Multnomah County

Program #40000A - Health Department Director's Office

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Valdez Bravo
Program Offer Type:	Administration	**Program Offer Stage:**	Department Requested
Related Programs:	30407B		
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 Description

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 the Health Department's primary liaison to Federal, State, County and local elected officials. The Director works with other County departments and community partners to foster 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 health care services to improve 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.

This program offer also includes $1,898,602 in funds set aside to support the operations of Integrated Clinical Services.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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

PM1-Employee engagement by calculating # of employees in attendance of all staff activities through log-in counts and in-person counts of hybrid events. COVID impacted Org Dev't's engagement plans, but the Dept still engaged staff in all staff meetings, townhalls and safety sessions; thus, numbers are higher due to virtual meetings. PM2-Estimated amount includes the revenue brought in through our Strategy and Grant team- not 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$2,018,536	$0	$1,867,003	$0
Contractual Services	$1,898,136	$0	$2,009,707	$0
Materials & Supplies	$106,755	$0	$97,184	$0
Internal Services	$186,766	$0	$199,543	$0
Total GF/non-GF	**$4,210,193**	**$0**	**$4,173,437**	**$0**
Program Total:	**$4,210,193**		**$4,173,437**	
Program FTE	10.75	1.00	10.00	1.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2023: 40000A Health Department Director's Office

In FY 2024 this division now houses the department's Equity Team. Program offer 40003, which oversees facilities and safety is now a part of the Financial & Business Management Division. In FY 2023 this program was a part of the Director's Office.

Multnomah County

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

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Valdez Bravo
Program Offer Type:	Support	**Program Offer Stage:**	Department 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. 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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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

Contractor has only been able to supply quarterly to annual reports reflecting demographics of individuals served due to significant leadership transition. Contractor met expectations for service level provision, and Department leadership is working to set measures with current Contractor leadership to report out in the FY 24 budget submission.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Contractual Services	$90,000	$0	$126,000	$0
Total GF/non-GF	**$90,000**	**$0**	**$126,000**	**$0**
Program Total:	**$90,000**		**$126,000**	
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 2023: 40000B Director's Office - In/Out of Scope Services

Multnomah County

Program #40001 - Public Health Administration and Quality Management — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Jessica Guernsey
Program Offer Type:	Support	**Program Offer Stage:**	Department Requested
Related Programs:	40199T		
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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,917,731	$308,902	$1,784,259	$357,022
Contractual Services	$0	$170,959	$17,535	$27,512
Materials & Supplies	$101,850	$14,018	$111,539	$8,942
Internal Services	$215,440	$60,365	$184,356	$59,029
Total GF/non-GF	**$2,235,021**	**$554,244**	**$2,097,689**	**$452,505**
Program Total:	**$2,789,265**		**$2,550,194**	
Program FTE	11.80	2.00	10.80	2.00

Program Revenues				
Intergovernmental	$0	$554,244	$0	$452,505
Total Revenue	**$0**	**$554,244**	**$0**	**$452,505**

Explanation of Revenues

This program generates $49,876 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.

State $ 204,409- PHM Local - OPS
Federal $ 248,096- PE-62 Overdose Prevention-Counties

Significant Program Changes

Last Year this program was: FY 2023: 40001 Public Health Administration and Quality Management

This program's FY 2023 revenue is $321,995 higher than that of FY 2022, due to an increase in OHA Overdose Prevention funding, ELC data process allocation, and OHA Public Health Modernization funding. Program staffing is increased by 2.05 FTE to address increased needs for administrative and project management support. In addition, CDC COVID-19 Health Disparities funding in 40199T is supporting 4.90 FTE within the scope of this program offer. COVID-19-impacts - In FY 2022, this program continued to support Public Health's COVID-19 response through administrative and project management support and will continue to do so in FY 2023.

Multnomah County

Program #40002 - Tri-County Health Officer

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Jennifer Vines
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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.

