decides how it is to be allocated	0.00	227,816
Building management	0.00	126,535
General inflation and wage increase	0.00	3,579
Total Expenditure Change	3.00	\$689,213

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	2.00	5.00	3.00
Costs	\$641,739	\$1,330,952	\$689,213
Program Revenue	not available	958,924	
Net Revenue Required		\$372,028	

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	0.00	(548,514)
Total Expenditure Change	11.71	(109,415)

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

	FTE's	Dollars
This budget is composed of the Youth Employment and Empowerment Project budgeted in Juvenile Justice in prior years		
Program Development Specialists transferred from Juvenile	2.00	\$95,448
Pass through contracts and other Materials and Services - increased from General Fund based on reduced State Byrne grant by \$\$24,237.	0.00	\$429,525
Total Expenditure Change	2.00	\$524,973

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	0	2.00	2.00
Costs	\$0	\$524,973	\$524,973
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
Total Expenditure Change	1.00	\$70,824

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

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)
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 the final allocation.	0.00	(1,980,100)
Carry over from 1993-94 to be expended in 1994-95 after State decisions as to its allocation	0.00	548,001
Increase in pass through for emergency holds	0.00	183,307
Staff funded with Target Cities grant	1.50	59,706
Additional Involuntary Commitment staff funded with State Mental Health Grant	1.00	61,044
Other changes detailed in program budgets	0.00	20,946
Total expenses	1.50	(\$1,153,707)

Adult Mental Health

Community and Family Svcs

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	28.60	30.10	1.50
Costs	\$15,521,553	\$14,367,846	(\$1,153,707)
Program Revenue	<u>not available</u>	<u>12,219,076</u>	
Net Revenue Required	\$ 0	\$2,148,770	

Budget Trends	1992-93 Actual (est)	1993-94 Adopted (est)	1993-94 Revised	1994-95 Budget
Staffing Levels	21.45	28.60	28.60	29.10
Personal Services	\$1,305,841	\$1,336,199	\$1,336,199	\$1,513,601
Contractual Services	16,594,798	13,857,107	13,857,107	12,582,148
Materials & Supplies	441,469	328,247	328,247	270,097
Capital Outlay	<u>26,480</u>	<u>0</u>	<u>0</u>	<u>2,000</u>
Total Costs	\$18,368,588	\$15,521,553	\$15,521,553	\$14,367,846
Program Revenues	*	*	*	\$12,219,076
Net Revenues Required			*	\$2,148,770

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Program Management	*	\$926,352	\$926,352	\$520,251
Commitment	*	4,205,716	4,205,716	5,012,403
Community Based Services	*	5,326,106	5,326,106	3,343,757
Residential Care Facilities	*	1,565,523	1,565,523	1,877,898
Crisis & Acute Care	*	2,091,374	2,091,374	2,121,520
Specialized Services	*	<u>1,406,482</u>	<u>1,406,482</u>	<u>1,492,017</u>
Total Costs	\$18,368,588	\$15,521,553	\$15,521,553	\$14,367,846

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Program Management		17.60	17.60	6.60
Commitment		11.00	11.00	15.80
Community Based Services		0.00	0.00	4.70
Residential Care Facilities		0.00	0.00	0.50
Crisis & Acute Care		0.00	0.00	2.00
Specialized Services		<u>0.00</u>	<u>0.00</u>	<u>0.50</u>
Total Staffing	21.45	28.60	28.60	30.10

* 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)
State Mental Health Grant carried over from 1993-94 which will be rebudgeted when the State makes final allocations	0.00	100,621
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)	(\$406,101)

	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	17.60	6.60	(11.00)
Costs	\$926,352	\$520,251	(\$406,101)
Program Revenue	not available	293,233	
Net Revenue Required		\$227,018	

Commitment

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 developing a data collection method that will the tracking in the 1995-96 budget of this additional key result:

- 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
Involuntary Commitment investigator added with State Mental Health Grant funding	1.00	61,044
State Mental Health Grant carried over from 1993-94 which will be rebudgeted when the State makes final allocations	0.00	333,317
Increase in pass through contracts for emergency holds	0.00	178,489
Total Expenditure Change	4.80	\$806,687

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	11.00	15.80	4.80
Costs	\$4,205,716	\$5,012,403	\$806,687
Program Revenue	not available	3,840,728	
Net Revenue Required		\$1,171,675	

