

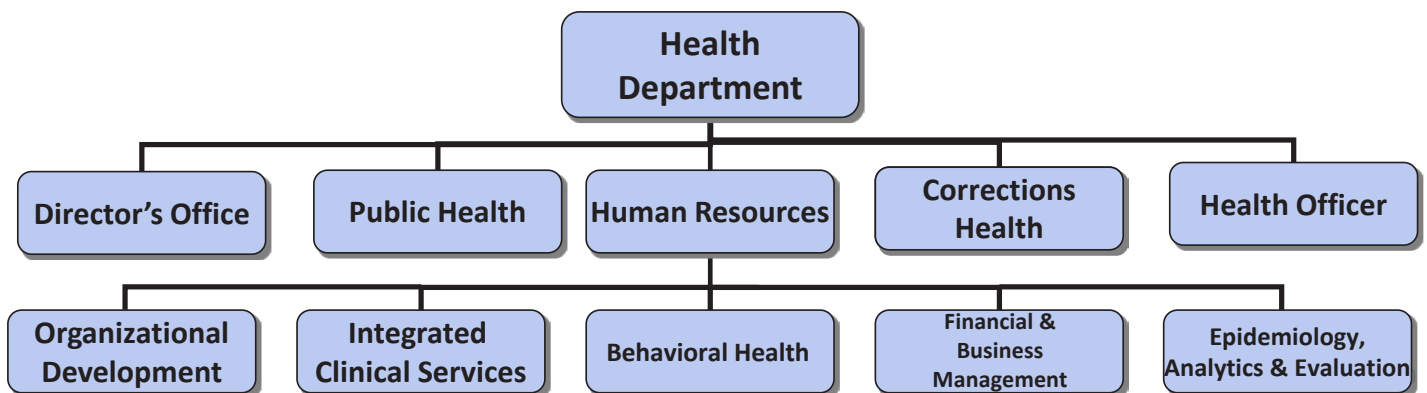
### Department Overview

The Health Department’s work is anchored in our vision of “thriving communities that nurture the health and resilience of all.” Our mission affirms, “we work with communities to advance health equity, protect the most vulnerable, and promote health and wellness for everyone.” The Health Department acknowledges that racism negatively affects the health of many who live in our county, and works to commit to accelerating our progress in addressing racial inequities. In order to best reach the diverse populations we serve, the Health Department has specialized programs and services located throughout our region.

The Health Department:

- Prevents disease outbreaks
- Promotes healthy and safe behaviors
- Tracks the safety of our air, ground and water
- Monitors and treats communicable and sexually transmitted diseases
- Provides medical and dental care for diverse and economically vulnerable populations
- Disseminates critical health alerts and warnings during public health emergencies
- Provides medical and behavioral health care for individuals housed in the county’s jails and the juvenile detention facility
- Ensures the accessibility of trauma-informed behavioral health crisis services, early childhood and school-based mental health services, and suicide prevention services
- Manages specialized behavioral health care for people experiencing serious mental illness
- Partners in the development of policies and standards that address existing and emerging community health challenges.

In FY 2022, the Department’s strategic priorities will center on our COVID-19 response. These priorities will shift periodically to address evolving community needs. Our current strategic goals are: 1. Minimize the impacts and spread of COVID-19 and assure access to critical and essential services, 2. Prevent serious illness and death among our most vulnerable community members, 3. Prioritize internal infrastructure to shore up the COVID-19 response, 4. Facilitate the coordination of COVID-19 related strategies and communications within the County, and 5. Support the wellbeing and effectiveness of our workforce.



### Budget Overview

The FY 2022 Health Department Proposed budget is \$356.9 million, which, at this time, excludes COVID-19 specific funding<sup>1</sup>. This is a \$20.0 million increase from the FY 2021 Adopted budget excluding COVID-19 funding. General Fund expenditures make up \$173.9 million (48.7%) of the total, an increase of \$14.0 million or 8.7%. \$62.1 million of the General Fund expenditures are attributable to Medicaid and Federally Qualified Health Center (FQHC) Alternative Payment Method and Patient Centered Primary Care Home Program funds, an increase of \$7.9 million over the FY 2021 Adopted budget. The remainder of the Health budget (\$183.1 million) comes from Federal/State revenue, Medicaid, and fees.

This budget restores \$1.56 million for several Behavioral Health and Corrections Health programs. Additionally, this budget continues support for several critical and mandated programs throughout the Health Department.

The FY 2022 General Fund allocation includes \$1.16 million for:

Human Resources: WESP Coordinator (40039B)	\$88,960
Corrections Health Management Restructuring (40050F)	\$196,246
New Medical Examiner (40052B)	\$126,184
Crisis Services Wrap Around Backfill (40069B)	\$104,687
Community-Based MH Services for Children and Families – Culturally Specific Clients (40080B)	\$160,000
Multnomah County Care Coordination – Youth Care Coordination Backfill (40081B)	\$295,862
Culturally Specific, Justice Involved Addictions Benefit Coordination (40085C)	\$186,000

The allocation also includes \$352,000 for new, one-time-only funding for:

Law Enforcement Assisted Diversion (Lead) Transition (40085D)	\$252,000
Mapping Study of Services for Immigrant & Refugee Communities (40000C)	\$100,000

A list of programs funded as one-time-only can be found in the Budget Director’s Message.

<sup>1</sup> Note that the FY 2021 Adopted budget included funding for COVID-19 specific activities. For the FY 2022 Proposed budget funding for these activities are budgeted in NOND.

Budget Trends	FY 2020	FY 2021	FY 2021	FY 2022	Difference
	Actual	Estimate	Adopted Budget	Proposed Budget	
Staffing FTE	1,404.64	1,412.22	1,412.22	1,424.18	11.96
Personnel Services	\$180,579,892	\$212,867,611	\$210,707,924	\$206,272,993	(\$4,434,931)
Contractual Services	65,767,384	71,000,923	77,307,155	65,365,762	(11,941,393)
Materials & Supplies	28,476,527	40,869,814	29,453,817	32,284,225	2,830,408
Internal Services	45,752,721	48,508,621	48,755,922	52,604,935	3,849,013
Capital Outlay	<u>344,667</u>	<u>38,390</u>	<u>300,000</u>	<u>402,328</u>	<u>102,328</u>
<b>Total Costs</b>	<b>\$320,921,191</b>	<b>\$373,285,359</b>	<b>\$366,524,818</b>	<b>\$356,930,243</b>	<b>(\$9,594,575)</b>

## Successes and Challenges

Despite the need to pivot our strategy and service approach to meet the challenges of the COVID-19 pandemic, the Health Department achieved significant accomplishments in FY 2021. In partnership with Emergency Management, Public Health and the Health Officer built an Emergency Operations Center (EOC) with a unified command structure to facilitate a coordinated response. The approach integrated public health principles and expertise, pausing to evaluate and improve access to information and resources in a fast moving and unpredictable environment. As impacts to our Black, Indigenous, Latino, Asian, Pacific Islander and other communities of color became more glaring, the EOC shifted to integrate community specific liaisons. Public Health produced the BIPOC COVID Strategic Framework which influenced the development of parallel plans in the Black and Latino communities. Our commitment to lead with race influenced resource allocation at the state and regional levels. All of our divisions contributed their resources, often deploying entire teams to support the response. Accomplishments Include:

- Integration of telehealth visits across all service areas; an approach that increased patient access and reduced the number of no-shows,
- Recruitment and onboarding of an expanded, diverse contact tracing and disease investigation workforce,
- Development of robust communications strategy with translation into over 20 languages. Our materials were featured on the Oregon Health Authority's COVID web pages,
- Disbursement of over \$12.6 million to community based organizations and small businesses to support the economic recovery and essential needs of communities hardest hit by the pandemic,
- Rapid shift to remote learning platforms to support virtual training and technical assistance, and
- Investments in facility infrastructure and Increased safety protocols and PPE usage for essential services.

The Health Department could not have predicted the challenges we would face as a lead agency responding to the pandemic, in the midst of wildfires and a resurgence of violent racism. Throughout the past year, the department has been agile, shifting our approaches to address community need. Our principal challenges included:

- Temporary closures of clinics and service areas that initially resulted in fewer health care visits and lost revenue.
- The volume of hardship exemptions granted to critical and essential staff. Entire service areas were impacted by a reduction in workforce capacity.
- Gaps in regulatory inspections and citations.
- Initial losses in productivity and impacts on staff morale as teams shifted to teleworking with inadequate supports and/or unrealistic remote work expectations.
- Heightened levels of stress and trauma for BIPOC staff and our client community in the aftermath of the killings of George Floyd, Breonna Taylor, and Ahmaud Arbery, and resulting protests and civil unrest.
- High levels of stress for teams deployed in the COVID-19 response.

## COVID-19 Impacts

COVID-19 had significant impacts across the Health Department in FY 2021. The Department has and will continue to play an integral role in the County's response to COVID-19. Departmental operations, resources, and revenue all saw changes which will continue into FY 2022.

The Department utilizes the Regional COVID-19 Dashboard, testing data, client data, and community input to analyze racial disparities and tailor COVID-19 response to BIPOC and other vulnerable communities. The Health Department, under the guidance of Public Health and the Health Officer lead the response in collaboration with Emergency Management. They partner across the department, the County and with external stakeholders.

The Department's COVID-19 response includes a number of components. Key activities are contact tracing; outbreak response; testing and vaccination in clinical, community, and corrections settings; and vaccination for County staff; crisis counseling, behavioral health services, and culturally specific isolation/quarantine supports address the needs of impacted community members. Other work includes communications and technical assistance to community partners, businesses, congregate facilities, and other stakeholders. Regional partnerships with culturally specific community based organizations, health systems, community providers, and public health authorities are central to the Department's response efforts. Departmental infrastructure such as human resources, project management, financial management and compliance, procurement, and contract management also play a critical role in shoring up the overall COVID-19 response.

The COVID-19 response has required, and will continue to require, increases in culturally and linguistically diverse staff; contracts to culturally specific community partners; personal protective gear (PPE) and other supply costs. The response has been resourced through multiple funding streams, including the CARES Act; State funding; other direct and passthrough Federal funding; and County General Fund. The Department anticipates continued State and Federal resources. The State Special Session and Legislative Emergency Board and Federal Consolidated Appropriations Act have already been approved. Additional State and Federal opportunities are expected.

Operational changes outside of the COVID-19 response in FY 2021 include intermittent clinic and site closures; a shift to remote services (telehealth, virtual inspections, virtual training and technical assistance); and increased safety protocols and PPE usage for essential services delivered in-person. Also, many staff were on hardship exemption or part of COVID-19 response. These factors all impacted service capacity, resulting in fewer clients/visits and lost revenue, reduced community reach, and gaps in regulatory inspections and citations.

In FY 2022, the Department anticipates continuing with a mix of remote and in-person services with the intent of ramping up in-person services as much as is safe and possible. Lessons have been learned from the shift to remote services such as our ability to reduce barriers and provide more equitable access for clients and community members. As the County navigates the ongoing impacts of COVID-19, the Department will balance multiple factors, including health equity, safety, client and community input, and our fiscal reality.

### Diversity, Equity, and Inclusion

The Health Department continues to deepen our commitment to diversity, equity and inclusion. Our Office of Equity and Inclusion (OEI) partners with division leaders to seed transformational efforts that further racial justice. OEI also coordinates the implementation of our Workforce Equity Strategic Plan (WESP).

In FY 2021, OEI piloted the Equity Leadership Program (ELP). This department-wide initiative trained 30 employees typically underrepresented in leadership development programs, to conduct research and develop detailed proposals for a more thorough implementation of the WESP. Participants focused on six priority areas: position descriptions, interview panels, career pathways, mentoring, manager onboarding, and ADA accommodations.

The Equity Leadership Program set the expectation of deeper employee engagement and ownership of the WESP. The Equity Leadership Program is the first formal offering that invests in building project management and leadership skills among employees of color and other employees who are underrepresented in the Health Department.

In the coming year, OEI will engage in transformational equity work at a broader scale by partnering with the Department's Organizational Learning team to launch a learning series that deepens employee confidence and capabilities in leading inclusively with race. This series will cover topics such as power and positionality, anti-blackness, implicit bias and microaggressions, equity lens application, and building skill to engage in conversations on racism. Cohorts for managers and supervisors will include peer coaching.

### Budget by Division

Division Name	FY 2022 General Fund	Other Funds	Total Division Cost	Total FTE
Director's Office	\$3,846,085	\$0	\$3,846,085	8.00
Financial & Business Management	11,819,453	0	11,819,453	56.30
Human Resources	3,726,843	0	3,726,843	20.68
Organizational Development	2,796,371	0	2,796,371	14.80
Health Officer	4,662,984	2,444,742	7,107,726	29.88
Public Health	29,610,874	34,035,468	63,646,342	276.82
Integrated Clinical Services	61,956,881	85,048,947	147,005,828	638.87
Corrections Health	27,115,508	0	27,115,508	117.83
Behavioral Health	\$23,431,461	\$61,532,763	\$84,964,224	247.00
Epidemiology, Analytics and Evaluation	<u>4,901,863</u>	<u>0</u>	<u>4,901,863</u>	<u>14.00</u>
<b>Total Health Department</b>	<b>\$173,868,323</b>	<b>\$183,061,920</b>	<b>\$356,930,243</b>	<b>1,424.18</b>

### Director's Office

The Health Department's Director's Office provides executive leadership and strategic direction in service to the department's mission, vision and values. The Director's Office works with elected leaders, stakeholders, health system partners, community members and staff to ensure that department services advance health equity and promote health and wellness for everyone in Multnomah County.

The Director's Office is responsible for ensuring that the Department meets its strategic objectives while fostering a culture that supports a diverse and qualified workforce. The Office is a primary liaison to Federal, State, County and local elected officials. The Director works with other County departments and community partners to further innovation in prevention and population-based community health services and outcomes. The Director also collaborates with a wide range of local non-profit organizations, health systems partners and local agencies to provide safety-net health care and behavioral health care services to improve public health across the region.

The Director's Office convenes the Department Leadership Team to provide strategic direction, solve shared problems, ensure organizational alignment, and assume collective responsibility for the Department's performance in service to its mission.

### Significant Changes

The Director's Office has new leadership. Ebony Clarke is serving as Interim Health Department Director. Ebony directed behavioral health services at Multnomah County since 2018, and has served at the County for more than a decade. Ebony brings lived experience to the Director role, and brings intentional commitment to building a trauma-informed organization, advancing racial equity in the organization and its services, and continuous quality improvement.

Ebony will head a leadership team that will assure we continue to serve our community through the COVID-19 pandemic, continued racial injustice, and diminished County tax revenue. The Director's Office will continue to center equity in policy and practice and in service to the Department's value of racial equity and its mission to reduce health disparities.



### Financial & Business Management

The Financial and Business Management division provides the business and finance leadership required to support the Health Department's essential programs and services. It provides the necessary financial infrastructure to effectively manage department finances, allowing the department to achieve its mission of improving health outcomes. This division's responsibilities include accounting, financial reporting, budget development and monitoring, medical account services, and contracts and purchasing for a \$360 million organization.

More than 17,000 invoices, 255,000 medical claims, 1,000 contracts and amendments, and 175 federal and state grants were paid, submitted, executed and reported on during the year.

The Financial & Business Management division serves as department liaisons to the Department of County Management (e.g. Budget Office, Central Finance). They are responsible for adhering to the County budget, financial and administrative procedures, policies and practices and for ensuring compliance with federal, state and county financial requirements.

The Financial and Business Management division is committed to centering equity in policy and practice and in service to the Health Department's value of racial equity and mission to reduce health disparities. The division will continually invest time and resources into identifying and then dismantling internal and external structures that contribute to inequity, including the culture of white supremacy. We pride ourselves on our ability to recruit, retain and promote a diverse, inclusive and high-performing workforce. The division is working to advance the objectives outlined in the Workforce Equity Strategic Plan by committing resources for an equity and inclusion committee and operationalizing its policy recommendations.

### Significant Changes

The COVID pandemic has required a sharp pivot in Finance and Business Management. In collaboration with the public health division and community partners the division worked to expedite support for the communities and families most impacted. The division issued \$3.8 million in direct client assistance to families impacted by the pandemic. 175 contracts were executed in record time, putting more than \$3.5 million in Cares Act funding in the hands of our community partners. Nearly 3,000 payments, totalling over \$5.2 million, went to support our Environmental Health license holders (e.g. restaurants, food carts) who were hard hit by COVID-19 related closures and restrictions. To safeguard the federal and state resources needed by the Department and community to respond to the pandemic the division enhanced its focus on internal controls and compliance with accounting policies, standards and requirements. Division staff and leadership worked tirelessly over the last year to support the Department and the community during this critical time.

### Human Resources

The Health Department's Human Resources division is responsible for providing resources and leadership to Health Department employees in a way that fosters a supportive, compassionate, safe, trustworthy, respectful and motivating work environment for all staff. Human Resources supports a workforce of over 1,400 staff at various work sites.

Human Resources provides expertise, consultation and leadership to ensure a highly skilled and diverse workforce is hired and retained, while upholding the department's core values of equity and inclusion, managing the compliance of personnel rules and legal requirements and developing and maintaining partnerships with labor unions and community stakeholders. The Human Resources team is staffed with individuals of diverse educational, professional, cultural and lived backgrounds that offer a high-level of expertise and competency and also reflect our department's workforce core values.

The key areas that drive Human Resources operations include: recruitment and staffing, including onboarding of new staff, career counseling for staff seeking skill development and promotion, strategies for building partnerships with community organizations to foster pipelines for County employment.

Human Resources also provides the following: employee relations, which involves working with management and staff on matters related to employee satisfaction and recognition, team development, employee and supervisor performance management and coaching, and correction action and discipline, labor relations, which involves leading and managing complaint investigations, providing conflict resolution and mediation, partnering with County Labor Relations and Legal teams on union contract interpretation, compliance and negotiations, and interpretation and compliance of local state federal law requirements. This work requires partnering with union staff representing AFSCME Local 88, Dental and Physicians, and Oregon Nurses Association collective bargaining agreements. Other Human Resources Operations areas include Workday (employee enterprise system) implementation, Leave Administration, ADA compliance, privacy compliance, employee classification compliance, data management and employee file maintenance.

### Significant Changes

FY 2021 was a challenging year. The COVID-19 pandemic required the Human Resources Recruitment Team to reprioritize general staffing needs in order to assist the County in responding to the critical strategies required to support our Public Health emergency response. Since March 2020, The Human Resources Recruitment team completed over 450 normal recruitment actions that include regular hires, limited duration assignments (LDA), transfers, on-call and temporary hiring actions in addition to completing 266 COVID-19 response hires with that number expected to grow by the end of FY 2021. In December 2020, an LDA Recruitment Manager was hired to help lead and stabilize the staffing efforts and to create more efficiency in our emergency staffing coordination. Also, two LDA recruiters were hired to assist with the increase in hiring needs.

Human Resources will be a significant contributor to the implementation and success of the Workforce Equity Strategic Plan (WESP). The WESP focus areas that Human Resources supports and contributes to are Interview Panels, Pathways, and ADA Resources. A Human Resources Analyst position was repurposed in FY 2021 to offer resources for the mentoring focus area. The FY 2022 Proposed budget includes a new 0.80 FTE Human Resources Analyst to provide more support to this effort.



### Organizational Development

Organizational Development supports the Health Department's effectiveness by helping to set a unified departmental strategy and developing leaders who foster a culture of safety, trust and belonging. Our core services include organizational assessment, change management, strategic planning, executive coaching, leadership development, onboarding, mentorship, succession planning, equity and inclusion coaching and training, communications and marketing, and culture change. Our clients are the divisions and programs of the Health Department. The division oversees 3 teams:

1. The Office of Equity and Inclusion, which is responsible for promoting a culture of safety, trust and belonging with a focus on racial justice. This team supports the Department in the implementation of the WESP.
2. Learning & Development, which provides training and organization development supports, including consultation on team building, change management, leadership development, and positive workplace culture.
3. Communications and Marketing develops internal communications strategies to promote shared understanding and organizational cohesion. The team also supports our clinical and public health efforts by disseminating timely health information to our diverse and multilingual communities.

Our current strategic priorities are:

1. Meet the benchmarks of the Workforce Equity Strategic Plan.
2. Support department managers and supervisors to deepen their awareness and skill in leading with race.
3. Invest in Black, Indigenous, Latino, Asian, Pacific Islander and other employees of color through intentional offerings that build leadership and connection.
4. Promote a learning organization, grounded in a coaching culture that fosters equity and supports employee engagement through the pandemic.
5. Support the communications needs of the COVID-19 response.

### Significant Changes

When COVID-19 emerged in our community, Public Health leaders requested additional capacity to support the response. All members of the Communications and Marketing Team were fully deployed to produce educational pieces in over 20 languages and staff a robust web and social media presence. The team did not have the capacity to develop internal messaging on culture change. This body of work paused in its entirety.

Both the Learning and Development Team and the Office of Equity and Inclusion pivoted to support our new contact tracing workforce with anti-racism coaching, onboarding and training. Training shifted to remote platforms with updated and adapted curricula and incorporation of additional training modalities.

The Equity Leadership Program highlighted several opportunities to advance workforce equity. Many of these fall within the scope of Organization Development. In FY 2022, our Division is prioritizing workforce equity investments by reprioritizing resources to add 3.00 FTE for WESP oversight, Mentoring, and Manager Onboarding.

### Health Officer

The Health Officer Division houses programs that provide vital 24/7/365 service for residents of Multnomah County.

The Health Officer program provides round-the-clock public health physician consultation, technical direction, and leadership to support public health response activities required by the Oregon statute. Through a combination of contracts and county General Fund, the Multnomah County Health Officer supervises three additional health officers, often serving as the physician link to health system coordination and generally supporting regional public health alignment with Clackamas and Washington Counties.

Drawing from the county general fund, the Medical Examiner's Office (MEO) similarly operates 24/7/365 under the statute to determine the cause and manner of approximately 1 in 3 deaths in Multnomah County every year, including homicides, suicides, overdose, accidents, and other suspicious deaths.

The Health Officer Division is also home to Multnomah County's Emergency Medical Services (EMS) administration, including the EMS Medical Director and the TC911 social worker case management program for high utilizers of 911 and emergency departments who are offered intensive engagement. EMS services are almost exclusively funded by franchise fees with American Medical Response, with TC911 drawing nearly all of its funding from a Health Share of Oregon grant.

The Public Health Emergency Preparedness (PHEP) program and the six-county Health Preparedness Program (HPP) are funded by separate federal grants that have steadily decreased over the last several years.

### Significant Changes

The Health Officer Division General Fund programs have been at the forefront of the COVID-19 pandemic response. The Multnomah County Health Officer FTE increased from 0.90 FTE to 1.00 FTE starting in 2020 and will need to remain at this level for the foreseeable future.

The pandemic also increased costs associated with providing all medical examiner staff appropriate PPE to conduct scene investigations and meetings with families. The program's move to the new McCoy building in late 2019 shortened response times but has increased budget needs related to employee travel for daily intake at the State facility, overnight storage with their transportation company, and overall increased transportation costs. Following decades of informal working agreements with the State Medical Examiner, work is in progress to formalize a contract that accurately reflects each agency's contribution to this vital service.

The Health Preparedness Program is on track to transfer to the State of Oregon in July 2021, completing a multi-year effort to align the HPP regional staff with their statewide counterparts, all housed at the State.

The addition of a Deputy Medical Examiner will rightsize the program for a jurisdiction of our size. This will increase the number of death investigations performed each year, which in turn informs key areas of interest in relation to health equity: homicide, suicide, overdose, accidents and suspicious deaths.

### Public Health

The Public Health Division is the local public health authority for Multnomah County. It is responsible for protecting the health of the public, including through mandated functions, and reporting to the County Board of Health (BOH). Public Health coordinates with the BOH to identify pressing public health issues, particularly in BIPOC communities, and set health policy and system changes that address them. Priority issues include racial and ethnic disparities in leading causes of preventable death, disease, illness, and injury; economic and social conditions; and COVID-19 impacts. Main work areas are:

**Communicable Disease Services**, which prevents the spread of reportable contagious diseases, including COVID-19, through epidemiology, investigation, harm reduction, partnerships, and clinical services.

**Environmental Health**, which protects the safety of residents by inspecting licensed facilities; controlling disease vectors; and addressing lead poisoning, air and climate quality, and neighborhood/transportation design.

**Prevention & Health Promotion**, which improves population health through partnerships; technical assistance; epidemiology and evaluation; and culturally specific policies and strategies. Initiatives are chronic disease and violence prevention; substance misuse prevention; tobacco control and prevention; adolescent health; and maternal, child and family health.

Public Health plays an integral role in the County's response to COVID-19, including coordinating with other Department Divisions, County Departments, and the BOH. Key activities are epidemiology, contact tracing, and case investigation; outbreak response, testing, and vaccination; and culturally specific supports for impacted community members. Other work includes communications and technical assistance to community partners, businesses, and congregate facilities. The response is tailored to BIPOC and other vulnerable communities. It includes cultural and linguistic staff diversity; culturally specific community partner capacity; and partnerships with regional health systems and public health authorities.

### Significant Changes

Public Health and the BOH have focused on COVID-19 response, including prioritizing strategies to support BIPOC communities. In FY 2022, this focus will remain but there will be a continued shift towards assuring widespread community vaccination and testing aimed at further slowing community transmission. Other COVID-19-related impacts included a shift to remote services (telehealth, virtual inspections, virtual trainings/technical assistance) across Public Health programming. Remote services will continue in FY 2022 and cause fluctuations in the number of clients served/reached, visits, revenue, and inspection and citations. Public Health anticipates stabilization during the fiscal year as in-person services ramp up.

Public Health also has changes outside of COVID-19. The Community & Adolescent Health program received a new round of Federal Teen Pregnancy Prevention funding in FY 2021 and Federal Youth Violence Prevention funding will end in FY 2022. These programs restructured in FY 2021 to support the continuation of this work in FY 2022. Also, the Public Health Office of the Director is expanding epidemiology and evaluation capacity by integrating staff from other areas of the Department.

### Integrated Clinical Services (ICS)

Multnomah County's Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Together, our eight primary care clinics, seven dental clinics, nine student health centers, seven pharmacies, and laboratory services serve more than 60,000 patients per year, with a focus on people who otherwise have limited access to health care. As a Federally Qualified Health Center, the program must follow HRSA regulatory requirements and specific governance, financial, operational, and clinical quality policies.

The Health Center Program welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40 percent are best served in a language other than English; we serve clients speaking more than 100 different languages. Nearly 20 percent of our patients have no insurance, 95 percent of our patients live below 200 percent of the federal Poverty Guideline and nearly 2,000 of our patients report experiencing houselessness.

### Significant Changes

As part of the national response to the COVID-19 pandemic, Federally Qualified Health Centers have been deeply involved in the prevention, testing, treatment, and outreach to high risk populations. ICS will continue to support the COVID-19 pandemic response in alignment with these national goals and as outlined by federal grants designed to support health center programs. In FY 2022, the health center program expects to continue serving as a key access point for both COVID-19 testing and COVID-19 vaccinations. This effort has required the development of specific positions to support ongoing PPE monitoring, management of key infection prevention workflows, vaccine management, and communications.

As part of our ongoing work, ICS opened its 7th dental clinic in Feb 2021 in St. Johns and the 9th School Health Center in Jan 2021 (both openings were delayed due to the pandemic.)

In addition to supporting the COVID-19 response, the health center will also continue to provide comprehensive primary care, dental, and pharmacy services. This work includes assuring that the health center and board are able to review and act upon timely, accurate, and relevant information through expanding the business intelligence team. In addition, the health center will continue to strengthen its commitment to racial equity. Under the REDI (Racial Equity, Diversity, and Inclusion) Initiative, the health center will pilot new positions designed to address health inequities at the point of care and engage both patients and community members in defining what health equity should include in a clinical care system.

### Corrections Health

Corrections Health is legally mandated to ensure access to health care and safeguard the health of those detained at Multnomah County Detention Center, Multnomah County Inverness Jail and the Donald E. Long Home for youth. The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted.

Corrections Health staff at the adult facilities provide around-the-clock evaluation, diagnosis and treatment to over 30,000 individuals each year. Many have serious, unstable or chronic health conditions, including major behavioral health issues. At the juvenile facility, licensed nursing staff, providers and mental health consultants provide services 16 hours each day to over 2,000 youth each year. More than one third receive mental health treatment.

Because most individuals in custody return to their communities, health improvements made in detention (for example, treating communicable disease) benefit the overall health of their families and community. By stabilizing substance use and behavioral health conditions, detainees can more fully participate in their legal cases, which protects their constitutional rights and promotes a more efficient judicial process.

### Significant Changes

Recruitment and hiring practices were refined to promote a workforce that more closely resembles the demographics of the population served. Further efforts will be made in FY 2022 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care. Enhancement of the management structure of Corrections Health is designed to promote succession planning, increase efforts to promote diversity in our leadership team and to improve the ability to provide adequate oversight, mentorship and quality improvement.

The rising cost of pharmaceuticals and outside medical services--including specialty clinic evaluations, ambulance and emergency room visits--continues to be a challenge, particularly as Corrections Health addresses the impact of a global pandemic. Corrections Health continues to strengthen transition planning efforts before individuals in custody are released, so that those who have significant medical (including substance use disorders) or behavioral needs receive continuity of care. Such efforts improve community health and can potentially impact recidivism.

### Behavioral Health

The Multnomah County Behavioral Health Division works to enhance and maintain high-quality, accessible, client-driven, culturally-responsive and trauma-informed systems of care to promote wellness and recovery for children, youth, and adults experiencing mental health or addiction challenges. Our decisions are grounded in our values of racial justice and equity, cultural humility, stewardship, transparency, integrity and courage. Our FY 2022 priorities are: Responding to COVID-19; Racial Equity & Culturally Specific Services; Maintaining an Adequate Infrastructure, Efficiencies & Continuous Quality Improvement; Peer Services; Criminal Justice Reform; and Early Intervention/Prevention.

The Division operates the Community Mental Health Program (CMHP) covering routine, urgent, and emergent needs, and provides oversight of state-licensed adult residential services programs, care coordination in the Choice Model program and intensive care coordination for Health Share of Oregon and Trillium members, behavioral health crisis services, including a 24/7 crisis line, involuntary commitment services, including commitment investigations, monitoring, and post-commitment services, adult protective services, and indigent services, including culturally-specific services and jail diversion. The Division also provides prevention and early intervention to children, youth and young adults, including wraparound services and school-based mental health services in more than 39 schools across the county. The Division oversees the coordination of Addiction prevention and treatment services for Gambling and Substance Use, and provides Addictions Benefit Coordination.

The Division is committed to addressing gaps in the system of care for the most vulnerable, including individuals who are chronically homeless, victims of abuse, and other marginalized communities. The Division prioritizes upholding a consumer-driven system and creating access to supportive housing, and will continue to work with our Office of Consumer Engagement and peer groups to make policy and programming recommendations.

### Significant Changes

In response to the COVID-19 Pandemic, division services were modified to prioritize safety. Many services are now offered through a telehealth platform, with urgent services being offered in-person

As the most populous county in Oregon, we experience the highest number of suicides in the state. Our suicide prevention work and mental health education has always exceeded capacity. The division recently secured state funding to further expand these efforts, capacity to provide culturally-specific prevention support for young people, 24 years old and younger, to help reduce suicide contagion, and connect people to community resources.

The Addictions Benefits Team is restructuring to build on its strengths of engaging community members who struggle with substance use, specifically members of BIPOC communities and those who are houseless. The Division is also working on several Criminal Justice Reform initiatives.

In recent years the Behavioral Health division used one-time-only funding to sustain critical services. This budget recognizes the importance of these services by including new, ongoing county general fund support.



### Epidemiology, Analytics & Evaluation

The Epidemiology, Analytics, and Evaluation Division (EAE) is responsible for advancing the Department's analytic and reporting infrastructures to produce the business intelligence required to assess and improve organizational performance, quality, and compliance, which informs operational decision-making regarding the Department's lines of business (i.e., organizational health to improve population health).

Data and analytic strategies guide decisions, policy and service choices, and our areas of focus. The Division includes several units or teams. Community Epidemiology Services, a staff of epidemiologists and research scientists who work with direct service divisions to coordinate, collect, and analyze data regarding the magnitude of disease burden, disorder, and injury among population groups.

Strategy and Grant Development develops and submits grant applications; and supports programs in strategic planning implementation, service improvements, and grant monitoring. Policy Administration is a smaller unit that design-maps, monitors, and manages the Department's administrative and compliance policies through the C360 platform, a document-driven data system. The Health Data and Reporting unit provides reporting strategies for ongoing monitoring and analytical support to the staff and programs using EPIC and other large data systems (e.g., Accela, Workday).

The aggregation and alignment of activities and services under the Epidemiology, Analytics, and Evaluation Division serves the entire Department, strengthens our approach to the coordination of data collection and data access, analytics, and performance management, particularly among programs with limited capacity. The Division aligns with a strategy to coherently coordinate resources in support of organizational performance to improve whole-person health.

### Significant Changes

While the division was formed on paper in FY 2021, in FY 2022 the division will begin to develop an infrastructure to support performance, quality, and compliance for the Health Department. The emphasis will be on data and analytics to support and improve population and operational health. This will require developing and maintaining an analytic and reporting infrastructure to extract, transform, and load population health data and operational health data into integrated, tailored, and ongoing monitoring and reporting to support the cross-functionality of programs, operational decision-making among department leadership (e.g., performance, quality, compliance), and policy decisions among elected officials. This will require on-going collaboration and refinement of the roles and responsibilities of the division and the Public Health division. For example, the Public Health division continues to produce a multitude of data repositories and dashboards in response to COVID-19. EAE is responsible for the integration of these repositories and dashboards into the larger "data and information" picture of the public health response and supports the ongoing quality assurance and quality management demands of the data processes necessary for confident crisis reporting.

# Health Department

fy2022 proposed budget

## Health Department

The following table shows the programs by division that make up the department's total budget. The individual programs follow in numerical order.

Prog. #	Program Name	FY 2022 General Fund	Other Funds	Total Cost	FTE
<b>Director's Office</b>					
40000A	Health Department Director's Office	\$2,975,914	\$0	\$2,975,914	3.00
40000B	Director's Office - In/Out of Scope Services	90,000	0	90,000	0.00
40000C	Mapping Study - Services for Immigrant and Refugee Communities	100,000	0	100,000	0.00
40003	Health Department Leadership Team Support	680,171	0	680,171	5.00
<b>Financial and Business Management Services</b>					
40040	Financial and Business Management Services	8,014,437	0	8,014,437	33.80
40041	Medical Accounts Receivable	1,750,056	0	1,750,056	10.00
40042	Contracts & Procurement	2,054,960	0	2,054,960	12.50
<b>Human Resources</b>					
40039A	Human Resources	3,456,416	0	3,456,416	17.88
40039B	Human Resources Restoration	270,427	0	270,427	2.80
<b>Organizational Development</b>					
40046	Organizational Development	2,796,371	0	2,796,371	14.80
<b>Health Officer</b>					
40002	Tri-County Health Officer	532,839	949,452	1,482,291	2.15
40004	Ambulance Services (Emergency Medical Services)	2,119,468	1,196,262	3,315,730	13.80
40005	Public Health & Regional Health Systems Emergency Preparedness	11,752	299,028	310,780	1.43
40052A	Medical Examiner	1,872,741	0	1,872,741	11.50
40052B	New Medical Examiner FTE	126,184	0	126,184	1.00
<b>Public Health</b>					
40001	Public Health Administration and Quality Management	1,979,657	232,249	2,211,906	10.75
40006	Tobacco Prevention and Control	717,217	675,351	1,392,568	6.75
40007	Health Inspections and Education	6,006,275	28,394	6,034,669	36.50
40008	Vector-Borne Disease Prevention and Code Enforcement	1,401,816	10,000	1,411,816	8.62
40009	Vital Records	15,000	880,000	895,000	5.80
40010A	Communicable Disease Prevention and Control	2,382,552	2,386,919	4,769,471	20.95
40010B	Communicable Disease Clinical and Community Services	1,214,506	6,970,663	8,185,169	33.88

# Health Department

fy2022 proposed budget

Prog. #	Program Name	FY 2022 General Fund	Other Funds	Total Cost	FTE
<b>Public Health (cont.)</b>					
40012B	Services for Persons Living with HIV - Regional Education and Outreach	58,164	5,713,181	5,771,345	5.50
40018	Women, Infants, and Children (WIC)	2,257,011	3,684,727	5,941,738	40.40
40037	Environmental Health Community Programs	287,602	544,113	831,715	4.43
40053	Racial and Ethnic Approaches to Community Health	528,417	868,335	1,396,752	5.50
40054A	Nurse Family Partnership	791,917	1,221,454	2,013,371	6.70
40055	Home and Community Based Consulting	452,675	792,964	1,245,639	6.80
40056	Healthy Families	838,854	2,294,927	3,133,781	5.87
40058	Healthy Birth Initiative	1,396,930	1,670,460	3,067,390	15.80
40060	Community & Adolescent Health	1,881,096	1,851,228	3,732,324	16.45
40061	Harm Reduction	1,923,161	1,525,471	3,448,632	9.12
40096A	Public Health Office of the Director	3,624,284	2,506,067	6,130,351	25.20
40096B	Public Health In/Out of Scope Services	461,588	0	461,588	3.67
40097	Maternal Child Family Health Management	1,392,152	178,965	1,571,117	8.13
<b>Integrated Clinical Services</b>					
40012A	Services for Persons Living with HIV-Clinical Services	1,536,537	4,712,245	6,248,782	29.40
40016	Medicaid/Medicare Eligibility	993,100	1,780,051	2,773,151	20.00
40017	Dental Services	13,138,090	13,630,562	26,768,652	145.07
40019	North Portland Health Clinic	3,159,488	2,466,270	5,625,758	27.80
40020	Northeast Health Clinic	2,951,860	2,967,827	5,919,687	30.00
40022	Mid County Health Clinic	7,105,424	5,267,223	12,372,647	57.30
40023	East County Health Clinic	5,875,147	4,983,154	10,858,301	52.20
40024	Student Health Centers	3,526,738	2,754,353	6,281,091	32.27
40026	La Clinica de Buena Salud	957,677	1,568,516	2,526,193	11.80
40027	Southeast Health Clinic	1,335,328	2,624,848	3,960,176	18.50
40029	Rockwood Community Health Clinic	3,089,119	2,624,477	5,713,596	28.90
40030	Medical Director	1,330,395	229,628	1,560,023	2.70
40031	Pharmacy	0	33,950,421	33,950,421	55.33
40032	Lab and Medical Records	2,929,196	3,562,081	6,491,277	37.50
40033	Primary Care and Dental Access and Referral	2,842,200	658,626	3,500,826	27.00
40034	ICS Administration, Operations, and Quality Assurance	10,985,482	1,268,665	12,254,147	62.10
40036	Community Health Council and Civic Governance	201,100	0	201,100	1.00

# Health Department

fy2022 proposed budget

Prog. #	Program Name	FY 2022 General Fund	Other Funds	Total Cost	FTE
<b>Corrections Health</b>					
40049	Corrections Health Juvenile Detention	1,208,387	0	1,208,387	4.40
40050A	Corrections Health Multnomah County Detention Center (MCDC)	4,191,567	0	4,191,567	19.20
40050B	Corrections Health MCDC Clinical Services and 4th Floor Housing	3,165,337	0	3,165,337	9.40
40050C	Corrections Health MCDC Housing Floors 5, 6, 7 & 8	3,056,877	0	3,056,877	13.60
40050D	Corrections Health - In/Out of Scope Services	802,524	0	802,524	6.63
40050E	Corrections Health Multnomah County Detention Center (MCDC) - Restoration	645,698	0	645,698	4.00
40050F	Corrections Health Multnomah County Detention Center (MCDC) - Management Restructuring	196,246	0	196,246	1.00
40051A	Corrections Health Inverness Jail (MCIJ) Clinical Services	3,912,353	0	3,912,353	20.15
40051B	Corrections Health MCIJ General Housing Dorms 4 - 11	3,134,185	0	3,134,185	7.70
40051C	Corrections Health MCIJ Dorms 12 - 18 and Infirmary	2,210,325	0	2,210,325	8.50
40059	Corrections Health Mental Health Services	4,592,009	0	4,592,009	23.25
<b>Behavioral Health</b>					
40065	Behavioral Health Division Administration	964,293	1,374,958	2,339,251	11.48
40067	Medical Records for Behavioral Health Division	209,363	532,328	741,691	6.00
40068	Behavioral Health Quality Management	1,104,330	2,529,683	3,634,013	18.90
40069	Behavioral Health Crisis Services	1,569,842	10,298,162	11,868,004	22.58
40069B	Crisis Services Wraparound - State Backfill	104,687	0	104,687	0.00
40070	Mental Health Crisis Assessment & Treatment Center (CATC)	462,221	0	462,221	0.00
40070B	Mental Health Crisis Assessment & Treatment Center (CATC) Restoration	250,295	0	250,295	0.00
40071	Behavioral Health Division Adult Protective Services	948,674	272,257	1,220,931	7.80
40072	Mental Health Commitment Services	1,562,494	2,967,953	4,530,447	24.10
40073	Peer-run Supported Employment Center	105,162	0	105,162	0.00
40074	Mental Health Residential Services	1,441,849	9,067,918	10,509,767	11.80
40075	Choice Model	0	4,765,948	4,765,948	11.90
40077	Mental Health Treatment & Medication for the Uninsured	1,347,292	0	1,347,292	0.00
40078	Early Assessment & Support Alliance	249,031	1,982,927	2,231,958	12.85

# Health Department

fy2022 proposed budget

Prog. #	Program Name	FY 2022 General Fund	Other Funds	Total Cost	FTE
<b>Behavioral Health (cont.)</b>					
40080	Community-Based MH Services for Children & Families	196,804	547,817	744,621	1.77
40080B	Community-Based MH Services for Children and Families - Culturally Specific Clients	160,000	0	160,000	1.00
40081	Multnomah County Care Coordination	1,352	8,980,995	8,982,347	42.25
40081B	Youth Care Coordination Restoration	295,862	0	295,862	2.00
40082A	School Based Mental Health Services	1,511,764	2,135,873	3,647,637	22.63
40082B	School Based Mental Health Services - In/Out of Scope Services	570,593	0	570,593	2.35
40083	Behavioral Health Prevention Services	276,057	204,205	480,262	2.80
40084	Culturally Specific Mental Health Services	1,829,433	0	1,829,433	0.00
40084B	Mobile Behavioral Health Peer & Support	225,000	0	225,000	0.00
40085A	Adult Addictions Treatment Continuum	2,192,198	9,710,726	11,902,924	11.65
40085B	Law Enforcement Assisted Diversion (LEAD)	360,000	0	360,000	0.00
40085C	Adult Addictions Treatment Continuum: Culturally Specific, Justice Involved Addictions Benefit Coord	186,000	0	186,000	1.20
40085D	Law Enforcement Assisted Diversion (LEAD) Transition	252,000	0	252,000	0.00
40086	Addiction Services Gambling Treatment & Prevention	0	913,500	913,500	1.20
40087	Addiction Services Alcohol & Drug Prevention	0	324,251	324,251	0.85
40088A	Coordinated Diversion for Justice Involved Individuals	1,034,293	2,668,479	3,702,772	13.50
40088B	Stabilization Treatment Program Expansion - Culturally Specific Clients	502,000	0	502,000	0.00
40088C	Jail Diversion/Community Court CGF Restoration	263,056	0	263,056	2.00
40089	Addictions Detoxification & Post Detoxification Housing	1,316,668	522,463	1,839,131	0.00
40089B	Addictions Detoxification & Post Detoxification Housing Restoration	218,000	0	218,000	0.00
40090	Family & Youth Addictions Treatment Continuum	111,287	492,637	603,924	0.00
40091	Family Involvement Team	0	360,442	360,442	0.00
40099	Early Childhood Mental Health Program	1,559,561	512,046	2,071,607	12.39
40099B	Preschool For All Early Childhood	0	367,195	367,195	2.00
40100	Trauma Intervention Services	50,000	0	50,000	0.00
<b>Epidemiology, Analytics and Evaluation</b>					
40044	Health Data and Analytic Team	3,074,075	0	3,074,075	5.00
40098	Epidemiology, Analytics and Evaluation	<u>1,827,788</u>	<u>0</u>	<u>1,827,788</u>	<u>9.00</u>
<b>Total Health Department</b>		<b>\$173,868,323</b>	<b>\$183,061,920</b>	<b>\$356,930,243</b>	<b>1,424.18</b>

(this page intentionally left blank)





## Legal / Contractual Obligation

ORS 431.418 Local public health administrator (1) Each district board of health shall appoint a qualified public health administrator or supervise the activities of the district in accordance with the law. (2) Each county governing body in a county that has created a county board of health under ORS 431.412 shall appoint a qualified public health administrator to supervise the activities of the county health department in accordance with the law.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$781,318	\$0	\$702,249	\$0
Contractual Services	\$0	\$0	\$2,162,930	\$0
Materials & Supplies	\$45,258	\$0	\$45,409	\$0
Internal Services	\$76,257	\$0	\$65,326	\$0
<b>Total GF/non-GF</b>	<b>\$902,833</b>	<b>\$0</b>	<b>\$2,975,914</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$902,833</b>		<b>\$2,975,914</b>	
<b>Program FTE</b>	3.90	0.00	3.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

**Last Year this program was:** FY 2021: 40000 Health Department Director's Office

The Director's Office has new leadership. Ebony Clarke is serving as Interim Health Department Director. Ebony directed behavioral health services at Multnomah County since 2018, and has served at the County for more than a decade. Ebony brings lived experience to the Director role, and brings intentional commitment to building a trauma-informed organization, advancing racial equity in the organization and its services, and continuous quality improvement.

Ebony will head a leadership team that will assure we continue to serve our community through the COVID-19 pandemic, continued racial injustice, and diminished County tax revenue. The Director's Office will continue to center equity in policy and practice and in service to the Department's value of racial equity and its mission to reduce health disparities.



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Materials & Supplies	\$0	\$0	\$90,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$90,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$90,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was:



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$100,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$100,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$100,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was:



**Department:** Health Department      **Program Contact:** Jessica Guernsey  
**Program Offer Type:** Support      **Program Offer Stage:** As Proposed  
**Related Programs:** 40096  
**Program Characteristics:**

**Executive Summary**

Public Health Administration and Quality Management (PHA-QM) provides leadership for the Public Health Division (PHD). As the local public health authority, Public Health works to promote and protect health, and prevent disease for all residents within Multnomah County. PHA-QM sets Public Health's strategic direction and supports programs in achieving operational and fiscal accountability.

**Program Summary**

PHA-QM provides administrative support and project management, to ensure that the PHD fully performs its foundational role and achieves legal requirements as Multnomah County's local public health authority. The PHD is responsible for systems that promote and protect the health of, and prevent disease for, diverse communities within Multnomah County. Strategies of the PHD include direct services, policy interventions, prevention initiatives, public education and communications, community partnerships, planning, capacity building, and research, evaluation, and assessment. The primary goal of PHA-QM is to provide support to PHD programs so they can reduce health disparities experienced by BIPOC communities. PHA-QM program areas include:

**Administration** - This program area provides core administrative functions for the PHD to support division-wide infrastructure. Division-wide administration ensures accountability through achieving performance standards related to Public Health Accreditation, Public Health Modernization, effective financial management, and the PHD Strategic Plan.

**Project Management** - This program area supports quality assurance and improvement; performance measurement; information management; public health workforce development; public health informatics; project management for emerging public health issues with departmental and community significance (such as the prescription opioid epidemic); and academic partnerships.

**Racial Equity** - PHA-QM works closely with the Public Health Office of the Director and all PHD programs to use community and program level data to analyze racial disparities; engage culturally specific groups to reach BIPOC communities; and include BIPOC communities in the design of programs, assessments, planning, interventions, and direct services.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of quality and strategy projects identified	NA	NA	NA	6
Outcome	% of identified projects successfully completed	90%	90%	90%	90%

**Performance Measures Descriptions**

Projects include both COVID-19-related and non-COVID-19-related projects.

## Legal / Contractual Obligation

Oregon Revised Statute Chapter 431 State and Local Administration and Enforcement of Public Health Laws

### Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$1,455,825	\$139,723	\$1,652,713	\$199,687
Contractual Services	\$18,842	\$0	\$25,000	\$0
Materials & Supplies	\$62,135	\$18,027	\$89,217	\$1,734
Internal Services	\$272,863	\$24,831	\$212,727	\$30,828
<b>Total GF/non-GF</b>	<b>\$1,809,665</b>	<b>\$182,581</b>	<b>\$1,979,657</b>	<b>\$232,249</b>
<b>Program Total:</b>	<b>\$1,992,246</b>		<b>\$2,211,906</b>	
<b>Program FTE</b>	9.80	1.00	9.50	1.25

<b>Program Revenues</b>				
Intergovernmental	\$0	\$182,581	\$0	\$232,249
<b>Total Revenue</b>	<b>\$0</b>	<b>\$182,581</b>	<b>\$0</b>	<b>\$232,249</b>

### Explanation of Revenues

This program generates \$21,577 in indirect revenues.

