Multnomah County

Program #40000A - Health Department Director's Office 3/3/2022

Department: Health Department **Program Contact:** Ebony Clarke

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

Related Programs:

Program Characteristics: In Target

Executive Summary

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.

Program Summary

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 Strategy and Grant Development Team resides in the Director's Office and provides project management support to the Department to identify, secure and sustain resources to support internal and external capacity to address community needs. The team's approach includes equity-based and data driven program development that's focused on building partnerships and reducing disparities in BIPOC and other communities impacted by health, social, and economic inequities.

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.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of employees engaged in All Staff meetings and events.	1,250	300	1,250	500
Outcome	Annual Federal and State resources $ leveraged for strategic investments (expressed in millions).	$215 Mil	$180 Mil	$295 Mil	$252 Mil

Performance Measures Descriptions

PRFMeas.1-Employee engagement through calculating # of employees in attendance of all staff activities through log-in counts and in-person counts of hybrid events.Org Development anticipated a new strategy to be implemented for engagement, but with COVID impacts was unable to realize this. The Dept still engaged staff in all staff meetings, townhalls and sessions related to safety needs; thus, numbers are higher due to virtual meetings. PRFMeas.2-This estimated amount includes the revenue brought in through our Strategy and Grant team; it does not include COVID response/ARPA funding.

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,605,529	$0	$1,775,475	$0
Contractual Services	$2,110,178	$0	$1,859,398	$0
Materials & Supplies	$116,523	$0	$106,658	$0
Internal Services	$142,995	$0	$186,863	$0
Total GF/non-GF	**$3,975,225**	**$0**	**$3,928,394**	**$0**
Program Total:	**$3,975,225**		**$3,928,394**	
Program FTE	8.00	0.00	9.00	1.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40000A Health Department Director's Office

Ebony Clarke was appointed to Health Department Director and brings lived experience, intentional commitment to building a trauma-informed organization and advancing racial equity in the organization and its services, and a focus on continuous quality improvement.

The Epidemiology, Analytics, and Evaluation Division Administration is now part of the Director's Office, which includes the Strategy and Grant Development Team.

For FY 2023, $1,859,398 is budgeted in the Health Director’s Office as set aside funds to support the work of ICS.

Multnomah County

Program #40000B - Director's Office - In/Out of Scope Services 3/3/2022

Department: Health Department **Program Contact:** Ebony Clarke

Program Offer Type: Support **Program Offer Stage:** As Requested

Related Programs:

Program Characteristics: In Target

Executive Summary

In FY 2021, ICS received technical assistance from HRSA regarding financial and governance requirements related to FQHC, including 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 (CH) and Public Health (PH) 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 CH and PH services to support out of scope activities. MC uses County General Fund to support these services and the Coalition of Community Health Centers is part of these services.

Program Summary

The Coalition of Community Health Centers provides advocacy, coordination, and outreach on behalf of safety net clinics. The Coalition works to foster collaboration among its 17 members to improve access to healthcare for medically underserved populations. Multnomah County provides funding to support the Coalition's infrastructure and to support goals centered on advancing health equity.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Quantifiable metrics are developed to measure the reduction of health disparities.	N/A	N/A	N/A	3
Outcome	Increase services to high priority patient populations, including BIPOC and low income.	N/A	N/A	N/A	10%
Outcome	Comprehensive annual and QTR reports of activities and analysis of total persons served with these funds.	N/A	N/A	100%	100%

Performance Measures Descriptions

Except for the annual/quarterly report, these metrics are new, and there is no comparison.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Contractual Services	$0	$0	$90,000	$0
Materials & Supplies	$90,000	$0	$0	$0
Total GF/non-GF	**$90,000**	**$0**	**$90,000**	**$0**
Program Total:	**$90,000**		**$90,000**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40000B Director's Office - In/Out of Scope Services

Multnomah County

Program #40000C - Health Department Director's Office- Additional Deputy Director 3/3/2022

Department: Health Department **Program Contact:** Ebony Clarke

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

Related Programs:

Program Characteristics: Out of Target

Executive Summary

In the last decade Health Department Operations have become significantly more complex and requires more capacity to meet the demands of both staff and the broader community served.larger and more complex. The executive workload must be shared in order to sustain the Director and support the department as a whole as we manage more and more complex issues, a larger number of employees and manage the next phase of the pandemic.

Program Summary

The Health Department's Director's Office provides executive leadership and strategic direction in service to the department's mission, vision and values. As the Health Department has grown in portfolio, complexity and staffing, more capacity in executive leadership has become apparent in order to beet the needs of our workforce and the broader community. 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. This second Deputy Director will support these functions of the Director's Office and have purview over the following strategic and operational areas across the Department: Quality Management, Policies and Procedures, IT/Analytics/Reporting, Human Resources, Communications, Continuity of Operations, Program Operations, and HIPAA/Privacy.

This second Deputy Director will improve the workload across executive leadership in the Department and help enable a sustainable leadership structure to support the demands in our COVID-19 response and recovery efforts.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Development of formal back-up planning procedure for executive leadership	N/A	N/A	N/A	1
Outcome	% exempt staff reporting increased understanding of Continuity of Operations (COOP)	N/A	N/A	N/A	50%

Performance Measures Descriptions

Performance Measure 1: Deliverable is procedure/format to assist with planning for executive leadership to be able to take time off with adequate back up plans.
Performance Measure 2: As measured by retrospective survey to exempt staff around internal COOP planning knowledge and utilization, which is a body of work this position will provide oversight for.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$264,469	$0
Total GF/non-GF	**$0**	**$0**	**$264,469**	**$0**
Program Total:	**$0**		**$264,469**	
Program FTE	0.00	0.00	1.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

40000C is supporting 1.00 FTE. In FY23, this program is adding a deputy director

Multnomah County

Program #40001 - Public Health Administration and Quality Management 3/3/2022

Department: Health Department **Program Contact:** Jessica Guernsey

Program Offer Type: Support **Program Offer Stage:** As Requested

Related Programs:

Program Characteristics: In Target

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 Modernization, effective financial management, the PHD Strategic Plan, and Community Health Improvement 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 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of quality and strategy projects identified	6	6	6	6
Outcome	% of identified projects successfully completed	90%	90%	95%	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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,652,713	$199,687	$1,912,250	$308,902
Contractual Services	$25,000	$0	$0	$170,959
Materials & Supplies	$89,217	$1,734	$101,142	$14,018
Internal Services	$212,727	$30,828	$216,148	$60,365
Total GF/non-GF	**$1,979,657**	**$232,249**	**$2,229,540**	**$554,244**
Program Total:	**$2,211,906**		**$2,783,784**	
Program FTE	10.50	1.25	11.80	2.00

Program Revenues				
Intergovernmental	$0	$232,249	$0	$554,244
Total Revenue	**$0**	**$232,249**	**$0**	**$554,244**

Explanation of Revenues

This program generates $41,517 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.

$ 248,096 - Overdose Prevention-Counties
$ 306,148 - Public Health Modernization Local

Significant Program Changes

Last Year this program was: FY 2022: 40001 Public Health Administration and Quality Management

This program's FY23 revenue is $321,995 higher than that of FY22, due to an increase in OHA Overdose Prevention funding, ELC data process allocation, and OHA Public Health Modernization funding. County General Fund is increased by $249,883. Program staffing is increased by 2.05 FTE. In addition, CDC COVID-19 Health Disparities funding in 40199T is supporting 4.9 FTE within the scope of this program offer. COVID-19-impacts - In FY22, this program continued to support Public Health's COVID-19 response through administrative and project management support and will continue to do so in FY23.

Multnomah County

Program #40002 - Tri-County Health Officer 3/3/2022

Department:	Health Department	**Program Contact:**	Jennifer Vines
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:	40199E		
Program Characteristics:	In Target		

Executive Summary

The Multnomah County Health Officer serves as the lead Health Officer for the three-county metro region, providing overall physician supervision and alignment to three other full-time health officers, one in each county. In addition to being one of the few regional public health staff, the Health Officer oversees the entirety of the County's Emergency Medical Services Program, the Public Health Emergency Preparedness Program, and routinely serves as the primary physician ambassador to regional health systems and Coordinated Care Organizations particularly in relation to emerging health threats that require a coordinated response.

Program Summary

The Washington County contract funds their full-time health officer and a small portion of FTE for the Multnomah County Health Officer to cover supervisory and regional duties.

Clackamas County similarly funds a small portion of FTE for the Multnomah County Health Officer.

Until the COVID-19 pandemic, total health officer FTE in Multnomah County had not changed in decades despite a growing population and increasing complexity of public health events, including but not limited to: Ebola, Zika, measles, opiate overdose, and increasing HIV, syphilis, and Shigella among unhoused.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Contract deliverables are met by the end of fiscal year.	90%	90%	90%	90%
Outcome	County stakeholders express satisfaction in program delivery and results.	100%	100%	100%	100%

Performance Measures Descriptions

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$399,400	$606,137	$409,131	$651,248
Contractual Services	$17,983	$250,289	$0	$264,972
Materials & Supplies	$7,526	$12,288	$7,182	$36,139
Internal Services	$107,930	$80,738	$73,051	$109,155
Total GF/non-GF	**$532,839**	**$949,452**	**$489,364**	**$1,061,514**
Program Total:	**$1,482,291**		**$1,550,878**	
Program FTE	0.99	1.16	0.99	1.16

Program Revenues				
Intergovernmental	$0	$949,452	$0	$1,061,514
Total Revenue	**$0**	**$949,452**	**$0**	**$1,061,514**

Explanation of Revenues

This program generates $87,528 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

$ 463,559 - Clackamas and Washington counties
$ 597,955 - Peer-driven Approach to Opioid Use Disorder

Significant Program Changes

Last Year this program was: FY 2022: 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.

Multnomah County

Program #40003 - Health Department Leadership Team Support 3/3/2022

Department: Health Department **Program Contact:** Wendy Lear

Program Offer Type: Support **Program Offer Stage:** As Requested

Related Programs:

Program Characteristics: In Target

Executive Summary

This program provides administrative support for the Department's senior leadership team and includes operations, lobby and safety support for the Health Department Headquarters, the Gladys McCoy Building.

Program Summary

This team provides staffing, scheduling, meeting/event preparation, technical support, project management, and communication support. Team staff are communication links to internal and external stakeholders. The 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 and fax lines. In addition, this program provides front lobby reception and support. The facilities and safety liaison conducts safety planning and leads coordination with contracted security personnel.

This team prioritizes customer service and building relationships with clients and community members. The team is committed to examining racially biased systems and processes to allow for equitable client access to department services and a welcoming and inclusive environment. The team 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.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of staff meetings supported	N/A	N/A	104	100
Outcome	% of McCoy building staff working on site who report feeling their safety concerns are being addressed	N/A	N/A	N/A	70%

Performance Measures Descriptions

The number of staff meetings supported by the team measures support provided for department leadership team meetings, department-wide staff meetings, manager-supervisor meetings, lunch and learns, etc.
The percentage of staff in the Gladys McCoy building who report feeling safer, measures this team's contribution to safety planning, coordination and oversight of contracted security staff.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$524,239	$0	$395,515	$0
Contractual Services	$32,714	$0	$0	$0
Materials & Supplies	$11,809	$0	$0	$0
Internal Services	$111,409	$0	$71,547	$0
Total GF/non-GF	**$680,171**	**$0**	**$467,062**	**$0**
Program Total:	**$680,171**		**$467,062**	
Program FTE	5.00	0.00	4.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40003 Health Department Leadership Team Support

The pandemic, telework and neighborhood safety created new challenges and opportunities. Staff coordinated the Future of Work efforts for the department. This required tracking the schedule and space needs for almost 2,000 regular, temporary and contingent staff. Clients and community members experiencing houselessness and poverty have congregated in the areas immediately surrounding the Gladys McCoy building. This team has helped clients connect with services while also planning for and responding to critical safety issues. The members of this team are prioritizing in-person support and are transitioning back to in-person or hybrid work schedules.

Multnomah County

Program #40004 - Ambulance Services (Emergency Medical Services) 3/3/2022

Department: Health Department **Program Contact:** Aaron Monnig

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

Related Programs:

Program Characteristics: In Target

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 per State and local law including inspection and licensing of ambulances, monitoring of emergency ambulance operations, supervising medical care, levying fines for substandard performance or for violations of county code or administrative rules. MCEMS provides medical supervision, oversight, and guidance to 911 emergency dispatchers, fire and ambulance first response personnel, and non-911 ambulance providers. MCEMS sets medical standards of emergency, pre-hospital care and provides on-scene medical consultation to first responders through a subcontract with OHSU's Medical Resource Hospital. MCEMS provides pre-hospital system regulation and coordination of all 911 medical dispatch and first response for the county. The City of Portland's Bureau of Emergency Communications triages each medical call and dispatches the most appropriate resource. Portland, Gresham, Airport and other volunteer Fire departments and districts throughout the County provide 911 medical first response, accounting for 106,000+ 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 and response is consistent across providers and agencies; maintains contracts for medical first response; responds to complaints related to EMS care; monitors and enforces ambulance response and performance; coordinates and supervises annual joint agency training to assure medical protocols are applied consistently across agencies; establishes clinical quality standards for EMS care and uses quality improvement processes to monitor and enhance the system; coordinates major event planning and medical equipment specifications; and liaises with local hospitals. MCEMS also manages the Tri-County 911 Service Coordination Program (TC911), a brief, yet intensive care management intervention serving 500+ frequent users of EMS systems in Clackamas, Washington, and Multnomah Counties. Licensed clinicians help link people to medical, behavioral health, housing, long term care, and other services.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Ambulance response for urgent, life threatening calls in the Urban zones is < or equal to 8 min. 90% of the time.	93%	90%	90%	90%
Outcome	Ambulance response in urgent, life threatening calls in Rural areas is < or equal to 20 minutes, 90% of the time.	93%	90%	90%	90%
Output	TC911 serves highest users of EMS system through care coordination, case management, and referral linkages.	583	500	500	500

Performance Measures Descriptions

The exclusive ambulance service contractor has geographic response time standards for 911 dispatched medical calls. Life-threatening calls in Urban zones shall receive a response within 8 minutes, and rural areas within 20 minutes. Response times will be met 90% or more of the time. TC911 is funded to serve 450 Medicaid members and 50+ non-Medicaid clients annually.

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,372,842	$935,413	$1,508,659	$941,323
Contractual Services	$496,637	$21,389	$504,647	$18,700
Materials & Supplies	$65,046	$9,526	$96,325	$6,927
Internal Services	$184,943	$229,934	$234,245	$265,476
Total GF/non-GF	**$2,119,468**	**$1,196,262**	**$2,343,876**	**$1,232,426**
Program Total:	**$3,315,730**		**$3,576,302**	
Program FTE	7.20	6.60	7.52	6.38

Program Revenues				
Fees, Permits & Charges	$1,927,274	$0	$2,067,821	$0
Intergovernmental	$72,194	$0	$72,566	$0
Other / Miscellaneous	$0	$1,196,262	$0	$1,232,426
Total Revenue	**$1,999,468**	**$1,196,262**	**$2,140,387**	**$1,232,426**

Explanation of Revenues

This program generates $126,513 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 increases, 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 2022: 40004 Ambulance Services (Emergency Medical Services)

Multnomah County

Program #40005 - Public Health & Regional Health Systems Emergency Preparedness

3/3/2022

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

Executive Summary

Preparing for and responding to emergencies with widespread or severe health impacts require multi-agency, multi-jurisdictional, and public/private sector collaboration. The Health Department Public Health Preparedness (HDPHP) program assures that we can carry out the County's unique public health responsibilities in an emergency and contributes to this.

Program Summary

Responding to emergencies with severe health impacts equitably (such as natural disasters, severe epidemics/pandemics, terrorist attacks) requires coordinated action to 1) focus the response on priority needs, and 2) effectively leverage resources of government, private healthcare providers, and non-profit organizations. Public Health preparedness includes: 1) emergency plans and protocols linked to the County's Emergency Response Plan; 2) trained and exercised Health Department leadership, managers and supervisors and incident management team members; 3) exercises to test and refine plans and capabilities, and 4) plans to increase capacity for key public health functions (e.g., epidemiology capacity to investigate and analyze an emergency's health impacts).

This program is funded through two grants that help the County meet Public Health modernization goals of public health emergency preparedness and response. The program staff work collaboratively across the region and with the State to ensure effective, equitable, and coordinated public health preparedness and response .

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Ensure proper PH leadership and prog. representation in emerg. activation and exercise over the year.	100%	100%	100%	100%
Outcome	Staff appropriately to meet the grant deliverables of the Public Health Emergency Preparedness and Cities Readi	N/A	N/A	N/A	N/A

Performance Measures Descriptions

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$252,190	$27,043	$259,392
Materials & Supplies	$0	$13,212	$13,853	$0
Internal Services	$11,752	$33,626	$23,263	$39,636
Total GF/non-GF	**$11,752**	**$299,028**	**$64,159**	**$299,028**
Program Total:	**$310,780**		**$363,187**	
Program FTE	0.00	1.43	0.17	1.26

Program Revenues				
Intergovernmental	$0	$299,028	$0	$299,028
Total Revenue	**$0**	**$299,028**	**$0**	**$299,028**

Explanation of Revenues

This program generates $35,428 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.

$ 259,028 - State Public Health Emergency Preparedness
$ 40,000 - Cities Readiness Initiative

Significant Program Changes

Last Year this program was: FY 2022: 40005 Public Health & Regional Health Systems Emergency Preparedness

Multnomah County

Program #40006 - Tobacco Prevention and Control 3/3/2022

Department: Health Department **Program Contact:** Tameka Brazile

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

Related Programs:

Program Characteristics: In Target

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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of tobacco retail licenses issued	899	800	785	800
Outcome	Number of policies established to reduce tobacco use and exposure	0	2	1	1
Output	Number of retailer inspections	347	1,000	1,000	1,500
Output	Number of community partnerships	26	45	45	55

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$520,378	$367,379	$549,831	$388,535
Contractual Services	$15,000	$173,000	$15,000	$28,000
Materials & Supplies	$36,608	$36,825	$25,727	$2,400
Internal Services	$145,231	$98,147	$91,851	$106,134
Total GF/non-GF	**$717,217**	**$675,351**	**$682,409**	**$525,069**
Program Total:	**$1,392,568**		**$1,207,478**	
Program FTE	3.95	2.80	4.05	2.80

Program Revenues				
Fees, Permits & Charges	$629,241	$0	$647,560	$0
Intergovernmental	$0	$495,351	$0	$525,069
Other / Miscellaneous	$0	$180,000	$0	$0
Total Revenue	**$629,241**	**$675,351**	**$647,560**	**$525,069**

Explanation of Revenues

This program generates $52,219 in indirect revenues.
$ 497,069 - OHA, Oregon Public Health Division Tobacco Prevention and Education grant
$ 28,000 - HSO County Based Services - TPEP

Significant Program Changes

Last Year this program was: FY 2022: 40006 Tobacco Prevention and Control

In FY23, this program is losing $131,963 in revenue due to the end of Health Share funding for media. COVID-19-Related Impacts: In-person inspections and community engagement were stopped in March 2020. 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 only being able to conduct in-person business by appointment; Tobacco Retail License trainings being virtual; and conducting outreach calls to provide business-related COVID-19 resources and virtual inspections with limited in-person inspections of retail establishments. These changes resulted in fewer inspections during FY22. In FY23, inspections are expected to increase with ramp-up of in-person services.

Multnomah County

Program #40007A - Health Inspections and Education 3/3/2022

Department: Health Department **Program Contact:** Andrea Hamberg

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

Related Programs:

Program Characteristics: In Target

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 4,638 restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, vending machines, and jails. 472 pools/spas; 858 schools, childcare, adult foster care, and other service providers. 43 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 1 foodborne illness and 10 vibrio investigations 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of licenses issued	5,392	6,313	5,608	6,583
Outcome	Number of Priority & Priority Foundation violations	827	6,130	3,347	5,766
Output	Number of facility inspections	5,805	12,699	9,937	13,698
Output	Number of Food Worker Cards issued	7,537	10,832	9,484	11,245

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 require 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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$4,698,815	$23,858	$4,694,303	$24,588
Contractual Services	$423,410	$0	$402,690	$0
Materials & Supplies	$147,726	$1,358	$143,966	$501
Internal Services	$736,324	$3,178	$764,931	$3,305
Total GF/non-GF	**$6,006,275**	**$28,394**	**$6,005,890**	**$28,394**
Program Total:	**$6,034,669**		**$6,034,284**	
Program FTE	36.32	0.18	34.82	0.18

Program Revenues				
Fees, Permits & Charges	$2,604,962	$0	$6,006,275	$0
Intergovernmental	$0	$28,394	$0	$28,394
Total Revenue	**$2,604,962**	**$28,394**	**$6,006,275**	**$28,394**

Explanation of Revenues

This program generates $3,305 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 2022: 40007 Health Inspections and Education

FY23 HIE staffing is reduced by 3.0 FTE, 1.4 FTE are included in an out-of-target fee increase request. COVID-19-Related - In FY22, the HIE office was closed to the public, meaning services were provided by mail, fax, email, or phone. Field staff teleworked with limited (staggered) numbers going into the office. The majority of facility inspections were conducted virtually, which resulted in a large drop in violations since the State does not allow cited violations through virtual inspections. 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 FY23, HIE expects to be able to increase in-person inspections, which will increase the number of violations.

Multnomah County

Program #40007B - Health Inspections and Education - Fee Increase 3/3/2022

Department:	Health Department	**Program Contact:**	Andrea Hamberg
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:			
Program Characteristics:	Out of Target		

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. This program offer represents an incremental fee increase for FY23 that will support inspection and training/certification capacity.

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 facility inspections, foodborne illness outbreak response, food handler training and certification, and education to help businesses achieve compliance. This program offer represents an increase in the inspection fee cost to account for increased costs of the program. It will support inspection and training/certification capacity.

Facility Inspection – Facilities include 4,638 restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, vending machines, and jails. 472 pools/spas; 858 schools, childcare, adult foster care, and other service providers. 43 small water systems (inspected every 3 to 5 years) and an additional 12 water systems (responding to alerts as needed).

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. Per Advisory Board recommendations, the fee increase reflected in this program offer will occur incrementally to avoid large increases every few years.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of licenses issued	N/A	N/A	N/A	1,012
Outcome	Number of facility inspections	N/A	N/A	N/A	785

Performance Measures Descriptions

2) Facilities inspected on-site (e.g. restaurants, mobile units, etc.).

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$189,433	$0
Materials & Supplies	$0	$0	$14,643	$0
Total GF/non-GF	**$0**	**$0**	**$204,076**	**$0**
Program Total:	**$0**		**$204,076**	
Program FTE	0.00	0.00	1.90	0.00

Program Revenues				
Fees, Permits & Charges	$0	$0	$204,076	$0
Total Revenue	**$0**	**$0**	**$204,076**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

This program offer includes 1.4 EHS Trainees (filled), 0.50 vacant OA2, and $13,683 in materials and services. The fee increase is to account for increased costs of the program. The program's Food Service Advisory Board has requested to increase fees incrementally instead of having large increases every few years. These are considered general fund fees. See 40007A for COVID-19-related impacts.

Multnomah County

Program #40008A - Vector-Borne Disease Prevention and Code Enforcement 3/3/2022

Department: Health Department **Program Contact:** Andrea Hamberg

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

Related Programs:

Program Characteristics: In Target

Executive Summary

The Vector program protects the public from emerging and imminent vector-borne diseases by monitoring, collecting, and testing mosquitoes, birds, and rats, and enforcing health-based nuisance codes. 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. This is accomplished through

Mosquito Control - suppression of mosquito populations to lower the risk of West Nile Virus and other mosquito-borne viruses and reducing the mosquito breeding habitat through water control and vegetation management.

Disease Surveillance - collection, identification, and laboratory analysis of mosquitoes, birds, and rats to identify diseases and monitoring the spatial and temporal distribution of species to determine at-risk areas and populations.

Rodent Control – performing complaint-based inspections for property owners and businesses and providing education and free abatement materials.

Nuisance Code Enforcement - addressing public health code violations, investigating and removal of illegal dumping, and enforcement of city codes regarding livestock.

Outreach and Education - attend fairs, festivals, and activities throughout the county with a focus on events in areas that are in low income neighborhoods or communities of color to provide education and resources in multiple languages on protection from vector-borne disease.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of rodent inspections conducted	631	1,000	700	700
Outcome	Number of service referrals that improve vector abatement	76	12	60	45
Output	Number of acres treated for mosquitoes	600	2,000	600	300
Quality	Inspection and monitoring of mosquito producing sites	745	800	800	800

Performance Measures Descriptions

1) Rodent inspections are generated by submitted complaints. Inspections of encampments are included in 40008B. 2) Mosquito referrals are complaint-based and use integrated pest management strategies for abatement, which include education, removal of breeding source(s), and biological and chemical treatments. 3) FY22 estimate was impacted by weather conditions being unfavorable for treatment and staff being deployed to COVID-19 response. In FY22, this measure was budgeted at 4 FTE. In FY23, the measure is budgeted at 2 FTE.

Legal / Contractual Obligation

Legal mandates are ORS 452 Vector Control, OAR 333-018 Communicable Disease and Reporting, OAR 333-019 Communicable Disease Control, OAR 603-052 Pest and Disease Control, OAR 603-057 Pesticide Control, 1968 Agreement City of Portland and Multnomah County, MCC Chapter 15 Nuisance Control Law, PCC Title 8.40 Rodent Control, PCC Title 8.44 Insect Control, PCC Title 29 Property Maintenance Regulations, NPDES General Aquatic Permit for Mosquito Control 2300A

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,093,921	$10,000	$1,133,965	$0
Contractual Services	$19,583	$0	$34,100	$0
Materials & Supplies	$24,146	$0	$72,805	$0
Internal Services	$264,166	$0	$328,275	$0
Total GF/non-GF	**$1,401,816**	**$10,000**	**$1,569,145**	**$0**
Program Total:	**$1,411,816**		**$1,569,145**	
Program FTE	8.56	0.06	8.62	0.00

Program Revenues				
Intergovernmental	$0	$10,000	$0	$0
Other / Miscellaneous	$1,000	$0	$0	$0
Service Charges	$272,612	$0	$342,446	$0
Total Revenue	**$273,612**	**$10,000**	**$342,446**	**$0**

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 2022: 40008 Vector-Borne Disease Prevention and Code Enforcement

In FY22, staff that primarily work on mosquito monitoring and abatement were redeployed to work on rodent response and encampments. In FY23, these staff will transition back to mosquito inspection and monitoring. In FY23, the program is being stabilized through increased County General Fund ($98,495) to right size supply and contract costs while maintaining 2 FTE to treat for mosquitoes (reduced from 4 FTE in FY22). The program moved 2.82 FTE, which was added mid-FY22 to support rodent inspections in encampments, from this offer to 40008B. COVID-19 Impacts: In FY22, Vector staff were reassigned to COVID-19 response for multiple events. The program maintained services with voluntary overtime for staff. Most community outreach events were canceled, which significantly reduced the program's ability to engage the community in vector prevention. In FY23, the program anticipates returning to pre-pandemic operations.

Multnomah County

Program #40008B - Vector Control-Encampment Health Hazard Abatement 3/3/2022

Department: Health Department **Program Contact:** Andrea Hamberg

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

Related Programs:

Program Characteristics: Out of Target

Executive Summary

The Vector program received mid-FY22 funding to formulate a short-term and long-term response to reduce the risk of environmental health hazards and to improve the health and wellbeing of people that are experiencing houselessness and communities near encampments.

Program Summary

Reducing environmental risk and improving health-impacting conditions of encampments includes:

Identify public health threats at encampments by inspecting for environmental health hazards around food and water safety, traffic safety, safe handling of fuels and fires, rodent and vector prevention, sharps handling and disposal, and waste management.

Provide technical assistance to encampments by developing and maintaining effective working relationships with program stakeholders, providing educational materials and trainings, and developing evidence-based policies for safe and sanitary operations.

Perform low income property inspections in areas throughout the County that are underserved or historically disadvantaged with a focus on education and to provide assistance to renters and property owners to protect health and increase livability.

Assist property owners with rodent issues through targeted outreach to neighborhoods adjacent to encampments by providing inspections, education, and free traps to property owners.

Monitor and proactively prevent rodent issues in community gardens throughout the county to decrease potential rodent issues in neighborhoods and provide education in multiple languages to garden managers and users.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Site inspections completed	N/A	35	35	60
Outcome	Encampments or partner agencies receiving technical assistance	N/A	10	10	30
Output	Information distributed	N/A	250	250	1,000

Performance Measures Descriptions

1) Proactive inspections of encampments, multi and single family residences, businesses, right of ways, restaurants, etc. to determine environmental health concerns. 2) Providing information on integrated pest management (IPM) and other environmental health improvement strategies. 3) Contacts generated through distribution of informational materials, including in-person, phone, and email contacts, remote meetings, mailings, etc.

Legal / Contractual Obligation

Legal mandates are ORS 452 Vector Control, OAR 333-018 Communicable Disease and Reporting, OAR 333-019 Communicable Disease Control, OAR 603-052 Pest and Disease Control, OAR 603-057 Pesticide Control, 1968 Agreement City of Portland and Multnomah County, MCC Chapter 15 Nuisance Control Law, PCC Title 8.40 Rodent Control, PCC Title 8.44 Insect Control, PCC Title 29 Property Maintenance Regulations

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$343,418	$0
Materials & Supplies	$0	$0	$61,582	$0
Total GF/non-GF	**$0**	**$0**	**$405,000**	**$0**
Program Total:	**$0**		**$405,000**	
Program FTE	0.00	0.00	3.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Multnomah County

Program #40009 - Vital Records 3/3/2022

Department: Health Department **Program Contact:** Andrea Hamberg

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

Related Programs:

Program Characteristics: In Target

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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of birth and death certificates issued	39,799	35,200	40,000	38,000
Outcome	Average number of days to issue error free certificate	1	1	1	1

Performance Measures Descriptions

Performance Measure 1) The number of death certificates issued in FY21 was slightly higher than previous years (about 5,000 more), potentially due to the COVID-19 pandemic.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$605,015	$0	$601,310
Contractual Services	$0	$17,355	$0	$18,082
Materials & Supplies	$15,000	$32,507	$4,000	$13,110
Internal Services	$0	$225,123	$0	$250,434
Total GF/non-GF	**$15,000**	**$880,000**	**$4,000**	**$882,936**
Program Total:	**$895,000**		**$886,936**	
Program FTE	0.00	5.80	0.00	5.30

Program Revenues				
Fees, Permits & Charges	$0	$880,000	$0	$882,936
Total Revenue	**$0**	**$880,000**	**$0**	**$882,936**

Explanation of Revenues

This program generates $80,816 in indirect revenues.
This is a fee driven, self-sustaining program. The fee schedule is established by the State of Oregon.

$ 882,036 - Vital Stats Certs (Licenses)

Significant Program Changes

Last Year this program was: FY 2022: 40009 Vital Records

FY23 staffing is decreased by 0.5 FTE. COVID-19-Related Impacts - In FY21, the Vital Records office closed to the public and services were provided by mail, fax, email, or phone; however, service levels did not decline as a result. In FY22, the program transitioned from being led by a Program Supervisor to an Operations Supervisor. Staff moved to a hybrid telework schedule, with staff having one day of teleworking duties per week. A database upgrade/conversion from Microsoft Access to Salesforce will occur in FY22/FY23.

Multnomah County

Program #40010A - Communicable Disease Prevention and Control 3/3/2022

Department: Health Department **Program Contact:** Kim Toevs

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

Related Programs:

Program Characteristics: In Target

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 through 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 (TB) 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 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 (CDC). 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 are) 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of disease report responses	3,661	5,500	3,882	3,900
Outcome	Location of contacts (pertussis, meningococcal meningitis, Hepatitis A and B) within one day	100%	70%	90%	70%
Outcome	Percent of assisted facilities successful in meeting immunization law requirements	100%	90%	100%	90%
Quality	Percent of tuberculosis (TB) patients completing treatment within 12 months	100%	96%	96%	96%

Performance Measures Descriptions

Performance Measure 1: FY21 actual and FY22 estimate are low due to overall lower disease reports secondary to COVID-19, stay at home orders, and changing access to in person services. FY23 offer is set to follow this trend.

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,423,867	$1,940,891	$1,250,355	$2,274,009
Contractual Services	$80,777	$115,423	$58,395	$392,953
Materials & Supplies	$115,221	$26,392	$68,978	$73,925
Internal Services	$710,359	$304,213	$537,236	$645,830
Capital Outlay	$52,328	$0	$0	$0
Total GF/non-GF	**$2,382,552**	**$2,386,919**	**$1,914,964**	**$3,386,717**
Program Total:	**$4,769,471**		**$5,301,681**	
Program FTE	8.85	12.10	7.33	15.65

Program Revenues				
Intergovernmental	$0	$2,126,413	$0	$3,131,908
Other / Miscellaneous	$0	$205,006	$0	$214,309
Service Charges	$0	$55,500	$0	$40,500
Total Revenue	**$0**	**$2,386,919**	**$0**	**$3,386,717**

Explanation of Revenues

This program generates $282,635 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.
$ 1,306,918 - State of Oregon LPHA (Direct State and Federal through State)
$ 90,000 - Refugee Health Promotion
$ 229,809 - Medical Fees
$ 211,472 - Emerging Infections Program
$ 1,548,518 - Public Health Modernization Regional and Local

Significant Program Changes

Last Year this program was: FY 2022: 40010A Communicable Disease Prevention and Control

In FY23, immunization-related work was moved to 40010C. This move, along with the reallocation of County General Fund (CGF) to 40010B, results in a $467,588 reduction in CGF in 40010A. Revenue increases (totaling $999,798) include Oregon Health Authority Local Public Health Authority Agreement grant funds, including Public Health Modernization. 40010A has a net increase of 2.03 FTE for FY23. COVID-19-Related Impacts: CDS staff conducted all COVID-19 investigations in addition to usual state reportable CD investigations and TB case management. Some CDS staff have returned to their routine duties but some continue to work in the COVID-19 response, the majority of them in leadership roles. After limited capacity since the start of the pandemic, CDS is now able to investigate all reportable diseases that require investigation.

Multnomah County

Program #40010B - Communicable Disease Clinical and Community Services 3/3/2022

Department: Health Department **Program Contact:** Kim Toevs

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

Related Programs:

Program Characteristics: Backfill State/Federal/Grant, In Target

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. Immunization and testing services related to COVID-19 are in program offer 40010C.

Program Summary

CD Clinical and Community Services limits the spread of sexually transmitted infections (STIs) and TB 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 informs interventions in response to the syndemic (e.g., 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.

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. 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of clinical visits (STD, HIV, TB)	6,041	6,000	6,800	6,700
Outcome	Percent of all County gonorrhea/syphilis/HIV cases diagnosed through this program	14%	15%	15%	15%
Quality	Percent of syphilis/HIV cases investigated	75%	85%	80%	85%
Output	Number of patients initiated on HIV prevention medication (PrEP)	405	325	430	450

Performance Measures Descriptions

Measure 1: Includes STD, TB, and outreach testing. Measure 2: The LPHA Agreement requires reporting on communicable diseases. The measure shows the impact and efficiency of the program to find, diagnose, and treat a significant portion of reportable STDs relative to the entire health care system. Measure 3: Percentage of newly reported HIV and syphilis cases that are successfully interviewed by DIS case investigators. 100% of cases are initiated to attempt an interview.

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$512,372	$3,618,750	$374,187	$3,866,560
Contractual Services	$133,475	$1,330,951	$124,681	$2,388,805
Materials & Supplies	$113,523	$165,302	$176,707	$159,425
Internal Services	$455,136	$1,855,660	$767,587	$545,813
Total GF/non-GF	**$1,214,506**	**$6,970,663**	**$1,443,162**	**$6,960,603**
Program Total:	**$8,185,169**		**$8,403,765**	
Program FTE	3.86	30.02	2.80	31.15

Program Revenues				
Intergovernmental	$0	$6,524,521	$0	$6,740,096
Service Charges	$0	$446,142	$0	$220,507
Total Revenue	**$0**	**$6,970,663**	**$0**	**$6,960,603**

Explanation of Revenues

This program generates $450,333 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.

$ 250,000 - Federal STD Surveillance Network Grant (SSuN)
$ 4,861,365 - HIV EIO
$ 220,507 - Medical Fees
$ 523,431- Sexually Transmitted Diseases Client Services
$ 686,362 - Public Health Modernization
$ 408,438 - State Local Public Health Authority IGA
$ 10,500 - ELC Gonococcal Infections

Significant Program Changes

Last Year this program was: FY 2022: 40010B Communicable Disease Clinical and Community Services

In FY23, the OHA HIV Early Intervention Services and Outreach (EISO) year 5 award is reduced by $457,336. The reduction was offset through adding County General Fund from 40010A and OHA Public Health Modernization grant funds. The program offer has a net increase of 0.07 FTE in FY23. CDC COVID-19 Health Disparities funds (40199T) will support 0.5 FTE to work within this program area. COVID-19-Related Impacts: DIS staff previously reassigned to COVID-19 response have returned to HIV/STI duties and outreach HIV/STI testing has resumed. Community-wide testing and treatment options were curtailed in 2020. As more testing options ramped up in FY21, there were increases in gonorrhea and syphilis morbidity potentially related to delayed testing. As a result of the pandemic and curtailment of some screening services, there was a proportional reduction in clinic revenue.

Multnomah County

Program #40012A - FQHC-HIV Clinical Services 3/3/2022

Department: Health Department **Program Contact:** Nick Tipton

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

Related Programs:

Program Characteristics: In Target

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 1,500 highly vulnerable people living with HIV. Services target low-income, uninsured, and people experiencing houselessness, 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. Over 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 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of unduplicated HIV clinic clients	1992	1475	1500	1550
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.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$660,654	$3,755,049	$0	$4,749,569
Contractual Services	$144,557	$20,710	$0	$108,296
Materials & Supplies	$59,768	$190,079	$0	$258,724
Internal Services	$671,558	$746,407	$0	$1,608,500
Total GF/non-GF	**$1,536,537**	**$4,712,245**	**$0**	**$6,725,089**
Program Total:	**$6,248,782**		**$6,725,089**	
Program FTE	5.07	24.33	0.00	31.68

Program Revenues				
Intergovernmental	$0	$3,335,697	$0	$3,416,930
Service Charges	$1,536,537	$1,376,548	$0	$3,308,159
Total Revenue	**$1,536,537**	**$4,712,245**	**$0**	**$6,725,089**

Explanation of Revenues

This program generates $533,959 in indirect revenues.
$ 1,379,783 - Ryan White Part A funds for 21-22 (Medical, Case management, Non medical case mgmt, Housing), $459,930 - Ryan White Part D funds for 21-20 (Women, Children, Youth), $13,120 - Ryan White Part F funds for 21-22 (OHSU dental referrals case management) , $45,000 - Federal Primary Care Grant (330) for FY 22, $763,855 - 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), $3,308,159 - Medical Fees projected, $287,900 - FOCUS Hepatitis C Foundation Grant 21-22: Hep C Primary Care Screening and Treatment

Significant Program Changes

Last Year this program was: FY 2022: 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.