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)
State Mental Health Grant carried over from 1993-94 which will be rebudgeted when the State makes final allocations	0.00	46,446
Building Management and other operating costs	0.00	9,225
Total Expenditure Change	4.70	(\$1,982,349)

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	0.00	4.70	4.70
Costs	\$5,326,106	\$3,343,757	(\$1,982,349)
Program Revenue	not available	3,095,966	
Net Revenue Required		\$247,791	

Residential Care

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
State Mental Health Grant carried over from 1993-94 which will be rebudgeted when the State makes final allocations	0.00	80,755
Changes in indirect costs on the larger amount	0.00	2,429
Total Expenditure Change	0.50	\$312,375

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	0.00	0.50	0.50
Costs	\$1,565,523	\$1,877,898	\$312,375
Program Revenue	<u>not available</u>	<u>1,836,520</u>	
Net Revenue Required		\$41,378	

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 Expenditure Change	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	n/a
Homeless mentally ill stabilized in housing (number/percent)	n/a	n/a	58 / 2.7%	58 / 2.7%

Community and Family Services is developing data collection methods that will enable the tracking of this additional key result in the 1995-96 budget:

- 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	56,958
Indirect cost on larger amounts	0.00	1,415
Total Expenditure Change	0.50	\$85,535

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	0.00	0.50	0.50
Costs	\$1,406,482	\$1,492,017	\$85,535
Program Revenue	<u>not available</u>	<u>1,096,215</u>	
Net Revenue Required		\$395,802	

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)

Other changes explained in program detail

	FTE's	Dollars
	19.00	\$1,700,807
	5.30	750,270
Total Expenditure Change	24.30	\$2,451,077

Alcohol & Drug Abuse

Community and Family Svcs

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	24.40	48.70	24.30
Costs	\$9,251,723	\$11,702,800	\$2,451,077
Program Revenue	<u>not available</u>	<u>9,951,404</u>	
Net Revenue Required		\$1,751,396	

Budget Trends	1992-93 Actual (est)	1993-94 Adopted (est)	1993-94 Revised	1994-95 Budget
Staffing Levels	16.24	24.40	24.40	48.70
Personal Services	\$711,162	\$811,251	\$811,251	\$2,221,447
Contractual Services	6,748,171	8,201,228	8,201,228	8,854,846
Materials & Supplies	191,436	234,244	234,244	513,607
Capital Outlay	<u>1,347</u>	<u>5,000</u>	<u>5,000</u>	<u>112,900</u>
Total Costs	\$7,652,116	\$9,251,723	\$9,251,723	\$11,702,800
Program Revenues	*	*	*	\$9,951,404
Net Revenues Required				\$1,751,396

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted (est)	1993-94 Revised	1994-95 Budget
Program Management	*	\$380,001	\$380,001	346,668
Community Awareness/Prevention	*	1,617,692	1,617,692	788,666
Assessment	*	0	0	2,258,737
Sobering	*	0	0	765,463
Detoxification	*	878,986	878,986	1,044,482
Adult Residential Treatment	*	1,888,264	1,888,264	2,143,684
Adult Outpatient Treatment	*	2,137,955	2,137,955	1,486,563
Methadone Treatment	*	569,982	569,982	489,765
Adolescent Treatment	*	337,653	337,653	630,732
Gambling Addiction Treatment	*	<u>1,441,190</u>	<u>1,441,190</u>	<u>1,491,242</u>
Total Costs	\$7,652,116	\$9,251,723	\$9,251,723	11,446,002

Alcohol & Drug Abuse

Community and Family Svcs

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

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

Program Management

Alcohol & Drug Abuse Community and Family Svcs

Description

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

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	(42,010)
Professional Services for ADAPT transferred to Community Awareness and Prevention	0.00	(12,528)
State Mental Health Grant carried over from 1993-94 which will be rebudgeted when the State makes final allocations	0.00	100,700
Total Expenditure Change	1.00	\$67,278

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	4.80	5.80	1.00
Costs	\$380,001	\$447,279	\$67,278
Program Revenue	<u>not available</u>	<u>245,681</u>	
Net Revenue Required		\$201,598	

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 Expenditure Change	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

Alcohol & Drug Abuse Community and Family Svcs

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

	FTE's	Dollars
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	18.00	1,700,807
Additional Evaluation Specialists added with CSD funding	1.20	52,000
Building management	0.00	38,933
Transfers from other programs to establish this program	0.00	466,595
Total Expenditure Change	19.20	\$2,258,335