State Opiate grant for Prescription drug Overdose Prevention and Federal BJA Hal Rogers PDMP to enhance the capacity of regulatory and law enforcement agencies and public health officials to collect and analyze controlled substance prescription data and other scheduled chemical products through a centralized database administered by an authorized state agency.

\$171,745 - Overdose Prevention-Counties

\$60,504 - Public Health Modernization Local

### Significant Program Changes

**Last Year this program was:** FY 2021: 40001 Public Health Administration and Quality Management

Significant Changes - For FY22, there were increases in State Public Health Modernization funding (\$2,923) and State Overdose Prevention funding (\$46,745). A total of 0.05 FTE was added from this increase.

COVID-19-Related Impacts - During FY21, PHA-QM shifted to a focus on COVID-19-related quality and strategy projects. In FY22, this COVID-19 focus will continue but be more balanced with non-COVID-19-related projects.



## Legal / Contractual Obligation

ORS 431.418 requires counties to employ or contract with a physician to serve as County Health Officer. Intergovernmental agreements with Clackamas and Washington counties specify Health Officer services that Multnomah County is required to provide as well as expected outcomes and evaluation measures.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$383,763	\$476,325	\$399,400	\$606,137
Contractual Services	\$0	\$0	\$17,983	\$250,289
Materials & Supplies	\$8,109	\$208,539	\$7,526	\$12,288
Internal Services	\$42,645	\$75,337	\$107,930	\$80,738
<b>Total GF/non-GF</b>	<b>\$434,517</b>	<b>\$760,201</b>	<b>\$532,839</b>	<b>\$949,452</b>
<b>Program Total:</b>	<b>\$1,194,718</b>		<b>\$1,482,291</b>	
<b>Program FTE</b>	1.00	1.94	0.99	1.16

Program Revenues				
Intergovernmental	\$0	\$760,201	\$0	\$949,452
<b>Total Revenue</b>	<b>\$0</b>	<b>\$760,201</b>	<b>\$0</b>	<b>\$949,452</b>

## Explanation of Revenues

This program generates \$80,738 in indirect revenues.

Clackamas and Washington counties meet their ORS 431.418 requirements for health officer services through intergovernmental agreements (IGA) with Multnomah County. The Tri-County Health Officer is funded by

\$ 438,069 - Clackamas and Washington counties

\$ 511,383 - Peer-driven Approach to Opioid Use Disorder

## Significant Program Changes

**Last Year this program was:** FY 2021: 40002 Tri-County Health Officer

COVID-19: The Multnomah County Health Officer FTE increased from 0.9 FTE to 1.0 FTE starting in 2020 and will need to remain at this level for the foreseeable future.

Project manager request (see #40199E): Despite the complexity and rapidly changing priorities for the Health Officers, they have not had dedicated project manager support in several years. This position would be tasked with ongoing vaccination coordination and community engagement. More specifically, this position is necessary to track severe weather shelter needs, voluntary isolation motel workflows, and coordination of licensed volunteers for ongoing county efforts.

**Department:** Health Department      **Program Contact:** Wendy Lear  
**Program Offer Type:** Support      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

This program pools administrative support for the Department's senior leadership team under one supervisor so that staff and resources can be efficiently shared.

### Program Summary

The Department Leadership Team (DLT) support team reduces duplication of effort and increases the effectiveness of administrative support to leaders and program staff by coordinating workloads and cross-training. A single point of supervision and leadership provides consistent performance expectations and evaluations. Team members provide staffing, scheduling, meeting/event preparation, technical support, project management, and communication support for the Department Director and serve as a link for the Department Director and Leadership Team for communication at multiple internal organizational levels and to external stakeholders. Director Office reception team members provide general office services, such as copying, travel and training coordination, supply orders, mailings, mail distribution, telephone, technology and equipment support, minutes, surveys, operation of the Department's main telephone lines and front office reception on the Director's floor.

This program offer supports the Health Department Leadership Team's ability to achieve accountability, to manage resources and service delivery costs effectively, to equitably evaluate and streamline delivery of services and County operations, and to provide reliable information for decision-making.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	% of projects completed on time with an error rate not to exceed 3%.	93%	93%		
Outcome	Survey rating by Department Leadership Team on scale of 1 to 10.	7	8	10	8
Quality	Number of audit findings in County's annual financial audit.	1 finding	No findings	No findings	No Findinas

### Performance Measures Descriptions

Survey of Department Leadership members conducted at end of fiscal year will meet or exceed 8 (on a scale of 1-10).

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$582,135	\$0	\$524,239	\$0
Contractual Services	\$0	\$0	\$32,714	\$0
Materials & Supplies	\$28,971	\$0	\$11,809	\$0
Internal Services	\$134,963	\$0	\$111,409	\$0
<b>Total GF/non-GF</b>	<b>\$746,069</b>	<b>\$0</b>	<b>\$680,171</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$746,069</b>		<b>\$680,171</b>	
<b>Program FTE</b>	5.00	0.00	5.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

**Last Year this program was:** FY 2021: 40003 Health Department Leadership Team Support

The Facilities Liaison team of two successfully responded to the ever-changing facilities and operations needs that arose as the department transitioned to COVID-19 guidelines for worksites. Key operational and facilities functions and processes were quickly adapted to continue key tasks or were successfully closed. The team's flexibility made it easy for the team to respond to urgent gaps in operation processes that arose and allowed them to step in to fill key operational tasks that required an on-site presence.



**Department:** Health Department      **Program Contact:** Aaron Monnig  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Multnomah County Emergency Medical Services (MCEMS) MCEMS plans, procures, contracts, regulates, monitors, and coordinates EMS system activities to comply with the county Ambulance Service Plan, county health code (MCC 21.400), and Oregon Administrative Rules, including a franchised ambulance (AMB) contractor, fire departments, and licensed non-emergency ambulance providers. Under Medical Direction, the system receives 9-1-1- calls, dispatches resources, provides care, and transports patients to the appropriate facility.

**Program Summary**

MCEMS regulates all ambulance business in accordance with State and local law including licensing and inspection of ambulances, monitoring of ambulance contractor operations, supervising medical care, levying fines for substandard performance, or violation of county code or administrative rules. MCEMS provides medical supervision, oversight, and guidance to 9-1-1 dispatchers, fire and AMB emergency medical personnel, and non-911 ambulance providers. This includes setting medical protocols and standards of emergency, pre-hospital care, as well as the provision of real-time medical guidance to first responders through a subcontract with OHSU Medical Resource Hospital.

MCEMS provides pre-hospital system regulation and coordination of 911 medical first response and dispatch personnel for the county. The City of Portland's Bureau of Emergency Communications (a.k.a. 911 Dispatch Center) dispatches emergency personnel. Fire departments of Portland, Gresham, Portland Intl. Airport and volunteer fire districts throughout the County provide medical first response to all 911 calls, accounting for more than 100,000 calls annually. American Medical Response (AMR) provides 911 ambulance service through an exclusive, franchise fee-based contract with Multnomah County. MCEMS assures that 911 medical dispatch protocols are consistent with care provided by EMS providers across multiple agencies; maintains county contracts for first response services and responds to concerns from the public regarding EMS care; monitors and enforces ambulance response and performance; coordinates and supervises annual joint training to assure fire and ambulance paramedics interpret and use medical protocols consistently across agencies; establishes quality standards and metrics for the provision of EMS and uses continuous quality improvement processes to monitor and improve system quality; and coordinates major event planning, medical equipment specifications, liaison and communication with local hospitals, as well as EMS disaster planning.

MCEMS manages the Tri-County 911 Service Coordination Program (TC911), a community-based intervention serving more than 500 frequent users of EMS systems across Clackamas, Washington, and Multnomah Counties. Seven licensed clinical social workers provide short-term intensive case management and care coordination to link people to primary care, mental health, drug and alcohol treatment and support, housing, and long term care services.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Ambulance response for urgent, life threatening calls in the Urban zones is < or equal to 8 min. 90% of the time.	90%	90%	90%	90%
Outcome	Ambulance response in urgent, life threatening calls in Rural areas is < or equal to 20 minutes, 90% of the time.	90%	90%	90%	90%
Output	TC911 serves highest users of EMS system through care coordination. case management. and referral linkages.	530	500	500	500

**Performance Measures Descriptions**

The exclusive ambulance service contractor has response time standards, by geographic zones, for 911 dispatched medical calls. Life-threatening calls in Urban zones shall receive a response within 8 minutes. Rural areas shall receive a response within 20 minutes. Response times will be met or exceeded 90% of the time. The EMS social workers and TC911 Program are predominately funded by the Medicaid Coordinated Care Organization, Health Share of Oregon, to serve their highest cost. highest ED utilizing members with intensive. multi-system care coordination.

## Legal / Contractual Obligation

The County is responsible under ORS 682 to have an Ambulance Service Area Plan. The governing law and contractual obligations include the Multnomah County Ambulance Service Plan; ORS 682; OAR Chapter 333, County ordinances 21.400-21.433; County rules, medical policies, procedures, protocols, the exclusive ambulance franchise agreement with American Medical Response, contracts with OHSU, and intergovernmental agreements with local fire and rescue jurisdictions.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,307,770	\$915,050	\$1,372,842	\$935,413
Contractual Services	\$504,538	\$35,709	\$496,637	\$21,389
Materials & Supplies	\$144,895	\$10,105	\$65,046	\$9,526
Internal Services	\$148,517	\$223,706	\$184,943	\$229,934
<b>Total GF/non-GF</b>	<b>\$2,105,720</b>	<b>\$1,184,570</b>	<b>\$2,119,468</b>	<b>\$1,196,262</b>
<b>Program Total:</b>	<b>\$3,290,290</b>		<b>\$3,315,730</b>	
<b>Program FTE</b>	7.21	6.80	7.20	6.60

Program Revenues				
Fees, Permits & Charges	\$1,938,874	\$0	\$1,927,274	\$0
Intergovernmental	\$72,194	\$0	\$72,194	\$0
Other / Miscellaneous	\$0	\$1,184,570	\$0	\$1,196,262
<b>Total Revenue</b>	<b>\$2,011,068</b>	<b>\$1,184,570</b>	<b>\$1,999,468</b>	<b>\$1,196,262</b>

## Explanation of Revenues

This program generates \$124,597 in indirect revenues.

Lic. fees, the ambulance franchise fee, and contracts pay MCEMS administration and medical direction costs. Fees are established and collected through agreements with the exclusive emergency ambulance contractor and other jurisdictions. The services' revenues equal the County's expense in providing the service. If expenses increase, the County's exclusive ambulance contractor covers the diff. The County's exclusive ambulance services contract and MCC 21.400 provide authority for MCEMS to levy fines for substandard performance. Fines collected pay for EMS system enhancements. The County pays two fire first response agencies in eastern MC to provide EMS first response in areas of the County not otherwise served by a Fire Department to provide EMS first response.

## Significant Program Changes

**Last Year this program was:** FY 2021: 40004 Ambulance Services (Emergency Medical Services)



## Legal / Contractual Obligation

ORS 431 and 433 empower the County and Health Department to plan, coordinate, and operationally lead in matters related to preserving the life and health of the people within the County. An intergovernmental agreement with the Oregon Health Authority (Public Health Division) specifies requirements for public health preparedness activities supported with federal CDC funds this includes two grants the Public Health Emergency Preparedness Grant and the Cities Readiness Initiative Grant. Both sources of federal funds are dedicated to public health emergency preparedness, and cannot supplant other funding or be used to build general emergency preparedness or public health capacities.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$238,971	\$0	\$252,190
Materials & Supplies	\$3	\$7,974	\$0	\$13,212
Internal Services	\$67,316	\$52,083	\$11,752	\$33,626
<b>Total GF/non-GF</b>	<b>\$67,319</b>	<b>\$299,028</b>	<b>\$11,752</b>	<b>\$299,028</b>
<b>Program Total:</b>	<b>\$366,347</b>		<b>\$310,780</b>	
<b>Program FTE</b>	0.00	1.35	0.00	1.43

Program Revenues				
Intergovernmental	\$0	\$299,028	\$0	\$299,028
<b>Total Revenue</b>	<b>\$0</b>	<b>\$299,028</b>	<b>\$0</b>	<b>\$299,028</b>

## Explanation of Revenues

This program generates \$33,591 in indirect revenues.

State Public Health Emergency Preparedness is supported by the Federal Centers for Disease Control (CDC) funds received through an intergovernmental agreement with the Oregon Department of Human Services.

\$ 259,027 - State Public Health Emergency Preparedness

\$ 40,001 - Cities Readiness Initiative

## Significant Program Changes

**Last Year this program was:** FY 2021: 40005 Public Health & Regional Health Systems Emergency Preparedness

**Department:** Health Department      **Program Contact:** Tameka Brazile  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40053, 40060  
**Program Characteristics:**

**Executive Summary**

Tobacco use is the single most preventable cause of disease, disability, and death in Multnomah County and across the nation. Although cigarette smoking has declined in Multnomah County, disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status. The Tobacco Control and Prevention Program uses a variety of policy, systems, and environmental change strategies to prevent and reduce tobacco and nicotine use and exposure, and associated chronic disease, with particular attention to reducing tobacco-related racial and ethnic disparities.

**Program Summary**

Tobacco Control and Prevention Program works to prevent and reduce tobacco and nicotine use and exposure in Multnomah County, with particular attention to reducing tobacco-related racial and ethnic disparities. Short-term goals include preventing new and continued use of tobacco products specifically targeted to youth, American Indians/Alaska Natives, African Americans, and LGTBQ communities. The program does this through policy interventions such as restricting the sale of flavored tobacco and nicotine products, including menthol. Program components include: strategies to reduce youth access to, and use of, tobacco and nicotine products; counter-marketing; support and resources for smokers who want to quit; engagement of diverse communities to reduce tobacco-related disparities; surveillance and evaluation; promotion of smoke-free environments; and policy/regulation, including tobacco retail licensing. Tobacco retail licensing includes several activities, including annual compliance inspections, minimum legal sales age inspections, enforcement inspections, surveillance and monitoring, trainings, outreach, and consultation to increase retailer compliance with all laws related to the sale of tobacco and nicotine products.

Utilizing national, state, and county-level data on use and health impacts of tobacco products, programmatic activities are tailored to address racial disparities by creating prevention strategies to reach specific priority populations, ongoing evaluation of tobacco retail regulation, and employing language services to ensure access to all materials and services. Specific priority populations are engaged through partnerships (funded and unfunded) with community-based organizations serving those populations. Annually, tobacco retailers give feedback on the regulatory processes that impact their businesses, and the licensing system is evaluated for any disproportionate enforcement burden. Originally, the licensing system was developed with a diverse rules advisory committee as well as findings from the health equity impact assessment.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of tobacco retail licenses issued	800	800	768	800
Outcome	Number of policies established to reduce tobacco use and exposure	0	2	1	2
Output	Number of retailer inspections	1,157	1,808	600	1,000
Output	Number of community partnerships	47	54	30	45

**Performance Measures Descriptions**

- 1) Number of tobacco retail licenses issued under the county ordinance.
- 2) Number of policies is a measure of concrete changes resulting from program's work and partnerships.
- 3) Retailers inspected on-site and virtually (includes annual compliance inspection, minimum legal sales age inspections, suspension inspections, education, and outreach as needed).
- 4) Number of partnerships measures program reach among communities, especially those experiencing disparities.

## Legal / Contractual Obligation

Tobacco Prevention and Education Grant, funded by the Oregon Public Health Division, OHA must comply with required work plans and assurances.

Multnomah County Code § 21.561, § 21.563

ICAA OARS plus MSA, SYNAR, RICO, FDA, and Family Smoking Prevention and Tobacco Act.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$506,614	\$368,771	\$520,378	\$367,379
Contractual Services	\$21,000	\$150,474	\$15,000	\$173,000
Materials & Supplies	\$17,320	\$50,327	\$36,608	\$36,825
Internal Services	\$104,430	\$104,712	\$145,231	\$98,147
<b>Total GF/non-GF</b>	<b>\$649,364</b>	<b>\$674,284</b>	<b>\$717,217</b>	<b>\$675,351</b>
<b>Program Total:</b>	<b>\$1,323,648</b>		<b>\$1,392,568</b>	
<b>Program FTE</b>	3.95	2.90	3.95	2.80

<b>Program Revenues</b>				
Fees, Permits & Charges	\$613,763	\$0	\$629,241	\$0
Intergovernmental	\$0	\$494,284	\$0	\$495,351
Other / Miscellaneous	\$0	\$180,000	\$0	\$180,000
<b>Total Revenue</b>	<b>\$613,763</b>	<b>\$674,284</b>	<b>\$629,241</b>	<b>\$675,351</b>

## Explanation of Revenues

This program generates \$48,935 in indirect revenues.

\$ 495,351 - OHA, Oregon Public Health Division Tobacco Prevention and Education grant

\$ 180,000 - HSO County Based Services - TPEP

## Significant Program Changes

**Last Year this program was:** FY 2021: 40006 Tobacco Prevention and Control

COVID-19-Related Impacts: In-person inspections and community engagement were stopped in March 2020 due to risk of exposure for staff, tobacco retailers, and community members. Some program staff were reassigned to COVID-19 response. The program office was also closed to the public. Key operational changes include Tobacco Retail License holders no longer being able to conduct in-person business with program; Tobacco Retail License trainings being virtual; and conducting outreach calls to provide business-related COVID-19 resources and virtual inspections instead of in-person inspections of retail establishments. These changes resulted in fewer inspections during FY21. In FY22, inspections are expected to increase, with some ramp-up of in person services.

**Department:** Health Department      **Program Contact:** Andrea Hamberg  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40008, 40010A  
**Program Characteristics:**

### Executive Summary

Health Inspections and Education (HIE) is a legally mandated, fee-supported program that protects the public from disease and injury by investigating food and waterborne disease; educating about food safety practices; and performing inspections of licensed facilities. The program goal is to ensure the safety of inspected facilities. For example, HIE ensures food at restaurants/food carts is safe to eat, pools and spas are safe to swim in, hotels/motels are free of hazards, and child care facilities are safe environments. HIE also responds to disease outbreaks that occur in these settings. In 2020, the program became the first in the nation to license and inspect food cart pods. Participation in the Food and Drug Administration's Program Standards aligns Multnomah County health standards with national standards.

### Program Summary

HIE protects the health and safety of the entire community by providing education, assuring safe food and water, controlling disease, improving workplace safety, and reducing unintentional injuries. HIE achieves these goals through the following functions:

**Facility Inspection** – Facilities include 4,742 restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, vending machines, and jails. 492 pools/spas; 858 schools, childcare, adult foster care, and other service providers. 41 small water systems (inspected every 3 to 5 years) and an additional 12 water systems (responding to alerts as needed).

**Foodborne Illness Outbreak Response** - Registered Environmental Health Specialists investigate local foodborne illness in collaboration with Communicable Disease Services and are key participants in emergency response. HIE conducted 7 foodborne illness and 1 vibrio investigation in restaurants in the previous calendar year.

**Food Handler Training and Certification** – HIE provides online and in-person training about safe food preparation in seven languages to food workers at all literacy levels to support health equity and entry into the workforce.

HIE promotes racial equity by analyzing survey and inspection data to ensure businesses owned by persons of color, immigrants/refugees, and other marginalized populations are not penalized due to cultural, linguistic, or other systemic barriers to accessing, understanding, and following mandated health and safety standards. A Culturally Specific Food Safety Outreach Workgroup ensures intervention strategies are tailored to address these needs. The Food Service Advisory Board, which consists of local food service industry representatives, county regulatory officials, consumers, educators, and dietitians, meets throughout the year to discuss program changes.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of licenses issued	6,622	7,958	6,172	6,313
Outcome	Number of Priority & Priority Foundation violations	8,558	12,260	2,701	6,130
Output	Number of facility inspections	10,335	15,591	7,721	12,699
Output	Number of Food Worker Cards issued	9,137	11,568	6,496	10,832

### Performance Measures Descriptions

1) New food cart pod licensing included in FY21 Offer. Measure excludes facilities inspected but not licensed. 2) Priority and Priority Foundation Violations are items noted during inspections that can directly affect the health of the consumer and requiring immediate correction. Note: Violations could not be cited if a virtual inspection was performed. 3) Facilities inspected on-site (e.g. restaurants, mobile units, etc.). 4) Number of people who completed certification in the given year.



## Legal / Contractual Obligation

Legal mandates are 2009 FDA Food Code, 2012 OR Food Sanitation Rules; ORS Chapt. 30.890 (gleaning); ORS Chapt. 624; ORS Chapt. 448; MCC 21.612 (license fees); MCC Chapt. 5; MCC Chapt. 21 (Civil Penalty Ordinance); OR Dept. of Education Division 51 (Schools); OARS 581-051-0305; OARS Chapt. 333 (Licensed Programs); ORS 183 (Civil Penalty), ORS 164 (Food); ORS 700 (EHS License); ORS 414 (Childcare). OARS 333-018 Communicable Disease and Reporting 333-019 Communicable Disease Control.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$4,518,786	\$24,349	\$4,698,815	\$23,858
Contractual Services	\$423,410	\$0	\$423,410	\$0
Materials & Supplies	\$194,979	\$1,196	\$147,726	\$1,358
Internal Services	\$736,329	\$2,849	\$736,324	\$3,178
<b>Total GF/non-GF</b>	<b>\$5,873,504</b>	<b>\$28,394</b>	<b>\$6,006,275</b>	<b>\$28,394</b>
<b>Program Total:</b>	<b>\$5,901,898</b>		<b>\$6,034,669</b>	
<b>Program FTE</b>	36.41	0.19	36.32	0.18

Program Revenues				
Fees, Permits & Charges	\$5,886,122	\$0	\$2,604,962	\$0
Intergovernmental	\$0	\$28,394	\$0	\$28,394
<b>Total Revenue</b>	<b>\$5,886,122</b>	<b>\$28,394</b>	<b>\$2,604,962</b>	<b>\$28,394</b>

## Explanation of Revenues

This program generates \$3,178 in indirect revenues.

Multnomah County Environmental Health receives \$28,394 of support each year from the State of Oregon-Drinking Water Section. This level of support continues to stay consistent. Money received from the state is used to pay for staff who work in the drinking water program performing sanitary surveys and responding to alerts.

\$ 2,604,962 - Health inspection and education licenses general fund fees. COVID-19 economic impact negatively impacted the revenue forecast for this program.

\$ 28,394 - State Safe Drinking Water fund

## Significant Program Changes

**Last Year this program was:** FY 2021: 40007 Health Inspections and Education

COVID-19-Related Impacts - In FY21, the HIE office was closed to the public, meaning services were provided by mail, fax, email, or phone. Field staff were also directed to telework with limited (staggered) numbers going into the office. Operational changes include the majority of facility inspections being conducted virtually, which resulted in a large drop in violations since the State does not allow cited violations through virtual inspections. Additionally, technical assistance opportunities were hindered due to the telework environment. HIE inspectors were also reassigned into COVID-19 response. HIE provided financial support to local restaurant operators through a CARES Act funded grant program. In FY22, HIE expects to be able to increase in-person inspections, which will increase the number of violations.



**Department:** Health Department      **Program Contact:** Andrea Hamberg  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40007, 40010A, 40037  
**Program Characteristics:**

### Executive Summary

The Vector program protects the public from emerging and imminent vector-borne (animal-to-human) diseases and reduces the social/economic impact of uncontained outbreaks, predominantly by conducting mosquito and rodent control, and enforcing nuisance codes. Major vector-borne diseases include Hantavirus, West Nile Virus, and Zika virus. Climate changes in the Northwest (warming winter temperatures, increase in rainfall, and urban landscape management) will increase the risk of vector-borne diseases, and this program addresses this increased risk by anticipating and responding to observed changes.

### Program Summary

Vector control and code enforcement are core public health services that protect the public from diseases carried by and transmitted via contact with animals, using World Health Organization and Center for Disease Control best practices. Main activities include collecting and identifying mosquitoes, birds, and rats; monitoring and responding to emerging vector-borne disease; performing laboratory analysis on rats and mosquitoes to determine what species carry disease, their preferred habitats, and population size; and educating the public, with a focus on vulnerable populations, about preventing vectors and their habitat through community meetings, pamphlets, and media. Main functions include:

Mosquito Control – abating and suppressing mosquitoes that carry West Nile Virus with pesticides with the least impact, and reducing the mosquito breeding habitat through water control and vegetation management.

Rodent Control – serving as the primary provider of rodent control in the county.

Nuisance Code Enforcement - addressing public health code violations, including restaurant enforcement and dumping.

This program uses a variety of population demographic and building/infrastructure/environment indicators, such as racial residential distribution, population age, age of home, or sewer construction dates, to identify areas in our community most affected by vector issues and subpopulations disproportionately impacted by them. We partner with other County programs, including REACH, Aging and Disability, and Gatekeepers to address the disproportionate impact experienced by racial and other demographic subpopulations through referral, prevention and educational outreach materials, and events such as annual Fix-it-Fairs. The program uses best management practices, sound science, a 360 feedback process, a community advisory committee, and other methods for community engagement, inclusion, and feedback.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of acres treated for mosquitoes	2,056	870	1,800	2,000
Outcome	Number of acres treated for mosquitoes per FTE	514	218	500	450
Output	Number of rodent inspections conducted	1,059	580	950	1,000
Quality	Number of service referrals that improve vector abatement	NA	NA	NA	12

### Performance Measures Descriptions

1) Subject to variance in weather patterns, seasonal flooding, and presence/absence of disease. 2) Total acreage treated per FTE. Reported years all reflect 4 FTE. 3) On-site inspections stemming from rodent complaints received. 4) Vector control inspector refers client to other resources that have a positive impact on reducing inequities. Partnerships include Aging and Disability, Gatekeepers, and REACH to support BIPOC and underserved populations with vector issues.

## Legal / Contractual Obligation

Legal mandates are ORS 167, 452, 498, 506, and 634; OAR 635 and 603; 1968 Agreement City of Portland and Multnomah County, MC 2011-129; NPDES General Aquatic Permit for Mosquito Control 2300A; 7 contractual mandates include grants, contracts, federal, regional, and local mandates.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,013,192	\$0	\$1,093,921	\$10,000
Contractual Services	\$27,537	\$0	\$19,583	\$0
Materials & Supplies	\$49,390	\$0	\$24,146	\$0
Internal Services	\$246,698	\$0	\$264,166	\$0
<b>Total GF/non-GF</b>	<b>\$1,336,817</b>	<b>\$0</b>	<b>\$1,401,816</b>	<b>\$10,000</b>
<b>Program Total:</b>	<b>\$1,336,817</b>		<b>\$1,411,816</b>	
<b>Program FTE</b>	8.12	0.00	8.56	0.06

Program Revenues				
Intergovernmental	\$10,000	\$0	\$0	\$10,000
Other / Miscellaneous	\$1,000	\$0	\$1,000	\$0
Service Charges	\$272,612	\$0	\$272,612	\$0
<b>Total Revenue</b>	<b>\$283,612</b>	<b>\$0</b>	<b>\$273,612</b>	<b>\$10,000</b>

## Explanation of Revenues

- \$ 266,112 - The City of Portland, Bureau of Environmental Services
- \$ 10,000 - State of Oregon, West Nile Virus
- \$ 5,000 - Oregon Zoo
- \$ 1,500 - Maywood Park
- \$ 1,000 - Penalty Enforcement

## Significant Program Changes

**Last Year this program was:** FY 2021: 40008A Vector-Borne Disease Prevention and Code Enforcement

Significant Changes: There is no service level capacity change from FY21 to FY22 as the FY21 A and B offers are collapsed into a single FY22 offer.

COVID-19-Related Impacts: In FY21, a portion of Vector staff were reassigned to COVID-19 response for periods of time but services continued. To keep providing services during COVID-19, Vector implemented social distancing during inspections, teleworking, reporting directly to field for field workers, and staggering work schedules. The program saw an increase in rat inspections due to more people working from home and noticing local rat issues and creating more rat harborage (trash, etc.). Finally, all community outreach events such as Fix it Fairs, OMSI, Portland Community gardens, local neighborhood meetings, etc., which significantly reduced the program's ability to proactively teach and engage the community in vector prevention. In FY22, Vector anticipates facing some similar challenges but still maintaining services.

**Department:** Health Department      **Program Contact:** Andrea Hamberg  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Vital Records program is a legislatively mandated, fee-supported program that issues birth and death certificates in accordance with federal and state statutes to maintain the integrity and accuracy of birth and death information. The program's goal is to accurately report birth and death certificates in Multnomah County in order to provide accurate data that is used to inform public health prevention and intervention activities. This goal supports achievement of positive health outcomes and equitable opportunities for health to all Multnomah County residents.

**Program Summary**

The Vital Records issues birth and death certificates within the first six months after a birth or death, and within 24-hours of receipt of a request for certificate. The program assures accurate, timely, and confidential registration of birth and death events, minimizing the opportunity for identity theft, and assuring accurate record of important data such as cause of death and identification of birth parents. Death certificates can be issued to family members, legal representatives, governmental agencies, or to a person or agency with personal or property rights. Birth records can be released to immediate family including grandparents, parents, siblings, legal representatives, or governmental agencies. Employees working in this program must be registered with the state to assure competency. An electronic birth and death data certification model was implemented requiring a significant increase in individual education with community partners.

The Vital Records program provides reliable information for data analysis to inform public health decision-making, including the identification of racial health disparities and informing responsive public health interventions. For example, during the COVID-19 pandemic, marginalized communities of color were severely impacted by the virus, and information provided on death certificates helped identify racial disparities in COVID fatalities.

The program engages local funeral homes, family members, and legal representatives to maximize accuracy of reported information. The program is constantly evolving to better meet community needs by soliciting regular feedback from its clients. For example, the program is in the process of launching an online platform that can be conveniently accessed by the public.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of birth and death certificates issued	34,396	35,200	37,000	35,200
Outcome	Average number of days to issue error free certificate	1	1	1	1

**Performance Measures Descriptions**

## Legal / Contractual Obligation

Legal mandates are ORS 97, 146, 432; OAR 830 and 333.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$0	\$591,588	\$0	\$605,015
Contractual Services	\$0	\$15,200	\$0	\$17,355
Materials & Supplies	\$14,345	\$8,286	\$15,000	\$32,507
Internal Services	\$0	\$278,994	\$0	\$225,123
<b>Total GF/non-GF</b>	<b>\$14,345</b>	<b>\$894,068</b>	<b>\$15,000</b>	<b>\$880,000</b>
<b>Program Total:</b>	<b>\$908,413</b>		<b>\$895,000</b>	
<b>Program FTE</b>	0.00	5.50	0.00	5.80

<b>Program Revenues</b>				
Fees, Permits & Charges	\$0	\$894,068	\$0	\$880,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$894,068</b>	<b>\$0</b>	<b>\$880,000</b>

## Explanation of Revenues

This program generates \$80,588 in indirect revenues.

This is a fee driven, self-sustaining program. The fee schedule is established by the State of Oregon.

\$ 880,000 - Vital Stats Certs (Licenses)

\$ 15,000 - Vital State Certs (Licenses) general fund fees

## Significant Program Changes

**Last Year this program was:** FY 2021: 40009 Vital Records

COVID-19-Related Impacts - In FY21, the Vital Records office closed to the public and services were provided by mail, fax, email, or phone. Service levels did not decline as a result.

**Department:** Health Department      **Program Contact:** Kim Toevs  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40010B, 40007, 40008  
**Program Characteristics:**

**Executive Summary**

Communicable Disease Services (CDS) is a foundational public health program that protects community health by upholding the State of Oregon infectious disease statutes for disease tracking and investigation, disease intervention and control, and response evaluation. CDS is a trusted community resource and responds 24/7 to events of public health importance, such as the COVID-19 pandemic.

**Program Summary**

CDS protects the people of Multnomah County from preventable infectious diseases serving core public health functions. These include epidemiologic investigation; assuring preventive health measures for reportable disease exposures and outbreaks; planning and response for emerging infectious diseases; public health disease tracking and analysis to monitor communicable disease threats; tuberculosis case management; and support for immunization law requirements. CDS also works with government and community partners to build capacity, including the need for increased provider support and case investigation, and provide technical assistance.

Staff conduct investigations to seek out people who have been exposed to serious diseases in order to get them the information and care they need to stay healthy. CDS works to prevent disease by providing health education in communities. For people who already have communicable disease, the program assures access to medicine, care, and education intended to prevent the spread of illness. For healthcare providers, the program assures availability of appropriate diagnostic testing by linking providers to state and national laboratories. CDS is also at the frontline of an international system that tracks communicable disease threats, collecting and sharing essential information with the State of Oregon and the Centers for Disease Control and Prevention. The program plays a central and integral role in the County's response to COVID-19.

CDS staff identify racial, ethnic, and other community groups who are at risk of or being impacted by infectious diseases utilizing multiple data sources. These sources include case and contact interviews, syndromic surveillance, and immunization data. Relationships with trusted County programs and community partners help connect CDS to community groups so that the program can respond to questions or concerns about their own risks or the impact of a communicable disease on their community. CDS continues to build on relationships working directly with community groups or members to present data and learn how best to engage the community in communicable disease prevention and control.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of disease report responses	7,033	5,500	4,000	5,500
Outcome	Location of contacts (pertussis, meningococcal meningitis, Hepatitis A and B) within one day	83%	70%	70%	70%
Outcome	Percent of assisted facilities successful in meeting immunization law requirements	99%	90%	90%	90%
Quality	Percent of tuberculosis (TB) patients completing treatment within 12 months	97%	96%	96%	96%

**Performance Measures Descriptions**

Performance Measure 1: FY20 actual includes COVID-19 case counts (2589 cases FY20). FY21 and FY22 do not include COVID-19 case counts as this is a performance measure for the COVID-19 Contact Tracing Program Offer for FY21 and FY22. beginning in FY21. Significant declines in FY21 estimate is due to overall lower disease reports secondary to COVID-19, stay at home orders, and changing access to in person services.

## Legal / Contractual Obligation

ORS Chapters 433. OAR 333-012-0065: Epi/Accident Investigation and Reporting. OAR 333, Division 17, 18 and 19: Disease Control, Reporting, and Investigation/Control. OAR 333-026-0030: Civil Penalties for Violations of OAR Chapter 333, Divisions 18 and 19. OHA ACDP Investigative Guidelines, per OAR 333, Div. 19. LPHA PEs 01, 03, 25, 43. OHA and CLHO BT/CD & TB Assurances. OAR 437: OR-OSHA: Bloodborne Pathogens 1910.1030. CDC: Immunization of Health-Care Workers, Vol. 46/RR-18; Guidelines for Preventing the Transmission of TB in Health-Care Facilities, Vol. 43/RR-13

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,133,619	\$2,060,665	\$1,423,867	\$1,940,891
Contractual Services	\$43,200	\$118,347	\$80,777	\$115,423
Materials & Supplies	\$107,802	\$31,679	\$115,221	\$26,392
Internal Services	\$730,852	\$313,013	\$710,359	\$304,213
Capital Outlay	\$0	\$0	\$52,328	\$0
<b>Total GF/non-GF</b>	<b>\$2,015,473</b>	<b>\$2,523,704</b>	<b>\$2,382,552</b>	<b>\$2,386,919</b>
<b>Program Total:</b>	<b>\$4,539,177</b>		<b>\$4,769,471</b>	
<b>Program FTE</b>	6.78	14.30	8.85	12.10

Program Revenues				
Intergovernmental	\$0	\$2,160,607	\$0	\$2,126,413
Other / Miscellaneous	\$0	\$197,221	\$0	\$205,006
Service Charges	\$0	\$165,876	\$0	\$55,500
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,523,704</b>	<b>\$0</b>	<b>\$2,386,919</b>

## Explanation of Revenues

This program generates \$236,197 in indirect revenues.

CDPC is funded by federal and state grants and client fees. Federal and state grants support best practices (e.g., TB evaluations and LTBI treatment support for newly arriving refugees) and expanded public health surveillance activities (e.g., Metropolitan Area Pertussis Surveillance and Emerging Infectious Disease program) that build upon statutory responsibilities.

\$ 1,289,311 - State of Oregon LPHA (Direct State and Federal through State);

\$ 90,000 - Refugee Health Promotion; \$ 235,506 - Medical Fees

\$ 437,979 - Emerging Infections Program; \$ 334,123 - Public Health Modernization Regional and Local

## Significant Program Changes

**Last Year this program was:** FY 2021: 40010A Communicable Disease Prevention and Control

Significant Changes: In FY22, an Epidemiology Manager and purchase of fleet vehicles are being added to the CDS budget.

COVID-19-Related Impacts: CDS staffing and focus of work have been greatly impacted by COVID-19. CDS staff conducted all COVID-19 investigations in addition to all usual state reportable communicable disease investigations and tuberculosis case management. As additional staff have joined the COVID-19 response team, some CDS staff have returned to their routine duties. Some staff continue to work in the COVID-19 response full time, the majority of them in leadership roles. The high priority of COVID-19 case investigation and contact tracing required CDS to prioritize case follow-up for other reportable diseases by ensuring those diseases with most risk for person-to-person spread or opportunities for prevention were prioritized over surveillance data for vector-borne or other diseases. CDS is now able to investigate all reportable diseases that require investigation.

**Department:** Health Department      **Program Contact:** Kim Toevs  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40010A, 40012B, 40061  
**Program Characteristics:**

**Executive Summary**

Communicable Disease (CD) is a foundational public health program that protects the health of the community by fulfilling State of Oregon infectious disease statutes for disease tracking and investigation, disease intervention and control, and response evaluation. CD Clinical and Community Services provides sexual health services and community testing/prevention outreach to prevent STD and HIV transmission and provides limited tuberculosis (TB) evaluation and treatment. Clinical services related to COVID-19 such as testing and immunizations are in a separate program offer.

**Program Summary**

CD Clinical and Community Services limits the spread of sexually transmitted infections (STIs) by treating existing and preventing new cases, especially among the most-impacted communities. Program activities include: STD Clinical Services - Low barrier, timely medical evaluation, treatment, and prevention counseling in a judgment-free, culturally relevant manner. Staff provide HIV prevention medication (PrEP) to at-risk individuals. The STD clinic is a designated training site for medical providers and provides consultations and continuing medical education. Partner Services - Staff contact the sex/needle-sharing partners of persons with confirmed STD/HIV/hepatitis C infections, link them to testing and treatment, and counsel for behavior change. Partnerships – Subcontracted community partners support the program in providing field-based testing, health promotion, and condom distribution. Outreach & Epidemiology - Case investigation identifies population-level patterns of STD/HIV infection to guide testing and prevention outreach and inform health care and other systems to appropriately target resources. The program's epidemiology work has been leading the local response to the syndemic (i.e., simultaneous, related epidemics of multiple diseases) of new and rising HIV, syphilis, hepatitis C, and shigella cases. Tuberculosis (TB) Services - limited specialty care services for evaluation of TB and treatment of latent TB, including testing in homeless shelters and for newly arriving refugees.

Racial equity: Multiple racial disparities persist for STIs, including HIV. Addressing these disparities is a prioritized strategy for reducing overall disease burden. Prevalence and interview data identify disparities, as well as transmission modes and patterns driving the disproportionate impact. Program leadership reviews data monthly through dashboards, and the program produces new tools when needed. Examples include an enhanced interview tool for cluster cases in the HIV/syphilis/hepatitis C/shigella syndemic. Outreach focuses on disparity populations, which also include LGBTQ and homeless communities. Contracted culturally specific organizations help the program engage these communities. Other strategies include outreach at homeless camps, peer leaders, and ads on social media and hook-up sites. STD clinic surveys collect client input. The next survey will focus on how to better serve culturally specific communities.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of clinical visits (STD, HIV, TB)	5,400	9,300	5,400	6,000
Outcome	Percent of all County gonorrhea/syphilis/HIV cases diagnosed through this program	13%	15%	13%	15%
Quality	Percent of syphilis/HIV cases investigated	80%	85%	82%	85%
Output	Number of patients initiated on HIV prevention medication (PrEP)	348	325	390	325

**Performance Measures Descriptions**

Measure 1: FY20 clinical visits did not include TB services; FY21 and FY22 do include TB. Measure 2: The LPHA Agreement requires reporting on communicable diseases. The measure shows impact and efficiency of the program to find, diagnose, and treat significant portion of reportable STDs relative to entire health care system.



## Legal / Contractual Obligation

ORS 433 mandates disease prevention & control. Oregon State DHS HIV Prevention, HIV Early Intervention Services and Outreach, and STD contractual program elements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$661,490	\$3,083,350	\$512,372	\$3,618,750
Contractual Services	\$133,225	\$2,358,321	\$133,475	\$1,330,951
Materials & Supplies	\$149,176	\$59,595	\$113,523	\$165,302
Internal Services	\$435,988	\$585,057	\$455,136	\$1,855,660
<b>Total GF/non-GF</b>	<b>\$1,379,879</b>	<b>\$6,086,323</b>	<b>\$1,214,506</b>	<b>\$6,970,663</b>
<b>Program Total:</b>	<b>\$7,466,202</b>		<b>\$8,185,169</b>	
<b>Program FTE</b>	4.93	26.64	3.86	30.02

<b>Program Revenues</b>				
Intergovernmental	\$0	\$5,578,230	\$0	\$6,524,521
Service Charges	\$0	\$508,093	\$0	\$446,142
<b>Total Revenue</b>	<b>\$0</b>	<b>\$6,086,323</b>	<b>\$0</b>	<b>\$6,970,663</b>

## Explanation of Revenues

This program generates \$482,016 in indirect revenues.

STD/HIV/Hep C is funded by an intergovernmental agreement between Multnomah County as the local public health authority (LPHA) and the Oregon Health Authority for HIV prevention and State Support for Public Health disease investigation. Federal CDC and HRSA grants also contribute to program revenues.

\$336,257 State Local Public Health Authority IGA;

\$270,832 Federal STD Surveillance Network Grant (SSuN);

\$5,318,701 HIV EIO;

\$446,142 Medical Fees; \$588,731 Sexually Transmitted Diseases Client Services

## Significant Program Changes

**Last Year this program was:** FY 2021: 40010B Communicable Disease Clinical and Community Services

Significant Changes - Increased State HIV Early Intervention Services and Outreach (EISO) funding will add 2.0 FTE and other State carryover will add 2.5 FTE. Additionally, 1.0 FTE will be hired to support field outreach/testing and harm reduction strategies.

COVID-19-Related Impacts: Since March 2020, the clinic has operated on a reduced appointment schedule that prioritizes symptomatic patients; field-based testing in the outreach van was stopped until December 2020 due to COVID infection control restrictions; a regular community HIV/STD outreach testing site was closed in March and has not reopened; and TB screenings at homeless shelters have ceased. Up to 4.5 FTE of DIS program staff were reassigned to COVID-19 case investigations. These factors caused reduced appointment availability; delayed partner notification for new HIV/STD cases; suspended ability to test at sites across the county, including homeless services sites and camps; and limited capacity for outreach to people who have fallen out of HIV care. All of these impacts could influence HIV/STD morbidity and mortality in the community. In FY22, the program expects these impacts to lessen as in-person services are able to safely ramp-up.



**Department:** Health Department      **Program Contact:** Toni Kempner

**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County.

The HIV Health Services Center (HHSC) provides community-based primary care and support services to 1,429 highly vulnerable people living with HIV. Services target low-income, uninsured, and people experiencing homelessness, mental illness, and substance abuse. These services contribute to lower mortality from HIV, fewer disease complications and their associated costs, and reduced transmission of HIV in the community.

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

HHSC, the only Ryan White clinic in Oregon, offers culturally specific LGBTQI HIV/HCV outpatient medical care, mental health services, case management, health education, HIV prevention, art therapy, anal cancer screening and treatment, intimate partner violence (IPV) universal education and screening with referral to community resources, risk reduction support, medication-assisted therapy, and treatment adherence counseling. Onsite clinical pharmacy services increase patients' access to and use of HIV medications. HHSC integrates prevention into all services to reduce client risk of HIV transmission. HHSC integrates primary/specialty care via telehealth, telemedicine, in person visits in coordination with field services provided by our navigation and field nursing care management team using National HIV best practices and treatment guidelines.

The clinic is supported by an active Client Advisory Council and a well-established network of HIV social services providers. HHSC is an AIDS Education and Training Center site, training more than 40 doctors, nurses, clinic administrators, quality directors, and pharmacists each year. The clinic serves as a Practice Transformation Training Site to mentor providers in rural FQHCs caring for clients living with HIV. The clinic provides a monthly Nursing Community of Practice webinar for the 10 state region around current HIV nursing related best practices that include equity, race, COVID-19 strategies in working with persons living with HIV.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of unduplicated HIV clinic clients	1,437	1,425	1,429	1,475
Outcome	Percent of clients whose last viral load test is below 200 copies	90%	90%	90%	90%

**Performance Measures Descriptions**

**Output:** This measure shows how many unique clients were seen at the HIV Health Services Center during the fiscal year.  
**Outcome:** This test measures how much virus is in the blood. Below 200 is a strong sign of individual health and also a very low chance of transmitting HIV to others. Supports the Undetectable equals Untransmittable campaign.

## Legal / Contractual Obligation

Federal HIV grant and contract funds are restricted. Part A grant requires 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill and Clark Counties, 2) 10% cap on planning & administration, requiring the County to cover some administrative costs, and 3) The County must spend local funds for HIV services at least at the level spent in the previous year.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$708,011	\$3,928,685	\$660,654	\$3,755,049
Contractual Services	\$0	\$153,328	\$144,557	\$20,710
Materials & Supplies	\$33,625	\$326,591	\$59,768	\$190,079
Internal Services	\$731,293	\$643,496	\$671,558	\$746,407
<b>Total GF/non-GF</b>	<b>\$1,472,929</b>	<b>\$5,052,100</b>	<b>\$1,536,537</b>	<b>\$4,712,245</b>
<b>Program Total:</b>	<b>\$6,525,029</b>		<b>\$6,248,782</b>	
<b>Program FTE</b>	6.52	25.74	5.07	24.33

Program Revenues				
Intergovernmental	\$0	\$3,292,097	\$0	\$3,335,697
Other / Miscellaneous	\$0	\$293,010	\$0	\$0
Service Charges	\$1,472,929	\$1,466,993	\$1,536,537	\$1,376,548
<b>Total Revenue</b>	<b>\$1,472,929</b>	<b>\$5,052,100</b>	<b>\$1,536,537</b>	<b>\$4,712,245</b>

## Explanation of Revenues

This program generates \$490,522 in indirect revenues.

\$ 1,319,783 - Ryan White Part A funds for 20-21 (Medical, Case management, Non medical case mgmt, Housing), \$368,760 - Ryan White Part D funds for 20-21 (Women, Children, Youth), \$13,120 - Ryan White Part F funds for 20-21 (OHSU dental referrals case management), & 85,000 - AIDS Education & Training Center - Base (AETC), , \$45,068 - Federal Primary Care Grant (330) for FY 21, \$811,624 - Federal Ryan White Part C funds Primary Care HIV-Early Intervention, \$355,500 - OHA Ryan White, \$111,842 - Oregon Health Authority HIV Care (OA/Case Management support), \$2,913,085 - Medical Fees projected, \$225,000 - FOCUS Hepatitis C Foundation Grant 20-21: Hep C Primary Care Screening and Treatment

## Significant Program Changes

**Last Year this program was:** FY 2021: 40012A Services for Persons Living with HIV-Clinical Services

COVID-19 pandemic has changed the delivery of HIV care in terms of telehealth, telemedicine and in person care. We received a HRSA COVID-19 CARES grant which allowed us to purchase and assemble health kits that included cell phones/cell phone plans, backpacks, tents, sleeping bags, hand sanitizers, socks, etc. for homeless clients.

**Department:** Health Department                      **Program Contact:** Kim Toevs  
**Program Offer Type:** Existing Operating Program                      **Program Offer Stage:** As Proposed  
**Related Programs:** 40010B  
**Program Characteristics:**

**Executive Summary**

HIV Grant Administration & Planning (HGAP) provides community-based services to 2,800 highly vulnerable people living with HIV through administering and coordinating federal and state grants. The program focuses services on people who are low income, uninsured, and people experiencing homelessness, and/or mental illness/substance abuse, as well as other special needs populations. These services contribute to lower mortality from HIV, fewer disease complications and the associated costs, and reduced transmission of HIV in the community.

**Program Summary**

HGAP's goal is to support individuals living with HIV to achieve successful HIV treatment resulting in improved quality of life, greater health, longer life, and virtually no transmission to other people if the client is virally suppressed. HGAP coordinates a regional 6-county system that achieves these goals by promoting access to high quality HIV services through contracts with the counties' local health departments and community organizations. HGAP works with partners to address viral suppression disparities which exist for Blacks/African Americans, injection drug users, and youth/young adults ages 13-29. People who are unstably housed/experiencing homelessness also have significant barriers to treatment that result in lower viral suppression rates.

With these disparities in mind, HGAP funds the following services: Peer Support & Service Navigation - outreach ensures early identification of people living with HIV and linkage to medical care. Healthcare - a coordinated primary care system provides medical, dental, and mental health and substance abuse treatment. Service Coordination - case management connects clients with health insurance, housing, and other services critical to staying in care. Housing - rent and life skills assistance to secure housing and ensure ability to remain engaged in medical care and adherent to medications. Food - congregate meals, home delivered meals, and access to food pantries eliminates food insecurity and provides nutrition for managing chronic illness. Planning - a community-based Planning Council (at minimum 1/3, but generally about 40%, are consumers) identifies service needs and allocates funding accordingly.