The Multnomah County Health Officers provide physician authorization and clinical oversight for the full scope of Communic

Program Description

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: measles, Ebola, extreme cold/heat, poor air quality, and the drug overdose crisis.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$412,802	$651,248	$435,451	$361,088
Contractual Services	$0	$264,972	$0	$0
Materials & Supplies	$7,506	$36,139	$0	$10,308
Internal Services	$72,727	$109,155	$96,201	$50,444
Total GF/non-GF	**$493,035**	**$1,061,514**	**$531,652**	**$421,840**
Program Total:	**$1,554,549**		**$953,492**	
Program FTE	0.99	1.16	0.99	0.95

Program Revenues				
Intergovernmental	$0	$1,061,514	$0	$421,840
Total Revenue	**$0**	**$1,061,514**	**$0**	**$421,840**

Explanation of Revenues

This program generates $50,444 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

This program generates $50,444 in indirect revenues.
$ 41,840 - Tri-County Health Officer Clackamas County
$ 380,000 - Tri-County Health Officer Washington County

Significant Program Changes

Last Year this program was: FY 2023: 40002 Tri-County Health Officer

The Multnomah County Health Officer FTE increased from 0.90 FTE to 1.00 FTE starting in 2020 and has remained at the level throughout the pandemic. Multnomah County added an additional Health Officer position in FY 2023 using American Rescue Plan (ARP) funds, which increased the total number of Health Officers from two to three. Maintaining this additional Health Officer is key to providing timely, expert public health leadership and closing service gaps for underserved communities in the short-term, for example as medical leadership for public health immunization services and treating individuals with active tuberculosis. In the intermediate and long term, this change is key to recruitment and retention of public health physicians into these demanding, high complexity positions.

Multnomah County

Program #40003 - Health Department Facilities, Safety and Administrative Support — FY 2024 Department Requested

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

Executive Summary

This program provides facilities, safety, and administrative support for the department and includes operations, safety support for the department and lobby and building support for the Health Department Headquarters, the Gladys McCoy Building.

Program Description

This team provides scheduling, meeting/event preparation, technical support, project management, and communication support. This team provides 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. The Facilities and Safety Liaison conducts safety planning, leads coordination with contracted security personnel and leads development and revisions of department safety and security policy. The Facilities and Safety Liaison works closely with the office of Workplace Security.

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	# of Safety and Security Advisory Committee meetings held to address safety concerns reported by Health Depa	4	N/A	6	12
Outcome	% of incidents that received a response/follow-up within 2 weeks of report submission	N/A	N/A	50%	60%

Performance Measures Descriptions

The annual number of safety and security advisory committee meetings. Regular meetings will ensure prompt and consistent follow-up on reported incidents. The percentage of incidents that received a response or follow-up within 2 weeks of the incident report submission.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$396,388	$0	$363,061	$0
Materials & Supplies	$158	$0	$166	$0
Internal Services	$71,389	$0	$75,961	$0
Total GF/non-GF	**$467,935**	**$0**	**$439,188**	**$0**
Program Total:	**$467,935**		**$439,188**	
Program FTE	4.00	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: FY 2023: 40003 Health Department Leadership Team Support

The pandemic, telework and neighborhood safety created new challenges and opportunities. 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 Facilities and Safety Liaison established new safety and security policies, data collection systems, analysis and reporting. In collaboration with an advisory committee and Health Department leadership the Liaison identified best practices in safety and security, developed monthly communications and implemented a new program to distribute personal

Multnomah County

Program #40004 - Ambulance Services (Emergency Medical Services) — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Aaron Monnig
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 nonemergency ambulance providers. Under Medical Direction, the system receives 9-1-1- calls, dispatches resources, provides
care, and transports patients to the appropriate facilities

Program Description

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 111,160+ 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,515,049	$941,323	$1,684,126	$955,045
Contractual Services	$504,647	$18,700	$554,696	$18,700
Materials & Supplies	$96,677	$7,498	$93,693	$6,277
Internal Services	$233,893	$264,905	$188,503	$277,053
Total GF/non-GF	**$2,350,266**	**$1,232,426**	**$2,521,018**	**$1,257,075**
Program Total:	**$3,582,692**		**$3,778,093**	
Program FTE	7.52	6.38	7.87	5.93

Program Revenues				
Fees, Permits & Charges	$2,067,821	$0	$2,166,546	$0
Intergovernmental	$72,566	$0	$67,915	$0
Other / Miscellaneous	$0	$1,232,426	$0	$1,257,075
Total Revenue	**$2,140,387**	**$1,232,426**	**$2,234,461**	**$1,257,075**