Multnomah County

Program #40012B - Services for Persons Living with HIV - Regional Education and Outreach

3/3/2022

Department: Health Department **Program Contact:** Kim Toevs

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

Related Programs:

Program Characteristics: In Target

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 that 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 assistance finding permanent affordable housing to ensure ability to remain engaged in medical care and adherent to medications. Food - congregate meals, home delivered meals, and access to food pantries to eliminate food insecurity and provide 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 BIPOC-focused consumer data review group meets to improve the use and presentation of BIPOC data.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of unduplicated HGAP clients served (all service types/whole 6-county system)	2,809	2,800	2,800	2,820
Outcome	Percent of HGAP clients (all 6 counties) who are virally suppressed	91%	91%	91%	92%
Outcome	Increase viral suppression rate of Black/African Americans	89%	88%	89%	90%

Performance Measures Descriptions

Performance Measure 3 addresses 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; 4) 5% allocated toward quality management and evaluation; and 5) 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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$3,177	$809,128	$3,276	$898,803
Contractual Services	$7,300	$4,724,336	$7,500	$4,765,375
Materials & Supplies	$500	$16,815	$500	$31,576
Internal Services	$47,187	$162,902	$61,515	$185,957
Total GF/non-GF	**$58,164**	**$5,713,181**	**$72,791**	**$5,881,711**
Program Total:	**$5,771,345**		**$5,954,502**	
Program FTE	0.02	5.48	0.02	5.78

Program Revenues				
Intergovernmental	$0	$5,713,181	$0	$5,881,711
Total Revenue	**$0**	**$5,713,181**	**$0**	**$5,881,711**

Explanation of Revenues

This program generates $103,395 in indirect revenues.
$ 2,527,028 - Ryan White Part A funds for 21-22: Medical, Case management, Non-medical case management, and Housing
$ 3,354,683 - Oregon Health Authority Ryan White

Significant Program Changes

Last Year this program was: FY 2022: 40012B Services for Persons Living with HIV - Regional Education and Outreach

This program's revenue has a net increase of $168,530 (an increase of $192,253 in Ryan White funds through OHA, but a decrease of $23,723 in federal Ryan White funds). Staffing is increased by 0.30 FTE. COVID-19-Related Impacts: Subcontracted services are constantly in flux due to changing CDC guidance and reduced staff capacity. However, all services are available for persons living with HIV to access. Most subcontracted agencies continue to operate in a telehealth model with limited in person services.

Multnomah County

Program #40016 - FQHC-Medicaid/Medicare Eligibility 3/3/2022

Department: Health Department **Program Contact:** Erika Williams

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

Related Programs:

Program Characteristics: In Target

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. Over 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 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. 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 14,500 clients were screened and there were 1760 projected enrollments into 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Annual number of clients screened	14,679	16,000	15,102	15,000
Outcome	% of Self Pay Patients in Medical	13.87%	14%	13.7%	14%
Outcome	% of Self Pay Patients in Dental	5%	8%	5%	8%

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$585,444	$1,515,250	$0	$2,167,626
Contractual Services	$0	$24,000	$0	$24,000
Materials & Supplies	$1,456	$14,950	$0	$13,417
Internal Services	$406,200	$225,851	$0	$631,683
Total GF/non-GF	**$993,100**	**$1,780,051**	**$0**	**$2,836,726**
Program Total:	**$2,773,151**		**$2,836,726**	
Program FTE	5.00	15.00	0.00	20.00

Program Revenues				
Intergovernmental	$0	$295,945	$0	$1,540,975
Service Charges	$993,100	$1,484,106	$0	$1,295,751
Total Revenue	**$993,100**	**$1,780,051**	**$0**	**$2,836,726**

Explanation of Revenues

This program generates $291,329 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.
$ 1,540,975 - Division of Medical Assistance Programs (DMAP)

Significant Program Changes

Last Year this program was: FY 2022: 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.

Clients enrolled in the Oregon Health Plan have maintained their current benefit level throughout the pandemic. This has led to a significant reduction in the number of OHP new and renewal applications processed at the Health Center.

Multnomah County

Program #40017 - FQHC-Dental Services 3/3/2022

Department: Health Department **Program Contact:** Azma Ahmed

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

Related Programs:

Program Characteristics: In Target

Executive Summary

ICS is the largest FQHC in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County. ICS-Dental provides County residents with essential, urgent, routine, and preventive services in clinic settings and school-based programs. ICS-Dental works with community partners, targeting under-served populations, providing service to nearly 27,000 people in Multnomah County. ICS-Dental 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 and Community Oral Health, and provides access for clients with chronic diseases, and children and pregnant women. The ICS dental program strives to provide the highest level of care and evidence-based practice.

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. Over 60% 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 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities, and ensuring affordable, quality access to healthcare. The Dental program has three distinct svcs components: 1. 7 dental clinics provide comprehensive and urgent dental treatment for Medicaid (Oregon Health Plan) and self-pay patients. The clinics perform outreach to clients who have not had a visit in the past 12-24 months. The clinical program also focuses on services for pregnant women 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. 2. 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 mths in our clinic setting, known as our Baby Day program. The 3rd component of the program consists of mentoring and training dental hygiene and students training to be dentists. These students provide svcs to our clients, under the preceptorship of our providers, which helps cultivate a workforce interested in providing public health today and into the future. 3. Dental svcs are an essential program that provides education, prevention, and dental treatment to the poorest and most vulnerable in Multnomah County. Svcs include dental sealants (protective coatings placed on children's molar teeth), which have been a mainstay at our School and Community Oral Health Program for many years, preventive measures, and improving access for clients who have recently gained insurance through our outreach efforts. The focus on metrics benefits the community, quality of care, and our financial picture. The Dental program continues to search for ways to deliver the best evidence-based oral healthcare svcs, to most people, in a reasonable, and cost-effective manner. In the past 18 mths, COVID19 has significantly impacted access to dental care svcs, because of the risk inherent with dental procedures and treatments. While we anticipate ongoing recovery from the COVID19, dental svcs will remain a part of the comp. community health center model of care.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Billable patient visits	56,496	94,738	61,961	80,496
Outcome	No show rate	19%	17%	18%	15%

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 standards, which include infection control, patient safety, patient rights, and many more.
All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$11,189,416	$8,897,893	$0	$19,075,421
Contractual Services	$68,016	$180,419	$0	$226,574
Materials & Supplies	$243,299	$753,366	$0	$1,147,794
Internal Services	$1,637,359	$3,798,884	$0	$5,683,395
Total GF/non-GF	**$13,138,090**	**$13,630,562**	**$0**	**$26,133,184**
Program Total:	**$26,768,652**		**$26,133,184**	
Program FTE	68.92	76.15	0.00	130.36

Program Revenues				
Intergovernmental	$0	$312,308	$0	$312,000
Other / Miscellaneous	$419,000	$98,450	$0	$819,088
Beginning Working Capital	$491,694	$0	$0	$0
Service Charges	$12,227,396	$13,219,804	$0	$25,002,096
Total Revenue	**$13,138,090**	**$13,630,562**	**$0**	**$26,133,184**

Explanation of Revenues

This program generates $2,563,738 in indirect revenues.
The primary source of revenue is Medicaid payments and patient fees.

$ 25,100,434 - Dental Patient Fees
$ 312,000 - Federal Primary Care (330) Grant
$ 720,750 - Care Oregon Dental Incentives

Significant Program Changes

Last Year this program was: FY 2022: 40017 Dental Services

Significant program changes
Through efficiency initiatives involving dental scheduling and the utilization of dental chairs, the Dental program is anticipating no reduction in access. Changes to our team structure and chair utilization are designed to mitigate the ongoing shortage of Expanded Function Dental Assistant (EFDA). The projected number of encounters have been adjusted to align with anticipated COVID19 recovery, patient demand for services, predicted staffing, and historical no-show rates. Based on this information, we project that the dental program can deliver 80,496 visits in FY 23, a number that will provide ample access and program fiscal viability.

Multnomah County

Program #40018 - Women, Infants, and Children (WIC) 3/3/2022

Department: Health Department **Program Contact:** Kathleen Humphries

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

Related Programs:

Program Characteristics: In Target

Executive Summary

The Women, Infants and Children Program (WIC) serves approximately 13,000 pregnant and nursing people 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 provides nutritious food, nutrition education and counseling, growth monitoring, health screening, breastfeeding support, and other support networks to eligible families. WIC also acts as a core referral center for other health and social services, including prenatal care, immunizations, Head Start, housing and day care assistance, other County public health programs, SNAP and other food assistance, and more. Multnomah County WIC leads with race and actively applies an equity lens to all services, programs, delivery methods, education options, staffing, and technology systems. Multnomah County WIC is a leader in innovation, and a regional partner for cross-cutting health programming and equity expertise.

In 2021, WIC served approximately 19,000 unique clients with over 55,000 visits and Multnomah County WIC participants received healthful foods totalling $7.8 million to support both nutritional health and food insecurity. During 2021, and continuing into 2022, WIC and Breastfeeding services have been exclusively remote, due to the COVID-19 pandemic. Nonetheless, WIC has maintained its caseload and retained staff at over 95%. In early 2021, participating families rated the remote service model and its quality in meeting their needs as “excellent” in a large-scale text survey. The WIC staff received the County’s 2021 Outstanding Team Achievement award for their work in distributing an additional $3.8 million dollars in COVID direct assistance to WIC families.

By design, WIC exclusively serves populations experiencing health disparities and 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, over 25% of WIC clients need communications in languages other than English. The program has responded through signage in multiple languages, staff who speak multiple languages fluently, interpretation services contracts, and technology to promote better access. Currently, 83% (up from 77% in 2020 and 45% in 2016) of WIC staff have language and/or cultural KSAs or are themselves immigrants or refugees. These approaches enable WIC to reach populations most disparately impacted by food and nutrition insecurity. WIC also partners with culturally specific agencies and advisory boards and surveys clients to inform services.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of WIC clients in one year who receive healthful foods with E-WIC benefits	19,000	20,000	19,000	19,000
Outcome	% of WIC clients initiating breastfeeding	93%	94%	93%	93%
Outcome	# of nutrition education contacts with WIC families	55,588	48,000	57,268	57,000
Quality	% of clients served per month in languages other than English	26%	26%	24.2%	25%

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,293,532	$3,252,961	$1,353,205	$3,633,855
Contractual Services	$83,000	$0	$58,881	$0
Materials & Supplies	$63,498	$734	$129,279	$0
Internal Services	$816,981	$431,032	$889,736	$488,389
Total GF/non-GF	**$2,257,011**	**$3,684,727**	**$2,431,101**	**$4,122,244**
Program Total:	**$5,941,738**		**$6,553,345**	
Program FTE	11.26	29.14	12.40	31.95

Program Revenues				
Intergovernmental	$0	$2,915,023	$0	$3,352,540
Other / Miscellaneous	$0	$769,704	$0	$769,704
Total Revenue	**$0**	**$3,684,727**	**$0**	**$4,122,244**

Explanation of Revenues

This program generates $488,389 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.

$ 3,277,540 - 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 2022: 40018 Women, Infants, and Children (WIC)

In FY23, WIC has a $437,517 increase in grant caseload funding which will result in a net increase of 3.95 FTE. This increase will rebuild clerical/operations and provider teams by centering race and the cultural communities WIC serves, as well as provide organizational structure to increase capacity in equity-based services. COVID-19-Related Impacts - WIC services became completely remote in March 2020, remained so throughout 2021, and will continue through FY22. USDA waivers to maintain exclusively remote service are currently in place thorough August 2022 and may be additionally extended. The change to remote 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, their own safety, and satisfaction in their jobs. In FY23, WIC anticipates moving to both remote and in-person services.

Multnomah County

Program #40019 - FQHC-North Portland Health Clinic 3/3/2022

Department: Health Department **Program Contact:** Katie Thornton

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

Related Programs:

Program Characteristics: In Target

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 the first 3 months of FY21. The North Portland Health Center resumed onsite operations in October 2020 and served 3,693 patients. 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. Over 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 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. 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. NPHC 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Individual patients served	3693	3,900	3,900	4,000
Outcome	Number of visits completed	11,728	20,152	20,000	14,865

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 are Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$2,702,204	$1,138,847	$0	$3,857,143
Contractual Services	$87,412	$0	$0	$130,815
Materials & Supplies	$9,939	$174,151	$0	$162,500
Internal Services	$359,933	$1,153,272	$0	$1,168,362
Total GF/non-GF	**$3,159,488**	**$2,466,270**	**$0**	**$5,318,820**
Program Total:	**$5,625,758**		**$5,318,820**	
Program FTE	16.45	11.35	0.00	25.50

Program Revenues				
Intergovernmental	$0	$573,895	$0	$673,895
Service Charges	$3,159,488	$1,892,375	$0	$4,644,925
Total Revenue	**$3,159,488**	**$2,466,270**	**$0**	**$5,318,820**

Explanation of Revenues

This program generates $518,400 in indirect revenues.
This program is supported by a federal BPHC grant, as well as Medicaid/Medicare fee revenue.
$ 987,165 - Medical Fees
$ 223,895 - Federal Primary Care grant PC 330
$ 450,000 - Federal Primary Care/Homeless grant
$ 3,363,464 - FQHC Medicaid Wraparound
$ 294,296 - Medicare PC North

Significant Program Changes

Last Year this program was: FY 2022: 40019 North Portland Health Clinic

The COVID-19 pandemic continued to stretch the Health Center resources, requiring shifting prioritization towards vaccination and testing clinics.

Multnomah County

Program #40020 - FQHC-Northeast Health Clinic 3/3/2022

Department: Health Department **Program Contact:** Katie Thornton

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

Related Programs:

Program Characteristics: In Target

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 6,659 clients in FY21. 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. Over 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 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. 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

In fiscal year 21, the clinic saw 6,659 patients who were provided services in more than 10 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 (29%), the Latinx diaspora (36%) and those who identify as white (25%). The remaining 10% of our patients identify as Asian, Native American and Pacific Islander.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Individual patients served	6,659	4,000	4,500	5,000
Outcome	Number of visits completed	19660	20328	19,000	18,327

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 are 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.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$2,501,518	$1,725,856	$0	$4,219,021
Contractual Services	$48,817	$129,301	$0	$143,287
Materials & Supplies	$68,323	$144,511	$0	$193,250
Internal Services	$333,202	$968,159	$0	$1,652,257
Total GF/non-GF	**$2,951,860**	**$2,967,827**	**$0**	**$6,207,815**
Program Total:	**$5,919,687**		**$6,207,815**	
Program FTE	16.30	13.70	0.00	28.20

Program Revenues				
Intergovernmental	$0	$985,061	$0	$985,060
Service Charges	$2,951,860	$1,982,766	$0	$5,222,755
Total Revenue	**$2,951,860**	**$2,967,827**	**$0**	**$6,207,815**

Explanation of Revenues

This program generates $567,037 in indirect revenues.
Northeast Health Clinic is supported by the federal BPHC grant, , Medicaid/Medicare and other medical fees.

$ 1,602,796 - Medical Fees
$ 985,060 - Federal Primary Care (330) grant
$ 3,619,959 - FQHC Medicaid Wraparound

Significant Program Changes

Last Year this program was: FY 2022: 40020 Northeast Health Clinic

The COVID-19 pandemic continued to stretch the Health Center resources, requiring shifting prioritization towards vaccination and testing clinics.

Multnomah County

Program #40022 - FQHC-Mid County Health Clinic

3/3/2022

Department: Health Department **Program Contact:** Amaury Sarmiento

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

Related Programs:

Program Characteristics: In Target

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. Over 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 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Individual patients served	9921	9,500	9,500	9,500
Outcome	Number of visits completed	32651	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 are 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.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$5,268,144	$3,358,360	$0	$8,576,099
Contractual Services	$292,881	$399,553	$0	$97,407
Materials & Supplies	$36,297	$438,984	$0	$597,598
Internal Services	$1,508,102	$1,070,326	$0	$2,749,941
Total GF/non-GF	**$7,105,424**	**$5,267,223**	**$0**	**$12,021,045**
Program Total:	**$12,372,647**		**$12,021,045**	
Program FTE	45.05	12.25	0.00	54.40

Program Revenues				
Intergovernmental	$0	$728,950	$0	$928,950
Service Charges	$7,105,424	$4,538,273	$0	$11,092,095
Total Revenue	**$7,105,424**	**$5,267,223**	**$0**	**$12,021,045**

Explanation of Revenues

This program generates $1,152,628 in indirect revenues.
Mid County Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

$ 3,382,832 - Medical Fees
$ 928,950 - Federal Primary Care (330) grant
$ 15,000 - State Oregon Refugee Health Promotion
$ 7,694,263 - FQHC Medicaid Wraparound

Significant Program Changes

Last Year this program was: FY 2022: 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.

Multnomah County

Program #40023 - FQHC-East County Health Clinic 3/3/2022

Department: Health Department **Program Contact:** Lynne Wiley

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

Related Programs:

Program Characteristics: In Target

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 9,831 clients. Of clients empaneled to the East County Health Center, 50% 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. Over 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 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. 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 29,583 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 (50%), and the white (43%). The remaining 7% of our patients identify as mostly Eastern European and Middle Eastern/North African.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Individual Patients Served	9,892	9,800	9,840	9,931
Outcome	Number of visits completed	27,650	29,160	29, 583	29, 753

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 are Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$4,989,165	$2,829,741	$0	$7,881,297
Contractual Services	$0	$268,344	$0	$297,736
Materials & Supplies	$221,425	$162,697	$0	$387,774
Internal Services	$664,557	$1,722,372	$0	$2,268,599
Total GF/non-GF	**$5,875,147**	**$4,983,154**	**$0**	**$10,835,406**
Program Total:	**$10,858,301**		**$10,835,406**	
Program FTE	38.40	13.80	0.00	49.20

Program Revenues				
Intergovernmental	$0	$1,085,399	$0	$1,085,315
Service Charges	$5,875,147	$3,897,755	$0	$9,750,091
Total Revenue	**$5,875,147**	**$4,983,154**	**$0**	**$10,835,406**

Explanation of Revenues

This program generates $1,059,246 in indirect revenues.
East County Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

$ 2,936,965 - Medical Fees
$ 1,085,315 - Federal Primary Care (330) grant
$ 6,813,126 - FQHC Medicaid Wraparound

Significant Program Changes

Last Year this program was: FY 2022: 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.

Multnomah County

Program #40024 - FQHC-Student Health Centers 3/3/2022

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

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

Related Programs:

Program Characteristics: In Target

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. The SHCs provide culturally appropriate care to a diverse population with the largest groups served being those who identify as Latinx (31%), white (31%), Black (15%), and Asian (12%). The remaining 10% of our patients identify as Pacific Islander, Native American, and Native Hawaiian.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	% of patients with one or more visits with a health assessment in the last vear	51%	60%	51%	51%
Outcome	Number of visits completed	6,295	16,474	14,280	16,796

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$2,904,846	$1,640,723	$0	$4,308,148
Contractual Services	$25,512	$53,382	$0	$67,010
Materials & Supplies	$92,510	$219,337	$0	$207,992
Internal Services	$503,870	$840,911	$0	$1,588,150
Total GF/non-GF	**$3,526,738**	**$2,754,353**	**$0**	**$6,171,300**
Program Total:	**$6,281,091**		**$6,171,300**	
Program FTE	18.47	13.80	0.00	28.24

Program Revenues				
Intergovernmental	$0	$1,131,899	$0	$1,204,913
Service Charges	$3,526,738	$1,622,454	$0	$4,966,387
Total Revenue	**$3,526,738**	**$2,754,353**	**$0**	**$6,171,300**

Explanation of Revenues

This program generates $578,516 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.

$ 1,573,859 - Medical Fees
$ 831,534 - State SHC grant
$ 373,379 - Federal Primary Care grant
$ 3,392,528 - FQHC Medicaid Wraparound

Significant Program Changes

Last Year this program was: FY 2022: 40024 Student Health Centers

During the COVID-19 pandemic in FY 22, nine SHC clinics remained open and operational even while school buildings were temporarily closed for distance learning. Each SHC provides important access to COVID vaccination and testing for the youth population. SHC continues to provide essential medical and mental health care to Multnomah County youth, offering both in-person and telemedicine visits.

In the upcoming year, SHC will expand primary care and behavioral health services available.

Multnomah County

Program #40026 - FQHC-La Clinica de Buena Salud

3/3/2022

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

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. Over 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 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. 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 Latinix 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Individual patients served	2204	2,100	2,100	2,100
Outcome	Number of visits completed	7641	9,901	9901	9901

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 are Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$810,288	$1,026,995	$0	$2,013,157
Contractual Services	$0	$114,542	$0	$128,118
Materials & Supplies	$39,459	$42,004	$0	$98,850
Internal Services	$107,930	$384,975	$0	$631,654
Total GF/non-GF	**$957,677**	**$1,568,516**	**$0**	**$2,871,779**
Program Total:	**$2,526,193**		**$2,871,779**	
Program FTE	6.40	5.40	0.00	12.50

Program Revenues				
Intergovernmental	$0	$757,011	$0	$826,069
Service Charges	$957,677	$811,505	$0	$2,045,710
Total Revenue	**$957,677**	**$1,568,516**	**$0**	**$2,871,779**

Explanation of Revenues

This program generates $270,569 in indirect revenues.
La Clinica de Buena Salud is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

$ 576,452 - Medical Fees
$ 301,255 - Federal Primary Care/330 grant
$ 524,813 - Federal Homeless General
$ 1,469,258 - FQHC Medicaid Wraparound

Significant Program Changes

Last Year this program was: FY 2022: 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.

Multnomah County

Program #40027 - FQHC-Southeast Health Clinic 3/3/2022

Department: Health Department **Program Contact:** Nick Tipton

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

Related Programs:

Program Characteristics: In Target

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 (SEHC) provides comprehensive, culturally appropriate primary care and behavioral health services to 3,200 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. Over 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 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. 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 1.5% 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of patients served	3242	3,350	3200	3400
Outcome	Number of visits completed	11551	7370	10500	7400

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 are Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,151,939	$1,671,439	$0	$2,755,896
Contractual Services	$0	$62,356	$0	$67,314
Materials & Supplies	$29,951	$106,969	$0	$136,923
Internal Services	$153,438	$784,084	$0	$916,997
Total GF/non-GF	**$1,335,328**	**$2,624,848**	**$0**	**$3,877,130**
Program Total:	**$3,960,176**		**$3,877,130**	
Program FTE	10.20	8.30	0.00	17.22

Program Revenues				
Intergovernmental	$0	$1,365,404	$0	$1,365,404
Service Charges	$1,335,328	$1,259,444	$0	$2,511,726
Total Revenue	**$1,335,328**	**$2,624,848**	**$0**	**$3,877,130**

Explanation of Revenues

This program generates $370,392 in indirect revenues.
Southeast Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

$ 950,257 - Medical Fees
$ 166,072 - Federal Primary Care (330) grant
$ 1,198,904 - Federal Primary Care/Homeless grant
$ 1,561,469 - FQHC Medicaid Wraparound

Significant Program Changes

Last Year this program was: FY 2022: 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.

Multnomah County

Program #40029 - FQHC-Rockwood Community Health Clinic 3/3/2022

Department: Health Department **Program Contact:** Lynne Wiley

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

Related Programs:

Program Characteristics: In Target

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 provided comprehensive, culturally appropriate primary care and behavioral health services to 3790 patients this 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. Over 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 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. 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 Patient-Centered Medical Home (PCMH). 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 11,132 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 Hispanic (36%), and White (32%). The remaining 32% of our patients identify as Asian, Black, Karen, Burmese, Russian, Somali, Zomi, Dari, Farsi, Nepali, Swahili, and Rohingya.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Individual patients served	2,274	4,460	4,460	4,560
Outcome	Number of visits completed	11,851	15,371	11,371	11,671

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 are Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$2,418,900	$1,603,471	$0	$4,204,021
Contractual Services	$0	$214,136	$0	$241,091
Materials & Supplies	$15,949	$188,040	$0	$186,676
Internal Services	$654,270	$618,830	$0	$1,173,617
Total GF/non-GF	**$3,089,119**	**$2,624,477**	**$0**	**$5,805,405**
Program Total:	**$5,713,596**		**$5,805,405**	
Program FTE	20.20	8.70	0.00	28.10

Program Revenues				
Intergovernmental	$0	$664,768	$0	$764,768
Service Charges	$3,089,119	$1,959,709	$0	$5,040,637
Total Revenue	**$3,089,119**	**$2,624,477**	**$0**	**$5,805,405**

Explanation of Revenues

This program generates $565,020 in indirect revenues.
Rockwood Community Health Center is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

$ 1,647,715 - Medical Fees
$ 764,768 - Federal Primary Care (330) grant
$ 3,392,922 - FQHC Medicaid Wraparound

Significant Program Changes

Last Year this program was: FY 2022: 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.

Multnomah County

Program #40030 - FQHC-Clinical Director 3/3/2022

Department: Health Department **Program Contact:** Bernadette Thomas

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

Related Programs:

Program Characteristics: In Target

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 Director's Office ensures that all clinical staff have the necessary training, skills and knowledge to practice safely and competently. Additionally, it ensures safe, cost effective patient care and ensures that providers are trained in health equity to meet of our shared goals of eliminating health disparities in access to care and health care outcomes.

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. Over 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 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare. Primary functions of this program include:

- Develops and oversees strategic initiatives to improve care quality, achieve health equity, 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 health care funding meets the needs of the community.
- Recruits, hires health care providers (pharmacists, dentists, physicians, nurse practitioners including psychiatric nurse practitioners, physician's assistants), credentials and monitors provider performance; oversees medical ,nursing and integrated behavioral health.
- Ensures that patient care meets all rules, regulations and standards set forth by regulatory agencies including the Joint Commission (TJC), contractors, grantors and accrediting agencies. This required element ensures 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 Commission (TJC), HRSA, PCPCH, Reproductive Health Grants, and consultation with HIV services on Ryan White grant.
- Supervises Site Medical Directors, the Behavioral Health and Addictions Manager, Primary Care Medical Director and Deputy Medical Director, Pharmacy Director, and Dental Director to achieve the above items.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	80% of primary care providers are maintaining and serving their maximum panel size	79%	80%	78%	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% greater	50,028	N/A (target cha	54,000	60,000
Outcome	Train all providers on implicit bias	85%	85%	85%	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 This output has been changed to include the number of unique clients served by the health center (medical and dental)
Measure 4 is part of our Racial Equity, Diversity, Inclusion (RE.D.I.) initiative

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.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$927,829	$77,293	$0	$1,400,488
Contractual Services	$86,000	$142,040	$0	$86,000
Materials & Supplies	$94,937	$0	$0	$86,275
Internal Services	$221,629	$10,295	$0	$308,180
Total GF/non-GF	**$1,330,395**	**$229,628**	**$0**	**$1,880,943**
Program Total:	**$1,560,023**		**$1,880,943**	
Program FTE	3.20	0.30	0.00	4.10

Program Revenues				
Intergovernmental	$0	$229,628	$0	$87,588
Other / Miscellaneous	$276,100	$0	$0	$276,100
Beginning Working Capital	$192,340	$0	$0	$200,000
Service Charges	$861,955	$0	$0	$1,317,255
Total Revenue	**$1,330,395**	**$229,628**	**$0**	**$1,880,943**

Explanation of Revenues

This program generates $188,225 in indirect revenues.
The Clinical Directors Office is funded with State grants and patient revenue (under the HRSA 330 Primary Care grant).

$ 87,588 - Federal and State family Planning
$ 1,317,255 - FQHC Medicaid Wraparound
$ 476,100 - Medicaid Quality and Incentives

Significant Program Changes

Last Year this program was: FY 2022: 40030 Medical Director

During the calendar year 2021, ICS faced significant challenges due to the ongoing effects of COVID-19.
The Clinical Directors Office will continue to lead ICS in focusing on eliminating health disparities.
In FY23, the Medical Director's Office will add two new positions to support program sustainability and program compliance:
Program Specialist (1.0FTE) Helps to ensure compliance with HRSA standards with registrations of clinical staff and help with credentialing.
Program Specialist (1.0 FTE) Assists with talent development, retention recruitment, and provides introductory orientation to all potential provider staff.

Multnomah County

Program #40031 - FQHC-Pharmacy 3/3/2022

Department: Health Department **Program Contact:** Michele Koder

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

Related Programs:

Program Characteristics: In Target

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 350,000 prescriptions per year to insured, underinsured and uninsured clients of Primary Care Clinics, Dental 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. Over 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 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. 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 currently 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 with primary care providers.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Prescription Volume	360,414	372,000	365,000	368,000
Outcome	Average Prescription Cost	34	32.62	33	38
Outcome	Capture rate	60%	62%	60%	60%
Quality	Adherence Support	400	480	650	700

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 Support refers to the number of clients enrolled in appointment-based refills and medication synchronization services 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.
All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$9,097,700	$0	$10,633,173
Contractual Services	$0	$128,453	$0	$114,464
Materials & Supplies	$0	$20,633,491	$0	$21,930,600
Internal Services	$0	$3,940,777	$0	$3,626,901
Capital Outlay	$0	$150,000	$0	$200,000
Total GF/non-GF	**$0**	**$33,950,421**	**$0**	**$36,505,138**
Program Total:	**$33,950,421**		**$36,505,138**	
Program FTE	0.00	55.33	0.00	63.53

Program Revenues				
Service Charges	$0	$33,950,421	$0	$36,505,138
Total Revenue	**$0**	**$33,950,421**	**$0**	**$36,505,138**

Explanation of Revenues

This program generates $1,429,098 in indirect revenues.
Pharmacy is funded exclusively through prescription fees (third party reimbursements) and patient fees.

$ 36,307,170 - Prescription Fees
$ 197,968 - Patient Fees

Significant Program Changes

Last Year this program was: FY 2022: 40031 Pharmacy

Increased expenditures on drugs; Implementation of Contract Pharmacy to capture additional revenue for clients using an external pharmacy; Exploration of feasibility for expansion of prescription mail order options to clients across the health center; Expansion of the clinical pharmacy program to increase access and the services provided, in addition to quality incentive dollars for the health center.

Multnomah County

Program #40032 - FQHC-Lab and Medical Records 3/3/2022

Department: Health Department **Program Contact:** Michele Koder

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

Related Programs:

Program Characteristics: In Target

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. Over 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 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. 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 13,000 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of records requests completed	9,733	13,000	13,000	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 work performance of Medical Records program; Outcome: Number of lab specimens handled by Central Lab is an indicator of performance and volume of work for the Lab program; Quality: Proficiency and Competency assessments completed are 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.
All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,026,300	$2,185,552	$0	$3,635,018
Contractual Services	$1,000	$49,000	$0	$86,500
Materials & Supplies	$18,978	$191,803	$0	$136,672
Internal Services	$312,540	$665,822	$0	$1,126,077
Capital Outlay	$0	$200,000	$0	$150,000
Total GF/non-GF	**$1,358,818**	**$3,292,177**	**$0**	**$5,134,267**
Program Total:	**$4,650,995**		**$5,134,267**	
Program FTE	9.60	18.80	0.00	31.60

Program Revenues				
Other / Miscellaneous	$872,800	$0	$0	$0
Beginning Working Capital	$450,000	$0	$0	$500,000
Service Charges	$36,018	$3,292,177	$0	$4,634,267
Total Revenue	**$1,358,818**	**$3,292,177**	**$0**	**$5,134,267**

Explanation of Revenues

This program generates $488,544 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 clients.

Lab
$ 1,817,592 - Fee for Services (FFS) - Medicaid - CareOregon
$ 1,815,449 - Fee for Services (FFS) - Medicare
Medical Records
$ 500,000 - Other - Medicaid Quality and Incentives
$ 1,001,226 - FQHC Medicaid Wraparound

Significant Program Changes

Last Year this program was: FY 2022: 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.
Additional lab support will be expanded as part of increased need in Corrections Health and Public Health services (see PO40096 Public Health In/Out of Scope Services and PO40050D Corrections Health In/Out of Scope Services).

Multnomah County

Program #40033 - FQHC-Primary Care and Dental Access and Referral 3/3/2022

Department: Health Department **Program Contact:** Tony Gaines

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

Related Programs:

Program Characteristics: In Target

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. Over 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 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. 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 80 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of calls answered	310,000	320,000	320,000	320,000
Outcome	Average telephone abandonment rate (goal: at or below 15%)	37%	15%	20%	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.
All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,951,377	$581,209	$0	$2,728,817
Contractual Services	$110,000	$0	$0	$45,660
Materials & Supplies	$14,202	$0	$0	$11,848
Internal Services	$766,621	$77,417	$0	$888,788
Total GF/non-GF	**$2,842,200**	**$658,626**	**$0**	**$3,675,113**
Program Total:	**$3,500,826**		**$3,675,113**	
Program FTE	20.50	6.50	0.00	27.00

Program Revenues				
Intergovernmental	$0	$658,626	$0	$758,626
Other / Miscellaneous	$640,000	$0	$0	$640,000
Beginning Working Capital	$605,786	$0	$0	$605,000
Service Charges	$1,596,414	$0	$0	$1,671,487
Total Revenue	**$2,842,200**	**$658,626**	**$0**	**$3,675,113**

Explanation of Revenues

This program generates $366,753 in indirect revenues.
The Patient Access Center (PAC) is funded with Medicaid revenue, HRSA/Bureau of Primary Care grant revenue and medical fees. ARPA funds were approved in order to support the addition of Limited Duration (LD) PAC positions.

$ 1,671,487 - Medical Fees FQHC Medicaid Wraparound
$ 1,245,000 - Medicaid Quality and Incentive
$ 758,626 - Federal Primary Care (330) grant

Significant Program Changes

Last Year this program was: FY 2022: 40033 Primary Care and Dental Access and Referral

Staff began telework rotations April 2021 due to the COVID-19 pandemic. In the upcoming year, this program will continue support for patient outreach and engagement by overseeing in-person interpretation coordination, and clinical triage services.

Multnomah County

Program #40034 - FQHC-Administration and Operations 3/3/2022

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

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

Related Programs:

Program Characteristics: In Target

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 Administration and Operations Program provides pivotal administrative, operational, and financial oversight of the Health Center program by developing and implementing fiscal accountability programs and access to health care. This includes teams and staff who help implement workflows, quality evaluations, financial reporting, patient engagement strategies, and workforce support.

Program Summary

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.

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. Over 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 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Activities supported in this program include developing and implementing fiscal accountability and monitoring infrastructure, management of revenue cycle activities, implementation of strategic projects, support for operational workflows to increase patient access to care, and projects designed to improve health outcomes. Examples of this type of work include support for transitioning and training clinical teams to expand virtual care, designing patient communication campaigns for managing chronic diseases, and designing reporting materials to reflect operational needs in fiscal and value based pay systems.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Medical Coding Accuracy: % of claims accepted by insurance partners	N/A	N/A	N/A	95%
Outcome	% of patient communication materials are developed in the top five patient languages	N/A	100%	100%	100%
Outcome	Completion of annual strategic planning activities and three year plan in alignment with CHC Board's vision.	100%	100%	100%	100%

Performance Measures Descriptions

Medical Coding Accuracy: improves insurance billing and payment rates, which supports fiscal sustainability.
Patient Communication: providing accessible materials in prevalent languages improves patient experience, health promotion, and effective disease management.
Strategic planning: All FQHCs are required to complete strategic planning every three years, which should include both operational, fiscal, and facilities planning in partnership with the Community Health Center Board.

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. All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$5,006,123	$1,117,419	$0	$7,272,998
Contractual Services	$118,000	$0	$0	$224,500
Materials & Supplies	$148,462	$2,492	$0	$108,381
Internal Services	$1,833,509	$148,754	$0	$1,968,455
Total GF/non-GF	**$7,106,094**	**$1,268,665**	**$0**	**$9,574,334**
Program Total:	**$8,374,759**		**$9,574,334**	
Program FTE	31.45	9.35	0.00	46.40

Program Revenues				
Intergovernmental	$0	$1,051,965	$0	$1,120,963
Other / Miscellaneous	$1,433,333	$216,700	$0	$1,887,481
Beginning Working Capital	$1,450,000	$0	$0	$1,450,000
Service Charges	$4,222,761	$0	$0	$5,115,890
Total Revenue	**$7,106,094**	**$1,268,665**	**$0**	**$9,574,334**

Explanation of Revenues

This program generates $977,492 in indirect revenues.
Administration and Operations activities are funded with HRSA grant revenue, Medicaid fees, and quality incentive payments. Program leadership are working with CCO's to develop sustainable funding for quality assurance, data reporting work.

$ 5,373,786 - FQHC Medicaid Wraparound
$ 1,120,963 - Federal Primary Care (330) grant
$ 3,079,585 - Medicaid Quality and Incentives

Significant Program Changes

Last Year this program was: FY 2022: 40034 ICS Administration, Operations, and Quality Assurance

Multnomah County

Program #40036 - FQHC-Community Health Council and Civic Governance 3/3/2022

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

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

Related Programs:

Program Characteristics: In Target

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. Over 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 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. 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 10 members and is a fair representation of the communities served by the Health Department's Health Center services.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 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, financial performance, patient satisfaction, health center executive director (ICS Director) accountability for the FQHC's compliance and operations.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$136,242	$0	$0	$311,265
Contractual Services	$16,000	$0	$0	$32,000
Materials & Supplies	$5,028	$0	$0	$5,450
Internal Services	$43,830	$0	$0	$70,617
Total GF/non-GF	**$201,100**	**$0**	**$0**	**$419,332**
Program Total:	**$201,100**		**$419,332**	
Program FTE	1.00	0.00	0.00	2.00

Program Revenues				
Other / Miscellaneous	$201,100	$0	$0	$419,332
Total Revenue	**$201,100**	**$0**	**$0**	**$419,332**

Explanation of Revenues

This program generates $41,834 in indirect revenues.
$ 419,332 - Medicaid Quality and Incentives

Significant Program Changes

Last Year this program was: FY 2022: 40036 Community Health Council and Civic Governance

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

Multnomah County

Program #40037 - Environmental Health Community Programs 3/3/2022

Department: Health Department **Program Contact:** Andrea Hamberg

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

Related Programs:

Program Characteristics: Backfill State/Federal/Grant, In Target

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, woodsmoke curtailment, and climate change, with an explicit focus on environmental justice and vulnerable populations, and addressing health inequities in lead poisoning, respiratory illness, cardiovascular disease, and traffic crash injury. 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. Woodsmoke: implements County Ordinance 1253, curtailing wood burning on winter days with high air pollution. Implementation includes issuing daily air quality forecasts; fielding complaints, investigations and enforcement; conducting outreach campaigns; monitoring health burdens from air pollution; and working with governmental and community stakeholders to reduce impacts among the populations most affected. 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, partnerships with community-based organizations and culturally specific County programs, and community engagement through coalitions, focus groups, and interagency work groups.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of community members receiving information on environmental threats	1,425,829	200,000	831,753	800,000
Outcome	Number of children with reduced EBLL as a result of environmental investigations	60	40	76	60
Outcome	Number of policies adopted that include health- and health justice-based recommendations	16	10	9	10
Outcome	Proportion of people aware of and complying with the woodsmoke curtailment ordinance	N/A	50%	50%	50%

Performance Measures Descriptions

1) Includes all program areas, counting community members receiving mailings, attending events, direct contact with staff, visiting websites/social media, and exposure to media campaigns. The high count in FY21 is due to wildfire response and heat dome. FY22 Estimate reflects better than expected reach using one-time-only advertising and outreach funding. 3) Policy recommendations are developed with an environmental justice lens. 4) To be measured by a survey, new in FY22 (no FY1 data). Compliance defined as respondents reporting burning wood only on "green days" or not at all.