HGAP analyzes both health outcome data (viral suppression, new diagnoses, linkage to care) and data on access to services by race and ethnicity to identify populations (a) disproportionately impacted by HIV infection, (b) with less favorable health outcomes, and (c) experiencing barriers to care. HGAP presents these data, as well as data by age and risk category, to the Ryan White Planning Council to guide resource allocation, outreach, and quality improvement projects. In order to better identify disparities for communities with small numbers a new consumer data review group is meeting to improve the use and presentation of BIPOC data.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of unduplicated HGAP clients served (all service types/whole 6-county system)	2,787	2,800	2,800	2,800
Outcome	Percent of HGAP clients (all 6 counties) who are virally suppressed	90%	91%	90%	91%
Outcome	Increase viral suppression rate of Black/African Americans	86%	89%	87%	88%
Outcome	Increase housing stability rate of Native American & Alaskan Native PLWH				

**Performance Measures Descriptions**

Performance Measures 2 and 3 address disparities compared Whites.

## Legal / Contractual Obligation

Federal HIV grant and contract funds are restricted. Part A grant requires: 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill & Clark Counties; 2) Community-based Planning Council; 3) 10% cap on planning & administration, requiring the County to cover some administrative costs; and 4) The County must spend local funds for HIV services at least at the level spent in the previous year.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$801,076	\$3,177	\$809,128
Contractual Services	\$5,500	\$4,659,444	\$7,300	\$4,724,336
Materials & Supplies	\$500	\$26,875	\$500	\$16,815
Internal Services	\$49,684	\$175,713	\$47,187	\$162,902
<b>Total GF/non-GF</b>	<b>\$55,684</b>	<b>\$5,663,108</b>	<b>\$58,164</b>	<b>\$5,713,181</b>
<b>Program Total:</b>	<b>\$5,718,792</b>		<b>\$5,771,345</b>	
<b>Program FTE</b>	0.00	5.63	0.02	5.48

Program Revenues				
Intergovernmental	\$0	\$5,663,108	\$0	\$5,713,181
<b>Total Revenue</b>	<b>\$0</b>	<b>\$5,663,108</b>	<b>\$0</b>	<b>\$5,713,181</b>

## Explanation of Revenues

This program generates \$91,671 in indirect revenues.

\$ 2,550,751 - Ryan White Part A funds for 20-21: Medical, Case management, Non-medical case management, and Housing

\$ 3,162,430 - Oregon Health Authority Ryan White

## Significant Program Changes

**Last Year this program was:** FY 2021: 40012B Services for Persons Living with HIV - Regional Education and Outreach

Significant Changes: In FY21, Oregon Health Authority increased the grant award for program income from Ryan White Part B by \$1,641,457.

COVID-19-Related Impacts: In FY21, some HGAP staff were reassigned to COVID-19 response, mostly specific to persons living with HIV (PLWH). The program received CARES ACT funding, which went towards emergency financial assistance and food assistance; and any low expenditures within Ryan White Part A or B were reallocated to fund housing, food, and medical care based on PLWH needs related to the impacts of COVID-19.

**Department:** Health Department      **Program Contact:** Erika Williams  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County.

The Medicaid Enrollment program assists uninsured and under-insured Oregonians to gain access to health services by providing application and enrollment assistance and advocacy to families and children applying for state and federally provided Medical and Dental coverage as well as other forms of assistance.

### Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Medicaid Enrollment program assists uninsured and under-insured Oregonians to gain access to health services by providing application and enrollment assistance and advocacy to families and children applying for state and federally provided Medical and Dental coverage as well as other forms of assistance. Patients are also screened for eligibility to sliding scale (discounted fees) for services received if they are unable to obtain other coverage. Last year, more than 16,700 clients were screened and 7,800 enrolled in OHP.

The Medicaid Enrollment program provides outreach and education efforts that increase the number of clients who complete the Oregon Health Plan (OHP) enrollment process; access to health care services (particularly for pregnant women and children); and ensures continuity of coverage at recertification.

Starting in March 2020, Eligibility transitioned to screening clients both in person and by phone due to the COVID-19 pandemic. The introduction of the phone line allowed for clients to call in and reach an eligibility specialist to apply for OHP benefits, the sliding scale discount or other medical assistance programs. The Oregon Health Authority relaxed rules for obtaining signatures which allowed for applications to be completed by phone with virtual consent given by the client. Clients are still able to walk in and see an eligibility specialist at any primary care clinic for their eligibility needs.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Annual number of clients screened	16,782	17,500	16,140	16,000
Outcome	% of Self Pay Patients in Medical	14.1%	14%	14.3%	14%
Outcome	% of Self Pay Patients in Dental	6.15%	7.77%	9.8%	7.77%

### Performance Measures Descriptions

Output: Annual number of clients completing financial screening to determine eligibility for available programs  
Outcome: % of self-pay patients in medical and dental to ensure that patients are screened for services available

## Legal / Contractual Obligation

The Medicaid Enrollment Prog. is on contract with the State Division of Medical Assistance Progs. to provide application and enrollment assistance to all OHP/Medicaid eligibles including education regarding managed health care. Information shall include establishing a Date of Request or effective date of coverage, managed medical, dental, and mental health care, covered services (including preventive and emergent), client rights and responsibilities, and the grievance and appeal process. Medical Assistants is in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$107,415	\$1,756,545	\$585,444	\$1,515,250
Contractual Services	\$24,000	\$0	\$0	\$24,000
Materials & Supplies	\$14,941	\$0	\$1,456	\$14,950
Internal Services	\$341,617	\$205,516	\$406,200	\$225,851
<b>Total GF/non-GF</b>	<b>\$487,973</b>	<b>\$1,962,061</b>	<b>\$993,100</b>	<b>\$1,780,051</b>
<b>Program Total:</b>	<b>\$2,450,034</b>		<b>\$2,773,151</b>	
<b>Program FTE</b>	1.00	17.00	5.00	15.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$1,962,061	\$0	\$295,945
Service Charges	\$0	\$0	\$993,100	\$1,484,106
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,962,061</b>	<b>\$993,100</b>	<b>\$1,780,051</b>

## Explanation of Revenues

This program generates \$279,615 in indirect revenues.

Medicaid/Medicare eligibility receives funding from the Division of Medical Assistance Programs (DMAP) which provides compensation to eligible Federally Qualified Health Centers (FQHCs) for outreach activities. DMAP provides compensation through calculating a rate that is equal to 100% of allowable, specific direct costs according to OAR 410-147-0400.

\$ 1,484,106 - Division of Medical Assistance Programs (DMAP)

\$ 295,945 - Federal Primary Care (330) Grant

\$ 993,100 - FQHC Medicaid Wraparound

## Significant Program Changes

**Last Year this program was:** FY 2021: 40016 Medicaid/Medicare Eligibility

The program has partially transitioned to telework due to the COVID-19 pandemic, including an adjustment in operations to allow for services by telephone.

FTE change: added 1.0 Lead position and transferred 1.0 from 40012A budget.

**Department:** Health Department      **Program Contact:** Azma Ahmed  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The Dental Services program provides nearly 27,000 people with essential, urgent, routine, and preventive services in clinic settings and school-based programs. The Dental Program is the largest Safety Net provider for vital dental care in the County and provides additional child-based services to uninsured and underinsured clients (School of Community and Oral Health); focuses on access for clients with chronic diseases, children and pregnant women; and evidence based practice guidelines.

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Dental Services program provides nearly 27,000 people with essential, urgent, routine, and preventive services in clinic settings and school-based programs. The Dental Program is the largest Safety Net provider for vital dental care in the County and provides additional child-based services to uninsured and underinsured clients; focuses on access for clients with chronic diseases, children and pregnant women; and evidence based practice guidelines. The Dental program has three distinct service components:

- Clinical dental services: 7 dental clinics provide comprehensive and urgent dental treatment for Medicaid and self-pay patients.
- Services for children and people who are pregnant: The clinical program also focuses on services for people who are pregnant in order to reduce the risk of premature birth, and to foster a good oral health learning collaboration between the dental program, and expectant mothers. The School and Community Oral Health Program provides dental education, and dental sealant services to children in Multnomah County schools, and provides outreach, education, and dental treatment specifically to children 0-36 months in our clinic setting, known as our Baby Day program.
- Another component of the program consists of mentoring and training 3rd and 4th year OHSU Dental students who provide services to our clients in the clinics, under the preceptorship of our providers, which helps cultivate a workforce interested in providing public health today and into the future.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Billable patient visits	56,496	91,892	77,175	94,738
Outcome	No show rate	19%	16%	18%	17%

**Performance Measures Descriptions**

**Output: Billable Patients Visits.** This measure describes the number of patient visits who receive clinical care within the fiscal year. The number of encounters will be critical in light of COVID-19 pandemic coupled with race, equity and fiscal viability.

**Outcome: Percentage of appointments for which patients did not show per Fiscal year.**



## Legal / Contractual Obligation

Dental services are a requirement of the Bureau of Primary Health Care 330 Grant. Dental services in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements. The Dental Program is also accredited under The Joint Commission and follows TJC accreditation guidelines.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$11,408,895	\$8,438,768	\$11,189,416	\$8,897,893
Contractual Services	\$8,000	\$449,901	\$68,016	\$180,419
Materials & Supplies	\$160,641	\$1,188,148	\$243,299	\$753,366
Internal Services	\$1,580,192	\$3,526,134	\$1,637,359	\$3,798,884
<b>Total GF/non-GF</b>	<b>\$13,157,728</b>	<b>\$13,602,951</b>	<b>\$13,138,090</b>	<b>\$13,630,562</b>
<b>Program Total:</b>	<b>\$26,760,679</b>		<b>\$26,768,652</b>	
<b>Program FTE</b>	70.93	71.76	68.92	76.15

<b>Program Revenues</b>				
Intergovernmental	\$0	\$312,000	\$0	\$312,308
Other / Miscellaneous	\$500,000	\$0	\$419,000	\$98,450
Beginning Working Capital	\$500,000	\$0	\$491,694	\$0
Service Charges	\$12,157,728	\$13,290,951	\$12,227,396	\$13,219,804
<b>Total Revenue</b>	<b>\$13,157,728</b>	<b>\$13,602,951</b>	<b>\$13,138,090</b>	<b>\$13,630,562</b>

## Explanation of Revenues

This program generates \$2,675,590 in indirect revenues.  
The primary source of revenue is Medicaid payments and patient fees.

- \$ 25,545,650 - Dental Patient Fees
- \$ 312,308 - Federal Primary Care (330) Grant
- \$ 277,305 - CareOregon Dental Incentives
- \$ 633,389 - Medicaid Dental support

## Significant Program Changes

**Last Year this program was:** FY 2021: 40017A Dental Services

FY 21 and 22 has been challenging in terms of encounters due to the impact of COVID-19 on our community.  
FTE change: 3 positions added for clerical support.



**Department:** Health Department      **Program Contact:** Kathleen Humphries  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Women, Infants and Children Program (WIC) serves approximately 13,000 pregnant women and mothers and their infants and young children per month. WIC promotes positive health outcomes through strengthening nutrition across the life course with healthful foods and nutrition education, promoting and supporting breastfeeding, and providing comprehensive health and social service referrals.

**Program Summary**

WIC improves the nutrition and related health of pregnant women, nursing moms, infants, and young children, and supports food security in vulnerable families. WIC provides nutritious food, nutrition education and counseling, growth monitoring, health screening, peer breastfeeding support, and other support networks to eligible families. WIC acts as a core referral center for other health and social services and has been key in enrolling families in Medicaid, private insurance, and other early childhood programs. In 2020, WIC served approximately 19,000 unique clients with over 48,000 visits and provided access to other support services including prenatal care, immunizations, Head Start, housing and day care assistance, social services, referrals to other County public health programs, SNAP and other food assistance, and more.

WIC's emphasis on prenatal health and early childhood helps the County support health over the life course and reduce health inequities. Evaluation shows WIC families are in overall better health and have less food insecurity when participating in the program. WIC mothers have a 25% reduced risk for preterm birth and 44% lower risk for low birth weight babies, resulting in better health, less chronic disease throughout their lives, and Medicaid costs savings. WIC's breastfeeding promotion uses an evidence-based support model, helping the county's most vulnerable families benefit from immunity protection to infants, health benefits to the mother, and lifelong risk reduction for important chronic diseases.

WIC uses nutrition science research and program data to inform services. Data indicate health disparities among BIPOC and low income women, infants, and children, which is reflected in WIC demographic data. For example, 26% of WIC clients do not speak English and the program has responded by having signage in multiple languages, hiring professional staff who speak multiple languages fluently, and contracting with outside agencies to provide interpretation services. These approaches enable WIC to reach populations most disparately impacted. WIC also partners with culturally specific agencies and advisory boards to provide input and feedback; and surveys clients to inform services.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of WIC clients in one year who receive healthful foods with E-WIC benefits	20,000	21,000	19,000	20,000
Outcome	% of WIC clients initiating breastfeeding	94%	94%	94%	94%
Outcome	# of nutrition education contacts with WIC families	48,411	47,000	48,000	48,000
Quality	% of clients served per month in languages other than English	26%	26%	26%	26%

**Performance Measures Descriptions**

## Legal / Contractual Obligation

The Special Supplemental Nutrition Program for Women, Infants, and Children are authorized by Section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786, as amended through PL105-394, and the regulations promulgated pursuant thereto, 7 CFR Ch. II, Part 246.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$1,082,508	\$3,245,493	\$1,293,532	\$3,252,961
Contractual Services	\$88,130	\$0	\$83,000	\$0
Materials & Supplies	\$109,731	\$42,608	\$63,498	\$734
Internal Services	\$814,173	\$385,640	\$816,981	\$431,032
<b>Total GF/non-GF</b>	<b>\$2,094,542</b>	<b>\$3,673,741</b>	<b>\$2,257,011</b>	<b>\$3,684,727</b>
<b>Program Total:</b>	<b>\$5,768,283</b>		<b>\$5,941,738</b>	
<b>Program FTE</b>	11.25	28.55	11.26	29.14

<b>Program Revenues</b>				
Intergovernmental	\$0	\$2,904,037	\$0	\$2,915,023
Other / Miscellaneous	\$0	\$769,704	\$0	\$769,704
<b>Total Revenue</b>	<b>\$0</b>	<b>\$3,673,741</b>	<b>\$0</b>	<b>\$3,684,727</b>

## Explanation of Revenues

This program generates \$431,032 in indirect revenues.

WIC's revenue includes federal funds in the intergovernmental revenue agreement between Multnomah County as the local public health authority (LPHA) and the State of Oregon Public Health Services. WIC is also funded with County general fund. County general funds assist the WIC program in meeting the Federal/State funding requirement of scheduling new pregnant women within 10 days of application to the program. Starting in FY17, Title V grant funds were also part of the WIC portfolio of funding. These funds are used to increase African American culturally specific breastfeeding support in Multnomah County through WIC. \$2,840,023 -State WIC grant; \$75,000 -State Maternal & Child Health (Title V) grant; \$769,704 -HSO county Based services -WIC.

## Significant Program Changes

**Last Year this program was:** FY 2021: 40018 Women, Infants, and Children (WIC)

COVID-19-Related Impacts - WIC services became completely remote in March 2020. This change proved to be successful for clients, as it reduced travel and other barriers related to accessing services, and for WIC staff, as they were able to maintain service quality. In FY22, WIC anticipates having both remote and in-person services (in-person services are still preferred by some clients and provide the ability to perform required health assessments).

**Department:** Health Department      **Program Contact:** Katie Thornton  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. North Portland Health Center (NPHC) serves around 3,800 clients per year. Due to the reduction in the number of operating sights, as a response to COVID-19, NPHC clients were served at the Northeast Health Center for a 6 month period of time in 2020. The North Portland Health Center resumed onsite operations in October 2020. The majority of North Portland Health Center clients represent historically underserved (Black, Indigenous, People of Color) BIPOC communities and vulnerable populations. NPHC is an important health care safety net for the community and is part of the County's FQHC.

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing houselessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

North Portland Health Center primary care is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. MCHC provides comprehensive, culturally appropriate services that include:

- Primary care services including treatment of acute and chronic illnesses, behavioral health, drug & alcohol treatment, family planning, prenatal and preventive services (well child, immunizations), and community health education.
- Pharmacy and lab services
- Enabling services: Medicaid eligibility screening, medical interpretation, transportation, case management and health education

The clinic provides culturally appropriate care to a diverse population with the largest groups served being the Latinx diaspora (42%), Black community (16%) and the white community (32%). The remaining 12% of our patients identify as Asian, Native American and Pacific Islander.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Individual patients served	1,885	3,800	3,800	3,900
Outcome	Number of visits completed	11,476	19,713	19,713	20,152

**Performance Measures Descriptions**

**Output: Individual Patients Served.** This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.

**Outcome:** This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.

## Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$2,019,322	\$1,657,167	\$2,702,204	\$1,138,847
Contractual Services	\$0	\$82,468	\$87,412	\$0
Materials & Supplies	\$50,034	\$160,534	\$9,939	\$174,151
Internal Services	\$440,734	\$690,493	\$359,933	\$1,153,272
<b>Total GF/non-GF</b>	<b>\$2,510,090</b>	<b>\$2,590,662</b>	<b>\$3,159,488</b>	<b>\$2,466,270</b>
<b>Program Total:</b>	<b>\$5,100,752</b>		<b>\$5,625,758</b>	
<b>Program FTE</b>	11.30	15.00	16.45	11.35

<b>Program Revenues</b>				
Intergovernmental	\$0	\$606,196	\$0	\$573,895
Service Charges	\$2,493,439	\$1,984,466	\$3,159,488	\$1,892,375
<b>Total Revenue</b>	<b>\$2,493,439</b>	<b>\$2,590,662</b>	<b>\$3,159,488</b>	<b>\$2,466,270</b>

## Explanation of Revenues

This program generates \$511,627 in indirect revenues.

This program is supported by a federal BPHC grant, as well as Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

- \$ 1,469,911 - Medical Fees
- \$ 123,895 - Federal Primary Care grant PC 330
- \$ 450,000 - Federal Primary Care/Homeless grant
- \$ 3,159,488 - FQHC Medicaid Wraparound
- \$ 422,464 - Medicare PC North

## Significant Program Changes

**Last Year this program was:** FY 2021: 40019 North Portland Health Clinic

COVID-19 pandemic required the Health Center to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of COVID-19.

**Department:** Health Department      **Program Contact:** Katie Thornton  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Northeast Health Clinic is located in one of Portland's oldest historic African American neighborhoods and provides integrated primary care, dental, and pharmacy services to a diverse patient population. The Northeast Health Center plays a significant role in providing safety net medical services to residents in the community. The Health Center provided care to 3,381 clients in FY20. NEHC is an important health care safety net for the community and is part of the County's Federally Qualified Health Center (FQHC).

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Northeast Health Clinic is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. NEHC provides comprehensive, culturally appropriate services that include:

- Primary care services, including treatment of acute and chronic illnesses, behavioral health, drug & alcohol treatment, family planning, prenatal and preventive services (well child, immunizations), and community health education
- Limited speciality care including neurology, gynecology, and acupuncture
- Pharmacy and lab services
- Enabling services: Medicaid eligibility screening, medical interpretation, transportation assistance, case management and health education

Over the past 12 months, the clinic saw 3,381 patients who were provided services in 9 different languages. NEHC plays a significant role in providing safety net medical services to residents in the community. The clinic provides culturally appropriate care to a diverse population with the largest groups serving being the Black diaspora community (29%), the Latinx diaspora (36%) and the white community (25%). The remaining 10% of our patients identify as Asian, Native American and Pacific Islander.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Individual patients served	3,381	3,900	3,900	4,000
Outcome	Number of visits completed	21,780	19,713	19,713	20,328

**Performance Measures Descriptions**

**Output: Individual Patients Served.** This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.

**Outcome:** This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.

## Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines. Northeast Health Center is contracted with OHSU to offer Colposcopy and LEEP procedures, as well as Sports Medicine services on site.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$1,794,444	\$2,444,516	\$2,501,518	\$1,725,856
Contractual Services	\$152,165	\$0	\$48,817	\$129,301
Materials & Supplies	\$34,763	\$193,522	\$68,323	\$144,511
Internal Services	\$1,054,599	\$434,318	\$333,202	\$968,159
<b>Total GF/non-GF</b>	<b>\$3,035,971</b>	<b>\$3,072,356</b>	<b>\$2,951,860</b>	<b>\$2,967,827</b>
<b>Program Total:</b>	<b>\$6,108,327</b>		<b>\$5,919,687</b>	
<b>Program FTE</b>	9.40	20.40	16.30	13.70

<b>Program Revenues</b>				
Intergovernmental	\$0	\$986,352	\$0	\$985,061
Service Charges	\$3,014,384	\$2,086,004	\$2,951,860	\$1,982,766
<b>Total Revenue</b>	<b>\$3,014,384</b>	<b>\$3,072,356</b>	<b>\$2,951,860</b>	<b>\$2,967,827</b>

## Explanation of Revenues

This program generates \$563,086 in indirect revenues.

Northeast Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees, and County General Fund. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

\$ 4,934,626 - Medical Fees

\$ 985,061 - Federal Primary Care (330) grant

## Significant Program Changes

**Last Year this program was:** FY 2021: 40020 Northeast Health Clinic

COVID-19 pandemic required the Health Center to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of COVID-19.

**Department:** Health Department      **Program Contact:** Amaury Sarmiento  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Mid-County Health Center (MCHC) is located in one of the most culturally diverse areas of Multnomah County and plays a significant role in providing safety net medical services to residents in the community. Over the past 12 months, the Health Center provided care to 7,183 clients. With the Refugee Clinic and culturally diverse staff, MCHC is an important partner and contributor to the refugee and asylee resettlement efforts.

### Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Mid County Health Center primary care is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. MCHC provides comprehensive, culturally appropriate services that include:

- Primary care services including treatment of acute and chronic illnesses, behavioral health, drug & alcohol treatment, family planning, prenatal and preventive services (well child, immunizations), and community health education.
- Refugee and asylee medical screenings in contract with Oregon Department of Human Services.
- Limited specialty services including gynecology
- Pharmacy and lab services
- Enabling services: Medicaid eligibility screening, medical interpretation, transportation, case management and health education

MCHC is tightly linked with refugee resettlement agencies ( Sponsors Organized to Assist Refugees SOAR, Catholic Charities, Lutheran Community Services), the Centers of Disease Control and the State of Oregon. 65% of MCHC clients are immigrants or were refugees from areas, e.g., Ukraine, Afghanistan, DRC, Burman, Russia, Latin America, Kosovo.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Individual patients served	7,183	9,500	9,500	9,500
Outcome	Number of visits completed	32,868	41,693	41,693	41,693

### Performance Measures Descriptions

**Output: Individual Patients Served.** This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.

**Outcome:** This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.



## Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines. Mid County Health Center is contracted with the Oregon Department of Human Services to complete refugee and asylee medical screenings.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$5,813,481	\$2,842,363	\$5,268,144	\$3,358,360
Contractual Services	\$654,311	\$0	\$292,881	\$399,553
Materials & Supplies	\$201,054	\$336,491	\$36,297	\$438,984
Internal Services	\$680,177	\$1,852,552	\$1,508,102	\$1,070,326
<b>Total GF/non-GF</b>	<b>\$7,349,023</b>	<b>\$5,031,406</b>	<b>\$7,105,424</b>	<b>\$5,267,223</b>
<b>Program Total:</b>	<b>\$12,380,429</b>		<b>\$12,372,647</b>	
<b>Program FTE</b>	31.38	26.22	45.05	12.25

Program Revenues				
Intergovernmental	\$0	\$728,950	\$0	\$728,950
Service Charges	\$7,335,545	\$4,302,456	\$7,105,424	\$4,538,273
<b>Total Revenue</b>	<b>\$7,335,545</b>	<b>\$5,031,406</b>	<b>\$7,105,424</b>	<b>\$5,267,223</b>

## Explanation of Revenues

This program generates \$1,149,050 in indirect revenues.

Mid County Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees, and county general fund.

- \$ 11,613,697 - Medical Fees
- \$ 728,950 - Federal Primary Care (330) grant
- \$ 30,000 - State AFS Refugee Screening

## Significant Program Changes

**Last Year this program was:** FY 2021: 40022 Mid County Health Clinic

COVID-19 pandemic required the Health Center to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of COVID-19.



**Department:** Health Department      **Program Contact:** Lynne Wiley  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. East County Health Center plays a significant role in providing safety net medical services to residents in the Gresham/East Multnomah County communities. Over the past 12 months, the Health Center provided care to 9,892 clients. Of clients empaneled to the East County Health Center, 49% are Spanish speaking and 20% do not qualify for insurance coverage.

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

East County Health Center primary care is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. ECHC provides comprehensive, culturally appropriate services that include:

- Primary care services, including treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations)
- Integrated pharmacy and lab services
- Wraparound services: Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

Over the past 12 months, the clinic saw 6,845 patients with services provided in four languages. East County Health Center plays a significant role in providing safety net medical services to residents in the community. The clinic provides culturally appropriate care to a diverse population with the largest groups served being the Latinx diaspora (49%), and the white community (44%). The remaining 7% of our patients identify as mostly Russian and Arabic.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Individual Patients Served	9,892	9,800	9,840	9,940
Outcome	Number of visits completed	27,650	29,160	29,160	29,260

**Performance Measures Descriptions**

**Output:** Individual Patients Served. This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.

**Outcome:** This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.

## Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$3,530,658	\$4,063,071	\$4,989,165	\$2,829,741
Contractual Services	\$366,868	\$1,090	\$0	\$268,344
Materials & Supplies	\$52,350	\$411,887	\$221,425	\$162,697
Internal Services	\$1,587,067	\$475,378	\$664,557	\$1,722,372
<b>Total GF/non-GF</b>	<b>\$5,536,943</b>	<b>\$4,951,426</b>	<b>\$5,875,147</b>	<b>\$4,983,154</b>
<b>Program Total:</b>	<b>\$10,488,369</b>		<b>\$10,858,301</b>	
<b>Program FTE</b>	13.90	36.70	38.40	13.80

<b>Program Revenues</b>				
Intergovernmental	\$0	\$985,315	\$0	\$1,085,399
Service Charges	\$5,521,040	\$3,966,111	\$5,875,147	\$3,897,755
<b>Total Revenue</b>	<b>\$5,521,040</b>	<b>\$4,951,426</b>	<b>\$5,875,147</b>	<b>\$4,983,154</b>

## Explanation of Revenues

This program generates \$1,041,468 in indirect revenues.

East County Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees, and county general fund. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

\$ 9,772,902 - Medical Fees

\$ 1,085,399 - Federal Primary Care (330) grant

## Significant Program Changes

**Last Year this program was:** FY 2021: 40023 East County Health Clinic

COVID-19 pandemic required ECHC to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of Covid 19.

**Department:** Health Department      **Program Contact:** Alexandra Lowell

**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The Student Health Center (SHC) program provides access to comprehensive preventive, primary, and mental healthcare for Multnomah County school-aged youth at nine Student Health Centers and is part of the County's FQHC. This program makes primary and behavioral health care services easily accessible for nearly 6,000 K-12 students each year, contributing to better health and learning outcomes for school-aged youth.

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing houselessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Healthcare for school aged youth is a basic need. The SHC sites provide critical points of access to health care regardless of insurance status through partnerships with schools, families, healthcare providers, and community agencies. SHCs contribute to learning readiness and optimize the learning environment by linking health and education for student success--in school and life.

Services include chronic, acute and preventive healthcare; age appropriate reproductive health; exams, risk assessments, prescriptions, immunizations, fitness and nutrition education/counseling and referrals. This comprehensive approach enables preventive care and early identification and intervention, thereby promoting healthy behaviors and resilience as well as reducing risk behaviors. Program locations are geographically diverse and all Multnomah County K-12 aged youth are eligible to receive services at any SHC location, including students who attend other schools, those not currently attending school, students experiencing houselessness homeless. The SHCs provide culturally appropriate care to a diverse population with the largest groups served being the Latinx community and the white community (each at 31%), the Black community (15%), and the Asian community (12%). The remaining 10% of our patients identify as Pacific Islander, Native American, and Native Hawaiian.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	% of patients with one or more visits with a health assessment in the last year	65%	70%	50%	60%
Outcome	Number of visits completed	10,613	16,604	5,000	16,474

**Performance Measures Descriptions**

**Output:** Clients (age >5 to <21) with at least one SHC office visit encounter in the last 12 months who had health assessment. The health assessment is an exceptional tool to understand the physical and social health of the client, so that strengths can be affirmed for continued prevention and early intervention services can be offered.

**Outcome:** The number of visits completed indicates a general level of utilization of our services and financial viability.

## Legal / Contractual Obligation

Student Health Centers (SHC) complies with CLIA (Laboratory accreditation) requirements, CCO contractual obligations, compliance with the Bureau of Primary Health 330 Grant (HRSA), and Patient-Centered Primary Care Home (PCPCH). SHC Primary Care is also accredited under Joint Commission and follows TJC accreditation guidelines.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$2,551,323	\$2,238,130	\$2,904,846	\$1,640,723
Contractual Services	\$48,295	\$31,983	\$25,512	\$53,382
Materials & Supplies	\$228,404	\$129,839	\$92,510	\$219,337
Internal Services	\$841,404	\$378,091	\$503,870	\$840,911
<b>Total GF/non-GF</b>	<b>\$3,669,426</b>	<b>\$2,778,043</b>	<b>\$3,526,738</b>	<b>\$2,754,353</b>
<b>Program Total:</b>	<b>\$6,447,469</b>		<b>\$6,281,091</b>	
<b>Program FTE</b>	17.50	16.74	18.47	13.80

Program Revenues				
Intergovernmental	\$0	\$1,077,481	\$0	\$1,131,899
Other / Miscellaneous	\$0	\$11,500	\$0	\$0
Service Charges	\$1,876,822	\$1,689,062	\$3,526,738	\$1,622,454
<b>Total Revenue</b>	<b>\$1,876,822</b>	<b>\$2,778,043</b>	<b>\$3,526,738</b>	<b>\$2,754,353</b>

## Explanation of Revenues

This program generates \$605,427 in indirect revenues.

SHCs are supported by federal BPHC grant, state family planning grant, State School Based Health Centers grant through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

\$ 5,149,192 - Medical Fees

\$ 758,520 - State SHC grant

\$ 373,380 - Federal Primary Care grant

## Significant Program Changes

**Last Year this program was:** FY 2021: 40024A Student Health Centers

COVID-19 pandemic required SHC to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of Covid 19. During the COVID-19 pandemic, four SHC clinics remained open and operational even while school buildings were closed. These clinics continue to provide essential medical care to Multnomah County youth, offering both in-person and telemedicine visits.

**Department:** Health Department      **Program Contact:** Amaury Sarmiento  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. La Clinica de Buena Salud (The Good Health Clinic), provides comprehensive, culturally appropriate primary care and behavioral health services to the underinsured and uninsured residents of NE Portland's Cully Neighborhood and is part of the County's FQHC. La Clinica was strategically located, in partnership with the local community, to provide culturally competent care and vital services to approximately 1,600 people each year.

### Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

La Clinica de Buena Salud is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. La Clinica provides comprehensive, culturally appropriate services that include:

- Primary care services, including treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations)
- Integrated pharmacy and lab services
- Wraparound services: Medicaid eligibility screening, medical interpretation, transportation, case management and health education

Although La Clinica was initially primarily served the Latinx community, the program has expanded and responded to the area's changing demographics which includes the Somali immigrants and refugees, Vietnamese, and Russian speaking families in the Cully neighborhood and beyond.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Individual patients served	1,640	2,100	2,100	2,100
Outcome	Number of visits completed	5,865	9,901	9,901	9,504

### Performance Measures Descriptions

**Output: Individual Patients Served.** This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.

**Outcome:** This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.

## Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$918,358	\$1,214,254	\$810,288	\$1,026,995
Contractual Services	\$0	\$125,228	\$0	\$114,542
Materials & Supplies	\$35,493	\$81,501	\$39,459	\$42,004
Internal Services	\$228,012	\$284,890	\$107,930	\$384,975
<b>Total GF/non-GF</b>	<b>\$1,181,863</b>	<b>\$1,705,873</b>	<b>\$957,677</b>	<b>\$1,568,516</b>
<b>Program Total:</b>	<b>\$2,887,736</b>		<b>\$2,526,193</b>	
<b>Program FTE</b>	3.40	10.30	6.40	5.40

<b>Program Revenues</b>				
Intergovernmental	\$0	\$782,245	\$0	\$757,011
Service Charges	\$1,150,691	\$923,628	\$957,677	\$811,505
<b>Total Revenue</b>	<b>\$1,150,691</b>	<b>\$1,705,873</b>	<b>\$957,677</b>	<b>\$1,568,516</b>

## Explanation of Revenues

This program generates \$244,727 in indirect revenues.

La Clinica de Buena Salud is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees, and county general fund. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

\$ 1,769,182 - Medical Fees

\$ 757,011 - Federal Primary Care/330 grant

## Significant Program Changes

**Last Year this program was:** FY 2021: 40026 La Clinica de Buena Salud

COVID-19 pandemic required the Health Center to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of COVID-19.

**Department:** Health Department      **Program Contact:** Toni Kempner  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Southeast Health Clinic provides comprehensive, culturally appropriate primary care and behavioral health services to 3,000 people each year in the Southeast Multnomah County communities. Southeast Health Center is centrally located to serve persons living in the area as well as the central region and clients living downtown (many who were previously a Westside Clinic patient).

### Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing houselessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Southeast Health Center is a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, medication assisted therapy (MAT) and collaboration with community partners. SEHC provides comprehensive, culturally appropriate services that include:

- Primary care services, including treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations)
- Integrated pharmacy, dental, and lab services
- Wraparound services: Medicaid eligibility, interpretation, transportation, case management and health education.

Race and ethnicity of SEHC Primary Care clients reflect 15.3% Asian, 9% Black, 1% American Indian and 1.3% Pacific Islander. A key population that SEHC serves is the homeless population that continues to grow in the SEHC region, noting a 22.1% increase between 2017 to 2019. Our non-binary population who report Intimate Partner violence is experiencing a rise in houselessness over 186.7% increase (.4% to 1.1%) (2019 PIT report). Using wrap around services for our clients experiencing houselessness that include intensive case management/navigation services, addressing food insecurities (food banks, CSA partnerships for health with local farms), and referrals to community partnerships in addition to primary/specialty care is critical.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of patients served	2,206	3,300	3,037	3,350
Outcome	Number of visits completed	4,864	6,600	6,600	7,370

### Performance Measures Descriptions

**Output:** Individual Patients Served. This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.

**Outcome:** This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.



## Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$992,605	\$1,680,166	\$1,151,939	\$1,671,439
Contractual Services	\$3,500	\$79,398	\$0	\$62,356
Materials & Supplies	\$36,216	\$145,779	\$29,951	\$106,969
Internal Services	\$116,135	\$690,170	\$153,438	\$784,084
<b>Total GF/non-GF</b>	<b>\$1,148,456</b>	<b>\$2,595,513</b>	<b>\$1,335,328</b>	<b>\$2,624,848</b>
<b>Program Total:</b>	<b>\$3,743,969</b>		<b>\$3,960,176</b>	
<b>Program FTE</b>	5.70	11.80	10.20	8.30

Program Revenues				
Intergovernmental	\$0	\$1,366,052	\$0	\$1,365,404
Service Charges	\$1,123,749	\$1,229,461	\$1,335,328	\$1,259,444
<b>Total Revenue</b>	<b>\$1,123,749</b>	<b>\$2,595,513</b>	<b>\$1,335,328</b>	<b>\$2,624,848</b>

## Explanation of Revenues

This program generates \$376,074 in indirect revenues.

Southeast Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees, and county general fund.

- \$ 2,547,432 - Medical Fees
- \$ 166,500 - Federal Primary Care (330) grant
- \$ 1,198,904 - Federal Primary Care/Homeless grant

## Significant Program Changes

**Last Year this program was:** FY 2021: 40027 Southeast Health Clinic

COVID-19 pandemic required the Health Center to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of COVID-19.



**Department:** Health Department      **Program Contact:** Lynne Wiley  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Rockwood Community Health Clinic provides comprehensive, culturally appropriate primary care and behavioral health services to over 4,000 patients each year. Due to the reduced number of operating sites during the initial Covid 19 response, the Rockwood Health Center clients were largely served at East and Mid County Health Centers for a 5 month period of time. The Rockwood Health Center resumed onsite operations in September 2020.

### Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Rockwood Community Health Clinic (RCHC) is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. RCHC provides comprehensive, culturally appropriate services that include:

- Primary care services, including treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations)
- Integrated pharmacy and lab services
- Wraparound services: Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

Over the past 12 months, the RCHC clinic saw 4,415 patients with services provided or interpreted in 16 plus languages. RCHC plays a significant role in providing safety net medical services to residents in a historically underserved community. The clinic provides culturally appropriate care to a diverse population with the largest groups served being the white community (53.2%), and the Latinx diaspora (25%). The remaining 22% of our patients identify as Arabic, Kaaren, Burmese, Russian, Somali, Zomi, Vietnamese, Chinese, Dari, Farsi, Nepali, Swahili, Mai Mai, and Rohingya.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Individual patients served	2,274	4,460	4,460	4,460
Outcome	Number of visits completed	11,851	15,371	15,371	15,471

### Performance Measures Descriptions

**Output: Individual Patients Served.** This measure describes the number of unique clients assigned to this site and have received clinical care within the last 12 months.

**Outcome:** This is the total number of in clinic visits including PCP, BHP, and Nursing Speciality Care on site. Higher visit volumes means the clinic is better able to address the complex medical needs of the community more effectively.

## Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, CCO contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$2,213,998	\$1,937,166	\$2,418,900	\$1,603,471
Contractual Services	\$154,269	\$40,263	\$0	\$214,136
Materials & Supplies	\$65,401	\$142,997	\$15,949	\$188,040
Internal Services	\$555,871	\$549,913	\$654,270	\$618,830
<b>Total GF/non-GF</b>	<b>\$2,989,539</b>	<b>\$2,670,339</b>	<b>\$3,089,119</b>	<b>\$2,624,477</b>
<b>Program Total:</b>	<b>\$5,659,878</b>		<b>\$5,713,596</b>	
<b>Program FTE</b>	11.00	18.40	20.20	8.70

<b>Program Revenues</b>				
Intergovernmental	\$0	\$764,768	\$0	\$664,768
Service Charges	\$2,969,106	\$1,905,571	\$3,089,119	\$1,959,709
<b>Total Revenue</b>	<b>\$2,969,106</b>	<b>\$2,670,339</b>	<b>\$3,089,119</b>	<b>\$2,624,477</b>

## Explanation of Revenues

This program generates \$535,780 in indirect revenues.

Rockwood Community Health Center is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees, and county general fund. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

\$ 5,048,828 - Medical Fees

\$ 664,769 - Federal Primary Care (330) grant

## Significant Program Changes

**Last Year this program was:** FY 2021: 40029 Rockwood Community Health Clinic

COVID-19 pandemic required the Health Center to expand telehealth, and telemedicine programs to meet the needs of our clients while remaining in compliance with CDC recommendations aimed at decreasing spread of COVID-19.

**Department:** Health Department      **Program Contact:** Amy Henninger  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The Medical Director's Office ensures that doctors (MDs), nurse practitioners (NPs), and physician's assistants (PAs) have the necessary training, skills and knowledge to practice competently; patient care adheres to all pertaining regulations; clinical quality improvement (QI) initiatives are effective and appropriate for the communities we serve; and patient care is safe, cost effective and based on proven best practices; ensure that providers are trained in health equity and that all clinical improvement processes are to forward equitable care for patients.

### Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing houselessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Medical Directors Office performs these primary functions:

- Develops and oversees strategic initiatives to improve care quality, safety, cost effectiveness, and access; develops and implements patient care guidelines, policies, procedures, including the Health Center's response to COVID-19.
- Represents and advocates for the care of the clients served at Multnomah County community health centers to external stakeholders such as the Oregon Health Authority, Coordinated Care Organizations (medicaid payors) to ensure that public health care funding meets the needs of the community.
- Recruits, hires Site Medical Directors, medical providers (physicians, nurse practitioners including psychiatric nurse practitioners, physician's assistants), credentials and monitors provider performance; oversees medical educational programs; oversees integrated behavioral health program.
- Ensures that patient care meets all rules, regulations and standards set forth by regulatory agencies, contractors, grantors and accrediting agencies. This is important for safety, quality of care, as well as to keep HRSA grant funding intact.
- Accountable for legal conformance, quality and safety of patient care, need-based and scientifically justified service design, and efficient use of public funds. This includes joint commision, HRSA, PCPCH, Reproductive Health Grants and consultation with HIV services on Ryan White grant.
- Supervises Site Medical Directors and the Behavioral Health and Addictions Manager to achieve above items.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	80% of primary care providers are maintaining and serving their maximum panel size	82%	80%	65%	80%
Outcome	Maintain compliance with regulatory and licensing standards/boards	100%	100%	100%	100%
Output	Increase # of patients seen in the past year calendar year (unique patients) to pre-covid numbers (20% areater)	45,197	n/a	37,376	45,000
Outcome	Train all providers on implicit bias	n/a	n/a	n/a	85%

### Performance Measures Descriptions

Measure 1 focuses on value in care delivery and good patient outcomes (including access to care)

Measure 2 maintains regulatory standards required by the health center program.

Measure 3 shows a marked decrease in CY 20 which is due to the impacts of COVID-19.

Measure 4 is part of our Racial Equity. Diversity. Inclusion (RE.D.I.) initiative as it relates to providers and relations with other staff and clients.

## Legal / Contractual Obligation

Oregon State Board of Nurses, Oregon State Medical Board, Medicaid and Medicare rules and regulations, Joint Commission on Accreditation of Healthcare Organizations, HRSA 330 Primary Care grant compliance, stipulations of multiple federal and state grants, and CCO contractual obligations.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$841,061	\$326,635	\$927,829	\$77,293
Contractual Services	\$87,000	\$142,040	\$86,000	\$142,040
Materials & Supplies	\$100,128	\$993	\$94,937	\$0
Internal Services	\$204,019	\$38,215	\$221,629	\$10,295
<b>Total GF/non-GF</b>	<b>\$1,232,208</b>	<b>\$507,883</b>	<b>\$1,330,395</b>	<b>\$229,628</b>
<b>Program Total:</b>	<b>\$1,740,091</b>		<b>\$1,560,023</b>	
<b>Program FTE</b>	2.60	1.80	2.40	0.30

Program Revenues				
Intergovernmental	\$0	\$507,883	\$0	\$229,628
Other / Miscellaneous	\$180,000	\$0	\$276,100	\$0
Beginning Working Capital	\$100,000	\$0	\$192,340	\$0
Service Charges	\$880,000	\$0	\$861,955	\$0
<b>Total Revenue</b>	<b>\$1,160,000</b>	<b>\$507,883</b>	<b>\$1,330,395</b>	<b>\$229,628</b>

## Explanation of Revenues

This program generates \$133,882 in indirect revenues.

Medical Directors (Physician, Nurse Practitioner, Physician Assistants) is funded with State grants and patient revenue (under the HRSA 330 Primary Care grant)

- \$ 87,588 - State Family Planning
- \$ 1,330,395 - Patients Fees
- \$ 142,040 - Federal Primary care 330

## Significant Program Changes

**Last Year this program was:** FY 2021: 40030 Medical Director

During calendar year 2020, ICS faced significant challenges due to COVID-19. The Medical Director's Office worked closely with ICS Primary Care Operations and regional and public health recommendations balancing client and staff safety, PPE supply and COVID prevalence trends to lead changes to the way care is provided, tailoring care and outreach strategies for groups most at risk, COVID-19 also brought staffing challenges which impacted the way care is provided. FTE change: added a Program Specialist Sr to help lead Clinical Quality Metrics work with a focus on racial equity, to provide program support for the Reproductive Health Program, to provide ongoing support for provider retention, and provide additional operational support for Medical Director's Office and clinical initiatives. 1.5 Project Manager position removed due to end in grant funding.

**Department:** Health Department      **Program Contact:** Michele Koder  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The pharmacy program provides critical medication access to Health Department clients as well as emergency preparedness programs. The pharmacies dispense approximately 370,000 prescriptions per year to insured, under-insured and uninsured clients of Primary care Clinics, Student Health Centers, HIV Health Services Center, Sexually Transmitted Disease (STD) Clinic, Communicable Disease Services and Harm Reduction clinics. The program also provides integrated clinical pharmacy services among the seven primary care clinics and HIV Health Services Center (FQHC services).

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Medications are primarily purchased through the 340B drug pricing program (a US federal government program created in 1992 that requires drug manufacturers to provide outpatient drugs to eligible covered entities at significantly reduced prices). Different contracts are used to provide medications for individuals upon release from County Corrections and to provide naloxone overdose medications to community partners and first responders.

Revenue generated by the pharmacies are used to provide discounted medications for underinsured and uninsured clients - no client is denied medication due to inability to pay. Revenue is also used to support other services within ICS, including laboratory services, medication disposal services, and the Clinical Pharmacy Program.

The Clinical Pharmacy Program consists of seven clinical pharmacists who are embedded in primary care clinics and the HIV Health Service Center. Clinical pharmacists offer essential services that go beyond dispensing medication: they assist clients and providers with medication management and adherence support, conduct medication reconciliation upon hospital discharge, and manage chronic conditions such as diabetes under collaborative practice agreements upon referral from providers.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Prescription Volume	371,443	366,500	366,494	372,000
Outcome	Average Prescription Cost	28.31	32.24	30.24	32.62
Outcome	Capture rate	62%	62%	62%	64%
Quality	Adherence Monitoring	223	210	240	480

**Performance Measures Descriptions**

1. Prescription Volume (prescriptions filled) reflects the number of prescriptions filled during the fiscal year.
2. Average Prescription Cost reflects the costs associated with filling a prescription minus the actual cost of the medication.
3. Capture Rate is the percentage of prescriptions filled by primary care providers that are filled at County pharmacies.
4. Adherence Monitoring refers to the number of clients enrolled in appointment-based refills or who receive specialized packaging to assist in the proper use of medications.

## Legal / Contractual Obligation

Various grants require the provision of pharmacy services. State mandated public health services are provided. Pharmacy services are a requirement of the Bureau of Primary Care 330 Grant and those services must be in compliance with the HRSA Community Health Center Program operational and fiscal requirements. In addition, pharmacies must comply with all Oregon Board of Pharmacy and DEA regulations and are accredited by The Joint Commission.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$8,924,280	\$0	\$9,097,700
Contractual Services	\$0	\$242,142	\$0	\$128,453
Materials & Supplies	\$0	\$15,368,480	\$0	\$20,633,491
Internal Services	\$0	\$3,721,075	\$0	\$3,940,777
Capital Outlay	\$0	\$100,000	\$0	\$150,000
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$28,355,977</b>	<b>\$0</b>	<b>\$33,950,421</b>
<b>Program Total:</b>	<b>\$28,355,977</b>		<b>\$33,950,421</b>	
<b>Program FTE</b>	0.00	55.13	0.00	55.33

Program Revenues				
Service Charges	\$0	\$28,355,977	\$0	\$33,950,421
<b>Total Revenue</b>	<b>\$0</b>	<b>\$28,355,977</b>	<b>\$0</b>	<b>\$33,950,421</b>

## Explanation of Revenues

This program generates \$1,211,815 in indirect revenues.

Pharmacy is funded exclusively through prescription fees (third party reimbursements) and patient fees. The program uses no County General Fund.

\$ 33,667,923 - Prescription Fees

\$ 282,498 - Patient Fees

## Significant Program Changes

**Last Year this program was:** FY 2021: 40031 Pharmacy

Increased expenditures on drugs.

Continued optimization of new pharmacy management software to achieve our objective of enhancing services such as IVR and providing adherence monitoring services to a larger proportion of our clients using race/ethnicity data as a foundation.

Ability to reconcile payments from 3rd party payers for the first time.

Exploration of feasibility for expansion of mail order options for clients.

Implementation of a contract pharmacy for securing additional revenue from clients filling prescriptions at external pharmacies (pilot with one pharmacy).

**Department:** Health Department      **Program Contact:** Michele Koder  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The Central Lab and the Health Information Management program support the delivery of care to clients of Health Department services including Primary Care, Student Health Centers, Sexually Transmitted Disease Clinic, Communicable Diseases Services, Dental, and Corrections Health. Medical Records helps to ensure comprehensive clinical documentation and compliance with all applicable licensing, regulatory and accreditation standards as well as serving as the Privacy Manager for the Health Department.

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Central Lab and the Health Information Management program support the delivery of care to clients of Health Department services including Primary Care, Student Health Centers, Sexually Transmitted Disease Clinic, Communicable Diseases Services, Dental, and Corrections Health. The lab handles approximately 250,000 specimens per year. Medical Records fulfills approximately 15,000 medical records requests per year. Performs laboratory tests on client and environmental specimens, manages external laboratory contracts, prepares for emergencies (including bioterrorism), and assists with the surveillance of emerging infections. Access to laboratory testing assists in the diagnosis, treatment, and monitoring of clients receiving healthcare in Health Department facilities.

