

MULTNOMAH COUNTY

FY 2024 Budget Work Session Follow Up

Health Department

May 18, 2023 and **May 23, 2023**



Health Department Overview

Question 1: BM 110

Commissioner Stegmann (District 4): Please come back and provide a briefing on Ballot Measure 110 in FY 2024.

Response: FY 2024 Future Briefing

Public Health

Question 2: Gun Violence

Commissioner Jayapal (District 2): Please provide a comprehensive explanation of the Gun Violence prevention work in the Health Department (Public Health/Behavioral Health).

Public Health Response:

The one-time-only Public Health program offer (40199X) supports 3.00 culturally-specific Community Health Specialists (CHS) with KSAs for Latinx, Somali, and Black and/or African American communities. These positions lead strategic outreach and engagements including grassroot and interfaith leaders, violence impacted and affiliated individuals, organizations and communities to help inform and develop prevention interventions and modify and adapt existing trainings, outreach strategies through a public health approach, to support outreach and engagement efforts to develop a comprehensive coordinated overarching strategic violence prevention plan.

Violence prevention work in the Public Health Division sits in the Community & Adolescent Health Program (CAH) in the Chronic Disease Prevention and Health Promotion Unit. This is done with the recognition that adolescence is a unique period in the life course to build protective factors at the individual, community,

and systems levels. The integration of this work takes an upstream, primary prevention approach that addresses the root causes of violence through an equity lens.

The strategies that CAH uses today will contribute to violence prevention. Strategies/programs include:

Root cause: Unsafe built environment

CAH strategy: Crime Prevention Through Environmental Design (CPTED): youth-led projects that beautify neighborhoods, instill pride, and improve safety (through increased lighting, sidewalks, etc.)

Root cause: Lack of community and social cohesion

The different forms of violence - child abuse and neglect, youth violence, intimate partner violence, sexual violence, racial violence and elder abuse - are interconnected and often share the same root causes. Understanding the overlapping causes of violence and the things that can protect people and communities can help us better prevent violence in all its forms.

CAH strategy: Pride, Peace, and Prevention (PPP): youth-led projects that promote peace through building positive relationships with each other, themselves, and improve the built environment to be more accessible (to deter crime and reduce violence).

Creating protective community environments where youth and community members live, play, attend school and worship is necessary to help reduce violence. The physical design of space and how the space is being used and cared for are linked to violence and crime.

Some examples of Crime Prevention Through Environmental Design (CPTED) activities include:

- Cleaning and maintaining neighborhood green spaces
- Repairing abandoned housing, buildings and vacant lots
- Creating mural designs that celebrate culture and promote health
- Landscaping that reduces access to unsupervised locations on school grounds and other spaces
- Removing graffiti and repairing bathrooms, light fixtures and stairways to maintain safety and comfort
- In schools displaying motivational signs, displays of student art and using school colors to create warmth and express pride

Root cause: Youth struggle to make healthy decisions when faced with normal teen risks

CAH strategy: [Adolescents and Communities Together \(ACT\)](#): school-based comprehensive sexual health and social emotional learning that helps youth manage stress and learn decision-making. Build and empower youth through positive youth development.

CAH provides funding to youth-led projects, technical assistance to implement projects, training to adults in schools and communities and increase in community awareness of violence prevention work.

This work spans several projects, including:

Preventing Violence Affecting Young Lives (PREVAYL)

Formerly Striving to Reduce Youth Violence (STRYVE), PREVAYL provides youth programming in schools that reduce risk factors and increase protective factors to decrease the likelihood of a young person engaging in violence.

Crime Prevention Through Environmental Design (CPTED)

This work improves the built environment to reduce violence and increase social cohesion. In partnership with schools and CBOs, youth-driven projects improve, change, and shift the environment to be more accessible and healthy.

Adolescents and Communities Together (ACT)

ACT is a comprehensive sexual health education program that teaches students sex ed and social emotional learning skills which support personal development, stress management, decision-making around risk, and violence prevention. These skills contribute to the risk and protective factors that prevent violence.

Pride, Peace, Prevention (PPP)

Youth engage in projects that increase self esteem and instill pride in their culture and community; promote peace through building positive relationships with each other, themselves, and the environment; and address issues like adverse childhood experiences and root causes of violence.

Examples include sponsoring and co-planning pro-social, culturally affirming and empowering events that foster social cohesion, decrease loneliness and build community and connections.