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$254,622	$372,286	$516,974	$1,340,459
Contractual Services	$3,138	$81,979	$5,124	$85,055
Materials & Supplies	$3,599	$17,654	$13,936	$70,633
Internal Services	$26,243	$72,194	$520	$255,016
Total GF/non-GF	**$287,602**	**$544,113**	**$536,554**	**$1,751,163**
Program Total:	**$831,715**		**$2,287,717**	
Program FTE	1.69	2.74	3.75	9.75

Program Revenues				
Intergovernmental	$0	$225,000	$0	$1,518,342
Service Charges	$0	$319,113	$0	$232,821
Total Revenue	**$0**	**$544,113**	**$0**	**$1,751,163**

Explanation of Revenues

This program generates $180,158 in indirect revenues.
$ 218,000 - PWB City Lead Line
$ 232,821 - Fish Advisory Outreach funding
$ 1,300,342 - Modernization Local

Significant Program Changes

Last Year this program was: FY 2022: 40037 Environmental Health Community Programs

In FY22, the CDC reduced the definition of elevated blood lead level from 5ug/dL to 3.5, increasing investigations caseload, and the program added a new woodsmoke Program Specialist. In FY23, County General Fund increased by $248,952. OHA Public Health Modernization increased by $1,300,342. FY23 funds will support the Board's extension of the woodsmoke season from 5 months to 12 and expand the program by 9.07 FTE. New positions will focus on environmental/climate justice and encampments, coordinating with the Office of Sustainability Climate Justice Initiative, REACH, Vector, and JOHS. CDC COVID-19 Health Disparities funds (40199T) will support capacity within this program offer. COVID-19-Related: In FY21/FY22, lead screening clinics/inspections were paused; community fish safety contracts were delayed; and staff were partially deployed to COVID-19 response, decreasing communications.

Multnomah County

Program #40039A - Human Resources 3/3/2022

Department: Health Department **Program Contact:** Debi Smith

Program Offer Type: Support **Program Offer Stage:** As Requested

Related Programs:

Program Characteristics: In Target

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. Recruitment and staffing continue to be a critical priority in our operating goals. The staffing crisis as well as the stress of on-going emergency response actions within the Health Department, drives our need to strengthen HR staff resources, build skills and increase capacity to respond at the highest level. Other Human Resources operations areas include Workday (employee enterprise system) implementation, Leave Administration, ADA, Privacy Compliance, Class Comp, Data Management and Employee Record Maintenance. The Workforce Equity Strategic Plan (WESP) focus areas; Organizational Culture, Promotion and Professional Development, Retention and Recruitment and Workforce Development require all functional and support areas of HR operations to achieve effective and measurable outcomes.

Offering employee relations that involve working with management and staff on matters related to team development, employee and supervisor performance management and coaching, and corrective action and discipline continue to be our priority as well. This work also involves partnering with union staff representing AFSCME Local 88, Dental and Physicians, and Oregon Nurses Association collective bargaining agreements.

Other priorities are to maintain organizational effectiveness within our function areas in addition to our ability to report accurate workforce data that will inform our decisions and align with our equity lens. Our objective is to continue to provide high-quality customer service and responsiveness to all levels of our workforce including during our emergency response coordination and actions.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	% increase in diversity of workforce	2.5	3	2	3
Outcome	% increase in diversity of hires through the increased focus on diversity in recruitment strategies	6	4	3	3
Output	% Completion of Annual Performance Planning and Review	71	90	90	90

Performance Measures Descriptions

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$3,022,683	$0	$3,368,015	$0
Contractual Services	$37,000	$0	$7,859	$0
Materials & Supplies	$33,826	$0	$14,659	$0
Internal Services	$633,334	$0	$689,278	$0
Total GF/non-GF	**$3,726,843**	**$0**	**$4,079,811**	**$0**
Program Total:	**$3,726,843**		**$4,079,811**	
Program FTE	20.68	0.00	21.68	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40039A Human Resources

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.

Multnomah County

Program #40039B - Human Resources - Additional Recruitment Support 3/3/2022

Department: Health Department **Program Contact:**

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

Related Programs:

Program Characteristics: Out of Target

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 growth in volume and complexity of recruiting has created a need for increased technical and administrative support. Areas that technical support and resources are needed are in the requisition process (resources to complete the process quicker and create ways to simply it) new hire on-boarding (add more sessions during the week), recruitment advertising and marketing (to broaden our recruitment sourcing using social media platforms and other technology) and optimizing our recruitment data tracking (create dashboards for accurate and timely reporting). To implement these goals, three (3) additional HR Techs were hired in LDA positions in November 2021. The additional resources have allowed for an increase in the number of new hire on-boarding sessions, have made quality improvements in our requisition process and will increase our social media presence for sourcing and marketing open positions. A recruitment data tracking system and dashboard has been development and has already created efficiencies and accuracy in reporting recruitment information to managers and leadership. Converting these positions to regular status will continue our work to improve the total recruitment process for the hiring manager, the new hire and the team.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of recruitments initiated	620	N/A	700	750
Outcome	% of recruitments initiated within 10 days of receipt	N/A	N/A	N/A	90%

Performance Measures Descriptions

Health HR has experienced an exponential increase in the number recruitments requested and initiated. The HR Technicians are our gatekeepers in processing and filtering all recruitment approval forms that are step one (1) in initiating the recruitment process. In order to remain timely with communication and processing we need the additional HR Technicians to support the additional recruiters managing the various recruitment processes.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$331,063	$0
Total GF/non-GF	**$0**	**$0**	**$331,063**	**$0**
Program Total:	**$0**		**$331,063**	
Program FTE	0.00	0.00	3.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Added three (3) HR Tech LDA positions to increase on-boarding sessions, strengthen marketing and sourcing though social media platforms and manage recruitment data tracking and reporting.

Multnomah County

Program #40039C - Human Resources - Additional Recruiters 3/3/2022

Department: Health Department **Program Contact:**

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

Related Programs:

Program Characteristics: Out of Target

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

One of the key function areas that drive Human Resources operations is Recruitment and Staffing. This work includes 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.

Over the last several months, the Health Department has experienced staffing changes and challenges throughout the workforce including on the recruitment team. The department experienced a severe recruitment backlog and critical positions went unfilled for longer periods of time impacting services and programs across the department. To respond to this crisis, four (4) LDA positions were added to the recruitment team to meet the recruitment demands, strengthen the capacity on team and stabilize the workload to address the team turnover due to burnout. As a result of the added staff, the backlog has decreased, the time to fill has improved and strategies for the hard-to-fill positions are being planned. Converting the four (4) LDA positions to regular status is imperative to continue reducing the backlog and to continue responding efficiently and strategically to the staffing crisis that is impacting our services, programs and workforce.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Days to fill once recruitment is initiated	N/A	N/A	112	105
Outcome	% of recruitments initiated within 10 days of receipt	N/A	N/A	N/A	90%

Performance Measures Descriptions

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$603,584	$0
Total GF/non-GF	**$0**	**$0**	**$603,584**	**$0**
Program Total:	**$0**		**$603,584**	
Program FTE	0.00	0.00	4.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

In response to the staffing crisis felt throughout the Health Department, particularly in our public health and health system staffing, additional recruiters (4) were hired in LDA positions to respond to the volume of vacancies created by new ARPA funded positions, emergency response staffing and normal attrition. The added positions were needed to stabilize and balance the workload of the recruitment team, to avoid burn-out and resignation of the HR staff which has been experienced in FY22.

Multnomah County

Program #40039D - Human Resources - Additional Employee Relations 3/3/2022

Department: Health Department **Program Contact:**

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

Related Programs:

Program Characteristics: Out of Target

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 Employee Relations team is responsible for upholding the organizations core values, personnel rules and organizational standards that drives our work culture and provides staff and managers the necessary resources to ensure compliance and quality performance. With the growth and changes in our workforce over the last several months including changes to our telework policy and vaccination mandate and the challenges the workforce has faced as a result of pandemic fatigue and burn-out, additional staff is needed on the Employee Relations team to manage and respond effectively to the support managers and staff need in navigating these workforce changes. There has been a significant increase in grievances, and individual and team performance management that involves engagement with labor relations, central HR and union partners and can require extensive research, investigation and data collection. The Health Department has hired a number of new managers and supervisors and the additional HR Senior will increase our capacity to assist new managers with navigating the complexities of our union environment and political landscape and helping them avoid inadvertent compliance violations that can ultimately result in more grievances. The HR Senior is also a strategic business partner that supports the divisions leadership with ensuring operational and business planning aligns with organizational values, contract requirements and personnel policies.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of grievances submitted	28	N/A	38	24
Outcome					

Performance Measures Descriptions

In order to better support our divisions, we need the additional HR Analyst Senior/Business Partner to more proactively engage with the managers and supervisors to better mitigate concerns and issues from staff before they become grievances. Given the growing size of the Health Department and increased complexity regarding the disconnect between operational needs and contractual obligations, the need for an additional FTE to address these issues is critical.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$174,948	$0
Total GF/non-GF	**$0**	**$0**	**$174,948**	**$0**
Program Total:	**$0**		**$174,948**	
Program FTE	0.00	0.00	1.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

FY22 had a significant number of grievances and performance management issues that required additional employee relations resources and support.

Multnomah County

Program #40039E - Human Resources - Class Comp Support 3/3/2022

Department: Health Department **Program Contact:**

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

Related Programs:

Program Characteristics: Out of Target

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

With the staffing increases and changes throughout the workforce over the last several months, the volume of class comp requests have significantly increased. In order to improve the service and response time, a WOC HR Senior was created to help manage the class comp requests volume and workload distribution. Over 600 class comp actions were performed (a 50% increase since the added resource) including new position process, KSA requests, job profile development and position re-class requests. The added resource has also allowed more time to educate staff and managers on the class comp process and to help them better understand and navigate the steps when they are engaged in the process. Converting this position to regular status will continue our work to improve the service necessary to effectively support managers and staff with class comp needs.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of completed new, Limited Duration, Work out of Class, and Reclassifcation Requests	268	N/A	275	300
Outcome					

Performance Measures Descriptions

The Health Department has experienced a signifcant increase in requests for new position creation, reclassifications, Work out of Class/Temporary Appointments, and Limited Duration requests. The addition of a Work out of Class Human Resources Analyst Senior dedicated to class/comp, KSA, Work out of Class/Temp assignments and lead pay requests has given us the bandwidth to address the changing operational needs of our over 200 managers and supervisors.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$174,948	$0
Total GF/non-GF	**$0**	**$0**	**$174,948**	**$0**
Program Total:	**$0**		**$174,948**	
Program FTE	0.00	0.00	1.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Added a WOC HR Senior position in March 2021 to help manage the high volume of class comp request and activity. With the additional resources, response time and process quality increased significantly.

Multnomah County

Program #40040A - Financial and Business Management Services 3/3/2022

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

Executive Summary

This program offer supports the essential financial and business management services of the Health Department. Services include financial reporting, account balancing, cash management, accounts payable services and budget development. Equity is a core value that informs all decisions, planning and service provision in the division.

Program Summary

This program provides financial reporting and forecasting, grant accounting, fiscal compliance, budget development, cash management and accounts payable services. Teams collaborate with the County's Budget Office and Central Finance units. Teams follow the County's budget, financial and administrative procedures, policies and practices. By managing complex federal, state, county and funder requirements, these fiscal stewards help ensure the department can achieve its mission.

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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of invoices processed	14562	17,000	12,500	12,500
Outcome	Avg # of days from receipt to recording revenue in County's accounting system.	12	10	10	8
Quality	Number of audit findings in County's annual financial audit.	2 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.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$5,466,471	$0	$5,918,282	$0
Contractual Services	$319,478	$0	$50,000	$0
Materials & Supplies	$78,090	$0	$80,185	$0
Internal Services	$2,764,133	$0	$2,891,166	$0
Total GF/non-GF	**$8,628,172**	**$0**	**$8,939,633**	**$0**
Program Total:	**$8,628,172**		**$8,939,633**	
Program FTE	35.80	0.00	38.00	0.00

Program Revenues				
Other / Miscellaneous	$12,548,445	$0	$13,621,601	$0
Total Revenue	**$12,548,445**	**$0**	**$13,621,601**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40040 Financial and Business Management Services

The last year has presented challenges related to the COVID-19 response, staffing changes, an influx of revenue with complex reporting and compliance requirements, and the development of new vendor relationships. There have been more than 20 staffing transitions throughout the division in the last 18 mths. This represents more than 25% of division positions. In addition to their regular duties, the team distributed more than 74K vaccine incentive gift cards valued at more than $4 million. These cards incentivized thousands of Multnomah County residents to receive COVID-19 vaccines. Another $4 million in client assistance payments to more than 8,000 clients is being issued this spring. Client assistance payments will help individuals and families meet basic needs. These efforts included trauma-informed approaches to troubleshooting and addressing participant concerns and questions

Multnomah County

Program #40040B - Financial Reporting, Medical Accounts Receivable, Accounting Support

3/3/2022

Department: Health Department
Program Contact: Wendy Lear
Program Offer Type: Innovative/New Program
Program Offer Stage: As Requested
Related Programs:
Program Characteristics: Out of Target

Executive Summary

This program offer adds two Finance Specialist senior positions to support multiple teams within the division. They will increase the divisions capacity to provide analytical, account reconcilliation support and financial reporting.

Program Summary

Medical Accounts Receivable team is responsible for medical billing, cash collection and patient account services for the Health Department's primary care, dental, specialty clinics, pharmacy, lab, behavioral health, and community-based health services. This program offer will provide analysis and reporting to this team. It will also increase the the accounting capacity of the division, supporing grant analysis, reconcilliation, account balancing, and monthly financial reporting and analysis.

The workload of this division has grown significantly over the last 5 years. Employees and supervisors have identified gaps within their teams, resource needs and recommended changes to improve workplace satisfaction. Increasing the number of staff able address some of the capacitty gaps, fill in during peak times; provide back-up and crosstraining support was universally viewed as a necesssity in order to retain staff and improve workplace satisfaction.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of financial reports issued	N/A	N/A	N/A	200
Outcome	% of federal draws completed within 30 days of period close	N/A	N/A	N/A	80%
Outcome	% of financial reports issued on time	N/A	N/A	N/A	90%

Performance Measures Descriptions

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$266,614	$0
Total GF/non-GF	**$0**	**$0**	**$266,614**	**$0**
Program Total:	**$0**		**$266,614**	
Program FTE	0.00	0.00	2.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Multnomah County

Program #40040C - Behavioral Health Billing Support

3/3/2022

Department:	Health Department	**Program Contact:**	Braidy Estevez
Program Offer Type:	Innovative/New Program	**Program Offer Stage:**	As Requested
Related Programs:	40082A, 40078, 40099A		
Program Characteristics:	One-Time-Only Request, Out of Target		

Executive Summary

This program will support the revenue cycle processes of the Behavioral Health division. As experts in behavioral health reimbursement and billing processes, this team will optimize the use of myEvolv for accurate and timely billing.

Program Summary

This program offer supports two positions on the finance team providing targeted support to the Behavioral Health division. Behavioral Health programs use myEvolv as an electronic health record and case management tool. This program offer will improve data quality and billing processes. The team will be responsible for cleaning up the AR data to allow billing staff to reprocess all Behavioral Health Division's claims. This will allow the Behavioral Health division to maximize county revenue by independently evaluating Evolv for determination of adjusting payment, owed amount, or further pursuing payment from the payer. This team will ensure accuracy of the encounters processed.

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.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Encounters processed for payment	N/A	N/A	N/A	7,000
Outcome	Ensures accuracy of Receivables for encounters processed for payment	N/A	N/A	N/A	90%

Performance Measures Descriptions

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$242,082	$0
Total GF/non-GF	**$0**	**$0**	**$242,082**	**$0**
Program Total:	**$0**		**$242,082**	
Program FTE	0.00	0.00	2.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Behavioral health accounts receivable responsibilities, including myEvolv billing, have transitioned to this finance team. This change leverages the relationships with the Behavioral Health Division to establish and refine billing processes.

The team collaborated with staff and billing support to prepare for the successful implementation of Good Faith Estimates, a component of the No Surprises Act.

Multnomah County

Program #40040D - Budget Project Manager 3/3/2022

Department:	Health Department	**Program Contact:**	Angel Landron Gonzalez
Program Offer Type:	Innovative/New Program	**Program Offer Stage:**	As Requested
Related Programs:			
Program Characteristics:	Out of Target		

Executive Summary

This program offer adds a project manager to lead the annual budget process for one of the County's largest and complex departments. This position will help lead the development of a $400M+ budget, with more than 90 distinct program offers.

Program Summary

The Budget Team provides budget development and management services throughout the year. With an estimated $400M budget for FY23, more than 90 program offers, and several governing boards, the department has one of the most complex budget processes in the County. This program offer supports the addition of a project manager. The project manager will coordinate the annual budget process and mid-year adjustments. This new position will help better distribute the workload that has increased significantly in the last two fiscal years.The project manager will also lead division and department wide special projects.

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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of Budget Modifications Processed, keeping the revised budget accurate	N/A	N/A	N/A	100
Outcome	% of budget modifications scheduled within 5 days of receipt	N/A	N/A	N/A	90%

Performance Measures Descriptions

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$140,095	$0
Total GF/non-GF	**$0**	**$0**	**$140,095**	**$0**
Program Total:	**$0**		**$140,095**	
Program FTE	0.00	0.00	1.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

As the department’s budget and services expand, this team has seen a significant increase in workload volume. Budget modification volume has quadrupled with 24 in 2019, 29 in 2020, 74 in 2021 and 55 in the first six months of 2022. Increasing the team's staffing is essential to ensure compliance and timely adoption of the budget.

Multnomah County

Program #40041 - Medical Accounts Receivable 3/3/2022

Department: Health Department **Program Contact:** Aline Blumenauer

Program Offer Type: Support **Program Offer Stage:** As Requested

Related Programs: 40040, 40042

Program Characteristics: In Target

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, behavioral health, and community-based health services.

Program Summary

The Medical Accounts Receivable Team is responsible for billing and collecting more than $80 million a year in 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of encounters processed for payment	234,505	260,000	268,000	260,000
Outcome	Percent of Receivables aged older than 90 days	36%	20%	33%	35%
Quality	Average Days In Accounts Receivable	35	40	32	35

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. Average days in accounts receivable is an approximation for the average length of time that it takes to collect on balances.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,316,535	$0	$1,389,813	$0
Contractual Services	$13,015	$0	$0	$0
Materials & Supplies	$226,929	$0	$101,608	$0
Internal Services	$193,577	$0	$219,996	$0
Total GF/non-GF	**$1,750,056**	**$0**	**$1,711,417**	**$0**
Program Total:	**$1,750,056**		**$1,711,417**	
Program FTE	10.00	0.00	10.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40041 Medical Accounts Receivable

Changes in federal, state and payer requirements and processes created challenges and opportunities this year. Newly available COVID-19 vaccinations and boosters introduced new codes and reimbursement processes. Payer requirements related to COVID-19 vaccinations changed several times during the year. The team collaborated with program staff to prepare for the successful implementation of Good Faith Estimates, a component of the No Surprises Act. The program has been partnering with OCHIN and our divisional partners to identify opportunities for quality and reporting improvements.

Multnomah County

Program #40042 - Contracts & Procurement 3/3/2022

Department:	Health Department	**Program Contact:**	Darren Chilton
Program Offer Type:	Support	**Program Offer Stage:**	As Requested
Related Programs:	40040		
Program Characteristics:	In Target		

Executive Summary

Health Department Contracts and Procurement prepares and processes all contracts, intergovernmental and professional service agreements for the department. They provide purchasing support for a wide array of products, goods and services.

Program Summary

This program processes more than 1,000 contracts, intergovernmental and professional service agreements or amendments. They procure a wide array of products, goods and services, totaling more than $67 million per year. By writing clear and comprehensive agreements and by complying with federal, state and county procurement laws and regulations, the program safeguards the department from risk and procures cost effective high quality goods and services.

This program offer includes the vaccine depot where vaccines are received, stored and distributed. The depot processes on average 85+ orders per month. This is the primary point of contact for routine vaccine services management. The depot has a key role in emergency public health responses that require vaccine prophylaxis.

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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of contracts or amendments processed	1,050	1,050	1,075	1,100
Outcome	Percent of contracts executed by start of contract	91%	90%	89%	90%

Performance Measures Descriptions

The number of contracts or amendments processed describes workload for the unit. Some contracts have retroactive start dates. The percentage of contracts executed prior to their effective dates is a measure of how efficiently the team completes its work.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,787,181	$0	$1,945,942	$0
Materials & Supplies	$0	$0	$2,425	$0
Internal Services	$272,262	$0	$321,545	$0
Total GF/non-GF	**$2,059,443**	**$0**	**$2,269,912**	**$0**
Program Total:	**$2,059,443**		**$2,269,912**	
Program FTE	12.50	0.00	13.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40042 Contracts & Procurement

The team continued to receive emergency procurement requests in response to the COVID-19 response. The team helped distribute more than $69.9 Million in Cares Act and American Rescue Plan Act (ARPA) funding to community partners for COVID-19 response. Contracts were awarded to BIPOC-centered organizations. The team developed and provided new technical assistance for these contractors.

The program has implemented new quality assurance processes. The program meets monthly with division stakeholders to monitor procurement and contracting activities and proactively address issues. The team has strengthened collaboration with accounts payable to ensure the timely processing of invoices.

Multnomah County

Program #40044 - Health Data and Analytic Team

3/3/2022

Department: Health Department **Program Contact:** Elizabeth O'Neill

Program Offer Type: Support **Program Offer Stage:** As Requested

Related Programs:

Program Characteristics: In Target

Executive Summary

This program offer includes a team of developers, analysts and project managers 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, data development, 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 and dental services provided by the Health department use this electronic healthcare system including: primary care, dental, student health centers, corrections health, STD 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of reports and/or requests created	125	350	406	420
Outcome	% of repeat customers for data & business intelligence	N/A	52%	52%	49%

Performance Measures Descriptions

The number of reports and requests created demonstrates workload volume for the team for department-wide development and analytic projects. The percentage of repeat customers for data and business intelligence is an indicator of the value the team provides in establishing trust and building usable products from our complex data systems. New internal customers are expected in FY23 so the repeat customer percentage is expected to dip slightly.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$847,573	$0	$890,138	$0
Contractual Services	$547,860	$0	$290,000	$0
Materials & Supplies	$1,401,235	$0	$1,778,427	$0
Internal Services	$134,429	$0	$147,734	$0
Total GF/non-GF	**$2,931,097**	**$0**	**$3,106,299**	**$0**
Program Total:	**$2,931,097**		**$3,106,299**	
Program FTE	5.00	0.00	5.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

The Health Department has been on the frontlines of the COVID-19 pandemic response for two years. 2021 presented our teams with new and continued challenges. Remote working, childcare and school closures, racial injustice and divisive national politics affected our personal and professional lives.

Multnomah County

Program #40046A - Organizational Development 3/3/2022

Department: Health Department **Program Contact:** Maria Lisa Johnson

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

Related Programs:

Program Characteristics: In Target

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. Services include 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 three teams:

The Equity and Inclusion team champions equity and racial justice through culture change consultation and training, leadership coaching, and the implementation of WESP recommendations. The team tracks the Health Department's progress in meeting to meet the WESP performance measures. This includes staffing the Health Department's Equity Committee.

Learning & Development invests in employees at all levels of the organization by offering workshops, online learning, onboarding, mentoring support and leadership development to further a 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 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of managers participating in coaching/learning to integrate Racially Just core competency	95	160	160	175
Outcome	Number of people who saw any content from or about the Health Department web page including posts, stories,	1,518,337	1,000,000	1,000,000	1,000,000
Output	Number of employees completing leadership development training	85	80	80	80
Outcome	% of employees reporting they've applied leadership development content in their day to day work	91	75	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 public health 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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$2,253,723	$0	$2,487,120	$0
Contractual Services	$25,000	$0	$50,000	$0
Materials & Supplies	$226,781	$0	$118,750	$0
Internal Services	$290,867	$0	$301,508	$0
Total GF/non-GF	**$2,796,371**	**$0**	**$2,957,378**	**$0**
Program Total:	**$2,796,371**		**$2,957,378**	
Program FTE	14.80	0.00	14.80	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

County General Fund

Significant Program Changes

Last Year this program was: FY 2022: 40046 Organizational Development

In FY2023, the Equity Manager will report to the Health Department Director in order to align with the county-wide equity structure.

Multnomah County

Program #40046B - Organizational Development - Office of Equity and Inclusion 3/3/2022

Department:	Health Department	**Program Contact:**	Maria Lisa Johnson
Program Offer Type:	Innovative/New Program	**Program Offer Stage:**	As Requested
Related Programs:			
Program Characteristics:	Out of Target		

Executive Summary

The Office of Equity and Inclusion supports the Health Department in growing leaders to advance equity and inclusion through policy change, leader development and workplace culture transformation. The team supports the Health Department to meet the WESP performance measures. This includes staffing the Health Department Workforce Equity Committee.

Program Summary

The Office of Equity and Inclusion (OEI) plays an integral role in supporting managers and supervisors to develop leadership skills that create workplace environments where employees experience trust, safety and belonging. With the addition of an Equity Coach and a Culture Change Agent, OEI can extend its reach and capacity to carry out the following strategic goals:

1. Accelerate culture change efforts to support our organization's recovery from the trauma and intensity of the COVID response and help institute healthy, inclusive and equitable work environments for employees across the department.
2. Ensure the Health Department implements recommendations prioritized in Phase I of the Workforce Equity Strategic Plan (WESP).
3. Build capacity among health department managers and supervisors to lead inclusively with race.

In FY 2023, the Health Department is prioritizing culture change work in support of employee wellness, recognition and recovery from the pandemic response. This is a culture transformation and a retention strategy.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of managers attending equity focused training.	95	160	175	200
Outcome	% of managers participating in equity training/coaching who report improved skill in their skill in leading inclusive	N/A	N/A	70%	80%

Performance Measures Descriptions

Targeted leadership development investments for supervisors and managers have been demonstrated to have a positive impact on culture change. Multnomah County leads inclusively with race and the Health Department is adding training and evaluation to assess the impact of culture change efforts.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$297,886	$0
Contractual Services	$0	$0	$10,000	$0
Materials & Supplies	$0	$0	$1,960	$0
Total GF/non-GF	**$0**	**$0**	**$309,846**	**$0**
Program Total:	**$0**		**$309,846**	
Program FTE	0.00	0.00	2.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40046 Organizational Development

This request adds staff to support the Health Department's workforce equity initiatives.

Multnomah County

Program #40046C - Organizational Development - Communications 3/3/2022

Department:	Health Department	**Program Contact:**	María Lisa Johnson
Program Offer Type:	Innovative/New Program	**Program Offer Stage:**	As Requested
Related Programs:			
Program Characteristics:	Out of Target		

Executive Summary

Internal communications is critical to a healthy and engaged organization. In past years, and especially during the pandemic, Health Department communications has focused almost entirely on public health messaging, with occasional capacity to support Director-level communications. This program supports the robust launch of an internal communications strategy focused on enhancing the employee experience with the end goal of increasing employee retention.

Program Summary

The Health Department is facing unprecedented levels of staff burnout, disconnection and turnover. We attribute these trends, in part to the intensity and exhaustion of our work as a first responder agency in the COVID-19 pandemic, and in part to changes brought on by remote work.

This program offer adds internal communications capacity to implement a robust employee communications strategy. Our goal is to enhance employee recognition, connection and retention. We will develop a platform to highlight examples of mission-driven work in each of our divisions. We will share employee stories that connect our workforce across our diverse service lines. We will also be able to disseminate timely information through a variety communications vehicles beyond just email.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Open rates for employee communications.	58%	58%	58%	75%
Outcome	Percentage of employees reporting positive employee experience and sense of connection (through pulse surve	N/A	N/A	30%	60%

Performance Measures Descriptions

Open rates measure the degree to which employees show interest and engage with the content they receive. Pulse surveys can measure the degree to which enhanced internal communications (focused on recognition and the employee experience) increases employees' sense of connection and belonging.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$290,055	$0
Total GF/non-GF	**$0**	**$0**	**$290,055**	**$0**
Program Total:	**$0**		**$290,055**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40046 Organizational Development

Multnomah County

Program #40048 - Community Epidemiology 3/3/2022

Department: Health Department **Program Contact:** Kim Toevs

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

Related Programs:

Program Characteristics: In Target

Executive Summary

Community Epidemiology Services (CES) performs the public health foundational role of assessment and epidemiology. CES collaborates with partners to determine the magnitude of disease, disorder, and injury burden among community populations; identify the determinants of health and disease; evaluate the impact of public health interventions; and assess the status of health equity to guide decisions made by public health leaders and programs, policy makers, clinicians, and community. Key components of CES' approach are working to decolonize data processes and directly engaging with BIPOC communities to make meaning of the data.

Program Summary

Community Epidemiology Services (CES) fulfills a unique and required governmental public health role by collecting and analyzing programmatic, population health, and environmental data to prevent disease, and promote and protect health of county residents. CES works closely with the Communicable Disease Services program to provide outbreak response through data analysis support, statistical modeling, and standardized investigative guidelines. CES has been instrumental in analyzing COVID-19 data to inform interventions and policy and developing best practices for accurately and equitably assessing COVID-19 data by race/ethnicity. CES also provides assessment and epidemiological services across Public Health, including the additional areas of chronic disease, violence and injury, parent/child health, environmental exposures, social determinants of health, and health equity.

Key CES functions include: 1) Providing support in quantitative and qualitative methods; traditional epidemiological analysis; social epidemiology; and equity-focused and trauma-informed methods in research, evaluation, and data management. 2) Informing program and policy through reports on population and health system data to support program development, strategic planning, resource allocation, decision-making, and community priorities (including community-based participatory research). CES evaluates whether programs and policies are effective by collaborating with Public Health programs and partners. 3) Disseminating analytic findings through data reports; peer-reviewed scientific manuscripts; policy briefs; web-based reports and platforms, such as the interactive Regional COVID-19 Data Dashboard; and presentations to County and State leadership, programs, and community partners. 4) Providing leadership across the Public Health Division in using data to identify and assess racial/ethnic and other health disparities with an equity lens that centers community wisdom and voice. 5) Decolonizing data and working with BIPOC communities to make meaning of data.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of data-related community collaborations that involve all partners and combine data with action	9	8	9	9
Outcome	# of reports monitoring health status through surveillance, assessment, & community engagement	8	N/A	10	9
Outcome	# of analytic and reporting platforms to monitor COVID responses and health status of vulnerable populations	7	7	7	7

Performance Measures Descriptions

Legal / Contractual Obligation

Oregon Revised Statutes (ORS) 431.413 - Powers and Duties of Local Public Health Departments: (a) Administer and enforce ORS 431.001-431.550 and 431.990. Of these required ORS-defined duties, this program administers key elements of ORS 431.132: Assessment and Epidemiology.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$1,237,170	$221,229
Materials & Supplies	$0	$0	$10,840	$2,480
Internal Services	$0	$0	$111,468	$42,301
Total GF/non-GF	**$0**	**$0**	**$1,359,478**	**$266,010**
Program Total:	**$0**		**$1,625,488**	
Program FTE	0.00	0.00	7.17	1.48

Program Revenues				
Intergovernmental	$0	$0	$0	$266,010
Total Revenue	**$0**	**$0**	**$0**	**$266,010**

Explanation of Revenues

This program generates $29,733 in indirect revenues.

Significant Program Changes

Last Year this program was:

In FY23, 5.78 FTE was moved from 40096A Public Health Office of the Director to this program offer. In FY23, the program has an increase in revenue via Oregon Health Authority Public Health Modernization grant funds ($162,209) and County General Fund ($220,609), resulting in an additional 2.87 FTE.

Multnomah County

Program #40049 - Corrections Health Juvenile Detention

3/3/2022

Department: Health Department **Program Contact:** Myque Obiero

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

Related Programs:

Program Characteristics: In Target

Executive Summary

Providing health care to detained youth is the responsibility of Corrections Health. Corrections Health personnel care for 45 detained youth at any one time (+2,000 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 BIPOC 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 FY23 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 45 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of client visits conducted by a CH nurse per year	2,000	2,000	2,000	2,000
Outcome	% of detained youth receiving mental health medications monthly	45%	50%	50%	50%

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$881,200	$0	$1,080,939	$0
Contractual Services	$7,502	$0	$121,455	$0
Materials & Supplies	$34,643	$0	$72,472	$0
Internal Services	$285,042	$0	$342,152	$0
Total GF/non-GF	**$1,208,387**	**$0**	**$1,617,018**	**$0**
Program Total:	**$1,208,387**		**$1,617,018**	
Program FTE	4.40	0.00	5.60	0.00

Program Revenues				
Service Charges	$0	$0	$102,198	$0
Total Revenue	**$0**	**$0**	**$102,198**	**$0**

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 2022: 40049 Corrections Health Juvenile Detention

1.2 FTE increase in FY23 affecting 40049 (nursing supervisor and community health nurse)

Multnomah County

Program #40050A - Corrections Health Multnomah County Detention Center (MCDC) 3/3/2022

Department: Health Department **Program Contact:** Myque Obiero

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

Related Programs:

Program Characteristics: In Target

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 BIPOC 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 FY23 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 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Average # of Reception Screening ("EPF"--Entry Progress Form) completed in one month	1,000	1,000	1,000	1,000
Outcome	% of positive screenings resulting in a referral to the mental health team per year	35%	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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$4,516,279	$0	$3,651,253	$0
Contractual Services	$180,000	$0	$15,000	$0
Materials & Supplies	$31,453	$0	$45,523	$0
Internal Services	$305,779	$0	$345,815	$0
Total GF/non-GF	**$5,033,511**	**$0**	**$4,057,591**	**$0**
Program Total:	**$5,033,511**		**$4,057,591**	
Program FTE	24.20	0.00	17.70	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

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 2022: 40050A Corrections Health Multnomah County Detention Center (MCDC)

Multnomah County

Program #40050B - Corrections Health MCDC Clinical Services and 4th Floor Housing

3/3/2022

Department: Health Department **Program Contact:** Myque Obiero

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

Related Programs:

Program Characteristics: In Target

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 BIPOC 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 FY23 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Average # AIC nursing assessments monthly	800	700	700	800
Outcome	Average active and constant suicide watches per month to prevent AIC injury or death	100	125	120	120

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,504,089	$0	$1,846,124	$0
Contractual Services	$565,000	$0	$731,748	$0
Materials & Supplies	$695,056	$0	$425,412	$0
Internal Services	$401,192	$0	$426,023	$0
Total GF/non-GF	**$3,165,337**	**$0**	**$3,429,307**	**$0**
Program Total:	**$3,165,337**		**$3,429,307**	
Program FTE	9.40	0.00	10.30	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

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 2022: 40050B Corrections Health MCDC Clinical Services and 4th Floor Housing

Multnomah County

Program #40050C - Corrections Health MCDC Housing Floors 5, 6, 7 & 8

3/3/2022

Department:	Health Department	**Program Contact:**	Myque Obiero
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:			
Program Characteristics:	In Target		

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 BIPOC 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 FY23 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 Supported Recovery 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Average # AIC nursing assessments monthly	800	700	700	800
Outcome	Average active and constant suicide watches per month to prevent AIC injury or death	100	125	120	120

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$2,404,987	$0	$2,526,513	$0
Contractual Services	$376,748	$0	$375,000	$0
Materials & Supplies	$7,681	$0	$12,500	$0
Internal Services	$267,461	$0	$284,016	$0
Total GF/non-GF	**$3,056,877**	**$0**	**$3,198,029**	**$0**
Program Total:	**$3,056,877**		**$3,198,029**	
Program FTE	13.60	0.00	14.20	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

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 2022: 40050C Corrections Health MCDC Housing Floors 5, 6, 7 & 8

Multnomah County

Program #40050D - Corrections Health - In/Out of Scope Services 3/3/2022

Department: Health Department **Program Contact:** Myque Obiero

Program Offer Type: Support **Program Offer Stage:** As Requested

Related Programs:

Program Characteristics: In Target

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, Multnomah County 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. The County 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.

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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of lab tests/year	N/A	6,000	6,000	6,000
Outcome	Completed medical records request	N/A	20	20	20

Performance Measures Descriptions

Measure 1: number of lab tests performed per year
Measure 2: number of medical records requests completed

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$802,524	$0	$866,648	$0
Contractual Services	$0	$0	$78,137	$0
Total GF/non-GF	**$802,524**	**$0**	**$944,785**	**$0**
Program Total:	**$802,524**		**$944,785**	
Program FTE	6.63	0.00	6.67	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

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 2022: 40050D Corrections Health - In/Out of Scope Services

Multnomah County

Program #40051A - Corrections Health Inverness Jail (MCIJ) Clinical Services 3/3/2022

Department: Health Department **Program Contact:** Myque Obiero

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

Related Programs:

Program Characteristics: In Target

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 BIPOC 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 FY23 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 MCDC 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Average # AIC nursing assessments monthly	1,200	1,200	1,200	1,400
Outcome	# of 14-Day Health Assessments completed monthly	110	100	110	120

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$3,447,188	$0	$3,767,952	$0
Materials & Supplies	$4,993	$0	$71,182	$0
Internal Services	$460,172	$0	$477,761	$0
Total GF/non-GF	**$3,912,353**	**$0**	**$4,316,895**	**$0**
Program Total:	**$3,912,353**		**$4,316,895**	
Program FTE	20.15	0.00	20.65	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

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 2022: 40051A Corrections Health Inverness Jail (MCIJ) Clinical Services

Multnomah County

Program #40051B - Corrections Health MCIJ General Housing Dorms 4 - 11 3/3/2022

Department: Health Department **Program Contact:** Myque Obiero

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

Related Programs:

Program Characteristics: In Target

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 BIPOC 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 FY23 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Average # AIC nursing assessments monthly	1,200	1,200	1,200	1,400
Outcome	# of 14-Day Health Assessments completed monthly	110	100	110	120

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,261,369	$0	$1,250,055	$0
Contractual Services	$1,121,748	$0	$1,121,748	$0
Materials & Supplies	$615,989	$0	$390,622	$0
Internal Services	$135,079	$0	$134,841	$0
Total GF/non-GF	**$3,134,185**	**$0**	**$2,897,266**	**$0**
Program Total:	**$3,134,185**		**$2,897,266**	
Program FTE	7.70	0.00	7.50	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

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 2022: 40051B Corrections Health MCIJ General Housing Dorms 4 - 11

Multnomah County

Program #40051C - Corrections Health MCIJ Dorms 12 - 18 and Infirmary 3/3/2022

Department: Health Department **Program Contact:** Myque Obiero

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

Related Programs:

Program Characteristics: In Target

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 BIPOC 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 FY23 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Average # AIC nursing assessments monthly	1,200	1,200	1,200	1,400
Outcome	# of 14-Day Health Assessments completed monthly	110	100	110	120

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$2,123,130	$0	$2,102,260	$0
Materials & Supplies	$87,195	$0	$95,406	$0
Total GF/non-GF	**$2,210,325**	**$0**	**$2,197,666**	**$0**
Program Total:	**$2,210,325**		**$2,197,666**	
Program FTE	8.50	0.00	8.50	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

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 2022: 40051C Corrections Health MCIJ Dorms 12 - 18 and Infirmary

Multnomah County

Program #40052A - Medical Examiner 3/3/2022

Department: Health Department **Program Contact:** Jennifer Vines

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

Related Programs:

Program Characteristics: In Target

Executive Summary

The County Medical Examiner's Office (MEO) investigates and determines the cause and manner of deaths which occur under specific circumstances in Multnomah County. Approximately 3,200 of the County's 6,500 yearly deaths fall into this category. MEO activities are highly visible to the public when a questionable death occurs in the community. MEO staff are directly involved with the families, loved ones of deceased individuals, and the emergency response community, (police, fire, mortuary services, accident investigators) on a daily basis. The MEO operates 24/7/365.

Program Summary

The Medical Examiner's Office (MEO) is involved in all deaths, with the exception of natural deaths occurring directly under physician care greater than 24 hours in a hospital or hospice setting. As most deaths investigated by the ME are sudden and unexpected, the ME's Office is in a unique position to identify unusual and emerging causes of death and injury, and to contribute to preventive public health interventions.

Medical Examiner staff work directly with community/family members to investigate deaths that fall under our jurisdiction to provide support and crucial information regarding the cause and manner of death. The Medical Examiner's Office strives to provide in-person investigations, to minimize the number of scenes in which law enforcement is the sole agency present. This provides increased public service, often to those most underserved.