Health Information Management program manages health (medical/dental) records systems to ensure comprehensive clinical documentation and compliance with all applicable licensing, regulatory and accreditation standards. The manager of Health Information fulfills the role of the Health Department's Privacy Official as required by HIPAA (Health Insurance Portability and Accountability Act). Health Information Management ensures proper documentation of health care services and provides direction, monitoring, and reporting of federally required HIPAA compliance activities.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of records requests completed	12,715	15,000	11,000	13,000
Outcome	Number of laboratory specimens handled by the Central Lab	245,000	245,000	245,000	245,000
Quality	Lab proficiency/competency assessments completed	95	95	95	95

**Performance Measures Descriptions**

Output: Number of records requests completed is an indicator of performance and volume of work for the Medical Records program

Outcome: Number of laboratory specimens handled by the Central Lab is an indicator of performance and volume of work for the Laboratory program

Quality: Assessments completed is an indicator of appropriate skills and training of Lab staff



## Legal / Contractual Obligation

Federal and state mandates in addition to the Bureau of Primary Health Care 330 Grant require maintenance of health records, including medical, dental, and pharmacy, as well as the provision of laboratory services. The electronic health record (EHR) and practice management contractual obligations are per the contractual agreement with the Health Department and OCHIN. The laboratory program is accredited by the Joint Commission.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$2,805,867	\$2,368,627	\$2,129,092	\$2,423,730
Contractual Services	\$20,400	\$44,200	\$8,000	\$49,000
Materials & Supplies	\$57,764	\$184,849	\$45,760	\$191,803
Internal Services	\$823,675	\$636,786	\$746,344	\$697,548
Capital Outlay	\$0	\$200,000	\$0	\$200,000
<b>Total GF/non-GF</b>	<b>\$3,707,706</b>	<b>\$3,434,462</b>	<b>\$2,929,196</b>	<b>\$3,562,081</b>
<b>Program Total:</b>	<b>\$7,142,168</b>		<b>\$6,491,277</b>	
<b>Program FTE</b>	22.05	20.55	17.12	20.38

Program Revenues				
Intergovernmental	\$0	\$270,362	\$0	\$269,904
Other / Miscellaneous	\$2,050,000	\$0	\$1,847,800	\$0
Beginning Working Capital	\$450,000	\$0	\$450,000	\$0
Service Charges	\$910,000	\$3,164,100	\$631,396	\$3,292,177
<b>Total Revenue</b>	<b>\$3,410,000</b>	<b>\$3,434,462</b>	<b>\$2,929,196</b>	<b>\$3,562,081</b>

## Explanation of Revenues

This program generates \$606,436 in indirect revenues.

Revenue generated from laboratory services are included in the medical visit revenue posted to the health clinics and is used to offset the cost of services not collected from uninsured and underinsured clients. A small amount of general fund is utilized to support HIM services.

\$ 3,292,117 - Revenue Lab

\$ 2,297,860 - Medicaid Quality and Incentive Revenue

\$ 631,396 - FQHC Medicaid Wraparound

\$ 269,904 - Federal Primary Care 330

## Significant Program Changes

**Last Year this program was:** FY 2021: 40032 Lab and Medical Records

The Central Laboratory has provided considerable support to primary care, public health, and corrections health on the implementation of multiple COVID-19 and influenza rapid point-of-care tests including procurement of supplies, training, validation, CLIA license maintenance, and reporting.

FTE change: no change to positions. Part of the positions and funding are in PO40096 Public Health In/Out of Scope Services and PO40050D Corrections Health In/Out of Scope Services for the continuation of support services and compliance with HRSA federal spending requirements.

**Department:** Health Department      **Program Contact:** Tony Gaines  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The Patient Access Center (PAC) is the gateway for existing patients and all new community members seeking to establish care with Multnomah County Health Department's (MCHD) Primary Care and Dental programs. PAC also provides written translation, oral and sign language interpretation throughout the department's programs and services.

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing houselessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Patient Access Center (PAC) is the point of entry for scheduling new and established clients for the Primary Care clinics. PAC also schedules new and established dental clients seeking both urgent and routine dental services. PAC provides appointments and referrals in collaboration with County and other community organizations, ensuring consistent patient information and tracking. PAC also provides information for MCHD medical, dental, social services and key community service partners.

PAC's Language Services program provides interpretation in over 70 languages including sign language for all MCHD services and programs, and for established patients who access specialty care in the community. Comprehensive coordination of written translation for clinical and non-clinical programs and services is also provided. Language Services is the central coordinator for thousands of patient/client interpretation requests and translations each year for multiple programs/services. This critical service ensures that patients and clients successfully move through the Department's Refugee and Screening Program, and facilitates those clients with limited English proficiency to receive culturally competent interpretation throughout all of the MCHD programs.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of calls answered	316,000	330,000	330,000	330,000
Outcome	Average telephone abandonment rate (goal: at or below 15%)	15%	12%	25%	15%

**Performance Measures Descriptions**

Output: Number of calls answered by PAC during the fiscal year. This number is an indicator of performance and demand for services.

Outcome: Average percent of calls that are disconnected before a PAC representative can answer. This is an indicator of performance and patient experience.

## Legal / Contractual Obligation

PAC is in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$1,874,174	\$589,638	\$1,951,377	\$581,209
Contractual Services	\$90,000	\$0	\$110,000	\$0
Materials & Supplies	\$15,215	\$0	\$14,202	\$0
Internal Services	\$767,950	\$68,988	\$766,621	\$77,417
<b>Total GF/non-GF</b>	<b>\$2,747,339</b>	<b>\$658,626</b>	<b>\$2,842,200</b>	<b>\$658,626</b>
<b>Program Total:</b>	<b>\$3,405,965</b>		<b>\$3,500,826</b>	
<b>Program FTE</b>	20.20	6.80	20.50	6.50

<b>Program Revenues</b>				
Intergovernmental	\$0	\$658,626	\$0	\$658,626
Other / Miscellaneous	\$640,000	\$0	\$640,000	\$0
Beginning Working Capital	\$100,000	\$0	\$605,786	\$0
Service Charges	\$1,639,000	\$0	\$1,596,414	\$0
<b>Total Revenue</b>	<b>\$2,379,000</b>	<b>\$658,626</b>	<b>\$2,842,200</b>	<b>\$658,626</b>

## Explanation of Revenues

This program generates \$337,340 in indirect revenues.

The Patient Access Center (PAC) is funded with Medicaid revenue, HRSA/Bureau of Primary Care grant revenue and county general fund.

- \$ 1,596,414 - Medical Fees
- \$ 1,245,786 - Medicaid Quality and Incentive
- \$ 658,626 - Federal Primary Care (330) grant

## Significant Program Changes

**Last Year this program was:** FY 2021: 40033 Primary Care and Dental Access and Referral

Adaptation of a new phone system (Finesse). Staff began teleworking April 2020 due to the COVID-19 pandemic. Developed individual staff key performance indicators. Nurses were assigned to PAC (4/20 - 9/20). Language Services were unable to schedule in person interpreters for the greater part of 2020.

**Department:** Health Department      **Program Contact:** Adrienne Daniels

**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. The Clinical Infrastructure (Quality and Support) Program provides pivotal oversight by managing the Bureau of Primary Health Care (BPHC) grant, developing and implementing fiscal accountability programs and access to health care, initiating and sustaining clinical and administrative quality and safety activities, and coordinating adherence to health care standards and regulations (accreditation by The Joint Commission and associated Centers for Medicaid and Medicare), and the state based Patient-Centered Primary Care Home (PCPCH) model, which provides critical quality incentive funding.

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing houselessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

This program supports services within the project scope of the BPHC grant. BPHC funding requires strict adherence to federal laws mandating which services must be provided by FQHCs, which results in additional Medicaid revenue for Oregon Health Plan clients. This funding requires quality services, performance audits, and responsiveness to new methods of delivering safe and quality care. Maintaining FQHC accreditation assures that the County's primary care, dental, pharmacy, and all in-scope programs are eligible to continue receiving reimbursement for services. In addition, this also allows County providers to participate in loan forgiveness, qualifies the County for additional Alternative Payment Methodology reimbursements ("wrap funding"), and 340B drug program participation. This program measures clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC and TJC are our primary external benchmarking organizations relative to performance indicators. The program works with the Community Health Center Board (consumer majority governing Board) and integrates client feedback results and collaborations with other health care delivery systems. These programs, implemented to meet goals in the CCO's Pay-for-(quality) Performance, have payments tied to achieving specific health outcomes or state metrics for quality. The Quality Assurance program is tasked with testing, data collection, and reporting, designing and implementing the wide array of system improvements needed to meet these new benchmarks. The program also assures that robust infection prevention, HIPAA, and patient safety processes are designed and implemented to meet accreditation standards.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Maintain accreditation with The Joint Commission, including the patient centered medical home standard	100%	100%	100%	100%
Outcome	Maintain compliance with BPHC HRSA Community Health Center Program	100%	100%	100%	100%
Outcome	HRSA Community Health Center Program Grant renewed annually	100%	100%	100%	100%

**Performance Measures Descriptions**

Maintain accreditation with The Joint Commission (TJC), in support of quality and safety and to bill Medicaid. Maintain compliance with the Bureau of Primary Health Care (BPHC) HRSA Community Health Center Program. Required to continue specific service level agreements and financial benefits for patients. HRSA Community Health Center Program Grant renewed annually, including reporting of services provided, staffing, and patient demographics.

## Legal / Contractual Obligation

Quality services are a requirement of the Bureau of Primary Health Care's 330 Grant. Services in the scope of the grant and health center program must follow the HRSA Community Health Center Program's operational, fiscal, and governance requirements. The program is also accredited under The Joint Commission and follows TJC accreditation guidelines.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$5,507,428	\$1,722,545	\$8,165,231	\$1,117,419
Contractual Services	\$159,970	\$0	\$119,000	\$0
Materials & Supplies	\$231,702	\$315	\$197,733	\$2,492
Internal Services	\$1,523,785	\$201,538	\$2,503,518	\$148,754
<b>Total GF/non-GF</b>	<b>\$7,422,885</b>	<b>\$1,924,398</b>	<b>\$10,985,482</b>	<b>\$1,268,665</b>
<b>Program Total:</b>	<b>\$9,347,283</b>		<b>\$12,254,147</b>	
<b>Program FTE</b>	39.17	15.57	52.75	9.35

Program Revenues				
Intergovernmental	\$0	\$1,233,448	\$0	\$1,051,965
Other / Miscellaneous	\$3,412,030	\$690,950	\$3,886,574	\$216,700
Beginning Working Capital	\$837,780	\$0	\$2,050,000	\$0
Service Charges	\$2,393,463	\$0	\$5,048,908	\$0
<b>Total Revenue</b>	<b>\$6,643,273</b>	<b>\$1,924,398</b>	<b>\$10,985,482</b>	<b>\$1,268,665</b>

## Explanation of Revenues

This program generates \$1,236,364 in indirect revenues.

Quality Assurance and Quality Improvement activities are funded with HRSA grant revenue, quality incentive payments and County General Fund. Program leadership are working with CCO's to develop sustainable funding for quality assurance, data reporting work.

\$ 4,519,323 - FQHC Medicaid Wraparound

\$ 1,051,965 - Federal Primary Care (330) grant

\$ 6,466,159 - Medicaid Quality and Incentives

\$ 216,700 - Medicare Annual Wellness Visit Program

## Significant Program Changes

**Last Year this program was:** FY 2021: 40034 ICS Administration, Operations, and Quality Assurance

As part of the wider community health center program's response to COVID19, staff in the quality and operational teams have developed specific workflows to support testing and vaccination during the pandemic. The program will continue to support these efforts as part of the community health center's response to COVID19.

FTE change: 7.36 positions to support ICS Finance and Business Intelligence.

**Department:** Health Department      **Program Contact:** Tasha Wheatt-Delancy

**Program Offer Type:** Administration      **Program Offer Stage:** As Proposed

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

Multnomah County's Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. Together, our eight primary care clinics, seven dental clinics, nine student health centers, seven pharmacies, and laboratory services serve more than 60,000 patients per year, with a focus on people who otherwise have limited access to health care.

The Community Health Center Board (CHCB) is the federally mandated consumer-majority governing board that oversees the County's Community Health Center (also known as a public entity Federally Qualified Health Center-FQHC).

**Program Summary**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Community Health Center Board (CHCB) members' community involvement allows Multnomah County to meet HRSA's 19 mandatory program requirements, including oversight of quality assurance, health center policies, patient satisfaction, health center executive director (ICS Director) accountability for the FQHC's compliance and operations. The CHCB must have a minimum of 51% MCHD health center consumer membership to meet federally mandated program requirements for FQHCs. Meeting the federal mandated program requirements allows the Health Center retain the federal grant and all benefits associated with the FQHC status. The CHCB works closely with the Community Health Center Executive Director (ICS Director) and the Board of County Commissioners to provide guidance and direction on programs and policies affecting patients of Multnomah County's Community Health Center (FQHC services).

The CHCB has a critical role in assuring access to health care for our most vulnerable residents; it serves as the co-applicant board required by HRSA's Bureau of Primary Health Care to provide oversight of policies and programs within the scope of the Primary Care Grant. At minimum, 51% of Council Members are county persons who use the Health Department's FQHC clinical services. The Council is currently comprised of 12 members and is a fair representation of the communities served by the Health Department's Health Center services.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of CHCB Meetings	12	12	12	12
Outcome	Percentage of consumers involved on the CHCB	51%	51%	51%	51%

**Performance Measures Descriptions**

**Output:** The Community Health Center Board must meet at least monthly, as required by Bureau of Primary Care FQHC requirements to perform board responsibilities.

**Outcome:** The Community Health Center Board must ensure 51% patient majority per federal requirements.

## Legal / Contractual Obligation

HRSA's 19 mandatory program requirements include Board Governance for the Community Health Center Board and oversight of quality assurance, health center policies, patient satisfaction, health center executive director (ICS Director) accountability for the FQHC's compliance and operations.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$128,429	\$0	\$136,242	\$0
Contractual Services	\$104,670	\$0	\$16,000	\$0
Materials & Supplies	\$9,450	\$0	\$5,028	\$0
Internal Services	\$17,390	\$0	\$43,830	\$0
<b>Total GF/non-GF</b>	<b>\$259,939</b>	<b>\$0</b>	<b>\$201,100</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$259,939</b>		<b>\$201,100</b>	
<b>Program FTE</b>	1.00	0.00	1.00	0.00

Program Revenues				
Other / Miscellaneous	\$0	\$0	\$201,100	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$201,100</b>	<b>\$0</b>

## Explanation of Revenues

This program generates \$18,147 in indirect revenues.  
 \$ 201,100 - Medicaid Quality and Incentives

## Significant Program Changes

**Last Year this program was:** FY 2021: 40036 Community Health Council and Civic Governance

Due to COVID 19, the CHCB meetings transitioned to a virtual platform.



**Department:** Health Department      **Program Contact:** Andrea Hamberg  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40053, 40008  
**Program Characteristics:**

### Executive Summary

Environmental Health Community Programs (EHCP) impact a wide range of well-documented, upstream, and emerging environmental health issues, with the goal to eliminate environmental hazards that contribute to racial and ethnic health disparities. Program areas include community environments, toxics reduction, and climate change, with an explicit focus on environmental justice and vulnerable populations, and address health inequities in lead poisoning, respiratory illness, and cardiovascular disease. Activities include monitoring and assessing environments, policies, and health; providing technical assistance and data expertise; reporting; communications; and direct services.

### Program Summary

EHCP is a continuum of services that ensure all county residents have access to optimal living conditions in their homes and neighborhoods. With an environmental justice framework, the programs focus first on the highest risk communities facing the least access to political and social power such as youth, elders, low-income communities, and communities of color. These communities are engaged so that their concerns, expertise, and proposed solutions can be integrated into the activities of the following program areas. Community Environments: works closely with the REACH program to ensure safe and healthy neighborhoods through participation in local planning efforts, data analysis, and technical assistance to help community understand environmental risks. Toxics Reduction: identifies exposure risks to contaminated land, air, water, consumer goods, and industrial production, and makes technical information accessible to the public as part of empowering communities to advocate on their own behalf. Climate Change: works to understand upstream, emerging health issues related to climate change and protect the public's health from their impacts.

With communities of color experiencing disproportionate burdens of the above environmental health issues, EHCP monitors racial disparities in exposures as well as outcomes as part of its environmental justice approach. Exposure measure examples include proximity to sources of air pollution, presence of lead, toxic fish consumption, urban heat, and access to physical activity. Outcome measures are drawn from data on deaths and illnesses linked to environmental hazards, such as cancer, asthma, heart disease, diabetes, dementia, lead poisoning, traffic crash injuries, heat illness, and vector-borne disease. These data then guide programming to focus on communities experiencing disparities through multilingual services, culturally specific education and communications, and partnerships with community-based organizations and culturally specific County programs. Input from these communities is solicited through engagement with community coalitions, feedback from City agencies, focus groups, and interagency work groups.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of community members receiving information on environmental threats	241,507	200,000	658,500	200,000
Outcome	Number of children with reduced EBLL as a result of environmental investigations	77	40	36	40
Outcome	Number of policies adopted that include health- and health justice-based recommendations	9	10	8	10
Outcome	Number of activities that support health-based policy development	34	30	30	30

### Performance Measures Descriptions

1) Includes all program areas, counting community members receiving mailings, attending events, direct contact with staff, visiting web sites, and exposure to media campaigns. Increase in FY21 estimate is due to the September forest fire / woodsmoke event. 3) Policy recommendations are developed with an environmental justice lens. 4) Measure includes work products (memos/SBEARRs, reports, bill analyses) that all include equity assessments.

## Legal / Contractual Obligation

Legal mandates are City of Portland codes 8.20.210, 8.20.200, 29.30.110, 29.30.060, and Multnomah County Housing Code 21.800 (shared with Vector Control); Multnomah County Code Chapter 21.450 Air Quality Regulation of wood burning devices and recreational burning. Contract with State of Oregon, Port of Portland and Portland Bureau of Environmental Services to provide outreach and education related to consuming fish from Portland Harbor Superfund site. Contract with Portland Water Bureau to provide information, education and access to water testing for lead. Some activities under this program offer are subject to contractual obligations under Inter-Governmental Agreement #0607105.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$167,382	\$305,258	\$254,622	\$372,286
Contractual Services	\$21,838	\$22,299	\$3,138	\$81,979
Materials & Supplies	\$4,480	\$68,709	\$3,599	\$17,654
Internal Services	\$29,185	\$64,699	\$26,243	\$72,194
<b>Total GF/non-GF</b>	<b>\$222,885</b>	<b>\$460,965</b>	<b>\$287,602</b>	<b>\$544,113</b>
<b>Program Total:</b>	<b>\$683,850</b>		<b>\$831,715</b>	
<b>Program FTE</b>	1.18	2.30	1.69	2.74

Program Revenues				
Intergovernmental	\$0	\$288,965	\$0	\$225,000
Service Charges	\$0	\$172,000	\$0	\$319,113
<b>Total Revenue</b>	<b>\$0</b>	<b>\$460,965</b>	<b>\$0</b>	<b>\$544,113</b>

## Explanation of Revenues

This program generates \$49,589 in indirect revenues.  
 \$ 225,000 - The City of Portland  
 \$ 319,113 - Fish Advisory Outreach funding

## Significant Program Changes

**Last Year this program was:** FY 2021: 40037 Environmental Health Community Programs

Significant Changes: In FY22, EHCP will lose State of Oregon Lead funding. The program also will have increased County General Fund Support.

COVID-19-Related Impacts: In FY21, Toxics Reduction lead screening clinics and in-person lead inspections were paused and contracts with community organizations were delayed for fish safety programming. Staff in these areas were partially deployed into COVID-19 response, resulting in their associated work progressing slowly and fewer public health communications on these topics. EHCP also revamped public health communications in other areas to include COVID-19 considerations, including home-based health risks such as drowning, lead exposure, air quality, etc.

**Department:** Health Department

**Program Contact:** Debi Smith

**Program Offer Type:** Support

**Program Offer Stage:** As Proposed

**Related Programs:**
**Program Characteristics:**

### Executive Summary

Health Department's Human Resources provides expertise, consultation and leadership to ensure a highly skilled and diverse workforce is hired and retained while upholding the department's core values of equity and inclusion, managing the compliance of personnel rules and legal requirements and developing and maintaining partnerships with labor unions and community stakeholders. The Human Resources team is staffed with individuals of diverse educational, professional, cultural and lived backgrounds that offer a high-level of expertise and competency and also reflect our departments workforce core values.

### Program Summary

The program consists of critical functions that support the Health Department's Human Resources objectives. Those functions are:

**Recruitment and Hiring** - The Human Resources recruitment and hiring efforts continue to be at a high level due to the workforce size and the complexity of programs and services. Recruitment and hiring needs are, in general, due to normal attrition and other leadership and staffing changes throughout the year. Our recruitment strategies continue to reflect the county's core values for workplace diversity and inclusion and practices are in place to reduce unintended barriers that impact those values. Practices include ensuring sourcing and outreach efforts attract diverse applicants, ensuring announcements clearly state our commitment to diversity, equity and inclusion, ensuring the interview panels are made up of diverse participants and ensuring managers are making hiring decisions that align with diversity targets and goals. The Workforce Equity Strategic Plan (WESP) also drives our commitments to ensuring workforce equity related to professional development, promotion and retention are prioritized. In addition to the general recruitment and hiring needs, the COVID-19 pandemic emergency required the recruitment team to pivot and urgently hire a large number of staff, with intentional cultural competency and language knowledge, skills and abilities, within a relatively short period of time. This proved to be a heavy lift and additional resources were required to ensure efficiency, quality and intended results. Our objective is to continue to provide a high-level of responsiveness and quality hiring outcomes for general and particularly emergency response staffing. Strategic staffing practices that encourage internal development and continuity are planned as well as efforts to continue to build and retain a workforce that is culturally diverse with inclusive and equitable practices embedded in it.

**Organizational Effectiveness** - Critical areas related to our organizational effectiveness is our ability to provide Workday support, Class Comp administration and ADA process facilitation. These functions are required to ensure efficiency and quality support for division operations and workforce resources including WESP focus area commitments. The objective is to continue to plan and provide quality resources including audit completion, training staff and leadership on expectations and application, and real-time support to ensure program and performance standards are achieved.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	% increase in diversity of workforce	1	3	2	3
Outcome	% increase in diversity of hires through the increased focus on diversity in recruitment strategies	3.5	7	4	4
Output	% Completion of Annual Performance Planning and Review	78	100	85	90

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$2,750,112	\$0	\$2,752,256	\$0
Contractual Services	\$40,000	\$0	\$37,000	\$0
Materials & Supplies	\$114,904	\$0	\$33,826	\$0
Internal Services	\$610,196	\$0	\$633,334	\$0
<b>Total GF/non-GF</b>	<b>\$3,515,212</b>	<b>\$0</b>	<b>\$3,456,416</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$3,515,212</b>		<b>\$3,456,416</b>	
<b>Program FTE</b>	19.75	0.00	17.88	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 40039 Human Resources

Two Office Administrators positions have been cut to meet FY22 CGF constraint. However, these were requested as Out of Target Restoration.

COVID-19 presented an immediate need to create, build, and hire two new, unique work units to address contact tracing and case investigation requirements as well as Community Testing and Vaccination roll out. This responsibility was tasked to the Health Department recruitment team, in addition to their regular recruitment responsibilities. As a result, we created a limited duration HR Manager 1 position to organize and direct the recruitment activities, and 2 new limited duration HR Analyst 2 recruiter positions to specifically address the staffing needs related to the COVID-19 response.

**Department:** Health Department

**Program Contact:** Debi Smith

**Program Offer Type:** Support

**Program Offer Stage:** As Proposed

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

The Health Department's Human Resources division is responsible for providing resources and leadership to Health Department employees in a way that fosters a supportive, compassionate, safe, trustworthy, respectful and motivating work environment for all staff. Human Resources supports a workforce of over 1400 staff at various work sites where Public Health, Behavioral Health, Corrections Health, Integrated Clinical Services, and Finance/Business Services operate.

**Program Summary**

Human Resources provides expertise, consultation and leadership to ensure a highly skilled and diverse workforce is hired and retained while upholding the department's core values of equity and inclusion, managing the compliance of personnel rules and legal requirements and developing and maintaining partnerships with labor unions and community stakeholders. The Human Resources team is staffed with individuals of diverse educational, professional, cultural and lived backgrounds that offer a high-level of expertise and competency and also reflect our departments workforce core values.

The key function areas that drive Human Resources operations are Recruitment and Staffing that include onboarding new staff, strategic partnering with leadership on critical staffing priorities while driving diversity targets and strategies, also includes career counseling for staff seeking skill development and promotion and strategies for building networks and partnership with community organizations to foster pipelines for County employment. Employee Relations that involves working with management and staff on matters related to employee satisfaction and recognition, team development, employee and supervisor performance management and coaching, and correction action and discipline. Labor Relations that involve leading and managing complaint investigations, providing conflict resolution and mediation, partnering with County Labor Relations and Legal teams on union contract interpretation, compliance and negotiations, and interpretation and compliance of local state federal law requirements. This work also involves partnering with union staff representing AFSCME Local 88, Dental and Physicians, and Oregon Nurses Association collective bargaining agreements. Other Human Resources Operations areas include Workday (employee enterprise system) implementation, Leave Administration, ADA, Privacy Compliance, Class Comp, Data Management and Employee File Maintenance.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	% increase in diversity of workforce	1	3	2	3
Outcome	% increase in diversity of hires through the increased focus on diversity in recruitment strategies	3.5	7	4	4
Output	% Completion of Annual Performance Planning and Review	78	100	85	90

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$270,427	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$270,427</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$270,427</b>	
<b>Program FTE</b>	0.00	0.00	2.80	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Human Resources will be a significant contributor to the implementation and success of the Workforce Equity Strategic Plan (WESP). The WESP focus areas that Human Resources has begun to support and contribute to are Interview Panels, Pathways and ADA Resources. A Human Resources Analyst position was repurposed in FY21 to offer resources for the Mentoring focus area.

**Department:** Health Department      **Program Contact:** Wendy Lear  
**Program Offer Type:** Support      **Program Offer Stage:** As Proposed  
**Related Programs:** 40041, 40042  
**Program Characteristics:**

**Executive Summary**

This program offer supports the essential programs and services of the Health Department. The goal of this program and of the division is to provide expert business and financial management, consultation and support to all our divisions, programs, and business partners. Equity is incorporated into all the planning, operational and decision-making processes of the division.

**Program Summary**

This program is responsible for providing all financial reporting and forecasting, grant accounting, budget development, and accounts payable services for the Health Department. These teams serve as liaisons for the Health Department with the Department of County Management (e.g. Budget Office, Central Finance). They are responsible for adhering to County budget, financial and administrative procedures, policies and practices. Compliance with a multitude of federal, state and county financial policies and procedures is a key responsibility of this division.

The Financial and Business Management division is committed to centering equity in policy and practice and in service to the Health Department's value of racial equity and mission to reduce health disparities. The division will continually invest time and resources into identifying and then dismantling internal and external structures that contribute to inequity, including the culture of white supremacy. The division employs a finance strategy to preserve critical services and support infrastructure for improved health outcomes. We strive to build trusting partnerships with community partners we depend on and we genuinely engage with communities and staff to drive positive changes, especially in the areas of business, operational and financial management. We pride ourselves on our ability to recruit, retain and promote a diverse, inclusive and high-performing workforce. The division is working to advance the objectives outlined in the Workforce Equity Strategic plan by committing resources for an equity and inclusion committee and operationalizing its policy recommendations.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of invoices processed	17,000	14,000	17,000	17,000
Outcome	Avg # of days from receipt to recording revenue in County's accounting system.	7	8	10	8
Quality	Number of audit findings in County's annual financial audit.	1 finding	No findings	No findings	No Findings

**Performance Measures Descriptions**

'# of invoices processed' measures output for the accounts payable unit.

The average number of days from receipt to recording revenue measures the cash management's unit's performance to process revenue.

The division aims to avoid auditing findings for the department by prioritizing compliance and ensuring accurate and accessible documentation.



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$5,243,801	\$0	\$5,140,777	\$0
Contractual Services	\$116,096	\$0	\$56,500	\$0
Materials & Supplies	\$127,799	\$0	\$78,090	\$0
Internal Services	\$2,686,395	\$0	\$2,739,070	\$0
<b>Total GF/non-GF</b>	<b>\$8,174,091</b>	<b>\$0</b>	<b>\$8,014,437</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$8,174,091</b>		<b>\$8,014,437</b>	
<b>Program FTE</b>	36.80	0.00	33.80	0.00

<b>Program Revenues</b>				
Other / Miscellaneous	\$10,946,248	\$0	\$12,285,467	\$0
<b>Total Revenue</b>	<b>\$10,946,248</b>	<b>\$0</b>	<b>\$12,285,467</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

**Last Year this program was:** FY 2021: 40040 Financial and Business Management Services

2020 presented our division and staff with new challenges including remote working, lack of childcare, school closures, wildfires, continued racial injustice and a divisive national election - these and other challenges had significant impacts on our personal and professional lives. Our teams have adeptly responded to these challenges by implementing new workflows, building and strengthening relationships and applying an equity lens to decision making.

The accounts payable unit processed more than \$88 million dollars in invoices in 2020 and entered more than 21,000 invoices, ensuring that our vendors were paid on time and that our partners had the cash flow they needed to respond to COVID-19. From December 30th, 2020 to January 27th, 2021 the team also distributed more than 2,700 restaurant relief payments totaling more than \$5 million dollars to restaurants and food cart vendors in just four weeks.

The cash management team handled more than \$240 million dollars in funds in 2020 and issued approximately 200 refunds. The team recorded more than 90 million dollars in health center fee revenue in 2020.

Two vacancies FTE were cut to meet budgetary constraints.

**Department:** Health Department      **Program Contact:** Virgil Gillespie  
**Program Offer Type:** Support      **Program Offer Stage:** As Proposed  
**Related Programs:** 40040, 40042  
**Program Characteristics:**

**Executive Summary**

Medical Accounts Receivable is responsible for providing medical billing, cash collection and patient account services for the Health Department's primary care, dental, specialty clinics, pharmacy, lab, home, behavioral health, community-based health services

**Program Summary**

The Medical Accounts Receivable Team is responsible for billing and collecting nearly \$80 million a year in medical revenue. This includes billing, collection, cash handling and patient account services for clinics (primary care, school based health clinics, specialty public health and dental) as well as ancillary (lab, pharmacy), community based care (early childhood, healthy homes) and behavioral health services. The medical billing team maintains, bills and reconciles claims submitted to more than 200 different insurance carriers including Health Share of Oregon, Family Care and other Medicaid, Medicare, and commercial medical and dental insurance plans.

The Financial and Business Management division is committed to centering equity in policy and practice and in service to the Health Department's value of racial equity and mission to reduce health disparities. The division will continually invest time and resources into identifying and then dismantling internal and external structures that contribute to inequity, including the culture of white supremacy. The division employs a finance strategy to preserve critical services and support infrastructure for improved health outcomes. We strive to build trusting partnerships with community partners we depend on and we genuinely engage with communities and staff to drive positive changes, especially in the areas of business, operational and financial management. We pride ourselves on our ability to recruit, retain and promote a diverse, inclusive and high-performing workforce. The division is working to advance the objectives outlined in the Workforce Equity Strategic plan by committing resources for an equity and inclusion committee and operationalizing its policy recommendations.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of encounters processed for payment	250,458	256,338	260,000	260,000
Outcome	Percent of Receivables aged (older than 90 days)	18%	20%	20%	20%
Quality	Avg Days In Accounts Receivable	60+	40	38	40

**Performance Measures Descriptions**

Number of encounters demonstrates volume of work. % of receivables older than 90 days should be a small and declining %, since the older a claim gets, the less likely it is to be paid. There are many reasons why a claim might not be paid (e.g. client ineligible for service, client didn't have insurance coverage on the date of service) but this should be a small and declining % of total claims.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,092,242	\$0	\$1,316,535	\$0
Contractual Services	\$10,121	\$0	\$13,015	\$0
Materials & Supplies	\$36,112	\$0	\$226,929	\$0
Internal Services	\$272,780	\$0	\$193,577	\$0
<b>Total GF/non-GF</b>	<b>\$1,411,255</b>	<b>\$0</b>	<b>\$1,750,056</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,411,255</b>		<b>\$1,750,056</b>	
<b>Program FTE</b>	9.00	0.00	10.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 40041 Medical Accounts Receivable

2020 presented our division and staff with new challenges including remote working, lack of childcare, school closures, wildfires, continued racial injustice and a divisive national election - these and other challenges had significant impacts on our personal and professional lives. Our teams have adeptly responded to these challenges by implementing new workflows, building and strengthening relationships and applying an equity lens to decision making.

The Medical Accounts Receivable team identified changes in billing requirements and updates processes as payors updated reimbursement models for telemedicine and clinics adjusted their services.



## Legal / Contractual Obligation

ORS279A, 279B, 279C; County procedures Con-1 and Pur-1.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,597,203	\$0	\$1,770,088	\$0
Contractual Services	\$60,085	\$0	\$0	\$0
Materials & Supplies	\$21,339	\$0	\$12,610	\$0
Internal Services	\$266,839	\$0	\$272,262	\$0
<b>Total GF/non-GF</b>	<b>\$1,945,466</b>	<b>\$0</b>	<b>\$2,054,960</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,945,466</b>		<b>\$2,054,960</b>	
<b>Program FTE</b>	12.50	0.00	12.50	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

**Last Year this program was:** FY 2021: 40042 Contracts & Procurement

2020 presented our division and staff with new challenges including remote working, lack of childcare, school closures, wildfires, continued racial injustice and a divisive national election - these and other challenges had significant impacts on our personal and professional lives. Our teams have adeptly responded to these challenges by implementing new workflows, building and strengthening relationships and applying an equity lens to decision making.

The team completed a significant number of emergency procurement requests in response to emergency COVID-19 response needs for the department and the County's emergency operations center. The team helped the department distribute more than 3.5 Million in Cares Act funding to community partners for COVID-19 response. In addition to contracting and procurement, the vaccine depot successfully distributed COVID-19 vaccinations in December for medical professionals and first responders.

**Department:** Health Department      **Program Contact:** Elizabeth O'Neill  
**Program Offer Type:** Support      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

This program offer includes a team of developers, analysts and a project manager who provide report development and analytic services to the department. In addition, the annual cost of the EPIC practice management, and the Electronic Health Record (EHR) system used by the Health Department is budgeted here.

**Program Summary**

The Health Data and Analytic Team (HDAT) provides business intelligence, analytics, data visualization, and data governance services for the entire department to support decision making. The team leads federal, state and local reporting processes to ensure compliance with funding requirements. They create and maintain hundreds of operational reports for on-going business intelligence needs.

A portion of costs in this program offer are the annual transactional costs, licensing fees and patient statement printing costs associated with the EPIC system hosted by OCHIN (Our Community Health Information Network). All of the medical services provided by the Health department use this electronic healthcare system including: primary care, dental, student health centers, corrections health, STD and other specialty Public Health clinics, early childhood and other community and home based services.

The Health Data and Analytic Team is committed to centering equity in policy and practice. The team will support the disaggregation of data and advocate for reports and dashboards that allow for a more complete and comprehensive analysis of disparities in health outcomes, recruiting, hiring and retention and help identify operational metrics that evaluate the equity impacts of department policies and practices. The department initiatives focused on IT prioritization and data governance center activities that advance racial equity and help to dismantle white supremacy.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of reports and/or requests created*	246	125	377	350
Outcome	% of repeat customers for data & business intelligence**	N/A	N/A	43%	42%

**Performance Measures Descriptions**

\*Metric change: FY21 was "Number of reports created." FY20 Actual was 220; FY20 Budget was 125. Changed to capture the other business intelligence products created for internal customers

\*\*New outcome measure.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$806,235	\$0	\$847,573	\$0
Contractual Services	\$428,529	\$0	\$690,838	\$0
Materials & Supplies	\$1,824,075	\$0	\$1,401,235	\$0
Internal Services	\$92,243	\$0	\$134,429	\$0
<b>Total GF/non-GF</b>	<b>\$3,151,082</b>	<b>\$0</b>	<b>\$3,074,075</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$3,151,082</b>		<b>\$3,074,075</b>	
<b>Program FTE</b>	5.75	0.00	5.00	0.00

Program Revenues				
Other / Miscellaneous	\$0	\$0	\$138,495	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$138,495</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 40044 Health Clinical Data and Reporting

2020 presented our division and staff with new challenges including remote working, lack of childcare, school closures, wildfires, continued racial injustice and a divisive national election - these and other challenges had significant impacts on our personal and professional lives. Our teams have adeptly responded to these challenges by implementing new workflows, building and strengthening relationships and applying an equity lens to decision making.

The Health Data and Analytic Team implemented a new request form and project tracking system. The team has responded to more than 220 requests since July 2020 and begun more than 24 projects including automating the roll-up of the budget tool and using virtual machines to boost processing power, Behavioral Health Emergency Dashboard, APM data automation, and a Medical Examiner staff analysis. The team's most notable success is a redesign of the federal compliance reporting process for our Health Center called the UDS. The HDAT team also serves as key strategists and contributors to the county-wide Financial Data Mart. Through strengthened partnerships with IT, this team has launched three efforts to create cohesive IT prioritization for the Health Department using our department's mission and values.



**Department:** Health Department      **Program Contact:** Maria Lisa Johnson  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Organizational Development supports the Health Department’s effectiveness by helping to set a unified departmental strategy and developing leaders who foster a culture of safety, trust and belonging. Our scope of services includes organizational assessment, change management, strategic planning, executive coaching, leadership and team development, onboarding, mentorship, succession planning, equity and inclusion coaching and training, communications and marketing, and culture change.

**Program Summary**

The division oversees the following three teams:

The Office of Equity and Inclusion is responsible for guiding, supporting and promoting a culture of safety, trust and belonging that starts with racial justice. OEI supports the Health Department in growing leaders to advance equity and inclusion through policy, structural and cultural change. The team supports the Health Department to meet the WESP performance measures. This includes staffing the Health Department Workforce Equity Committee.

Learning & Development invests in employees at all levels of the organization by offering workshops, online learning, onboarding, mentoring support and leadership development. As part of this team’s organizational development work, Learning and Development provides facilitation and consultation on team building, change management, succession planning, and positive workplace culture. This program is also responsible for the Workday Learning platform functions, including the creation and maintenance of courses and offerings, Learning Partner administration, and departmental and division-specific online training coordination.

Communications and Marketing develops internal communications strategies to promote shared understanding and organizational cohesion. It also works to promote essential health services and disseminate timely health information to our diverse communities. Specific services include development of communication plans, graphic design, web content creation and maintenance, media campaigns and department-wide messaging to promote shared understanding and organizational cohesion.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of managers participating in coaching/learning to integrate Racially Just core competency	40	59	60	60
Outcome	Number of people reached through social media posts	1,157,300	134,000	134,000	500,000
Output	Number of employees completing leadership development training	n/a	80	65	80
Outcome	% of employees reporting they’ve applied leadership development content in their day to day work	n/a	70	90	75

**Performance Measures Descriptions**

Performance measures that report on the number of managers participating in leadership programs and coaching to integrate racial justice competencies speak to WESP commitments and culture change.

Individuals reached through social media posts speak to a strong communications infrastructure, compelling messages, and more robust presence on social media platforms.

**Legal / Contractual Obligation**

n/a

**Revenue/Expense Detail**

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,893,867	\$0	\$2,253,723	\$0
Contractual Services	\$106,222	\$0	\$25,000	\$0
Materials & Supplies	\$79,091	\$0	\$226,781	\$0
Internal Services	\$296,667	\$0	\$290,867	\$0
<b>Total GF/non-GF</b>	<b>\$2,375,847</b>	<b>\$0</b>	<b>\$2,796,371</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,375,847</b>		<b>\$2,796,371</b>	
<b>Program FTE</b>	11.80	0.00	14.80	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

County General Fund

**Significant Program Changes****Last Year this program was:** FY 2021: 40046 Organizational Development

When COVID emerged in our community, Public Health leaders requested additional capacity to support the response. All members of the Communications and Marketing Team were fully deployed to develop communications in over 20 languages and staff a robust web and social media presence. The team did not have the capacity to develop internal messaging on culture change. Internal communications were significantly curtailed.

Both the Learning and Development Team and the Office of Equity and Inclusion pivoted to support our new contact tracing workforce with anti-racism coaching, onboarding, and training. Training shifted to remote platforms with updated and adapted curricula and incorporation of additional training modalities. Departmental strategic planning shifted in support of more immediate (3 months) strategic frameworks highlighting the department's role in the COVID response.

For FY22, we are creating 3 new positions by redirecting existing resources. An HR Analyst Senior shall oversee the implementation of the WESP across the department. An HR Analyst 2 shall implement the Mentoring Matters and Peer2Peer programs. A third position, yet to be classified, shall oversee Manager Onboarding. All 3 positions respond to recommendations prioritized by the Equity Leadership Program for the implementation of the WESP.

**Department:** Health Department      **Program Contact:** Michael Seale  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Providing health care to detained youth is the responsibility of Corrections Health. Corrections Health personnel care for 60 detained youth at any one time (+3,000 per year) from Multnomah, Washington and Clackamas counties who are brought in from the streets, other jurisdictions and other community holding facilities. Detainees include females and males who need their health issues addressed in a timely manner in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care. Stabilizing their health allows them to participate fully in their legal processes

**Program Summary**

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This offer ensures that the health program meets the standards that ensure access to care, safeguards the health of all those who are in detention, and controls the legal risk to the County. JDH health professionals work 16 hours/day, seven days a week providing care for 60 youth daily in 7 individual housing units from three counties. Care ranges from minor ailments to major chronic and emotional diseases resulting from substance abuse, trauma, lack of health care, lack of knowledge of hygiene and self care, frequent infections and a high rate of medical and mental illness. Corrections Health identifies and responds to medical emergencies and also screens for communicable diseases to keep outbreaks to a minimum, to provide care efficiently and effectively, as well as to protect the community. Coordination with other Oregon counties is facilitated so that continuity of care occurs when youths transfer to other jurisdictions. In partnership with the Health Department's Clinical Systems Information program, an electronic medical record program implementation is in process. The program will include electronic medication prescription and administration. The electronic medical record will improve staff efficiency and promote client safety.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of client visits conducted by a CH nurse per year	2,500	2,500	2,000	2,000
Outcome	% of detained youth receiving mental health medications monthly	45%	43%	43%	40%

**Performance Measures Descriptions**

Measure 1: Tracking the number of visits per year helps to assess client access to care and resource utilization  
Measure 2: Tracking percentage of youth receiving psychotropic medication allows for monitoring of needs at the JDH facility.

## Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$1,034,914	\$0	\$881,200	\$0
Contractual Services	\$0	\$0	\$7,502	\$0
Materials & Supplies	\$65,452	\$0	\$34,643	\$0
Internal Services	\$264,410	\$0	\$285,042	\$0
<b>Total GF/non-GF</b>	<b>\$1,364,776</b>	<b>\$0</b>	<b>\$1,208,387</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,364,776</b>		<b>\$1,208,387</b>	
<b>Program FTE</b>	5.40	0.00	4.40	0.00

<b>Program Revenues</b>				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

## Significant Program Changes

**Last Year this program was:** FY 2021: 40049 Corrections Health Juvenile Detention

Given a general reduction in client population as well as general efficiencies achieved with cross-coverage of providers, a reduction in personnel could be attained in FY 2022 without impacting clinical quantity or quality provided to the youth at the Juvenile Detention Home. This offer was changed to reduce one 0.6 FTE Nurse Practitioner position and one 0.8 FTE Community Health Nurse position.

**Department:** Health Department      **Program Contact:** Michael Seale

**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

Corrections Health, Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Approximately 100 US Marshall (USM) detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal, and major mental/behavioral illnesses.

**Program Summary**

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This offer represents Corrections Health MCDC basic administration, support, booking and mental health care delivery programs. MCDC averages 40+ newly booked individuals each day. Nurses (24 hours/7 days a week) evaluate each detainee to identify critical health issues and make plans for scheduled care for stabilization. Screening includes obtaining health history for both acute and chronic disease, including mental health care, substance abuse, communicable disease evaluation and current prescriptions. As a result of those evaluations, treatments, medications, provider appointments, mental health referrals and housing decisions are made. In addition, Corrections Health nursing staff assess individuals brought to the jail before being accepted into custody--that assessment ensures that serious medical and/or mental health issues are appropriately addressed in a hospital setting before booking. Suicide and self harm symptom identification is an essential mental health function. The mental health team is composed of a psychiatrist, PMHNPs, mental health consultants and mental health nurses for evaluation, monitoring and treatment for the many mentally ill clients booked into jail.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Average # of Reception Screening ("EPF"--Entry Progress Form) completed in one month	1,900	1,820	1,820	1,200
Outcome	% of positive screenings resulting in a referral to the mental health team per year	30%	35%	35%	35%

**Performance Measures Descriptions**

Measure 1: Captures monthly intake screenings for incoming detainees--the measure does not correlate with the static jail population and more accurately reflects incoming patient volume.

Measure 2: Captures initial interview information and how many clients are referred for mental health care

## Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$3,304,337	\$0	\$3,696,394	\$0
Contractual Services	\$156,683	\$0	\$180,000	\$0
Materials & Supplies	\$317,053	\$0	\$9,394	\$0
Internal Services	\$269,488	\$0	\$305,779	\$0
<b>Total GF/non-GF</b>	<b>\$4,047,561</b>	<b>\$0</b>	<b>\$4,191,567</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$4,047,561</b>		<b>\$4,191,567</b>	
<b>Program FTE</b>	22.10	0.00	19.20	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare, and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Corrections Health no longer receives revenue through a co-pay system. Adults in custody are not charged a fee for health care services.

## Significant Program Changes

**Last Year this program was:** FY 2021: 40050A Corrections Health Multnomah County Detention Center (MCDC)

Significant changes for FY22 in Program Offers 40050A, 40050B & 40050C:

Given a general reduction in client population, a reduction in personnel could be attained in FY 2022 without impacting clinical quantity or quality provided to the adults in custody at MCDC. Reductions across all three program offers above include; 1.00 MA FTE, .9 LPN FTE, .1 CNA FTE and 3.8 CHN FTE.

The other significant change in this offer is to reduce the FTE of the current Deputy Medical Director who is also concurrently serving as the Director of Corrections Health, so that administrative and leadership adjustments can be made within the Division to allow for greater leadership opportunities within the Division, to enhance opportunities for greater leadership equity and to promote adequate succession planning. The Deputy Director FTE is reduced from 1.0 FTE to 0.80 FTE.

**Department:** Health Department **Program Contact:** Michael Seale

**Program Offer Type:** Existing Operating Program **Program Offer Stage:** As Proposed

**Related Programs:**
**Program Characteristics:**

### Executive Summary

Corrections Health, Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Approximately 100 US Marshall (USM) detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal, and major mental/behavioral illnesses

### Program Summary

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This offer represents the MCDC 4th floor which is composed of 46 beds, two general and two mental health clinic rooms, one dental operatory, X-ray and lab services as well as 10 mental health and 10 general medical skilled care beds, plus four housing areas for high level discipline inmates. The 4th floor also contains a nursing station, administrative areas and a medication/supplies room. Services such as skilled nursing, IV therapy, and post-surgical care are provided in the jail instead of a high cost hospital. The 4th floor is staffed 24/7 with nursing personnel to provide needed care and emergency medical response. The fourth floor housing unit 4D is acute mental health with 10 beds. Both medical and mental health services are provided to these chronically ill clients. Mental health is managed by a team of mental health nurses, consultants and providers. A mental health Manager and mental health consultants provide support for forensic diversion and other programs, testify in court when appropriate and participate in multidisciplinary team processes to ensure the most appropriate and least restrictive housing is utilized, and that efforts to divert detainees from jail are expedited.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Average # AIC nursing assessments monthly	1,000	1,000	700	700
Outcome	Average active and constant suicide watches per month to prevent AIC injury or death	100	125	100	100

### Performance Measures Descriptions

Measure 1: Reflects care delivered on all floors in MCDC and includes both medical and mental health requests.  
 Measure 2: Tracking both "ACTIVE" and "CONSTANT" suicide watches, captures management of detainees felt to be at risk, better reflecting resource needs



## Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$2,183,984	\$0	\$1,504,089	\$0
Contractual Services	\$457,410	\$0	\$565,000	\$0
Materials & Supplies	\$464,088	\$0	\$695,056	\$0
Internal Services	\$376,797	\$0	\$401,192	\$0
<b>Total GF/non-GF</b>	<b>\$3,482,279</b>	<b>\$0</b>	<b>\$3,165,337</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$3,482,279</b>		<b>\$3,165,337</b>	
<b>Program FTE</b>	10.50	0.00	9.40	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

## Significant Program Changes

**Last Year this program was:** FY 2021: 40050B Corrections Health MCDC Clinical Services and 4th Floor Housing

Significant changes for FY22 in Program Offers 40050A, 40050B & 40050C:

Given a general reduction in client population, a reduction in personnel could be attained in FY 2022 without impacting clinical quantity or quality provided to the adults in custody at MCDC. Reductions across all three program offers above include; 1.00 MA FTE, .9 LPN FTE, .1 CNA FTE and 3.8 CHN FTE.