Behavioral Health Response:

The Gun Violence Impacted Families Behavioral Health Response Team comprises African American, African Immigrant, and Latinx clinicians offering culturally specific services to individuals and families impacted by gun violence.

UPDATE: From April of 2022 to 2023 the program has served 95 individuals.

The team provides a range of culturally relevant, evidence-based mental health, and trauma-informed services to improve the social and emotional functioning of youth and families impacted by community and gang violence. The Mental Health Consultant team utilizes lived experience and community informed practices to provide culturally specific mental health prevention support, mental health therapy, consultation, outreach and engagement.

Referrals to this program come from both internal County programs and external community partners and providers. Services include psychoeducation, pre-enrollment engagement, comprehensive mental health assessment, treatment planning, 1:1 counseling, group therapy, and family therapy utilizing evidence based strategies that are applicable to the communities served.

In conjunction with the FTE supported by this program, the County contracts with community partners including Portland Opportunities and Industrialization Center, Immigrant and Refugee Community Organization (IRCO), and Latino Network to support credible messengers and mentors, with lived experience. The intent is to directly support the most impacted communities, with a specific focus on the youth population and their families.

The Gun Violence Impacted Families Behavioral Health Response Team is home-based and community-based. The program's mental health consultants are Masters-level trained and have the knowledge, skills, and abilities to provide culturally specific mental health services to the African-American, African-Immigrant & Refugee, and Latinx Culture/Spanish Speaking communities. The credible messengers are contracted through community based organizations and have the knowledge, skills, and abilities to work with the same communities. The team has engaged in the following projects:

- A post traumatic processing space for students, staff and administrators at schools post community shootings that have resulted in injury or death of students.

- In summer of 2023, the team will offer community grief groups for the African American, African Immigrant, and Latino communities to allow space for those impacted by death and loss due to gun violence.
- Recently, the team hosted a community event that offered space for those with lived experience to share their experiences surrounding access to mental health services. The team offered psychoeducation in developmental and appropriate techniques to talk to children about grief, violence and death as well as signs to look for if your teenager is showing signs of mental health needs. They also offered information on how to access mental health services. This was done in partnership with the WIC team in Public Health.
- Training for sustainable responses for our school communities and partners to address their own mental health and wellness and teach them skills on how to address the violence happening in our communities as well as how to maintain hope.

Additionally, the Gun Violence Impacted Families Response Program is in the process of implementing ORS/SRS (Outcome Rating Scale/Session Rating Scale) to measure treatment outcomes, replacing the ACORN previously utilized by Direct Clinica Services programs.

The engagement of Culturally Specific Providers, credible messengers, and lived experience in response to gun violence will have long lasting impacts in the communities they serve.

This program is establishing a reputation in our community that fosters and models prosocial adaptive behavior following incidents of gun violence and also provides early intervention surrounding the potential for onset of Post-traumatic or Acute Stress responses. These interventions are expected to contribute to adaptive resiliency for those that they serve.

Question 3: TC 911

Commissioner Meieran (District 1): Please provide a breakout of the TC 911 budget including funding sources.

Response: The submitted budget for TC911 Program has a total of two funding sources: HealthShare contract is for \$1,257,057 and Multnomah County General Fund is \$111,463 this maintains the TC911 service at the previous year's service level. The vast majority of the TC911 budget, just over \$1.0M, covers personnel with the balance covering standard operating expenses such as internal services.

Question 4: Naloxone

Commissioner Jayapal (District 2): Please provide a year over year budget comparison for the naloxone response including funding sources.

Funding for naloxone distribution activities is closely related to the needle exchange program. The following expenses are all represented in Program Offers 40061 and 40061B.

Funding Source & Description	FY23 Adopted	FY 2024 Proposed	Difference	Percent Change
CareOregon - Overdose prevention and Naloxone Distribution		\$ 2,553,133	\$ 2,553,133	N/A
County General Fund - FY 2024 Includes \$280,000 Opioid Settlement Funds	1,898,076	2,147,113	249,037	13.12%
OHA - Public Health Modernization	160,944	211,767	50,823	31.58%
State HIV Harm Reduction	753,852	429,743	(324,109)	-42.99%
State Opioid Response	327,974	81,994	(245,980)	-75.00%
Total	\$ 3,140,846	\$ 5,423,750	\$ 2,282,904	72.68%

Behavioral Health

Question 5: Behavioral Health Plan

Commissioner Meieran (District 1): Please provide the plan that behavioral health files with the Oregon Health Authority per ORS.