Budget Changes

	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	7.60	26.80	19.20
Costs	\$ 0	\$2,258,335	\$2,258,335
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
Transfers from other programs to establish this program	0.00	688,349
Total Expenditure Change	0.00	\$764,145

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	0	0	0
Costs	\$ 0	\$764,145	\$764,145
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 Expenditure Change	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	<u>not available</u>	<u>809,702</u>	
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 Expenditure Change	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)
Total Expenditure Change	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	not available	1,456,018	
Net Revenue Required		\$30,545	

Methadone Treatment

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 data collection methods that will enable them to report in the 1995-96 budget this additional key result:

- 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)
Total Expenditure Change	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	not available	486,360	
Net Revenue Required		\$3,405	

Adolescent Treatment

Alcohol & Drug Abuse Community and Family Svcs

Description

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

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
Total Expenditure Change	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		<u>277,944</u>	
Net Revenue Required		\$352,788	

Gambling Addiction

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 is developing data collection methods that will enable them to track this additional key result in the 1995-96 budget:

- Number and percent of clients successfully completing treatment and to report their findings.

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
Total Expenditure Change	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	<u>1,441,190</u>	<u>1,491,237</u>	<u>50,045</u>
Net Revenue Required	\$ 0	\$ 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 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.

Explanation of Changes

	FTE's	Dollars
Adds an allocation to match City of Portland support for transitional shelter capacity for women and children experiencing domestic violence	0.00	\$125,875
Adds an allocation for homeless singles	0.00	136,952
Net effect of transfers into and out of Community Action	(9.30)	(433,352)
Other changes detailed in program budgets	3.92	33,491
Total Expenditure Change	(5.38)	(\$137,034)

Community Action

Community and Family Svcs

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	27.48	22.10	(5.38)
Costs	\$10,956,384	\$10,819,350	(\$137,034)
Program Revenue	<u>not available</u>	<u>9,559,498</u>	
Net Revenue Required		\$1,259,852	

Budget Trends	1992-93 Actual	1993-94 Adopted (est)	1993-94 Revised	1994-95 Budget
Staffing Levels	*	27.48	27.48	22.10
Personal Services	\$974,563	\$1,187,829	\$1,187,829	\$993,813
Contractual Services	5,482,741	9,376,887	9,376,887	9,534,247
Materials & Supplies	352,030	360,268	360,268	291,290
Capital Outlay	<u>28,673</u>	<u>31,400</u>	<u>31,400</u>	<u>0</u>
Total Costs	\$6,838,007	\$10,956,384	\$10,956,384	\$10,819,350
Program Revenues	*	*		\$9,559,498
Net Revenues Required				\$1,259,852

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted (est)	1993-94 Revised	1994-95 Budget
Program Management	*	\$476,264	\$476,264	\$201,551
Anti-Poverty and Housing Stabilization	*	5,529,153	5,529,153	5,790,399
Low Income Energy Assistance	*	3,237,309	3,237,309	3,169,758
Low Income Weatherization	*	<u>1,713,658</u>	<u>1,713,658</u>	<u>1,657,642</u>
Total Costs	\$6,838,007	\$10,956,384	\$10,956,384	\$10,819,350

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted (est)	1993-94 Revised	1994-95 Budget
Program Management	*	13.68	13.68	3.00
Anti-Poverty and Housing Stabilization	*	5.80	5.80	11.10
Low Income Energy Assistance	*	1.00	1.00	1.00
Low Income Weatherization	*	<u>7.00</u>	<u>7.00</u>	<u>7.00</u>
Total Staffing	*	27.48	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 Expenditure Change	(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

	FTE's	Dollars
Partial Health Svcs Spec transferred from Children's Mental Health and Youth Program Office	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
Support for clients suffering from domestic violence	0.00	125,875
Support for homeless singles program	0.00	136,952
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.	0.00	0
Reduction in contracts based on outside funding sources	0.00	(188,319)
Total Expenditure Change	5.30	\$261,246

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	5.80	11.10	5.30
Costs	\$5,529,153	\$5,790,399	\$261,246
Program Revenue	not available	4,818,932	
Net Revenue Required		\$971,467	

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 Expenditure Change	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	7.00	0.00
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

Other changes explained in detail budgets

	FTE's	Dollars
	0.00	1,172,553
	1.00	1,149,263
	11.23	447,401
Total Expenditure Change	12.23	\$2,769,217