The other significant change in this offer is to reduce the FTE of the current Deputy Medical Director who is also concurrently serving as the Director of Corrections Health, so that administrative and leadership adjustments can be made within the Division to allow for greater leadership opportunities within the Division, to enhance opportunities for greater leadership equity and to promote adequate succession planning. The Deputy Director FTE is reduced from 1.0 FTE to 0.80 FTE.

**Department:** Health Department      **Program Contact:** Michael Seale  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Corrections Health, Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Approximately 100 US Marshall (USM) detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal, and major mental/behavioral illnesses

### Program Summary

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This offer represents the health services to all four housing floors at MCDC. Approximately 400 detainees are housed in classification (new jail housing), female, male, close custody and mental health housing modules. Ninety-six rooms are designated for those with mental health diagnosis and cared for by a team of mental health nurses, consultants and providers for diagnosis and treatment. Early identification, evaluation and treatment provide safety for clients, especially for suicide prevention. A variety of treatments, such as managing alcohol and drug withdrawal, evaluating chronic diseases, preventing the spread of communicable diseases, medication management and emergency response are provided efficiently by 24/7 staff. This health care is delivered effectively through providing the right care in the right setting. Expansion of the use of Medication Assisted Treatment using buprenorphine has allowed for more effective, efficient and humane management of withdrawal from opiates. Per protocols, buprenorphine is provided to all opiate-involved pregnant women, detainees with documented use of buprenorphine in a community program and detainees undergoing severe opiate withdrawal.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Average # AIC nursing assessments monthly	1,000	1,000	700	700
Outcome	Average active and constant suicide watches per month to prevent AIC injury or death	100	125	100	100

### Performance Measures Descriptions

Measure 1: Reflects care delivered on all floors in MCDC and includes both medical and mental health requests.  
 Measure 2: Tracking both "ACTIVE" and "CONSTANT" suicide watches, captures management of detainees felt to be at risk, better reflecting resource needs

## Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$2,730,766	\$0	\$2,404,987	\$0
Contractual Services	\$332,790	\$0	\$376,748	\$0
Materials & Supplies	\$3,694	\$0	\$7,681	\$0
Internal Services	\$251,199	\$0	\$267,461	\$0
<b>Total GF/non-GF</b>	<b>\$3,318,449</b>	<b>\$0</b>	<b>\$3,056,877</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$3,318,449</b>		<b>\$3,056,877</b>	
<b>Program FTE</b>	17.50	0.00	13.60	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

## Significant Program Changes

**Last Year this program was:** FY 2021: 40050C Corrections Health MDCDC Housing Floors 5, 6, 7 & 8

Significant changes for FY22 in Program Offers 40050A, 40050B & 40050C:

Given a general reduction in client population, a reduction in personnel could be attained in FY 2022 without impacting clinical quantity or quality provided to the adults in custody at MDCDC. Reductions across all three program offers above include; 1.00 MA FTE, .9 LPN FTE, .1 CNA FTE and 3.8 CHN FTE.

The other significant change in this offer is to reduce the FTE of the current Deputy Medical Director who is also concurrently serving as the Director of Corrections Health, so that administrative and leadership adjustments can be made within the Division to allow for greater leadership opportunities within the Division, to enhance opportunities for greater leadership equity and to promote adequate succession planning. The Deputy Director FTE is reduced from 1.0 FTE to 0.80 FTE.

**Department:** Health Department      **Program Contact:** Michael Seale  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

In FY 2021, ICS received technical assistance from HRSA regarding financial and governance requirements related to FQHCs. This included clarification of how FQHC funds could be applied to services of the health center and staff roles which also supported non-health center services in Corrections Health and Public Health Programs. After review, HRSA clarified that funds from the FQHC cannot be spent on these out-of-scope programs or for staff who support out-of-scope activities. In response, MC removed County General Fund allocations from the ICS Budget and re-allocated them to Corrections Health and Public Health services to support out of scope activities. MC will use the County General Fund to support these services in FY 2022 and going forward.

**Program Summary**

This program offer will provide funding for Corrections Health to continue to provide essential services previously provided by Integrated Clinical Services. The program offer focuses on areas such as credentialing, laboratory management, infection control, and coordination of language services and health records.

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This offer represents the services to maintain those functions previously supplied by Integrated Clinical Services. Positions added would support infection control efforts in all three facilities, managing fit testing for respirator use and training CH personnel, laboratory support at both adult facilities to support CLIA activities and administrative support for staff credentialing, organization of language services and coordination of health record transfers and requests. For the services remaining in ICS, ICS Electronic Health Record support provides day to day EPIC support for Corrections Health, supports program planning and implementation of programs and is the liaison to OCHIN. The team also performs monthly maintenance and provides updates. The Health Information Services (HIS) team provides support by responding to and processing information requests, referrals and HIPAA investigations. HIS along with the County Attorney provide privacy guidance and support, and HIS provides retention guidance as needed.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Electronic Health Record on site hours per year	N/A	N/A	N/A	9
Outcome	Successfully completed HIPAA investigations involving Corrections Health per year	N/A	N/A	N/A	14
Output	Electronic Health Record user requests addressed per year	N/A	N/A	N/A	51

**Performance Measures Descriptions**

- Measure 1: EHR support provided on site at one of the CH facilities
- Measure 2: Resolved HIPAA investigations involving Corrections Health medical records
- Measure 3: Number of resolved requests submitted by CH staff regarding the Electronic Health Record

## Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$0	\$0	\$802,524	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$802,524</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$802,524</b>	
<b>Program FTE</b>	0.00	0.00	6.63	0.00

<b>Program Revenues</b>				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

## Significant Program Changes

Last Year this program was:

**Department:** Health Department      **Program Contact:** Michael Seale

**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

This program offer will provide funding for Corrections Health to continue to provide essential services to the population of the adult detention facilities and the Donald E. Long Detention Center, particularly should they continue to increase from the lower levels achieved in 2020 during the COVID-19 pandemic.

**Program Summary**

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This offer represents the clinical activities required to continue to provide essential services to the individuals in custody under the responsibility of Corrections Health. Nurses (24 hours/7 days a week) evaluate each detainee to identify critical health issues and make plans for scheduled care for stabilization. Screening includes obtaining health history for both acute and chronic disease, including mental health care, substance abuse, communicable disease evaluation and current prescriptions. As a result of those evaluations, treatments, medications, provider appointments, mental health referrals and housing decisions are made. In addition, Corrections Health nursing staff assess individuals brought to the jail before being accepted into custody--that assessment ensures that serious medical and/or mental health issues (trauma, drug ingestion, pregnancy complications, serious wounds and infections) are appropriately addressed in a hospital setting before booking. In addition, significant resources are utilized to perform case management of the USM detainees, including coordination of specialist services, screening for communicable diseases and coordinating transfer of care to other facilities. Eligibility specialists sign adults up for the Oregon Health Plan so they are able to access health care when released from custody, including accessing treatment programs for early release. Additionally, staff assess and treat acute and chronic medical, dental and mental health issues as appropriate during each individual's incarceration. The mental health team is composed of PMHNPs, mental health consultants and mental health nurses for evaluation, monitoring and treatment for the many mentally ill clients booked into jail.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Average number of Reception Screenings ("EPF"--Entry Progress Form) completed in a month	1,815	1,820	1,090	1,800
Outcome	Percentage of positive screenings resulting in referral to mental health team per year	35%	35%	33%	33%

**Performance Measures Descriptions**

Measure 1: Captures monthly intake screenings for incoming detainees--the measure does not correlate with static jail population and more accurately reflects incoming patient volume. Measure 2: Captures initial interview information and how many clients are referred for mental health care.

## Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$623,639	\$0
Materials & Supplies	\$0	\$0	\$22,059	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$645,698</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$645,698</b>	
<b>Program FTE</b>	0.00	0.00	4.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

## Significant Program Changes

Last Year this program was:



**Department:** Health Department **Program Contact:** Michael Seale

**Program Offer Type:** Innovative/New Program **Program Offer Stage:** As Proposed

**Related Programs:**
**Program Characteristics:**

### Executive Summary

This program offer will provide funding to allow Corrections Health to add a Division Director position. The addition will promote equity in leadership, develop adequate infrastructure to support proactive equity efforts in the Division, allow for enhanced quality improvement, supervision and review efforts and create a structure supporting succession planning. The enhanced infrastructure will allow Corrections Health to more effectively lead a staff of increasing diversity and to provide essential services to the population disproportionately involved in the criminal justice system.

### Program Summary

Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the facilities through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide effective screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and are equivalent to other correctional facilities across the country.

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This offer represents enhancement of the leadership structure of Corrections Health to more closely reflect that found in other Divisions, where a Director oversees overall operations. The current Deputy Medical Director position will become more closely aligned with clinical operations and will work in conjunction with the new positions. Overall, the new structure will facilitate future hiring of leadership positions, enhance succession planning and allow for increased quality improvement and oversight efforts. Future assessment of provision of equity-based healthcare services to the diverse client population in the adult and juvenile facilities and implementation of enhancements will be more easily accomplished with an achievable scope of responsibility for leadership

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Restructuring of Corrections Health Leadership to better reflect administrative demands and to enhance oversight	N/A	N/A	N/A	Achieved
Outcome	Development of formalized succession plan for Corrections Health Leadership	N/A	N/A	N/A	Achieved
Outcome	Enhanced diversity of Corrections Health Leadership	N/A	N/A	N/A	Achieved

### Performance Measures Descriptions

Measure 1: Formal restructuring of leadership roles with defined areas of responsibility and oversight Measure 2: Formal succession plan for each leadership role with opportunities for advancement of current Corrections Health employees Measure 3: Progress toward developing leadership which better reflects the diversity of the employees of Corrections Health and the population served by Corrections Health

## Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$0	\$0	\$196,246	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$196,246</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$196,246</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

<b>Program Revenues</b>				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

## Significant Program Changes

Last Year this program was:

**Department:** Health Department      **Program Contact:** Michael Seale  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 100 USM detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses

**Program Summary**

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

MCIJ health personnel care for all those detainees transferred from MDCDC to continue or begin treatment until disposition of their legal process is complete. Trained, skilled professional staff provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equivalent to other correctional facilities across the country. This offer represents MCIJ base and clinical services which includes administrative, support, diagnostic and clinical services. Triage nurses evaluate client care requests and refer to nurses, the mental health team, providers or dentists for care according to the medical need. Support services include X-ray and lab services. This area also supports the nursing station, medication room, central records room and administrative offices for various personnel. By providing 24/7 skilled health care on site for this vulnerable, underserved population, the high cost of outside medical care is minimized. MCIJ is also the center (HUB) for the state inmate transport system. An average of 20-100 inmates stay overnight and receive health care. Mental health services are also provided to inmates at MCIJ. Inmates typically are more stable in this jail which allows for mental health groups to occur several times per week. In addition to groups, individual sessions and medication management occurs.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Average # AIC nursing assessments monthly	1,800	1,835	1,200	1,200
Outcome	# of 14-Day Health Assessments completed monthly	250	280	280	100

**Performance Measures Descriptions**

Measure 1: Reflects care delivered in the entire facility and includes both medical and mental health requests.  
 Measure 2: Based on NCCHC accreditation requirements, we are tracking 14-day history and physical assessments.

## Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$2,540,709	\$0	\$3,447,188	\$0
Contractual Services	\$166,623	\$0	\$0	\$0
Materials & Supplies	\$891,154	\$0	\$4,993	\$0
Internal Services	\$346,889	\$0	\$460,172	\$0
<b>Total GF/non-GF</b>	<b>\$3,945,375</b>	<b>\$0</b>	<b>\$3,912,353</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$3,945,375</b>		<b>\$3,912,353</b>	
<b>Program FTE</b>	20.20	0.00	20.15	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

## Significant Program Changes

**Last Year this program was:** FY 2021: 40051A Corrections Health Inverness Jail (MCIJ) Clinical Services

**Department:** Health Department      **Program Contact:** Michael Seale  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 100 USM detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

**Program Summary**

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

Trained, skilled professional staff working 24/7 provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and is equivalent to other correctional facilities across the country. This offer represents a variety of health, mental health, and dental services to 430 men and women in the open Dorms at MCIJ. Diverse staff work 24/7 to provide evaluation, treatment, referral, medication management, emergency response, communicable disease identification and suicide prevention. Inside and outside inmate workers are monitored by Corrections Health for the ability to work, evaluation of injuries and medication management when out of the facility. Chronic disease monitoring is key to preventing hospitalizations for clients with diabetes, hypertension, seizures, heart disease and infections. Special orthopedic and OB/GYN clinics operate on-site. In partnership with custody staff, Corrections Health responds to emergencies and screens for communicable diseases. This health care is delivered effectively through providing the right care in the right settings. Mental health services are also provided to inmates at MCIJ. Inmates are more stable in this jail allowing for mental health groups to occur several times per week. In addition to groups, individual sessions and medication management occur.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Average # AIC nursing assessments monthly	1,800	1,835	1,200	1,200
Outcome	# of 14-Day Health Assessments completed monthly	250	280	280	100

**Performance Measures Descriptions**

Measure 1: Reflects care delivered in the entire facility and includes both medical and mental health requests.  
 Measure 2: Based on NCCHC accreditation requirements, we are tracking 14-day history and physical assessments.

## Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$1,798,791	\$0	\$1,261,369	\$0
Contractual Services	\$186,885	\$0	\$1,121,748	\$0
Materials & Supplies	\$161,432	\$0	\$615,989	\$0
Internal Services	\$109,545	\$0	\$135,079	\$0
<b>Total GF/non-GF</b>	<b>\$2,256,653</b>	<b>\$0</b>	<b>\$3,134,185</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,256,653</b>		<b>\$3,134,185</b>	
<b>Program FTE</b>	7.95	0.00	7.70	0.00

<b>Program Revenues</b>				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

## Significant Program Changes

**Last Year this program was:** FY 2021: 40051B Corrections Health MCIJ General Housing Dorms 4 - 11

**Department:** Health Department      **Program Contact:** Michael Seale

**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 100 USM detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

**Program Summary**

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

Trained, skilled professional staff working 24/7 provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Corrections Health provides a variety of health, mental health and dental services to 430 men and women in dorms 12-18 at MCIJ. Diverse staff work 24/7 to provide evaluation, treatment, referral, medication management, emergency response, communicable disease identification and suicide prevention. A 10 bed medical unit provides skilled nursing and protective isolation in house, and utilization of the unit prevents a stay in a hospital at a much greater cost. Chronic disease monitoring is key to prevent hospitalizations for our clients with diabetes, hypertension, seizures, heart disease and infections. Special OB/GYN and orthopedic clinics operate on-site. In partnership with custody staff, Corrections Health responds to emergencies and screens for communicable disease. Mental health services are also provided to inmates at MCIJ. Inmates are more stable in this jail which allows for mental health groups to occur several times per week. In addition to groups, individual sessions and medication management occur.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Average # AIC nursing assessments monthly	1,800	1,835	1,200	1,200
Outcome	# of 14-Day Health Assessments completed monthly	250	280	280	100

**Performance Measures Descriptions**

Measure 1: Reflects care delivered in the entire facility and includes both medical and mental health requests.

Measure 2: Based on NCCHC accreditation requirements, we are tracking 14-day history and physical assessments.



## Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$2,211,309	\$0	\$2,123,130	\$0
Contractual Services	\$186,885	\$0	\$0	\$0
Materials & Supplies	\$0	\$0	\$87,195	\$0
<b>Total GF/non-GF</b>	<b>\$2,398,194</b>	<b>\$0</b>	<b>\$2,210,325</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,398,194</b>		<b>\$2,210,325</b>	
<b>Program FTE</b>	9.30	0.00	8.50	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

## Significant Program Changes

**Last Year this program was:** FY 2021: 40051C Corrections Health MCIJ Dorms 12 - 18 and Infirmary

Given a general reduction in adult in custody population, opportunities were created to reduce one Medical Assistant position at Inverness Jail without impacting clinical quantity or quality provided to the adults in custody should jail populations not increase significantly. This offer was changed to reduce one 1.0 FTE Medical Assistant position.

**Department:** Health Department      **Program Contact:** Jennifer Vines  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The County Medical Examiner's Office (MEO) operates 24/7/365 under ORS Chapter 146 to determine the cause and manner of approximately 1 in 3 deaths in Multnomah County every year. The MEO contribute directly to the County's understanding of specific types of death, helping to inform county level responses related to suicide, violent deaths, COVID-19, overdoses and other leading causes of death. The MEO staff's ability to arrive on scene quickly directly affects the experience of loved ones who are otherwise alone with the deceased and law enforcement. This is a core public service that contributes to our fundamental understanding of disparities in morbidity and mortality among Multnomah County residents.

**Program Summary**

The MEO is involved in all deaths, with the exception of natural deaths occurring directly under physician care within certain timeframes and settings. As the majority of deaths investigated by the MEO are sudden and unexpected, they are uniquely positioned to help identify unusual and emerging causes of death and injury.

With a 25% increase in scene investigations in 2020, the MEO works directly and compassionately with loved ones to provide timely information regarding the cause and manner of death. Their work directly informs public health data used by the County and external partners to better serve, for example, the LGBTQ community, those experiencing homelessness and those facing mental health crisis and addiction.

<b>Performance Measures</b>					
<b>Measure Type</b>	<b>Primary Measure</b>	<b>FY20 Actual</b>	<b>FY21 Budgeted</b>	<b>FY21 Estimate</b>	<b>FY22 Offer</b>
Output	Number of deaths requiring investigation	2,631	2,500	2,700	2,750
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	63%	80%	63%	75%
Outcome	Increase the number of in-person scene responses with a death investigator on scene	771	850	1009	1200

**Performance Measures Descriptions**

**Output:** Number of deaths in Multnomah County that require investigations. Census data regarding deaths are tracked at the calendar year level; this data is based on calendar years.  
**Outcome:** A Deputy Medical Examiner arrives on-scene in 90% of calls requiring on-scene investigation within one hour of first notification in order to support public safety, law enforcement, and affected members of the public.  
**Optional Outcome:** A death investigator will respond in-person to scene calls to investigate deaths (versus investigation via

## Legal / Contractual Obligation

ORS 146 specifies responsibilities and authorities for the Office (i.e. deaths requiring investigation; responsibility for investigation; notification of death; removal of body; authority to enter and secure premises; notification of next of kin; authority to order removal of body fluids; autopsies; disposition of personal property; unidentified human remains). ORS 146 also establishes a hybrid state/county program structure which limits the county's authority over operations, procedures, and technical functions.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,464,418	\$15,993	\$1,525,186	\$0
Contractual Services	\$62,555	\$0	\$96,814	\$0
Materials & Supplies	\$60,487	\$7	\$31,390	\$0
Internal Services	\$266,827	\$1,872	\$219,351	\$0
<b>Total GF/non-GF</b>	<b>\$1,854,287</b>	<b>\$17,872</b>	<b>\$1,872,741</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,872,159</b>		<b>\$1,872,741</b>	
<b>Program FTE</b>	11.00	0.00	11.50	0.00

Program Revenues				
Intergovernmental	\$0	\$17,872	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$17,872</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

**Last Year this program was:** FY 2021: 40052 Medical Examiner

COVID-19: The MEO has expanded families' and the County's understanding of COVID-19 related deaths and individuals' health-seeking behavior during the pandemic. The COVID-19 pandemic has also increased costs associated with providing all staff appropriate PPE to conduct scene investigations and meetings with families.

Contractual Changes: Until Dec 2019, the MEO had been housed for decades with the State Medical Examiner's Office located in Clackamas County. The move to the new McCoy building shortened response times but has increased budget needs related to employee travel for daily intake at the State facility, overnight storage with our transportation company and overall increased transportation costs. Work is ongoing to minimize staff conducting intake and update a contract with the State Medical Examiner that accurately reflects each agency's contribution to this vital service.

**Department:** Health Department      **Program Contact:** Jennifer Vines  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The County Medical Examiner's Office (MEO) operates 24/7/365 under ORS Chapter 146 to determine the cause and manner of approximately 1 in 3 deaths in Multnomah County every year. The MEO contribute directly to the County's understanding of specific types of death, helping to inform county level responses related to suicide, violent deaths, COVID-19, overdoses and other leading causes of death. The MEO staff's ability to arrive on scene quickly directly affects the experience of loved ones who are otherwise alone with the deceased and law enforcement. This is a core public service that contributes to our fundamental understanding of disparities in morbidity and mortality among Multnomah County residents.

**Program Summary**

The MEO is involved in all deaths, with the exception of natural deaths occurring directly under physician care within certain timeframes and settings. As the majority of deaths investigated by the MEO are sudden and unexpected, they are uniquely positioned to help identify unusual and emerging causes of death and injury.

With a 25% increase in scene investigations in 2020, the MEO works directly and compassionately with loved ones to provide timely information regarding the cause and manner of death. Their work directly informs public health data used by the County and external partners to better serve, for example, the LGBTQ community, those experiencing homelessness and those facing mental health crisis and addiction.

<b>Performance Measures</b>					
<b>Measure Type</b>	<b>Primary Measure</b>	<b>FY20 Actual</b>	<b>FY21 Budgeted</b>	<b>FY21 Estimate</b>	<b>FY22 Offer</b>
Output	Increase in overall number of deaths requiring investigation	N/A	N/A	N/A	N/A
Outcome	Increase in-person investigations for deaths in Multnomah County	N/A	N/A	N/A	N/A
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls-improvement in outcome	N/A	N/A	N/A	N/A

**Performance Measures Descriptions**

This out of target offer for an additional investigator will help the program manage the increase in deaths requiring investigation and the percentage of deaths where a Deputy Medical Examiner is able to respond in-person.

## Legal / Contractual Obligation

ORS 146 specifies responsibilities and authorities for the Office (i.e. deaths requiring investigation; responsibility for investigation; notification of death; removal of body; authority to enter and secure premises; notification of next of kin; authority to order removal of body fluids; autopsies; disposition of personal property; unidentified human remains). ORS 146 also establishes a hybrid State/County program structure which limits the County's authority over operations, procedures, and technical functions.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$107,175	\$0
Materials & Supplies	\$0	\$0	\$76	\$0
Internal Services	\$0	\$0	\$18,933	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$126,184</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$126,184</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

### Last Year this program was:

The Multnomah County Medical Examiner's Office (MCMEO) currently employs a staff of eight full-time Deputy Medical Examiners (aka Death Investigators) and one Chief Deputy Medical Examiner to cover an ORS-required 24/7/365 operation. Medical Examiner offices nationally, with comparable populations and caseload, employ between 10-13 investigative staff to respond to calls and manage caseload. Medical Examiner caseload steadily increases each year due to increases in overall population and increases in deaths requiring investigation (overdoses, accidents, homicides).

In FY21, the MEO managed a total of 2,631 cases, assuming jurisdiction in 1,753 cases. The MEO provided an in-person scene response in 1005 of the 2,631 cases. Of the 2,631 cases, approximately 400 are hospital deaths that do not require in-person investigation. The MEO experienced a 25% increase in jurisdiction cases due to increased cases involving overdoses, accidents, homicides, suicides and COVID-19. Additionally, there was a 35% increase in calls providing in-person investigation from FY20. The MEO was unable to respond in-person to approximately 40% of our overall cases due to staffing insufficiencies.

**Department:** Health Department      **Program Contact:** Tameka Brazile  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40006, 40060, 40037  
**Program Characteristics:**

**Executive Summary**

Racial and Ethnic Approaches to Community Health (REACH) aims to end chronic disease and related racial/ethnic health disparities within the Black/African American/African immigrant and refugee communities by ensuring opportunities to realize optimal health potential. REACH programming values a culture- and strength-based approach, relying on community wisdom to implement culturally tailored interventions that address root causes of health inequities and preventable risk behaviors through communications, policy, systems, and environmental change strategies in partnership with community.

**Program Summary**

Racial and Ethnic Approaches to Community Health (REACH) uses culturally specific and cross-cultural approaches that combine the community-identified priorities and CDC-funded communication, policy, system, and environmental change strategies focused on reducing chronic disease in local African American/Black communities, including African immigrants and refugees. REACH continues to be a foundational component to the Public Health Division's commitment to equity by addressing the ways that societal conditions, built environment, and systems and policies create health disparities among racial and ethnic populations. REACH has three current areas of focus: nutrition, physical activity, and community-clinical linkages. Nutrition programming increases the number of community settings offering healthy food, retail access to healthy food through innovative procurement practices, and community support for breastfeeding. Physical activity programming increases the number of safe, desirable locations for physical activity, including active transportation, and increases the number people with access to them. Community-clinical linkage programming increases the use of health and community programs, including referrals to these resources; expands the use of health professionals, such as community health workers; and improves quality of service delivery and experience of care. Together, these program areas work to redress social determinant of health challenges and barriers and improve the overall health of neighborhoods throughout Multnomah County.

REACH uses social determinant, health behavior, disease prevalence, mortality, and a variety of other data to monitor the well-documented chronic disease health disparities experienced by the Black/African American/African communities and plan responsive strategies. Community-voiced data on lived experience is especially valued and incorporated into planning, especially given the limitations of institutional data, such as not disaggregating data for Black immigrants/refugees. REACH is steered by its multi-sectoral community advisory committee, the ACHIEVE Coalition. REACH and its partners regularly hold focus groups, community webinars, and events to gather community concerns.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of policy, systems and environment strategies implemented	15	25	25	25
Outcome	# of Black/African American/African Immigrants reached through policy, systems and environment changes	2,500	4,000	5,000	4,000
Output	# of settings implementing policy, systems and environment strategies	10	20	25	20

**Performance Measures Descriptions**

Performance Measures 1 and 3 are for settings that are occupied by Black/African American/African Immigrant communities.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$343,598	\$381,566	\$304,671	\$425,010
Contractual Services	\$76,720	\$317,345	\$140,000	\$347,195
Materials & Supplies	\$24,171	\$48,445	\$0	\$1,162
Internal Services	\$83,746	\$44,644	\$83,746	\$94,968
<b>Total GF/non-GF</b>	<b>\$528,235</b>	<b>\$792,000</b>	<b>\$528,417</b>	<b>\$868,335</b>
<b>Program Total:</b>	<b>\$1,320,235</b>		<b>\$1,396,752</b>	
<b>Program FTE</b>	2.50	3.00	2.10	3.40

Program Revenues				
Intergovernmental	\$0	\$792,000	\$0	\$868,335
<b>Total Revenue</b>	<b>\$0</b>	<b>\$792,000</b>	<b>\$0</b>	<b>\$868,335</b>

Explanation of Revenues

This program generates \$56,612 in indirect revenues.  
 \$ 868,335 - REACH Federal fund

Significant Program Changes

**Last Year this program was:** FY 2021: 40053 Racial and Ethnic Approaches to Community Health

COVID-19-Related Impacts: In FY21, REACH/ACHIEVE community partners (both formal and informal) were delayed or unable to complete original work plan deliverables and activities due to supporting COVID-19 response and/or COVID-19 restrictions. Some original scopes of work in work plans and contracts were redirected to provide COVID-19 support, response, and recovery to address the immediate needs and concerns of the community.



**Department:** Health Department      **Program Contact:** LaRisha Baker  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40055, 40056, 40058, 40097  
**Program Characteristics:**

**Executive Summary**

Public Health's Maternal Child Family Health (MCFH) Nurse Family Partnership Program (NFP) is an evidence-based community healthcare program supported by more than 30 years of extensive research. NFP supports a partnership between low-income, first time mothers with a home visiting Community Health Nurse to achieve the care and support they need to have a healthy pregnancy. This partnership and the tools mothers receive, enable families to build confidence and work towards a life of stability and success for both mother and child.

**Program Summary**

NFP is a nurse home visiting program offered to first-time, low-income pregnant women through two Multnomah County teams located in Northeast Portland and East County. The goals of NFP are to improve pregnancy outcomes by promoting health-related behaviors; and improve child health, development, and safety by promoting competent care-giving. Home visiting services begin in early pregnancy and follow families up to their child's second birthday. NFP consistently demonstrates improved prenatal health, fewer childhood injuries, increased intervals between births, increased maternal employment, and improved school readiness for children.

MCFH has developed infrastructure that ensures fidelity to the NFP model and includes extensive staff training, reflective supervision, a Community Advisory Board, and rigorous evaluation support through the NFP National Service Office and State Nurse Consultant. Long-term benefits to the county include healthy children ready to learn; decreased costs related to child welfare and juvenile justice; and over the long-term, families less affected by chronic disease. MCFH has connected the NFP model with the Healthy Birth Initiative (HBI). This partnership provides African American first-time mothers who are enrolled in NFP with all of the wraparound, culturally specific services and leadership development of the HBI program. African American families served through HBI are reflected in the HBI Program Offer (40058).

MCFH programs review and monitor local and national maternal and infant health data, as well as program specific data, including maternal mortality and morbidity, preterm birth, low birth weight, breastfeeding, income, and safe sleep indicators. MCHF programs reach populations most disparately impacted by perinatal disparities through targeted marketing and outreach to BIPOC and low-income communities and providers serving these communities, culturally reflective staff and practices, and client engagement and feedback through boards/collaboratives. NFP's Community Advisory Board enables clients to influence and guide how they engage in MCFH services and provide input in other collaborative settings to influence program design and/or implementation.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of families served	233	240	183	200
Outcome	Percent of mothers enrolled in NFP services who are breastfeeding at 6 months	88%	65%	65%	65%
Quality	Participants who remain in program until child is two years old	NA	NA	NA	80%
Quality	Percent of participants who express satisfaction with program's cultural responsiveness	NA	NA	NA	95%

**Performance Measures Descriptions**

## Legal / Contractual Obligation

Nurse Family Partnership (NFP) complies with contractual program guidelines set forth by the NFP National Service Office to assure fidelity to the model. Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$100,405	\$1,495,486	\$153,893	\$1,073,763
Contractual Services	\$676,647	\$0	\$430,423	\$0
Materials & Supplies	\$59,447	\$3,361	\$38,140	\$4,666
Internal Services	\$202,247	\$174,972	\$169,461	\$143,025
<b>Total GF/non-GF</b>	<b>\$1,038,746</b>	<b>\$1,673,819</b>	<b>\$791,917</b>	<b>\$1,221,454</b>
<b>Program Total:</b>	<b>\$2,712,565</b>		<b>\$2,013,371</b>	
<b>Program FTE</b>	0.45	8.65	0.81	5.89

Program Revenues				
Intergovernmental	\$0	\$88,802	\$0	\$88,802
Other / Miscellaneous	\$0	\$15,974	\$0	\$33,312
Service Charges	\$0	\$1,569,043	\$0	\$1,099,340
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,673,819</b>	<b>\$0</b>	<b>\$1,221,454</b>

## Explanation of Revenues

This program generates \$143,025 in indirect revenues.

- \$ 33,312 - Miscellaneous Revenues
- \$ 88,802 - State MCH Babies first grant
- \$ 1,132,651 - NFP Medicaid Babies First

## Significant Program Changes

**Last Year this program was:** FY 2021: 40054 Nurse Family Partnership

COVID-19-Related Impacts - In FY22, there is a reduction in required County General Fund Target Case Management match due to reduced visit revenue for the first six months of the fiscal year. In FY21, MCFH programs had a reduction in referrals and services; staff were reassigned into COVID-19 response activities; and in-home services were transitioned to telehealth services, all of which impacted visit numbers. FY22 projects a return to some in-person services and an associated increase in number of families served. Staff will also continue to support COVID-19 response for MCFH clients.

**Department:** Health Department      **Program Contact:** LaRisha Baker  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40054, 40056, 40058, 40097  
**Program Characteristics:**

**Executive Summary**

This program includes Healthy Homes Asthma Home Visiting and community-based early childhood health consulting. Using nurse and community health worker home visiting models, these services support vulnerable families with children who have health conditions. Services include health assessments in the home; care coordination; technical assistance for providers who serve children with special healthcare needs; advocacy for children and families in the health care, social service, and education systems; building a family's capacity to work with health/social services systems; reducing environmental toxins in the home; and building culturally congruent health care.

**Program Summary**

Research shows the conditions of early life have a profound impact on long-term health and life stability. Home and community based services support families with children who have a chronic health condition and/or are identified as high-risk in community settings.

The Healthy Homes Asthma Home Visiting program addresses health inequities by improving the livability of the home environment. Healthy Homes goals are to improve adherence to the child's asthma action plan and the livability of the home environment while reducing asthma triggers for children and families. A bilingual, multi-disciplinary team provides in-home asthma nursing and environmental case management to reduce environmental triggers and improve health outcomes, quality of life, and housing conditions. Staff provide home-based environmental and nursing assessment/interventions for high-risk children with asthma; consult with medical providers/ pharmacists; partner with landlords and tenants to improve housing conditions; coordinate asthma care with school/day-care; provide supplies to reduce or eliminate asthma triggers; and advocate for safe, healthy, stable, and affordable housing.

Early childhood health consulting is provided through community health nurses and community health workers. These services are provided by both staff and community contracts to support families enrolled in the Mt. Hood Head Start program, Oregon Child Development Coalition (OCDC), and Multnomah Early Childhood Program (MECP).

MCFH Consulting services utilize demographic data from Mt. Hood Head Start, OCDC, and MECP programming to tailor services to address racial health inequities and reach families most disparately impacted. MECP, Mt Hood, and OCDC have advisory boards with parents and community members on them to influence programming. Healthy Homes uses data on housing conditions, demographics, and health indicators to inform services. Referrals are received from parents, teachers, providers, and other community agencies to reach families most disparately impacted.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of families receiving an environmental home inspection	33	45	25	30
Outcome	% completion of final Asthma Home assessments	85%	80%	50%	80%
Output	# of technical assistance consults to service providers who work with children with special health care needs	300	300	300	300

**Performance Measures Descriptions**

## Legal / Contractual Obligation

Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds. Some activities under this program offer are subject to contractual obligations under the DMAP Healthy Homes State Health Plan Amendment, and DMAP programs funded by Oregon Public Health Division must comply with work plans and assurances.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$213,236	\$491,012	\$216,395	\$680,326
Contractual Services	\$103,256	\$0	\$102,844	\$3,000
Materials & Supplies	\$12,418	\$5,437	\$12,466	\$19,016
Internal Services	\$0	\$53,342	\$120,970	\$90,622
<b>Total GF/non-GF</b>	<b>\$328,910</b>	<b>\$549,791</b>	<b>\$452,675</b>	<b>\$792,964</b>
<b>Program Total:</b>	<b>\$878,701</b>		<b>\$1,245,639</b>	
<b>Program FTE</b>	1.47	3.43	1.20	5.60

Program Revenues				
Intergovernmental	\$0	\$34,000	\$0	\$34,000
Other / Miscellaneous	\$0	\$272,431	\$0	\$515,605
Service Charges	\$0	\$243,360	\$0	\$243,359
<b>Total Revenue</b>	<b>\$0</b>	<b>\$549,791</b>	<b>\$0</b>	<b>\$792,964</b>

## Explanation of Revenues

This program generates \$90,622 in indirect revenues.

- \$ 515,605 - DDSD CHN
- \$ 17,000 - MHCC Head Start CHN
- \$ 17,000 - OCDC CHN
- \$ 243,359 - Healthy Homes TCM

## Significant Program Changes

**Last Year this program was:** FY 2021: 40055 Home and Community Based Health Consulting Restoration

Significant Changes - In FY22, there is increased funding from David Douglas School District which will add a total of 1.9 FTE.

COVID-19-Related Impacts: In FY21, MCFH programs had a reduction in referrals and services; staff were deployed into COVID-19 response activities; and in-home services were transitioned to telehealth services, all of which impacted visit numbers and assessments. FY22 projects a return to some in-person services and an associated increases in performance. Staff will continue to support COVID-19 response for MCFH clients.

**Department:** Health Department      **Program Contact:** LaRisha Baker  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40054, 40055, 40058, 40097  
**Program Characteristics:**

**Executive Summary**

Healthy Families of Multnomah County (HFMC) is a nationally accredited, culturally adapted, evidence-based, early childhood home visiting (ECHV) program, part of the state-wide HF Oregon network. HFMC serves children and families where screening has detected high parent stress, with the goal to improve infant bonding and early development. The program works to reduce child abuse and neglect, improve school readiness, and promote healthy growth and development for young children up to age three.

**Program Summary**

The goal of HFMC is to promote child and family wellbeing and prevent the abuse and neglect of children through family-centered, culturally responsive, and strengths-based support. Families who qualify for services are offered voluntary home (or tele) visits shown to reduce child abuse and neglect, improve parent-child attachment, reduce parent stressors, and support parents' ability to ensure children meet developmental milestones, which are critical to kindergarten readiness.

HFMC has 2 components: 1) Welcome Baby Screening for eligibility to link families to services based on choice and fit, including to multiple culturally specific programs throughout the county. 2) HFMC home visiting (currently televisiting), which delivers the accredited, culturally adapted, evidence-based Healthy Families America model via four community based organizations. These contractors deliver culturally and/or population-specific focus, including African American, Immigrant/Refugee, Latinx, teens, and parents with significant substance abuse or trauma histories. Supportive services, including mental health and housing/utility assistance, are also provided. Approximately 78% of HFMC families are BIPOC and 95% are low income.

HFMC takes a data-driven approach to program screening to prioritize program availability for BIPOC families. Annual births by race, OHP status, and hospital identify where to focus hospital screening services to ensure the most disparately impacted populations are engaged in services. Screening collects race/ethnicity and language. A regular CQI process examines rates of engagement and retention by race/ethnicity and language. HFMC also reviews community data to determine if there are service gaps or the need to add new culturally specific teams. HFMC has an advisory group with consumer and BIPOC majority membership to evaluate data and guide program practices. In addition, co-participation in Healthy Birth Initiative Community Action Network supports ongoing program development. HFMC evaluates programming annually through both staff and family satisfaction surveys/measures, which include cultural sensitivity measures.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of families served with home visiting	465	480	450	480
Outcome	% of participating parents who report reading to/with a child at least 3 times/week	95%	95%	95%	95%
Outcome	% of families remaining in intensive services for 12 months or longer	65%	75%	70%	70%
Outcome	% of families served are BIPOC and/or low income	95%	95%	95%	95%

**Performance Measures Descriptions**

Performance Measure 1: Number of families enrolled in long-term home visiting; total individuals served is much larger.

## Legal / Contractual Obligation

Healthy Families of Multnomah County must comply with Healthy Families of Oregon policies and procedures, which are based on Healthy Families America (HFA) credentialing standards and contract obligations. Failure to comply may result in disaffiliation with HFA and withholding of funding from the State.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$144,342	\$582,789	\$135,506	\$619,963
Contractual Services	\$367,058	\$1,695,059	\$584,362	\$1,561,869
Materials & Supplies	\$32,720	\$9,616	\$0	\$30,516
Internal Services	\$108,675	\$67,463	\$118,986	\$82,579
<b>Total GF/non-GF</b>	<b>\$652,795</b>	<b>\$2,354,927</b>	<b>\$838,854</b>	<b>\$2,294,927</b>
<b>Program Total:</b>	<b>\$3,007,722</b>		<b>\$3,133,781</b>	
<b>Program FTE</b>	1.13	4.74	0.87	5.00

Program Revenues				
Intergovernmental	\$0	\$2,294,927	\$0	\$2,294,927
Other / Miscellaneous	\$0	\$60,000	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,354,927</b>	<b>\$0</b>	<b>\$2,294,927</b>

## Explanation of Revenues

This program generates \$82,579 in indirect revenues.

Healthy Families of Multnomah County is funded by the State Healthy Families grant which requires a County match of 25%, of which 5% must be a cash match.

Healthy Families home visitors, through the completion of regular staff time studies, leverage Medicaid Administrative Claiming (MAC) program reimbursements, generally equal to about 5% of the State Healthy Families grant.

\$ 2,154,927 - Healthy Families Grant

\$ 140,000 - State Healthy Start MAC

## Significant Program Changes

**Last Year this program was:** FY 2021: 40056 Healthy Families

COVID-19-Related Impacts - In FY21, HFMC had to stop hospital screening, which, compounded with stressed health systems, impacted referrals and program entry. MCHF also shifted to telehealth visits in March 2020, which limited contractor capacity for various reasons. FY22 projects a return to some in-person screening and services and an associated increase in families served.

**Department:** Health Department      **Program Contact:** LaRisha Baker  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40054, 40055, 40056, 40097  
**Program Characteristics:**

**Executive Summary**

The Healthy Birth Initiative (HBI) program improves birth outcomes and the health of new families, mothers, and fathers in the African American community, helping children get a healthy start in life. For over 20 years, HBI has improved birth outcomes in the African American community using a culturally specific model that addresses the underlying causes of health inequities. HBI participants have demonstrated lower rates of infant mortality and low birth weight and higher rates of early prenatal care compared to African Americans not enrolled in the program. HBI also focuses on the importance of father involvement in achieving better outcomes.

**Program Summary**

The Black/African American community experiences the most severe inequities across the spectrum of perinatal health, including a rate of low birth weight at twice that of white non-Hispanics. HBI's core goal is to eliminate these disparities. Long-term benefits of the program include healthy children who ready to learn; a healthier work force; increased parent advocacy skills; decreased costs across health and social service systems; and gains in equity for the county's Black/African American community.

HBI uses a family-centered approach that engages mothers, fathers, and other caretakers in supporting a child's development. Components of HBI include case management, health education, community engagement, service coordination, and collective impact. HBI nurses utilize the Nurse Family Partnership (NFP) program as a key component of home visiting services, as well as numerous other evidence-based models. HBI promotes care coordination between internal Health Department programs, external health and social service providers, nursing schools, and larger health systems. HBI nurses also participate on committees to help NFP gain a better understanding of leading with race and implementing racial equity change throughout their system.

HBI uses program data, as well as local, state, and national data to guide programmatic focus. HBI reaches the Black/African American community through targeted marketing and outreach both to community members and providers who serve the community, as well as by engaging clients in a Community Action Network (CAN). The CAN is led by parents and comprised of a number of healthcare, social service, and culturally specific agencies working together to implement community-identified strategies. The CAN offers a venue for client engagement and feedback, including the opportunity for clients to hold leadership roles to influence program design and implementation. HBI staff also present to a variety of health systems to educate providers on ways to provide better care to HBI clients.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of families served	191	450	300	350
Outcome	Percent of mothers initiating breastfeeding after delivery	97%	65%	95%	95%
Quality	Percent of participants who remain in program until child is two years old	76F%	80%	80%	80%
Quality	Percent of participants who express satisfaction with cultural specificity of program	100%	95%	100%	95%

**Performance Measures Descriptions**



## Legal / Contractual Obligation

Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$981,786	\$1,121,337	\$958,622	\$1,238,363
Contractual Services	\$7,013	\$376,708	\$235,684	\$103,072
Materials & Supplies	\$59,489	\$43,762	\$39,251	\$42,585
Internal Services	\$306,321	\$131,196	\$163,373	\$286,440
<b>Total GF/non-GF</b>	<b>\$1,354,609</b>	<b>\$1,673,003</b>	<b>\$1,396,930</b>	<b>\$1,670,460</b>
<b>Program Total:</b>	<b>\$3,027,612</b>		<b>\$3,067,390</b>	
<b>Program FTE</b>	7.50	8.30	7.05	8.75

<b>Program Revenues</b>				
Intergovernmental	\$0	\$980,000	\$0	\$980,000
Other / Miscellaneous	\$0	\$7,987	\$0	\$16,493
Service Charges	\$0	\$685,016	\$0	\$673,967
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,673,003</b>	<b>\$0</b>	<b>\$1,670,460</b>

## Explanation of Revenues

This program generates \$164,949 in indirect revenues. Healthy Birth Initiative is funded by: Medicaid Targeted Case Management (TCM) Medicaid Maternity Case Management and a Health Resources and Services Administration grant.

\$ 980,000 - Health Resources Services Administration grant

\$ 673,967 - Targeted Case Management

\$ 16,493 - HBI recoveries

## Significant Program Changes

**Last Year this program was:** FY 2021: 40058 Healthy Birth Initiative

COVID-19-Related Impacts - In FY21, MCFH programs had a reduction in referrals and services; staff were deployed into COVID-19 response activities; and in-home services were transitioned to telehealth services, all of which impacted visit numbers. FY22 projects a return to some in-person services and an associated increase in number of families served. Staff will continue to support COVID-19 response for HBI clients.



**Department:** Health Department      **Program Contact:** Michael Seale  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

Corrections Health Multnomah County Detention Center, Inverness Jail and Juvenile Detention Home collectively house over 1,000 adults and 80 juveniles. Over 36,000 adult individuals are cared for each year with approximately 30% having mental health and behavioral issues. Over 3,500+ juvenile individuals are cared for each year from Multnomah, Washington and Clackamas counties-- brought in from the community, other jurisdictions and other community holding facilities. Over 40% of those juveniles have significant mental health conditions.

**Program Summary**

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. That care is delivered to a population disproportionately involved in the justice system. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY22 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This offer represents the mental health services to adults in the MCDC and MCIJ facilities and juveniles in the JDH facility. At MCDC, approximately 400 detainees are housed in classification (new jail housing), female, male, close custody and mental health housing modules. Ninety-six rooms are designated for those with mental health diagnosis and cared for by a team of mental health nurses, consultants and providers for diagnosis and treatment. Early identification, evaluation and treatment provide safety for clients, especially for suicide prevention. At MCIJ, approximately 600 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial are housed. Mental health services are also provided to inmates at MCIJ, both individually and in groups. Inmates are typically more stable in this jail which allows for mental health groups to occur several times per week. In addition to groups, individual sessions and medication management occur. JDH health professionals work 16 hours/day, seven days a week providing care for 80 youth daily in 7 individual housing units from three counties. In addition to the services provided by mental health professionals, mental health and behavioral issues are screened for and addressed by nursing and other staff in a variety of circumstances: intake/reception screening, 14-Day Health Assessment, response to medical request forms, management in observation units and at release.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Average # mental health evaluations for suicide watch per month	250	250	250	250
Outcome	Average of total number of active and constant suicide watches per month to prevent AIC injury or death	100	125	100	100
Output	Average # of evaluations performed by Mental Health Consultants for all CH sites per month	1,000	1,000	1,000	1,000
Outcome	% of detained youth receiving mental health medications monthly	45%	43%	43%	40%

**Performance Measures Descriptions**

Measure 1: Tracking MHC evaluations help to assess client access to care and resource utilization.  
 Measure 2: Tracking both "ACTIVE" and "CONSTANT" suicide watches, capture management of detainees felt to be at risk, better-reflecting resource needs Outcome Measure: Tracking percentage of youth receiving psychotropic medication allows for monitoring of needs at the JDH facility

## Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$3,687,914	\$0	\$3,687,250	\$0
Contractual Services	\$40,000	\$0	\$40,000	\$0
Materials & Supplies	\$75,457	\$0	\$407,117	\$0
Internal Services	\$434,443	\$0	\$457,642	\$0
<b>Total GF/non-GF</b>	<b>\$4,237,814</b>	<b>\$0</b>	<b>\$4,592,009</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$4,237,814</b>		<b>\$4,592,009</b>	
<b>Program FTE</b>	24.70	0.00	23.25	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

## Significant Program Changes

**Last Year this program was:** FY 2021: 40059 Corrections Health Mental Health Services

Given a general reduction in client population as well as a recent change in management of the Mental Health Services program in Corrections Health, opportunities were created to reduce one Mental Health Manager position to a Supervisor position while the remaining Mental Health Manager assumed the responsibilities for both adult jail facilities. In addition, a reduction in Mental Health Nurse Practitioner FTE could be attained in FY 2022 without impacting clinical quantity or quality provided to the adults in custody should jail population levels not increase significantly. This offer was changed to modify one Mental Health Manager position to a Program Supervisor position and to reduce one 0.8 FTE Nurse Practitioner position.

**Department:** Health Department      **Program Contact:** Tameka Brazile  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40006, 40053  
**Program Characteristics:** Measure 5 Education

### Executive Summary

Community & Adolescent Health (CAH) programs aim to reduce the leading preventable causes of death, namely chronic disease (e.g., heart disease, stroke, diabetes) and injuries (e.g., drug overdose, traffic accidents, homicide, suicide). CAH employs place-based strategies that address the shared risk factors for chronic disease and injury and a focus on the particularly formative adolescent stage of the life course, including laying the groundwork for sexual and relationship health. CAH programs focus on the social determinants, neighborhood conditions, trauma, and toxic stress at the root of these adverse health outcomes. CAH leads with the goal of eliminating racial and ethnic health disparities by addressing systemic racism's role in driving socioeconomic and other inequities.

### Program Summary

Research shows zip code is a key determinant of health. Neighborhoods with socioeconomic disparities (higher poverty, lower educational attainment, disinvestment/gentrification) also have significant health disparities (chronic disease, exposure to violence and trauma, sexual/reproductive health). These geographic patterns also align with racial demographic distribution, highlighting the impact of system racism and de facto segregation. CAH works alongside community and school partners to prevent and improve these inequities through community-informed planning; training and technical assistance to build partner capacity; community health worker initiatives; communications; and policy, systems, and environmental improvements.