Response: Multnomah County has not been required to submit a plan for a number of years. It was suspended by OHA during the pandemic. Since CCO 2.0, there has been a lot of discussion about how many plans are needed in the region. CCOs are required to have regional plans, and as are CMHPs. There has been some deliberation about who is responsible for what and how these might be integrated to create a more meaningful plan that can be actualized.

Governor Kotek has issued a requirement for OHA to create a statewide plan by December, which is an opportunity to partner with OHA to align plans and responsibilities. Our Division is invested in ensuring that an effective plan is developed in a reasonable time frame.

**Question 6: Behavioral Health Emergency Coordination Network (BHECN)
Commissioner Meieran (District 1) and Commissioner Jayapal (District 2):**

Please provide additional information about the investments including a breakout of the \$2.0M and a timeline. Please address this question - what specifically will happen next year? What is the likely timeline of the RFP and what do we hope to/plan to purchase? How much of the \$2.0 million might go to actual service delivery?

Response: BHECN is working with all of its partners to lift up meaningful solutions to gaps in our behavioral health crisis response system. BHECN will pursue both short term and long term goals to address identified needs through the BHECN collaboration and needs assessments. Several BHECN collaboration members are also funding partners, including the City of Portland and CareOregon.

- Multiple efforts are happening at once - facilities, transportation, services
- Multco’s BHECN investment will be issued via an RFP process, in which three service options are potentially being procured to fill the gaps identified through needs assessment.
- CareOregon has made initial commitment to fund on-going subacute costs (Co-CATC)
- City of Portland is contributing an estimated \$1.8M
- RFP will provide information on real costs for services

The current RFP timeline is below:



Question 7: Behavioral Health Resource Center (BHRC)

Commissioner Meieran (District 1): Please provide the operating plan and budget for BHRC for FY 2024.

Response: [FY24 BHRC Budget](#) (see attached spreadsheet)

In year two of BHRC, programming will include the significant milestones as well as creation of new opportunities for collaboration, connection and response to the needs of the community.

Operating milestones and opportunities include:

- The beginning of FY 2024 will mark 6 months from the Day Center opening, and will be the first and second months of operation for the bridge and the shelter programs, respectively.
- For the Day Center FY 2024 will present continued opportunities to welcome 100 people per day, offering peer delivered services including but not limited to emotional and crisis support, motivational strategies, and treatment connection and coordination to roughly 300 individuals per week. Peers set up participants with basic needs from clothing, laundry and shower assistance, and mail. They work to get participants connected to other service providers, such as treatment, detox, mental health therapy, and shelter or housing. Peers use their lived experience to support BHRC participants in pursuing their goals with regard to behavioral health and housing stability. This is a healing, person centered approach; peers are guides. This model works well because a peer is able to connect with participants in a way that other providers might not be able to do.
- Since the opening day, Monday, May 15th the shelter program has welcomed 5 individuals. Additional participants will join the program every few days until the shelter is at full capacity (33 beds). The shelter program's goal is to serve 130 individuals per year.
- On June 1st, the Bridge Housing Program will begin a staggered opening with enrollment for up to six participants. New enrollments will occur

every few days until they reach capacity (19 beds). Our expectation is that 70% of participants served will gain access to housing.

- Beginning in June meal delivery service will be provided to the shelter, starting with the Bridge program. This will include lunch and dinner. The contractor will work collaboratively with operators to ensure that participants have what they need, including meals that align with dietary restrictions. Participants are also able to store food on site.
- Starting June 2023, the BHRC Nurse's Office will provide important resources for participants, offering first aid services and referrals to other medical providers. The service will help ensure that our participants' basic healthcare needs are addressed.
- Starting July 2023, the Mobile Clinic will begin providing services on site for one half day per week. The clinic will provide comprehensive medical and dental care.
- Contracted Security or safety partner services work alongside operators both inside and around the perimeter of the building.

Question #8: Regarding BHECN

Given the proposed 80/20 split in financial support, with the expectation that the County would pay for 20% of the cost of services, I wanted to hear more about how the process will support collaborative funding. Do we expect partner funding to be secured in FY 2024? And does our procurement process allow for decisions that are contingent on financial support from partners?

Response: BHECN is in the beginning stages of addressing current needs as well as gaps in services in Multnomah County, such as sobering and stabilization. We anticipate engagement with and pursuit of funding support from the CCOs (Healthshare and Trillium), the City of Portland, and possibly OHA to uplift the necessary services. The pursuit of partner funding will happen before and during the procurement process, and the timeline for beginning the various levels of service will depend on available funding and responses to the RFPQ.