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

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	55.87	68.10	12.23
Costs	\$12,134,507	\$14,903,724	\$2,769,217
Program Revenue	<u>not available</u>	<u>8,105,589</u>	
Net Revenue Required		\$6,798,135	

Budget Trends	1992-93 Actual	1993-94 Adopted (est)	1993-94 Revised	1994-95 Budget
Staffing Levels	47.81	55.87	55.87	68.10
Personal Services	\$1,808,603	\$2,727,826	\$2,727,826	\$3,384,559
Contractual Services	3,240,069	8,817,532	8,817,532	10,999,238
Materials & Supplies	442,664	584,555	584,555	471,438
Capital Outlay	<u>34,424</u>	<u>4,594</u>	<u>4,594</u>	<u>48,489</u>
Total Costs	\$5,525,760	\$12,134,507	\$12,134,507	\$14,903,724
Program Revenues	*	*	*	\$8,105,589
Net Revenues Required				\$6,798,135

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted (est)	1993-94 Revised	1994-95 Budget
Program Management	*	\$471,988	\$471,988	\$606,111
Managed Mental Health Care	*	4,498,018	4,498,018	3,992,010
Community-based Mental Health Care	*	1,167,207	1,167,207	1,131,234
School-based Mental Health Care	*	477,607	477,607	827,992
Specialized Services	*	910,127	910,127	1,077,588
Growth Promotion	*	295,338	295,338	306,692
Family Centers	*	2,308,319	2,308,319	3,593,183
Prevention	*	872,272	872,272	896,004
Intervention	*	1,133,631	1,133,631	1,175,794
Level 7	*	<u>0</u>	<u>0</u>	<u>1,297,116</u>
Total Costs	\$5,525,760	\$12,134,507	\$12,134,507	\$14,362,434

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

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	*	11.17	11.17	9.25
Managed Mental Health Care	*	22.20	22.20	26.00
Community-based Mental Health Care	*	2.00	2.00	3.00
School-based Mental Health Care	*	6.77	6.77	13.62
Specialized Services	*	9.73	9.73	12.23
Growth Promotion	*	0.00	0.00	0.00
Family Centers	*	1.00	1.00	1.00
Prevention	*	1.25	1.25	1.00
Intervention	*	1.75	1.75	1.00
Level 7	*	<u>0.00</u>	<u>0.00</u>	<u>1.00</u>
Total Staffing	47.81	55.87	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 Youth Svcs Administrator, Prog Dev Spec, and OA Sr transferred to Nondepartmental Children and Families Commission	(1.00)	(41,482)
0.5 Health Svcs Spec transferred to Community Action	(3.00)	(46,295)
Clinical Supervisor transferred to Specialized Services	(0.50)	(24,488)
Cut balance of Prog Dev Specialist position left after 1993-94 adopted budget reductions	(0.50)	(34,043)
Carry over of contracts for youth service providers -- held in Program Management until the State makes final allocations	(0.12)	(5,953)
Added contractual allotment to conduct an inventory of child abuse resources and to design an appropriate information system	0.00	41,667
General inflation and wage increase	0.00	82,968
	0.00	50,481
Total Expenditure Change	(1.92)	\$134,123

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	11.17	9.25	(1.92)
Costs	\$471,988	\$606,111	\$134,123
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)
Carryover of State Mental Health Grant, \$437,038, and Partners Project, \$3,630, funded contracts	0.00	440,668
Total Expenditure Change	0.00	(\$506,008)

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	22.20	26.00	3.80
Costs	\$4,498,018	\$3,992,010	(\$506,008)
Program Revenue	not available	3,776,720	
Net Revenue Required		\$215,290	

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
Program Dev Specialist added in 1993-94 with State Mental Health funds	1.00	\$13,951
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 Expenditure Change	3.00	(\$35,973)

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	2.00	3.00	1.00
Costs	\$1,167,207	\$1,131,234	(\$35,973)
Program Revenue	<u>not available</u>	<u>504,692</u>	
Net Revenue Required		\$626,542	

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	167,110
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	103,046
Adds Mental Health Consultants to Albina Head Start using Title XIX funds	1.58	80,229
Total Expenditure Change	6.85	\$350,385

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	6.77	13.62	6.85
Costs	\$477,607	\$827,992	\$350,385
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
Mental Health Consultants added as staff support to the CARES project	2.00	113,766
General inflation and wage increases	0.00	19,652
Total Expenditure Change	0.50	\$167,461