The MEO works diligently with the community and external partners to provide equitable services to the LGBTQ community and those facing mental health crisis and addiction. Investigations conducted by our office provide critical information to inform and shape programs for those experiencing homelessness, addiction and mental health crisis.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of deaths requiring investigation	3,108	2750	2,700	3,700
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	84%	75%	80%	85%
Outcome	Increase the number of in-person scene responses with a death investigator on scene	1009	1200	1182	1400

Performance Measures Descriptions

Output: Number of deaths in the County that require investigations. Census data regarding deaths 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 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 phone). Provides support to community, ensures deaths are investigated, reduces involvement of law enforcement.

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,632,361	$0	$1,727,626	$0
Contractual Services	$96,814	$0	$108,856	$0
Materials & Supplies	$31,466	$0	$25,939	$0
Internal Services	$238,284	$0	$281,547	$0
Total GF/non-GF	**$1,998,925**	**$0**	**$2,143,968**	**$0**
Program Total:	**$1,998,925**		**$2,143,968**	
Program FTE	12.50	0.00	13.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40052A Medical Examiner

Multnomah County

Program #40052B - Additional Medical Examiner 3/3/2022

Department: Health Department **Program Contact:**

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

Related Programs:

Program Characteristics: Out of Target

Executive Summary

The County Medical Examiner's Office (MEO) investigates and determines the cause and manner of deaths which occur under specific circumstances in Multnomah County. Approximately 3,200 of the County's 6,500 yearly deaths fall into this category. MEO activities are highly visible to the public when a questionable death occurs in the community. MEO staff are directly involved with the families, loved ones of deceased individuals, and the emergency response community, (police, fire, mortuary services, accident investigators) on a daily basis. The MEO operates 24/7/365.

Program Summary

The Medical Examiner's Office (MEO) is involved in all deaths, with the exception of natural deaths occurring directly under physician care greater than 24 hours in a hospital or hospice setting. As most deaths investigated by the ME are sudden and unexpected, the ME's Office is in a unique position to identify unusual and emerging causes of death and injury, and to contribute to preventive public health interventions. Medical Examiner staff work directly with community/family members to investigate deaths that fall under our jurisdiction to provide support and crucial information regarding the cause and manner of death. The Medical Examiner's Office strives to provide in-person investigations, to minimize the number of scenes in which law enforcement is the sole agency present. This provides increased public service, often to those most underserved.

The MEO works diligently with the community and external partners to provide equitable services to the LGBTQ community and those facing mental health crisis and addiction. Investigations conducted by our office provide critical information to inform and shape programs for those experiencing homelessness, addiction and mental health crisis.

Currently, the Multnomah County Medical Examiner employs 9 full time investigators to cover a 24/7/365 operation. Nationally, offices with comparable population and caseload employ a minimum of 10-13 investigators. With current staffing levels and heavy workload, any employee absence due to medical leave, illness or vacation negatively impacts the workplace, creating an unmanageable caseload for staff and decreased availability for timely response to families and completion of necessary paperwork.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Increase In-Person Investigations	1009	1200	1200	1350
Outcome	increase in-person in home investigation to 2019 levels	62	61	61	68

Performance Measures Descriptions

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$133,301	$0
Total GF/non-GF	**$0**	**$0**	**$133,301**	**$0**
Program Total:	**$0**		**$133,301**	
Program FTE	0.00	0.00	1.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

From FY18-FY22, the ME program has had a 76% increase in cases requiring an in-person investigation and a 40% increase in total cases investigated, with a 30% increase in caseload over the last two years alone. In 2020, cases requiring an in-person investigation experienced a 36% increase and in 2021, an additional 17%, for an overall increase of 53% in the last two years. Historically, low staffing levels limit the number of cases where an investigator is able to respond in-person to the scene, resulting in investigations being conducted via telephone. In 2021, we did not respond to 1,933 cases, up from 1,631 last year. With a steady increase in Medical Examiner caseload, population and cases requiring ME investigations (homicides, overdoses,accidents), this added position will 1)bring the office to acceptable staffing levels and 2)provide immediate support to alleviate the high caseload per investigator.

Multnomah County

Program #40052C - New Medical Examiner- Vehicle Request 3/3/2022

Department: Health Department **Program Contact:**

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

Related Programs:

Program Characteristics: One-Time-Only Request, Out of Target

Executive Summary

The County Medical Examiner's Office (MEO) investigates and determines the cause and manner of deaths which occur under specific circumstances in Multnomah County. Approximately 3,200 of the County's 6,500 yearly deaths fall into this category. MEO activities are highly visible to the public when a questionable death occurs in the community. MEO staff are directly involved with the families, loved ones of deceased individuals, and the emergency response community, (police, fire, mortuary services, accident investigators) on a daily basis. The MEO operates 24/7/365.

Program Summary

The Medical Examiner's Office (MEO) is involved in all deaths, with the exception of natural deaths occurring directly under physician care greater than 24 hours in a hospital or hospice setting. As most deaths investigated by the ME are sudden and unexpected, the ME's Office is in a unique position to identify unusual and emerging causes of death and injury, and to contribute to preventive public health interventions.
Medical Examiner staff work directly with community/family members to investigate deaths that fall under our jurisdiction to provide support and crucial information regarding the cause and manner of death. The Medical Examiner's Office strives to provide in-person investigations, to minimize the number of scenes in which law enforcement is the sole agency present. This provides increased public service, often to those most underserved.
The MEO works diligently with the community and external partners to provide equitable services to the LGBTQ community and those facing mental health crisis and addiction. Investigations conducted by our office provide critical information to inform and shape programs for those experiencing homelessness, addiction and mental health crisis.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	decrease overtime by having addition vehicle available for back to back field investigations	20%	10%	20%	15%
Outcome	purchase additional new vehicle	N/A	N/A	N/A	N/A

Performance Measures Descriptions

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Internal Services	$0	$0	$27,000	$0
Total GF/non-GF	**$0**	**$0**	**$27,000**	**$0**
Program Total:	**$0**		**$27,000**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

For FY18-FY22, the ME program had a 76% increase in cases requiring an in-person investigation and a 40% increase in total cases investigated, with a 30% increase in caseload over the last two years alone. In 2020, cases requiring an in-person investigation experienced a 36% increase and in 2021, an additional 17%, for an overall increase of 53% in the last two years. The ME currently has three vehicles for scene response. ME investigators are forced to wait for a vehicle to return to the office prior to departing to scene calls, causing delays for our office, law enforcement, EMS/Fire, and families. A fourth vehicle will allow investigators to depart to scene calls without delay, awaiting the return of an available vehicle. The objectives of this proposal are to: 1)Increase scene response time 2) Decrease LE/Fire/EMS time on scene 3)Decrease delays to families awaiting ME response 4)Decreased ME dispatch delays waiting for vehicles to return from other calls.

Multnomah County

Program #40053 - Racial and Ethnic Approaches to Community Health

3/3/2022

Department:	Health Department	**Program Contact:**	Tameka Brazile
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:			
Program Characteristics:	In Target		

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, systems, 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 of 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 determinants of health challenges and barriers and improve the overall health of neighborhoods throughout Multnomah County.

REACH uses social determinants, health behavior, disease prevalence, mortality, and a variety of other data to monitor the well-documented chronic disease health disparities experienced by Black/African American/African communities and plans responsive strategies. Community-voiced data on lived experience is especially valued and incorporated into planning, 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of policy, systems, and environment strategies implemented	25	25	25	25
Outcome	# of Black/African American/African Immigrants reached through policy, systems, and environment changes	5,214	4,000	14,054	5,000
Output	# of settings implementing policy, systems and environment strategies	11	20	67	50

Performance Measures Descriptions

Performance Measures 1 and 3 are for settings that are occupied by Black/African American/African Immigrant communities.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$304,671	$425,010	$41,256	$921,222
Contractual Services	$140,000	$347,195	$320,510	$0
Materials & Supplies	$0	$1,162	$18,744	$0
Internal Services	$83,746	$94,968	$129,262	$123,247
Total GF/non-GF	**$528,417**	**$868,335**	**$509,772**	**$1,044,469**
Program Total:	**$1,396,752**		**$1,554,241**	
Program FTE	2.10	3.40	0.32	7.33

Program Revenues				
Intergovernmental	$0	$868,335	$0	$1,044,469
Total Revenue	**$0**	**$868,335**	**$0**	**$1,044,469**

Explanation of Revenues

This program generates $123,247 in indirect revenues.
$ 975,000 - REACH Federal fund
$ 69,469 - Community Chronic Disease Prevention

Significant Program Changes

Last Year this program was: FY 2022: 40053 Racial and Ethnic Approaches to Community Health

In FY23, County General Fund for this program is reduced by $18,645 but program revenue is $176,134 higher than in FY22. CDC COVID-19 Health Disparities funding (40199T) is also supporting capacity within this program in FY22. This combination results in a 3.4 FTE increase in this program offer (40199T includes 1.0 FTE, communications, and contracts). The REACH vaccine supplement (40199U) also supports this offer. COVID-19-Related Impacts: In FY22, community partners (both formal and informal) were delayed or unable to complete original deliverables and activities due to supporting COVID-19 response and/or COVID-19 restrictions. Some original scopes of work were redirected to provide COVID-19 support, response, and recovery. REACH continues to experience capacity issues with at least four full-time staff vacancies during the majority of this fiscal year.

Multnomah County

Program #40054 - Nurse Family Partnership 3/3/2022

Department: Health Department **Program Contact:** LaRisha Baker

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

Related Programs:

Program Characteristics: In Target

Executive Summary

Public Health's Parent Child Family Health (PCFH) 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 pregnant people 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 pregnant people receive, enable families to build confidence and work towards a life of stability and success for both parents and child.

Program Summary

NFP is a nurse home visiting program offered to first-time, low-income pregnant people 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.

PCFH 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. PCFH has connected the NFP model with the Healthy Birth Initiative (HBI). This partnership provides African American first-time pregnant people who are enrolled in NFP with all of the wraparound, culturally specific services and leadership development of the HBI program. African American families receiving NFP services through HBI are reflected in the HBI Program Offer (40058).

PCFH 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. PCHF 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 PCFH services and provide input in other collaborative settings to influence program design and/or implementation.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of families served	191	200	183	200
Outcome	Percent of mothers enrolled in NFP services who are breastfeeding at 6 months	66%	65%	65%	65%
Quality	Participants who remain in program until child is two years old	N/A	80%	70%	70%
Quality	Percent of participants who express satisfaction with program's cultural responsiveness	N/A	95%	95%	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, 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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$153,893	$1,073,763	$89,611	$1,092,525
Contractual Services	$430,423	$0	$462,147	$0
Materials & Supplies	$38,140	$4,666	$37,827	$13,730
Internal Services	$169,461	$143,025	$147,336	$189,210
Total GF/non-GF	**$791,917**	**$1,221,454**	**$736,921**	**$1,295,465**
Program Total:	**$2,013,371**		**$2,032,386**	
Program FTE	0.81	5.89	0.44	5.76

Program Revenues				
Intergovernmental	$0	$88,802	$0	$88,802
Other / Miscellaneous	$0	$33,312	$0	$46,556
Service Charges	$0	$1,099,340	$0	$1,160,107
Total Revenue	**$0**	**$1,221,454**	**$0**	**$1,295,465**

Explanation of Revenues

This program generates $146,836 in indirect revenues.
$ 46,556 - Miscellaneous Revenues
$ 88,802 - State MCH Babies first grant
$ 1,160,107 - NFP Medicaid Babies First

Significant Program Changes

Last Year this program was: FY 2022: 40054A Nurse Family Partnership

COVID-19-Related Impacts - In FY22, there was 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 FY22, PCFH programs had a reduction in referrals and services; staff were reassigned into COVID-19 response activities; and in-home services were primarily telehealth services, all of which impacted visit numbers. FY23 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 PCFH clients. Program Offer 40199L will provide bridge support to maintain NFP service capacity until Medicaid revenue returns to pre-pandemic levels.

Multnomah County

Program #40055 - Home and Community Based Consulting 3/3/2022

Department: Health Department **Program Contact:** LaRisha Baker

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

Related Programs:

Program Characteristics: In Target

Executive Summary

This Parent Child Family Health (PCFH) 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).

PCFH 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of families receiving an environmental home inspection	14	30	15	30
Outcome	% completion of final Asthma Home assessments	100%	80%	80%	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

FY21 Actual for Measure 1 were via telehealth.

Legal / Contractual Obligation

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$216,395	$680,326	$293,673	$609,325
Contractual Services	$102,844	$3,000	$59,899	$2,000
Materials & Supplies	$12,466	$19,016	$12,306	$16,290
Internal Services	$120,970	$90,622	$136,293	$81,894
Total GF/non-GF	**$452,675**	**$792,964**	**$502,171**	**$709,509**
Program Total:	**$1,245,639**		**$1,211,680**	
Program FTE	1.20	5.60	1.90	5.10

Program Revenues				
Intergovernmental	$0	$34,000	$0	$34,000
Other / Miscellaneous	$0	$515,605	$0	$550,762
Service Charges	$0	$243,359	$0	$124,747
Total Revenue	**$0**	**$792,964**	**$0**	**$709,509**

Explanation of Revenues

This program generates $81,894 in indirect revenues.
$ 550,762 - DDSD CHN
$ 17,000 - MHCC Head Start CHN
$ 17,000 - OCDC CHN
$ 124,747 - Healthy Homes TCM

Significant Program Changes

Last Year this program was: FY 2022: 40055 Home and Community Based Consulting

FY23 program revenue is decreased by $83,455 due to a reduction in the Healthy Homes per visit rate. County General Fund is increased by $49,496 to help offset the reduction. COVID-19-Related Impacts: In FY22, PCFH 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. FY23 projects a return to some in-person services and an associated increase in performance. Staff will continue to support COVID-19 response for PCFH clients.

Multnomah County

Program #40056 - Healthy Families 3/3/2022

Department: Health Department **Program Contact:** LaRisha Baker

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

Related Programs:

Program Characteristics: In Target

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 (and/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. 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, system advocacy, and navigation are also provided. Approximately 89% of HFMC families are BIPOC and 95% are low income.

HFMC takes a data-driven approach to program outreach and screening to prioritize program availability for BIPOC families. Annual births by race, OHP status, and place of birth identify hospitals for outreach. 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, HFMC, along with Parent Child Family Health programs, co-convenes the Family Partnership Collaborative, a community-based advisory group focused on racial equity and service improvements. HFMC evaluates programming annually through both staff and family satisfaction surveys/measures, which include cultural sensitivity measures.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of families served with home visiting	420	480	420	450
Outcome	% of participating parents who report reading to/with a child at least 3 times/week	93%	95%	95%	95%
Outcome	% of families remaining in intensive services for 12 months or longer	72%	70%	75%	75%
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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$135,506	$619,963	$87,344	$689,800
Contractual Services	$584,362	$1,561,869	$628,931	$1,878,908
Materials & Supplies	$0	$30,516	$0	$30,606
Internal Services	$118,986	$82,579	$114,068	$92,709
Total GF/non-GF	**$838,854**	**$2,294,927**	**$830,343**	**$2,692,023**
Program Total:	**$3,133,781**		**$3,522,366**	
Program FTE	0.87	5.00	0.50	5.33

Program Revenues				
Intergovernmental	$0	$2,294,927	$0	$2,612,023
Other / Miscellaneous	$0	$0	$0	$80,000
Total Revenue	**$0**	**$2,294,927**	**$0**	**$2,692,023**

Explanation of Revenues

This program generates $92,709 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.
$ 2,266,003 - Healthy Families Grant
$ 346,020 - Federal Medicaid Admin
$ 80,000 - HSO Help Me Grow Program

Significant Program Changes

Last Year this program was: FY 2022: 40056 Healthy Families

FY23 revenue is increased by $397,096 due to carryover, an increase in HFO grant funds, and a portion CDC COVID-19 Health Disparities funding. Funds will pay for increased payment to contracted CBOs, plus a COLA. CDC funds will support contractors in providing direct client assistance not allowed by HFO grant funding. COVID-19-Related Impacts - Since March FY20, HFMC has stopped hospital screening and in-person services, and has received most referrals via MCFH central referral. HFMC and its contractors will continue primarily telehealth visits in FY23. Family stress has measurably increased due to the pandemic, impacting both staff and families, disproportionately for BIPOC families. Families require more intensive services. Mental Health supports have been added to all teams. Reductions in # of families served are the result of reduced referrals and staffing challenges.

Multnomah County

Program #40058 - Healthy Birth Initiative 3/3/2022

Department: Health Department **Program Contact:** LaRisha Baker

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

Related Programs:

Program Characteristics: In Target

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 25 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 are ready to learn; a healthier workforce; 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 comprises 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of families served	312	350	350	370
Outcome	Percent of mothers initiating breastfeeding after delivery	92%	95%	95%	95%
Quality	Percent of participants who remain in program until child is two years old	50%	80%	80%	80%
Quality	Percent of participants who express satisfaction with cultural specificity of program	0%	95%	95%	95%

Performance Measures Descriptions

Due to COVID no client satisfaction surveys were conducted in FY21 (impacting Performance Measure 4).

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$958,622	$1,238,363	$1,125,069	$1,188,333
Contractual Services	$235,684	$103,072	$133,940	$196,221
Materials & Supplies	$39,251	$42,585	$72,436	$0
Internal Services	$163,373	$286,440	$289,302	$159,712
Total GF/non-GF	**$1,396,930**	**$1,670,460**	**$1,620,747**	**$1,544,266**
Program Total:	**$3,067,390**		**$3,165,013**	
Program FTE	7.05	8.75	8.00	7.80

Program Revenues				
Intergovernmental	$0	$980,000	$0	$980,000
Other / Miscellaneous	$0	$16,493	$0	$25,092
Service Charges	$0	$673,967	$0	$539,174
Total Revenue	**$0**	**$1,670,460**	**$0**	**$1,544,266**

Explanation of Revenues

This program generates $159,712 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
$ 539,174 - Targeted Case Management
$ 25,092 - HBI recoveries

Significant Program Changes

Last Year this program was: FY 2022: 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. Due to COVID, no client satisfaction surveys were conducted in FY21. HBI is on track to resume satisfaction surveys in FY22, and FY23 projects a return to some in-person services and an associated increase in the number of families served. Staff will continue to support COVID-19 response for HBI clients.

Multnomah County

Program #40059A - Corrections Health Behavioral Health Services 3/3/2022

Department: Health Department **Program Contact:** Myque Obiero

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

Related Programs:

Program Characteristics: In Target

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 over 30% having mental health and behavioral issues. Over 2,500+ 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 BIPOC 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 FY23 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 and transition 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 40 youth daily in 7 individual housing units from three counties. In addition to the services provided by mental health professionals, transition service staff is available to provide a bridge for releasing AICs and YICs who are on SUD and need additional follow up in the community. The staff includes community health workers, CHN, MHCs and eligibility specialists.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 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	Monthly average of AICs on SUD being tracked by the Transition Program that come back to custody	0	5	5	5

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$3,687,250	$0	$4,776,723	$0
Contractual Services	$40,000	$0	$80,000	$0
Materials & Supplies	$407,117	$0	$361,231	$0
Internal Services	$457,642	$0	$418,159	$0
Total GF/non-GF	**$4,592,009**	**$0**	**$5,636,113**	**$0**
Program Total:	**$4,592,009**		**$5,636,113**	
Program FTE	23.25	0.00	31.45	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

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 2022: 40059 Corrections Health Mental Health Services

The transition services program is now identified as a separate program that will offer additional support to adults and youth that release from custody and need help with follow up services regardless of whether they are on supervision or not. The transition team will be critical in SUD support services and community coordination. 8.2 FTE increase in FY23 affecting 40059 (Office assistant senior, community health specialist 2, eligibility specialist and community health nurse).

Multnomah County

Program #40059B - Corrections Health - Eligibility Specialist Restoration

3/3/2022

Department:	Health Department	**Program Contact:**	Myque Obiero
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:			
Program Characteristics:	Out of Target		

Executive Summary

Corrections Health addresses the medical, behavioral and dental health needs for the population detained in the Multnomah County Detention Center, Multnomah County Inverness Jail and the Donald E. Long Home for youth. Most individuals in the facilities have been disproportionately impacted by health risk and disease and many have not had regular access to health care. This offer represents restoration of an additional eligibility specialist to address the community health resource needs of the individuals in custody and to assist with application for Oregon Health Plan benefits upon release.

Program Summary

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.

The eligibility specialist meets with people in custody to assess their needs and provide resources to prepare them for successful release back into the community. A large part of this work involves ensuring people have access to sign up for the Oregon Health Plan in custody. The population in jails experience higher levels of mental health and substance use disorders, so ensuring people can sign up for health insurance before they are released allows them to have better access to treatment when they are released. That treatment improves their health, the health of their families and the health of the community to which they return.

Having an additional eligibility specialist will ensure that Corrections Health not only supports those who reach out for services but can also reach out to others in custody with an end goal of ensuring every person booked into custody has an opportunity to talk with someone about how to be successful when they are released. In a jail setting, most individuals do release back into the community, so supporting people in custody plays an important role in improving the health of our community as a whole.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of individuals releasing from custody who have been assessed with no Oregon Health Plan application n	500	535	535	1070
Outcome	Number of Oregon Health Plan applications completed for individuals releasing from custody	350	375	375	750

Performance Measures Descriptions

Measure 1: number of individuals releasing from custody who did not require Oregon Health Plan application but received other services
Measure 2: number of Oregon Health Plan applications completed for individuals releasing from custody

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$96,425	$0
Total GF/non-GF	**$0**	**$0**	**$96,425**	**$0**
Program Total:	**$0**		**$96,425**	
Program FTE	0.00	0.00	1.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

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:

Multnomah County

Program #40060 - Community & Adolescent Health 3/3/2022

Department: Health Department **Program Contact:** Tameka Brazile

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

Related Programs:

Program Characteristics: Measure 5 Education, In Target

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 systemic 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of youth and community members engaged in health promotion and prevention activities	8,638	5,500	9,587	8,500
Outcome	# of policies, practices, health education, and technical assistance activities	161	85	180	100
Outcome	# of community and school sites involved in health promotion and prevention activities	101	55	96	75
Quality	% of trained adults who feel confident leading comprehensive sexuality/violence prevention education	96%	85%	95%	85%

Performance Measures Descriptions

Measures 1 & 2 include school district and community-based settings. Measure 4 for is based on feedback from participants in school districts or community based settings who have participated in training(s).

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 statue. 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, the program follows COVID-19 precautions related to in-person gatherings, service closures/limitations, etc.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,487,573	$711,127	$1,597,050	$1,011,004
Contractual Services	$154,473	$954,316	$135,000	$1,041,072
Materials & Supplies	$3,445	$46,815	$90,586	$85,016
Internal Services	$235,605	$138,970	$288,693	$207,419
Total GF/non-GF	**$1,881,096**	**$1,851,228**	**$2,111,329**	**$2,344,511**
Program Total:	**$3,732,324**		**$4,455,840**	
Program FTE	11.18	5.27	11.45	6.80

Program Revenues				
Intergovernmental	$0	$1,851,228	$0	$2,344,511
Total Revenue	**$0**	**$1,851,228**	**$0**	**$2,344,511**

Explanation of Revenues

This program generates $135,879 in indirect revenues.
$ 250,000 - 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
$ 116,906 - Public Health Modernization Local (HPCDP)
$ 361,109 - Federal STOP Preventing School Violence
$ 1,616,496 - Adolescents and Communities

Significant Program Changes

Last Year this program was: FY 2022: 40060 Community & Adolescent Health

In FY22, CAH received new violence prevention funding from the Centers for Disease Control and Prevention (CDC) and the federal Department of Justice's Bureau of Justice Assistance (BJA). CAH also had carryover funds for OPA TPP. In total, FY23 program revenue is $493,283 higher than that of FY22. CAH FY23 County General Fund is also increased by $230,233. FY23 staffing represents an increase of 2.11 FTE from FY22. CDC COVID-19 Health Disparities funds (40199T) are also supporting capacity for work within this program offer.

Multnomah County

Program #40061 - Harm Reduction 3/3/2022

Department: Health Department **Program Contact:** Kim Toevs

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

Related Programs:

Program Characteristics: In Target

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 the 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. 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 overdose (OD) prevention and naloxone and fentanyl test strip distribution help clients, first responders, and community members reduce fatal OD occurrence, which was a 47% increase in 2021 compared to the same period during 2020. 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 and rely on low barrier services and supplies offered through this program. 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 provides technical assistance to organizations who deliver culturally specific services to support integration of harm reduction activities, including syringe distribution and overdose prevention.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of unique clients served	6,104	7,028	7,000	7,500
Outcome	Number of overdose rescues reported	940	1,517	800	950
Outcome	Percentage of clients served that identify as BIPOC	20%	23%	20%	23%
Output	Number of syringes distributed	12,715,358	11,775,446	10,007,190	11,000,000

Performance Measures Descriptions

All measures include services at Multnomah County and Outside In sites. 2) The FY22 estimate and FY23 offer are lower than FY22 budgeted due to people accessing services via secondary exchange and not presenting in person to report naloxone use. 4) FY22 estimate and FY23 offer for number of syringes distributed are based on previous distribution reports and the requested supply budget.

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$217,954	$814,740	$126,513	$1,052,511
Contractual Services	$313,034	$96,280	$71,534	$352,371
Materials & Supplies	$1,392,173	$238,482	$1,545,537	$104,409
Internal Services	$0	$375,969	$318,037	$124,118
Total GF/non-GF	**$1,923,161**	**$1,525,471**	**$2,061,621**	**$1,633,409**
Program Total:	**$3,448,632**		**$3,695,030**	
Program FTE	1.99	7.13	0.98	8.12

Program Revenues				
Intergovernmental	$0	$1,119,618	$0	$1,257,986
Other / Miscellaneous	$0	$375,423	$0	$375,423
Service Charges	$0	$30,430	$0	$0
Total Revenue	**$0**	**$1,525,471**	**$0**	**$1,633,409**

Explanation of Revenues

This program generates $124,118 in indirect revenues.
$ 374,577 - HIV Prevention Block Grant
$ 13,216 - Medicaid Reduction Clinic FFS
$ 379,275 - OHA HIV Harm Reduction
$ 327,974 - SAMHSA Naloxone Project (SOR)
$ 375,423 - Harm Reduction Charges and Recoveries

Significant Program Changes

Last Year this program was: FY 2022: 40061 Harm Reduction

In FY20 the program replaced the 1-for-1 syringe exchange policy with a need-based model to reduce COVID-19 transmission risk. This model continues both due to the ongoing pandemic and because it has been accepted as a best practice. As a result, supply expenses have increased, along with reliance on County General Fund (increased by $138,460 in FY23). Supply chain shortages due to COVID have complicated purchasing options. Needs-based syringe distribution has decreased the number of unique clients presenting at service sites, meaning naloxone overdose reversals may be underreported (people who have administered naloxone may not present in person to report the usage). The Harm Reduction Center (HRC) continues to utilize telemedicine; clients can access telemedicine offsite or use a computer at HRC. The Peer Advisory Group continues to not meet due to COVID, but plans to reconvene in FY23.

Multnomah County

Program #40065 - Behavioral Health Division Administration 3/3/2022

Department:	Health Department	**Program Contact:**	Julie Dodge
Program Offer Type:	Administration	**Program Offer Stage:**	As Requested
Related Programs:	40067, 40068		
Program Characteristics:	In Target		

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. The Division is grounded in values of racial and social equity, consumer driven services and trauma informed principles. 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 individuals 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 6 units: 1) The Community Mental Health Program (CMHP) which provides safety net and basic services to the adult population of the entire county. 2) Direct Clinical Services (DCS), which encompasses 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 the Providing Access to Hope (PATH) team, prevention, and contract management funded through the CCO, grants, and the state. 5) Quality Management which includes compliance, quality improvement, reporting, billing and Evolv, the Electronic Health Record for direct services by the BHD. 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. BHD has focused its energies throughout the pandemic to stabilize or expand services for persons experiencing significant Covid impacts, prioritizing BIPOC communities, and key behavioral health concerns including increased acuity of mental health concerns, substance use increase, and violence.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total Behavioral Health Advisory Meetings[1]	23	23	19	23
Outcome	Advisors agree with the statement, "Overall, BHD does its job well"	77	80	94.4	80

Performance Measures Descriptions

[1]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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$867,862	$1,031,879	$937,264	$1,069,243
Contractual Services	$24,609	$57,774	$0	$103,317
Materials & Supplies	$41,056	$3,036	$11,597	$3,036
Internal Services	$30,766	$282,269	$82,037	$381,569
Total GF/non-GF	**$964,293**	**$1,374,958**	**$1,030,898**	**$1,557,165**
Program Total:	**$2,339,251**		**$2,588,063**	
Program FTE	5.99	5.49	5.99	5.49

Program Revenues				
Intergovernmental	$0	$790,163	$0	$734,627
Beginning Working Capital	$0	$584,795	$0	$822,538
Total Revenue	**$0**	**$1,374,958**	**$0**	**$1,557,165**

Explanation of Revenues

This program generates $99,305 in indirect revenues.
$ 404,153 - Behavioral Health Managed Care Fund Beginning Working Capital
$ 343,442 - State Mental Health Grant Local Admin
$ 418,385 - Beginning Working Capital
$ 391,185 - Unrestricted Medicaid fund through CareOregon

Significant Program Changes

Last Year this program was: FY 2022: 40065 Behavioral Health Division Administration

The pandemic has continued to have a significant impact on behavioral health services. BHD leadership has monitored temporary and permanent closures of programs across the continuum, from community-based to outpatient to residential services, primarily due to losses in the workforce. BHD leadership initiated advocacy and collaboration with leaders from across the state to address the workforce crisis, and convened gatherings with local providers to stimulate greater collaboration and innovation to mitigate the impact of workforce loss and service reductions. BHD has increased its influence in the Emergency Operations Center, adding behavioral health specific positions in all shelter/emergency events. BHD continues to address deficits in funding and impact on program activities resulting from the shift to CCO 2.0 in 2020. Some of these essential programs have been funded using BWC and remain as deficit programs.

Multnomah County

Program #40067 - Medical Records for Behavioral Health Division

3/3/2022

Department:	Health Department	**Program Contact:**	Jennifer Gulzow
Program Offer Type:	Support	**Program Offer Stage:**	As Requested
Related Programs:	40065, 40068		
Program Characteristics:	In Target		

Executive Summary

The Medical Records Program is responsible for the internal management of all of the Behavioral Health Division's (BHD) clinical records required by Oregon Revised Statutes, Oregon Administrative Rules and Coordinated Care Organizations. BHD staff provided services to over 22,000 clients in FY22, all with a clinical medical/mental health record in the Evolv system.

Program Summary

The Behavioral Health Division's Medical Records Unit ensures that mental health, care coordination, protective services and alcohol and drug medical records are maintained in compliance with federal and state laws and regulations, and county and departmental rules, policies and procedures.

Program staff provide multiple record services including: document indexing; quality assurance; billing and administrative rule compliance auditing; data entry for reporting; archiving and retrieval; forms design and management; authorization/ release of information; legal requests for records; notary services; and health information management expertise.

As the Local Mental Health Authority, BHD is also responsible for programs such as involuntary commitment, commitment monitoring, trial visit and residential services which require maintenance of an individual's medical records. BHD direct service programs are expected to serve more than 27,000 individuals, each requiring a medical record.

In response to COVID, Medical Records, QM and IT implemented the use of electronic signatures for our Consent for Services, Email Permission, Text Permission and Release of Information forms this year. The Division is using the Google Suite with add-ons to accomplish this at no additional technology cost. It does require a staff to maintain the forms and the process. All forms and process documents were translated to the top 7 languages used by Multnomah County clients. The translation of documents will ensure the same access and customer experience for all clients.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Count of record items processed annually plus scanned document count²	43620	55000	41119	41000
Outcome	Percent of representative sample audited for compliance with Medicaid billing rules ¹	100	100	100	100

Performance Measures Descriptions

¹ Health Information Techs audit representative sample sizes of all records each month to evaluate presence of required documentation for Medicaid Billing. Percent lower than 100% means inadequate compliance with BHD audit plans.
²As program enrollments in the division fluctuate, record counts will fluctuate. As the Evolv team builds more automation into the system, we should continue to see a reduction in the number of documents that require uploading into the system.

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$200,453	$389,735	$133,147	$343,814
Contractual Services	$0	$0	$0	$19,541
Materials & Supplies	$0	$5,000	$4,774	$5,000
Internal Services	$8,910	$137,593	$36,614	$106,273
Total GF/non-GF	**$209,363**	**$532,328**	**$174,535**	**$474,628**
Program Total:	**$741,691**		**$649,163**	
Program FTE	2.00	4.00	1.25	3.50

Program Revenues				
Intergovernmental	$0	$427,967	$0	$408,632
Beginning Working Capital	$0	$104,361	$0	$65,996
Total Revenue	**$0**	**$532,328**	**$0**	**$474,628**

Explanation of Revenues

This program generates $33,463 in indirect revenues.
$ 107,122 - State Mental Health Grant: LA 01 System Management and Coordination
$ 301,510 - Unrestricted Medicaid fund through CareOregon
$ 65,996 - State Mental Gant Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2022: 40067 Medical Records for Behavioral Health Division

Multnomah County

Program #40068A - Behavioral Health Quality Management 3/3/2022

Department:	Health Department	**Program Contact:**	Jennifer Gulzow
Program Offer Type:	Support	**Program Offer Stage:**	As Requested
Related Programs:	40065, 40067		
Program Characteristics:	In Target		

Executive Summary

Quality Management (QM) includes the Compliance, Quality Improvement (QI), Records, Reporting, Evolv and Billing teams. The teams work collaboratively to assure the Division is able to rapidly identify, prevent and mitigate risk; provide timely and meaningful data and outcomes to demonstrate appropriate stewardship of public funds and inform program development; maintain secure electronic health records and billing; and assure compliance with licensing, Oregon Administrative Rules, and other appropriate policies. 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, 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 software to produce visuals and reports for measuring outcomes and fulfilling our contractual Reporting duties. They work closely with the Data Governance program, Information Technology (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 roles of Board Immediate Past President and Chair of the West User Group, 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 Community Integration Manager (CIM) and Maintenance Management Information System (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 created new procedures and training for staff this year, effectively reducing revenue loss due to insurance and authorization issues by almost 50%. They also 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of clinical reviews and incident reports reviewed	13846	13500	13500	13500
Outcome	Percent of incidents residential programs mitigated through immediate safety implementations	99	97	98	98
Output	Number of requests managed by Decision Support Unit	3780	4000	3700	3800

Performance Measures Descriptions

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$904,329	$1,855,187	$1,058,257	$1,653,919
Contractual Services	$0	$236,536	$0	$39,451
Materials & Supplies	$15,315	$81,927	$16,261	$81,355
Internal Services	$184,686	$356,033	$102,499	$387,010
Total GF/non-GF	**$1,104,330**	**$2,529,683**	**$1,177,017**	**$2,161,735**
Program Total:	**$3,634,013**		**$3,338,752**	
Program FTE	5.96	12.94	6.51	10.85

Program Revenues				
Intergovernmental	$0	$1,518,272	$0	$1,501,208
Beginning Working Capital	$0	$1,011,411	$0	$660,527
Total Revenue	**$0**	**$2,529,683**	**$0**	**$2,161,735**

Explanation of Revenues

This program generates $121,363 in indirect revenues.
$ 1,155,667 - Health Share of Oregon (Medicaid): Based on FY20 Medicaid Rates
$ 792,291 - State Mental Health Grant: LA 01 System Management and Coordination
$ 492,987 - Unrestricted Medicaid fund through CareOregon
$ 80,000 - State Mental Health Grant: A&D 66 Decision Support
$ 210,214 - Health Share Unrestricted Medicaid (Off the top) funding

Significant Program Changes

Last Year this program was: FY 2022: 40068 Behavioral Health Quality Management

Multnomah County

Program #40068B - Behavioral Health Quality Management - retain staffing

3/3/2022

Department:	Health Department	**Program Contact:**	Jennifer Gulzow
Program Offer Type:	Support	**Program Offer Stage:**	As Requested
Related Programs:	40065, 40067, 40068		
Program Characteristics:	Backfill State/Federal/Grant, Out of Target		

Executive Summary

Quality Management (QM) includes the Compliance, Quality Improvement (QI), Records, Reporting, Evolv and Billing teams. The teams work collaboratively to assure the Division is able to rapidly identify, prevent and mitigate risk; provide timely and meaningful data and outcomes to demonstrate appropriate stewardship of public funds and inform program development; maintain secure electronic health records and billing; and assure compliance with licensing, Oregon Administrative Rules, and other appropriate policies. 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

This restoration provides stable funding to 2.5 FTE in the Quality Management unit, and increases one .8 FTE to 1.0 FTE to process the increase in support needs as the Division adds programs and staff.
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, 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 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 roles of Board Immediate Past President and Chair of the West User Group, helping to support big improvements in Netsmart's approach to our experience as an Evolv customer.
This restoration also includes the cost of the Electronic Health Record system, Evolv that the Division uses for all client records and care coordination.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of requests managed by Evolv Support Line staff in Decision Support Unit[1]	329	330	330	350
Outcome	100% of all policies and procedures will be transitioned into Health Department platform Compliance 360 in FY2	N/A	N/A	20%	100%

Performance Measures Descriptions

[1]This is 20% of the Evolv support line tickets that are also factored into PO40068 Output Measure 3.

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. OAR also requires all services to be documented and maintained per retention rules. We meet this requirement with Evolv, our Electronic Health Record.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$371,016	$0
Contractual Services	$0	$0	$177,403	$0
Materials & Supplies	$0	$0	$46,445	$0
Total GF/non-GF	**$0**	**$0**	**$594,864**	**$0**
Program Total:	**$0**		**$594,864**	
Program FTE	0.00	0.00	2.46	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Increases .8 FTE to 1.0 FTE Data Analyst to manage the Evolv/Electronic Health Record helpline to address increased demands due to program growth across BHD. The helpline manages 1645 requests annually. Provides stable funding for Division Electronic Health Record. Provides stable funding to 2.5 FTE in QM unit.

Multnomah County

Program #40069A - Behavioral Health Crisis Services 3/3/2022

Department: Health Department **Program Contact:** Christa Jones

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

Related Programs:

Program Characteristics: In Target

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 serves all Multnomah County residents. 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 Black, Indiginous and People of Color (BIPOC), LGBTQ and other marginalized and/or underserved communities. These values will continue to be prioritized in FY23 and crisis system investments will be used to address needs.

Program Summary

The behavioral health crisis system consists of interconnected services that address the acute behavioral health needs of its community members regardless of age, insurance status, or other identity. The Multnomah County Call Center is the hub for behavioral health crisis services and provides crisis intervention and brief solution-focused therapy by phone (24/7/365). The center triages and deploys resources such as mobile crisis outreach and receives warm transfers from the Portland Bureau of Emergency Communications (BOEC)/911 reducing the need for law enforcement, fire, or ambulance. The Call Center manages the intake and referral process for the Mental Health Crisis and Assessment Treatment Center (CATC) and Crisis Respite. During COVID, the Call Center connected community members to financial resources and culturally specific services and operated the Voluntary Isolation Motel (VIMO) referral line 24/7. In FY23 the Call Center will work closely with the National 988 hotline to provide seamless access to care including mobile outreach services and additional care in the community. Mobile behavioral health crisis services are provided by Project Respond which is deployed by the Call Center or BOEC/911 to provide face to face crisis evaluation and triage services by clinicians and peers to those in crisis. Project Respond now partners peers and clinicians for mobile crisis response, which enables peers to build a relationship with those in crisis to support follow-up engagement. 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. Project Respond's Family Crisis Stabilization Specialists provided assessment, skills training, linkage to services, family support, short term case management to youth and families in need during the pandemic. 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 licensed medical professional for medication evaluation and treatment.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total Crisis System Contacts[1]	78,261	80,000[1]	85,895	80,000
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED	90%	90%	92%	90%

Performance Measures Descriptions

[1]FY22 budgeted output anticipated included outgoing calls from the Call Center. This inclusion better demonstrates the care coordination aspect of Call Center services. This output will carry forward to FY23.

