

**Department:** Health Department      **Program Contact:** Kim Toevs  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Adopted  
**Related Programs:**  
**Program Characteristics:** One-Time-Only Request

**Executive Summary**

As a core component of the local public health authority (LPHA) and public health system, the communicable disease (CD) programming protects community health by responding to reportable communicable diseases with prompt disease investigation and limits the spread of these diseases through disease control interventions, which adheres to Oregon Health Authority (OHA) guidelines. Responding to COVID-19 has become and will continue to be a critical aspect of LPHA and CD activities. Providing epidemiology, facilities outreach and outbreak investigation, and contract tracing within a culturally and linguistically appropriate framework is a public health strategy that can help contain the spread of COVID-19.

**Program Summary**

Public Health continues to implement COVID-19 epidemiology, facilities outreach and outbreak investigation, and contact tracing for high risk populations in line with OHA's LPHA guidelines. The goal is to slow community disease transmission, particularly for BIPOC communities and other vulnerable and priority populations. Epidemiologists, community health nurses, and disease intervention specialists comprise the investigation and response teams, which are the backbone of surveillance, outbreaks investigation, and contract tracing. This infrastructure sits within the Public Health's Office of the Director and CD programs and works together with Public Health's Community Partnerships & Capacity Building team, the Department of County Human Services, and numerous culturally specific community-based organizations (CBO) to ensure that community members are connected to community health workers (CHWs) and isolation and quarantine resources.

Staff reflect the demographics of the county, providing culturally and linguistically responsive capacity to continue to meet State, OHA, and Multnomah County criteria; respond to outbreaks; and implement strategies focused on BIPOC communities and other vulnerable and priority populations. For high risk populations and congregate care settings, Public Health investigators work to identify close contacts, work sites, living quarters, health care settings and provide health education and consultation for facilities. For identified outbreaks in congregate residential settings, the program coordinates testing, PPE, infection control inspections, and quarantine/isolation planning with the facility and state partners.

Epidemiologists utilize data from the regional datamart to monitor local COVID trends, including racial or ethnic disparities related to COVID diagnoses or vaccine access. These data enable the County to focus COVID-19 response on communities most impacted by the pandemic, as evidenced by the COVID-19 BIPOC Plan. Public Health contracts with a number of culturally specific CBOs and convenes a number of culturally specific groups to engage populations most disparately impacted and ensure that community members influence the design of COVID-19 response.

**Performance Measures**

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of COVID-19 cases interviewed	20,586	15,000	6,485	N/A
Outcome	% of staff with a language or culturally specific KSA	52%	50%	45%	40%
Output	# of outbreaks managed	1,195	500	1,452	500
Output	# of outreach and prevention activities with facilities and high risk populations	N/A	N/A	N/A	50

**Performance Measures Descriptions**

In January 2022 individual case interviews were discontinued to focus capacity on more effective interventions to slow the spread of the Omicron variant. FY23 output measures reflect the changing Public Health interventions at this phase of the pandemic. The focus of the work has moved to high risk populations and settings. Individual case investigations and contact tracing will only occur in relation to a facility outbreak. An output measure has been added in FY23 to track the number of outreach and prevention interventions targeting high risk populations and settings.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2022	2022	2023	2023
Personnel	\$0	\$4,042,841	\$0	\$4,357,243
Contractual Services	\$0	\$752,448	\$0	\$133,585
Materials & Supplies	\$0	\$118,191	\$0	\$83,460
Internal Services	\$0	\$0	\$0	\$226,432
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$4,913,480</b>	<b>\$0</b>	<b>\$4,800,720</b>
<b>Program Total:</b>	<b>\$4,913,480</b>		<b>\$4,800,720</b>	
<b>Program FTE</b>	0.00	0.00	0.00	34.80

Program Revenues				
Intergovernmental	\$0	\$4,913,480	\$0	\$4,800,720
<b>Total Revenue</b>	<b>\$0</b>	<b>\$4,913,480</b>	<b>\$0</b>	<b>\$4,800,720</b>

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - \$ 4,800,720

Significant Program Changes

**Last Year this program was:** FY 2022: 40199A ARP - Public Health - Contact Tracing

In FY23, this program was renamed to better reflect its scope of work. The 34.80 FTE in this program are changed from Limited Duration to permanent positions.

This program falls under the Public Health Emergency Response ARP priority area.