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	9.73	10.23	0.50
Costs	\$910,127	\$1,077,588	\$167,461
Program Revenue	<u>not available</u>	<u>169,295</u>	
Net Revenue Required		\$908,293	

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	Dollars
	0.00	\$11,354
Total Expenditure Change	0.00	\$11,354

Budget Changes

	1993-94 Adopted (est)	1994-95 Budget	Change
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	

Children's Mental Health and Youth Program Office

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 Expenditure Change	0.00	\$1,284,864

	1993-94 Adopted (est)	1994-95 Budget	Change
Budget Changes			
Staffing Level	1.00	1.00	0.00
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

Transfers partial Program Dev Specialist to Nondepartmental Children and Families Commission
General inflation

	FTE's	Dollars
Transfers partial Program Dev Specialist to Nondepartmental Children and Families Commission	(0.25)	(11,992)
General inflation	0.00	35,654
Total Expenditure Change	(0.75)	\$23,732

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	1.25	1.00	(0.25)
Costs	872,272	\$896,004	\$23,732
Program Revenue	<u>not available</u>	<u>503,405</u>	
Net Revenue Required		\$392,599	

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	(0.75)	(30,527)
Adds support for food for homeless youth	0.00	25,175
General inflation and wage increase	0.00	47,515
Total Expenditure Change	(0.25)	\$42,163

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	1.75	1.00	(0.75)
Costs	\$1,133,631	\$1,175,794	\$42,163
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

Community and Family Services is developing tracking systems that will enable them to report these additional key results in the 1995-96 budget:

- 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	1,252,121
Total Expenditure Change	1.00	\$1,297,116

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	0.00	1.00	1.00
Costs	\$ 0	\$1,297,116	\$1,297,116
Program Revenue	0	1,297,116	1,297,116
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.

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)
Other changes detailed in program budgets	0.00	48,955
Total Expenditure Change	(1.20)	\$(17,070)

Community Development

Community and Family Svcs

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	8.00	6.80	(1.20)
Costs	\$2,839,288	\$2,822,218	(\$17,070)
Program Revenue	<u>not available</u>	<u>2,821,622</u>	
Net Revenue Required		\$596	

Budget Trends	1992-93 Actual	1993-94 Adopted (est)	1993-94 Revised	1994-95 Budget
Staffing Levels	6.56	8.00	8.00	6.80
Personal Services	\$331,096	\$419,121	\$419,121	\$348,270
Contractual Services	637,717	2,301,373	2,301,373	2,401,949
Materials & Supplies	102,000	116,794	116,794	69,506
Capital Outlay	<u>2,209</u>	<u>2,000</u>	<u>2,000</u>	<u>2,493</u>
Total Costs	\$1,072,842	\$2,839,288	\$2,839,288	\$2,822,218
Program Revenues	*	*	*	\$2,821,622
Net Revenues Required				\$596

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted (est)	1993-94 Revised	1994-95 Budget
Program Management and Advocacy	*	\$233,875	\$233,875	\$152,095
Housing Development / Rehabilitation	*	1,386,434	1,386,434	1,420,970
Public Works	*	<u>1,218,980</u>	<u>1,218,980</u>	<u>1,248,557</u>
Total Costs	\$1,072,842	\$2,839,288	\$2,839,288	\$2,822,218

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted (est)	1993-94 Revised	1994-95 Budget
Program Management and Advocacy	*	3.50	3.50	2.30
Housing Development / Rehabilitation	*	2.50	2.50	2.50
Public Works	*	<u>2.00</u>	<u>2.00</u>	<u>2.00</u>
Total Staffing	6.56	8.00	8.00	6.80

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

Program Mgmt & Advocacy

Community Development Community and Family Svcs

Description

The Program Management and Advocacy Unit is responsible for administering the Community Development program in accordance with rules and guidelines promulgated by 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 Expenditure Change	(1.20)	(\$81,639)

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	3.50	2.30	(1.20)
Costs	\$233,875	\$152,236	(\$81,639)
Program Revenue	<u>not available</u>	<u>152,236</u>	
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	Dollars
	0.00	\$34,905
Total Expenditure Change	0.00	\$34,905

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	2.50	2.50	0.00
Costs	\$1,386,433	\$1,421,338	\$34,905
Program Revenue	not available	1,420,970	
Net Revenue Required		\$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.

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.

Explanation of Changes

The 1993-94 budget was adopted before the Legislature had completed its deliberations. The final allocation of State Mental Health to contracted services was much higher in the Developmental Disabilities program area than was originally budgeted, and correspondingly lower in other areas. The 1994-95 budget reflects this pattern.