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$466,856	$3,158,251	$499,271	$3,722,787
Contractual Services	$1,123,832	$6,431,313	$1,172,981	$6,392,589
Materials & Supplies	$2,084	$8,591	$30,279	$8,591
Internal Services	$81,757	$700,007	$36,322	$918,084
Total GF/non-GF	**$1,674,529**	**$10,298,162**	**$1,738,853**	**$11,042,051**
Program Total:	**$11,972,691**		**$12,780,904**	
Program FTE	3.30	19.28	3.30	19.65

Program Revenues				
Intergovernmental	$0	$9,988,934	$0	$10,838,938
Beginning Working Capital	$0	$309,228	$0	$203,113
Total Revenue	**$0**	**$10,298,162**	**$0**	**$11,042,051**

Explanation of Revenues

This program generates $323,291 in indirect revenues.
$ 555,157 - Washington County Crisis
$ 6,857,783 - 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 2022: 40069 Behavioral Health Crisis Services

Crisis system contacts were slightly lower than anticipated due limitations in data collection, such as a transition to a new call system. Outgoing call data was collected starting January 1, 2021. As of July 2021, Project Respond incorporated Peer Support Specialist staff to the mobile crisis response team to better align with national best practice standards. While Project Respond was able to add positions to increase peer response, they also experienced reduced capacity in FY22 due to critical staffing shortages, including clinical positions, while simultaneously experiencing an increase in referrals. This resulted in longer wait times and increased staff burnout. Also due to critical staffing shortages, the Urgent Walk-In Clinic (UWIC) had reduced weekend hours for much of FY22. BHD continues to respond immediately to any challenges through partner collaboration and communication.

Multnomah County

Program #40069B - Downtown Peer Services Partnership 3/3/2022

Department:	Health Department	**Program Contact:**	Christa Jones
Program Offer Type:	Innovative/New Program	**Program Offer Stage:**	As Requested
Related Programs:			
Program Characteristics:	Out of Target		

Executive Summary

Social services providers have experienced challenges in providing support in the downtown area due to the increase in critical incidents that impact safety for those experiencing houselessness, provider teams, area businesses and other community members. These incidents interfere with service provision, such as meal services, which are vital supports for community members. The Downtown Peer Services Partnership program is a partnership between the County and multiple provider agencies and provides peer support and provider coordination to decrease critical incidents and support individual's connection to behavioral health resources.

Program Summary

This program supports the Downtown Peer Services Partnership (DSPS) which provides peer support focused on: recovery, hope, personal responsibility, self-determination, positive social connection and increasing natural support, and to improve the interconnection between service agencies. This program is a response to the escalation in behavioral health symptoms, acuity and impacts of illicit drug use observed in individuals experiencing houselessness in the downtown area who are living in an environment of great instability, inhumane living conditions, and violence. Clients, local residents, business owners, and service providers are experiencing an unprecedented risk of harm and injury to staff and property. Daily disruptions to aid delivery now requires nonprofit service providers to invest scarce resources in emergency additional staffing and security.

The goal of the program is to create a shared team of mental health and peer support specialists in collaboration with nonprofit social service agencies located in the Old Town and Pearl District neighborhoods. The team will provide rapid response intervention and services to the people experiencing homelessness and poverty that are served by these agencies.

The program has been designed by community partners and peers with an equity lens, recognizing that Black, Indigenous and other People of Color (BIPOC) are disproportionately represented among houseless persons who are also experiencing behavioral health challenges.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of enrolled or intentionally engaged persons[1]	NEW	NEW	NEW	NEW
Outcome	% reduction in critical incidents from baseline[2]	NEW	NEW	NEW	NEW

Performance Measures Descriptions

[1]# of enrolled or intentionally engaged clients will be tracked in the program pilot to determine a baseline
[2]# of critical incidents will be tracked in the program pilot to determine a baseline

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Contractual Services	$0	$0	$1,100,000	$0
Total GF/non-GF	**$0**	**$0**	**$1,100,000**	**$0**
Program Total:	**$0**		**$1,100,000**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Multnomah County

Program #40070 - Mental Health Crisis Assessment & Treatment Center (CATC) 3/3/2022

Department: Health Department **Program Contact:** Christa Jones

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

Related Programs:

Program Characteristics: In Target

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. Of the 16 beds, 13 are funded and maintained by the Coordinated Care Organization (CCO), Care Oregon, and three are funded and maintained by Multnomah County.

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 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.

Multnomah County Call Center serves as the referral tracker and approver for the three beds funded by the County. These beds are prioritized for individuals that are uninsured or underinsured and are otherwise unable to access this level of care.

Although the length of stay may vary depending on a number of factors, the goal is to provide stabilization so at the point of discharge the individual is returning to lower-level community services. Services should not exceed 30 days unless the individual is on a civil commitment hold. Throughout their stays, individuals are connected to community support to decrease the likelihood of negative consequences of hospitalization (loss of housing, outpatient services, insurance, etc). 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of inpatient days for Non-HSO Multnomah Adults	9700	9700	N/A	N/A
Outcome	Percentage of individuals discharged from CATC to a lower level of care	New	New	New	95%
Outcome	Percentage of BIPOC community member access to Non Medicaid “CMHP” admissions.	New	New	New	52%
Output	Number of admissions that are Non-HSO Members (Non Medicaid members)	24	25	21	25

Performance Measures Descriptions

[1]The output that measured Number of inpatient days for Non-HSO Multnomah adults does not speak to the quality of care or the goal of reducing hospitalization.It is therefore sunsetted as of 6/30/2022.[2]We are reporting a new outcome that captures the percentage of individuals discharged to a lower level of care therefore not requiring additional hospitalization.[3]This measure addresses the disproportionality of BIPOC communities' access to mental health benefits and services and prioritizes access to this limited service

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Contractual Services	$712,516	$0	$741,017	$0
Total GF/non-GF	**$712,516**	**$0**	**$741,017**	**$0**
Program Total:	**$712,516**		**$741,017**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40070 Mental Health Crisis Assessment & Treatment Center (CATC)

The referral process significantly changed in August 2021 when referrals for Care Oregon members was reverted back to Care Oregon and CATC for processing. The Multnomah County Call Center remains the referral point for accessing the non-medicaid/CMHP services.
Due to COVID and severe staffing shortages, the referral and intake process and admittance timeline has been impacted throughout the last year resulting in increased strain on community provider agencies and crisis services.
The outcome measuring percentage of clients admitted that are non-HSO Multnomah Members will also be sunsetted as of 6/30/2022 due to Care Oregon managing the referral process for HSO beds, resulting in 100% of admissions managed by Multnomah County, therefore making this an insignificant data point and already noted in the output.

Multnomah County

Program #40071 - Behavioral Health Division Adult Protective Services

3/3/2022

Department:	Health Department	**Program Contact:**	Christa Jones
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:			
Program Characteristics:	In Target		

Executive Summary

Behavioral Health Division's (BHD) Adult Protective Services (APS) investigates abuse and neglect. Criteria that gives APS authority to open investigations include all of the following; individuals over age 18 who are receiving mental health services and/or that reside in a residential facility, and with a serious and persistent (SPMI) mental health diagnosis. APS offers community education/training to internal and external partners using a cultural lens to open 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 do not meet 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 SPMI mental health disabilities 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, risk is assessed and protective services, including safety planning, are conducted to mitigate the risk of these vulnerable individuals. The Division's APS staff coordinate multidisciplinary teams to develop plans to reduce risk of harm, reduce vulnerability and connect victims and potential victims to services.

The program includes risk case management (RCM), which is unique to the State of Oregon Behavioral Health APS. Our risk case manager serves as an additional layer of support and connection for those who are most vulnerable due to mental health disability, substance use disorder, homelessness, and abuse. The APS program also has an African American culturally specific, KSA 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 also 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of screenings/investigations[1]	1369	1000	1228	1,000
Outcome	# protective services screening referred to Risk Case Management[2]	79	80	71	80
Outcome	Number of community education presentations[3]	25	25	25	25

Performance Measures Descriptions

[1]Adult protective services are offered to every alleged victim either directly or through safety planning with the provider, which happens at the screening level. Not all screenings result in investigations.
[2]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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$820,578	$267,961	$906,612	$238,592
Materials & Supplies	$2,205	$4	$5,490	$4
Internal Services	$125,891	$4,292	$140,068	$18,746
Total GF/non-GF	**$948,674**	**$272,257**	**$1,052,170**	**$257,342**
Program Total:	**$1,220,931**		**$1,309,512**	
Program FTE	5.90	1.90	6.21	1.59

Program Revenues				
Intergovernmental	$0	$272,257	$0	$257,342
Total Revenue	**$0**	**$272,257**	**$0**	**$257,342**

Explanation of Revenues

$ 257,342 - State Mental Health Grant: LA 01 System Management and Coordination

Significant Program Changes

Last Year this program was: FY 2022: 40071 Behavioral Health Division Adult Protective Services

Since the onset of the pandemic, APS screening calls have increased and the demand for Risk Case Management (RCM) services has increased proportionately. The RCM team provides in-home and/or community-based services. Due to increased community violence (on transit or downtown streets), including direct threats against staff, the team is now providing these services in pairs. While this promotes staff safety when in the community, it results in more time spent providing fewer client contacts for the RCM service.

Multnomah County

Program #40072 - Mental Health Commitment Services 3/3/2022

Department: Health Department **Program Contact:** Christa Jones

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

Related Programs:

Program Characteristics: In Target

Executive Summary

As a function of the Local Mental Health Authority (LMHA), the County's Commitment Services are delivered to individuals who are receiving mental health treatment on an involuntary basis. This includes the investigation of Notices of Mental Illness (NMIs) by the Involuntary Commitment Program (ICP), Post-Commitment and Trial Visit services, management and reduction of long term care referrals to the Oregon Health Authority (OHA), and payment for involuntary hospital stays for indigent individuals. Services apply an equity lens, utilizing culturally specific positions and culturally responsive ideals to protect the civil rights of vulnerable individuals. Staff also serve as advocates, highlighting the adverse impact of dominant culture treatment design, laws and systems on the lives of Black, Indigenous and People of Color communities.

Program Summary

Commitment Services consists of interconnected pre and post commitment services: Under pre-commitment services the ICP employs certified commitment investigators to evaluate individuals who are involuntarily detained in hospitals and are alleged to be a danger to self/others or unable to provide for their basic personal needs due to a mental disorder. ICP investigators make recommendations to the court about whether or not a person alleged to be mentally ill should be civilly committed. If a person is recommended for civil commitment, the law requires that a certified examiner conduct further evaluation of the individual during a civil commitment hearing. When a person is civilly committed they are transferred to post-commitment services so their care and treatment may be monitored by the CMHP. The commitment monitors make care recommendations, facilitate referrals to long term care, and liaise with other County programs. When a civilly committed person is discharged to the community while remaining under committed status this is called a trial visit. Trial visit staff monitor a committed person's adherence to community based care to enhance individual and community safety while reducing the need for further inpatient mental health treatment. Commitment Services programs include culturally specific roles, including roles to address and respond to the needs of Black/African American and Vietnamese and Japanese individuals.

Long Term Care Waitlist Reduction Program (WLRP) funding provides Intensive Case Management (ICM) for committed persons discharging from inpatient care. 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 culture, identify and service needs with available resources and ensuring protection of legal and civil rights.The WLRP also funds 3 Emergency Department liaisons who connect with individuals in mental health crises who are presenting to hospital emergency rooms. These liaisons connect individuals to appropriate community based services to divert them from costly inpatient care.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total number of[1] NMIs	2,762	2,900	2,659	2,700
Outcome	% of investigated NMIs that did not go to Court hearing[2]	80%	79%	80%	80%
Outcome	% of investigated NMIs taken to court hearing that resulted in commitment[3]	87%	90%	84%	90%
Output	# of commitments monitored annually (4)	355	390	324	350

Performance Measures Descriptions

[1]This includes NMIs for indigent residents and residents with insurance.[2]Measure staff effectiveness in applying ORS 426 and reducing burden on the system.[3]The decrease in FY22 is a result of new arguments for dismissal and changed rulings by the court, these are actively being managed to increase %.4 # 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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,132,205	$2,401,662	$1,178,312	$2,497,990
Contractual Services	$229,710	$155,343	$234,285	$255,343
Materials & Supplies	$1,899	$43,320	$9,163	$43,320
Internal Services	$198,680	$367,628	$361,949	$171,300
Total GF/non-GF	**$1,562,494**	**$2,967,953**	**$1,783,709**	**$2,967,953**
Program Total:	**$4,530,447**		**$4,751,662**	
Program FTE	8.00	16.10	8.00	16.10

Program Revenues				
Intergovernmental	$0	$2,967,953	$0	$2,967,953
Total Revenue	**$0**	**$2,967,953**	**$0**	**$2,967,953**

Explanation of Revenues

$ 2,967,953 - State Mental Health Grant: MHS 24: Acute & Intermdt Psych - Commit

Significant Program Changes

Last Year this program was: FY 2022: 40072 Mental Health Commitment Services

The pandemic and various community challenges have resulted in continued increase in clinical acuity across the communities serviced through Commitment Services. This, coupled with continued isolation, increased substance abuse, community and interpersonal violence, along with service provider closures, have put immense pressure on the behavioral health system. Providers have had 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.

Multnomah County

Program #40073 - Peer-run Supported Employment Center

3/3/2022

Department:	Health Department	**Program Contact:**	Christa Jones
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:			
Program Characteristics:	In Target		

Executive Summary

Using County, federal, state, other local and federal Substance Use and Mental Heatlh Services Administration (SAMHSA) funding, this program offer supports the Northstar Clubhouse, 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, which is a nationally certified clubhouse model center, a fidelity based model. Continued funding through this offer ensures that the staff and program can continue to meet the fidelity standards required for Certification and continue to engage in diversity and equity initiatives, including data collection and reporting (ie new referral demographic data is captured). Of the persons served by this program, 13% were from Black, Indigenous and People of Color (BIPOC) communities. Certification requires that the peer-run entity meet a defined standard of service delivery. Peer-run supported employment provides encouragement and assistance for individuals who live with a mental illness in securing continuing education, employment,volunteer opportunities and advocating for reasonable accommodations. Northstar partners with a range of culturally specific programs and communities to develop inclusive, trauma informed and equitable practices that encourage people of many backgrounds to engage in the Clubhouse community

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 who live with mental illness to pursue both educational and employment opportunities.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of active members	173	155	176	155
Outcome	Percent of members in paid employment positions	27.8%	35%	27.2%	30%
Output	Average daily attendance	16	32	16	16

Performance Measures Descriptions

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Contractual Services	$105,162	$0	$109,368	$0
Total GF/non-GF	**$105,162**	**$0**	**$109,368**	**$0**
Program Total:	**$105,162**		**$109,368**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40073 Peer-run Supported Employment Center

Due to COVID, in-person services were reduced, but virtual services were offered and utilized once the agency reopened following an extended FY21 closure. Average daily attendance, however, remained lower than pre-pandemic attendance due to safety precautions. Additionally, fewer members than expected were able to successfully gain paid employment due to community access issues. Best practices are for a 1:14 staff to member ratio, but due to funding and staffing limitations, the average staff to member ratio was 1:39. Funding in FY23 was increased to respond to staff and service expansion need.

Multnomah County

Program #40074 - Mental Health Residential Services 3/3/2022

Department: Health Department **Program Contact:** Christa Jones

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

Related Programs:

Program Characteristics: In Target

Executive Summary

Mental Health Residential Services (RS) provides health and safety oversight to residential programs that house 638 individuals housed in Multnomah County. RS programs include: Secure Residential Treatment Facilities (SRTF), Residential Treatment Homes (RTH), Adult Care Homes, and a range of supportive/supported housing programs. These units provide stability, decreasing the likelihood these individuals will need acute care services or become houseless. RS hold monthly trainings to educate residential providers about mental healthcare, ancillary supports, system navigation, and changes to, and interpretation of, Oregon Administrative Rule. RS engages providers about resident admissions/evictions to address bias, racism, and culturally responsive treatment needs.

Program Summary

The Residential Services (RS) program provides regulatory, health and safety oversight, technical assistance to designated residential mental health programs. Services are provided through the use of clinical consultations, problem-solving, participation in client interdisciplinary team meetings, reviewing the appropriateness of unplanned discharges, and monitoring and enforcement of client rights. RS staff also participate in audits and licensing reviews. The team holds monthly diversity, equity and inclusion discussions to better understand and take action against systemic racism, and how to support equitable outcomes for Black, Indigenous and People of Color (BIPOC) and other marginalized groups.RS oversees approximately 83 residential programs with approximately 638 clients, that include Secure Residential Treatment Programs, Residential Treatment Homes/Facilities, Adult Care Homes (ACH), Crisis/Respite Programs, and Supportive Housing Programs. RS provides health and safety oversight through the review and response to incident reports completed by residential programs and partners with Quality Management (QM) who hold Critical Incident Reviews with residential providers and a Root Cause Analysis is completed by QM. During FY21 RS and QM reviewed at least 13,846 incident reports. RS supports the development of new mental health ACHs and the creation of new placement opportunities. Despite developing placements in two new ACHs in 2021, nine ACHs were lost from our provider network due to retirements, billing issues and lack of work/life balance.

The primary population served are mostly Choice Model eligible (diagnosis of severe persistent mental illness, under civil commitment and/or admitted to the Oregon State Hospital, OSH). RS also serves those who are under the jurisdiction of the Psychiatric Security Review Board and those receiving community restoration services under Aid and Assist orders. The Aid and Assist population served within residential programs is small, but it is expected to grow in 2022 to support increased individual liberties in the community and outside of institutional care at the OSH. Individuals who meet admission criteria for residential placement, but are not served by either Choice Model or the PSRB can be referred to licensed residential programs through the RS program, referred to as CMHP placements. CMHP referrals have increased 270% in two years.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of placements that receive health and safety oversight by Residential Services[1]	639	N/A	635	641
Outcome	% of Non-Multnomah County Residents Placed in RTH/F and SRTF Housing	22%	N/A[2]	22%	22%
Outcome	# of CMHP referrals managed by Residential Services	25[3]	NEW	34	42

Performance Measures Descriptions

[1] This is a new output, therefore an offer was not made for FY22 Current
[2] FY22 offer was not made as this was new to last year's offer.
[3] This outcome is new to FY23, but data has been collected so it is being reported for tracking purposes.

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,146,384	$464,157	$1,213,895	$506,654
Contractual Services	$213,791	$9,410,324	$0	$8,054,214
Materials & Supplies	$444	$6,212	$3,324	$6,452
Internal Services	$81,230	$135,627	$150,665	$120,212
Total GF/non-GF	**$1,441,849**	**$10,016,320**	**$1,367,884**	**$8,687,532**
Program Total:	**$11,458,169**		**$10,055,416**	
Program FTE	8.15	3.65	8.15	3.65

Program Revenues				
Intergovernmental	$0	$9,907,877	$0	$8,652,716
Beginning Working Capital	$0	$108,443	$0	$34,816
Total Revenue	**$0**	**$10,016,320**	**$0**	**$8,687,532**

Explanation of Revenues

This program generates $3,552 in indirect revenues.
$ 8,327,161 - State Mental Health Grant based on 2019-2021 IGA with State of Oregon
$ 80,000 - Medicaid Residential for Young Adults BWC
$ 34,816 - Behavioral Health Managed Care Fund BWC

Significant Program Changes

Last Year this program was: FY 2022: 40074 Mental Health Residential Services

COVID continues to have a significant and negative impact on Residential Services. with program closures or threat of closure due to staffing shortages and inadequate state funding to support program operations. Shortage of staff at every level in residential programming from milieu staff to case managers, nurses, and management was noted. Mandatory COVID-19 vaccinations for the workforce also resulted in loss of program staff.

Multnomah County

Program #40075 - Choice Model

3/3/2022

Department: Health Department **Program Contact:** Jessica Jacobsen

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

Related Programs:

Program Characteristics: In Target

Executive Summary

The Choice Model Program consists of Care Coordination services and contracted services to work with individuals with Severe and Persistent Mental Illness (SPMI). Choice diverts individuals from Oregon State Hospital (OSH); coordinates successful discharge from OSH and acute psychiatric hospitals 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 2021, of whom 25% identified as Black, Indigenous or other People of Color (BIPOC).

Program Summary

The Behavioral Health Division's Choice Model Program works with other Division units, Acute Care Hospitals, OSH, Oregon Health Authority (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. The overarching goal of Choice is to assist individuals to achieve the maximum level of independent functioning possible. This goal is achieved by diverting individuals from admission to hospital level of care to community-based resources; supporting timely, safe and appropriate discharges from hospitals into the community; and providing access to appropriate supports (skills training, case management, etc.) to help individuals achieve independent living and self-sufficiency 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.

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 identify the least restrictive setting where the individual will maintain stability. Care Coordination provides referrals to community mental health programs; supported employment to help move clients towards greater self-sufficiency; and transition planning to assure the most efficient utilization of the licensed residential housing capacity within the community.

The program has increased financial support to community placements and works primarily with Acute Care Hospitals as OSH capacity has become minimal for the civil population for the last two years, partly due to COVID. Choice added a pilot project providing embedded services at motel sites(s) to improve client support and outcomes. Choice also participated in significant work on workflows, policies and procedures to clarify access and promote more equitable service delivery.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of Clients Served in Choice	721	700	718	700
Outcome	% of clients receiving direct client assistance to meet basic needs [1]	14.44%	15%	15%	15%

Performance Measures Descriptions

[1] 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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$1,635,629	$0	$1,914,425
Contractual Services	$0	$2,783,019	$0	$1,971,628
Materials & Supplies	$0	$7,828	$0	$11,668
Internal Services	$0	$339,472	$0	$397,139
Total GF/non-GF	**$0**	**$4,765,948**	**$0**	**$4,294,860**
Program Total:	**$4,765,948**		**$4,294,860**	
Program FTE	0.00	11.90	0.00	13.34

Program Revenues				
Intergovernmental	$0	$4,054,307	$0	$4,294,860
Beginning Working Capital	$0	$711,641	$0	$0
Total Revenue	**$0**	**$4,765,948**	**$0**	**$4,294,860**

Explanation of Revenues

This program generates $153,189 in indirect revenues.
$ 1,480,773 - Unrestricted Medicaid fund through CareOregon
$ 2,814,087 - State Mental Health Grant: CHOICE Model based on 2021 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2022: 40075 Choice Model

Multnomah County

Program #40077 - Mental Health Treatment & Medication for the Uninsured

3/3/2022

Department: Health Department **Program Contact:** Christa Jones

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

Related Programs:

Program Characteristics: In Target

Executive Summary

The Multnomah Treatment Fund (MTF) prioritizes community-based services to individuals who experience challenges associated with severe mental illness and have been released from jail or psychiatric hospitals and/or are at risk of hospitalization or decompensation of mental health stability. MTF funds services for uninsured individuals without financial resources that are ineligible for Medicaid through Oregon Health Plan (OHP). In some cases, the program creates access for individuals who, because of their immigration status, do not qualify for many public entitlements and resources, and have limited access to behavioral health services. Contracted providers are responsible to ensure diversity training for staff, a diverse workforce, and incorporating social equity innovation into their policy development and service delivery.

Program Summary

The Behavioral Health Division provides funds to the network of providers to treat consumers who are uninsured during periods of exacerbated psychiatric symptoms in acute stages of mental illness.

The goal is to stabilize and prevent more drastic consequences including hospitalization, incarceration, loss of housing, impacts of substance use disorder and loss of custody of children. If these services are effective, the client's stability is supported so that trauma, increased vulnerability and suffering is prevented or reduced and the county preserves funds that would otherwise be lost to costly deep-end institutional responses such as hospitalization, corrections, or homelessness response/emergency services. Since these funds are limited, providers do a review during their intake process to ensure that MTF services are provided as clinically necessary and that clients' insurance status and financial eligibility meet program criteria. Services can include individual and group therapy, case management, community outreach, housing assistance, medication management, co-occurring disorder treatment, care coordination, and crisis intervention. Of the persons served by this program, 16% were from Black, Indigenous, and People of Color (BIPOC) communities. While the person is receiving services, they can be linked to other supports and acquire assistance in securing OHP benefits. The demand for services in this program has slightly decreased due to Medicaid Expansion, however limitations on Medicaid eligibility requirements and on Medicare approved services means there are still individuals who require this safety net program to receive on-going mental health case management and treatment services. For example, Medicare services are required to be provided by specifically certified/licensed professionals that are not always readily available in our community. Additionally, some services, such as intensive case management and general case management are not covered by Medicare..

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total # of adults who received county-funded outpatient services or medication	401	650	396	400
Outcome	Percentage of MTF clients that are hospitalized	5.49%	6.21%	6.06%	6.21%

Performance Measures Descriptions

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Contractual Services	$1,347,292	$0	$1,259,920	$0
Total GF/non-GF	**$1,347,292**	**$0**	**$1,259,920**	**$0**
Program Total:	**$1,347,292**		**$1,259,920**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40077 Mental Health Treatment & Medication for the Uninsured

Providers have experienced critical staffing shortages that have caused mental health agencies to struggle with vacant positions and increasing costs while the pandemic continued to limit the number of MTF eligible individuals who were able to be served.

Multnomah County

Program #40078 - Early Assessment & Support Alliance

3/3/2022

Department: Health Department **Program Contact:** Yolanda Gonzalez

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

Related Programs:

Program Characteristics: In Target

Executive Summary

The Early Assessment and Support Alliance (EASA) is an early psychosis intervention program addressing the needs of young people aged 12 to 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 and support 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 their other supports in treatment. The program receives and screens approximately 200 referrals per year and provides services to over 100 individuals each year. In FY21, 36 percent of the population served in EASA identified as people of color, 60 percent while and 4 percent as unknown or not provided.

Program Summary

EASA is an evidence-based and fidelity-based model resulting from 14 years of research that demonstrates early intervention and immediate access to treatment can directly reduce psychiatric hospitalization rates and the long term debilitating consequences of psychosis. The EASA fidelity-based model helps young people impacted by psychosis develop long-term recovery plans.

The multidisciplinary team approach and program activities and services are designed to meet the fidelity 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 consists of services tailored to meet the unique needs of each client. Clients are matched 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, psychiatric 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total individuals enrolled in the EASA program receiving ongoing services	131	132	130	130
Outcome	% reduction in hospitalization rate three months pre and 6 months post enrollment[1]	92%	85%	93%	85%
Output	Number of unduplicated individuals referred to the EASA program	214	200	215	200

Performance Measures Descriptions

[1] 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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$247,406	$1,551,321	$348,848	$1,546,702
Contractual Services	$0	$169,460	$24,498	$175,460
Materials & Supplies	$51	$9,221	$51	$10,794
Internal Services	$1,574	$252,925	$9,525	$270,576
Total GF/non-GF	**$249,031**	**$1,982,927**	**$382,922**	**$2,003,532**
Program Total:	**$2,231,958**		**$2,386,454**	
Program FTE	1.15	11.70	2.10	10.75

Program Revenues				
Intergovernmental	$0	$1,560,812	$0	$1,560,812
Service Charges	$0	$422,115	$0	$442,720
Total Revenue	**$0**	**$1,982,927**	**$0**	**$2,003,532**

Explanation of Revenues

This program generates $18,296 in indirect revenues.
$ 432,720 - Fee For Service Insurance Receipts
$ 10,000 - State Vocational Rehabilitation Award
$ 1,324,668 - State Mental Health Grant based on 2021 IGA with State of Oregon
$ 226,020 - SMHG MHS 38
$ 10,124 - State Community Mental Block Grant

Significant Program Changes

Last Year this program was: FY 2022: 40078 Early Assessment & Support Alliance

Multnomah County

Program #40080A - Community Based MH Services for Children & Families 3/3/2022

Department: Health Department **Program Contact:** Yolanda Gonzalez

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

Related Programs:

Program Characteristics: In Target

Executive Summary

Community Based Mental Health for Children, Youth and Families provide critical safety net services and operates from an equity lens to ensure children and youth who are uninsured, underinsured, and are in need of mental health services receive culturally responsive care. Over 200 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 the community. The continuum of services for at risk youth includes: child abuse mental health services at CARES NW (Child Abuse Response and Evaluation Services North West), 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 in order to retain youth in their home with their natural support system, and to remain in school. The CATS contractor hires family partners that reflect the lived experience of families they serve as well as the cultural and linguistic needs of the community. CARES NW is a child abuse evaluation center, mental health consultants provide trauma informed support and resources to children and their families. CARES mental health consultants work with children and their families, using culturally responsive practices, to mitigate and reduce the negative impact of trauma on long-term health, including mental health. Our CARES consultants have Knowledge Skills and Abilities focused on Spanish Language and African American Culture.

Multnomah County provides support and accountability around equity to these external providers utilizing the internal Multnomah County Equity and Empowerment lens Framework. Use of this equity lens results in improved services to best meet the needs of our black and brown communities. 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total Multnomah County Children who receive Mental Health or Family Support Services at CARES NW[1]	154	300	100	100
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

[1]The program model changed twice in this reporting period, which impacted data. See program changes section for details. Currently 2 positions are funded and there is one vacancy in the program

[2]This measure is collected from OHSU's REDCAP CATS Report

Legal / Contractual Obligation

CATS contracts with NAMI and Catholic Community Services of Western Washington. MTF Contracts with Lifeworks and Morrison.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$117,999	$153,303	$255,658	$184,982
Contractual Services	$0	$322,656	$0	$301,319
Materials & Supplies	$649	$837	$17,450	$1,556
Internal Services	$78,156	$71,021	$29,699	$68,254
Total GF/non-GF	**$196,804**	**$547,817**	**$302,807**	**$556,111**
Program Total:	**$744,621**		**$858,918**	
Program FTE	0.70	1.07	1.56	1.21

Program Revenues				
Intergovernmental	$0	$547,817	$0	$556,111
Total Revenue	**$0**	**$547,817**	**$0**	**$556,111**

Explanation of Revenues

$ 154,792 - Head Start Contracts
$ 100,000 - CAMI Grant
$ 172,656 - Federal Community Block Grant SE 08 Crisis & Acute transition Services
$ 128,663 - Community Block Grant SE 08 Crisis & Acute transition Services

Significant Program Changes

Last Year this program was: FY 2022: 40080 Community Based MH Services for Children & Families

There were anticipated and unanticipated changes in the CARES NW program structure this year. Between October and March 2021, the CARES Family Support team switched from their Family Support Model to a more intensive evidence-based treatment prevention model (Child and Family Stress Intervention) and parent support for fewer families rather than their old model which provided less support for more families. Starting in March the team moved back to their previous Family Support model due to clinic needs. Additionally, there were staffing reductions due to contract funding being reallocated from Multnomah County to CARES and program restructuring at CARES NW.

Multnomah County

Program #40080B - Community-Based MH Services for Children and Families - Culturally Specific Clients

3/3/2022

Department: Health Department **Program Contact:** Yolanda Gonzalez

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

Related Programs:

Program Characteristics: In Target

Executive Summary

Multnomah County is seeing an increase in gang violence, shootings and homicides, which predominantly impacts African Americans. In response to this increase in violence, Multnomah County is dedicated to providing behavioral health services to those most impacted; over half of which identify as African American, while African Americans represent only 6 percent of the overall County population. Multiple community organizations and community leaders have been proactively addressing community gun violence for decades, working side by side with the communities most impacted and advocating for racial justice. This position provides additional direct mental health services to youth (age 10-18) and their families impacted by gun violence.

Program Summary

The Mental Health Consultant (MHC) provides a range of culturally relevant, evidence based mental health services for the African American community. These trauma-informed services are provided to improve the social and emotional functioning of youth and families who are impacted by community and gang violence. The MHC utilizes lived experience and community informed practices to provide culturally specific mental health prevention support, mental health services, consultation, outreach and engagement. Referrals for this program are obtained from both internal county programs and external community partners and providers.

The MHC collaborates with community providers and internal county programs to provide consultation, education, outreach, and engagement and connection to mental health services. They assist with outreach to schools, colleges, emergency rooms, community services, health and social services providers and community meetings to share referral information and general education as it relates to community gun 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 responsive and culturally-informed behavioral health services. This role gathers community input around community needs and is responsive to those needs through advocacy and service.

The main goals of this program are to supplement community services by centering the voices of the African American community impacted by violence and to 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 nontraditional locations most convenient to families.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total Multnomah County Children who received Behavioral Health service through gang impacted MHC.	N/A	20	10	20
Outcome	ACORN Distribution of Patient Change reported by client/student as their perception of improvement[1]	N/A	65%	N/A	65%
Output	Total # of outreach/engagement activities attended/provided	N/A	10	8	15

Performance Measures Descriptions

[1] 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 legal system reinvestment efforts specific to children being sponsored by Commissioner Stegman.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$144,291	$0	$156,725	$0
Materials & Supplies	$15,709	$0	$0	$0
Total GF/non-GF	**$160,000**	**$0**	**$156,725**	**$0**
Program Total:	**$160,000**		**$156,725**	
Program FTE	1.00	0.00	1.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40080B Community-Based MH Services for Children and Families - Culturally

Multnomah County

Program #40081 - Multnomah County Care Coordination 3/3/2022

Department: Health Department **Program Contact:** Jessica Jacobsen

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

Related Programs:

Program Characteristics: In Target

Executive Summary

The Care Coordination Unit was formed in 2020 in the Behavioral Health Division as a result of CCO 2.0 and provides care coordination from early childhood through adulthood, including: 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 work 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 community-based services.

Program Summary

Wraparound, Youth & Adult ICC are funded by Oregon Health Plan via a delegation agreement with Coordinated Care Organizations(s). M-ITT is funded by HealthShare as part of the Crisis Services continuum of care. Care Coordinators partner with Primary Care Providers, Community Behavioral Health Providers, Department of Community Justice, Housing Providers, Intellectual Developmental Disabilities (IDD),Oregon Department of Human Services (ODHS), Child Welfare, School Districts, Peer Service Providers, and other stakeholders to improve care and outcomes for clients.

ICC and Wraparound Care Coordinators engage in a team planning process with adults, youth, family and community partners and 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 support. The goal is to help youth address mental health needs in order to be healthy, successful in school, and to remain in their communities. Youth and Adult ICC support individuals (and their families) with complex behavioral health needs with developing individualized care plans to: meet physical, oral, behavioral health, substance use, and psychosocial goals. ICC facilitates transitions between mental health services; ensures team communication; and connects with community services and supports. M-ITT provides rapid engagement to adults exiting psychiatric hospitals who are not connected to an outpatient behavioral health provider to provide short term intensive support and connect them to ongoing behavioral health services and other community support services including Primary Care, shelter, and other services to address client needs.

On average approximately 420 youth, adults, and families are served by Youth and Adult ICC, Wraparound, and M-ITT at any given time, of whom approximately 30% identify as BIPOC.

Programs ensure policies, procedures and services are individualized and culturally and linguistically responsive. Staff are recruited and retained to reflect 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of unique children served in Youth Care Coordination.[1]	382	600	381	380
Outcome	% score measuring family's satisfaction and progress in Wraparound.	87.5%	85%	85.8%	85%
Output	Referrals processed in Youth Care Coordination. [2]	294	350	265	300
Output	Total number of clients served in M-ITT. [3]	584	650	584	575

Performance Measures Descriptions

[1]The scope of work changed significantly in 2020 with transition to CCO 2.0 which reduced the number of children served in YCC. These changes were not captured in FY22 budgeted numbers. [2]Referrals decreased with CCO 2.0 transition. [3]M-ITT saw increased length of enrollment due to COVID and system capacity which decreased total number served.

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$295,862	$5,908,194	$148,401	$7,014,367
Contractual Services	$0	$1,526,053	$0	$874,878
Materials & Supplies	$1,352	$53,944	$480	$74,537
Internal Services	$0	$1,655,292	$9,231	$1,961,939
Total GF/non-GF	**$297,214**	**$9,143,483**	**$158,112**	**$9,925,721**
Program Total:	**$9,440,697**		**$10,083,833**	
Program FTE	2.00	43.25	1.00	48.41

Program Revenues				
Intergovernmental	$0	$9,143,483	$0	$9,925,721
Total Revenue	**$0**	**$9,143,483**	**$0**	**$9,925,721**

Explanation of Revenues

This program generates $941,184 in indirect revenues.
$ 2,682,601 - Health Share Unrestricted Medicaid (Off the top) funding
$ 7,230,202 - 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 2022: 40081 Multnomah County Care Coordination

Multnomah County

Program #40082A - School Based Mental Health Services 3/3/2022

Department:	Health Department	**Program Contact:**	Yolanda Gonzalez
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:	40082B		
Program Characteristics:	In Target		

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 clinicians serve over 800 children and teens with mental health needs in 38 schools across six school districts: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose, and Portland Public Schools. 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 in order 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 percent of the youth served are youth of color served by a diverse staff with six African American Knowledge Skills and Abilities (KSA), six Latinx KSA, one Asian/Immigrant KSA and 10 non KSA. 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 youth completing school, 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 concerns. 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 over 4,500 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 150 students and families in 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total unduplicated youth referred to SBMH for assessment and/or treatment services	676	1,300	672	1,000
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement[1]	46%	65%	45%	65%
Output	Total unduplicated K-3 youth/families who received case management services	154	190	167	150

Performance Measures Descriptions

A Collaborative Outcomes Resource Network (ACORN): 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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,467,294	$1,768,443	$1,924,763	$1,474,550
Contractual Services	$0	$146,226	$0	$8,000
Materials & Supplies	$13,304	$3,069	$60,865	$0
Internal Services	$31,166	$356,361	$21,189	$390,417
Total GF/non-GF	**$1,511,764**	**$2,274,099**	**$2,006,817**	**$1,872,967**
Program Total:	**$3,785,863**		**$3,879,784**	
Program FTE	9.98	12.65	13.01	9.52

Program Revenues				
Intergovernmental	$0	$1,400,366	$0	$1,457,720
Beginning Working Capital	$0	$412,348	$0	$0
Service Charges	$0	$461,385	$0	$415,247
Total Revenue	**$0**	**$2,274,099**	**$0**	**$1,872,967**

Explanation of Revenues

This program generates $44,128 in indirect revenues.
$ 22,500 - Parkrose School District
$ 75,000 - Centennial School District
$ 37,500 - Reynolds School District
$ 415,247 - Fee for Service Insurance Receipts
$ 177,000 - Portland Public Schools
$ 14,700 - Local Clackamas County Care Coordination
$ 1,018,713 - State MH Grant: MHS 20 Non-Residential MH Services based on 2019-2021 IGA with the State of Oregon
$ 112,307 - Local Public Health Agency IGA with the State of Oregon for School-Based Clinics
$ 411,418 - School Based Medicaid BWC

Significant Program Changes

Last Year this program was: FY 2022: 40082A School Based Mental Health Services

The output for FY23 jumps to 1,000 because it aligns with historical numbers when in-person services were provided. FY21 Actuals and FY22 estimates show a decline due to virtual services. We expect to get closer to past averages of 1200+ when services are in person.
The ACORN outcome measure was expected to be low given the high mental health acuity and the many barriers caused by the pandemic for youth. When services were in-person, the clients were handed an ipad or paper to complete, but with telehealth, ACORN had to be completed virtually. The virtual process created barriers in building relationships and youth were less willing to complete it (they are able to decline).