Explanation of Revenues

This program generates $133,420 in indirect revenues.
This program generates $126,513 in indirect revenues.
Lic. fees $36,500, the ambulance franchise fee $1,505,201, and first responder medical direction contracts $72,566 and ambulance medical direction $507,120 pay for 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 ($19,000). 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.
The EMS Social Work Program (aka TC911) has a contract with Health Share of Oregon through June 30, 2024 to serve Medicaid members ($1,232,426). The County supplements this with general funds to allow service to non-Medicaid clients

Significant Program Changes

Last Year this program was: FY 2023: 40004 Ambulance Services (Emergency Medical Services)

Multnomah County

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

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Aaron Monnig
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Ensure proper PH leadership and prog. representation in emerg. activation and exercise over the year.	100%	100%	100%	100%
Outcome		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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$27,043	$259,392	$23,588	$263,445
Materials & Supplies	$13,853	$0	$14,497	$523
Internal Services	$23,263	$39,636	$26,729	$41,659
Total GF/non-GF	**$64,159**	**$299,028**	**$64,814**	**$305,627**
Program Total:	**$363,187**		**$370,441**	
Program FTE	0.17	1.26	0.08	1.31

Program Revenues				
Intergovernmental	$0	$299,028	$0	$305,627
Total Revenue	**$0**	**$299,028**	**$0**	**$305,627**

Explanation of Revenues

This program generates $36,803 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.

Federal: $ 259,988 - Public Health Emergency Prep
Federal: $ 45,639 - OHA Cities Readiness Initiative (CRI)

Significant Program Changes

Last Year this program was: FY 2023: 40005 Public Health & Regional Health Systems Emergency Preparedness

Multnomah County

Program #40006 - Tobacco Prevention and Control

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Charlene McGee
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$550,415	$388,871	$602,878	$941,569
Contractual Services	$15,000	$28,000	$15,750	$314,888
Materials & Supplies	$25,806	$2,019	$24,706	$47,317
Internal Services	$91,772	$106,179	$95,254	$187,595
Total GF/non-GF	**$682,993**	**$525,069**	**$738,588**	**$1,491,369**
Program Total:	**$1,208,062**		**$2,229,957**	
Program FTE	4.05	2.80	4.05	3.30

Program Revenues				
Fees, Permits & Charges	$647,560	$0	$738,588	$0
Intergovernmental	$0	$525,069	$0	$1,491,369
Total Revenue	**$647,560**	**$525,069**	**$738,588**	**$1,491,369**

Explanation of Revenues

This program generates $131,537 in indirect revenues.
Direct State $ 463,369 - Tobacco Prevention
Direct State $ 1,000,000 - Tobacco Prevention - BM 108
Other $ 28,000 - Tobacco Prevention & Cessation

Significant Program Changes

Last Year this program was: FY 2023: 40006 Tobacco Prevention and Control

Continued COVID-19-Related Impacts: Tobacco Retail License holders conduct in-person business by office appointment; Tobacco Retail License trainings offered virtually; and continuation of virtual inspections with some in-person inspections of retail establishments. Minimum legal sales age inspections resumed in May 2022. These changes resulted in more inspections during FY23 but still not to the pre-pandemic level. In FY24, inspections are expected to increase with return of in-person services and start of outreach for new policy banning the sale of flavored tobacco and nicotine products in Multnomah County as of Jan. 1, 2024.

Significant increase in the number of community partnerships due to funding offered by the Oregon Health Authority (OHA) through revenues due to increased tobacco tax in Oregon effective Jan. 1, 2021. OHA funded direct investments in commu

Multnomah County

Program #40007 - Health Inspections and Education

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Andrea Hamberg
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:	40008, 40010A		
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 Description

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 4,739 restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, vending machines, and jails. 476 pools/spas; 858 schools, childcare, adult foster care, and other service providers. 44 small water systems (inspected every 3 to 5 years) and an additional 10 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 8 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. 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of licenses issued	5719	6583	6136	7002
Outcome	Number of Priority & Priority Foundation violations	2646	5766	2931	4021
Output	Number of facility inspections	10433	13968	10927	10893
Output	Number of Food Worker Cards issued	9693	11245	10723	12073

