

Division: Integrated Clinical Services

Program Characteristics:

Program Description

Allied Health (AH) integrates Behavioral Health (BH) and Community Health Worker (CHW) services, which are critical to our core clinical operations. This integration is delivered through two primary components:

-AH-Integrated Behavioral Health (AH-IBH) offers mental health assessment, diagnosis and brief evidence-based psychotherapy, long-term mental health support, and peer support for patients experiencing complex medical, mental health, and/or substance use disorders. As part of the primary care medical team, AH-IBH provides care coordination, consultation, peer support, and education regarding psychosocial treatments and specific behavioral issues or barriers that arise related to a patient's health issues. Services are provided via telehealth or office visits.

-The AH-Community Health Worker (AH-CHW) program serves clients who experience barriers to care that may keep them from achieving their health goals and optimal health outcomes. Our CHWs work with clients on the social determinants of health (SDOH) and health education/promotion related to their clinical care needs. In addition to direct client services, SDOH work includes establishing partnerships in the community. CHWs serve as bridge-builders and liaisons with case managers and other client advocates and also facilitate health education/promotion.

In 2025, two of the top five primary diagnoses addressed within all patient visits were mental health diagnoses. In order to serve clients where they are, in both a geographical sense and readiness, Allied Health teams reflect the populations served, including a majority of staff who are bilingual, bicultural, and have other relatable lived experiences.

Equity Statement

The Multnomah County Community Health Center's vision is to ensure all people in our community receive reliable, inclusive, and high-quality healthcare. We do this with a workforce that reflects the diversity of our communities and by reducing the financial, administrative, language, and social barriers that contribute to health inequities. Our core values emphasize providing care that is tailored to each individual's needs and centered on equity and measurable health outcomes.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$7,361,629	\$0	\$6,918,537
Contractual Services	\$0	\$117,502	\$0	\$19,800
Materials & Supplies	\$0	\$328,059	\$0	\$199,979
Internal Services	\$0	\$1,917,583	\$0	\$1,815,917
Total GF/non-GF	\$0	\$9,724,773	\$0	\$8,954,233
Total Expenses:	\$9,724,773		\$8,954,233	
Program FTE	0.00	45.50	0.00	41.45
Program Revenues				
Intergovernmental	\$0	\$1,458,651	\$0	\$1,112,678
Other / Miscellaneous	\$0	\$198,301	\$0	\$0
Beginning Working Capital	\$0	\$1,224,142	\$0	\$1,224,142
Service Charges	\$0	\$6,843,679	\$0	\$6,617,413
Total Revenue	\$0	\$9,724,773	\$0	\$8,954,233

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of unique patient encounters completed with a behavioral health provider	27,880	28,000	28,000
Number of unique patient encounters completed with a Community Health Worker	11,400	14,000	14,000