Multnomah County

Program #40082B - School Based Mental Health Services - In/Out of Scope Services 3/3/2022

Department:	Health Department	**Program Contact:**	Yolanda Gonzalez
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:	40082A		
Program Characteristics:	In Target		

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 clinicians serve over 800 children and teens with mental health needs in 38 schools across six school districts: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose, and Portland Public Schools. 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 in order to retain students in school and reduce the risk of needing higher levels of care.

Program Summary

This program offer is to fund two Full Time Equivalent (FTE) clinicians for the School-Based Mental Health Program. While volume of clients has reduced due to COVID there has been an increased need/acuity per client which necessitates this FTE. Clinicians are spending more intensive time with each youth due to higher levels of acuity. Schools are also requesting more mental health services for students due to the increased need.

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 percent of the youth served are youth of color served by a diverse staff with six African American Knowledge Skills and Abilities (KSA), six Latinx KSA, one Asian/Immigrant KSA and 10 non KSA. 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 youth completing school, 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 concerns. 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 over 4,500 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 150 students and families in 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total unduplicated youth referred to SBMH for assessment and/or treatment services	676	1,300	672	1,000
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement	46%	65%	45%	65%

Performance Measures Descriptions

A Collaborative Outcomes Resource Network (ACORN): 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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$365,957	$0	$368,906	$0
Materials & Supplies	$0	$0	$4,062	$0
Internal Services	$204,636	$0	$186,046	$0
Total GF/non-GF	**$570,593**	**$0**	**$559,014**	**$0**
Program Total:	**$570,593**		**$559,014**	
Program FTE	2.35	0.00	2.31	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40082B School Based Mental Health Services - In/Out of Scope Services

Multnomah County

Program #40083 - Behavioral Health Prevention Services 3/3/2022

Department: Health Department **Program Contact:** Jesse Benet

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

Related Programs:

Program Characteristics: In Target

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 addresses equity through training on 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 FY21 approximately 489 Multnomah County employees and community members were trained in the mental health and suicide prevention training models referenced. 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 link 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. We continue to partner with the Sheriff's Office to provide access to firearm information to licensed firearm owners in Multnomah County to help them better understand suicide risk with firearms in the home, how to decrease that risk and increase safety, especially in times of crisis. 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 has developed a tool to perform the psychological autopsies based on Washington County's nationally recognized tool, best practices around psychological autopsies and subject matter expertise of suicide in Multnomah County. 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, provide support and service linkage. Feedback will be provided to give insight into 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of individuals trained in Mental Health First Aid, ASIST, OPR and/or CALM and safeTalk.	489	800	450*	450*
Outcome	% of individuals who report greater understanding of mental illness and/or suicide prevention.	96%	85%	85%	85%
Output	Perform 25-30 psychological autopsies (if full time, 50-60 psychological autopsies).	N/A	25	25	45
Outcome	Improve MC understanding of completed suicide trends for FY20 through a deep analysis and report.	100%	100%	100%	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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$190,221	$158,290	$226,703	$172,252
Contractual Services	$51,392	$0	$43,400	$0
Materials & Supplies	$26,200	$7,367	$3,028	$2,076
Internal Services	$8,244	$38,548	$31,713	$41,438
Total GF/non-GF	**$276,057**	**$204,205**	**$304,844**	**$215,766**
Program Total:	**$480,262**		**$520,610**	
Program FTE	1.50	1.30	1.58	1.22

Program Revenues				
Intergovernmental	$0	$204,205	$0	$215,766
Total Revenue	**$0**	**$204,205**	**$0**	**$215,766**

Explanation of Revenues

This program generates $23,151 in indirect revenues.
$ 80,000 - OHA Suicide Prevention
$ 124,205 - Federal PE 60 Suicide Prevention
$ 11,561 - Family & Youth Local 2145 Beer and Wine Tax

Significant Program Changes

Last Year this program was: FY 2022: 40083 Behavioral Health Prevention Services

*Due to COVID-19 and the impact on in-person training, our actual trained number of people decreased due to the training models requiring smaller classes and more staff to facilitate training. Although we are hosting just as many trainings, we aren't training as many people due to the need for increased safety and support during training.

Multnomah County

Program #40084A - Culturally Specific Mental Health Services 3/3/2022

Department:	Health Department	**Program Contact:**	Christa Jones
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:	40084B		
Program Characteristics:	In Target		

Executive Summary

Behavioral health is fundamental to the overall health and well-being of an individual and is the basis for positive impacts to family, community, and society. In 2003, Multnomah County affirmed a strong commitment to embracing a multicultural approach to behavioral health in mobilizing the talents, cultures, and assets of the County's diverse populations to improve the quality of our behavioral health system at the community level. The County identified African American/ Black; Asian/ Pacific Islander; Latino/ Hispanic; Native American/ Alaska Native; and Slavic/ Eastern European/ Russian-Speaking as cultural communities with significant disparities in access to both treatment services and education/prevention opportunities. This was reaffirmed in Spring 2021, when the County declared racism a public health crisis.

Program Summary

Behavioral health services have historically not been designed to reflect the specific culture, values, and shared identities of Black, Indigenous and other People of Color (BIPOC). To address this gap, Multnomah County funds culturally specific services for BIPOC persons that are better able to address and decrease identified disparities, and develop culturally specific models to build and sustain healthy families and communities. The County recognizes that expanding access to and improving the quality of behavioral health treatment and prevention/education opportunities for the specific communities is imperative.

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,the county contracts for mental health services for individuals from communities with significant disparities in access to both treatment services and education/prevention opportunities. Multnomah County mental health prevalence data suggest 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 criminal legal system through access to culturally and linguistically appropriate treatment including culturally appropriate outreach, engagement, and treatment services. Culturally responsive interventions can mitigate the need for expensive hospital, residential levels of care, or crisis services. Contractors provide comprehensive psychiatric, mental health, and substance use disorder assessments/evaluations that are culturally and linguistically appropriate focused on early-identification/crisis-prevention, and are part of a comprehensive health care system. They also provide case management, medication evaluation and management, and/ or monitoring, treatment services and support, individual, group, and/ or family therapy, benefits assistance, basic needs assessment, wraparound support, and comprehensive referral services, individual and group psychosocial skill development, crisis intervention services, services designed to improve family relationships and community support systems, and education and awareness-building opportunities.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total culturally diverse individuals receiving services[1]	1414	900	892	900
Outcome	Culturally specific persons served per 1,000 culturally diverse in population [2]	5.4	3.6	3.4	3.6

Performance Measures Descriptions

[1]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.
[2]Service Rate Per 1,000 Calculation-Numerator: Total unduplicated culturally-diverse individuals served.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Contractual Services	$1,829,433	$0	$1,897,008	$0
Total GF/non-GF	**$1,829,433**	**$0**	**$1,897,008**	**$0**
Program Total:	**$1,829,433**		**$1,897,008**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40084 Culturally Specific Mental Health Services

The COVID-19 pandemic has had a devastating impact on all community members of Multnomah County. BIPOC Communities have had a disproportionate impact from COVID-19, such as increased rates of infection, higher mortality rates, and further limitations on access to health and behavioral health services. Culturally specific providers have been disproportionately tapped to develop interventions and responses to the need and at times needing to pivot toward COVID-19 specific response programming. Further, prior to the pandemic, there were gaps in growing a diverse workforce, that was further exacerbated by the pandemic. This has resulted in some providers needing to pause some services due to insufficient staffing

Multnomah County

Program #40084B - Culturally Specific Mobile Outreach and STP

3/3/2022

Department:	Health Department	**Program Contact:**	Christa Jones
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:	40084		
Program Characteristics:	In Target		

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.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total number of individuals served	N/A	50	50	50
Outcome	Percentage of referrals that are accepted into the program which demonstrates that the referral process is	N/A	90%	90%	90%
Outcome	Individuals placed into or retained in residential services, transitional and/or permanent housing or connected to hi	N/A	NEW	90%	90%

Performance Measures Descriptions

This pilot program is still in development and measures will be reviewed and updated throughout this pilot program. Measures will be updated on Program Offers annually.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Contractual Services	$727,000	$0	$738,800	$0
Total GF/non-GF	**$727,000**	**$0**	**$738,800**	**$0**
Program Total:	**$727,000**		**$738,800**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

When the Karibu contract was set up, it was placed in two cost centers, with two Program Offers. The STP portion was under 40088B and the mobile outreach was under 40084B. Yet together, the funding, narrative and performance measures make up one culturally specific pilot program, Karibu (Culturally Specific Mobile and STP). Having the services in one program offer, 40084B will assist us with monitoring the contract and ensuring the services are provided.

Multnomah County

Program #40085 - Adult Addictions Treatment Continuum 3/3/2022

Department: Health Department **Program Contact:** Jesse Benet

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

Related Programs:

Program Characteristics: In Target

Executive Summary

The Adult Addiction Treatment Continuum serves over 3,000 individuals per year and includes adult Substance Use Disorder (SUD) treatment and recovery support services for adult Multnomah County residents living at or below 200% poverty who are uninsured or underinsured (high copays or deductibles that create a fiscal burden to access) for the services. 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

The overarching goal of Substance Use Disorder treatment and recovery support services is to establish a path to recovery and well-being for those experiencing SUD. SUD treatment and recovery supports also have broader impact across County systems and services, including in criminal justice, child welfare, and healthcare. Positive impacts are experienced at the interpersonal, family, and community levels, such as: reduced jail 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 problematic alcohol and other drug use; target specific barriers to recovery; and teach prosocial/drug-free alternatives to addictive behaviors through clinical therapy (individual and group), skill building, and peer-delivered services. Treatment and recovery 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 the County by a network of state-licensed community providers and peer-run agencies. The continuum of treatment and recovery support includes culturally responsive programming for specific populations, including: communities of color, people living with HIV, LGBTQIA2S+ individuals, women, and parents whose children live with them while they are in residential treatment. As part of the Behavioral Health Department's commitment to equity, the Addiction Unit strives to identify, develop, and increase funding to providers who work to provide culturally responsive or culturally specific treatment and recovery services facilitated by individuals with lived experience, who speak the same language, and reflect the diverse populations being served. In the last year Addictions has prioritized establishing new contracts to expand funding for peer run organizations and culturally specific service providers.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$677,711	$382,847	$543,646	$326,464
Contractual Services	$1,593,150	$8,783,158	$1,579,331	$9,811,845
Materials & Supplies	$20,295	$2,715	$23,279	$2,685
Internal Services	$87,042	$278,272	$133,122	$36,442
Total GF/non-GF	**$2,378,198**	**$9,446,992**	**$2,279,378**	**$10,177,436**
Program Total:	**$11,825,190**		**$12,456,814**	
Program FTE	4.55	2.62	3.35	2.20

Program Revenues				
Intergovernmental	$0	$10,153,808	$0	$10,177,436
Total Revenue	**$0**	**$10,153,808**	**$0**	**$10,177,436**

Explanation of Revenues

This program generates $1,476 in indirect revenues.
$ 602,272 - Local 2145 Beer and Wine Tax; $ 3,828,258 - SAPT Block Grant; $305,813 - TANF A&D 67 Award
$ 249,999 - OHA Peer Delivered Services
$ 4,947,676 - State Mental Health Grant based on 2021 IGA with State of Oregon
$ 178,100 - OHA Ryan White Mental Health;
$ 65,318 - Peer-driven Approach to Opioid Use Disorder

Significant Program Changes

Last Year this program was: FY 2022: 40085A Adult Addictions Treatment Continuum

Pandemic impacts across SUD providers: staff shortages (especially compounding the historic need for BIPOC staff with BH certification); quarantines; service/program disruption & staffing gaps; operating at reduced censuses due to social distancing; pauses of client intakes due to COVID cases among staff/clients; transitions between in-person/telehealth/hybrid services as the pandemic shifts; changes to operational workflows, policies, and protocols; etc. Hence, providers need to prioritize essential services and respond to evolving crises and challenges, impacting their ability to collect and report data in a timely manner. Data availability for this offer's performance measures was impacted by OHA's pause on many reporting requirements and encountering in the MOTS system. MOTS provides the outcomes data for this offer. Due to these factors, the output measures for FY21/FY22 may represent an undercount and are not likely true indicators of those served.

Multnomah County

Program #40086 - Addiction Services Gambling Treatment & Prevention 3/3/2022

Department: Health Department **Program Contact:** Jesse Benet

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

Related Programs:

Program Characteristics: In Target

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 applies evidence-based strategies to increase awareness among 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 considers biological, behavioral, and economic issues. Current Oregon prevalence rates show approximately 2.6% of adult Oregonians could have a gambling disorder - over 100,000 Oregonians and 20,000 Multnomah County residents. In FY20, less than 300 individuals engaged in PG treatment in Multnomah County. 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 process is vital to recovery success so family members are engaged and also receive services. PG treatment services focus 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. 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, and Voices of Problem Gambling Recovery. In FY21, services expanded to include a Problem Gambling Program Coordinator (PGCC). This role was created with the goal to: increase provider awareness of PG and screening options, to provide training and technical assistance to current and future Problem Gambling Treatment Providers, to be a hub for all external referrals (from the Multnomah County Crisis Line, Oregon Problem Gambling Hotline and community SUD treatment providers), and to ensure referral procedures meet the individual's motivation to engage in treatment and recovery support services. The PGCC will also focus on developing culturally specific gambling treatment services for the African American and Latinx populations. Currently, there is only one African American trained clinician in the state. Targeting historically marginalized communities with health disparities will help to decrease stigma and ensure individuals know how to access treatment resources and support. PG prevention programming focuses on increasing awareness of PG as an issue and develops strategies for the prevention of PG disorders. Prevention messaging focuses on the risks of PG, tips for responsible gambling, and highlights resources that help individuals with gambling issues. The prevention program works with a subcontractor, and local coalitions to develop and disseminate prevention messaging for the community as well as culturally specific groups. In FY23, the program will focus on African American, Latinx, Older adult and College-aged populations with specific messaging and education.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	1. Number of gamblers and family members accessing treatment annually	50	350	200	200
Outcome	2. Gambler successful treatment completion rate	45.3%	42%	42%	30%
Outcome	3. Percent of clients receiving Care Coordination services, successfully placed in gambling treatment or re	N/A	N/A	71%	60%
Output	4. Number of problem gambling prevention activities delivered*	N/A	N/A	N/A	20

Performance Measures Descriptions

1. The number of persons completing the enrollment process and entering treatment. 2. The number of gamblers and family members who successfully completed treatment during the year. 3. New outcome added in FY23: The number of referred clients who enrolled in Gambling Care Coordination services and were successfully placed in Gambling Treatment and/or Recovery Support services. 4. New output added in FY23: tracked via Problem Gambling quarterly prevention reports.

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$121,702	$0	$203,409
Contractual Services	$0	$740,000	$0	$707,672
Materials & Supplies	$0	$5,048	$0	$7,515
Internal Services	$0	$8,250	$0	$16,934
Total GF/non-GF	**$0**	**$875,000**	**$0**	**$935,530**
Program Total:	**$875,000**		**$935,530**	
Program FTE	0.00	1.00	0.00	1.50

Program Revenues				
Intergovernmental	$0	$875,000	$0	$935,530
Total Revenue	**$0**	**$875,000**	**$0**	**$935,530**

Explanation of Revenues

$ 775,000 - State Mental Health Grant: Problem Gambling Treatment Services based on IGA with State of Oregon
$ 160,530 - State Mental Health Grant: Problem Gambling Prevention Services based on IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2022: 40086 Addiction Services Gambling Treatment & Prevention

There has been a drop in the penetration and successful treatment completion rates in FY22 compared to previous years. Several drivers: (1) as of March 2021, State-directed changes to the data collection/reporting system limited data access. Thus the last quarter of FY21 is not included in the data for Output 1 and Outcome 2. This undercount will be updated in the next PO. (2) Service providers have indicated the stress of the pandemic has impacted overall treatment completion and access. Two gambling providers closed programs in FY22. Throughout the pandemic our service providers have experienced temporary pauses and closures, service provision fluctuations, and a staffing crisis. This delayed efforts to establish new partnerships, create culturally specific resources, and work to solidify referral pathways for problem gambling treatment.

Multnomah County

Program #40087 - Addiction Services Alcohol & Drug Prevention 3/3/2022

Department: Health Department **Program Contact:** Jesse Benet

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

Related Programs:

Program Characteristics: In Target

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 media campaigns, 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 has been introduced.

Program Summary

Multnomah County's substance abuse prevention program offers services to schools, community organizations, parents, youth, and other community groups. Programming is developed using evidence-based prevention models that are driven by community assessments. This program continuously strengthens its commitment to advancing diversity, equity and inclusion through using frameworks that center sustainability and cultural competency when developing and selecting prevention activities and strategies. The key focus of this program 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 partnering with local community coalitions and culturally-specific organizations to develop and implement awareness building campaigns and offering prevention activities and classes that will promote health equity for our African American/Black, Latinx and LGBTQI+ populations.

The Multnomah County 2021-2023 Biennial ADPEP Local plan prioritizes: decreasing access of alcohol and marijuana to youth, supporting and educating our parents and community members over the age of 21 on the harmful effects of youth substance use, and working with the County Public Health Tobacco Prevention Education Program (TPEP) to address flavors in tobacco, alcohol, and cannabis (edibles) and the industry tactics that promote flavored products, through the establishment of policies and or regulations that will decrease access and availability of these products within our County. In FY23, subcontractors will be working to share the FY22's Community Readiness Assessment results and work with our county coordinator to develop strategies on reducing heavy and binge drinking among adults in Multnomah County. In addition, their focus will be on increasing community voice in our prevention offerings within East Multnomah County, including the development of new youth prevention programming.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	1. Adults and youth served by prevention services and programming	2004	475	1000	1000
Outcome	2. Prevention activity participants with improved awareness and/or educational outcomes	90%	75%	75%	80%

Performance Measures Descriptions

1. Number of adults and youth directly served by all county SUD prevention programs (both internal and subcontracted programming). This is an unduplicated number, and doesn't 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 partners. Also, the Community Readiness Assessment will provide us with baseline data we can utilize for future evaluation measures.

Legal / 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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$210,101	$0	$151,644
Contractual Services	$0	$196,016	$0	$270,597
Materials & Supplies	$0	$9,917	$0	$37,863
Internal Services	$0	$33,217	$0	$18,217
Total GF/non-GF	**$0**	**$449,251**	**$0**	**$478,321**
Program Total:	**$449,251**		**$478,321**	
Program FTE	0.00	1.75	0.00	1.30

Program Revenues				
Intergovernmental	$0	$449,251	$0	$478,321
Total Revenue	**$0**	**$449,251**	**$0**	**$478,321**

Explanation of Revenues

This program generates $13,460 in indirect revenues.
$ 41,667 - Oregon Alcohol and Drug Prevention Education Program (ADPEP)
$ 154,070 - SNAP Drug Free Community Grant
$ 282,584 - Oregon Alcohol and Drug Prevention Education Program (ADPEP) SAPT block grant and State general funds.

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 2022: 40087 Addiction Services Alcohol & Drug Prevention

A portion of SUD prevention work that is funded through the Drug-Free Communities Grant lives within the program offer 40085A. Total output and outcome data does not include these numbers. In the future we will advocate for rolling all of our prevention funding into the same program offer. The FY23 program anticipates serving a similar number of individuals as FY22. Pandemic-related policies in schools and community based programs continue to impact our subcontractors ability to serve individual schools. SUD prevention activities were previously provided in-person and in this past year have shifted to virtual pathways, relying on our school communities and social media strategies. With schools starting in-person this fall, one of our subcontractors was welcomed back in person. However, with variants shifting school/organizational responses, we are unsure how this will impact the numbers served for FY22 and FY23.

Multnomah County

Program #40088 - Coordinated Diversion for Justice Involved Individuals 3/3/2022

Department: Health Department **Program Contact:** Christa Jones

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

Related Programs:

Program Characteristics: In Target

Executive Summary

Coordinated diversion includes three jail and/or hospital diversion programs for criminal legal system-exposed individuals experiencing severe mental health issues. Programs provide support and connection to community treatment options, divert people experiencing a serious mental health issue from lengthy jail stays, and promote stability in the community. It is well documented that Black, Indigenous and People of Color (BIPOC) communities are overrepresented in the forensic population. Program equity practices include: continuing advocacy and participation in system improvement at the state and local level, 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

Mental Health Court provides time-limited intensive monitoring services to persons involved in the criminal legal 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 individuals enrolled in the Mental Health Court.

The Forensic Diversion Program is a pre-adjudication program, focusing on diverting l defendants with mental health disabilities from the criminal justice system. The program also works with individuals charged with a felony and/or misdemeanor and ordered to undergo competency evaluation/restoration at the Oregon State Hospital (OSH). Staff provide mental status evaluations and linkage to basic need resources 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of participants served by Forensic Diversion	297	300	319	300
Outcome	% of participants served in the Community by Forensic Diversion	47%	30%	42%	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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$460,864	$1,549,196	$528,723	$1,630,152
Contractual Services	$592,701	$969,669	$611,538	$885,300
Materials & Supplies	$3,992	$5,887	$2,286	$1,069
Internal Services	$239,792	$143,727	$204,371	$151,958
Total GF/non-GF	**$1,297,349**	**$2,668,479**	**$1,346,918**	**$2,668,479**
Program Total:	**$3,965,828**		**$4,015,397**	
Program FTE	3.80	11.70	3.80	10.70

Program Revenues				
Intergovernmental	$0	$2,668,479	$0	$2,668,479
Total Revenue	**$0**	**$2,668,479**	**$0**	**$2,668,479**

Explanation of Revenues

This program generates $39,527 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 2022: 40088A Coordinated Diversion for Justice Involved Individuals

The impact of COVID-19 on the Forensic Diversion program is that jail capacity was reduced to manage the physical distancing requirements to limit exposure to COVID-19, 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 and the workforce shortage, connections to community resources and supports took longer to achieve and clients required more ongoing support. This was very pronounced with housing resources as shelter space was limited.

Multnomah County

Program #40089 - Addictions Detoxification & Post Detoxification Housing

3/3/2022

Department: Health Department **Program Contact:** Jesse Benet

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

Related Programs:

Program Characteristics: In Target

Executive Summary

Withdrawal management is a critical level of treatment 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. Funding for these SUD treatment services prioritizes individuals at/below 200% poverty who are uninsured or under-underinsured (high deductibles or copays that create a burden to accessing care). Supportive Housing and Care Coordination services target individuals who are houseless or without safe housing conducive to recovery and provide additional engagement and stability throughout the transition from this level of care to continued treatment and recovery support.

Program Summary

This program provides clinical care to assist an individual in their initial withdrawal from substance use and continuing supportive services to encourage sustained recovery. Withdrawal management services are provided 24 hours/day, 7 days/week with medical oversight. Clients may receive prescribed medication to safely manage withdrawal symptoms and other supportive services based on individualized needs. Services are provided by medical professionals and clinical staff that address: SUD, physical health, and co-occurring disorders. Withdrawal management also includes: counseling, case management, referrals to supportive housing units, food, transportation, job training, employment opportunities, benefits eligibility screening, and discharge linkage to continuing treatment and recovery support services.

Withdrawal Management services are enhanced by two specific types of recovery support services to better serve this population: Supportive Housing and Care Coordination. Supportive Housing greatly increases treatment engagement rates post discharge from withdrawal management treatment. For people who are houseless, chemically dependent, 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 another 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of unique indigent individuals receiving Withdrawal Management services annually*	80	2400	76	80
Outcome	% of individuals served in Care Coordination, exiting withdrawal management and successfully transitioning to	97%	N/A	94%	94%
Output	Number of clients served in Care Coordination transition services**	2158	N/A	2260	2000
Output	Number of individuals receiving supportive housing***	372	400	373	370

Performance Measures Descriptions

Measure changed in FY23 and for FY22 Estimate: We are no longer counting admissions, but unique indigent clients who may receive multiple admissions in a year. Of the 80 clients served in FY21, there were a total of 430 days of services provided.Care Coord: Includes both indigent clients and clients with OHP or other health insurance. In the past, this group of clients was reported in the Output. Average length of stay in supportive housing is 14-15 weeks. The metric corresponds to the estimated annual number of individuals housed in these dedicated supportive housing beds.

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) 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.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$0	$84,568
Contractual Services	$1,534,668	$783,692	$1,552,807	$695,026
Internal Services	$0	$0	$0	$4,097
Total GF/non-GF	**$1,534,668**	**$783,692**	**$1,552,807**	**$783,691**
Program Total:	**$2,318,360**		**$2,336,498**	
Program FTE	0.00	0.00	0.00	0.50

Program Revenues				
Intergovernmental	$0	$783,692	$0	$783,691
Total Revenue	**$0**	**$783,692**	**$0**	**$783,691**

Explanation of Revenues

$ 274,292 - State Mental Health Grant: A&D Detoxification Housing Block Grant based on IGA with State of Oregon.
$ 509,399 - State Mental Health Grant SE 66: A&D Detoxification Treatment based on IGA with State of Oregon.

Significant Program Changes

Last Year this program was: FY 2022: 40089 Addictions Detoxification & Post Detoxification Housing

Through the pandemic SUD providers have grappled with staff shortages; quarantines resulting in facility closures; operating at reduced capacity due to social distancing requirements; intake pauses due to COVID cases among staff/clients; etc. This impacted some providers' ability to collect/report data in a timely manner. OHA paused many reporting requirements for FY22. Hence, the performance measures for FY21 & FY22 are likely not true indicators of need or utilization. In FY21, the output related to the number of individuals served in withdrawal management services changed to include only indigent client admissions, not those with Medicaid or insurance. Medicaid enrollment has increased and indigent clients served has decreased, allowing for reinvestment in Care Coordination & Supported Housing which are key to continued recovery and remain open to all persons exiting withdrawal management regardless of insurance status.

Multnomah County

Program #40090 - Family & Youth Addictions Treatment Continuum 3/3/2022

Department: Health Department **Program Contact:** Jesse Benet

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

Related Programs:

Program Characteristics: In Target

Executive Summary

This program provides a continuum of services for youth in outpatient, early recovery, and culturally-specific services including outpatient addiction treatment services and culturally specific African American and Latino outreach/engagement services. Additionally, through December 2021, this program provides approximately 100 families annually with alcohol and drug-free supportive housing resources for families with adult parent(s) who are in Substance Use Disorder (SUD) treatment.

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 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. Effective January 1, 2022, OHA began contracting directly with the provider. This brief description remains to allow inclusion of output and Outcome measures for FY22, but there will be no county funded FAN activities in FY23.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 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

Measures 1-3 note: FY22 estimates are based on 6 months data. Due to OHA contracting directly with FAN providers as of January 1, 2022, these measures will be removed in future program offers. Measure 4 note: There are two primary data sources for this output: 1) encounter data for fee-for-service treatment services and 2) outreach/ engagement reports. The outreach/engagements data was only included this year if there was a specific individual client name included.

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Contractual Services	$111,287	$750,806	$114,396	$153,456
Materials & Supplies	$0	$0	$0	$2,151
Total GF/non-GF	**$111,287**	**$750,806**	**$114,396**	**$155,607**
Program Total:	**$862,093**		**$270,003**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$750,806	$0	$155,607
Total Revenue	**$0**	**$750,806**	**$0**	**$155,607**

Explanation of Revenues

$ 65,200 - Local 2145 Beer & Wine Tax
$ 93,087 - State Mental Health Grant SE66 Family and Youth Services IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2022: 40090 Family & Youth Addictions Treatment Continuum

Effective 1/1/22, OHA contracts directly with the provider of FAN services. FAN was included in this program offer through FY22 and will not continue in FY23. 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 from funding treatment to outreach and engagement services as well as supportive services to fill existing service system gaps that are not covered by insurance, yet vital to youth treatment and recovery success. Pandemic impacts to SUD providers: staff shortages; quarantines; service/program disruption & staffing gaps; operating at reduced censuses due to social distancing; pauses of client intakes due to COVID cases among staff/clients; transitions between in-person/telehealth/hybrid services as the pandemic shifts; changes to operational workflows, policies, and protocols; etc.

Multnomah County

Program #40091 - Family Involvement Team 3/3/2022

Department: Health Department **Program Contact:** Jesse Benet

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

Related Programs:

Program Characteristics: In Target

Executive Summary

TThe 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 Multnomah County Family Dependency Court. Each year, the FIT for Recovery program connects over 500 unique parents who have had their parental rights taken away due to substance use issues with treatment and recovery support services, specialized case management services, and peer supports with lived experience with Child Welfare involvement. Culturally specific peer support and outreach services were newly added in FY22 to ensure prioritization of BIPOC individuals.

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 and recovery support services. Culturally specific peer support and outreach workers with lived experience meet parents directly at court hearings where parental rights are terminated to provide immediate support at a critical time. These staff work to establish a connection with parents, screen for SUD and other needs, and make referrals to treatment and support services. Warm handoffs ensure individuals have support navigating any access barriers to getting into treatment.

Once in treatment, FIT case managers with lived experience and specialized knowledge of navigating the Child Welfare and family court systems at partnering SUD 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 Case Managers and provide 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. Parenting Support groups are also provided by peers with lived experience. FIT partners include: DHS Child Welfare, Family Dependency Court, Multnomah County Health Department, Cascadia Behavioral Healthcare, CODA, Lifeworks NW, Central City Concern, Volunteers of America (VOA), NARA, Bridges to Change, Raphael House, Morrison Child and Family Services, Iron Tribe, and Holistic Healing.

FIT partnered with the County Office of Diversity and Equity (ODE) to complete an equity lens assessment in FY21. A significant outcome of this work was partners surfaced an underrepresentation of BIPOC, specifically African American, parents becoming FIT clients though they were overrepresented in the larger Child Welfare System. Partners developed a goal of increasing FIT services to BIPOC families in FY22, launched new Culturally Specific Peer Support and Outreach Services provided by culturally specific agencies and staff. 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	1) Number of FIT referrals per year	770	700	972	770
Outcome	2) % of FIT clients referred who enter treatment	12%	72%	27%	27%

Performance Measures Descriptions

1) Measure 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.
2) FY21: 75% of clients had an unknown Treatment status therefore only 12% that were documented as having entered treatment are reported. FY22: 47% of clients had an unknown Treatment status. It is likely an undercount that reflects issues with the outdated database previously used for tracking this data point.

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Contractual Services	$0	$401,527	$32,380	$328,062
Total GF/non-GF	**$0**	**$401,527**	**$32,380**	**$328,062**
Program Total:	**$401,527**		**$360,442**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$401,527	$0	$328,062
Total Revenue	**$0**	**$401,527**	**$0**	**$328,062**

Explanation of Revenues

$ 328,062 - State Mental Health Grant SE 66Family Involvement Team (FIT) based on IGA with the State.

Significant Program Changes

Last Year this program was: FY 2022: 40091 Family Involvement Team

Pandemic impacts across SUD providers: staff shortages (especially compounding the historic need for BIPOC staff with BH certification); quarantines; service/program disruption & staffing gaps; operating at reduced censuses due to social distancing; pauses of client intakes due to COVID cases among staff/clients; transitions between in-person/telehealth/hybrid services as the pandemic shifts; changes to operational workflows, policies, and protocols; etc. These impacts have decreased the availability and capacity of critical SUD treatment and recovery support services, further exacerbating the access issues that previously existed before the pandemic.

Multnomah County

Program #40096A - Public Health Office of the Director 3/3/2022

Department: Health Department **Program Contact:** Jessica Guernsey

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

Related Programs:

Program Characteristics: In Target

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 - 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 Partnerships and Capacity Building (CPCB) - coordination/implementation of division-level, culturally specific and cross-cultural community engagement and partnership strategies to address community and public health priorities. Culturally specific staff engage and build capacity with community leaders, Community Health Workers, and organizations/groups; support collaboration in serving diverse communities; develop networks with internal staff and culturally specific serving programs; and support/advise various Public Health programs and priorities. Activities also include implementation of the Community Health Improvement Plan (CHIP) and supporting the Future Generations Collaborative, a collective impact partnership between Native and Native-serving organizations, institutions, systems, governments, and people. CPCB has been supporting COVID-19 response by working with community-based organization partners (both funded and unfunded).

Racial Equity - analysis of various 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. The Office also uses community-based organizations' feedback to develop policy and system change.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of Multnomah County Public Health Advisory Board meetings	14	12	12	12
Outcome	# of presentations to BOH about strategies that address disparities within BIPOC communities	5	6	25	7
Output	# of cultural specific and multicultural community partners and events that promote health equity	N/A	50	85	85

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. FY21 Actual and FY22 Budgeted do not include COVID-19-related briefings. FY22 Estimate and FY23 Offer do include COVID-19-related briefings.

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$2,947,834	$1,470,661	$2,021,816	$2,717,336
Contractual Services	$395,384	$777,419	$303,208	$947,129
Materials & Supplies	$213,551	$62,094	$230,229	$201,184
Internal Services	$450,467	$195,893	$467,039	$382,230
Total GF/non-GF	**$4,007,236**	**$2,506,067**	**$3,022,292**	**$4,247,879**
Program Total:	**$6,513,303**		**$7,270,171**	
Program FTE	18.03	9.17	12.15	18.09

Program Revenues				
Intergovernmental	$0	$2,306,067	$0	$4,247,879
Other / Miscellaneous	$0	$200,000	$0	$0
Total Revenue	**$0**	**$2,506,067**	**$0**	**$4,247,879**

Explanation of Revenues

This program generates $365,210 in indirect revenues.
$735,000 - State grant: MCH Child and Adoles, PDES Morbidity Monitoring Project and Behavioral Risk Factor Survey System;
$343,520 - Alaska Tobacco Prevention; $120,000 - Alaska Obesity EAP; $455,250 - NIH Marijuana Legalization;
$100,000 - Alaska Marijuana Program Evaluation; $1,361,818 - Public Health Modernization Local;
$200,000 - HSO County Based Services - 404708; $161,500 - PDES Public Health Modernization Support;
$45,000 - Alaska Chronic Disease-Cancer Programs; $32,000 - PDES Core State Injury Prevention Program;
$274,000 - State PE19-35 Evaluation of Aid & Assist Population; $582,000 - New LPHA Project (NHBS)

Significant Program Changes

Last Year this program was: FY 2022: 40096A Public Health Office of the Director

In FY23, Community Epidemiology Services is being moved from this offer to its own offer (40048). County General Fund for this program increased by $374,516.00. FY23 program revenue is increased by $2,007,822 due to OHA Public Health Modernization and multiple federal, state, and other evaluation contracts. There is a 11.70 FTE increase, including 1.0 FTE being moved from 40199J to this offer to work with the Asian/Pacific Islander community. CDC COVID-19 Health Disparities funds (40199T) will support capacity within this program. COVID-19-Related Impacts: The Office of the Director has continued supporting key COVID-19 response activities through leadership as the local public health authority, partnering with the Board of Health, supporting community partnerships that are part of COVID-19 response. In FY23, the Office will start moving to support COVID-19 Community Recovery work in both internal programs and external partnerships.

Multnomah County

Program #40096B - Public Health In/Out of Scope Services 3/3/2022

Department:	Health Department	**Program Contact:**	Jessica Guernsey
Program Offer Type:	Support	**Program Offer Stage:**	As Requested
Related Programs:			
Program Characteristics:	In Target		

Executive Summary

In FY 2021, ICS received technical assistance from the Health Resources and Services Administration (HRSA) regarding financial and governance requirements related to Federally Qualified Health Centers (FQHCs). This included clarification of how FQHC funds could be applied to services of the health center and staff roles that also supported non-health center services. 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, in FY22, Multnomah County removed County General Fund allocations from the ICS Budget and re-allocated them to Corrections Health and Public Health services. Multnomah County will continue using the County General Fund to support these services.

Program Summary

Public Health's Parent Child Family Health (PCFH), Communicable Disease (CD) Clinical and Community Services, and Harm Reduction programs provide home visiting and clinical services. These services require infrastructure support for Epic electronic health record (EHR), laboratory tests, pharmacy, managing medical records, and managing protected health information.

Clinical Systems Information supports PCFH and the CD and Harm Reduction clinics with all Epic operations. Main functions include: day-to-day requests, staff passwords, label printing, face sheets, and system problem-solving; monthly maintenance and other updates as needed; program planning and implementation, including building programs and form development; and acting as the liaison to OCHIN, the Department's EHR vendor.

Central Lab supports the CD and Harm Reduction clinics. Main functions include performing a variety of lab tests for TB, STDs, and HIV; assisting with blood draws; and acting as a liaison between the lab and the clinics.

Pharmacy supports the CD and Harm Reduction clinics. The main function is filling prescriptions for clients.

Health Information Management supports PCFH and the CD and Harm Reduction clinics. Main functions include: responding to court system records requests; creating copies containing appropriate information and sending them to the courts; providing protected health information (PHI) consultation; acting as a liaison between programs and the County Attorney related to PHI; and providing record retention guidance.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of lab tests per year	7,436	6,000	8,034	6,000
Outcome	# of prescriptions filled	N/A	N/A	N/A	2,368

Performance Measures Descriptions

All performance measures are only for Parent Child Family Health, Communicable Disease (CD) Clinical and Community Services, and Harm Reduction programs and clients.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$461,588	$0	$575,891	$0
Materials & Supplies	$0	$0	$79,617	$0
Total GF/non-GF	**$461,588**	**$0**	**$655,508**	**$0**
Program Total:	**$461,588**		**$655,508**	
Program FTE	3.67	0.00	4.27	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

In FY23, pharmacy was added to the scope of this program offer. FY23 County General Fund for this program increased by $193,920.

Multnomah County

Program #40096C - Future Generations Collaborative 3/3/2022

Department: Health Department **Program Contact:** Jessica Guernsey

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

Related Programs:

Program Characteristics: Out of Target

Executive Summary

The Future Generations Collaborative (FGC) is a collective impact partnership between Native and Native-serving organizations, institutions, systems, governments, and people that centers traditional values in the prevention of Fetal Alcohol Spectrum Disorder (FASD); promotes health and healing across the lifecourse and for the collective Indigenous community; and serves as a key convener for the Portland Native community. The FGC is a program in Public Health's Office of the Director, Community Partnerships and Capacity Building Unit. This program offer will enhance contracts to build community-based organization (CBO) partners' capacity to continue and expand this important work.

Program Summary

The FGC supports the Health Department's dedication to leading with race and uplifting racism as a public health crisis by addressing health disparities experienced by Native American and Alaska Native peoples in tandem with the historical and ongoing trauma at their root. The FGC's main goal is to reduce health disparities in the Native community, especially substance-impacted pregnancies and the lifelong impacts of Fetal Alcohol Spectrum Disorder (FASD). This includes programming that builds connection and healthy relationships within families and the community. The FGC is also a key convening entity for the Portland Native community for building collective, culturally congruent, trauma-informed community responses to public health issues like COVID-19. This out-of-target program offer will enhance work across all the below domains through contracts with community partners.

The FGC works in four domains: Policy - providing opportunities for Native community members to participate in the systems that govern their lives–including technical support on writing or giving testimony, following the legislative process, developing legislative agenda items, and connecting with lawmakers. The FGC also coordinates with other Native organizations and advocacy groups to build cohesion around policy priorities. Education - working with healthcare, justice, social service, legal, and education systems to provide culturally congruent, trauma-informed FASD and neuro/environmental trauma training, technical assistance, and hands-on case management and parental support. Community Engagement - creating opportunities for connection and leadership in the Native community by offering Healthy Relationships classes, Community Health Worker certification, Gathering of Native Americans (GONA) events, conferences, community support circles, and more. This mode also supports connection with other BIPOC communities, FGC's Elders and Natural Helpers, and Native Community Health Workers providing COVID-19 support. Research & Evaluation - working with community members and Native researchers to design and implement decolonized, reindigenized research and evaluation techniques so that Native people control the narrative of their own lives and experiences. This decolonial narrative shift supports systemic and institutional restitution work needed to interrupt and begin to heal the ongoing impacts of continued colonization.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of community members served	N/A	N/A	N/A	150
Outcome	# of Native American-supporting policies identified	N/A	N/A	N/A	4
Output	# of community support circles held	N/A	N/A	N/A	100
Output	# of providers provided technical support on FASD	N/A	N/A	N/A	35

Performance Measures Descriptions

These primary measures are quantifiable aspects of the FGC's preferred decolonized and indigenized qualitative measures of success, such as community members feeling more connected, engagement in ongoing programming, relationships with policy and lawmakers, and systems that take on shifting their interaction with Native community members.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Contractual Services	$0	$0	$489,501	$0
Total GF/non-GF	**$0**	**$0**	**$489,501**	**$0**
Program Total:	**$0**		**$489,501**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

COVID-19-Related Impacts: FY21 and FY22 saw an increase in the need for the FGC services inside systems and in the community. The FGC has increased support to community members and partners during the pandemic, even with being understaffed, and also expanded advocacy/policy work and partnerships with key public health entities to accurately represent the Native community in the pandemic data. This out-of-target program offer reflects new and expanded projects to meet increased community needs through increased staffing and resources provided to community partners via contract.