Performance Measures Descriptions

1) 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$4,890,067	$24,588	$5,295,253	$27,557
Contractual Services	$402,690	$0	$428,020	$0
Materials & Supplies	$158,627	$501	$226,964	$1,213
Internal Services	$764,913	$3,305	$795,070	$3,850
Total GF/non-GF	**$6,216,297**	**$28,394**	**$6,745,307**	**$32,620**
Program Total:	**$6,244,691**		**$6,777,927**	
Program FTE	36.72	0.18	37.21	0.19

Program Revenues				
Fees, Permits & Charges	$3,313,039	$0	$6,060,750	$0
Intergovernmental	$0	$28,394	$0	$32,620
Total Revenue	**$3,313,039**	**$28,394**	**$6,060,750**	**$32,620**

Explanation of Revenues

This program generates $3,850 in indirect revenues.
Multnomah County Environmental Health receives $36,620 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.

$3,313,039 - Inspection Licenses and Fees. This revenue is still being budgeted at pre-pandemic levels.

Significant Program Changes

Last Year this program was: FY 2023: 40007A Health Inspections and Education

COVID-19-Related - In FY 2023, HIE returned to providing in-person inspections, which saw an increase in the number of violations. 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 provided financial support to local restaurant operators through a CARES Act funded grant program.

Multnomah County

Program #40008 - Vector-Borne Disease Prevention and Code Enforcement — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Andrea Hamberg
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of rodent inspections conducted	359	700	40	700
Outcome	Number of service referrals that improve vector abatement	76	45	177	75
Output	Number of acres treated for mosquitoes	592	2,000	8000	2000
Quality	Inspection and monitoring of mosquito producing sites	755	600	800	600

Performance Measures Descriptions

1) Rodent inspections are generated by submitted complaints. 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) Pulled from database and pesticide use numbers. 4) Pulled from surveillance records.

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,478,652	$0	$1,716,147	$0
Contractual Services	$34,100	$0	$62,355	$0
Materials & Supplies	$134,581	$0	$176,185	$0
Internal Services	$328,081	$0	$332,958	$0
Total GF/non-GF	**$1,975,414**	**$0**	**$2,287,645**	**$0**
Program Total:	**$1,975,414**		**$2,287,645**	
Program FTE	11.62	0.00	12.10	0.00

Program Revenues				
Fees, Permits & Charges	$0	$0	$342,446	$0
Service Charges	$342,446	$0	$0	$0
Total Revenue	**$342,446**	**$0**	**$342,446**	**$0**

Explanation of Revenues

$ 1,944,988- HD Vector Control
$ 277,000- CoP BES Vector Control Rats
$ 65,446- Specified Animals

Significant Program Changes

Last Year this program was: FY 2023: 40008A Vector-Borne Disease Prevention and Code Enforcement

In FY23, extreme rains and flooding created historic levels of mosquitoes and staff that were assigned to work on rodent response were redeployed to work mosquito surveillance and abatement. Before FY24, these staff will have transitioned back to rodent response. 2 FTE are vacant due to failed recruitment and will be filled by FY24.

Multnomah County

Program #40009 - Vital Records

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Andrea Hamberg
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

The Vital Records Program 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of birth and death certificates issued	43,692	38,000	48,000	50,000
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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$601,310	$3,515	$587,061
Contractual Services	$0	$18,082	$384	$18,169
Materials & Supplies	$4,000	$13,110	$0	$17,405
Internal Services	$0	$250,434	$0	$260,301
Total GF/non-GF	**$4,000**	**$882,936**	**$3,899**	**$882,936**
Program Total:	**$886,936**		**$886,835**	
Program FTE	0.00	5.30	0.00	5.10

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

Explanation of Revenues

This program generates $82,013 in indirect revenues.
This is a fee driven, self-sustaining program. The fee schedule is established by the State of Oregon.

Fees $ 882,936 - Vital Stats Birth Certs

Significant Program Changes

Last Year this program was: FY 2023: 40009 Vital Records

Multnomah County

Program #40010A - Communicable Disease Prevention and Control — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Kim Toevs
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

CDS protects the people of Multnomah County from preventable infectious diseases through core public health functions. These include epidemiologic investigation; identifying causes of illness and new outbreaks; assuring preventive health measures for reportable disease exposures and outbreaks; planning and response for emerging or new infectious diseases; analyzing changes in disease patterns, and tuberculosis (TB) case management. CDS also works with government and community partners to build infectious disease capacity within the region. 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 a 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 works closely with schools and congregate settings for vulnerable populations like Long Term Care Facilities to stop outbreaks. 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).