**Behavioral Health Division
FY24 BHRC Budget**

Program Offer Name	Ledger Account Name	FY24 Cost Object name	Sum of Amount	OTO/Ongoing	Notes	
Behavioral Health Resource Center (BHRC) - Day Center Total	GF Support	BHRC Day Center General Fund	\$3,839,025	Ongoing	Includes \$2.5M OOT CGF request	B
	GF Support Total		\$3,839,025			
	Intergovernmental, Direct State	BHRC HUD Funding	\$1,335,000	OTO		A
		OHA Behavioral Health Community Mental Health Programs & Capital - BHRC	\$120,217	OTO		
	Intergovernmental, Direct State Total		\$1,455,217			
	Intergovernmental, Federal through Other	HSO - Behavioral Health Resource Center	\$500,000	Ongoing		
		Trillium - Behavioral Health Resource Center (BHRC)	\$75,113	Ongoing		
	Intergovernmental, Federal through Other Total		\$575,113			
Behavioral Health Resource Center (BHRC) - Day Center Total			\$5,869,355			
Behavioral Health Resource Center (BHRC) - Shelter/Housing	GF Support	BHRC Shelter and Housing General Fund	\$1,098,145	Ongoing		
	GF Support Total		\$1,098,145			
	JOHS SHS	JOHS SHS Funding	\$1,050,000	Ongoing	JOHS SHS investment in BHRC	C
	JOHS SHS Total		\$1,050,000			
	Intergovernmental, Direct State	CHOICE BHRC FY23	\$65,000	Ongoing		
		HSO FIOC Funding	\$1,890,000	OTO		A
	Intergovernmental, Direct State Total		\$1,955,000			
Behavioral Health Resource Center (BHRC) - Shelter/Housing Total			\$4,103,145			
Grand Total			\$9,972,500			
A. Revenue includes one time only HSO FIOC and HUD funding. In FY23 we were awarded \$2.6M in HUD and \$3.7M HSO FIOC funding, to be split half in FY23 and half in FY24.						
B. Funding also includes \$2.5M OOT CGF request						
C. This is the \$1M SHS investment from JOHS						
*BHRC will be fully operational (floors 1-5) come July 1st 2023						

**Behavioral Health Division
FY24 BHRC Budget**

Program Offer Name	Ledger Account Name	Sum of Amount	Notes
Behavioral Health Resource Center (BHRC) - Day Center	Communications	\$2,625	
	Direct Client Assistance	\$217,120	Transportation, Emergency Housing, ID Support, etc/Food, Beverages and other supplies/Clothing and Laundry items
	Indirect Expense	\$53,738	
	Insurance Benefits	\$42,947	
	Internal Service Data Processing	\$224,008	
	Internal Service Distribution	\$34,572	
	Internal Service Enhanced Building Services	\$865,353	
	Internal Service Facilities & Property Management	\$345,208	
	Internal Service Records	\$2,435	
	Internal Service Telecommunications	\$13,880	
	Non Base Fringe	\$28,812	
	Non Base Insurance	\$23,702	
	Pass-Through & Program Support	\$3,470,841	Includes \$2.5M OOT CGF request for MHAO contract
	Permanent	\$153,662	
	Professional Services	\$247,026	Coin Meter, Aramark Uniform and Stone Soup PDX
	Salary Related	\$58,410	
	Supplies	\$5,250	
	Temporary	\$77,141	
	Training & Non-Local Travel	\$2,625	
Behavioral Health Resource Center (BHRC) - Day Center Total		\$5,869,355	
Behavioral Health Resource Center (BHRC) - Shelter/Housing	Direct Client Assistance	\$72,875	Food, Beverages and other supplies
	Internal Service Data Processing	\$88,148	
	Internal Service Enhanced Building Services	\$576,902	
	Internal Service Facilities & Property Management	\$230,139	
	Pass-Through & Program Support	\$2,986,131	Do Good Multnomah. Includes \$1M SHS funding from JOHS - 50k COLA
	Professional Services	\$148,950	Stone Soup PDX
Behavioral Health Resource Center (BHRC) - Shelter/Housing Total		\$4,103,145	
Grand Total		\$9,972,500	
<i>*BHRC will be fully operational (floors 1-5) come July 1st 2023</i>			