Multnomah County

Program #40097 - Parent, Child, and Family Health Management 3/3/2022

Department: Health Department **Program Contact:** LaRisha Baker

Program Offer Type: Support **Program Offer Stage:** As Requested

Related Programs:

Program Characteristics: In Target

Executive Summary

Parent, Child, and Family Health (PCFH) Administration provides leadership, compliance, quality, and program data oversight and support to PCFH programs within the Public Health Division. PCFH Administration is committed to addressing health equity, and providing culturally responsive home visiting and other perinatal, parental, and family programming. Administration assures compliance to program and fiscal standards.

Program Summary

PCFH 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 reduces 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 PCFH programs. Examples include working to shift the PCFH workforce culture toward the elimination of racial/ethnic disparities by implementing culturally reflective and responsive programs and meaningful community partnership engagement.

PCFH 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. PCFH 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 PCFH services, hold leadership roles in the advisory boards, and provide input to influence program design and/or implementation.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of billable visits that meet targeted case management (TCM) requirements	5,288	3,624	5,268	3,955
Outcome	Percent of contracts granted to BIPOC vendors	56%	60%	56%	56%
Quality	Number of monthly chart audits completed	257	432	468	432

Performance Measures Descriptions

Legal / Contractual Obligation

PCFH Administration ensures that all PCFH programs comply with a number of legal/contractual guidelines related to model fidelity, Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, FQHC Rulebook 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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,033,005	$21,456	$1,116,902	$22,021
Contractual Services	$74,798	$100,000	$61,000	$100,000
Materials & Supplies	$95,108	$54,651	$36,520	$53,984
Internal Services	$189,241	$2,858	$156,444	$2,960
Total GF/non-GF	**$1,392,152**	**$178,965**	**$1,370,866**	**$178,965**
Program Total:	**$1,571,117**		**$1,549,831**	
Program FTE	8.00	0.13	9.00	0.17

Program Revenues				
Intergovernmental	$0	$178,965	$0	$178,965
Total Revenue	**$0**	**$178,965**	**$0**	**$178,965**

Explanation of Revenues

This program generates $2,960 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 2022: 40097 Maternal Child Family Health Management

In FY23, CDC Health Disparities funds (40199T) will build capacity for this program through contracts. COVID-19-Related Impacts - In FY22, COVID-related changes to County and partner workflows reduced referrals to and services provided by PCFH 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. FY23 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 PCFH clients.

Multnomah County

Program #40099A - Early Childhood Mental Health Program 3/3/2022

Department:	Health Department	**Program Contact:**	Yolanda Gonzalez
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:	40099C and 40099B		
Program Characteristics:	In Target		

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 to decrease school 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 over 4,700 children County-wide and their families in all Head Start Programs to promote social/emotional development and school readiness. The consultant's use the Pyramid Model framework, which includes evidence-based practices for promoting young children's healthy social and emotional development. Services include early childhood classroom consultation with educators, child mental health assessment, 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 staff and availability of 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 and have a greater impact on families. A critical goal of this program is to ensure children are ready to learn once they enter Kindergarten.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total children receiving prevention services.	4,741[1]	3,600	4,700	4,700
Outcome	Overall social/emotional supports in place in Head Start classrooms based on TPOT data[2]	N/A	75%	N/A	75%
Output	Total children receiving culturally specific treatment services [3]	29	48	26	30

Performance Measures Descriptions

[1] See Specific Program Changes for a full explanation of increase
[2] Teaching Pyramid Observation Tool (TPOT): an evidence-based tool to measure teacher implementation of the 3-tiered Pyramid Model
[3] Treatment=Clients provided services

Legal / Contractual Obligation

Head Start Revenue Contracts

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,375,367	$346,433	$1,413,264	$353,229
Contractual Services	$39,000	$55,095	$40,560	$613
Materials & Supplies	$4,102	$67	$6,935	$67
Internal Services	$46,325	$164,933	$50,325	$174,725
Total GF/non-GF	**$1,464,794**	**$566,528**	**$1,511,084**	**$528,634**
Program Total:	**$2,031,322**		**$2,039,718**	
Program FTE	9.43	2.46	9.43	2.46

Program Revenues				
Intergovernmental	$0	$401,528	$0	$401,528
Service Charges	$0	$165,000	$0	$127,106
Total Revenue	**$0**	**$566,528**	**$0**	**$528,634**

Explanation of Revenues

$ 127,106 - Fee For Services Insurance Receipt
$ 165,852 - State Mental Health Grant BWC
$ 401,528 - 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 2022: 40099 Early Childhood Mental Health Program

Services were virtual this year due to the COVID-19 pandemic. The TPOT outcomes tool (an in-person observation tool) was unable to be administered due to school closures.

The performance measure output of the total number of youth served appears to have increased markedly, however it did not, this is due to a discrepancy in how we previously tracked the data. Historically, MECP was being undercounted and this year we shifted to track services consistently across the entire program.
PO 40099C is being added to this program offer for FY23

Multnomah County

Program #40099B - Preschool For All Early Childhood

3/3/2022

Department:	Health Department	**Program Contact:**	Yolanda Gonzalez
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:	40099		
Program Characteristics:	In Target		

Executive Summary

Passed by voters in November 2020, Preschool For All has a goal to provide access to high-quality, inclusive, culturally responsive preschool for all three and four-year olds in Multnomah County. Children who currently have the least access to high quality preschool will be prioritized, including Black, Indigenous and children of color, children who speak languages other than English at home, children with disabilities and developmental delays, and other intersecting identities.

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 Preschool for All implementation.

Program Summary

Early Childhood Mental Health Consultants provide a comprehensive continuum of culturally relevant mental health services to children and their families in preschool programs to promote social/emotional development and school readiness. Preschool for All services expand and draw from on our highly effective existing early childhood programming based on the Pyramid Model framework, which includes evidence-based practices for promoting young children's healthy social and emotional development. 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. A hallmark of this program is Spanish-speaking staff and African American culturally specific counseling and parent support services provided to families throughout Multnomah County.

Community-based treatment services are provided for children to increase success at home and reduce the likelihood of suspension or expulsion from preschool, including culturally specific services for Latinx and African American families. Multnomah County population estimates completed by Portland State University as part of the planning for Preschool for All suggest that there are over 7,000 children aged 3-4 living at or below 200% of the federal poverty level, and of these, approximately 46% are Black, Indigenous and other children of color.

The Preschool for All investments will dramatically increase the size of the Early Childhood Mental Health team and create the need for additional supervision and program administrative support. This program offer includes funding for a supervisor, policy and program planning position, and administrative support. In total, this program offer provides funding for 10.0 FTE which will include 1 Supervisor, 1 Program Specialist Senior, 1 Office Assistant, 7 Mental Health Clinicians. The COVID-19 pandemic has dramatically impacted our entire community, including young children, making this investment incredibly urgent. The prevention, treatment and early intervention services provided to young children and their families address mental health and developmental needs before they become acute and require more intensive and costly care and increase the negative impact on marginalized families and children.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total children receiving prevention services.	N/A	N/A	N/A	500
Outcome	% of Preschool for All coaches who report that they had a positive and supportive consultation experience.	N/A	N/A	N/A	85%
Output	Total children receiving culturally specific treatment services.	N/A	N/A	N/A	30

Performance Measures Descriptions

*Youth will not begin enrollment until Fall of 2022 and therefore we will have more fully formed measures based on baseline data during FY24.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$260,470	$0	$1,460,877
Contractual Services	$0	$0	$0	$20,000
Materials & Supplies	$0	$6,350	$0	$40,570
Internal Services	$0	$100,375	$0	$46,542
Total GF/non-GF	**$0**	**$367,195**	**$0**	**$1,567,989**
Program Total:	**$367,195**		**$1,567,989**	
Program FTE	0.00	2.00	0.00	10.73

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

$ 1,567,989 - Preschool For All Program Fund

Significant Program Changes

Last Year this program was: FY 2022: 40099B Preschool For All Early Childhood

Multnomah County

Program #40099C - Early Childhood Mental Health Program - In/Out of Scope Services

3/3/2022

Department:	Health Department	**Program Contact:**	Yolanda Gonzalez
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:	40099		
Program Characteristics:	In Target		

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 to decrease school 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

This culturally specific contract includes an extension of this service array and team. Early Childhood Mental Health Consultants provide a comprehensive continuum of culturally relevant mental health services to over 4,700 children County-wide and their families in Head Start Programs to promote social/emotional development and school readiness. The consultant's use the Pyramid Model framework, which includes evidence-based practices for promoting young children's healthy social and emotional development. Services include early childhood classroom consultation with educators, child mental health assessment, 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 staff and availability of 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 and have a greater impact on families. A critical goal of this program is to ensure children are ready to learn once they enter Kindergarten.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total children receiving prevention services.	4,741[1]	3,600	4,700	4,700
Outcome	Overall social/emotional supports in place in Head Start classrooms based on TPOT data[2]	N/A	75%	N/A	75%

Performance Measures Descriptions

[1] See Specific Program Changes for a full explanation of increase
[2] Teaching Pyramid Observation Tool (TPOT): an evidence-based tool to measure teacher implementation of the 3-tiered Pyramid Model

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$53,478	$0	$49,786	$0
Materials & Supplies	$12,844	$0	$13,851	$0
Internal Services	$28,445	$0	$34,305	$0
Total GF/non-GF	**$94,767**	**$0**	**$97,942**	**$0**
Program Total:	**$94,767**		**$97,942**	
Program FTE	0.50	0.00	0.50	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40099C Early Childhood Mental Health Program - In/Out of Scope Services

Services were virtual this year due to the COVID-19 pandemic. The TPOT outcomes tool (an in-person observation tool) was unable to be administered due to school closures.

The performance measure output of the total number of youth served appears to have increased markedly, however it did not, this is due to a discrepancy in how we previously tracked the data. Historically, MECP was being undercounted and this year we shifted to track services consistently across the entire program.
PO 40099C is being added to this program offer for FY23

Multnomah County

Program #40099D - Early Childhood Mental Health Program - Culturally specific contracting

3/3/2022

Department:	Health Department	**Program Contact:**	Yolanda Gonzalez
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:	40099		
Program Characteristics:	Out of Target		

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 to decrease school 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 over 4,700 children County-wide and their families in all Head Start Programs to promote social/emotional development and school readiness. The consultant's use the Pyramid Model framework, which includes evidence-based practices for promoting young children's healthy social and emotional development. Services include early childhood classroom consultation with educators, child mental health assessment, 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 staff and availability of 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 and have a greater impact on families. A critical goal of this program is to ensure children are ready to learn once they enter Kindergarten.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total children receiving prevention services.	4,741[1]	3,600	4,700	4,700
Outcome	Overall social/emotional supports in place in Head Start classrooms based on TPOT data[2]	N/A	75%	N/A	75%
Output	Total children receiving culturally specific treatment services [3]	29	48	26	30

Performance Measures Descriptions

[1] See Specific Program Changes for a full explanation of increase
[2] Teaching Pyramid Observation Tool (TPOT): an evidence-based tool to measure teacher implementation of the 3-tiered Pyramid Model
[3] Treatment=Clients provided services

Legal / Contractual Obligation

Head Start Revenue Contracts
Morrison Contract: HD-SVCSGEN- 499-2018-conv2

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Contractual Services	$0	$0	$165,852	$0
Total GF/non-GF	**$0**	**$0**	**$165,852**	**$0**
Program Total:	**$0**		**$165,852**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

$ 127,106 - Fee For Services Insurance Receipt
$ 165,852 - State Mental Health Grant BWC
$ 401,528 - 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 2022: 40099 Early Childhood Mental Health Program

Services were virtual this year due to the COVID-19 pandemic. The TPOT outcomes tool (an in-person observation tool) was unable to be administered due to school closures.

The performance measure output of the total number of youth served appears to have increased markedly, however it did not, this is due to a discrepancy in how we previously tracked the data. Historically, MECP was being undercounted and this year we shifted to track services consistently across the entire program.
PO 40099C is being added to this program offer for FY23

Multnomah County

Program #40100 - Trauma Intervention Services 3/3/2022

Department: Health Department **Program Contact:** Christa Jones

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

Related Programs:

Program Characteristics: In Target

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 community members; 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 in addition to partnering with the Behavioral Health Division (BHD). BHD provides funding to TIP to ensure that TIP volunteers remain accessible to the Multnomah County community. 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 has over 200 volunteer staff who are able to respond 24/7, 365 days per year. From July 1, 2021 through November 30, 2021 TIP has responded to 631 requests for support in Multnomah County. They have provided over 3,975 hours of volunteer service in support of 2,008 individuals. The average response time for TIP is 20.3 minutes with 100% reliability. From February through September 2021, TIP trained and graduated 41 volunteers. 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. At the start of COVID-19, TIP implemented a new program to provide follow-up calls 30-45 days after the initial on-site contact. This program has been extremely impactful and well received. Additionally, During the heat event of June 2021,TIP provided a significant amount of support to Multnomah County residents. They experienced their busiest week ever from June 25th through July 1st 2021 they responded to 77 scenes of a tragedy with 98 volunteers supporting 297 clients with over 324 hours of service.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Respond to requests, including responders that match demographics of impacted community when requested	N/A	100	N/A	N/A
Outcome	Increase outreach, including to organizations that serve communities of color.	N/A	N/A	N/A	N/A
Output	Total number of community members served	NEW	NEW	4800	4800
Outcome	Percentage of community members who receive follow up contracts within 45 days	NEW	NEW	90%	90%

Performance Measures Descriptions

[1]The Output and Outcome established in FY21 did not adequately reflect data reporting capabilities or demonstrate scope of services provided through TIP and was not collected by the provider for the current year. These are therefore sunsetted and replaced with new measures.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Contractual Services	$50,000	$0	$52,680	$0
Total GF/non-GF	**$50,000**	**$0**	**$52,680**	**$0**
Program Total:	**$50,000**		**$52,680**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40100 Trauma Intervention Services

COVID and other community events increased overall acuity and challenged the behavioral health system, impacting the need for trauma intervention. TIP trained and graduated 41 new volunteers.

Multnomah County

Program #40101 - Promoting Access To Hope (PATH) Care Coordination Continuum 3/3/2022

Department: Health Department **Program Contact:** Jesse Benet

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

Related Programs:

Program Characteristics: In Target

Executive Summary

Promoting Access To Hope (PATH) was developed as a joint effort by the Health Department Behavioral Health Division (BHD), the Joint Office of Homeless Services, Department of Community Justice, and the Multnomah County Chair's Office. PATH conducts outreach to engage and connect eligible adults in Multnomah County who are struggling with substance use disorder (SUD), houselessness, at risk of criminal justice involvement, with priority given to BIPOC persons. Individuals may also struggle with poverty, mental health acuity, physical health challenges, etc. PATH connects to a broad network of treatment providers that offer service and support at all levels of care. PATH offers culturally-specific services by staff that reflect those served and connects them to treatment and recovery support services responsive to individual cultural needs.

Program Summary

PATH conducts outreach to persons with problematic substance use who are also houseless and at risk of justice system exposure. PATH receives referrals through a variety of sources: community treatment and support providers, justice partners, Behavioral Health Crisis Line, other county programs, family members, community members, self referrals, etc. Services begin with the completion of an individual needs assessment to develop a service plan specific to each unique individuals' needs/goals. PATH staff then work with the individual to identify and engage in appropriate level of SUD treatment services and recovery supports, which might also include housing, physical health, mental health, employment, etc. PATH services are voluntary, person directed, and low barrier. PATH staff use approaches like motivational interviewing and harm reduction to meet people where they are so they can initiate their recovery journey. Staff collaborate with each individual to establish recovery goals, eliminate/navigate barriers to basic needs, and build a recovery foundation. PATH team members assist with placement to appropriate levels of SUD treatment and recovery support services and provide ongoing support to address deficits in social determinants of health. Harm reduction approaches are utilized based on individualized needs given individuals are often at various stages of readiness for treatment or change. Abstinence from substances or other high risk behaviors are not a requirement of these services, instead PATH staff take a person-centered approach and utilize motivational interviewing skills to encourage and identify readiness for change. Services are culturally competent, focused on individual needs/readiness, and trauma informed.
The PATH program leads with race and focuses on equity through several key approaches: 1) involvement in internal county equity initiatives; 2) employing Knowledge, Skills and, Abilities (KSA) and dual language positions; 3) working with community providers to develop and enhance culturally specific and responsive SUD services; 4) participating in community initiatives that amplify community voices and perspectives to improve service quality and to address systemic racism in the service system overall; 5) working with existing culturally specific providers to ensure that individuals are placed in services that recognize and support their cultural identity as an integral part of their lifelong recovery. The PATH program employs KSA staff: African American, Latinx, and LGBTQIA2S+. PATH launched July 1, 2021, and in its first 6 months has engaged with 230 individuals, of whom 59% identify as BIPOC.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of unique individuals served annually in PATH outreach and care coordination services*	N/A	N/A	363	350
Outcome	Percentage of clients served annually in PATH Care Coordination that were successfully placed**	N/A	N/A	60%	60%

Performance Measures Descriptions

*The total number of unique individuals referred through successful outreach (individuals are provided basic resources and services at this referral point), as well as those enrolled. Excluded from FY22 estimate: data for the PATH position reported in offer 40085-C and the Problem Gambling Coordinator position reported in offer 40086. **Placed means clients are successfully referred and enrolled in community based SUD treatment and recovery support.

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$706,816	$515,136	$180,148
Contractual Services	$0	$0	$25,002	$0
Materials & Supplies	$0	$0	$39,243	$28,985
Internal Services	$0	$0	$33,156	$26,331
Total GF/non-GF	**$0**	**$706,816**	**$612,537**	**$235,464**
Program Total:	**$706,816**		**$848,001**	
Program FTE	0.00	4.98	4.00	4.90

Program Revenues				
Intergovernmental	$0	$0	$0	$235,464
Total Revenue	**$0**	**$0**	**$0**	**$235,464**

Explanation of Revenues

This program generates $13,285 in indirect revenues.
$ 150,564 - Federal Ryan White Non Med Case Management
$ 23,647 - Local 2145 Beer and Wine Tax
$ 61,253 - State Mental Health Grant: A&D Peer Delivered Services based on IGA with State of Oregon.

Significant Program Changes

Last Year this program was: FY 2022: 40085B Law Enforcement Assisted Diversion (LEAD)

PATH was a new program in FY22. The half of FY22 has been dedicated to revamping this program model from its former Addictions Benefits Coordination (ABC) Team model to PATH. PATH is intended to have a broader scope geographically, with a slightly different target population who struggle with SUD. It's emphasis is on BIPOC individuals and targets high needs houseless with justice system involvement risk. The first half of FY22 included setting up new internal systems/procedures/processes to streamline referrals/intakes, draw down and track client assistance, etc.; hiring/onboarding new staff; transitioning/training existing staff to new roles; revamping data collection/ reporting systems to better track program performance measures; setting up referral partnerships for culturally specific services; etc. An ongoing quality improvement approach will be taken to ensure PATH continues to meet the community needs.

Multnomah County

Program #40102 - FQHC Allied Health

3/3/2022

Department: Health Department **Program Contact:** Kevin Minor

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

Related Programs:

Program Characteristics: In Target

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. ICS's Allied Health (AH) programs include Integrated Behavioral Health (AH-IBH) and Community Health Workers (AH-CHW) teams across our health center, and offers culturally responsive, goal-oriented, trauma-informed behavioral health and community outreach services, centered on race and equity. AH serves low-income, uninsured, underinsured populations, and people experiencing houselessness, mental illness and other barriers that may impact their overall health and wellness and is a critical part of our safety net services for 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. Over 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 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare. The majority of our Health Centers clients represent historically underserved BIPOC (Black, Indigenous, People of Color) communities and vulnerable populations. In order to serve clients where they're at, AH teams reflect these populations, including a majority of staff who are bilingual and bicultural, and lived experience similar to our clients. Integration between AH-IBH and AH-CHW is core to our program.

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

AH-CHW serves clients who experience barriers to care that would keep them from achieving their health goals and optimal health outcomes, and are able to give clients the time needed to open up, providing more personal information and expressing their needs. Our CHWs work with clients on the Social Determinants of Health (SDoH) and Health Education/Promotion. In addition to direct client services, SDoH work includes establishing partnerships in the community. CHWs serve as bridge-builders and liaisons with case managers and other client advocates and facilitate Health Education/Promotion.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	AH-IBH Individual Patients Served	2,500	3,709	3,709	7,324
Outcome	AH-IBH Number of encounters completed	9,855	10,864	10,864	19,548
Output	AH-CHW Individual Patients Served	N/A	N/A	8,188	12,976
Outcome	AH-CHW Number of encounters completed	N/A	N/A	8,188	12,976

Performance Measures Descriptions

Output: Individual Patients Served. This measure describes the number of unique clients who received IBH and CHW services within the last 12 months.

Outcome: This is the total number of in person, telemed and phone encounters completed with one of our Allied Health Providers. This includes offsite or home visits specific to the CHW providers.

Legal / Contractual Obligation

Our Community Health Centers comply 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.
All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,156,209	$0	$0	$4,448,916
Contractual Services	$1,000	$0	$0	$140,500
Materials & Supplies	$7,025	$0	$0	$60,060
Internal Services	$154,007	$0	$0	$1,020,138
Total GF/non-GF	**$1,318,241**	**$0**	**$0**	**$5,669,614**
Program Total:	**$1,318,241**		**$5,669,614**	
Program FTE	10.30	0.00	0.00	34.47

Program Revenues				
Intergovernmental	$0	$0	$0	$299,862
Other / Miscellaneous	$1,318,241	$0	$0	$1,437,960
Service Charges	$0	$0	$0	$3,931,792
Total Revenue	**$1,318,241**	**$0**	**$0**	**$5,669,614**

Explanation of Revenues

This program generates $597,936 in indirect revenues.
This program is support by medical fee and related Medicaid incentive and quality based incentive funds.

$ 3,931,792 - Medicaid Fees
$ 1,437,960 - Medicaid Quality and Incentives
$ 299,862 - Federal Primary Care grant PC 330

Significant Program Changes

Last Year this program was:

COVID-19 pandemic has changed the delivery of Allied Health care in terms of telehealth, telemedicine and in person care. The CHW Program remains heavily involved in Covid Wraparound Services such as food distribution and medication deliveries. COVID-19 has also significantly impacted the demand for Allied Health services while also creating an access crisis.

Multnomah County

Program #40103 - FQHC-Quality Assurance 3/3/2022

Department: Health Department **Program Contact:** Brieshon D'Agostini

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

Related Programs:

Program Characteristics: In Target

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 Quality Assurance Program provides pivotal support and oversight critical to Health Center services, such as quality assurance and improvement, accreditation and compliance, management of our clinical systems, business intelligence reporting and analysis, and activities to improve health equity and population health.

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. Over 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 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. 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 Bureau of Primary Health Care (BPHC) grant. BPHC funding requires strict adherence to federal laws mandating which services must be provided by FQHCs, which results in additional Medicaid revenue. 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. 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, The Joint Commission (TJC), and Oregon's Patient Centered Primary Care Home (PCPCH) program 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	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 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. All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$3,105,691	$238,178	$0	$4,732,359
Contractual Services	$7,000	$0	$0	$203,762
Materials & Supplies	$69,028	$0	$0	$91,862
Internal Services	$949,806	$31,726	$0	$1,286,035
Total GF/non-GF	**$4,131,525**	**$269,904**	**$0**	**$6,314,018**
Program Total:	**$4,401,429**		**$6,314,018**	
Program FTE	19.52	1.58	0.00	23.26

Program Revenues				
Intergovernmental	$0	$269,904	$0	$269,900
Other / Miscellaneous	$2,110,000	$0	$0	$2,547,768
Beginning Working Capital	$600,000	$0	$0	$1,045,000
Service Charges	$1,421,525	$0	$0	$2,451,350
Total Revenue	**$4,131,525**	**$269,904**	**$0**	**$6,314,018**

Explanation of Revenues

This program generates $636,029 in indirect revenues.
$ 3,001,350 - Medicaid Fees
$ 3,042,768 - Medicaid Quality and Incentives
$ 269,900 - Federal Primary Care grant PC 330

Significant Program Changes

Last Year this program was: FY 2022: 40034 ICS Administration, Operations, and Quality Assurance

This program area used to be included in program 40034, which has now been split into two separate program areas to better align with the current structure of the Integrated Clinical Services Division. The functions within the programs have not significantly changed.

Multnomah County

Program #40105A - Behavioral Health Resource Center (BHRC) - Day Center 3/3/2022

Department:	Health Department	**Program Contact:**	Christa Jones
Program Offer Type:	Innovative/New Program	**Program Offer Stage:**	As Requested
Related Programs:	40105B		
Program Characteristics:	Out of Target		

Executive Summary

The Behavioral Health Resources Center (BHRC), set to open in the Fall of 2022, will provide critical support and services to over 200 houseless individuals daily. Services will include peer-delivered social supports, trauma and equity informed shelter and bridge housing, and connections to behavioral health and long-term housing providers. The BHRC includes three distinct, yet interconnected programs focused on meeting basic needs and providing interim housing and peer support services. The three programs are the Day Center, Behavioral Health Shelter and the Bridge Housing programs.

Program Summary

The BHRC will provide an array of services, which include addressing basic needs, social connection, skill building, and services helping participants establish relationships with community providers. This offer includes the Day Center program, which was developed with input from peer providers and from those with lived experience of behavioral health challenges and houselessness. This program is open 15 hours per day and serves as an entry point for relationship building and engagement. This program provides access to peer services, provider referral, including referrals to behavioral health treatment, employment and housing support. This trauma-informed Day Center also provides access to showers, bathrooms, charging stations and calming spaces to relax and gain support and social connection, including on site skill building classes and community events. Behavioral health, housing and other providers are invited on site to meet with participants so that connections can be established in this “one-stop shop” and no wrong door approach.

Communities including Black, Indigenous and other People of Color (BIPOC) and LGBTQIA+ are disproportionately impacted by houselessness and the detrimental impacts of chronic behavioral health issues. Equity and trauma-informed principles have guided the design and program development to create a facility that provides a safer, calming space for healing. Staff will be trained on culturally responsive, culturally sustaining and trauma informed safety, engagement, and de-escalation practices as well as supportive and trauma informed supervision and professional support.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of individuals receiving peer delivered services and access to basic needs daily	NEW	NEW	NEW	150
Outcome	Percent of Individuals self report via feedback cards feeling safer in the facility.	NEW	NEW	NEW	70%
Outcome	Percent of participants will have access to onsite supports, including basic needs and social connection.	NEW	NEW	NEW	90%
Outcome	Percent of individuals served daily will use onsite connection to community supports.	NEW	NEW	NEW	50%

Performance Measures Descriptions

Measures are influenced by peer and provider stakeholder engagement and will be reviewed to identify additional program value and goal alignment as this new program develops.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$0	$296,554
Contractual Services	$0	$0	$2,197,600	$216,423
Materials & Supplies	$0	$0	$4,000	$30,830
Internal Services	$0	$0	$765,364	$456,193
Total GF/non-GF	**$0**	**$0**	**$2,966,964**	**$1,000,000**
Program Total:	**$0**		**$3,966,964**	
Program FTE	0.00	0.00	0.00	1.50

Program Revenues				
Intergovernmental	$0	$0	$0	$500,000
Beginning Working Capital	$0	$0	$0	$500,000
Total Revenue	**$0**	**$0**	**$0**	**$1,000,000**

Explanation of Revenues

This program generates $39,857 in indirect revenues.
$ 500,000 HSO Medicaid funding
$ 500,000 Medicaid Beginning Working Capital

Significant Program Changes

Last Year this program was:

Multnomah County

Program #40105B - Behavioral Health Resource Center (BHRC) - Shelter/Housing 3/3/2022

Department:	Health Department	**Program Contact:**	Christa Jones
Program Offer Type:	Innovative/New Program	**Program Offer Stage:**	As Requested
Related Programs:	40105A		
Program Characteristics:	Out of Target		

Executive Summary

The Behavioral Health Resources Center (BHRC), set to open in the Fall of 2022, will provide critical support and services to over 200 homeless individuals daily. Services will include peer delivered social supports, trauma and equity informed housing, and connections to behavioral health and housing providers. The BHRC includes three distinct, yet interconnected programs focused on meeting basic needs and providing housing and peer support services. The three programs are the Day Center (PO 40105A), Behavioral Health Shelter and the Bridge Housing programs.

Program Summary

The BHRC will provide an array of services, including those addressing basic needs, social connection, skill building, and services helping participants establish relationships with community providers. This offer includes the Shelter and Bridge Housing programs, which were developed with input from peer providers and from those with lived experience of behavioral health challenges and houselessness. The Shelter and Bridge housing programs are open 24/7/365, by referral from Day Center and community providers. The Shelter program will have 42 beds of all gender housing providing a up to 30 day length of stay. The Bridge Housing Program will have 20 beds of all gender housing with up to 90 day stays. Both will be staffed by professionals with lived experience and clinical staff with connections and social services provided in the Day Center program specific staff. Behavioral health, housing and other providers are invited on site to meet with participants so that connections can be established.

Shelter guests will be offered opportunities to consider housing alternatives and other behavioral health service involvement. Some of these may choose to enter the Bridge Housing and develop more concrete plans for wellness and housing. Bridge Housing participants will engage with team members to develop housing action plans and behavioral health supports with the goal of exiting Bridge Housing to longer term housing options.

Communities including Black, Indigenous and other People of Color (BIPOC), LGBTQIA+ and older adults are disproportionately impacted by houselessness and the detrimental impacts of chronic behavioral health issues. Equity and trauma-informed principles have guided the design and program development to create a facility that provides a safer, calming space for healing. Staff will be trained on culturally responsive, culturally sustaining and trauma informed safety, engagement and disengagement practices as well as supportive and trauma informed supervision and professional support.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of individuals served in Shelter and Bridge Housing programs daily	NEW	NEW	NEW	62
Outcome	Percent of participants using shelter beds will engage in service planning to address behavioral health needs.	NEW	NEW	NEW	50%
Outcome	Percent of shelter participants report feeling safer in the shelter space and program	NEW	NEW	NEW	70%
Outcome	Percent of bridge housing participants have individualized housing plans and behavioral health suppo	NEW	NEW	NEW	100%

Performance Measures Descriptions

Measures are influenced by peer and provider stakeholder engagement and will be reviewed to identify additional program value and goal alignment as this new program develops. .

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Contractual Services	$0	$0	$1,121,723	$65,000
Materials & Supplies	$0	$0	$30,476	$0
Internal Services	$0	$0	$830,269	$0
Total GF/non-GF	**$0**	**$0**	**$1,982,468**	**$65,000**
Program Total:	**$0**		**$2,047,468**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$0	$0	$65,000
Total Revenue	**$0**	**$0**	**$0**	**$65,000**

Explanation of Revenues

$ 65,000 State Mental Health Grant: CHOICE Model based on 2021 IGA with State of Oregon

Significant Program Changes

Last Year this program was:

Multnomah County

Program #40106 - Health Officer In/Out of Scope Services 3/3/2022

Department: Health Department **Program Contact:** Jennifer Vines

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

Related Programs: 40002

Program Characteristics: In Target

Executive Summary

Health Officer Division portion of CSI personnel budgeted in 417020. This is the Health Officer Divisions share of the personnel who support the electronic health record system utilized by the Health Officers, Emergency Medical Services staff, and Medical Examiners staff.

Program Summary

This Program is the Health Officer Divisions portion of the personnel who support the County's electronic health care records system. This electronic health care record system is accesses to document patient care encounters, and also used to have a complete understanding of a patients health care record for care coordination, or public health related investigation including the medicolegal death investigations performed by the medical examiner staff.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	access to the Counties electronic patient care records system for appropriate Health Officer Division Staff	N/A	N/A	N/A	N/A
Outcome	pay the Health Officer Division percentage of support of the staff who manage and support the Counties electroni	N/A	N/A	N/A	N/A

Performance Measures Descriptions

Legal / Contractual Obligation

none

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Materials & Supplies	$0	$0	$44,492	$0
Total GF/non-GF	**$0**	**$0**	**$44,492**	**$0**
Program Total:	**$0**		**$44,492**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Fully funded by County General Funds

Significant Program Changes

Last Year this program was:

This is a new fee being assessed beginning FY23

Multnomah County

Program #40107 - Rockwood Health Center Capital Improvement 3/3/2022

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

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

Related Programs:

Program Characteristics: One-Time-Only Request, Out of Target

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 provided comprehensive, culturally appropriate primary care and behavioral health services to 3790 patients this year.
By acquiring and renovating the Rockwood Community Health Center, Multnomah County will maintain a presence and continue to build capacity for high quality healthcare services directly in the Rockwood 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. Over 60% 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 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. 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 a Patient-Centered Medical Home (PCMH). 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 & health education.

Multnomah County currently leases the Rockwood Community Health Center site from Care Oregon. This location is a key access point for comprehensive primary care, dental, and pharmacy services. The Rockwood community also represents a culturally and linguistically diverse population, with more than 64% of patients identifying as a Black, Indigenous, and/or Person of Color. The demand for safety net and Medicaid services remains stable in this community; approximately 15,000 low income community members report not having a usual source of healthcare. Care Oregon and Multnomah County are currently working to design a transfer of the property so that the County may directly own and maintain the building space. To assure that the space may continue to provide the highest quality experience for patients, the County has completed an evaluation of building improvements and expected repairs as part of an acquisition process.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Percent of identified building repairs completed	N/A	N/A	N/A	100%
Outcome	Number of visits completed	11,851	15,371	11,371	11,671

Performance Measures Descriptions

Output: This is the total % of completed repairs identified for the building
Outcome: This is the total number of in clinic visits including PCP, BHP, and Nursing Specialty 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

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Contractual Services	$0	$0	$2,000,000	$0
Total GF/non-GF	**$0**	**$0**	**$2,000,000**	**$0**
Program Total:	**$0**		**$2,000,000**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Multnomah County

Program #40199A - ARP - Public Health - COVID-19 Investigation and Response 3/3/2022

Department: Health Department **Program Contact:** Kim Toevs

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

Related Programs:

Program Characteristics: Out of Target

Executive Summary

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

Program Summary

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

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

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

Performance Measures

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

Performance Measures Descriptions

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

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$4,042,841	$0	$4,211,757
Contractual Services	$0	$752,448	$0	$279,500
Materials & Supplies	$0	$118,191	$0	$83,031
Internal Services	$0	$0	$0	$226,432
Total GF/non-GF	**$0**	**$4,913,480**	**$0**	**$4,800,720**
Program Total:	**$4,913,480**		**$4,800,720**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$4,913,480	$0	$4,800,720
Total Revenue	**$0**	**$4,913,480**	**$0**	**$4,800,720**

Explanation of Revenues

$ 4,913,480 - ARPA Federal Multco

Significant Program Changes

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

In FY23, this program was renamed to better reflect its scope of work. The FY23 budget has a reduction in FTE from FY22 to best meet the needs of the community by focusing on high risk populations and facility outreach and outbreaks. In FY23, the program will have 33.26 FTE (compared to 38 FTE in FY22).

Multnomah County

Program #40199B - ARP - Public Health Communicable Disease Community Immunization Program

3/3/2022

Department: Health Department **Program Contact:** Kim Toevs

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

Related Programs:

Program Characteristics: In Target

Executive Summary

The Community Immunization Program (CIP) contributes to a safe environment by supporting providers in their use of federally subsidized Vaccines for Children (VFC) and 317 (adults at high risk) programs. The program assures that schools and childcare facilities comply with state school immunization rules and supports the provision of COVID-19 vaccines and testing and annual influenza vaccinations. A portion of CIP funding and activities are also in program offer 40010C.

Program Summary

As a program within Communicable Disease Services (CDS), the goal of the Community Immunization Program (CIP) is to be a trusted community resource that protects the people of Multnomah County from vaccine-preventable communicable diseases, including COVID-19. As vaccine-preventable diseases spread from person-to-person, vaccination is important not only for individual health but also for the health of the community and places where children live, play, and go to school. CIP assures state and federally funded program components and approaches are implemented to protect community health. Key areas of work include:

Safe vaccine supply and efficient use of vaccines - CIP supports the County system of Federally Qualified Health Centers in receiving Vaccines for Children and 317 (adults at high risk) vaccine supply.

State school immunization laws - CIP issues exclusion orders as needed and assures that all children and students are complete or up-to-date on their immunizations. The program works in BIPOC and other underserved communities to address health and vaccine inequities. In FY22, CIP will assist over 600 facilities in complying with State mandates.

COVID-19 and influenza - CIP provides COVID-19 vaccination, influenza vaccination, and access to COVID-19 testing at locations throughout the county. Testing strategies also include home testing kits. The program prioritizes work within BIPOC and other underserved communities. CIP collaborates with Public Health's REACH and Community Partnerships and Capacity Building programs and community based organizations to implement vaccination and testing activities.

CIP works with other CDS programming to identify racial, ethnic, and other community groups who are either at risk of or being impacted by infectious diseases utilizing multiple data sources. CIP is committed to the values of innovation, collaboration, diversity, and accountability and works closely with community partners to reach BIPOC and other underserved communities.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of immunizations provided to children under 18, including COVID-19 vaccines	N/A	N/A	N/A	350
Outcome	Percent of schools and daycares successful in meeting immunization law requirements	100%	90%	100%	90%
Output	Number of schools & other facilities assisted with immunization law requirements.	N/A	600	648	480
Outcome	Percentage of COVID-19 Vaccine provided to BIPOC individuals.	60%	60%	70%	70%

Performance Measures Descriptions

Measure 2 was moved from 40010A to this program offer and program offer 40010C in FY23. Measure 3: The FY23 Offer number reflects the percentage of CIP staff budgeted in this program offer. The FY23 Offer for 40010C reflects the percentage of CIP staff budget in that offer. Combined, the two offers will assist 600 schools and other facilities in FY23.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$8,120,551	$0	$443,552
Contractual Services	$0	$1,734,704	$0	$0
Materials & Supplies	$0	$350,361	$0	$960
Internal Services	$0	$151,193	$0	$953,882
Capital Outlay	$0	$59,600	$0	$0
Total GF/non-GF	**$0**	**$10,416,409**	**$0**	**$1,398,394**
Program Total:	**$10,416,409**		**$1,398,394**	
Program FTE	0.00	0.00	0.00	4.17

Program Revenues				
Intergovernmental	$0	$10,416,409	$0	$1,398,394
Total Revenue	**$0**	**$10,416,409**	**$0**	**$1,398,394**

Explanation of Revenues

This program generates $59,614 in indirect revenues.
$ 504,126 - COVID-19 Federal CARES
$ 894,268 - ARPA - Federal Multco- Vaccination

Significant Program Changes

Last Year this program was: FY 2022: 40199B ARP - Public Health - Community Testing, Vaccination, and Distribution

In FY 2022, this offer only focused on COVID-19 testing and vaccination. In FY23, the focus of this offer is being broadened to include additional immunization work and it is connected to 40010C. To support expanded strategies, a 1.0 FTE Nursing Supervisor is being moved from 40199K to this offer. Together this program offer and 40010C represent the integration of COVID-19 vaccination and testing into broader and ongoing Communicable Diseases Services immunization work and strategies. CDC COVID-19 Health Disparities funding (40199T) is supporting 3.57 FTE to work across both program offers.