CDS staff identify racial, ethnic, social, and other community groups who are at risk of (or are) being impacted by infectious diseases as well as those at risk of future illness, and prioritizes resources accordingly. CDS develops and uses multiple data sources and epidemiology tools to understand changes in disease and evaluate public health interventions. CDS works with individuals who experience a communicable disease, their families, community partners, and other County programs to build strong and trusting relationships, listen to community experiences, and respond to questions or concerns about the risks and impacts of communicable diseases. CDS continues to strengthen relationships by working directly with community groups or members to share data and by partnering with culturally specific credible community leaders to provide health education.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of disease report responses	4,133	5,500	4,758	4,250
Outcome	Location of contacts (pertussis, meningococcal meningitis, Hepatitis A and B) within one day	88%	70%	90%	70%
Quality	Percent of tuberculosis (TB) patients completing treatment within 12 months	100%	96%	100%	96%

Performance Measures Descriptions

Performance Measure 1: FY22 actual and FY23 estimate are low due to overall lower disease reports secondary to COVID-19, stay at home orders, and changing access to in person services. FY24 offer is set to follow this trend. Disease trends continue to fluctuate due to COVID-19 and other health system uncertainty.
Performance Measure 2: High priority diseases: pertussis, meningococcal meningitis, Hepatitis A and acute Hepatits B)

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,252,481	$2,110,922	$1,600,662	$1,874,972
Contractual Services	$58,395	$381,355	$54,483	$124,116
Materials & Supplies	$89,350	$74,107	$86,920	$43,165
Internal Services	$516,864	$614,345	$135,323	$988,777
Total GF/non-GF	**$1,917,090**	**$3,180,729**	**$1,877,388**	**$3,031,030**
Program Total:	**$5,097,819**		**$4,908,418**	
Program FTE	7.33	14.39	8.71	11.54

Program Revenues				
Intergovernmental	$0	$2,925,920	$0	$2,785,589
Other / Miscellaneous	$0	$214,309	$0	$220,441
Service Charges	$0	$40,500	$0	$25,000
Total Revenue	**$0**	**$3,180,729**	**$0**	**$3,031,030**

Explanation of Revenues

This program generates $236,215 in indirect revenues.
Federal $ 13,180 - ST:TB Outreach
State $ 984,809 - ST:St Support for PH
State $ 101,500 - ST:TB Case Mgmt
State $ 25,000 - ST:OHS CDC Hep B
Federal $ 211,472 - EIP 93.317
State $ 301,015 - Public Health Modernization
State $ 1,033,913 - PH Modernization Local
State $ 49,700 - HSO County Based Services
State $ 90,000 - Oregon Refugee Health Promotion
$ 220,441 - Occ Health Fees

Significant Program Changes

Last Year this program was: FY 2023: 40010A Communicable Disease Prevention and Control

The 1.5 reduction in FTE is the elimination of one vacant OA2 position and the shift of 0.5 FTE CHS2 to another cost center.

Multnomah County

Program #40010B - Communicable Disease Clinical and Community Services FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Kim Toevs
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 preventing, identifying, and treating specific infectious diseases, as well as tracking patterns of disease to inform programming and community. 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 Description

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 engages and offers testing to communities at highest need, including 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. Due to a decrease in external funding, impacts are expected on the health and well-being of our community that will exacerbate existing health disparities among marginalized populations.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of clinical visits (STD, HIV, TB)	5036	6700	6476	6300
Outcome	Percent of all County gonorrhea/syphilis/HIV cases diagnosed through this program	14%	15%	14%	12%
Quality	Percent of syphilis/HIV cases investigated	78%	85%	78%	80%
Output	Number of patients initiated on HIV prevention medication (PrEP)	260	450	466	480

Performance Measures Descriptions

Measure 1: Includes STD, TB, and outreach testing. Measure 2: 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. Numbers are decreased for FY24 due to decreases in external funding.