Programs include: Violence prevention – a public health approach including community-led projects to improve neighborhood livability, youth employment programs, and health education and teen dating violence prevention education in school and community settings. Sexual/relationship health - supporting schools to meet Oregon statutory requirements for comprehensive sexuality and healthy relationship education, child sexual abuse prevention programs, access to preventive reproductive health services, and technical support to culturally specific partners. Chronic diseases prevention - complementing other public health strategies by leveraging shared risk and protective factors for sexual health outcomes and violence that also increase access to healthy eating, active living, and smoke/nicotine-free environments.

CAH analyzes and maps local data on the leading causes of death, sexual health outcomes, incidents and exposure to violence, and other related indicators to identify the subpopulations and neighborhoods experiencing disparities. Analysis reveals stark racial disparities, informing CAH's strategic prioritization of racism's role in chronic disease, sexual health, and violence inequities. CAH centers community involvement and voice through cultivated partnerships, focus groups, needs assessments, and feedback loops to inform and guide program design.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of youth and community members engaged in health promotion and prevention activities	5,294	4,250	5,500	5,500
Outcome	# of policies, practices, health education, and technical assistance activities	211	55	85	85
Outcome	# of community and school sites involved in health promotion and prevention activities	61	50	50	55
Quality	% of trained educators who feel confident teaching evidence-based sexuality or violence prevention curriculum	90%	85%	85%	85%

### Performance Measures Descriptions

## Legal / Contractual Obligation

OAR Rule 581-022-1440 State of Oregon's Human Sexuality Education Administrative Rule: support school districts who are legally obligated to meet this statute. Contractual obligation(s) include those outlined by our Grantor, Federal Office of Population Affairs (OPA) for our Teen Pregnancy Prevention (TPP) funding. Since CAH works to build capacity in community settings, we also follow COVID19 precautions related to in-person gatherings, service closures/ limitations etc.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$1,052,374	\$479,926	\$1,487,573	\$711,127
Contractual Services	\$230,441	\$133,800	\$154,473	\$954,316
Materials & Supplies	\$73,381	\$41,319	\$3,445	\$46,815
Internal Services	\$194,001	\$86,326	\$235,605	\$138,970
<b>Total GF/non-GF</b>	<b>\$1,550,197</b>	<b>\$741,371</b>	<b>\$1,881,096</b>	<b>\$1,851,228</b>
<b>Program Total:</b>	<b>\$2,291,568</b>		<b>\$3,732,324</b>	
<b>Program FTE</b>	8.45	4.25	11.18	5.27

<b>Program Revenues</b>				
Intergovernmental	\$0	\$741,371	\$0	\$1,851,228
<b>Total Revenue</b>	<b>\$0</b>	<b>\$741,371</b>	<b>\$0</b>	<b>\$1,851,228</b>

## Explanation of Revenues

This program generates \$94,261 in indirect revenues.

- \$ 259,322 - federal funding from the Centers for Disease Control and Prevention (CDC) Preventing Teen Dating Violence and Youth Violence by Addressing Shared Risk and Protective Factors
- \$ 106,906 - Public Health Modernization Local (HPCDP)
- \$ 30,000 - DHS My future My Choice fund
- \$ 1,455,000 - Adolescents and Communities

## Significant Program Changes

**Last Year this program was:** FY 2021: 40060 Community & Adolescent Health

Significant Changes: In FY21, CAH received a new round of Office of Population Affairs Teen Pregnancy Prevention (TPP) at \$1,455,000 per year. Funding supports 3.11 FTE and community partner contracts. In FY22, the Centers for Disease Control and Prevention Teen Dating Violence/Youth Violence Prevention grant will end. Some service level will continue through a no cost extension and CAH's ongoing County General Funds. CAH plans to apply for a new round of youth violence prevention funding in the fall of 2021.

COVID-19-Related Impacts: In FY21, CAH had to move from in person to remote services for settings such as schools, CBOs, and other areas where youth gather and are supported by mentors. This shift decreased the total number of youth the program could serve (FY21 estimate is above FY21 offer since the new TPP grant and associated youth reach was not part of the FY21 offer). FY22 measures assume remote services with some ramp up of in-person services. CAH program leadership continues to advocate for flexibility in TPP grant performance metrics while COVID-19 precautions are in place because reach numbers cannot be met without broad in-person interventions.

**Department:** Health Department      **Program Contact:** Kim Toevs  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40010B, 40012B  
**Program Characteristics:**

**Executive Summary**

Harm Reduction provides access to sterile injection supplies to reduce transmission of HIV, HCV, and bacterial infections. The opioid epidemic, rising methamphetamine use, and COVID-19 have led to increased injection drug use and, in turn, the need for sterile syringe access and harm reduction services. The program provides syringe access and disposal, naloxone distribution, resources and linkage to culturally specific services, and health education. It also provides technical assistance to counties throughout Oregon to improve service availability outside of Portland-metro area.

**Program Summary**

Harm Reduction serves people who may not be ready to stop substance use, offering strategies to mitigate negative outcomes from injection drug use for individuals and the larger community. Services use trauma-informed risk reduction counseling and culturally appropriate referrals based on client readiness. 69% of clients report homelessness/unstable housing and rely on low barrier services and supplies offered through this program. Strategies include education, engagement, and promoting one-time use of injection supplies, which is critical to reducing HCV, HIV, and bacterial transmission. The program offers services at field-based and clinical sites in targeted locations. The Harm Reduction Clinic provides low barrier wound/abscess care and sexual health services for people not typically engaged in health care. The program optimizes ability to engage clients in HCV and HIV testing, including field-based testing, and linkage to treatment. Opioid OD prevention and naloxone distribution help clients, first responders, and community members reduce fatal OD occurrence, which was 32% higher in 2020 compared to the same period during 2019. The program continues to expand naloxone distribution at sites and trains community partners to carry and distribute naloxone. Staff provide statewide technical assistance and capacity building, allowing local organizations to buy naloxone through the program.

Health Equity: Across services, staff build trusting relationships with clients to overcome barriers to care associated with multiple intersecting experiences of marginalization. Most clients face the stigma of drug use. 69% of clients report homelessness/unstable housing. With several populations of color disproportionately impacted by homelessness in Multnomah County, as well as racialized perceptions of drug use in the country, a leading-with-race equity approach to Harm Reduction's work amplifies the program's impact on systems-level changes that reduce health disparities. The program collects race/ethnicity data and conducts comprehensive bi-annual surveys on demographics and drug use behaviors to inform policy and service delivery. The program facilitates monthly peer advisory groups to guide program decisions and services.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of unique clients served	6,820	NA	6,931	7,028
Outcome	Number of overdose rescues reported	1,136	1,508	1,365	1,517
Outcome	Percentage of clients served that identify as BIPOC	22%	NA	22%	23%
Output	Number of syringes distributed	9,462,556	NA	10,356,190	11,775,446

**Performance Measures Descriptions**

Measures include individuals accessing services at Multnomah County and Outside In sites.

## Legal / Contractual Obligation

Federal funds cannot be used to purchase syringes. Overdose prevention technical assistance is required by SAMHSA SOR grant. HIV outreach, education and testing is required under HIV Prevention Block Grant funding. The program is responsible for sub-contracting and monitoring HIV Prevention Block grant funds to community partners in Multnomah County.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$378,241	\$716,736	\$217,954	\$814,740
Contractual Services	\$286,187	\$156,019	\$313,034	\$96,280
Materials & Supplies	\$692,501	\$96,830	\$1,392,173	\$238,482
Internal Services	\$273,244	\$83,858	\$0	\$375,969
<b>Total GF/non-GF</b>	<b>\$1,630,173</b>	<b>\$1,053,443</b>	<b>\$1,923,161</b>	<b>\$1,525,471</b>
<b>Program Total:</b>	<b>\$2,683,616</b>		<b>\$3,448,632</b>	
<b>Program FTE</b>	3.49	6.31	1.99	7.13

Program Revenues				
Intergovernmental	\$0	\$1,023,013	\$0	\$1,119,618
Other / Miscellaneous	\$100,000	\$0	\$0	\$375,423
Service Charges	\$0	\$30,430	\$0	\$30,430
<b>Total Revenue</b>	<b>\$100,000</b>	<b>\$1,053,443</b>	<b>\$0</b>	<b>\$1,525,471</b>

## Explanation of Revenues

This program generates \$104,767 in indirect revenues.

- \$ 462,492 - HIV Prevention Block Grant
- \$ 30,430 - Medicaid Reduction Clinic FFS
- \$ 359,449 - OHA HIV Harm Reduction
- \$ 297,677 - SAMHSA Naloxone Project (SOR)

## Significant Program Changes

**Last Year this program was:** FY 2021: 40061 Harm Reduction

Significant Changes: In FY22, there is an increase in County General Fund to meet current demand for services and increased supply costs.

COVID-19-Related Impacts: In March 2020, Harm Reduction was deemed an essential health service and has remained open through the pandemic. At that time, the program replaced the 1-for-1 syringe exchange policy with a need-based syringe access policy that reduces COVID-19 transmission risk at service sites and in the community. This change increased syringe distribution by 178% and ensures syringes and other new supplies remain available in the community. OHA has provided over \$300,000 in supplies to support the change. Other impacts include not holding Peer Advisory Group meetings; reduction in volunteers; and reduction in overdose reports by clients since visits are less frequent (multiple naloxone kits are distributed at a visit and data show overdose events and mortality increased). At Harm Reduction clinic, services were paused from March-October 2020, and telemedicine visits began and will continue in some capacity in FY22.



**Department:** Health Department      **Program Contact:** Ebony Clarke  
**Program Offer Type:** Administration      **Program Offer Stage:** As Proposed  
**Related Programs:** 40067, 40068  
**Program Characteristics:**

**Executive Summary**

Multnomah County's Behavioral Health Division (BHD) Administration manages a recovery-focused, comprehensive system of care to prevent, intervene in, and treat mental illness and addiction in children and adults. Through culturally responsive and evidence-based practices, BHD serves low-income, uninsured, and individuals who are homeless, as well as any of the over 800,000 county residents experiencing a behavioral health crisis. BHD provides a continuum of services directly and through a provider network. These programs serve approximately 53,000 annually.

**Program Summary**

The Board of County Commissioners is the Local Mental Health Authority. Through that authority, BHD Administration oversees and manages all publicly-funded behavioral health programs in the system of care, whether provided directly or through contracted agencies. BHD is organized into 5 units: 1) The Community Mental Health Program (CMHP) which provides safety net and basic services to the entire county that include involuntary commitment, crisis services, and addiction services (under the Addictions Unit). 2) Direct Clinical Services (DCS), which encompasses all programs for children, youth, and families delivered directly by DCS staff. These services may be reimbursed by the local Coordinated Care Organization (CCO), by the state, or by another funding source. 3) Care Coordination for adults and children who are Medicaid members - funded by federal dollars through the local CCO as well as Choice, funded by the state. 4) Addictions, which includes a benefits coordination team, prevention, and technical assistance funded through the CCO, grants, and the state. 5) Quality Management which includes compliance, quality improvement, reporting, billing and Evolv. 6) Office of Consumer Engagement (OCE).

BHD Administration continuously assesses its continuum of services to respond to the changing needs and demographics of Multnomah County. All changes are shaped by the input of consumers, advocates, providers and stakeholders. The Division ensures the system and services provided are consumer-driven by prioritizing consumer voice through the Office of Consumer Engagement, frequent provider feedback, adult system and child system advisory meetings, focus groups and ad hoc meetings. BHD Administration is also responsible for ensuring contracted providers deliver evidence-based and culturally responsive services to consumers. BHD monitors contracts with providers for regulatory and clinical compliance. To ensure good stewardship, BHD business and clinical decisions ensure that finite resources are targeted to serve the most vulnerable populations. BHD management participates in planning at the state level to influence the policy decisions that affect the community we serve. BHD values our community partners, with whom we work collaboratively to create a system of care responsive to the needs of our community.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total Behavioral Health Advisory Meetings <sup>1</sup>	23	23	19	23
Outcome	Advisors agree with the statement, "Overall, BHD does its job well"	77	80	94.4	80

**Performance Measures Descriptions**

<sup>1</sup>Includes BHAC Council Meetings and the BHAC Community Workgroup Meetings, This performance measure was impacted by COVID due to initial challenges with consumer access to technology.

## Legal / Contractual Obligation

Oregon Administrative Rule, Standards for Management of Community Mental Health and Developmental Disability Programs, 309-014-0020, 309-014-0035, 309-14-0040.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$946,293	\$890,392	\$867,862	\$1,031,879
Contractual Services	\$0	\$395,000	\$24,609	\$57,774
Materials & Supplies	\$11,056	\$75,460	\$41,056	\$3,036
Internal Services	\$0	\$328,080	\$30,766	\$282,269
<b>Total GF/non-GF</b>	<b>\$957,349</b>	<b>\$1,688,932</b>	<b>\$964,293</b>	<b>\$1,374,958</b>
<b>Program Total:</b>	<b>\$2,646,281</b>		<b>\$2,339,251</b>	
<b>Program FTE</b>	5.99	4.49	5.99	5.49

<b>Program Revenues</b>				
Intergovernmental	\$0	\$738,046	\$0	\$790,163
Beginning Working Capital	\$0	\$950,886	\$0	\$584,795
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,688,932</b>	<b>\$0</b>	<b>\$1,374,958</b>

## Explanation of Revenues

This program generates \$90,579 in indirect revenues.

\$ 180,000 - Behavioral Health Managed Care Fund

\$ 363,347 - State Mental Health Grant Local Admin

\$ 220,000 - Beginning Working Capital

\$ 426,816 - Unrestricted Medicaid fund through CareOregon

## Significant Program Changes

**Last Year this program was:** FY 2021: 40065 Behavioral Health Division Administration

The COVID-19 pandemic meant that the BHD had to quickly pivot to virtual services, including telehealth and working from home. Additionally, the BHD worked closely with the Office of Emergency Management to provide Disaster Behavioral Health subject matter expertise and support to the Emergency Operations Center.

The CARES (Coronavirus Aid, Relief, and Economic Security) Act provided funding through the BHD for culturally specific behavioral health counseling and financial assistance to the community, with a focus on BIPOC and elder adults.

Changes in funding/positions are due to the following: CCO 2.0 in 2020 reduced funding for these programs when Medicaid was removed. Positions were covered with BWC last year. There are deficits in this program again this year.





## Legal / Contractual Obligation

The following guidelines are utilized in monitoring the BHDs compliance to federal, state and county rules and audits regarding client confidentiality and release of clinical records, record retention, responding to subpoenas and court orders for confidential client records and standards for clinical documentation: HIPAA, DSM V "Diagnostics & Statistical Manual of Mental Disorders", Children's & Adult's State OARs, Oregon Revised Statutes related to medical records & client confidentiality, State Archiving rules, CFR 42 Public Health, Ch. 1 Pt. 2, Public Laws 94-142 & 99-57, State of Oregon Mandatory Child Abuse Reporting Laws. Oregon Health Plan. Mental Health Organization Contract.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$190,640	\$362,737	\$200,453	\$389,735
Materials & Supplies	\$0	\$5,000	\$0	\$5,000
Internal Services	\$24,744	\$151,265	\$8,910	\$137,593
<b>Total GF/non-GF</b>	<b>\$215,384</b>	<b>\$519,002</b>	<b>\$209,363</b>	<b>\$532,328</b>
<b>Program Total:</b>	<b>\$734,386</b>		<b>\$741,691</b>	
<b>Program FTE</b>	2.00	4.00	2.00	4.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$255,537	\$0	\$427,967
Beginning Working Capital	\$0	\$263,465	\$0	\$104,361
<b>Total Revenue</b>	<b>\$0</b>	<b>\$519,002</b>	<b>\$0</b>	<b>\$532,328</b>

## Explanation of Revenues

This program generates \$39,040 in indirect revenues.

\$ 135,808 - State Mental Health Grant: LA 01 System Management and Coordination

\$ 292,159 - Unrestricted Medicaid fund through CareOregon

## Significant Program Changes

**Last Year this program was:** FY 2021: 40067 Medical Records for Behavioral Health Division

Changes in funding/positions are due to the following: CCO 2.0 in 2020 reduced funding for these programs when Medicaid was removed. Positions were covered with BWC last year. There are deficits in this program again this year. In previous years, the data for this program offer was gathered by a report in Evolv that pulled rows of scanned documents and multiplied that number by 10 to indicate the average number of images for a scanned document. This method would have reported the number for this year to be 170,720. To accurately reflect the workload, the team tracks the number of documents they upload daily and 55,624 is a true representation. The team has clear methods for determining what constitutes a "document" for uploading. The previous method has been discontinued.

**Department:** Health Department      **Program Contact:** Jennifer Gulzow  
**Program Offer Type:** Support      **Program Offer Stage:** As Proposed  
**Related Programs:** 40065, 40067  
**Program Characteristics:**

**Executive Summary**

Quality Management (QM) includes the Compliance, Quality Improvement (QI), Records, Reporting, Evolv and Billing teams. The teams work in conjunction to assure the Division has access to infrastructure supports and services. The teams provide technical assistance and support to all Division staff as well as contracted agencies who have access to the Evolv Electronic Health Record (EHR). These teams advance racial equity by providing real time information and data on systems, programs and policies that perpetuate systemic barriers to opportunities and benefits for BIPOC and other underserved populations.

**Program Summary**

The QM, QI and Compliance teams conduct: internal and external agency audits, internal investigations and Root Cause Analysis, onboarding, policy and procedure development and review, contract reviews, timely responses to complaints and assure compliance with grievance procedures. In addition, they monitor Fraud, Waste and Abuse and manage audits from external parties.

There is one dedicated QM staff for Residential Services. This position is responsible for coordinating residential quality and tracking reportable residential adverse incidents annually; facilitating Critical Incident Reviews for high risk incidents; assisting the State with licensing visits and Oregon Administrative Rules (OARs) compliance for residential treatment homes and facilities; investigating complaints about residential care; and monitoring progress of providers found to be out of compliance with OARs.

The Reporting team uses SSRS and Tableau to produce visuals and reports for measuring outcomes and fulfilling our contractual Reporting duties. They work closely with the Data Governance program, IT and other Health Department Reporting teams to allocate and share county resources. They continue to lead in the implementation of industry best-practices for the software development lifecycle, version control, user documentation, and process standardization.

The Evolv team provides oversight/administration of the Evolv EHR. They build custom forms and fields in the system for teams to collect data and work in conjunction with the Reporting team for the data entering and exiting the system. They perform ongoing upgrades and system maintenance to ensure system efficiencies. The team has representation at the National level in the role of Board President, helping to support big improvements in Netsmart’s approach to our experience as an Evolv customer.

The Billing team implements and tracks communication procedures for provider billing set-up to prevent claim denials and reprocessing. They monitor access and use of CIM and MMIS data platforms, ensuring access controls. This year they optimized workflows to prevent and quickly respond to authorization related denials and monitoring of insurance coverage for BHD clients. They developed and delivered training materials to BHD staff on level of care forms, Care Oregon billing requirements, CIM usage and Fraud, Waste and Abuse.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of clinical reviews and incident reports reviewed	14,307	12,000	13,000	13,500
Outcome	Percent of incidents residential programs mitigated through immediate safety implementations	97	3	97	97
Output	Number of requests managed by Decision Support <sup>2</sup>	3,300	4,900	4,100	4,000

**Performance Measures Descriptions**

<sup>1</sup>This was changed to reflect the number of incidents that do not require a review by Critical Incident Review team, demonstrating increases or decreases in safe residential environments over time.

<sup>2</sup>Includes billing support tickets, Evolv project, support and reporting requests. CCO 2.0 changed the work/workload of the DSU team. 4,900 is a best guess estimate. Workload was down in FY20 as teams adjusted to changes in duties.

## Legal / Contractual Obligation

Each provider of community mental health and developmental disability service must implement and maintain a QA program. Elements of the QA program include maintaining policies and procedures, grievance management, fraud and abuse monitoring, performance measurement, and contract management.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$872,778	\$1,753,918	\$904,329	\$1,855,187
Contractual Services	\$0	\$210,676	\$0	\$236,536
Materials & Supplies	\$7,206	\$72,246	\$15,315	\$81,927
Internal Services	\$176,583	\$451,446	\$184,686	\$356,033
<b>Total GF/non-GF</b>	<b>\$1,056,567</b>	<b>\$2,488,286</b>	<b>\$1,104,330</b>	<b>\$2,529,683</b>
<b>Program Total:</b>	<b>\$3,544,853</b>		<b>\$3,634,013</b>	
<b>Program FTE</b>	6.31	12.59	5.96	12.94

Program Revenues				
Intergovernmental	\$0	\$1,299,251	\$0	\$1,518,272
Beginning Working Capital	\$0	\$1,189,035	\$0	\$1,011,411
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,488,286</b>	<b>\$0</b>	<b>\$2,529,683</b>

## Explanation of Revenues

This program generates \$148,260 in indirect revenues.

- \$ 1,011,411 - Health Share of Oregon (Medicaid): Based on FY20 Medicaid Rates
- \$ 267,294 - Health Share Unrestricted Medicaid (Off the top) funding
- \$ 737,142 - State Mental Health Grant: LA 01 System Management and Coordination
- \$ 433,836 - Unrestricted Medicaid fund through CareOregon
- \$ 80,000 - State Mental Health Grant: A&D 66 Decision Support

## Significant Program Changes

**Last Year this program was:** FY 2021: 40068 Behavioral Health Quality Management

Changes in funding/positions are due to the following: CCO 2.0 in 2020 reduced funding for these programs when Medicaid was removed. Positions were covered with BWC last year. There are deficits in this program again this year.

**Department:** Health Department      **Program Contact:** Christa Jones  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Behavioral Health Division is responsible for providing oversight and coordination for behavioral health crisis services, which include a 24-hour, 365 day a year behavioral health crisis response system. This system addresses the need for immediate engagement via the call center, a 24/7 mobile crisis outreach program and a 7 day a week crisis walk-in clinic that services every member of Multnomah County. Creating and providing equitable crisis services are prioritized both in terms of creating a diverse workforce and in addressing disparities related to access and outcomes for BIPOC, LGBTQ and other marginalized and/or underserved communities. These values will continue to be prioritized in FY22.

**Program Summary**

The behavioral health crisis system in Multnomah County consists of several interconnected services that address the acute behavioral health needs of its community members.

- 1) A primary component is the Multnomah County Call Center, which operates 24/7, 365 days/year. It is the hub for behavioral health crisis services for all county residents regardless of insurance status. The Call Center provides crisis intervention and brief solution focused therapy by phone, assesses for risk and triage to the appropriate level of care and response and assists callers with safety plan development. The center triages and deploys resources such as mobile crisis outreach and receives warm transfers from the Portland Bureau of Emergency Communications (BOEC/911) for callers that are in behavioral health crisis and do not have an immediate need for law enforcement, fire, or ambulance. The Call Center manages the intake and referral process for Mental Health Crisis and Assessment Treatment Center (CATC) and Crisis Respite. This improves access and our clients' ability to move seamlessly through crisis levels of care. The Call Center is also responsible for assisting community members, including community providers, in understanding available resources to address behavioral health and basic needs. During COVID, the Call Center has been instrumental in connecting community members to needed financial resources and culturally specific services.
- 2) Another service is Project Respond, a mobile outreach service deployed by the Call Center or BOEC/911 to provide face-to-face crisis evaluation and triage services by local clinicians and peers as well as hospital diversion to those in crisis regardless of insurance status. Hospital Outreach Liaisons in the Project Respond program assist in diverting individuals in Emergency Departments from acute care services to appropriate treatment services in the community.
- 3) Finally, the Urgent Walk-In Clinic (UWIC) is a clinic based service contracted with a community-based organization that provides crisis evaluation, triage, and stabilization on a walk-in basis and is open 7 days a week. The UWIC is the only service available to indigent clients in crisis in Multnomah County with immediate access to a psychiatrist or psychiatric mental health nurse practitioner for medication evaluation and treatment. It connects clients with resources that help pay for medications, housing, and transportation. Peer services are also available.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total Crisis System Contacts <sup>1</sup>	68,944	77,300	89,390	80,000
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED <sup>2</sup>	89%	92%	90%	90%

**Performance Measures Descriptions**

<sup>1</sup>FY20 CISCO Report: 69,810 (not including Wash County calls) Cascadia UWIC: 6,804 Project Respond/ED Liaison: 12,776 =89,390

<sup>2</sup> Percentage of Urgent Walk In contacts that do not need a referral to an Emergency Department for acute services.

\*MITT is being removed, outside scope of program offer

## Legal / Contractual Obligation

The Multnomah County Community Mental Health Program contracts with the state to provide a mental health crisis system that meets the needs of the community.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$368,559	\$3,203,912	\$466,856	\$3,158,251
Contractual Services	\$930,581	\$6,500,885	\$1,019,145	\$6,431,313
Materials & Supplies	\$2,033	\$8,246	\$2,084	\$8,591
Internal Services	\$29,777	\$583,064	\$81,757	\$700,007
<b>Total GF/non-GF</b>	<b>\$1,330,950</b>	<b>\$10,296,107</b>	<b>\$1,569,842</b>	<b>\$10,298,162</b>
<b>Program Total:</b>	<b>\$11,627,057</b>		<b>\$11,868,004</b>	
<b>Program FTE</b>	2.80	19.78	3.30	19.28

Program Revenues				
Intergovernmental	\$0	\$9,857,373	\$0	\$9,988,934
Beginning Working Capital	\$0	\$438,734	\$0	\$309,228
<b>Total Revenue</b>	<b>\$0</b>	<b>\$10,296,107</b>	<b>\$0</b>	<b>\$10,298,162</b>

## Explanation of Revenues

This program generates \$239,822 in indirect revenues.

\$ 546,953 - Washington County Crisis

\$ 5,812,870 - Health Share Unrestricted Medicaid (Off the top) funding

\$ 3,320,592 - State Mental Health Grant: MHS 25 Community Crisis Services for Adults and Children

\$ 308,519 - State Mental Health Grant: MHS 05

## Significant Program Changes

**Last Year this program was:** FY 2021: 40069A Behavioral Health Crisis Services

\*The performance measures and services within this program offer were impacted by COVID. Throughout the pandemic providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.

**Department:** Health Department      **Program Contact:** Christa Jones  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:** Backfill State/Federal/Grant

**Executive Summary**

The Behavioral Health Division is responsible for providing oversight and coordination for behavioral health crisis services, which include a 24-hour, 365 day a year behavioral health crisis response system. This system addresses the need for immediate engagement via the call center, a 24/7 mobile crisis outreach program and a 7 day a week crisis walk-in clinic that services every member of Multnomah County. Creating and providing equitable crisis services are prioritized both in terms of creating a diverse workforce and in addressing disparities related to access and outcomes for BIPOC, LGBTQ and other marginalized and/or underserved communities. These values will continue to be prioritized in FY22.

**Program Summary**

The behavioral health crisis system in Multnomah County is comprised of several interconnected services that address the acute mental health needs of its community members. These services include: the Multnomah County Call Center - a 24/7, 365 day/yr mental health crisis and resource referral line; Project Respond - a mobile outreach crisis response team; and the Urgent Walk-In Clinic (UWIC)

The Urgent Walk-In Clinic (UWIC) is a clinic based service contracted with a community-based organization that provides crisis evaluation, triage, and stabilization on a walk-in basis and is open 7 days a week. The UWIC is the only service available to indigent clients in crisis in Multnomah County with immediate access to a psychiatrist or psychiatric mental health nurse practitioner for medication evaluation and treatment. It connects clients with resources that help pay for medications, housing, and transportation. Peer services are also available.

Program Offer 40069A reduced operations at the UWIC limiting psychiatry services offered on weekends - affecting approximately 700 clients over the course of the fiscal year. This program offer restores UWIC services to FY21 operations.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total Crisis System Contacts	N/A	N/A	N/A	350
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED	89%	92%	90%	90%

**Performance Measures Descriptions**

Percentage of Urgent Walk In contacts that do not need a referral to an Emergency Department for acute services.



## Legal / Contractual Obligation

The Multnomah County Community Mental Health Program contracts with the state to provide a mental health crisis system that meets the needs of the community.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$104,687	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$104,687</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$104,687</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

Last Year this program was:

**Department:** Health Department      **Program Contact:** Christa Jones  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Behavioral Health Division has identified alternatives to inpatient hospitalization as a service gap in the system of care. The Crisis Assessment and Treatment Center (CATC) offers 16 beds of short-term mental health treatment in a secure locked environment as a lower cost alternative to hospitalization for over 300 clients per year. Facility staffing includes physical and mental health professionals and peer support specialists.

**Program Summary**

CATC Sub-acute is a 24 hour, 7 day a week, short-term stabilization program for those individuals who require a secure alternative to incarceration or hospitalization due to a mental health crisis. It is a critical component in a full continuum of mental health services. Although it works with other community agencies that provide long term-care, the mission of the sub-acute facility is brief intervention when a person becomes a danger to themselves or others due to his/her mental illness. The program services adults, 18 years of age and older who have been diagnosed with a serious mental illness who are residents of Multnomah County. The individual is referred to CATC by community behavioral health outpatient providers, the walk-in crisis clinic, residential treatment providers, CMHP providers and the Portland Police, to name a few. Referrals are processed via the Multnomah County Call Center.

The target length of stay is 10 days. The individual is referred to community services as a part of their treatment which keeps them connected to the community, their length-of-stay is minimized, and the person is less likely to lose critical recovery supports including Medicaid eligibility and housing. Sub-acute care is less expensive than hospitalization. Incarceration hinders recovery and strains the resources of courts and the jail. As part of a best practice model for facilities of this type, the proposed treatment team includes consumer positions on staff (Peer Support Specialists) to provide mentoring and linkage to services in the community. These positions are salaried members of the treatment team.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of admissions that are unique Multnomah Mental Health members	192	175	175	175
Outcome	Number of admissions that are Non-HSO Multnomah Members	21	12	30	25
Output	Number of inpatient days for Non-HSO Multnomah Adults	9,867	8,800	9,700	9,700
Outcome	Percentage of clients admitted that are Non-HSO Multnomah Members <sup>1</sup>	38%	N/A	N/A	N/A

**Performance Measures Descriptions**

<sup>1</sup> This measure will be discontinued, BHD no longer operates as the Medicaid Plan Administration for Health Share of Oregon as of 12/31/2019.

## Legal / Contractual Obligation

The Multnomah County Community Mental Health Program is contracted with the state to provide a mental health crisis system that meets the needs of the community.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$712,525	\$0	\$462,221	\$0
<b>Total GF/non-GF</b>	<b>\$712,525</b>	<b>\$0</b>	<b>\$462,221</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$712,525</b>		<b>\$462,221</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

**Last Year this program was:** FY 2021: 40070A Mental Health Crisis Assessment & Treatment Center (CATC)

There is an Out of Target restoration request, PO#40700B for \$250,295. This is for individuals who do not qualify for Medicaid already have significant limitations for care and this would further reduce community access and impact those with higher acuity.

**Restoration**
**Department:** Health Department **Program Contact:** Christa Jones

**Program Offer Type:** Existing Operating Program **Program Offer Stage:** As Proposed

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

The Behavioral Health Division has identified alternatives to inpatient hospitalization as a service gap in the system of care. The Crisis Assessment and Treatment Center (CATC) offers 16 beds of short-term mental health treatment in a secure locked environment as a lower cost alternative to hospitalization for over 300 clients per year. Facility staffing includes physical and mental health professionals and peer support specialists. Due to CGF budget reductions in FY22, this offer will keep current service capacity whole.

**Program Summary**

CATC Sub-acute is a 24 hour, 7 day a week, short-term stabilization program for those individuals who require a secure alternative to incarceration or hospitalization due to a mental health crisis. It is a critical component in a full continuum of mental health services. Although it works with other community agencies that provide long term-care, the mission of the sub-acute facility is brief intervention when a person becomes a danger to themselves or others due to his/her/their mental illness. The program services adults, 18 years of age and older who have been diagnosed with a serious mental illness who are residents of Multnomah County. The individual is referred to CATC by community behavioral health outpatient providers, the walk-in crisis clinic, residential treatment providers, CMHP providers and the Portland Police, and others. Referrals are processed via the Multnomah County Call Center.

The target length of stay is 10 days. The individual is referred to community services as a part of their treatment which keeps them connected to the community, their length-of-stay is minimized, and the person is less likely to lose critical recovery supports including Medicaid eligibility and housing. Sub-acute care is less expensive than hospitalization. Incarceration hinders recovery and strains the resources of courts and the jail. As part of a best practice model for facilities of this type, the proposed treatment team includes consumer positions on staff (Peer Support Specialists) to provide mentoring and linkage to services in the community. These positions are salaried members of the treatment team.

A reduction in County General Funding will reduce the number of funded beds from 3 to 1 for those individuals who do not have Medicaid funding via Health Share of Oregon. This will negatively impact those uninsured or under insured Multnomah County residents that would benefit from an inpatient hospital step-down or diversion from emergency psychiatric services to a sub-acute secure setting. This will impact approximately 30 individuals annually.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of admissions that are unique Multnomah Mental Health members	58	N/A	N/A	N/A
Outcome	N/A				
Output	# of admissions that are Non-HSO Multnomah Members	8	N/A	N/A	N/A

**Performance Measures Descriptions**

## Legal / Contractual Obligation

The Multnomah County Behavioral Health Division's Community Mental Health Program is contracted with the state to provide a mental health crisis system that meets the needs of the community. Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services. Health Share of Oregon Risk Accepting Entity Participation Agreement.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$250,295	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$250,295</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$250,295</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

Last Year this program was:

**Department:** Health Department      **Program Contact:** Christa Jones  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Behavioral Health Division's Adult Protective Services (APS) investigates abuse and neglect. Criteria that gives APS authority to open investigations include; individuals over age 18, receiving mental health services and/or that reside in a residential facility, and with a serious & persistent mental health diagnosis. APS offers community education/training to internal and external partners using a cultural lens and often facilitated by an African American Cultural Specialist Investigator/Screenener with the intent of opening dialogue regarding culture, race and protective services. Protective services are provided to individuals engaged in services and outreach/coordination and risk case management services to individuals not engaged in services or whose allegations don't meet our authority to open a case for investigation.

**Program Summary**

BHD's Adult Protective Services is a mandated program, guided by state law, to protect adults with severe and persistent mental illness from abuse and victimization. The program receives and screens abuse reports from mandatory reporters, community members and victims of abuse. Whether or not the incident qualifies for investigation, a risk assessment and protective services, including safety planning, is conducted to minimize the risk of these vulnerable individuals. The Division's APS coordinates multidisciplinary teams to develop plans to remove risk, reduce vulnerability and connect victims and potential victims to services. The program includes risk case management, which serves as an additional layer of support and connection for those who are most vulnerable due to mental illness, addiction, homelessness, and abuse. The APS program also an African American culturally specific abuse investigator position to provide screening, investigation and training services in a culturally and trauma informed manner by outreach to those BIPOC communities who historically under report to APS. This position is unique across the State of Oregon and is instrumental in addressing the historical under reporting of abuse in the African American community and tailoring interventions, supports and recommendations to be culturally specific. Finally, the Division's APS is responsible for providing mandatory abuse reporting training to our community partners and community members to increase their understanding of the rules, criteria, process and outcome of abuse reporting. The state now requires documentation through the Centralized Abuse Reporting database in addition to BHD's requirement for documentation in the official electronic health record, Evolv.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of protective services/investigations <sup>1</sup>	931	942	1,100	1,000
Outcome	# protective services screening referred to Risk Case Management <sup>2</sup>	7	10	8	8
Outcome	Number of community education presentations <sup>3</sup>	25	25	25	25

**Performance Measures Descriptions**

<sup>1</sup>Protective services are offered to every alleged victim either directly or through safety planning with provider, which happens at the screening level. Not all screenings result in investigations.

<sup>2</sup>Cases referred to risk case management increased in acuity, therefore fewer cases were able to be assigned to this role (1FTE).

## Legal / Contractual Obligation

The LMHA shall conduct the investigations and make the findings required by ORS 430.735 to 430.765 for allegations of abuse of a person with mental illness being served in a program paid for by Multnomah County.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$834,168	\$267,065	\$820,578	\$267,961
Materials & Supplies	\$2,192	\$0	\$2,205	\$4
Internal Services	\$136,567	\$5,192	\$125,891	\$4,292
<b>Total GF/non-GF</b>	<b>\$972,927</b>	<b>\$272,257</b>	<b>\$948,674</b>	<b>\$272,257</b>
<b>Program Total:</b>	<b>\$1,245,184</b>		<b>\$1,220,931</b>	
<b>Program FTE</b>	5.90	1.90	5.90	1.90

Program Revenues				
Intergovernmental	\$0	\$272,257	\$0	\$272,257
<b>Total Revenue</b>	<b>\$0</b>	<b>\$272,257</b>	<b>\$0</b>	<b>\$272,257</b>

## Explanation of Revenues

\$ 272,257 - State Mental Health Grant: LA 01 System Management and Coordination

## Significant Program Changes

Last Year this program was: FY 2021: 40071 Behavioral Health Division Adult Protective Services



**Department:** Health Department      **Program Contact:** Christa Jones  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Commitment Services include: Notices of Mental Illness (NMIs), Involuntary Commitment Program (ICP), Commitment Monitors, and the State Hospital Waitlist Reduction Program. The county is the payor of last resort for indigent NMIs and ICP staff are required to investigate to determine whether individuals on holds present a danger to themselves or others or are unable to provide for their basic personal needs, and if a court hearing is recommended. This is a requirement of the county as the Local Mental Health Authority (LMHA). Investigations apply an equity lens, utilizing culturally specific positions and culturally responsive ideals to protect the civil rights of vulnerable individuals. Staff also serve as client advocates, highlighting the adverse impact of dominant culture treatment design, laws and systems on the lives of BIPOC communities.

**Program Summary**

Commitment Services consists of several distinct yet interconnected services: Notice of Mental Illness (NMIs), Involuntary Commitment Program (ICP), Commitment Monitors and The State Hospital Waitlist Program. A Notice of Mental Illness (NMI) is filed with the county and keeps an individual in a hospital so a Pre-Commitment Investigator can investigate the individual's mental health status and whether or not they meet criteria for civil commitment. If a person is found to have a mental disorder, and due to that disorder, are a danger to self/others, or are unable to meet their basic needs, a hearing report is filed with the circuit court and a civil commitment hearing is held. During the course of a civil commitment hearings, ORS 426.110-120 requires that a court examiner make an independent recommendation to the judge. A court examiner are contracted staff who are certified by the Oregon Health Authority. Their roles are required by statutes for civil commitment hearings.

Notice of Mental Illness: When an individual is appropriately placed on an NMI and cannot pay for the hospital stay, ORS 426 requires that the county pays for these services. The county is required to provide commitment monitoring services. Commitment monitors assess committed individuals to determine whether they continue to meet commitment criteria, work with hospital staff to develop treatment & discharge plans, and make recommendations on continued hospitalization. Commitment monitors perform monitoring services during trial visits to the community, facilitate financial & medical entitlements, and ensure that individuals transition into the appropriate level of community care.

State Hospital Waitlist Reduction Program (WLRP): Funding provides for Intensive Case Management (ICM) for patients discharging from the State Hospital and acute care hospitals, and for three Emergency Department Liaisons. ICM and transition planning helps prevent relapses into hospital care and reduce the County's burden as the payor of last resort. ICM staff provide a connection with resources and assistance in obtaining housing, access to health care, social services, and outpatient mental health services. These services address the needs of mentally ill county residents at the highest level of care. Services provide care & service coordination by matching the client's service needs with available resources and ensuring protection of legal and civil rights.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total number of NMIs	2,949	2,855	2,966	2,900
Outcome	% of investigated NMIs that did not go to Court hearing <sup>2</sup>	85	83	79	79
Outcome	% of investigated NMIs taken to court hearing that resulted in commitment <sup>2</sup>	91	91	90	90
Output	# of commitments monitored annually <sup>3</sup>	419	363	394	390

**Performance Measures Descriptions**

<sup>1</sup> This measure includes both NMIs for indigent residents as well as residents with insurance.

<sup>2</sup> Outcomes measure staff effectiveness in applying ORS 426 and reducing the burden on the commitment court system by bringing cases to court that definitively meet commitment criteria.

<sup>3</sup> # monitored reflects new & existing commitments of residents in acute care settings & secure placements.

## Legal / Contractual Obligation

ORS 426 requires that all persons placed on a notice of mental illness be investigated within one judicial day, as well as monitored upon commitment, as a protection of their civil rights. The state delegates the implementation of this statute to the counties.

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$1,115,556	\$2,632,125	\$1,132,205	\$2,401,662
Contractual Services	\$244,996	\$25,000	\$229,710	\$155,343
Materials & Supplies	\$1,899	\$41,908	\$1,899	\$43,320
Internal Services	\$292,748	\$268,920	\$198,680	\$367,628
<b>Total GF/non-GF</b>	<b>\$1,655,199</b>	<b>\$2,967,953</b>	<b>\$1,562,494</b>	<b>\$2,967,953</b>
<b>Program Total:</b>	<b>\$4,623,152</b>		<b>\$4,530,447</b>	
<b>Program FTE</b>	8.00	16.10	8.00	16.10

<b>Program Revenues</b>				
Intergovernmental	\$0	\$2,967,953	\$0	\$2,967,953
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,967,953</b>	<b>\$0</b>	<b>\$2,967,953</b>

## Explanation of Revenues

## Significant Program Changes

**Last Year this program was:** FY 2021: 40072 Mental Health Commitment Services

\*The performance measures and services within this program offer were impacted by COVID. Throughout the pandemic providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.

**Department:** Health Department      **Program Contact:** Christa Jones  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Using County, federal, state, other local and SAMHSA funding, this program offer supports a peer-run supported employment program offering employment, wellness and administrative support to adults with mental illness who are seeking employment. Additional funding comes from private foundations and in-kind donations.

### Program Summary

This program offer funds the operating costs and positions for the peer-run supported employment center, the Supported Employment Center, now a nationally certified clubhouse model center. Continued funding through this offer ensures that the staff and program can continue to meet the fidelity standards required for Certification. Certification requires that the peer-run entity meet a defined standard of service delivery. Peer-run supported employment provides encouragement and assistance for individuals with a mental illness in securing continuing education, employment and volunteer opportunities and advocating for reasonable accommodations. The program will continue to reach out to culturally specific providers to better assure that program participants reflect the diversity of Multnomah County.

The World Health Organization in their Health Impact Assessment and the Robert Wood Johnson Foundation have both endorsed increased education and employment as determinants of good health. This program provides the opportunity for those with mental illness to pursue both educational and employment opportunities.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of active members	171	155	155	155
Outcome	Percent of members in paid employment positions	25.5%	35%	35%	35%
Output	Average daily attendance	24	32	32	32

### Performance Measures Descriptions

"Average daily attendance" was impacted by COVID because the agency was initially closed. As the pandemic continued, they were able to adapt to providing services virtually. When they reopened, they had to limit participants to assure safe distancing. The percentage employed was also impacted by COVID and the downturn in hiring.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$105,162	\$0	\$105,162	\$0
<b>Total GF/non-GF</b>	<b>\$105,162</b>	<b>\$0</b>	<b>\$105,162</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$105,162</b>		<b>\$105,162</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 40073 Peer-run Supported Employment Center

**Department:** Health Department      **Program Contact:** Christa Jones  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

This program includes Mental Health Residential Services supporting 655 residents housed in Multnomah County. Residential treatment programs include: Secure Residential Treatment Facilities (SRTFs), Residential Treatment Homes (RTHs), Adult Care Homes (ACHs) and a range of semi-independent supportive/supported housing programs serving individuals residing in approximately 168 units. These units provide stability, decreasing the likelihood these individuals will need crisis & acute care services. RS hold weekly diversity, equity and inclusion discussions to better understand and take action against systemic racism, and how to support equitable outcomes for BIPOC and other disadvantaged groups. RS engages providers about resident admissions/evictions to address bias, racism, and culturally specific treatment needs.

**Program Summary**

The Behavioral Health Division's Residential Services (RS) program provides regulatory oversight and technical assistance to designated residential mental health programs that serve adults who have or are suspected of having mental health disorders. Primary populations served include those who are Choice Model-eligible and those who are under the jurisdiction of the Psychiatric Security Review Board. In some instances clients meet neither criteria, but the individual can benefit from the structures and supports that residential housing provides. Residential housing authorization is based on medical appropriateness and supporting clinical documentation.

The RS team oversees approximately 89 residential programs with approximately 655 clients, that include 6 Secure Residential Treatment Programs, 31 Residential Treatment Homes/Facilities, 40 Adult Care Homes, 2 Crisis/Respite Programs, and 10 Supportive Housing Programs. The program reviewed 16,878 incident reports in 2019. It also manages the development of new mental health Adult Care Homes, resulting in increase placement options for clients. In 2020, the program developed placements in 5 new Adult Care Homes. RS primarily receives referrals from the Choice Model program. RS also coordinates referrals for Non-Choice Model individuals. In 2020, the program received 16 Non-Choice Model referrals, likely due to eviction moratoriums and individuals needing to or able to transition less often due to COVID-19 considerations.

RS staff provide regulatory oversight to licensed residential treatment programs, including monitoring and supporting the treatment programs' compliance with OARs. RS staff also provide monitoring, oversight and technical/clinical consultation to treatment programs in the areas of client health, safety and welfare in the context of: consultations; problem-solving; participation in client interdisciplinary team meetings; reviewing appropriateness of unplanned discharges; and monitoring and enforcement of client rights. RS staff also participate in audits and licensing reviews. As a part of oversight of safety, health and welfare, RS is responsible for review of program incident reports, referral to protective services where appropriate, and collaborating with the Division's Quality Management to complete Critical Incident Reviews with providers.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of New Residential Services Referrals <sup>1</sup>	319	350	320	*N/A
Outcome	% of County Residential Services referrals placed <sup>2</sup>	26%	25%	22%	*N/A

**Performance Measures Descriptions**

In FY23 these output and outcomes will change to the following: Output will be number of individuals who receive health and safety oversight by Residential Services. The outcome will be % of non-Multnomah County Residents placed in RTH/F or SRTF housing. The performance measures are better illustrate scope of program.

## Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services.

Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue Contract with City of Portland Bureau of Housing and Community Development.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$835,723	\$690,049	\$1,146,384	\$464,157
Contractual Services	\$209,805	\$7,190,116	\$213,791	\$8,461,922
Materials & Supplies	\$5,177	\$10,347	\$444	\$6,212
Internal Services	\$156,715	\$94,360	\$81,230	\$135,627
<b>Total GF/non-GF</b>	<b>\$1,207,420</b>	<b>\$7,984,872</b>	<b>\$1,441,849</b>	<b>\$9,067,918</b>
<b>Program Total:</b>	<b>\$9,192,292</b>		<b>\$10,509,767</b>	
<b>Program FTE</b>	6.50	5.30	8.15	3.65

Program Revenues				
Intergovernmental	\$0	\$7,500,207	\$0	\$8,959,475
Beginning Working Capital	\$0	\$484,665	\$0	\$108,443
<b>Total Revenue</b>	<b>\$0</b>	<b>\$7,984,872</b>	<b>\$0</b>	<b>\$9,067,918</b>

## Explanation of Revenues

This program generates \$3,345 in indirect revenues.

\$ 8,959,475 - State Mental Health Grant based on 2019-2021 IGA with State of Oregon

## Significant Program Changes

**Last Year this program was:** FY 2021: 40074 Mental Health Residential Services

\*The performance measures and services within this program offer were impacted by COVID. Throughout the pandemic providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.

**Department:** Health Department      **Program Contact:** Jessica Jacobsen

**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

The Choice Model Program, previously known as The Adult Mental Health Initiative (AMHI), diverts individuals from Oregon State Hospital (OSH); coordinates successful discharge from OSH into appropriate community placements and services; coordinates care for individuals residing primarily in licensed residential facilities in order to move individuals into the least restrictive housing possible; and coordinates care and develop supports to maximize independent living; 721 individuals were served in fiscal year 2019.

**Program Summary**

The Behavioral Health Division's Choice Model staff work with other Division units, OSH, OHA/Health Systems Division, Coordinated Care Organizations (CCO), and counties to coordinate the placement and transition of individuals primarily within a statewide network of licensed housing providers. New or enhanced services offered by Choice can include: supported housing development and rental assistance to increase housing options matched to client need; Exceptional Needs Care Coordination (ENCC) to assure access to appropriate housing placements and the development of supports to increase success in the community; referrals to community mental health programs; referrals to supported employment to help move clients towards greater independence; and transition planning management to assure the most efficient utilization of the licensed residential housing stock within the community.

In light of COVID the program has increased financial support to community placements as OSH capacity has decreased significantly for the civil population. Program has added a pilot project that provides services embedded at motel sites(s) to improve client support and outcomes. The program has also participated in significant work on workflows, policies and procedures to clarify access and promote more equitable service delivery.