Positions increased based on increased Title XIX reimbursements in Developmental Disabilities programs.

Local Solutions program assisting clients aged 18-26 in obtaining and retaining employment

Other changes explained in detail programs

	FTE's	Dollars
	0.00	\$4,689,025
	4.30	150,377
	3.00	215,564
		374,395
Total Expenditure Change	7.30	\$5,429,361

Developmental Disabilities Community and Family Svcs

	1993-94	1994-95	
Budget Changes	<u>Adopted (est)</u>	<u>Budget</u>	<u>Change</u>
Staffing Level	64.30	71.60	7.30
Costs	\$19,575,851	\$25,005,212	\$5,429,361
Program Revenue	<u>not available</u>	<u>23,737,940</u>	
Net Revenue Required		\$1,267,272	

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	55.25	64.30	64.30	68.60
Personal Services	\$2,252,672	\$2,788,926	\$2,788,926	\$3,213,164
Contractual Services	15,862,183	16,146,188	16,146,188	21,205,634
Materials & Supplies	683,598	627,665	627,665	576,414
Capital Outlay	<u>17,360</u>	<u>13,072</u>	<u>13,072</u>	<u>10,000</u>
Total Costs	\$18,815,813	\$19,575,851	\$19,575,851	\$25,005,212
Program Revenues	*	*	*	\$23,737,940
Net Revenues Required				\$1,267,272

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	*	\$825,673	\$825,673	\$1,129,756
Vocational Services	*	5,767,575	5,767,575	7,045,911
Residential Services	*	10,870,935	10,870,935	14,493,483
Adult Services Coordination	*	493,389	493,389	531,527
Youth Services Coordination	*	674,938	674,938	739,409
Protective Services	*	166,980	166,980	161,733
Intake and Assessment	*	174,741	174,741	167,126
Specialized Services	*	<u>601,620</u>	<u>601,620</u>	<u>736,267</u>
Total Costs	\$18,815,813	\$19,575,851	\$19,575,851	\$25,005,212

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	*	10.50	10.50	10.50
Vocational Services	*	2.00	2.00	5.00
Residential Services	*	15.90	15.90	15.90
Adult Services Coordination	*	10.00	10.00	11.00
Youth Services Coordination	*	13.80	13.80	14.80
Protective Services	*	3.00	3.00	3.00
Intake and Assessment	*	3.50	3.50	3.50
Specialized Services	*	<u>5.60</u>	<u>5.60</u>	<u>7.90</u>
Total Staffing	55.25	64.30	64.30	71.60

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

Program Management

Developmental Disabilities Community and Family Svcs

Description

Program Management is responsible for maximizing and stabilizing the delivery system 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
Carry over of 1993-94 State Mental Health Grant, appropriated in Program Management until the State makes final allocations	0.00	201,400
General inflation and wage increases	0.00	38,038
Total expenditure	0.00	\$304,083

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	10.50	10.50	0.00
Costs	\$825,673	\$1,129,756	\$304,083
Program Revenue	<u>not available</u>	<u>772,009</u>	
Net Revenue Required		\$357,747	

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

	FTE's	Dollars
Changes in State funded pass through contracts	0.00	\$1,059,528
Local Solutions project: employment program for clients aged 18-26.		
Adds 3.0 Case Manager 2 positions, \$30,000 of contractual pass-through support, and associated equipment, services, and supplies	3.00	215,564
General inflation and wage increase	0.00	3,244
Total Expenditure Change	3.00	\$1,278,336

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	2.00	5.00	3.00
Costs	\$5,767,575	\$7,045,911	\$1,278,336
Program Revenue	not available	6,982,232	
Net Revenue Required		\$63,679	

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 Expenditure Change	0.00	3,622,548

Budget Changes	1993-94 Adopted (est)	1994-95 Budget	Change
Staffing Level	15.90	15.90	0.00
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	Dollars
	1.00	\$38,138
Total Expenditure Change	1.00	\$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	<u>not available</u>	<u>479,207</u>	
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 Expenditure Change	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	<u>not available</u>	<u>638,942</u>	
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)
Total Expenditure Change	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)
Total Expenditure Change	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	

Specialized Services

Developmental Disabilities 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 Expenditure Change	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	<u>not available</u>	<u>575,877</u>	
Net Revenue Required		\$160,390	