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$374,699	$4,115,406	$1,340,864	$2,591,331
Contractual Services	$124,681	$2,412,167	$0	$541,784
Materials & Supplies	$181,660	$159,425	$73	$304,806
Internal Services	$762,634	$579,332	$456,008	$766,828
Total GF/non-GF	**$1,443,674**	**$7,266,330**	**$1,796,945**	**$4,204,749**
Program Total:	**$8,710,004**		**$6,001,694**	
Program FTE	2.80	32.45	7.55	18.57

Program Revenues				
Intergovernmental	$0	$7,045,823	$0	$3,853,542
Service Charges	$0	$220,507	$0	$351,207
Total Revenue	**$0**	**$7,266,330**	**$0**	**$4,204,749**

Explanation of Revenues

This program generates $325,209 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.

$ 39,700 - HSO County Based Services
Federal $ 250,000 - Surveillance Network - GY05
Federal $ 369,138 - HIV Prevention Block - CTS Clinic
State $ 1,894,286 - HIV Early Intervention & Outreach GY06
Federal $ 10,500 - ELC Gonococcal Infections
Federal $ 324,500 - Sexually Transmitted Diseases Client Services
State $ 732,318 - Public Health Modernization Local - STD

Significant Program Changes

Last Year this program was: FY 2023: 40010B Communicable Disease Clinical and Community Services

In FY 2023, the OHA 5 year HIV Early Intervention Services and Outreach (EISO) grant award ended. Beginning in January, 2023, OHA has continued funding EISO activities at a significantly reduced level. Budgeted EISO grant funding to the STD program area for FY24 is $1,894,286 in contrast to the $4,861,365 budgeted for FY23. The EISO grant operates on a calendar year grant cycle and funding reductions went into effect January, 2023, however the program has leveraged Public Health Modernization and other revenue to maintain previous staffing levels for the second half of FY23. Effective July 2023, major program adjustments will need to be implemented in order to fit into the constraints of the drastically reduced budget. This will include reductions to staffing and direct service delivery. Prioritization of services retained will be informed by surveillance and informatics data, utilizing an equity lens.

Multnomah County

Program #40010C - Communicable Disease Community Immunization Program — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Kim Toevs
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:			
Program Characteristics:	In Target		

Executive Summary

The Community Immunization Program (CIP) reduces the transmission and effects of vaccine-preventable infectious diseases such as COVID-19, flu, MPOX, childhood vaccines through direct vaccine administration, supporting other providers, and educating communities. The program assures that schools and childcare facilities comply with state school immunization rules. The CIP uses a racial equity focus to reduce childhood vaccine disparities. The CIP is part of public health readiness to respond to emerging infectious diseases.

Program Description

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 supported by this program offer include:

Safety-net vaccine administration services: CIP maintains an experienced vaccination team to provide low barrier COVID, flu, and childhood vaccines with an equity focus. This resource is also the foundation to quickly scale up a culturally-competent public health vaccination response to emerging infectious diseases or large outbreaks.

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.

Community health education and Health System access improvement: CIP works with partners to identify racial, ethnic, and other community groups who are disproportionately under-represented in vaccination rates, particularly children and elders. CIP provides and supports culturally specific community education about vaccine. CIP participates in convening partners for review of data and systems/policy improvements to reduce barriers to vaccine access through private and public providers. CIP is committed to the values of innovation, collaboration, diversity, and accountability and works closely with community partners, health systems, Medicaid Coordinated Care Organizations, and the Oregon Health Authority to reach BIPOC and other underserved communities.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of immunizations provided to children under 18, including COVID-19 vaccines	5403	350	450	400
Outcome	Percentage of COVID-19 Vaccine provided to BIPOC individuals.	58%	70%	40%	60%
Output	Number of schools and childcare entities assisted with immunization law requirements.	450	480	450	449
Outcome	New: number of community partners and stakeholders provided with information sessions/educational materials	N/A	N/A	N/A	75

Performance Measures Descriptions

Measures represent past program offers 40010C and 40199B in FY23. Measure #2: The FY23 estimate reflects a lower percentage of BIPOC individuals due to the large mobilization for MPOX in Q1 and Q2, which was not primarily among BIPOC communities. Measure #4: private schools and childcares with whom CIP works directly. An additional 213 public/other schools served by MESD through subcontract.