The overarching goal of the Choice Model program is to assist individuals to achieve the maximum level of independent functioning possible. This goal is achieved by diverting individuals from admission to OSH to community resources; supporting timely, safe and appropriate discharges from OSH into the community; and providing supports (skills training, etc.) to help individuals achieve independent living in the least restrictive housing environment. Program includes Exceptional Needs Care Coordination, access to peer services, funding for uninsured/underinsured clients for outpatient services, housing supports, rental assistance, etc.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of Clients Served in AMHI	757	700	750	700
Outcome	% of clients receiving direct client assistance to meet basic needs <sup>1</sup>	18%	12%	17%	15%

**Performance Measures Descriptions**

<sup>1</sup> Direct client assistance includes housing assistance, moving fees, guardianship, secure transportation and storage.

## Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

CCO Delegation Agreements with CareOregon and Trillium.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$0	\$1,452,056	\$0	\$1,635,629
Contractual Services	\$0	\$3,395,394	\$0	\$2,783,019
Materials & Supplies	\$0	\$7,828	\$0	\$7,828
Internal Services	\$0	\$323,638	\$0	\$339,472
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$5,178,916</b>	<b>\$0</b>	<b>\$4,765,948</b>
<b>Program Total:</b>	<b>\$5,178,916</b>		<b>\$4,765,948</b>	
<b>Program FTE</b>	0.00	10.90	0.00	11.90

<b>Program Revenues</b>				
Intergovernmental	\$0	\$3,817,275	\$0	\$4,054,307
Beginning Working Capital	\$0	\$1,361,641	\$0	\$711,641
<b>Total Revenue</b>	<b>\$0</b>	<b>\$5,178,916</b>	<b>\$0</b>	<b>\$4,765,948</b>

## Explanation of Revenues

This program generates \$127,023 in indirect revenues.

\$ 1,240,220 - Unrestricted Medicaid fund through CareOregon

\$ 3,525,728 - State Mental Health Grant: CHOICE Model based on 2019-2021 IGA with State of Oregon

## Significant Program Changes

Last Year this program was: FY 2021: 40075 Choice Model





## Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$1,376,802	\$0	\$1,347,292	\$0
<b>Total GF/non-GF</b>	<b>\$1,376,802</b>	<b>\$0</b>	<b>\$1,347,292</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,376,802</b>		<b>\$1,347,292</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

**Last Year this program was:** FY 2021: 40077A Mental Health Treatment & Medication for the Uninsured

\*The performance measures and services within this program offer were impacted by COVID. Throughout the pandemic providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.

**Department:** Health Department      **Program Contact:** Yolanda Gonzalez  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

The Early Assessment and Support Alliance (EASA) is an early psychosis intervention program addressing the needs of young persons aged 12-25 who demonstrate initial symptoms of psychosis or are found to be at high risk for developing psychosis. The goal of the program is to develop a long-term recovery plan. EASA is a two year program that offers formal mental health treatment services, educational support, employment support, and involves the young person's family and other supports in treatment. The program receives and screens approximately 200 referrals per year and provides services to over 100 individuals each year.

### Program Summary

EASA is an evidence-based and fidelity-based model resulting from years of research that demonstrates early intervention and immediate access to treatment can directly reduce hospitalization rates and the long term disabling consequences of psychosis. The EASA fidelity based model helps young persons impacted by psychosis develop long-term recovery plans.

The multidisciplinary team approach and program activities and services are designed to meet the standards of the model as required by the state. The team includes both a child/adolescent and an adult psychiatrist, mental health consultants, a peer support specialist, employment specialists, an occupational therapist, and a nurse. The team has been formed to include linguistically and culturally specific consultants to reflect the population served.

Treatment is community-based and comprises services tailored to meet the unique needs of each client. Clients are paired with a psychiatrist and a mental health consultant based on age, personal preferences, and cultural needs. Clients can choose from any of the following services to support their unique goals and needs: medication management, case management, support for employment, nursing services, peer support, occupational therapy assessment and intervention, multi-family group, individual and/or family psychotherapy, psychoeducation, and social skills building groups.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total individuals enrolled in the EASA program receiving ongoing services	125	132	128	132
Outcome	% reduction in hospitalization rate three months pre and 6 months post enrollment <sup>1</sup>	79%	85%	86%	85%
Output	Number of unduplicated individuals referred to the EASA program	174	200	178	200

### Performance Measures Descriptions

<sup>1</sup> This measure compares the hospitalization rate for the three months prior to services with the rate for the 6 months post EASA service enrollment which is an indication of the stabilization of the individual

## Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$238,001	\$1,479,200	\$247,406	\$1,551,321
Contractual Services	\$0	\$169,460	\$0	\$169,460
Materials & Supplies	\$13	\$20,217	\$51	\$9,221
Internal Services	\$8,977	\$330,035	\$1,574	\$252,925
<b>Total GF/non-GF</b>	<b>\$246,991</b>	<b>\$1,998,912</b>	<b>\$249,031</b>	<b>\$1,982,927</b>
<b>Program Total:</b>	<b>\$2,245,903</b>		<b>\$2,231,958</b>	
<b>Program FTE</b>	1.16	11.69	1.15	11.70

<b>Program Revenues</b>				
Intergovernmental	\$0	\$1,575,412	\$0	\$1,560,812
Service Charges	\$0	\$423,500	\$0	\$422,115
<b>Total Revenue</b>	<b>\$0</b>	<b>\$1,998,912</b>	<b>\$0</b>	<b>\$1,982,927</b>

## Explanation of Revenues

This program generates \$15,664 in indirect revenues.

- \$ 412,115 - Fee For Service Insurance Receipts
- \$ 10,124 - State Community Mental Block Grant
- \$ 10,000 - State Vocational Rehabilitation Award
- \$ 1,324,668 - State Mental Health Grant based on 2019-2021 IGA with State of Oregon
- \$ 226,020 - SMHG MHS 38

## Significant Program Changes

**Last Year this program was:** FY 2021: 40078 Early Assessment & Support Alliance

The EASA program has a new contract with Care Oregon that compensates the program on a case rate payment scale which more accurately reflects and compensates the program for the work they offer to clients.

Delivery of program was shifted to offer services virtually this year due to the COVID-19 pandemic as well as continuing to serve clients in the community who were at high acuity levels.

**Department:** Health Department      **Program Contact:** Yolanda Gonzalez  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Community Based Mental Health for Children, Youth and Families provide critical safety net services and operate from an equity lens to ensure children and youth who are uninsured, underinsured, and are in need of mental health services. Over 1800 youth are served by these critical safety net services each year. Evidence-based, trauma-informed practices for at risk children and their families are used to deliver: crisis response, family support, individual/group therapy, skill building and medication management.

**Program Summary**

Multnomah County Community Based Mental Health offers a range of safety net services from Emergency Department crisis intervention to a comprehensive continuum of mental health treatment services in clinics, homes, and community. The continuum of services for at risk children includes: child abuse mental health services at CARES NW, Crisis and Acute Transition Services (CATS) an emergency department/hospital division program for youth with intensive and acute mental health needs, and Multnomah Treatment Fund for under or uninsured children.

Multnomah Treatment Fund contracts with mental health providers in the community to provide treatment to underserved children who need treatment services but have no insurance or are under insured. The Crisis and Acute Transition Service (CATS) provides access to responsive, effective, rapidly accessible mental health care and transition support for youth and their families experiencing acute crisis. The CATS program provides intensive crisis support to keep youth in their home, with their natural support system, and in school. CARES NW is a child abuse evaluation center where mental health consultants provide trauma informed care to children and their families. CARES mental health consultants work with children and their families, using culturally responsive practices, to mitigate and reduce the impact of trauma on long-term health and mental health problems. Multnomah County utilizes an equity lens while providing technical assistance and support to these external providers.

In all of these programs, care is coordinated with allied partners such as Child Welfare, Juvenile Services, Wraparound, School Based Mental Health, and primary care providers to ensure systems are promoting optimal outcomes for children, youth and families.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total Multnomah County Children who receive Mental Health or Family Support Services at CARES NW <sup>1</sup>	479	300	300	300
Outcome	% of children having a mental health crisis at an ED/Crisis Center that have a CATS team response in un	100%	95%	100%	95%

**Performance Measures Descriptions**

<sup>1</sup>There were anticipated changes in the CARES NW program structure this year. The CARES Family Support team is now providing a more intensive evidence-based treatment prevention model and parent support for fewer families rather than their old model which provided less support for more families.

<sup>2</sup>This measure is collected from OHSU's REDCAP CATS Report

## Legal / Contractual Obligation

CATS contract with NAMI and Catholic Community Services of Western Washington. MTF Contracts with Lifeworks and Morrison.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$202,553	\$531,769	\$117,999	\$153,303
Contractual Services	\$0	\$0	\$0	\$322,656
Materials & Supplies	\$393	\$837	\$649	\$837
Internal Services	\$40,985	\$130,657	\$78,156	\$71,021
<b>Total GF/non-GF</b>	<b>\$243,931</b>	<b>\$663,263</b>	<b>\$196,804</b>	<b>\$547,817</b>
<b>Program Total:</b>	<b>\$907,194</b>		<b>\$744,621</b>	
<b>Program FTE</b>	1.25	3.92	0.70	1.07

<b>Program Revenues</b>				
Intergovernmental	\$0	\$222,299	\$0	\$547,817
Beginning Working Capital	\$0	\$440,964	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$663,263</b>	<b>\$0</b>	<b>\$547,817</b>

## Explanation of Revenues

- \$ 157,792 - Head Start Contracts
- \$ 67,367 - CAMI Grant
- \$ 172,656 - Federal Community Block Grant SE 08 Crisis & Acute transition Services
- \$ 150,000 - Community Block Grant SE 08 Crisis & Acute transition Services

## Significant Program Changes

**Last Year this program was:** FY 2021: 40080 Community Based MH Services for Children & Families

Delivery of the CARES program was shifted to offer services virtually this year due to the COVID-19 pandemic.

**Department:** Health Department      **Program Contact:** Yolanda Gonzalez  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40080  
**Program Characteristics:**

### Executive Summary

Multnomah County is seeing an increase in gang violence, shootings and homicides. This is predominantly affecting our African American Community. In 2020 there were 55 homicides in Portland alone. By October 2020 nearly 173 people have been struck by gunfire and there have been over 595 shootings. This is nearly twice as much as the same time period last year. Almost half of those most impacted identify as African American in spite of the fact that the overall population of the Portland area is 8 percent African American. There is an urgent need for helping to heal the African American community that has borne the brunt of violence and loss. This offer proposes the addition of a KSA African American Mental Health Consultant for the Direct Clinical Services unit to serve gang impacted young adults and their families.

### Program Summary

The African American Gang Impacted Families Mental Health Consultant (MHC) provides a range of culturally relevant, evidence based mental health services, consultation, and training to the African American community. These services are provided to achieve improvements in social, emotional, familial functioning for all children and families who are impacted by community and gang violence. The MHC will utilize experience and expertise working with the African American community to provide culturally relevant mental health prevention support, mental health services, outreach and engagement. Referrals for this program will be obtained from both internal county programs and external community partners and providers.

The MHC will collaborate with community providers and internal county programs to provide consultation, education, outreach, and engagement and connection to mental health services. They will assist with outreach to schools, colleges, emergency rooms, community services, providers, community meetings, to share referral information and general education as it relates to community gang violence and Behavioral Health services. They will participate in specific outreach and engagement to African American clients and families who may have barriers to accessing behavioral health services. This role will gather community input around community needs and be responsive to those needs through advocacy and service.

The main goals of this program are to bridge a service gap by centering the voices of the African American community impacted by violence and improve mental health outcomes. In alignment with the Direct Clinical Services model, this clinician will provide low barrier access to services by being a community-based provider at client's homes and other locations most convenient to families.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total Multnomah County Children who received Behavioral Health service through gang impacted MHC	NA	NA	10	20
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement <sup>1</sup>	NA	NA	65%	65%
Output	Total # of outreach/engagement activities attended/provid	NA	NA	5	10

### Performance Measures Descriptions

<sup>1</sup> Client reported outcomes are accepted as more valid as the person receiving services is reporting changes through a global distress scale measure reported over the course of treatment. The percentage is the number of clients reporting significantly improved or somewhat improved.

## Legal / Contractual Obligation

This Position will align with the six strategies of the County's Comprehensive Gang Assessment and Intervention Plan and other initiatives outlined by our partners including Public Health programs, and the criminal justice reinvestment efforts specific to children being sponsored by Commissioner Stegman.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$144,291	\$0
Materials & Supplies	\$0	\$0	\$15,709	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$160,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$160,000</b>	
<b>Program FTE</b>	0.00	0.00	1.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

Last Year this program was:



**Department:** Health Department      **Program Contact:** Jessica Jacobsen

**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

The Care Coordination Unit was formed in 2020 in the Behavioral Health Division as a result of CCO 2.0 and will provide care coordination from early childhood to adulthood and include: Wraparound, Youth & Adult Intensive Care Coordination (ICC) & the Multnomah Intensive Care Coordination Team (M-ITT). Wraparound and Youth ICC provide a broad range of care coordination services and works within the multi-tiered Children System of Care Governance Structure to address cross system barriers for youth and families. Adult ICC provides integrated care coordination to adults with complex behavioral health needs to improve health outcomes and experience. M-ITT provides short term care coordination and case management to support adults during and after a psychiatric hospitalization to connect to services in the community.

**Program Summary**

Wraparound, Youth & Adult ICC and M-ITT are funded by Oregon Health Plan via a delegation agreement with Coordinated Care Organizations(s). Adult ICC includes our Addictions Benefit Coordination team specializing in SUD systems of care and access. Care Coordinators partner with DHS Child Welfare, School Districts, Department of Community Justice, Juvenile Justice, Intellectual Developmental Disabilities (IDD), Family and Youth Peer Partners (National Alliance of Mental Illness, Oregon Family Support Network, YouthEra), Community Mental Health providers, and other stakeholders to improve care and outcomes for clients. Approximately 350 youth, adults, and families are engaged in multi-system care coordination at any given time.

Wraparound and Youth ICC support family and youth as the primary decision makers in the development, implementation and modification of service delivery. Care Coordinators engage in a team planning process with adults, youth, their family and community partners/providers to develop a unified, strengths-based plan to address individualized needs. For youth participating in Wraparound services, their plan of care is youth-driven, family-guided, culturally responsive, multidisciplinary and includes both formal and natural supports. The goal is to help youth address mental health needs in order to be healthy, successful in school, and to remain in their communities. Care Coordinators connect individuals and families to community resources and use flex funding to support the individual's treatment goals. M-ITT is responsible for following up with members who are not connected to a provider with mental health services following discharge from psychiatric hospitalization.

These programs ensure that program policies, procedures and services are individualized and are culturally and linguistically responsive. Staff are recruited and retained that are reflective of the communities served with several bicultural and bilingual staff available to work with African-American, Latinx and Spanish speaking clients. Peer Services are contracted out to qualified providers.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of unique children served in Youth Care Coordination.	628	680	589	600
Outcome	% score measuring family's satisfaction and progress in Wraparound. <sup>1</sup>	NA <sup>1</sup>	85%	NA <sup>1</sup>	85%
Output	Referrals processed in Youth Care Coordination. <sup>2</sup>	363	415	342	350
Output	Total number of clients served in M-ITT.	609	775	625	650

**Performance Measures Descriptions**

<sup>1</sup>Data comes from Mean Total Satisfaction Score from WFI-EZ family survey, sample received too small to represent program. Due to COVID-19: Program unable to provide WFI-EZ in person. Individualized approaches utilized included email, paper mail, phone calls. FY21 OHA transitioned to a new database for WFI-EZs, electronic links via email. Initial increase in surveys followed by database error resulting in inability to complete the survey. <sup>2</sup>Referrals changed substantially with CCO 2.0 transition.

## Legal / Contractual Obligation

Delegation Agreement with Coordinated Care Organization(s) to provide Wraparound and Intensive Care Coordination.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$0	\$5,636,494	\$0	\$5,764,806
Contractual Services	\$0	\$1,021,034	\$0	\$1,526,053
Materials & Supplies	\$0	\$33,978	\$1,352	\$53,944
Internal Services	\$0	\$1,973,750	\$0	\$1,636,192
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$8,665,256</b>	<b>\$1,352</b>	<b>\$8,980,995</b>
<b>Program Total:</b>	<b>\$8,665,256</b>		<b>\$8,982,347</b>	
<b>Program FTE</b>	0.00	43.25	0.00	42.25

<b>Program Revenues</b>				
Intergovernmental	\$0	\$8,369,394	\$0	\$8,980,995
Beginning Working Capital	\$0	\$295,862	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$8,665,256</b>	<b>\$0</b>	<b>\$8,980,995</b>

## Explanation of Revenues

This program generates \$766,265 in indirect revenues.

\$ 2,711,043 - Health Share Unrestricted Medicaid (Off the top) funding

\$ 6,257,034 - Unrestricted Medicaid fund through CareOregon

\$ 12,918 - State Mental Health Grant IGA with State of Oregon

## Significant Program Changes

**Last Year this program was:** FY 2021: 40081 Multnomah County Care Coordination

With system changes for CC0 2.0, a new care coordination unit was created within Behavioral Health Division. ABA was moved to Care Oregon. This Program offer now includes MITT and Adult ICC in addition to Wraparound and Youth ICC which were historically in this program offer. A measure for M-ITT was added to reflect this team's work. This new Care Coordination program offer is in alignment with larger system changes that came with CC0 2.0.

**Department:** Health Department      **Program Contact:** Jessica Jacobsen  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40081  
**Program Characteristics:** Backfill State/Federal/Grant

### Executive Summary

The Care Coordination Unit was formed in 2020 in the Behavioral Health Division as a result of CCO 2.0 and will provide care coordination from early childhood to adulthood and include: Wraparound, Youth & Adult Intensive Care Coordination (ICC) & the Multnomah Intensive Care Coordination Team (M-ITT). Wraparound and Youth ICC provide a broad range of care coordination services and works within the multi-tiered Children System of Care Governance Structure to address cross system barriers for youth and families. Adult ICC provides integrated care coordination to adults with complex behavioral health needs to improve health outcomes and experience. M-ITT provides short term care coordination and case management to support adults during and after a psychiatric hospitalization to connect to services in the community.

### Program Summary

Wraparound and Youth ICC are funded by Oregon Health Plan via a delegation agreement with Coordinated Care Organizations(s). Care Coordinators partner with DHS Child Welfare, School Districts, Department of Community Justice, Juvenile Justice, Intellectual Developmental Disabilities (IDD), Family and Youth Peer Partners (National Alliance of Mental Illness, Oregon Family Support Network, YouthEra), Community Mental Health providers, and other stakeholders to improve care and outcomes for clients. Approximately 350 youth, adults, and families are engaged in multi-system care coordination at any given time.

Wraparound and Youth ICC support family and youth as the primary decision makers in the development, implementation and modification of service delivery. Care Coordinators engage in a team planning process with adults, youth, their family and community partners/providers to develop a unified, strengths-based plan to address individualized needs. For youth participating in Wraparound services, their plan of care is youth-driven, family-guided, culturally responsive, multidisciplinary and includes both formal and natural supports. The goal is to help youth address mental health needs in order to be healthy, successful in school, and to remain in their communities. Care Coordinators connect individuals and families to community resources and use flex funding to support the individual's treatment goals.

These programs ensure that program policies, procedures and services are individualized and are culturally and linguistically responsive. Staff are recruited and retained that are reflective of the communities served with several bicultural and bilingual staff available to work with African-American, Latinx and Spanish speaking clients. Peer Services are contracted out to qualified providers.

The LGBTQ+ KSA Wraparound Intake MHC position will be redirected to support the full youth continuum of care. This position will utilize LGBTQ+ expertise and an equity lens to provide systems review, quality improvement and technical support to Youth Care Coordination and Direct Clinical Services Teams. The other restored MHC position will provide care coordination and crisis supports to youth and families impacted by trauma.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of unique children served in Youth Care Coordination.	628	680	589	600
Outcome	% score measuring family's satisfaction and progress in Wraparound. <sup>1</sup>	NA <sup>1</sup>	85%	NA <sup>1</sup>	85%
Output	Referrals processed in Youth Care Coordination. <sup>2</sup>	363	415	342	350
Output	Total number of clients served in M-ITT.	609	775	625	650

### Performance Measures Descriptions

<sup>1</sup>Data comes from Mean Total Satisfaction Score from WFI-EZ family survey, sample received too small to represent program. Due to COVID-19: Program unable to provide WFI-EZ in person. Individualized approaches utilized included email, paper mail, phone calls. FY21 OHA transitioned to a new database for WFI-EZs, electronic links via email. Initial increase in surveys followed by database error resulting in inability to complete the survey. <sup>2</sup>Referrals changed substantially with CCO 2.0 transition.

## Legal / Contractual Obligation

Delegation Agreement with Coordinated Care Organization(s) to provide Wraparound and Intensive Care Coordination.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$295,862	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$295,862</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$295,862</b>	
<b>Program FTE</b>	0.00	0.00	2.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

### Last Year this program was:

The LGBTQ+ KSA Wraparound Intake MHC position will be redirected to support the full youth continuum of care. This position will utilize LGBTQ+ expertise and an equity lens to provide systems review, quality improvement and technical support to Youth Care Coordination and Direct Clinical Services Teams. The other restored MHC position will provide care coordination and crisis supports to youth and families impacted by trauma.

**Department:** Health Department      **Program Contact:** Yolanda Gonzalez  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

School Based Mental Health and K-3 case management are essential components of the system of care for children and families. Our 26 providers serve over 1,200 children and teens with mental health needs in 38 schools across 6 school districts: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose, and Portland Public School Districts. Mental health professionals provide evidence-based treatment, utilizing an anti-racist equity lens, in school and Student Health Center settings and via telehealth. Additionally, children, parents, and school staff receive consultation from Mental Health Consultants to assist with mental health needs during education planning to retain students in school and reduce the risk of needing higher levels of care.

**Program Summary**

Since 1969, Multnomah County has been a leader in the nation in providing access to mental health services in schools, which is considered a best practice. Mental health assessment and treatment services provided in schools decrease barriers such as stigma, cost, and transportation. This program reaches youth who are traditionally underserved and have barriers to accessing mental health services. Providing culturally specific mental health outreach and treatment continues to be a priority. Over 40% of the youth served are youth of color and 50% of our staff are clinicians of color. Cultural alignment with students increases therapeutic alliance which can assist with addressing mental health concerns, building trust, and improving school attendance.

This culturally specific approach contributes to school completion which is a strong indicator for lifelong economic wellbeing and improved overall health. School Based Mental Health Consultants provide screening, crisis intervention, mental health assessment, clinical case management and individual, group, and family treatment. Mental Health Consultants also provide training and consultation to school staff to optimize educational planning for youth with mental health challenges. Mental Health Consultants are co-located in ten Student Health Centers to provide integrated physical and mental health services.

Multnomah County and School Districts collaborate to address the continuum of needs for students and their families. School Based Mental Health Consultants provide thousands of hours of treatment, prevention, education, consultation, and outreach to students, school staff, and families every school year. Additionally, K-3 Case Managers provide comprehensive case management services to over 180 students and families in grades kindergarten through third grade with a focus on connecting families to resources to increase attendance and improve educational success.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total unduplicated youth referred to SBMH for assessment and/or treatment services	1,093	1,300	966	1,300
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement <sup>1</sup>	54%	65%	57%	65%
Output	Total unduplicated K-3 youth/families who received case management services	189	190	179	190

**Performance Measures Descriptions**

<sup>1</sup> Client reported outcomes are accepted as more valid as the person receiving services is reporting changes through a global distress scale measure reported over the course of treatment. The percentage is the number of clients reporting significantly improved or somewhat improved.

## Legal / Contractual Obligation

Revenue contracts with school districts.

Oregon Health Authority, Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$1,574,140	\$1,728,894	\$1,467,294	\$1,768,443
Contractual Services	\$0	\$0	\$0	\$8,000
Materials & Supplies	\$22,216	\$6,771	\$13,304	\$3,069
Internal Services	\$282,984	\$381,101	\$31,166	\$356,361
<b>Total GF/non-GF</b>	<b>\$1,879,340</b>	<b>\$2,116,766</b>	<b>\$1,511,764</b>	<b>\$2,135,873</b>
<b>Program Total:</b>	<b>\$3,996,106</b>		<b>\$3,647,637</b>	
<b>Program FTE</b>	11.88	12.64	9.98	12.65

<b>Program Revenues</b>				
Intergovernmental	\$0	\$1,267,133	\$0	\$1,262,140
Beginning Working Capital	\$0	\$399,633	\$0	\$412,348
Service Charges	\$360,000	\$450,000	\$0	\$461,385
<b>Total Revenue</b>	<b>\$360,000</b>	<b>\$2,116,766</b>	<b>\$0</b>	<b>\$2,135,873</b>

## Explanation of Revenues

This program generates \$89,853 in indirect revenues.

\$ 107,153 -Local Public Health Agency IGA with the State of Oregon for School-Based Clinics

\$ 22,500 -Parkrose School District

\$ 75,000 -Centennial School District

\$ 461,385 -Fee for Service Insurance Receipts

\$ 177,000 -Portland Public Schools

\$ 880,487 -State MH Grant: MHS 20 Non-Residential MH Services based on 2019-2021 IGA with the State of Oregon

## Significant Program Changes

**Last Year this program was:** FY 2021: 40082 School Based Mental Health Services

Delivery of program was shifted to offer services virtually this year due to the COVID-19 pandemic. "FTE is split between 40082A and 40082B. Volume of clients has reduced due to COVID but there is increased need/accuity per client which necessitates the same amount of FTE.

**Department:** Health Department      **Program Contact:** Yolanda Gonzalez  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

School Based Mental Health and K-3 case management are essential components of the system of care for children and families. Our 26 providers serve over 1,200 children and teens with mental health needs in 38 schools across 6 school districts: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose, and Portland Public School Districts. Mental health professionals provide evidence-based treatment, utilizing an anti-racist equity lens, in school and Student Health Center settings and via telehealth. Additionally, children, parents, and school staff receive consultation from Mental Health Consultants to assist with mental health needs during education planning to retain students in school and reduce the risk of needing higher levels of care.

**Program Summary**

This program offer is to fund two clinicians for the School-Based Mental Health Program. Volume of clients has reduced due to COVID but there is increased need/acuity per client which necessitates this FTE.

Since 1969, Multnomah County has been a leader in the nation in providing access to mental health services in schools, which is considered a best practice. Mental health assessment and treatment services provided in schools decrease barriers such as stigma, cost, and transportation. This program reaches youth who are traditionally underserved and have barriers to accessing mental health services. Providing culturally specific mental health outreach and treatment continues to be a priority. Over 40% of the youth served are youth of color and 50% of our staff are clinicians of color. Cultural alignment with students increases therapeutic alliance which can assist with addressing mental health concerns, building trust, and improving school attendance.

This culturally specific approach contributes to school completion which is a strong indicator for lifelong economic wellbeing and improved overall health. School Based Mental Health Consultants provide screening, crisis intervention, mental health assessment, clinical case management and individual, group, and family treatment. Mental Health Consultants also provide training and consultation to school staff to optimize educational planning for youth with mental health challenges. Mental Health Consultants are co-located in ten Student Health Centers to provide integrated physical and mental health services.

Multnomah County and School Districts collaborate to address the continuum of needs for students and their families. School Based Mental Health Consultants provide thousands of hours of treatment, prevention, education, consultation, and outreach to students, school staff, and families every school year. Additionally, K3 Case Managers provide comprehensive case management services to over 180 students and families in grades kindergarten through third grade with a focus on connecting families to resources to increase attendance and improve educational success.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total unduplicated youth referred to SBMH for assessment and/or treatment services	N/A	N/A	N/A	1,300
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement	N/A	N/A	N/A	60%

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$365,957	\$0
Internal Services	\$0	\$0	\$204,636	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$570,593</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$570,593</b>	
<b>Program FTE</b>	0.00	0.00	2.35	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was:

COVID has increased need/accuity per client which necessitates this FTE.



**Department:** Health Department      **Program Contact:** Nimisha Gokaldas  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

This offer includes both Mental Health First Aid and the new suicide prevention services, which are now united under one offer name, Behavioral Health Prevention Services, a program designed to educate the community about mental health and suicide prevention. This program takes effort to address equity in training in terms of addressing access and culturally relevant training topics. The program works with our community to reduce suicide, to build a stronger community safety net, to increase mental health literacy especially around challenges and interventions as well as to increase community involvement and resilience.

### Program Summary

The behavioral health prevention element of the program provides the following trainings to County staff and community members: Mental Health First Aid (MHFA), Applied Suicide Intervention Skills Training (ASIST), Counseling on Access to Lethal Means (CALM), safeTALK and Question, Persuade and Refer (QPR). In FY20 approximately 953 Multnomah County employees and community members were trained in the mental health and suicide prevention training models referenced. The Prevention program continues to collaborate with Veterans Services (DCHS) to provide Mental Health First Aid for military members, veterans and their families.

ASIST is a 2-day evidence-based practice to provide suicide first aid and is shown to significantly reduce suicidality. SafeTALK is a 4-hour suicide prevention model that teaches lay people how to look for signs that someone is thinking about suicide, have a conversation and get them to professional help. CALM teaches people how to have conversations with people who are thinking of suicide and their loved ones about how to reduce someone's access to lethal means, namely firearms and medications, while they are experiencing a suicide crisis. The program facilitates this training several times a year and partners with the Sheriff's Office to provide access to firearm information to licensed firearm owners in Multnomah County. QPR is a suicide awareness and prevention training, provided to churches, organizations and businesses, colleges and schools, social groups and general community members.

The suicide prevention element of this program focuses on understanding the scope and depth of completed suicides in the County by tracking and understanding trends that inform prevention, intervention, and postvention efforts. Psychological autopsies are performed to better understand the stressors/factors that contribute to a completed suicide. The program will develop a tool to perform the psychological autopsies based on Washington County's nationally recognized tool. The program works in partnership with the Trauma Intervention Program and the Medical Examiner's office to connect with families and significant friends to perform the autopsies. Oversight will be provided to give insight on where systems have not met the needs for individuals who have completed suicide, and help identify and address some of these issues.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of individuals trained in Mental Health First Aid, ASIST, QPR and/or CALM and safeTalk.	953	800	800	800
Outcome	% of individuals who report greater understanding of mental illness and/or suicide prevention.	84	85	85	85
Output	Perform 25-30 psychological autopsies (if full time, 50-60 psychological autopsies).	N/A	N/A	N/A	25
Outcome	Improve MC understanding of completed suicide trends for FY20 through a deep analysis and report.	N/A	N/A	N/A	100%

### Performance Measures Descriptions

Measure 3 and 4 were added in FY2021 when the suicide prevention program was added to the Behavioral Health Division.

## Legal / Contractual Obligation

OAR 309-019-0150 Community Mental Health Programs  
2019-2021 Intergovernmental Agreement for the Financing of Community Mental Health,  
Addiction Treatment, Recovery & Prevention, and Problem Gambling Services

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$127,125	\$0	\$190,221	\$158,290
Contractual Services	\$7,749	\$38,251	\$51,392	\$0
Materials & Supplies	\$16,200	\$0	\$26,200	\$7,367
Internal Services	\$26,088	\$0	\$8,244	\$38,548
<b>Total GF/non-GF</b>	<b>\$177,162</b>	<b>\$38,251</b>	<b>\$276,057</b>	<b>\$204,205</b>
<b>Program Total:</b>	<b>\$215,413</b>		<b>\$480,262</b>	
<b>Program FTE</b>	1.00	0.00	1.50	1.30

<b>Program Revenues</b>				
Intergovernmental	\$0	\$0	\$0	\$204,205
Beginning Working Capital	\$0	\$38,251	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$38,251</b>	<b>\$0</b>	<b>\$204,205</b>

## Explanation of Revenues

This program generates \$21,084 in indirect revenues.

\$ 80,000 - OHA Suicide Prevention

\$ 124,205 - Federal PE 60 Suicide Prevention

## Significant Program Changes

**Last Year this program was:** FY 2021: 40083 Mental Health First Aid

This program offer changed from Mental Health First Aid to Behavioral Health Prevention Services when the suicide prevention program was added.

COVID-19 prevented the program from doing in person trainings and training models were redesigned to accommodate a virtual environment, where possible. MHFA trainings were put on hold until the model was available virtually and the program was able to get trainers trained to provide it in this format. COVID-19 also impacted the ASIST training in that the administering organization does not offer a virtual module. The QPR training, a popular training for private groups, was quickly revised into a virtual training by the administering organization and was delivered to community members and Multnomah County's COVID shelter staff and related programs. QPR training has also been embraced by the construction industry in the area, as this industry experiences the highest number of suicide deaths of men. With the onset of COVID-19, the program has experienced an increase in interest and need for these trainings although a number of them are not available to be taught virtually due the trainings being copyrighted and prohibited from being taught in a virtual format by the

**Department:** Health Department      **Program Contact:** Christa Jones  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40084B  
**Program Characteristics:**

**Executive Summary**

Culturally-specific outpatient mental health services provide treatment for five under-served communities in our county (Pacific Islander, African American, Eastern European, Latino, and Native American). These communities have encountered difficulty finding mental health treatment that incorporates their culture, tradition, and language and that is responsive to the racial, ethnic and cultural strengths of their communities. Due to the disproportionate overrepresentation of BIPOC communities in the criminal justice system, this program partners with providers who can effectively work with the Count's Diversion programs to support individuals who are criminal justice-involved.

**Program Summary**

The system of care built and maintained by Multnomah County must reflect the demographics of those we serve. To ensure that all members of our community have treatment options that incorporate specific cultural needs, MCHD contracts for mental health services for individuals from five communities with significant disparities in access to both treatment services and education/prevention opportunities. Those communities are: Eastern European/Slavic/Russian Speaking, African American, Asian/Pacific Islander, Latino/Hispanic, and Native American/ Alaskan Native. Multnomah County Mental Health prevalence data suggests that members of the African American and Native American communities are more likely to be placed in restrictive settings such as hospitals and jails as a result of mental health symptoms. Additionally, African Americans are overrepresented in correctional facilities and the criminal justice system. Culturally-specific services address mental health concerns and the intersectionality with the justice system through access to culturally and linguistically appropriate treatment including nontraditional but culturally appropriate outreach, engagement, and treatment services. Culturally specific intervention can mitigate the need for expensive hospital, residential care, or crisis services.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total culturally diverse individuals receiving services <sup>1</sup>	911	900	1,368*	900
Outcome	Culturally specific persons served per 1,000 culturally diverse in population <sup>2</sup>	3.5	3.6	5.1	3.6

**Performance Measures Descriptions**

<sup>1</sup>This total includes all persons served under this contract and does not include those culturally-diverse persons served by Multnomah MH or in other programs. <sup>2</sup>Service Rate Per 1,000 Calculation-Numerator: Total unduplicated culturally-diverse individuals served. Denominator: Total county census for similar groups taken from the American Community Survey estimates for 2015. \*Some providers received CARES funding and were not able to separate out the data from services funded through this program offer.

**Legal / Contractual Obligation**

N/A

**Revenue/Expense Detail**

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$1,795,322	\$0	\$1,829,433	\$0
<b>Total GF/non-GF</b>	<b>\$1,795,322</b>	<b>\$0</b>	<b>\$1,829,433</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,795,322</b>		<b>\$1,829,433</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues****Significant Program Changes**

**Last Year this program was:** FY 2021: 40084 Culturally Specific Mental Health Services

\*The performance measures and services within this program offer were impacted by COVID. Throughout the pandemic providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.

**Department:** Health Department      **Program Contact:** Christa Jones  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40084  
**Program Characteristics:**

**Executive Summary**

Culturally-specific outpatient mental health services provide treatment for five under-served communities in our county (Pacific Islander, African-American, Eastern European, Latino, and Native-American). The Black/African American community has encountered difficulty finding behavioral health treatment that incorporates their culture, tradition, and values. It is well documented and known that Black/African Americans are over-represented in the criminal justice system and have very limited culturally specific support to address their needs.. This offer is an enhancement to create African American culturally-specific capacity for the community.

**Program Summary**

The system of care built and maintained by Multnomah County must reflect the demographics of those we serve. To ensure that all members of our community have treatment options that incorporate specific cultural needs. Black/African Americans are overrepresented in correctional facilities and the criminal justice system. Black/African Americans continue to face stigma and discrimination. These negative experiences, combined with a lack of access to culturally-affirming and informed care, result in multiple health disparities for the population. Thus, there is an urgent need to provide inclusive, high-quality behavioral health services so that they can achieve the highest possible level of health. Culturally-specific services address mental health concerns through early access to culturally appropriate treatment including promising practices, culturally appropriate outreach, engagement, and treatment services.

This funding will create capacity for a Black/African American Mobile Behavioral Health team to serve justice involved individuals re-entering the community from incarceration. The team will consist of a master's level mental health provider, a certified addictions counselor and a peer support specialist. The scope of services will include outreach and engagement, home visits, mental health or substance use screening/assessments, individual therapy/counseling, care coordination, and peer support.

<b>Performance Measures</b>					
<b>Measure Type</b>	<b>Primary Measure</b>	<b>FY20 Actual</b>	<b>FY21 Budgeted</b>	<b>FY21 Estimate</b>	<b>FY22 Offer</b>
Output	Percent of referrals accepted	N/A	90%	N/A	90%
Outcome	Total number of individuals served	N/A	50	N/A	50

**Performance Measures Descriptions**

This program has not yet started, but anticipates a start in Spring 2021

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$225,000	\$0	\$225,000	\$0
<b>Total GF/non-GF</b>	<b>\$225,000</b>	<b>\$0</b>	<b>\$225,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$225,000</b>		<b>\$225,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was:

\*The performance measures and services within this program offer were impacted by COVID. Throughout the pandemic providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.

**Department:** Health Department      **Program Contact:** Anthony Jordan  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

This program serves over 3,000 individuals per year and consists of a continuum of adult Substance Use Disorder (SUD) treatment and recovery support services for adult Multnomah County residents. Services include: residential treatment, intensive outpatient treatment with supported housing, outpatient treatment, outreach/engagement, recovery mentoring, and recovery support (including linkages to housing support, pro-social/drug-free activities, basic needs support, etc).

**Program Summary**

Substance use disorders impact many of the County's services, particularly including the criminal justice, child welfare, and the healthcare systems. While the overall goal of treatment is to promote an individual path to recovery and well-being, additional positive impacts are experienced at the interpersonal, family, and community levels, such as: reduced recidivism rates, reduced infectious disease transmission rates, reduced crisis system utilization, and strengthening of family bonds and reunification.

Our adult continuum supports treatment engagement, recovery, and a return to a healthy lifestyle. Treatment and recovery services address the negative consequences of alcohol and other drug misuse; target specific issues that are barriers to recovery; and teach prosocial/drug-free alternatives to addictive behaviors through clinical therapy (individual and group based), skill building, and peer-delivered services. Treatment and service providers also address self-sufficiency needs through support with parenting skills, stress and anger management, housing issues, independent living skills, referrals for physical and mental health issues, employment services, and pro-social activities that build community and support for a drug-free lifestyle.

Treatment and recovery support services are delivered throughout Multnomah County by a network of state licensed community providers and peer run agencies. These providers are culturally competent and many have bilingual staff. The continuum of treatment and recovery support includes culturally responsive programming for specific populations, including: communities of color, people living with HIV, LGBTQ+ individuals, women, and parents whose children live with them while they are residential treatment.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number served in treatment and recovery support services (1)	3,133	3,800	2,967	3,500
Outcome	Percentage of clients who successfully complete outpatient treatment (2)	46	42	48	42%

**Performance Measures Descriptions**

1) Data reflects the continuation towards more intensive services for a smaller number of individuals with higher-level needs and an increase in the necessity of recovery support services in addition to treatment. Due to COVID, currently not all data has been reported that is used to compile the Output measure (see, note under Significant program changes).

2) "Successful completion of treatment" is defined as the successful completion of at least two thirds of an individual's treatment plan goals and demonstrating 30 days of abstinence.

## Legal / Contractual Obligation

Funding is a combination of Federal substance abuse prevention/treatment, Ryan White federal grant funds, state general funds and state-federal pass through funds through the State Oregon Health Authority, and Local 2145 Beer and Wine tax and Marijuana tax revenue. Program planning is based on State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Multnomah County accepts the State Mental Health Grant and spends these funds in accordance with State Service Elements. Local 2145 Beer and Wine tax and Marijuana tax revenues are provided to counties on a formula basis and are restricted to alcohol and drug treatment/ recovery support services.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$447,059	\$1,534,740	\$504,870	\$1,166,440
Contractual Services	\$1,721,574	\$8,171,909	\$1,593,150	\$8,253,576
Materials & Supplies	\$6,541	\$6,895	\$7,136	\$5,578
Internal Services	\$28,108	\$272,259	\$87,042	\$285,132
<b>Total GF/non-GF</b>	<b>\$2,203,282</b>	<b>\$9,985,803</b>	<b>\$2,192,198</b>	<b>\$9,710,726</b>
<b>Program Total:</b>	<b>\$12,189,085</b>		<b>\$11,902,924</b>	
<b>Program FTE</b>	3.20	12.09	3.35	8.30

<b>Program Revenues</b>				
Intergovernmental	\$0	\$9,945,566	\$0	\$9,710,726
Beginning Working Capital	\$0	\$40,237	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$9,985,803</b>	<b>\$0</b>	<b>\$9,710,726</b>

## Explanation of Revenues

This program generates \$116,010 in indirect revenues.

\$664,811 - Local 2145 Beer and Wine Tax; \$2,804,969 - SAPT Block Grant; \$306,232 - TANF A&D 67 Award; \$249,999 - OHA Peer Delivered Services; \$125,000 - SNAP Drug Free Community Grant; \$4,170,310 - State Mental Health Grant based on 2019-2021 IGA with State of Oregon; \$801,939 - Unrestricted Medicaid fund through CareOregon; \$150,564 - Federal Ryan White Non Med Case Management; \$178,100 - OHA Ryan White Mental Health; \$258,797 - Peer-driven Approach to Opioid Use Disorder

## Significant Program Changes

**Last Year this program was:** FY 2021: 40085 Adult Addictions Treatment Continuum

Medicaid funding and FTE was moved out of this program offer to ICC program offer: 40081. Throughout the pandemic SUD providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.



**Department:** Health Department      **Program Contact:** Anthony Jordan  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Let Everyone Advance with Dignity (LEAD) is a program that aims to reduce criminal justice encounters among those at risk due to Substance Use Disorder (SUD). The program’s target populations include African Americans, the houseless, and those with a history or risk of criminal justice involvement. LEAD offers pre-booking diversion alternatives with the goals of 1) reducing recidivism rates and preventing criminal justice involvement, 2) reducing the disproportionate impact on African Americans in the criminal justice system, and 3) promoting recovery.

**Program Summary**

Let Everyone Advance with Dignity (LEAD) is a program aligned with the goals of decentering law enforcement as the gatekeeper to offering a pathway from criminal justice involvement to SUD services for those enrolled. The LEAD goals are to reduce recidivism rates and prevent criminal justice involvement, reduce the disproportionate impact on African Americans in the criminal justice system, and promote recovery, which is defined as whether clients are meeting their individual recovery goals and are experiencing corresponding improvements in their lives. The LEAD program uses a hub and spoke model to establish a multidisciplinary coordinated system of care for client referrals across disciplines that best meet individual needs. Through its design, LEAD creates an infrastructure that supports the complex needs of participants, leverages networks and cross-sectoral partnerships for referrals, creates a recovery-oriented system of care that improves system coordination that leads to better quality of care for people with substance use disorders, and centers around culturally specific treatment with an emphasis on African Americans. Clients are referred to the program through a broad range of sources, including contracted agencies, community based organizations, and law enforcement. The LEAD target populations are African American/Black, Houseless, Criminal History or anyone at Risk for Justice Involvement, Substance Use Disorder, and within the catchment area.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of individuals served			100	150
Outcome	Percentage of individuals housed		50%	60%	

**Performance Measures Descriptions**

- 1- Number of individuals served.. Number of individual of individuals that will enroll and for more than thirty days
- 2-Percentage of individuals housed- Percentage of individuals enrolled that will receive housing services

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$360,000	\$0	\$360,000	\$0
<b>Total GF/non-GF</b>	<b>\$360,000</b>	<b>\$0</b>	<b>\$360,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$360,000</b>		<b>\$360,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

**Last Year this program was:** FY 2021: 40085B Law Enforcement Assisted Diversion (LEAD)

Originally called the Law Enforcement Assisted Diversion (LEAD) program, LEAD was a pilot program that allowed police officers to redirect people engaged in low-level drug activity to behavioral health and social services, and resources instead of jail and prosecution. The program has been run by Central City Concern.

There has been a re-envisioning of the program's goals and structure, broadening the entry pathways to the program, refocusing the program around each individual's success in their personal recovery journey, and ensuring that the program is designed to meet the culturally specific client needs.

**Department:** Health Department      **Program Contact:** Anthony Jordan  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

This program (ABC) serves over 3,000 individuals per year and consists of a continuum of adult Substance Use Disorder (SUD) treatment and recovery support services for adult Multnomah County residents. Services include: residential treatment, intensive outpatient treatment with supported housing, outpatient treatment, outreach/engagement, recovery mentoring, and recovery support (including linkages to housing support, pro-social/drug-free activities, basic needs support, etc).

### Program Summary

Substance use disorders impact many of the County's services, particularly including the criminal justice system. While the overall goal of treatment is to promote an individual path to recovery and well-being, additional positive impacts are experienced at the interpersonal, family, and community levels, such as: reduced recidivism rates, reduced infectious disease transmission rates, reduced crisis system utilization, and strengthening of family bonds and reunification. This position will collaborate with DCJ (Department of Community Justice) to receive referrals from individuals that are both justice involved and facing addiction challenges. It will offer culturally specific support to the African American/Black community.

The adult continuum supports treatment engagement, recovery, and a return to a healthy lifestyle. Treatment and recovery services address the negative consequences of alcohol and other drug misuse; target specific issues that are barriers to recovery; and teach prosocial/drug-free alternatives to addictive behaviors through clinical therapy (individual and group based), skill building, and peer-delivered services. Treatment and service providers also address self-sufficiency needs through support with parenting skills, stress and anger management, housing issues, independent living skills, referrals for physical and mental health issues, employment services, and pro-social activities that build community and support for a drug-free lifestyle.

Treatment and recovery support services are delivered throughout Multnomah County by a network of state licensed community providers and peer run agencies. These providers are culturally competent and many have bilingual staff. The continuum of treatment and recovery support includes culturally responsive programming for specific populations, including: communities of color, people living with HIV, LGBTQ+ individuals, women, and parents whose children live with them while they are residential treatment.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of unique individuals served by this position			150	
Outcome	Percentage of clients served by this position who identify as African American/Black		60%		

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$172,841	\$0
Materials & Supplies	\$0	\$0	\$13,159	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$186,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$186,000</b>	
Program FTE	0.00	0.00	1.20	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$252,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$252,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$252,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Health Department      **Program Contact:** Anthony Jordan  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Gambling addiction treatment uses evidence-based practices in an outpatient setting to provide treatment to persons diagnosed with mild, moderate, or severe gambling addiction. Problem gambling prevention programming works to use evidence-based strategies to increase awareness of County residents that gambling is an activity that carries risk and that treatment and prevention resources are available.

### Program Summary

Multnomah County's Problem Gambling (PG) services are guided by a public health approach that takes into consideration biological, behavioral, economic, cultural, and policy factors influencing gambling and health. Services incorporate prevention, harm reduction and multiple levels of treatment by placing emphasis on quality of life issues for the person who gambles, their family members, and communities. Family participation throughout the treatment and recovery process is vital to recovery success so family members are engaged and also receive services. PG treatment services are focused on relieving initial client stress and crisis, supporting the client and family members in treatment, and assisting the family to return to a level of healthy functioning. PG treatment assists the gambler and family in managing money/finances, rebuilding trust within the family, and maintaining recovery. The Multnomah County provider network includes Lewis & Clark College, Volunteers of America, Cascadia Behavioral Healthcare, and Voices of Problem Gambling Recovery (VPGR). Additionally, Asian Health & Services contracts directly with the state but participates as a key partner in collaborative provider meetings.

PG prevention programming is focused on assessing overall community awareness of problem gambling as an issue and develops new strategies for the prevention of problem gambling disorders in Multnomah County. Prevention messaging will focus on the risks of problem gambling, tips for responsible gambling, and highlight resources that help individuals with gambling issues. The prevention program works to reduce stigma related to problem gambling and addiction, and promote the State's Problem Gambling Services program's public awareness campaign: Reflect, Resource, Renew.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of gamblers and family members accessing treatment annually <sup>1</sup>	216	350	388	350
Outcome	Gambler successful treatment completion rate <sup>2</sup>	26.6%	42%	38%	30%

### Performance Measures Descriptions

<sup>1</sup> Output: The number of persons completing the enrollment process and entering treatment.

