

Department: County Human Services

Program Contact: Marina Khalina

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

ISSUE: As people age, the risk for developing chronic health conditions such as diabetes or heart disease increases. Adults with chronic conditions have higher rates of hospital admissions. The risk of falling also increases with age. Studies show that falls result in health decline and potential hospitalization. Failure to follow care plans after a hospital stay can lead to return visits to the hospital.

PROGRAM GOAL: The goal of this program offer is to support participants' health and safety. It gives participants skills to manage their own health as they age. The programs funded in this offer are proven to reduce participants' hospitalization rates.

PROGRAM ACTIVITIES: This offer includes two separate programs. Evidence-Based Health Promotion (EBHP) programs teach people how to manage chronic health conditions and avoid falls. EBHP includes a variety of courses and workshops offered by community partners. Topics include diabetes prevention, chronic disease self-management, Tai Chi, and walking groups. These courses help reduce social isolation and support healthy aging. Several culturally-specific partners offer EBHP activities to increase access to more communities.

The Care Transitions program supports people who were recently hospitalized due to a chronic health condition. Coaches visit participants at home to help them understand and follow their care plan. They review medications and discuss red flags related to participants' health conditions. Coaches help participants take an active role in managing their health.

PROGRAM OUTPUTS:

- Fund contracted partners to provide Evidence-Based Health Promotion (EBHP) courses.
- Coach people after they have left a hospital stay to encourage success with their care plan.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of evidence based health promotion (EBHP) courses offered	19	25	20	20
Output	Number of participants served by Care Transitions	517	480	550	535

Performance Measures Descriptions

¹Includes the full Metro Care Transitions Program, which includes Multnomah, Clackamas, Washington and Yamhill County residents.

Legal / Contractual Obligation

The federal Older Americans Act requires funding be used for evidence-based activities that meet their standards for effectiveness as tested through clinical trials.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$405,056	\$0	\$140,932
Contractual Services	\$91,633	\$123,335	\$113,050	\$98,804
Materials & Supplies	\$12,408	\$1,586	\$12,408	\$12,022
Internal Services	\$0	\$98,514	\$0	\$63,424
Total GF/non-GF	\$104,041	\$628,491	\$125,458	\$315,182
Program Total:	\$732,532		\$440,640	
Program FTE	0.00	3.00	0.00	1.00

Program Revenues				
Intergovernmental	\$0	\$378,538	\$0	\$54,182
Other / Miscellaneous	\$0	\$249,953	\$0	\$261,000
Total Revenue	\$0	\$628,491	\$0	\$315,182

Explanation of Revenues

This program generates \$20,294 in indirect revenues.

\$261,000 - Providence Health Services – Metro Care Transitions (Local)

\$32,128 - Title IIID (OAA – Health Promotion) (Federal)

\$22,054 - ADRC – Person Centered Option Counseling Medicaid (State)

Significant Program Changes

Last Year this program was: FY 2025: 25034 ADVSD Health Promotion

Decreased by 2.00 FTE Case Manager 2.