Legal / Contractual Obligation

State-Supplied Vaccine Accountability - OAR 333.047. School Immunization - ORS 433.267, 433.273 and 433.284; OAR 333-050-0010 through 333-050-0140; and ORS 433.235 through 433.284. ALERT Immunization Registry - OAR 333-049-0010 through 333-049-0130; ORS 433.090 through 433.102. Vaccine Education and Prioritization Plan - ORS 433.040; OAR 333-048-0010 through 333-048-0030.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$163,087	$0	$135,499
Contractual Services	$0	$11,598	$0	$20,000
Materials & Supplies	$0	$63	$0	$17,698
Internal Services	$0	$31,240	$0	$23,273
Total GF/non-GF	**$0**	**$205,988**	**$0**	**$196,470**
Program Total:	**$205,988**		**$196,470**	
Program FTE	0.00	1.26	0.00	1.07

Program Revenues				
Intergovernmental	$0	$205,988	$0	$180,000
Service Charges	$0	$0	$0	$16,470
Total Revenue	**$0**	**$205,988**	**$0**	**$196,470**

Explanation of Revenues

This program generates $18,929 in indirect revenues.
Federal $ 90,000 - State of Oregon LPHA
State $ 90,000 - State of Oregon LPHA
$ 16,470 - Medicaid FFS

Significant Program Changes

Last Year this program was: FY 2023: 40010C Communicable Disease Community Immunization Program

Community Immunization Program work is described in 40010C and 40199B in FY23, only in 40010C for FY24.

Multnomah County

Program #40012A - FQHC-HIV Clinical Services

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Nick Tipton
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 1,550 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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of unduplicated HIV clinic clients	1863	1500	1550	1625
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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$4,749,569	$0	$5,689,228
Contractual Services	$0	$108,296	$0	$139,317
Materials & Supplies	$0	$265,904	$0	$274,556
Internal Services	$0	$1,601,320	$0	$1,745,392
Total GF/non-GF	**$0**	**$6,725,089**	**$0**	**$7,848,493**
Program Total:	**$6,725,089**		**$7,848,493**	
Program FTE	0.00	31.68	0.00	35.25

Program Revenues				
Intergovernmental	$0	$3,416,930	$0	$3,352,688
Service Charges	$0	$3,308,159	$0	$4,495,805
Total Revenue	**$0**	**$6,725,089**	**$0**	**$7,848,493**

Explanation of Revenues

This program generates $677,534 in indirect revenues.
$ 4,499,901 - Medical Fees
Federal: $ 1,347,499 - RW-Part A
Federal: $ 374,930 - RW-Part D
Federal: $ 13,120 - RW-Part F
Federal: $ 45,000 - PC 330
Federal: $ 763,855 - RW-Part C
State: $ 396,372 - RW-OHA
State: $ 121,544 - OHA - HIV
Federal: $ 90,000 - AIDS Education and Training
$ 200,000 - Special Projects SPINS

Significant Program Changes

Last Year this program was: FY 2023: 40012A FQHC-HIV Clinical Services

Multnomah County

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

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Kim Toevs
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of unduplicated HGAP clients served (all service types/whole 6-county system)	2,899	2,820	2,900	2,900
Outcome	Percent of HGAP clients (all 6 counties) who are virally suppressed	90%	92%	91%	91%
Outcome	Increase viral suppression rate of Black/African Americans	88%	90%	88%	89%

Performance Measures Descriptions

Viral load is a measure of the amount of HIV virus in the blood. Lowering (or eliminating) the viral load a specific amount is called viral suppression. Reaching and maintaining HIV viral suppression is a primary goal of HIV treatment for short and long term health. In addition, if someone is virally suppressed, they will not transmit HIV to partners through sex.