<sup>2</sup> Outcome: The number of gamblers and family members who discharged from treatment during the fiscal year period that completing a minimum of 75% of the short-term treatment goals, completing a continued wellness plan, and abstaining from problem gambling behaviors for a least 30 days prior to discharge. It is important to note that this outcome can only be computed 30 days post discharge and does not reflect the number of individuals who continuing to successfully engage in tr

## Legal / Contractual Obligation

Multnomah County accepts the State Mental Health Grant, and spends funds in accordance with State Service Elements. The funds earmarked for gambling prevention and treatment in the Service Element are from Oregon Lottery revenues and may not be used for other purposes.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$141,439	\$0	\$150,346
Contractual Services	\$0	\$732,857	\$0	\$740,000
Materials & Supplies	\$0	\$10,417	\$0	\$7,252
Internal Services	\$0	\$13,394	\$0	\$15,902
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$898,107</b>	<b>\$0</b>	<b>\$913,500</b>
<b>Program Total:</b>	<b>\$898,107</b>		<b>\$913,500</b>	
<b>Program FTE</b>	0.00	1.20	0.00	1.20

Program Revenues				
Intergovernmental	\$0	\$898,107	\$0	\$913,500
<b>Total Revenue</b>	<b>\$0</b>	<b>\$898,107</b>	<b>\$0</b>	<b>\$913,500</b>

## Explanation of Revenues

\$ 38,500 - State Mental Health Grant: System Management & Coordination based on IGA with State of Oregon  
 \$ 775,000 - State Mental Health Grant: Problem Gambling Treatment Services based on IGA with State of Oregon  
 \$ 100,000 - State Mental Health Grant: Problem Gambling Prevention Services based on IGA with State of Oregon

## Significant Program Changes

**Last Year this program was:** FY 2021: 40086 Addiction Services Gambling Treatment & Prevention

These services and performance measures were impacted by COVID because they require in-person work and internal Health Department communication resources were suddenly prioritized for responding to the pandemic. This impacted especially our PG Prevention Program and its previous work in early FY20 collaborating with Multnomah County Health communications to revitalize our "I Don't Let Gambling Limit Me" campaign targeting older adults, as well as creating a digital campaign focused on sports betting targeting adult males. Due to our health communications team needing to focus on COVID-related communications, these projects are still on hold. Additionally, we have seen a drop in the successful treatment completion rate performance measure in FY20 compared to previous years. Providers have indicated that anecdotally the stress of the pandemic has impacted treatment completion.



**Department:** Health Department      **Program Contact:** Anthony Jordan  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Alcohol and Drug Prevention Education Program (ADPEP) addresses risk and protective factors for youth substance use that can lead to alcohol, tobacco, and other drug addiction. These State funded efforts include prevention education, youth leadership activities, and support for schools and parents. In recent years, an emphasis on tobacco prevention and environmental strategies, such as media campaigns and policy development have been introduced.

**Program Summary**

Multnomah County's substance abuse prevention program offers services to schools, community organizations, parents, youth, and other community groups. The key focus is to address alcohol and marijuana use among youth and young adults. Priorities include increasing capacity for prevention in schools, convening stakeholders to assess community needs, and offering prevention activities at school sites and organizations serving youth and parents. Core activities include a current focus on conducting a Community Readiness Assessment, partnering with local community coalitions, and offering prevention activities and classes.

Current goals include continuing prevention programming and support for youth, parents, and schools/community organization staff. Depending on the needs within participating schools, prevention programming may include: introducing evidence-based prevention curricula, student groups, campus-wide leadership initiatives and early intervention and referrals; offering positive youth activities such as skill-building and health promotion; and providing presentations and educational materials at parent/family events. These prevention strategies can also be delivered to community-based groups and venues.

Following the Community Readiness Assessment conducted in FY21, the prevention program will begin to identify additional environmental strategies to decrease alcohol and marijuana dependency in Multnomah County. In recent years, the prevention program became the Alcohol and Drug Prevention Education Program (ADPEP) when the Oregon Health Authority (OHA) moved the SAPT block grant program to its Public Health Division. The Multnomah County 2019-21 Biennial ADPEP Local Plan now includes a tobacco policy strategy. ADPEP will work with the County Public Health Tobacco Prevention Education Program (TPEP) to address flavors in tobacco, alcohol, and cannabis (edibles) as well as industry tactics, through education to the general public and establishment of policies and or regulations that will decrease access and availability of these products within Multnomah County.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Adults and youth served by prevention services and programming <sup>1</sup>	1705	475	500	475
Outcome	Prevention activity attendees/participants with improved awareness and/or educational outcomes <sup>2</sup>	79%	75%	75%	75%

**Performance Measures Descriptions**

1 This output is the number of adults and youth directly served by all county SUD prevention programs (both internal and subcontracted programming). This is an unduplicated number, and does not include reach data from any media campaigns conducted.

2 Performance measures are determined by data collection including, but not limited to; pre-and post-tests, surveys, and interviews in collaboration with participating schools, community organizations and other prevention partners. In addition, the

## Legal / Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention resources and state general funds through a State Oregon Health Authority (OHA) Public Health Intergovernmental Grant Agreement. Program plans are developed and submitted in accordance with State and Federal grant requirements. Because Multnomah County accepts the OHA Public Health revenue agreement, we are obligated to spend funds in accordance with its terms referencing applicable Oregon Administrative Rules, and/or any service elements to be determined.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$100,078	\$0	\$104,680
Contractual Services	\$0	\$196,016	\$0	\$196,016
Materials & Supplies	\$0	\$4,850	\$0	\$4,850
Internal Services	\$0	\$23,307	\$0	\$18,705
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$324,251</b>	<b>\$0</b>	<b>\$324,251</b>
<b>Program Total:</b>	<b>\$324,251</b>		<b>\$324,251</b>	
<b>Program FTE</b>	0.00	0.85	0.00	0.85

Program Revenues				
Intergovernmental	\$0	\$324,251	\$0	\$324,251
<b>Total Revenue</b>	<b>\$0</b>	<b>\$324,251</b>	<b>\$0</b>	<b>\$324,251</b>

## Explanation of Revenues

\$ 282,584 - Oregon Alcohol and Drug Prevention Education Program (ADPEP) SAPT block grant and State general funds.  
 \$ 41,667 - Oregon Alcohol and Drug Prevention Education Program (ADPEP)

The SAPT block grant is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services.

## Significant Program Changes

**Last Year this program was:** FY 2021: 40087 Addiction Services Alcohol & Drug Prevention

During the FY20 program added a new contractor, reducing funds from existing contracted providers. This was to increase the program's ability to provide prevention programming across the entire county, including all East Multnomah County school districts and incorporate culturally specific prevention services targeting the Latinx community. The increase in output of adults and youth served was a testament to our new contractor's previous relationships within the school communities served.

COVID impacted these services and performance measures. The FY21 program is anticipated to have a lower outcome (number of individuals served), as the closures to schools and community based programs, as a result of the pandemic, impacted our subcontractors ability to serve individuals. We anticipate those served to have a similar outcome, however, as the programming has shifted to be offered virtually. In addition, one of our subcontractors has shifted their focus from providing direct services to schools and community based organizations, to conducting the Community Readiness Assessment and developing messaging that can be used as a part of media campaigns. Data on the number of individuals reached via media campaigns is not included in our outcomes currently.

**Department:** Health Department      **Program Contact:** Christa Jones  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Coordinated diversion includes three jail and/or hospital diversion programs for justice-involved individuals experiencing severe mental health issues. Mental health professionals staff the Community Court, Mental Health Court, and Forensic Diversion Program. Programs provide support and connection to community treatment options, they divert people experiencing a serious mental health issue from lengthy jail stays and promote stability in the community. It is well documented that BIPOC communities are overrepresented in the forensic population. Program equity practices include: creating workforce diversity, promoting that client assessment and materials be provided in the client’s native language, and broadening admission criteria to connect clients to culturally specific resources and services.

**Program Summary**

Community Court works with defendants who have been involved in low-level crimes, such as trespassing and littering, crimes that are often perpetrated by individuals who are houseless. The focus is on restorative justice and clients are able to participate in a variety of social services as an alternative to jail or community service.

Mental Health Court provides time-limited intensive monitoring services to persons involved in the criminal justice system post-adjudication. Defendants plea into the court and are supported by Parole/probation, Mental Health Court monitors and peer specialists. The focus is on connecting defendants to community treatment, housing, and financial and medical entitlements. Staff provides ongoing monitoring and support for persons enrolled in the Mental Health Court.

The Forensic Diversion Program is a pre-adjudication program, focusing on diverting mentally ill defendants from the criminal justice system. The program also works with persons charged with felonies and misdemeanors and ordered to undergo evaluation/restoration at the Oregon State Hospital (OSH). Staff provides mental status evaluations and linkage to basic needs in the community; time-limited coordination/linkage to treatment services, housing, financial and medical entitlements, and social services. In addition, Forensic Diversion provides community restoration as an alternative to being placed in the Oregon State Hospital. This option is less restrictive and provides the client with continued stability and services while maintaining safety in their community as an alternative to extended time in the Multnomah County Detention Center.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of participants in Community Court	431	718	297	0
Outcome	% of participants in good standing or have successfully completed services	43	52	41	0
Output	# of participants served by Forensic Diversion	308	400	282	300
Outcome	% of participants served in the Community by Forensic Diversion	37	15	37	30

**Performance Measures Descriptions**

\*Community Court has been furloughed since April 2020, though, staff remained connected to clients to provide support and connection. Official tracking within the program, including new enrollments and evaluation of good standing and successfully completed services was stopped at the time of the court furlough. This program will be discontinued and new performance measures will be implemented focusing on Diversion, Aid and Assist and Mental Health Court.

## Legal / Contractual Obligation

Oregon Health Authority, Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services

State of Oregon Safe Neighborhood Advocacy Partnership grant

US Dept of Health & Human Services Substance Abuse & Mental Health Services Administration (SAMHSA) grant

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$241,820	\$1,630,496	\$197,808	\$1,549,196
Contractual Services	\$501,468	\$1,197,557	\$592,701	\$969,669
Materials & Supplies	\$3,645	\$4,058	\$3,992	\$5,887
Internal Services	\$149,371	\$211,871	\$239,792	\$143,727
<b>Total GF/non-GF</b>	<b>\$896,304</b>	<b>\$3,043,982</b>	<b>\$1,034,293</b>	<b>\$2,668,479</b>
<b>Program Total:</b>	<b>\$3,940,286</b>		<b>\$3,702,772</b>	
<b>Program FTE</b>	1.90	12.90	1.80	11.70

Program Revenues				
Intergovernmental	\$0	\$3,032,669	\$0	\$2,668,479
Beginning Working Capital	\$0	\$11,313	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$3,043,982</b>	<b>\$0</b>	<b>\$2,668,479</b>

## Explanation of Revenues

This program generates \$34,644 in indirect revenues.

\$ 1,080,000 - Oregon Health Authority: Aid & Assist Grant

\$ 1,588,479 - State Mental Health Grant: MHS Special Projects based on 2019-2021 IGA with State of Oregon

## Significant Program Changes

**Last Year this program was:** FY 2021: 40088 Coordinated Diversion for Justice Involved Individuals

The impact of COVID-19 on the Forensic Diversion program is that jail capacity was reduced by 30% to manage the physical distancing requirements to limit exposure, impacting custody discharges and also arrest rates. This impacted referral numbers into the program. However, due to a reduction in community resources, as a result of COVID-19, connections to community resources and supports took longer to achieve and client's required more ongoing support. This was very pronounced with housing resources as shelter space was limited. Additionally, the Community Court program was furloughed in March, so did not accept new clients into the program. Program staff continued to support roughly 30 clients to connect to much needed housing, behavioral health, food, and other resources. We reduced program FTE in FY22 due to the program furlough not being lifted.



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$502,000	\$0	\$502,000	\$0
<b>Total GF/non-GF</b>	<b>\$502,000</b>	<b>\$0</b>	<b>\$502,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$502,000</b>		<b>\$502,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Health Department      **Program Contact:** Christa Jones  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Coordinated diversion includes three jail and/or hospital diversion prgms for justice-involved individuals experiencing severe MH issues. MH professionals staff the Cmnty Court, MH Court, and Forensic Diversion Prgm. Prgms provide intensive support, to connect to appropriate community treatment options. Each prgm works to divert individuals experiencing a serious MH issue from lengthy jail stays and promote stability in the cmnty. It's well documented that Black/African American and other cmmtys of color are overrepresented in the forensic population. Prgm equity practices include creating workforce diversity, promoting that client assessment and materials be provided in the client's native language, and broadening admission criteria to create pathways for resource connection and to connect clients to culturally specific svcs.

**Program Summary**

Community Court works with defendants who have been involved in low-level crimes, such as trespassing and littering, crimes that are often perpetrated by individuals who are houseless. The focus is on restorative justice and clients are able to participate in a variety of social services as an alternative to jail or community service.

Mental Health Court provides time-limited intensive monitoring services to persons involved in the criminal justice system post-adjudication. Defendants plea into the court and are supported by Parole/probation, Mental Health Court monitors and peer specialists. The focus is on connecting defendants to community treatment, housing, and financial and medical entitlements. Staff provides ongoing monitoring and support for persons enrolled in the Mental Health Court.

The Forensic Diversion Program is a pre-adjudication program, focusing on diverting mentally ill defendants from the criminal justice system. The program also works with persons charged with felonies and misdemeanors and ordered to undergo evaluation/restoration at the Oregon State Hospital (OSH). Staff provides mental status evaluations and linkage to basic needs in the community; time-limited coordination/linkage to treatment services, housing, financial and medical entitlements, and social services. In addition, Forensic Diversion provides community restoration as an alternative to being placed in the Oregon State Hospital. This option is less restrictive and provides the client with continued stability and services while maintaining safety in their community as an alternative to extended time in the Multnomah County Detention Center.

This program offer restores positions reduced in Program Offer 40088A and increases capacity in the Diversion Courts Program by adding a Mental Health Consultant and Case Manager Sr.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of participants served by Forensic Diversion	308	400	282	300
Outcome	% of participants served in the Community by Forensic Diversion	37%	15%	37%	30%

**Performance Measures Descriptions**

## Legal / Contractual Obligation

Oregon Health Authority, Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services

State of Oregon Safe Neighborhood Advocacy Partnership grant

US Dept of Health & Human Services Substance Abuse & Mental Health Services Administration (SAMHSA) grant

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$263,056	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$263,056</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$263,056</b>	
<b>Program FTE</b>	0.00	0.00	2.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

Last Year this program was:



**Department:** Health Department      **Program Contact:** Anthony Jordan  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

Withdrawal management is a critical level of care in the Substance Use Disorder (SUD) continuum of services, as it medically stabilizes a highly vulnerable and diverse client population preparing individuals for residential, outpatient, and recovery support services. There are about 2,400 admissions to withdrawal management services annually. Supportive Housing and Care Coordination services target homeless individuals and provide additional engagement and stability throughout the transition from this level of care to continued treatment and recovery supports.

### Program Summary

Withdrawal management services are provided 24 hours/day, 7 days/week with medical oversight. Clients receive prescribed medication to safely manage withdrawal symptoms and other supportive services based on individualized needs. Services are also provided by medical professionals that addresses: SUD, physical health, and co-occurring disorders. Additionally, withdrawal management and supportive services include: counseling, case management, referrals to supportive housing units, food, transportation, job training, employment referrals, benefits eligibility screening, and discharge linkage to continuing treatment and recovery support services.

In addition to treatment services, two recovery support services have been invested in to better serve this population: Supportive Housing services and Care Coordination. Supportive Housing greatly increases treatment engagement rates post discharge from withdrawal management treatment. For people who are homeless, addicted, and early in recovery it can be a vital resource in the work towards long-term recovery. Without housing clients lack the stability necessary to address their substance use disorder. Supportive Housing Specialists work with individuals to ensure they do not return to homelessness or unstable/unsafe living conditions that are often barriers to recovery. Care Coordinators ensure clients exiting withdrawal management treatment are successfully transitioned to the next level of care and connect them to recovery support services to continue their individual recovery paths. Additionally, Care Coordinators assist clients in accessing a myriad of supportive services that promote health, recovery, stability, and self-sufficiency.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of admissions annually to detoxification <sup>1</sup>	2,546	2,444	682	2,400
Outcome	Percentage of supportive housing unit utilization <sup>2</sup>	95%	95%	82%	95%
Output	Number of individuals receiving supportive housing <sup>2</sup>	382	168	792	400

### Performance Measures Descriptions

<sup>1</sup> An admission is a person completing the admission process. There can be multiple admissions per individual in a single fiscal year.

<sup>2</sup> Average length of stay in supportive housing is 14-15 weeks. Outcome measures reflect the annual utilization rate and the metric corresponds to the estimated annual number of individuals housed in these dedicated supportive housing beds. \*See note in Significant Program Changes regarding the impact of COVID on these performance measures and services.

## Legal / Contractual Obligation

Contractual obligation: This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) contract. Program planning is developed based on State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with State service elements. Also, Local 2145 Beer & Wine Tax Revenues are provided to counties on a dedicated formula basis and are restricted to alcohol & drug services.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$1,344,448	\$696,259	\$1,316,668	\$522,463
<b>Total GF/non-GF</b>	<b>\$1,344,448</b>	<b>\$696,259</b>	<b>\$1,316,668</b>	<b>\$522,463</b>
<b>Program Total:</b>	<b>\$2,040,707</b>		<b>\$1,839,131</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$522,461	\$0	\$522,463
Beginning Working Capital	\$0	\$173,798	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$696,259</b>	<b>\$0</b>	<b>\$522,463</b>

## Explanation of Revenues

- \$ 366,193 - State Mental Health Grant: A&D Detoxification Housing Block Grant based on IGA with State of Oregon.
- \$ 156,270 - State Mental Health Grant: A&D Detoxification Treatment based on IGA with State of Oregon.

## Significant Program Changes

**Last Year this program was:** FY 2021: 40089 Addictions Detoxification & Post Detoxification Housing

\*These services and performance measures were impacted by COVID because they require in-person work and are critical essential services. Throughout the pandemic SUD providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.

**Department:** Health Department **Program Contact:** Anthony Jordan

**Program Offer Type:** **Program Offer Stage:** As Proposed

**Related Programs:**
**Program Characteristics:**

### Executive Summary

Withdrawal management is a critical level of care in the Substance Use Disorder (SUD) continuum of services, as it medically stabilizes a highly vulnerable and diverse client population preparing individuals for residential, outpatient, and recovery support services. There are about 2,400 admissions to withdrawal management services annually. Supportive Housing and Care Coordination services target homeless individuals and provide additional engagement and stability throughout the transition from this level of care to continued treatment and recovery supports.

### Program Summary

Withdrawal management services are provided 24 hours/day, 7 days/week with medical oversight. Clients receive prescribed medication to safely manage withdrawal symptoms and other supportive services based on individualized needs. Services are also provided by medical professionals that addresses: SUD, physical health, and co-occurring disorders. Additionally, withdrawal management and supportive services include: counseling, case management, referrals to supportive housing units, food, transportation, job training, employment referrals, benefits eligibility screening, and discharge linkage to continuing treatment and recovery support services.

In addition to treatment services, two recovery support services have been invested in to better serve this population: Supportive Housing services and Care Coordination. Supportive Housing greatly increases treatment engagement rates post discharge from withdrawal management treatment. For people who are homeless, addicted, and early in recovery it can be a vital resource in the work towards long-term recovery. Without housing clients lack the stability necessary to address their substance use disorder. Supportive Housing Specialists work with individuals to ensure they do not return to houselessness or unstable/unsafe living conditions that are often barriers to recovery. Care Coordinators ensure clients exiting withdrawal management treatment are successfully transitioned to the next level of care and connect them to recovery support services to continue their individual recovery paths. Additionally, Care Coordinators assist clients in accessing a myriad of supportive services that promote health, recovery, stability, and self-sufficiency.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of individuals receiving supportive housing	382	168	790	400
Outcome	Percentage of supportive housing unit utilization	94%	95%	82%	95%

### Performance Measures Descriptions

These are the same performance measures as 40089 as the measures are not able to be segregated based on this small amount funding restored as it's FTE positions rather than supported housing beds that have been restored.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$0	\$0	\$218,000	\$0
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$218,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$218,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was:

The following planned budget reductions were restored: from ADFC Supported Housing: (1) COLA. (2) Programming: 3 FTE reduction from the ADFC Housing: Mentor program (Details: CVC Liaison, Lead Employment Specialist, Case Manager). Also the cuts from Hooper Detox Care Coordinators were restored: (1) COLA. (2) Programming reduction of 2FTE to approximately 1.5FTE Care Coordinators. Individuals served in these supported housing facilities and Detox facility will not endure a cut in FTE.

**Department:** Health Department      **Program Contact:** Anthony Jordan  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

This program provides a continuum of services for youth in outpatient, residential, early recovery, and culturally-specific services including outpatient addiction treatment services and outreach and engagement services. Additionally, this program provides alcohol and drug-free supportive housing resources for families of adult parent(s) who are in Substance Use Disorder (SUD) treatment. Annually, approximately 100 families receive housing support in family-focused recovery housing communities.

### Program Summary

The Oregon Health Authority reports that most substance use disorders (SUD) begin before age 25. Studies show that for adolescents (ages 12-17) and young adults (ages 18-25), frequent marijuana use is associated with opioid misuse, heavy alcohol use, and depression. Our youth treatment continuum is a collaboration with schools, juvenile justice, and a network of community-based treatment and recovery support providers.

This collaborative network provides outreach/engagement services, outpatient treatment, residential treatment, and recovery support services for youth and families with an income at or less than 200% of Federal Poverty Level. The Family Alcohol and Drug-Free Network (FAN) is a collaboration of community providers supporting families in 89 units of Central City Concern long-term transitional and scattered site housing. FAN provides a clean, safe and sober living environment in which parents can raise their children while in a recovery supported environment. FAN offers families an array of services, including: rent assistance, family mentoring, and housing case management. Goals focus on supporting the sobriety and recovery of the parent(s); family reunification in cases of child welfare involvement; supports to enhance family stability, economic self sufficiency, pro-social/ drug-free relationships and community involvement; and placement in permanent housing.

The FAN Housing Coordination program helps those families in early recovery as they transition from residential treatment to locate suitable Alcohol and Drug Free Communities (ADFC) recovery-focused housing, as well as providing assistance with housing maintenance and referrals to other supportive resources. Access to this supportive ADFC housing lays a foundation for families' future self-sufficiency and ability to obtain permanent housing. FAN Rent Assistance provides payment of rent and associated expenses inclusive of deposits, move-in costs, and utilities and supportive services. Altogether, the services embedded within the family and youth addictions treatment continuum are vital to serving youth and families, many of whom struggle with a myriad of challenges such as trauma histories, dual diagnoses, generational cycles of poverty, incarceration, and fragmented family structures among other difficulties.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of households that received rent assistance	131	102	127	102
Outcome	Exiting families that move into long-term permanent housing	81	75	75	75
Output	Number of families that received housing coordination services	131	104	125	104
Output	Unique indigent youth served in outpatient services (uninsured or underinsured and at or below 200% povert	52*	77	53*	50

### Performance Measures Descriptions

The performance measures shown above are consistent with measures attached to these funds by the State, and based on provider quarterly reports submitted to the State via the County. A downward trend in service numbers has been noted in recent years as the majority of youth now have insurance coverage under the Oregon Health Plan. As such, our priority has shifted to prioritize funding outreach and engagement services and supportive services to fill existing service system gaps that are not covered by insurance but vital to treatment and recovery success.

## Legal / Contractual Obligation

This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA). Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with regulations regarding State Service Elements. Additionally, Local 2145 Beer & Wine tax revenues are provided to counties on a dedicated formula basis and are restricted to use for alcohol & drug services.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Contractual Services	\$113,635	\$440,245	\$111,287	\$492,637
<b>Total GF/non-GF</b>	<b>\$113,635</b>	<b>\$440,245</b>	<b>\$111,287</b>	<b>\$492,637</b>
<b>Program Total:</b>	<b>\$553,880</b>		<b>\$603,924</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$440,245	\$0	\$492,637
<b>Total Revenue</b>	<b>\$0</b>	<b>\$440,245</b>	<b>\$0</b>	<b>\$492,637</b>

## Explanation of Revenues

- \$ 65,200 - Local 2145 Beer & Wine Tax
- \$ 343,875 - SAPT Block Grant
- \$ 83,562 - State Mental Health Grant: A&D Community Behavioral and Substance Use Disorder Services IGA with State of Oregon

## Significant Program Changes

**Last Year this program was:** FY 2021: 40090 Family & Youth Addictions Treatment Continuum

\*The performance measures and services within this program offer were impacted by COVID. Throughout the pandemic SUD providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.

**Department:** Health Department      **Program Contact:** Anthony Jordan  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Family Involvement Team (FIT) for Recovery program is a collaboration with the Oregon Department of Human Services (DHS) Child Welfare, Substance Use Disorder (SUD) treatment and recovery support providers, social service agencies, and the Family Dependency Court. In FY20, the FIT for Recovery program connected approximately 537 unique individuals with SUD treatment and provided enhanced services to assist clients to successfully engage in treatment and maintain recovery.

**Program Summary**

The FIT for Recovery Core Team, housed at the Family Dependency Court, works with parents involved with DHS Child Welfare who have a substance use disorder and are in need of treatment services. Volunteers of America outreach workers, located at Multnomah County DHS offices, begin working with the families by screening parents for an addictive disorder and referring to a treatment program.

Once in treatment, FIT case managers at the treatment agencies provide the family with supportive services including case management, family therapy, and family recovery services to assist the parent/family in being successful and in developing a recovery plan. DHS Child Welfare caseworkers assist and collaborate with parent skill building, ensuring child visitation and reunification while in treatment. Peer and parent mentors are also available through the FIT collaborative before, during, and after treatment.

FIT partners include: DHS Child Welfare, Family Dependency Court, Cascadia Behavioral Healthcare, CODA, Lifeworks NW, Central City Concern, Volunteers of America, NARA, Bridges to Change, Raphael House Morrison Child and Family Services, and Holistic Healing.

FIT is working with the Office of Diversity and Equity (ODE) to complete an equity lens assessment in FY21 with the intention of expanding partnerships with culturally specific providers with the goal of increasing services to BIPOC communities. As this work continues, new outcomes/outputs may be developed and added to this program offer to better reflect this current focus.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of FIT referrals per year	537	750	688	700
Outcome	% of FIT clients referred who enter treatment	74%	81%	61%	72%

**Performance Measures Descriptions**

**Output:** This output was changed in FY22, see significant program changes for details. However, the data remains based on referrals so still aligns across fiscal years. FIT referrals are the number of individuals referred from DHS to FIT Outreach Workers. **Outcome:** A target outcome of the collaborative efforts of FIT partners is to engage individuals with child-welfare involvement in substance use disorder treatment, increasing the likelihood of parent/child reunification.

## Legal / Contractual Obligation

Multnomah County accepts the State Mental Health Grant, and we are obligated to spend funds in accordance with State Service Elements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Contractual Services	\$0	\$440,442	\$0	\$360,442
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$440,442</b>	<b>\$0</b>	<b>\$360,442</b>
<b>Program Total:</b>	<b>\$440,442</b>		<b>\$360,442</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

<b>Program Revenues</b>				
Intergovernmental	\$0	\$440,442	\$0	\$360,442
<b>Total Revenue</b>	<b>\$0</b>	<b>\$440,442</b>	<b>\$0</b>	<b>\$360,442</b>

## Explanation of Revenues

\$ 360,442 - State Mental Health Grant - Community Behavioral and Substance Use Disorder based on IGA with the State.

## Significant Program Changes

**Last Year this program was:** FY 2021: 40091 Family Involvement Team

Previously, clients who went to treatment first received a CADC screening from Volunteers of America (VOA) staff. This stopped in FY20, DHS cut these positions. FIT no longer does individual screenings as SUD treatment providers utilize universal screening tools and the process was duplicative. Additionally, in FY20 the database used to track program data became non functional and a new data tracking system was introduced. County data analysts reviewed the past database and determined that it had been inaccurate and obsolete. Therefore, the output was updated in this program offer based on this program change and data was reported from DHS and VOA this year.

COVID has impacted FIT in a number of ways: number of referrals have been impacted, parent-child visitation has significantly been impacted, treatment placement has been impacted with residential treatment facilities having to close to new intakes at various points and operating at reduced censuses, court hearings stopped at the beginning of the outbreak, etc.



**Department:** Health Department      **Program Contact:** Jessica Guernsey  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40001  
**Program Characteristics:**

### Executive Summary

The Public Health Office of the Director provides leadership for the local public health authority. Public Health, in partnership with the Multnomah County Board of Health (BOH), plays a unique, mandated governmental role. This program is responsible for guiding policies, systems, and programs that promote and protect the health of, and prevent disease for, all residents and diverse communities within Multnomah County. Equity-focused strategies within the Office of the Director include policy interventions, public education and communications, community partnerships, planning, capacity building, and research, evaluation, and assessment.

### Program Summary

The Office of the Director supports the BOH to set health policy for Multnomah County. The main goal is to reduce disparities experienced by BIPOC communities, especially chronic disease and injury disparities, to lower rates of the leading causes of preventable death. Activities include:

**Leadership and Policy** - Key activities include assessment and implementation of public health system reform; leadership on coalitions/boards; convening the Multnomah County Public Health Advisory Board (MC-PHAB); and implementing public health education and communication campaigns.

**Community Epidemiology (CE)** – Epidemiology/research staff and Program Design and Evaluation Services (PDES) identify and analyze health issues among community populations to guide data-driven response. CE collaborates with partners to identify the determinants of health and disease; assess health equity; and evaluate interventions, programs, and policies.

**Community Partnerships & Capacity Building** - Coordinating and implementing division-level community engagement and partnership strategies to address community priorities. Activities include convening groups to address BIPOC community concerns; supporting community partners' provision of Community Health Worker trainings; and implementation of the Community Health Improvement Plan (CHIP) to eliminate health disparities.

**Racial Equity** - The Office of the Director uses Oregon REALD, vital statistics, and surveillance data to analyze racial disparities. The Office works closely with BIPOC community members, partners, and coalitions to determine best approaches to address health inequities. MC-PHAB advises Public Health with a focus on ethics in public health practice and developing long-term approaches that address the leading causes of death. Board members represent various community groups to provide a diversity of perspectives, with a focus on recruiting BIPOC members. The Office also relies on feedback from community-based organizations to develop policy and system change.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of Multnomah County Public Health Advisory Board meetings	13	12	12	12
Outcome	# of presentations to BOH about strategies that address disparities within BIPOC communities	5	5	5	6
Output	# of cultural specific and multicultural community partners and events that promote health equity	NA	NA	NA	50

### Performance Measures Descriptions

Performance Measure 2: strategies are defined as policy and/or systems improvements and disparities are focused on leading causes of preventable death and disease.

## Legal / Contractual Obligation

Oregon Revised Statute Chapter 431 State and Local Administration and Enforcement of Public Health Laws

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$1,969,285	\$1,771,389	\$2,631,680	\$1,470,661
Contractual Services	\$452,433	\$960,500	\$441,677	\$777,419
Materials & Supplies	\$185,321	\$52,031	\$213,551	\$62,094
Internal Services	\$203,611	\$219,515	\$337,376	\$195,893
<b>Total GF/non-GF</b>	<b>\$2,810,650</b>	<b>\$3,003,435</b>	<b>\$3,624,284</b>	<b>\$2,506,067</b>
<b>Program Total:</b>	<b>\$5,814,085</b>		<b>\$6,130,351</b>	
<b>Program FTE</b>	13.07	10.43	16.03	9.17

<b>Program Revenues</b>				
Intergovernmental	\$0	\$2,803,435	\$0	\$2,306,067
Other / Miscellaneous	\$0	\$200,000	\$0	\$200,000
<b>Total Revenue</b>	<b>\$0</b>	<b>\$3,003,435</b>	<b>\$0</b>	<b>\$2,506,067</b>

## Explanation of Revenues

This program generates \$195,893 in indirect revenues.

\$765,000 - State grant: MCH Child and Adoles, PDES Morbidity Monitoring Project and Behavioral Risk Factor Survey System;

\$320,000 - Alaska Tobacco Prevention; \$180,000 - Alaska Obesity EAP; \$416,743 - NIH Marijuana Legalization;

\$120,000 - Alaska Marijuana Program Evaluation; \$170,824 - Public Health Modernization Local;

\$200,000 - HSO County Based Services - 404708; \$250,000 - PDES Public Health Modernization Support;

\$61,000 - Tech Assist to Accountability & Metrics; \$17,000 - HIV Program Planning & Evaluation;

\$5,500 - Public Health IRB

## Significant Program Changes

**Last Year this program was:** FY 2021: 40096A Public Health Office of the Director

Significant Changes: In FY22, 4.6 FTE and associated costs are being moved from FY21 Program Offer Epidemiology, Analytics, and Evaluation (#40098) to the Public Health Office of the Director.

COVID-19-Related Impacts: During FY21, the Office of the Director shifted BOH focus from chronic disease and violence prevention to COVID-19; Community Partnerships & Capacity Building staff also shifted focus from wider content areas to COVID-19; Community Health Improvement Plan implementation was paused to shift focus to COVID-19; and PDES worked closely with Public Health and Oregon Health Authority to provide research and evaluation support related to COVID-19 response.



Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$62,143	\$60,904	\$461,588	\$0
Contractual Services	\$32,000	\$0	\$0	\$0
Materials & Supplies	\$5,857	\$10,970	\$0	\$0
Internal Services	\$0	\$7,126	\$0	\$0
<b>Total GF/non-GF</b>	<b>\$100,000</b>	<b>\$79,000</b>	<b>\$461,588</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$179,000</b>		<b>\$461,588</b>	
<b>Program FTE</b>	0.50	0.50	3.67	0.00

Program Revenues				
Intergovernmental	\$0	\$79,000	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$79,000</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was:

**Department:** Health Department      **Program Contact:** LaRisha Baker  
**Program Offer Type:** Support      **Program Offer Stage:** As Proposed  
**Related Programs:** 40056, 40055, 40058, 40054  
**Program Characteristics:**

**Executive Summary**

Maternal, Child, and Family Health (MCFH) Administration provides leadership, compliance, quality, and program data oversight and support to MCFH programs within the Public Health Division. MCFH Administration is committed to addressing health equity, and providing culturally responsive home visiting and other perinatal, parental, and family programing. Administration assures compliance to program and fiscal standards.

**Program Summary**

MCFH Administration supports the following programs: Healthy Birth Initiatives; Nurse Family Partnership; Healthy Families, Healthy Homes Asthma Home Visiting, and Community Based Health Consulting. It ensures that service delivery effectively improves health outcomes and reducing racial/ethnic disparities in perinatal and birth outcomes, with the ultimate goal of eliminating inequitable perinatal disparities and creating foundations that improve the health and wellbeing of generations to come.

Administrative functions include fiscal and programmatic compliance; health information technology management; and quality assurance. These functions support assessing and evaluating partner, client, and service delivery needs, based on program outcomes; overseeing contracts, billing, health information data systems, compliance with Local, State, and Federal guidelines; and implementing quality and process improvements. Leadership functions include program management, partnership engagement, and health equity-focused strategic planning. These functions support and enhance program staff, program leadership, clients, community-based service-delivery partners, and other County programs to set the strategic direction for MCFH programs. Examples include working to shift the MCFH workforce culture toward the elimination of racial/ethnic disparities by implementing culturally reflective and responsive programs and meaningful community partnership engagement.

MCFH monitors local and national maternal and infant health data, as well as program-level data, including maternal mortality and morbidity, preterm birth, low birth weight, breastfeeding, income, and safe sleep indicators. MCHF programs reach populations most impacted by perinatal disparities through targeted marketing and outreach to BIPOC and low-income communities and providers serving these communities, culturally reflective staff and practices, and client engagement and feedback through advisory boards. Clients influence and guide how they engage in MCFH services and hold leadership roles in the advisory boards and provide input to influence program design and/or implementation.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Number of billable visits that meet targeted case management (TCM) requirements	3,713	4,896	3,031	3,624
Outcome	Percent of contracts granted to BIPOC vendors	NA	NA	NA	60%
Quality	Number of monthly chart audits completed	528	513	252	432

**Performance Measures Descriptions**

## Legal / Contractual Obligation

MCFH Administration ensures that all MCFH programs comply with a number of legal/contractual guidelines related to model fidelity, Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0200, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$987,687	\$21,604	\$1,033,005	\$21,456
Contractual Services	\$49,000	\$100,000	\$74,798	\$100,000
Materials & Supplies	\$102,108	\$1,124	\$95,108	\$54,651
Internal Services	\$217,585	\$2,272	\$189,241	\$2,858
<b>Total GF/non-GF</b>	<b>\$1,356,380</b>	<b>\$125,000</b>	<b>\$1,392,152</b>	<b>\$178,965</b>
<b>Program Total:</b>	<b>\$1,481,380</b>		<b>\$1,571,117</b>	
<b>Program FTE</b>	8.00	0.13	8.00	0.13

Program Revenues				
Intergovernmental	\$0	\$125,000	\$0	\$178,965
<b>Total Revenue</b>	<b>\$0</b>	<b>\$125,000</b>	<b>\$0</b>	<b>\$178,965</b>

## Explanation of Revenues

This program generates \$2,858 in indirect revenues.  
 \$ 153,965 - State: MCH Child and Adoles Grant  
 \$ 25,000 - Early Home Visit Grant

## Significant Program Changes

**Last Year this program was:** FY 2021: 40097 Maternal Child Family Health Management

COVID-19-Related Impacts - In FY21, COVID-related changes to County and partner workflows reduced referrals to and services provided by MCFH programs. Staff were reassigned to COVID-19 response activities, and in-home services were transitioned to telehealth services, all of which reduced visit numbers and targeted case management revenue. FY22 budget and performance numbers project a return to some in-person services and an associated increase in number of families served. Staff will continue to support COVID-19 response for MCFH clients.

**Department:** Health Department      **Program Contact:** Dr. Frank Franklin  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Division is responsible for developing data analytic and reporting infrastructures to collect, coordinate, and analyze population health data and business information across the Health Department. In this capacity, the division will provide data and business intelligence support for strengthening organizational decision-making; assess organizational performance, quality, and compliance; inform policy, and align grant development with strategic priorities.

**Program Summary**

Department-wide data coordination, data quality, data access, and overall business intelligence provide the Department with the information needed to monitor and understand performance and compliance. Data and analytic strategies guide decisions, policy and service choices, and our areas of focus. The Division includes several units or teams. Community Epidemiology Services, a staff of epidemiologists and research scientists who work with direct service divisions to coordinate and collect data regarding the magnitude of disease burden, disorder, and injury among population groups. Strategy and Grant Development develops and submits grant applications; and supports programs in strategic planning implementation, service improvements, and grant monitoring. Policy Administration is a smaller unit that design-maps, monitors, and manages the Department's administrative and compliance policies through the C360 platform, a document-driven data system. The Health Data and Reporting unit provides report strategies for ongoing monitoring and analytical support to the staff and programs using EPIC and other large data systems (e.g., Accela, SAP). The aggregation and alignment of activities and services under the Epidemiology, Analytics, and Evaluation Division serves the entire Department, strengthens our approach to the coordination of data collection and data access, analytics, and performance management, particularly among programs with limited capacity. The Division aligns with a strategy to coherently coordinate resources in support of organizational performance to improve whole-person health.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	# of data-related collaborations advancing analytic and reporting capacity for continued monitoring	9	10	7	8
Outcome	# of analytic and reporting platforms to monitor COVID responses and health status of vulnerable populations	8	9	7	7

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$2,002,524	\$254,250	\$1,498,835	\$0
Contractual Services	\$7,919	\$0	\$42,016	\$0
Materials & Supplies	\$72,710	\$32	\$71,114	\$0
Internal Services	\$207,400	\$42,961	\$215,823	\$0
<b>Total GF/non-GF</b>	<b>\$2,290,553</b>	<b>\$297,243</b>	<b>\$1,827,788</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$2,587,796</b>		<b>\$1,827,788</b>	
<b>Program FTE</b>	12.46	1.74	9.00	0.00

Program Revenues				
Intergovernmental	\$0	\$297,243	\$0	\$0
<b>Total Revenue</b>	<b>\$0</b>	<b>\$297,243</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 40098 Epidemiology, Analytics and Evaluation

4.20 FTE moved from this program offer to 40096A Public Health Office of the Director. In addition, a vacant FTE was cut to meet budgetary constraints.



**Department:** Health Department      **Program Contact:** Yolanda Gonzalez  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

### Executive Summary

This program focuses on the healthy emotional development of children from birth to age six, through prevention and culturally specific treatment services. The Early Childhood program works collaboratively with partners, using an anti-racist equity lens, to ensure the success of children and decrease suspension and expulsion rates. The program provides evidence based services which include: child mental health consultation, child and family mental health treatment services, parent groups, and care coordination services with culturally specific community supports. These services have proven vital in contributing to retention of children in pre-school educational settings.

### Program Summary

Early Childhood Mental Health Consultants provide a comprehensive continuum of culturally relevant mental health services to 3,600 children and their families in Head Start Programs to promote social/emotional development and school readiness. Services include early childhood classroom consultation with educators, child mental health assessment and family centered treatment, case management services, crisis triage, referral to community supports, and parent support and education. This program works in close collaboration with Early Childhood Community Partners and Early Learning Multnomah to ensure coordinated services occur for Multnomah County's at risk children and families. A hallmark of this program is Spanish-speaking and African American culturally specific counseling and parent support services provided to families at Albina Head Start, Portland Public Schools Head Start, Migrant Seasonal Head Start, Neighborhood House and Mt. Hood Community College Head Start.

Community based culturally specific treatment services are provided for Latinx and African American children to increase success at home and reduce the likelihood of suspension or expulsion from Head Start.

The prevention, treatment and early intervention services provided to these young children and their families address mental health and developmental needs before they become acute and require more intensive and costly care. A critical goal of this program is to ensure children are ready to learn once they enter Kindergarten.

### Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total children receiving prevention services.	3,834	3,600	3,537	3,600
Outcome	Overall social/emotional supports in place in Head Start classrooms based on TPOT data <sup>1</sup>	NA <sup>1</sup>	75%	NA <sup>1</sup>	75%
Output	Total children receiving culturally specific treatment services <sup>2</sup>	37	48	37	48

### Performance Measures Descriptions

<sup>1</sup>Teaching Pyramid Observation Tool (TPOT) was not received because classrooms were closed down due to the pandemic which prevented the survey measure from being completed. TPOT Is an evidence based instrument used to measure how well teachers are implementing the 3-tiered Pyramid Model of practices that support children's social competence and prevents challenging behaviors. 75% is the recommended fidelity measure for this tool.

<sup>2</sup> Treatment=Clients provided services

**Legal / Contractual Obligation**

Head Start Revenue Contracts

**Revenue/Expense Detail**

	<b>Adopted General Fund</b>	<b>Adopted Other Funds</b>	<b>Proposed General Fund</b>	<b>Proposed Other Funds</b>
<b>Program Expenses</b>	<b>2021</b>	<b>2021</b>	<b>2022</b>	<b>2022</b>
Personnel	\$1,387,275	\$336,679	\$1,422,559	\$346,433
Contractual Services	\$44,625	\$166,299	\$39,000	\$613
Materials & Supplies	\$21,760	\$572	\$16,946	\$67
Internal Services	\$61,504	\$114,481	\$81,056	\$164,933
<b>Total GF/non-GF</b>	<b>\$1,515,164</b>	<b>\$618,031</b>	<b>\$1,559,561</b>	<b>\$512,046</b>
<b>Program Total:</b>	<b>\$2,133,195</b>		<b>\$2,071,607</b>	
<b>Program FTE</b>	9.93	2.46	9.93	2.46

<b>Program Revenues</b>				
Intergovernmental	\$0	\$344,900	\$0	\$347,046
Beginning Working Capital	\$0	\$158,131	\$0	\$0
Service Charges	\$105,000	\$115,000	\$94,767	\$165,000
<b>Total Revenue</b>	<b>\$105,000</b>	<b>\$618,031</b>	<b>\$94,767</b>	<b>\$512,046</b>

**Explanation of Revenues**

This program generates \$6,286 in indirect revenues.

\$ 165,000 - Fee For Services Insurance Receipt

\$ 347,046 - State Mental Health Grant: MHS 20 Non-Residential Mental Health Services based on IGA with State of Oregon

**Significant Program Changes**

**Last Year this program was:** FY 2021: 40099 Early Childhood Mental Health Program

Delivery of program was shifted to offer services virtually this year due to the COVID-19 pandemic.

**Department:** Health Department      **Program Contact:** Yolanda Gonzalez  
**Program Offer Type:** Innovative/New Program      **Program Offer Stage:** As Proposed  
**Related Programs:** 40099  
**Program Characteristics:**

**Executive Summary**

Passed by voters in November 2020, Preschool For All funds universal preschool for all 3 and 4 year olds in Multnomah County, with prioritized access for Black, Indigenous and children of color, children who speak languages other than English at home, children with disabilities and developmental delays, and other groups of children who currently have the least access to high-quality, culturally responsive preschool.

In partnership with the Behavioral Health Division, the Department of County Human Services is investing in our Early Childhood Prevention and Treatment team by adding members to our team to support the Preschool for All program.

**Program Summary**

Early Childhood Mental Health Consultants provide a comprehensive continuum of culturally relevant mental health services to children and their families in Head Start Programs to promote social/emotional development and school readiness. Services include early childhood classroom consultation with educators, child mental health assessment and family centered treatment, case management services, crisis triage, referral to community supports, and parent support and education. This program works in close collaboration with Early Childhood Community Partners and Early Learning Multnomah to ensure coordinated services occur for Multnomah County's at risk children and families. A hallmark of this program is Spanish-speaking and African American culturally specific counseling and parent support services provided to families throughout Multnomah County.

Community based culturally specific treatment services are provided for Latinx and African American children to increase success at home and reduce the likelihood of suspension or expulsion from Head Start. The Preschool for all program will add another Mental Health consultant to serve more children of color in treatment services.

The prevention, treatment and early intervention services provided to these young children and their families address mental health and developmental needs before they become acute and require more intensive and costly care.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Total children receiving prevention services .	NA	NA	NA	0
Outcome	% of Preschool for All (PFA) coaches who report that they had a positive and supportive consultation experienc	NA	NA	NA	0
Output	Total children receiving culturally specific treatment services	NA	NA	NA	0

**Performance Measures Descriptions**

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$0	\$0	\$0	\$260,470
Materials & Supplies	\$0	\$0	\$0	\$6,350
Internal Services	\$0	\$0	\$0	\$100,375
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$367,195</b>
<b>Program Total:</b>	<b>\$0</b>		<b>\$367,195</b>	
<b>Program FTE</b>	0.00	0.00	0.00	2.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

This program generates \$34,695 in indirect revenues.  
 This program will be supported entirely by tax receipts from Preschool For All Program (fund 1522). Tax revenues budgeted in program offer 25200-22.

Significant Program Changes

Last Year this program was:

**Department:** Health Department      **Program Contact:** Christa Jones  
**Program Offer Type:** Existing Operating Program      **Program Offer Stage:** As Proposed  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

The Trauma Intervention Program (TIP) provides on-scene emotional and practical support to the victims of traumatic events and their family members. Emotional and practical support services include on-scene emotional support to clients; making necessary telephone calls, making arrangements for clean-up services, notifying family, friends and others; making referrals to follow up services; providing information and referral services; and performing one follow-up contact to verify the client's welfare.

**Program Summary**

TIP has an existing contract with the Multnomah County Sheriff's Office. Additional funding from the Behavioral Health Division (BHD) will fund TIP at national levels needed to sustain services for all of Multnomah County and increase training and civic engagement.

TIP has over 200 volunteer staff who are able to respond 24/7, 365 days per year. From June 1, 2019 to February 20, 2020, in Multnomah County, TIP responded to 213 calls for assistance and spent 639 hours assisting citizens, excluding hours spent at schools or larger events. The average response time for TIP is 21.9 minutes with 100% reliability. TIP is currently part of the COVID-19 response, including calling over 1500 staff/volunteers for wellness checks following their deployment to the county Emergency Operations Center. TIP responds to school shootings and has provided emotional and practical support services to Home Forward, Portland Public Schools, the courts, hospitals, libraries, and private businesses and residences, and other organizations, including Multnomah County. TIP strives to match responder demographics, including race and language, to the impacted community and has a large and diverse group of highly trained volunteers.

**Performance Measures**

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Respond to requests, including responders that match demographics of impacted community when requested	N/A	N/A	N/A	100
Outcome	Increase outreach, including to organizations that serve communities of color.	N/A	N/A	N/A	N/A

**Performance Measures Descriptions**

This fiscal year will establish a baseline of outreach opportunities for this program.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Contractual Services	\$50,000	\$0	\$50,000	\$0
<b>Total GF/non-GF</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$50,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$50,000</b>		<b>\$50,000</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
<b>Total Revenue</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2021: 40100 Trauma Intervention Services

\*The performance measures and services within this program offer were impacted by COVID. Throughout the pandemic providers have grappled with: multiple temporary closures of facilities, programs, and services; operating at reduced censuses to comply with social distancing requirements; temporary closures to new client intakes due to positive COVID cases among existing staff and/or clients; transition of in-person services to telehealth and/or a mix of telehealth and in-person services; staffing gaps due to quarantine requirements; changes to operational workflows, policies, and protocols; etc. Providers have reported a need to prioritize essential services and responding to crises and ever-changing challenges which has, in some cases, impacted their ability to collect and report data in a timely manner. Performance measures for FY20 and FY21 are likely not a true indicator of need or utilization in a normal year absent from these significant impacts due to the pandemic.