Multnomah County

Program #40199C - ARP - Public Health - Isolation and Quarantine 3/3/2022

Department:	Health Department	**Program Contact:**	Jessica Guernsey
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:	25156, 25032		
Program Characteristics:	Out of Target		

Executive Summary

As the local public health authority (LPHA), Public Health is responsible for assuring that vulnerable residents who test positive for COVID-19 or are a close contact of someone who tests positive have their financial and physical needs met so they can safely isolate and quarantine. Wraparound services are implemented through partnerships with other Health Department and County programs, and culturally specific community-based services are provided in a coordinated, culturally relevant manner. As the pandemic continues to shift, isolation and quarantine guidelines are changing and this program will ramp down in FY23.

Program Summary

Wraparound services are provided to COVID-19-positive individuals, their families, and households and their close contacts with the goal to slow community disease transmission by providing the resources needed to successfully isolate or quarantine. Services include timely, low-barrier rental, mortgage, utility, and food assistance, and other resources to minimize the financial impact of self-isolating, as well as access to a Voluntary Isolation Motel (VIMo). Individuals are also linked to behavioral health and other services as needed. With isolation and quarantine guidelines changing, this program will ramp down direct client assistance services in FY23 while maintaining funding for community based organizations (CBO) to support COVID-19 response and recovery efforts.

The Health Department has an agreement with Department of County Human Services (DCHS) and the Joint Office for Homeless Services and contracts with culturally specific CBOs to support wraparound services. DCHS manages the programming and staff to directly provide wraparound services while Public Health provides staffing to manage CBO contracts for CHWs who link community members to these services and implement associated strategies. CBOs provide referrals to Public Health and DCHS for services and also support aspects of contact tracing, case investigation, community testing, and vaccination strategies.

The County uses the Regional COVID-19 Dashboard to analyze racial disparities for COVID-19 response. The Dashboard includes COVID-19 cases, cumulative tests, and percentage of positive tests by race/ethnicity, as well as other important factors such as age, sex, housing status, and coexisting conditions. These data allow the County to focus COVID-19 response on communities most impacted by the pandemic, as evidenced by the COVID-19 BIPOC Plan. Public Health contracts with culturally specific CBOs and convenes a number of culturally specific groups to guide COVID-19 response. These approaches enable the County to reach populations most disparately impacted by COVID-19 and include them in the design of COVID-19 response. Additionally, DCHS is surveying clients who receive wraparound supports to monitor program quality and integrate client feedback.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of contracted partners that are culturally specific community partners	17	18	18	25
Outcome	Number of households receiving housing support to prevent eviction	N/A	N/A	3,500	1,750
Output	# of referrals for CHW support/wraparound services made by the Call Center and self-referrals to CBOs	6,492	N/A	4,500	2,250
Output	# of referrals for wraparound services made to Bienestar	3,567	N/A	3,000	1,500

Performance Measures Descriptions

FY23 Offers for Measures 2,3, and 4 are lower than FY22 estimates to represent the program offer budget being reduced to support 6 months of these services.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$968,188	$0	$766,944
Contractual Services	$0	$19,343,812	$0	$12,956,262
Materials & Supplies	$0	$87,000	$0	$52,563
Internal Services	$0	$0	$0	$65,656
Total GF/non-GF	**$0**	**$20,399,000**	**$0**	**$13,841,425**
Program Total:	**$20,399,000**		**$13,841,425**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$20,399,000	$0	$13,841,425
Total Revenue	**$0**	**$20,399,000**	**$0**	**$13,841,425**

Explanation of Revenues

$ 2,500,000- COVID-19 - Federal ELC
$ 11,341,425 - ARPA -Federal Multco- Isolation & Quarantine

Significant Program Changes

Last Year this program was: FY 2022: 40199C ARP - Public Health - Isolation and Quarantine

In FY23, CBO contract amounts are being increased in this offer to cover cost of living and other cost increases. Additionally, in FY23, direct client assistance and associated implementation costs are only being funded for 6 months.

Multnomah County

Program #40199D - ARP - Behavioral Health - Continuing COVID Response

3/3/2022

Department:	Health Department	**Program Contact:**	Julie Dodge
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:			
Program Characteristics:	Out of Target		

Executive Summary

Since FY21, the Behavioral Health Division has implemented a number of initiatives to better serve Multnomah County residents struggling to navigate the Coronavirus pandemic. Older adults and Black, Indigenous and other People of Color (BIPOC) experience significant barriers to access support to address symptoms of stress, anxiety, depression, isolation, fear, and loneliness. The second full year of the pandemic further heightened disparities in social indicators of health in BIPOC communities, across the age spectrum, and impacting mental health acuity and crisis, substance use, violence and education. BHD works to proactively address these challenges while continuously adapting to meet the shifting community needs. This program offer is designed to address the current known factors and retain flexibility as the pandemic continues.

Program Summary

This program is a continuation of the Behavioral Health Division's (BHD) response to COVID-19 response initiated in FY21. It is developed with the intent to retain enough flexibility to allow services to be directed toward emerging needs while also retaining appropriate measures for accountability, as we have learned that community needs may shift rapidly as the pandemic continues. To address the behavioral health challenges brought on through the pandemic, this program offer prioritizes:

*Brief counseling and support for culturally specific populations
*Flexible peer support services to address access to services and other increased needs
*Enhanced crisis response services
*Community identified gaps/needs among BIPOC, LGBTQIA and other vulnerable populations.
*Communications and marketing to address impacts of Covid on behavioral health, with emphasis on BIPOC and other vulnerable populations.

Personnel costs included in this program offer are associated with increased demand in crisis and safety net services and the infrastructure required to support contract monitoring, evaluation of services, increased demand in current services, as well as standing up infrastructure for new services.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of unique individuals connected to services by peers (VIMOs and in the community).*	N/A	900	852	N/A
Outcome	Percentage of BIPOC and/or older adults served across all services.	N/A	35%	36%	35%
Outcome	Quality Management will build data tracking mechanisms and reports for new programs for establishing and monito	N/A	100%	100%	100%
Output	Number of unique individuals connected to behavioral health services and other resources, via peers.**	N/A	N/A	N/A	900

Performance Measures Descriptions

* Output to be discontinued because funding is no longer specific to Voluntary Isolation Motels (VIMO).
** This is a new output beginning FY23 and includes peers and behavioral health services across our area of service to reflect a broader scope of peer services.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$483,901	$0	$706,404
Contractual Services	$0	$1,127,139	$0	$891,444
Materials & Supplies	$0	$0	$0	$13,192
Internal Services	$0	$0	$0	$14,848
Total GF/non-GF	**$0**	**$1,611,040**	**$0**	**$1,625,888**
Program Total:	**$1,611,040**		**$1,625,888**	
Program FTE	0.00	0.00	0.00	1.00

Program Revenues				
Intergovernmental	$0	$1,611,040	$0	$1,625,888
Total Revenue	**$0**	**$1,611,040**	**$0**	**$1,625,888**

Explanation of Revenues

$ 1,625,888 - Continuation of BHD Culturally Specific COVID-19 Response

Significant Program Changes

Last Year this program was: FY 2022: 40199D ARP - Behavioral Health - Continuing COVID Response

The progress on this program offer was impacted by a behavioral health workforce crisis which has limited capacity amongst providers across the county and impacted hiring and retention. Further, severe weather events diverted resources. The unfortunate continuation of elevated COVID levels due to the Delta and Omicron variants continues to put strain on our behavioral health systems and to exacerbate stressors on our communities, especially BIPOC and houseless communities. As noted in the program description, BHD has intentionally built in flexibility in the allocation of funds to reflect the ever shifting needs of the pandemic, particularly in BIPOC and other vulnerable communities.
The FY23 program offer continues to address the Public Health Emergency Response priority. BHD will continue to provide behavioral health crisis services, counseling, peer support, and connection to ongoing services/resources.

Multnomah County

Program #40199E - ARP - COVID-19 Response Health Officer 3/3/2022

Department:	Health Department	**Program Contact:**	Jennifer Vines
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:	40002		
Program Characteristics:	Out of Target		

Executive Summary

This ARPA request supports the addition of a dedicated full time Deputy Health Officer to support the COVID response and recovery work.

Program Summary

This adds continued capacity to ensure ongoing physician level supervision and support to the COVID response and recovery work. Primarily COVID response and recovery has included but is not limited to immunization, vaccination, testing, and case investigation support. This position supports required Public Health responsibilities.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	staff additional Deputy Health Officer Position to support COVD response and recovery	N/A	N/A	N/A	N/A
Outcome	staff additional Deputy Health Officer Position to support COVID response and recovery	N/A	N/A	N/A	N/A

Performance Measures Descriptions

Legal / Contractual Obligation

Limited term duration Deputy Health Officer with primary responsibilities to COVID response and recovery.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$166,792	$0	$188,989
Materials & Supplies	$0	$24,509	$0	$2,011
Internal Services	$0	$0	$0	$14,848
Total GF/non-GF	**$0**	**$191,301**	**$0**	**$205,848**
Program Total:	**$191,301**		**$205,848**	
Program FTE	0.00	1.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$191,301	$0	$205,848
Total Revenue	**$0**	**$191,301**	**$0**	**$205,848**

Explanation of Revenues

Fully ARPA funded

Significant Program Changes

Last Year this program was:

Multnomah County

Program #40199G - ARP - COVID-19 Response Clinical Services 3/3/2022

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

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

Related Programs:

Program Characteristics: In Target

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. Considering the potential risk of COVID-19 to employees and patients, the Integrated Clinical Services COVID-19 Response is essential to ensure the safety of all that work and receive services with ICS.

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 health care.

The ICS Logistics and COVID-19 Response supports safe and effective services for all ICS employees and patients by ensuring adequate infrastructure, resources, and supplies to build capacity both within and outside of normal clinical operations, such as drive-through testing and vaccination clinics. These activities are supported by funding from the American Rescue Plan Act (ARPA) for COVID-19 vaccination, response, and treatment capacity; maintaining and increasing capacity of Health Center services; recovery and stabilization of Health Center workforce and infrastructure to address pent-up demand and enhancement of service delivery. Expenditures will include staffing and infrastructure, software and IT solutions, equipment and supplies, patient and staff experience, and other innovations in support of services for our patients.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Percent of active age-appropriate patients who have been offered a vaccine	N/A	60%	60%	60%
Outcome	COVID-19 vaccine rates for patients self-identifying as BIPOC	N/A	60%	60%	60%

Performance Measures Descriptions

Output: This measure indicates the percentage of our established patients who we have vaccinated or been offered a vaccine. Outcome: This measure indicates that the Health Center outreach efforts and community engagement has increased vaccine administration within communities who are experiencing higher disparities in COVID-19 infection and vaccination rates.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$0	$7,118,540
Contractual Services	$0	$13,000,000	$0	$956,732
Total GF/non-GF	**$0**	**$13,000,000**	**$0**	**$8,075,272**
Program Total:	**$13,000,000**		**$8,075,272**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$13,000,000	$0	$8,075,272
Total Revenue	**$0**	**$13,000,000**	**$0**	**$8,075,272**

Explanation of Revenues

$ 8,075,272 - ARPA Federal Community Health Centers COVID Response

Significant Program Changes

Last Year this program was:

This program offer addresses the Public Health Emergency Response priority. Integrated Clinical Services will provide COVID-19 vaccination, response, and treatment capacity; maintaining and increasing capacity of Health Center services; recovery and stabilization of Health Center workforce and infrastructure to address pent-up demand and enhancement of service delivery. Several additional temp/LD positions will be funded under this program offer/ARPA Revenue in FY23.

Multnomah County

Program #40199I - ARP - COVID-19 Response Support Services 3/3/2022

Department: Health Department **Program Contact:** Wendy Lear

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

Related Programs:

Program Characteristics: Out of Target

Executive Summary

This program offer funds infrastructure to support the Health Department's work in its response to the COVID-19 pandemic. It includes services in finance, business management, human resources and organizational development.

Program Summary

This program offer funds multiple infrastructure positions necessary for a comprehensive and equity-based response to the COVID-19 pandemic.

Funding will support finance and business management services that directly impact our community-based partners, many of whom are culturally specific organizations who depend on expedited contracts and prompt payment of services.

Additionally, if the department continues to distribute client assistance, business relief and other large scale community support efforts, additional staff will provide prompt service and assist clients and businesses troubleshoot their applications and requests. These efforts target BiPOC community organizations and members and will directly impact the timeliness of relief efforts and experience with the County.

Funding will also support additional human resources staff focused on recruitment and hiring support related to the COVID-19 response.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of COVID-19 related recruitments	N/A	100	N/A	N/A
Outcome	Percent of COVID-19 related contracts executed by start of contract	N/A	90%	89.3%	90%
Quality	% of public information messages available in top 5 languages spoken by County residents	N/A	100%	90%	90%

Performance Measures Descriptions

Program Measure 1: Unable to easily track recruitments as specific to COVID-19 consistently across all Divisions, thus, N/A.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$1,297,410	$0	$2,901,462
Contractual Services	$0	$0	$0	$50,000
Materials & Supplies	$0	$62,540	$0	$9,116
Total GF/non-GF	**$0**	**$1,359,950**	**$0**	**$2,960,578**
Program Total:	**$1,359,950**		**$2,960,578**	
Program FTE	0.00	2.00	0.00	11.50

Program Revenues				
Intergovernmental	$0	$1,359,950	$0	$2,960,578
Total Revenue	**$0**	**$1,359,950**	**$0**	**$2,960,578**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

During the second year of the pandemic the support and infrastructure portions of the department have been strained to the point of breaking. Workload has grown exponentially and staff burnout and turnover is impacting productivity and quality. Additional permanent and ARP funded limited duration personnel for FY2023 is essential to keeping the department programs and services on track and able to meet their objectives.

Multnomah County

Program #40199J - ARP - Public Health Community Partners and Capacity Building Expansion

3/3/2022

Department: Health Department **Program Contact:** Jessica Guernsey

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

Related Programs:

Program Characteristics: Out of Target

Executive Summary

Public Health's Community Partnerships and Capacity Building (CPCB) and Chronic Disease Prevention & Health Promotion (CDPHP) units develop, support, and maintain partnerships across BIPOC communities. This expansion will enable CPCB and CDPHP to increase capacity within Pacific Islander, Latinx, Black/African American, and African immigrant and refugee communities. Focus areas include youth violence prevention; chronic disease prevention; mentoring, training, and technical assistance across multiple content areas; and convening stakeholders to advance community priorities, including strategies focused on COVID-19 recovery.

Program Summary

Community Partnerships and Capacity Building (CPCB) and Chronic Disease Prevention & Health Promotion (CDPHP) are central to Public Health's goal to develop, implement, and advocate for policy, system, and environment changes that reduce disparities experienced by BIPOC communities to lower rates of the leading causes of preventable death. They are also hubs for developing, supporting, and maintaining partnerships across BIPOC communities. This expansion will increase capacity within these Public Health units and Asian, Pacific Islander, Latinx, Black/African American, and African immigrant and refugee communities.

Public Health programming - CDPHP houses Community & Adolescent Health (CAH) programs. Three culturally specific Community Health Specialists for CAH will be supported through this program offer. The staff will work with communities to support youth violence prevention, injury prevention, and chronic disease prevention strategies.

Community capacity - This program offer will support community capacity in the following ways. 1) Continuing to support community coalitions work within the Latinx Emotional Health Collaborative, African Immigrant/Refugee Coalition, and Pacific Islander Coalition. CBOs funded will convene stakeholders meetings and develop/implement community priorities. 2) Organizations and/or businesses will be funded to provide training and consultation for smaller and emerging CBOs to develop infrastructure and sustainable programming.

These increases in Public Health and community capacity will lead to collective problem solving with BIPOC communities. The results of these efforts will be policy, system, and environment change strategies that improve overall community health by addressing the impacts of racism and social determinants such as education and economic opportunities.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of BIPOC partners engaged	N/A	50	33	38
Outcome	# of community meetings	N/A	40	52	72
Outcome	# of policy, systems, and environment strategies identified	N/A	15	5	10

Performance Measures Descriptions

Legal / Contractual Obligation

Contract Numbers:
Oregon Latino Health Coalition HD-SVCSGEN-13691-2022
Samoa Pacific Development Corporation HD-SVCSGEN-13696-2022
African Families Holistic Health Organization HD-SVCSGEN-13819-2022
Somali American Council of Oregon HD-SVCSGEN-13820-2022
Oregon & SW Washington African CDC HD-SVCSGEN-13821-2022

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$516,518	$0	$280,920
Contractual Services	$0	$640,000	$0	$688,500
Materials & Supplies	$0	$9,482	$0	$21,438
Total GF/non-GF	**$0**	**$1,166,000**	**$0**	**$990,858**
Program Total:	**$1,166,000**		**$990,858**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$1,166,000	$0	$990,858
Total Revenue	**$0**	**$1,166,000**	**$0**	**$990,858**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40199J ARP- Public Health Community Partners and Capacity Building Expansion

FY23 program revenue has decreased by $175,142.

Multnomah County

Program #40199K - ARP - Public Health Communicable Disease Services Expansion 3/3/2022

Department: Health Department **Program Contact:** Kim Toevs

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

Related Programs:

Program Characteristics: Out of Target

Executive Summary

Communicable Disease (CD) is a foundational public health program that protects the health of the community by upholding State of Oregon infectious disease statutes through disease tracking and investigation, disease intervention and control, and response evaluation. The CD Services Expansion will strengthen capacity and work within CD Clinical and Community Services and CD Prevention and Control Program Offers. The scope of expansion includes increased staffing and engagement with BIPOC and other communities to support prevention strategies for vaccination, tuberculosis, hepatitis C, and emerging infectious diseases.

Program Summary

This expansion will increase CD program capacity to address disparities by identifying racial, ethnic, and other community groups who are either at risk of or being impacted by infectious diseases. The program utilizes multiple data sources, including case and contact interviews, syndromic surveillance, and immunization data. The expansion will enable the program to work more closely with communities most impacted by communicable diseases, including BIPOC and unstably housed communities. More deeply engaging community as part of the below focuses will lead to better health outcomes and better access to health and social service resources in the event of a communicable disease diagnosis.

Vaccination: The CD program has long addressed vaccine hesitancy and access to vaccines as prevention strategies. Additional staffing will allow the program to engage communities most likely to be impacted by vaccine-preventable diseases or who have a high prevalence of unvaccinated community members to reduce barriers to vaccination.

Tuberculosis (TB): COVID-19 is compounding the effects of other diseases like TB due to lack of access to care or hesitancy to receive care. For TB, long periods of time spent indoors with family members is another factor: secondary cases from the same household and the number of close household contacts have both increased. Additional staffing will support expanded contact investigations and completion of treatment for latent TB before it becomes active.

Emerging infectious diseases and changing infections: As the current pandemic has made clear, public health must be prepared to prevent, control, and investigate emerging infectious diseases. Additional staffing and the 24/7 call system will provide critical capacity in this area. Additionally, a nurse with FTE dedicated to case management of patients diagnosed with neurosyphilis will ensure adequate treatment and response for an increasing disease burden.

Foundational support: Additional staffing will support Hepatitis C prevention and other communicable disease areas through front desk clinic support, data entry, specimen processing and collection, etc.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of communicable disease-focused community engagement events	N/A	12	6	12
Outcome	% of TB contacts who start and complete latent TB treatment	N/A	75%	75%	75%
Output	# of neurosyphilis cases receiving case management	N/A	5	5	10

Performance Measures Descriptions

Measure 1: FY22 Estimate is 6 due to not having filled anticipated positions to date.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$883,823	$0	$698,808
Contractual Services	$0	$117,726	$0	$0
Materials & Supplies	$0	$36,451	$0	$12,400
Total GF/non-GF	**$0**	**$1,038,000**	**$0**	**$711,208**
Program Total:	**$1,038,000**		**$711,208**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$1,038,000	$0	$711,208
Total Revenue	**$0**	**$1,038,000**	**$0**	**$711,208**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40199K ARP- Public Health Communicable Disease Services Expansion

In FY23, a 1.0 FTE Nursing Supervisor is being moved from this program to 40010C.

Multnomah County

Program #40199L - ARP - Public Health Nurse Family Partnership Restoration 3/3/2022

Department: Health Department **Program Contact:** LaRisha Baker

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

Related Programs:

Program Characteristics: Backfill State/Federal/Grant, One-Time-Only Request, Out of Target

Executive Summary

Public Health's Parent Child Family Health (PCFH), Nurse Family Partnership Program (NFP) is an evidence-based community health care program supported by more than 30 years of extensive research. NFP supports a partnership between low-income, first-time pregnant people 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 pregnant people receive, enable families to build confidence and work towards a life of stability and success for both parents and child. This program offer will enable NFP to maintain service capacity, including the ability to link families to housing and other assistance to mitigate the impacts of COVID-19.

Program Summary

NFP is a nurse home visiting program offered to first-time, low-income pregnant people by two Multnomah County teams located in Northeast Portland and East County. COVID-19 has and continues to have significant health, social, and economic impacts on NFP families. The pandemic has also affected NFP's services and associated revenue.

Starting in FY21, PCFH 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 these factors contributed to reduced visit numbers and Medicaid revenue. FY23 projects a return to some in-person services and an associated increase in number of families served but a revenue shortfall will remain.

This program offer will cover the projected Medicaid revenue shortfall in FY23, allowing NFP to maintain service level capacity through 2.6 FTE of three Community Health Nurses and associated costs. These staff will continue to implement NFP to fidelity with culturally reflective practices to improve outcomes in BIPOC and low-income communities. Staff will also support COVID-19 response by linking NFP families to housing assistance and other services that support basic needs.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of visits	1,189	780	1,190	780
Outcome	Percent of families who need and receive housing assistance	77%	95%	37%	40%
Output	Number of families served	86	65	81	70

Performance Measures Descriptions

Performance Measures are limited to services provided by the 2.6 Community Health Nurse FTE.

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	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$435,161	$0	$488,468
Contractual Services	$0	$15,416	$0	$2,000
Materials & Supplies	$0	$18,018	$0	$10,228
Total GF/non-GF	**$0**	**$468,595**	**$0**	**$500,696**
Program Total:	**$468,595**		**$500,696**	
Program FTE	0.00	2.60	0.00	2.80

Program Revenues				
Intergovernmental	$0	$468,595	$0	$500,696
Total Revenue	**$0**	**$468,595**	**$0**	**$500,696**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2022: 40199L ARP - Nurse Family Partnership Restoration

This program offer provides bridge support to the Nurse Family Partnership program until the program's Medicaid revenue returns to pre pandemic levels.

Multnomah County

Program #40199O - ARP - Health Data Exchange 3/3/2022

Department:	Health Department	**Program Contact:**	Aaron Monnig
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:	40005		
Program Characteristics:	Out of Target		

Executive Summary

Provide a Health Data Exchange platform to push Emergency Medical Services data to the hospital electronic charting systems, and to push data dn information from the hospital electronic charting systems back to the emergency medical service charting systems.

Program Summary

The purpose of this program is to provide a platform the pushes data from the emergency medical services electronic charting systems to the hospitals electronic charting systems and also sends hospital outcome data back tot the emergency medical services electronic charting systems. This has great benefits for the hospitals, emergency medical services agencies, and the emergency response system. This will give near real time feedback, and ability to provide a more robust quality improvement to assist in getting the right resources to the right patients the right way. The biggest benefits include near real time communicable disease exposure notifications- when a hospital determines a person has a communicable disease the provider could be notified without additional resources making the notifications. This program offer will connect multiple electronic patient care reporting systems together- the County does not own or operate any of these systems. The County EMS Program, and Medical Directors use these systems to perform quality assurance and quality improvement activities.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	a system that improves quality assurance and quality improvement activities for the Emergency Medical Servic	N/A	N/A	N/A	N/A
Outcome	establish a contract with a vendor capable of providing a health data exchange that the hospital systems, and eme	N/A	N/A	N/A	N/A

Performance Measures Descriptions

Legal / Contractual Obligation

None

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Contractual Services	$0	$400,000	$0	$400,000
Total GF/non-GF	**$0**	**$400,000**	**$0**	**$400,000**
Program Total:	**$400,000**		**$400,000**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$400,000	$0	$400,000
Total Revenue	**$0**	**$400,000**	**$0**	**$400,000**

Explanation of Revenues

100% ARP funded

Significant Program Changes

Last Year this program was:

Multnomah County

Program #40199Q - ARP - Gun Violence Impacted Families Behavioral Health Team 3/3/2022

Department:	Health Department	**Program Contact:**	Yolanda Gonzalez
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:	40080B		
Program Characteristics:	Out of Target		

Executive Summary

Gun violence, shootings, and homicides have increased in Multnomah County. Gun violence is a racial justice issue that is fueled by discrimination and structural inequities in our society. Gun violence in Multnomah County is disproportionately impacting our African American, Latinx, Asian and African Refugee communities. Multiple community organizations and community leaders have been proactively addressing community gun violence for decades, working side by side with the communities most impacted and advocating for racial justice. This program provides additional direct mental health services to youth (ages 10-18) and their families impacted by gun violence, specifically focusing on the African American, Latinx and African Refugee community.

Program Summary

The Gun Violence Behavioral Health Response team includes three mental health consultants (African American knowledge skills and abilities (KSA), Latinx KSA, and African Refugee KSA), a program specialist senior and a program supervisor to provide mental health services to those impacted by gun violence.

The team will provide a range of culturally relevant, evidence-based mental health services for the impacted community. These trauma-informed services are provided to improve the social and emotional functioning of youth and families who are impacted by community and gang violence. The MHC team will utilize lived experience and community informed practices to provide culturally specific mental health prevention support, mental health services, consultation, outreach and engagement. Referrals to this program will come from both internal county programs and external community partners and providers.

In conjunction with this staffing the county will contract with community partners to support a credible messenger/mentor, with lived experience, to directly support the most impacted communities, specifically focused on the youth population and their families. This team of mental health consultants and credible messengers/mentors will work collaboratively to address the needs of the community. Together, this team of mental health consultants and mentors will provide a range of culturally relevant, trauma-informed services, consultation, and training for impacted communities. Another partnership will be with Portland State to do a thorough evaluation of the program and collect data on the impact of the program.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total # of children who received behavioral health services from this specialty team	N/A	150	15	40
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement¹	N/A	65%	65%	65%
Output	Total # of outreach/engagement activities attended/provided in the community	N/A	30	10	30

Performance Measures Descriptions

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$848,896	$0	$575,859
Contractual Services	$0	$254,840	$0	$543,939
Materials & Supplies	$0	$110,664	$0	$94,602
Total GF/non-GF	**$0**	**$1,214,400**	**$0**	**$1,214,400**
Program Total:	**$1,214,400**		**$1,214,400**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$1,214,400	$0	$1,214,400
Total Revenue	**$0**	**$1,214,400**	**$0**	**$1,214,400**

Explanation of Revenues

$ 1,214,400 - Continuation of Gun Violence Impacted Families Behavioral Health Team

Significant Program Changes

Last Year this program was: FY 2022: 40199Q ARP - Gun Violence Impacted Families Behavioral Health Team

*Program originally aimed to serve 150 clients which would count all family members receiving services. This was changed to the specific youth being served as denoted in our Electronic Health Record which is why this # has been reduced.

Multnomah County

Program #40199R - ARP - Culturally Specific Behavioral Health Programs 3/3/2022

Department:	Health Department	**Program Contact:**	Julie Dodge
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:			
Program Characteristics:	Out of Target		

Executive Summary

As Multnomah County residents near the end of a second year of experiencing the impacts of COVID-19, behavioral health acuity continues to escalate, resulting in higher need for mental health and addiction services and resources than ever before. We're seeing increases in overdoses, suicidal ideation (especially in adolescents), violence, depression and general inability to cope as a result of the extended isolation, economic, vocational, and other stressors associated with this pandemic. In particular, Black, Indigenous, and other People of Color (BIPOC) experience greater disparities. The American Rescue Plan Act offers a unique opportunity to expand access to care and services in BIPOC communities through external program investments and direct client assistance.

Program Summary

This offer works to offset the increase in behavioral health and addiction acuity rates with access to culturally specific supports through multiple program investments.

The Trauma Healing and Recovery program pilot launched in FY22 and continues in FY23. Designed for African American women who have trauma histories such as abuse, abandonment, incarceration and addiction, the program offers weekly workshops, one-on-one support and an annual retreat. Women will have the opportunity to connect with culturally grounded, client identified spirituality, which is an important aspect of African American identity, leading to improved mental and physical health outcomes.

The pandemic has highlighted the need for culturally specific peer recovery support services. BHD is investing in new culturally specific Peer Recovery Support services. This investment is intended to expand culturally specific services and invest in infrastructure for emerging programs that will lead to sustained expanded culturally specific services.

Multiple providers have reported challenges for bilingual, immigrant and refugee populations that have limited ability to access telehealth services. To address this need, BHD is investing in organizations serving monolingual, immigrant and refugee communities to address barriers or offer safe alternatives to telehealth service, thus increasing access to behavioral health and addiction services. Finally, this program invests in life-saving supplies and other resources for BIPOC and other vulnerable communities impacted by COVID, including Naloxone kits and fentanyl test strips.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of unique individuals served through new program investments	N/A	350	60	284
Outcome	Increased access to culturally specific services as indicated by percentage of participants in new program in	N/A	70%	70%	70%

Performance Measures Descriptions

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Contractual Services	$0	$620,000	$0	$625,000
Total GF/non-GF	**$0**	**$620,000**	**$0**	**$625,000**
Program Total:	**$620,000**		**$625,000**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$620,000	$0	$625,000
Total Revenue	**$0**	**$620,000**	**$0**	**$625,000**

Explanation of Revenues

$170,000: American Rescue Plan Act (ARPA) for Trauma Healing and Recovery Program
$250,000: American Rescue Plan Act (ARPA) for Peer Recovery Support Services (expenses spread over five years)
$205,000: American Rescue Plan Act (ARPA) for Monolingual, immigrant and refugee telehealth barriers

Significant Program Changes

Last Year this program was: FY 2022: 40199R ARP - Culturally Specific Behavioral Health Programs

The progress on this program offer was significantly impacted by workforce issues making it increasingly difficult to staff positions at the organizations where programs were housed; several weather events, including extended temperatures over 100 degrees and a December snow storm also diverted internal resources working to implement these contracts.

Multnomah County

Program #40199T - Public Health CDC COVID-19 Health Disparities 3/3/2022

Department:	Health Department	**Program Contact:**	Jessica Guernsey
Program Offer Type:	Innovative/New Program	**Program Offer Stage:**	As Requested
Related Programs:			
Program Characteristics:	Out of Target		

Executive Summary

In June 2021, Public Health was awarded funding through the Centers for Disease Control and Prevention (CDC) National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved. This funding runs through May 2023 and will support nine program offers within Public Health in FY23. Activities aim to build infrastructure that both address disparities in the current COVID-19 pandemic and set the foundation to address future responses. Public Health is supporting both internal staff and community partners to focus on disparities that are impacting BIPOC and other underserved communities.

Program Summary

Public Health CDC COVID-19 Health Disparities funding supports an array of activities across nine program offers. Key activities include coordinating Public Health COVID-19 response (testing and vaccination) and recovery activities; supporting internal project management, fiscal, and administrative infrastructure; implementing communications and health literacy strategies; building community partners capacity through contracts, technical assistance, and facilitating collaboration; emergency preparedness planning both for COVID-19 and future events such as those related to climate change; and developing policy, system, and environment change strategies that work to improve health, social, and economic disparities within BIPOC and other underserved communities.

Work within the following program offers is resourced through CDC COVID-19 Health Disparities funding: 40001 (Public Health Administration and Quality Management); 40010B (Communicable Disease Clinical and Community Services); 40010C and 40199B (Communicable Disease Community Immunization Program); 40037 (Environmental Health Community Programs); 40053 (Racial and Ethnic Approaches to Community Health); 40060 (Community & Adolescent Health); 40097 (Parent, Child, and Family Health Management); 40096A (Public Health Office of the Director).

Measures within the above program offers reflect program-specific capacity provided through CDC COVID-19 Health Disparities funding. Collectively, the programs are utilizing data and community input to increase internal and external capacity to address disparities within BIPOC and other underserved communities.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of Public Health programs supported	N/A	N/A	1	9
Outcome	# of community partners supported	N/A	N/A	250	250

Performance Measures Descriptions

Measure 1 is defined as number of program offers with staff/activities/partners funded by CDC grant funds. Measure 2 is defined as both funded and unfunded partners.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$0	$1,938,393
Contractual Services	$0	$0	$0	$1,582,584
Materials & Supplies	$0	$0	$0	$167,935
Internal Services	$0	$0	$0	$237,520
Total GF/non-GF	**$0**	**$0**	**$0**	**$3,926,432**
Program Total:	**$0**		**$3,926,432**	
Program FTE	0.00	0.00	0.00	13.07

Program Revenues				
Intergovernmental	$0	$0	$0	$3,926,432
Total Revenue	**$0**	**$0**	**$0**	**$3,926,432**

Explanation of Revenues

This program generates $227,075 in indirect revenues.
$ 3,654,224 - Public Health Disparities

Significant Program Changes

Last Year this program was:

In FY22, Public Health utilized CDC COVID-19 Health Disparities funding to begin planning and collaboration for project implementation, limiting the scope to internal project management expenses and continued partner engagement. In FY23, funding will be spread across the division and external partnerships. The nine FY23 program offers that are supported through this offer reference the impact of the funding in the significant changes sections.

Multnomah County

Program #40199U - Public Health REACH COVID-19/Flu Vaccine Supplement 3/3/2022

Department: Health Department **Program Contact:** Tameka Brazile

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

Related Programs:

Program Characteristics: In Target

Executive Summary

Public Health's Racial and Ethnic Approaches to Community Health (REACH) program received supplemental Centers for Disease Control and Prevention (CDC) funding to support COVID-19 and flu vaccination work in March 2021. The supplemental funding ends September 29, 2022. The funding supports identifying barriers to vaccine uptake, equipping community members to support vaccination strategies, and implementing vaccine clinics. These activities are focused on the local Black/African American and African immigrant and refugee communities.

Program Summary

REACH programming centers a culture- and strength-based approach, relying on community wisdom to develop and implement culturally tailored interventions that address root causes of health inequities and preventable risk behaviors. The following supplemental activities are implemented alongside input and support from community partners.

Identifying barriers to vaccine uptake via community assessment and engagement - providing technical assistance and other wraparound support connections to community health workers (CHWs), faith ministries, and other community spokespersons to support data collection; developing social media content, videos, and messaging to raise awareness and educate in a way that resonates with Black, African American, and African immigrant and refugee families; and collaborating with state and local Public Health and Integrated Clinical Services Federally Qualified Health Center (FQHC).

Equipping community members with the knowledge and data related to vaccination strategies - identifying and training CHWs and trusted community-level spokespersons to communicate COVID-19 and flu disparities and importance of vaccination and other prevention activities through local media outlets, social media, faith-based venues, community events, and other community-based, culturally-appropriate venues.

Implementing vaccine clinics - connecting vaccination providers with places of worship, community organizations, and other trusted community settings to set up COVID-19 and flu vaccination sites.

Health Department partners include the FQHC program, local health systems, and other Public Health programs. External partners include the ACHIEVE Coalition and Healthy Birth Initiative Community Action Network; Portland Community College and nursing schools; faith-based organizations; Portland Public Schools; Schools Uniting Neighborhoods (SUN); Boys & Girls Club; Black- and African-led community and service organizations; Portland Fire and Rescue; Portland Trail Blazers, and community members, leaders, and influential voices.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	# of settings with COVID-19f/flu vaccine clinics	N/A	N/A	29	5
Outcome	# of people receiving a COVID-19/flu vaccine	N/A	N/A	8,811	500

Performance Measures Descriptions

FY22 Estimates are based on 12 months. FY23 Offer is based on 3 Months (July 2022 through September 2022) since supplemental funding ends in September 2022.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$0	$105,195
Contractual Services	$0	$0	$0	$127,550
Materials & Supplies	$0	$0	$0	$7,000
Internal Services	$0	$0	$0	$14,139
Total GF/non-GF	**$0**	**$0**	**$0**	**$253,884**
Program Total:	**$0**		**$253,884**	
Program FTE	0.00	0.00	0.00	0.25

Program Revenues				
Intergovernmental	$0	$0	$0	$253,884
Total Revenue	**$0**	**$0**	**$0**	**$253,884**

Explanation of Revenues

This program generates $14,139 in indirect revenues.

Significant Program Changes

Last Year this program was:

In FY22, these funds were included in the Public Health Racial and Ethnic Approaches to Community Health program offer (40053).
In FY23 this program has 0.25 FTE and $253,884 in revenue.

Multnomah County

Program #40199V - Public Health PDES COVID-19 Funding

3/3/2022

Department:	Health Department	**Program Contact:**	Jessica Guernsey
Program Offer Type:	Innovative/New Program	**Program Offer Stage:**	As Requested
Related Programs:			
Program Characteristics:	In Target		

Executive Summary

Program Design and Evaluation Services (PDES) has received federal and state COVID-19 funding to provide ongoing support to the Oregon Health Authority Office of the State Public Health Director. The scope of work includes collaborating with BIPOC community partners to improve public health data systems; analyzing and reporting on COVID-19 measures; and creating COVID-19 modeling reports. Activities support both statewide and local needs.

Program Summary

Program Design and Evaluation Services (PDES) is a research and evaluation unit within both the Multnomah County Public Health Office of the Director and Oregon Health Authority Public Health Division. PDES will utilize federal and state COVID-19 funding for the following activities in FY23:

Collaborate with BIPOC community partners - PDES will work with partners to describe the impact of COVID-19 on their communities and improve data systems for response planning, recovery, and preparedness. Community based scholars and community based organizations for five BIPOC communities will be funded to lead the project for their communities.

Analyze and report on COVID-19 measures - PDES will analyze and report monthly on current statewide measures of the far-reaching impact of COVID-19 and identify new measures for inclusion. Expanded measures will provide a comprehensive picture for assessing the impact of COVID-19 both statewide and locally, alongside data on COVID-19 cases, testing, vaccinationations, hospitalizations, and deaths. Data will be disseminated publicly online.

COVID-19 modeling reports - PDES will create modeling reports for Oregon that will be shared with Oregon Health Authority leadership, as well as local leadership, every two weeks until COVID-19 cases remain at a low-risk level. Modeling reports will be created as needed thereafter. Reports include both estimates over time and scenario planning.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Number of reports on statewide measures	N/A	N/A	12	12
Outcome	Amount of contracts/ grants with BIPOC community partners	N/A	N/A	N/A	1,050,000

Performance Measures Descriptions

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$0	$0	$0	$193,093
Materials & Supplies	$0	$0	$0	$5,955
Internal Services	$0	$0	$0	$25,952
Total GF/non-GF	**$0**	**$0**	**$0**	**$225,000**
Program Total:	**$0**		**$225,000**	
Program FTE	0.00	0.00	0.00	0.84

Program Revenues				
Intergovernmental	$0	$0	$0	$225,000
Total Revenue	**$0**	**$0**	**$0**	**$225,000**

Explanation of Revenues

This program generates $25,952 in indirect revenues.

Significant Program Changes

Last Year this program was:

In FY22, these funds and activities were included in the Public Health Office of the Director program offer (40096A).
In FY23 this program has 0.85 FTE and $225,000 in revenue.