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$3,276	$898,803	$0	$956,780
Contractual Services	$7,500	$4,765,375	$6,500	$5,004,234
Materials & Supplies	$500	$31,673	$525	$24,010
Internal Services	$61,515	$185,860	$69,801	$187,370
Total GF/non-GF	**$72,791**	**$5,881,711**	**$76,826**	**$6,172,394**
Program Total:	**$5,954,502**		**$6,249,220**	
Program FTE	0.02	5.78	0.00	5.80

Program Revenues				
Intergovernmental	$0	$5,881,711	$0	$6,172,394
Total Revenue	**$0**	**$5,881,711**	**$0**	**$6,172,394**

Explanation of Revenues

This program generates $107,741 in indirect revenues.
Federal: $ 2,671,453 - Ryan White Part A funds for 21-22: Medical, Case management, Non-medical case management, and Housing
State: $ 3,500,941 - Oregon Health Authority Ryan White

Significant Program Changes

Last Year this program was: FY 2023: 40012B Services for Persons Living with HIV - Regional Education and Outreach

This program's revenue has a net increase of $177,170 (an increase of $177,170 in Ryan White funds through OHA, but estimated as flat funded in federal Ryan White funds). Staffing remained relatively stable with a slight increase by 0.02 FTE.

Multnomah County

Program #40016 - FQHC-Medicaid/Medicare Eligibility

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Belma Nunez
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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 15,000 clients were screened and there were 1,300 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Annual number of clients screened	15,287	15,000	15,000	16,000
Outcome	% of Self Pay Patients in Medical	12.3%	14%	20.1%	11.5%
Outcome	% of Self Pay Patients in Dental	4.84%	7.35%	3%	7.78%

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$2,167,626	$0	$2,388,589
Contractual Services	$0	$24,000	$0	$18,000
Materials & Supplies	$0	$14,523	$0	$13,491
Internal Services	$0	$630,577	$0	$689,063
Total GF/non-GF	**$0**	**$2,836,726**	**$0**	**$3,109,143**
Program Total:	**$2,836,726**		**$3,109,143**	
Program FTE	0.00	20.00	0.00	20.40

Program Revenues				
Intergovernmental	$0	$0	$0	$223,895
Service Charges	$0	$2,836,726	$0	$2,885,248
Total Revenue	**$0**	**$2,836,726**	**$0**	**$3,109,143**

Explanation of Revenues

This program generates $333,686 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.
$ 223,895 - HD FQHC PC330 - NPC GY22
$ 903,587 - HD FQHC FQHC Medicaid Wraparound
$ 1,981,661 - HD FQHC OHP Enrollment Mcaid FFS

Significant Program Changes

Last Year this program was: FY 2023: 40016 FQHC-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.
Beginning in mid-FY 2022, the FQHC revenue and expenses were transferred from the General Fund into a newly created FQHC Enterprise Fund which is shown in Other Funds.

Multnomah County

Program #40017 - FQHC-Dental Services

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Azma Ahmed
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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-Dental provides County residents with essential, urgent, routine, and preventive services in clinic settings and school-based programs. ICS-Dentalworks 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.

Program Description

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 FPL. The Dental program has three distinct service components.

7 dental clinics provide comprehensive and urgent dental treatment for Medicaid 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.

The School and Community Oral Health (SCOH) Program provides dental education, and dental sealant services to children in Multnomah County schools,provides outreach,education, and dental treatment specifically to children 0-36 months in our clinic setting, known as our Baby Day program.

The 3rd component of the program consists of mentoring and training dental assistants, dental hygiene and students in dental schools. These students provide services under the preceptorship of our providers, which helps cultivate a workforce interested in providing public health care. In FY 24, the dental program will also have an internal workforce development program that encourages folks from communities we serve to become dental assistants in our clinic system.

Dental services are an essential program that provides education, prevention,and dental treatment to the poorest and most vulnerable in Multnomah County. Services include dental sealants, which have been a mainstay at our SCOH Program for many years, preventive measures,and improving access for clients 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 services, to the most people, in a reasonable, and cost-effective manner.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Billable patient visits	64,719	80,496	72,824	80,689
Outcome	No show rate	19%	17%	18%	15%

Performance Measures Descriptions

Output: 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. The projected number of encounters were adjusted to align with anticipated COVID-19 recovery, patient demand for services, predicted staffing, and historical no-show rates. Based on this, 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. Outcome: % 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$19,075,421	$0	$20,739,587
Contractual Services	$0	$226,574	$0	$362,801
Materials & Supplies	$0	$1,172,506	$0	$1,298,895
Internal Services	$0	$5,658,683	$0	$6,118,276
Total GF/non-GF	**$0**	**$26,133,184**	**$0**	**$28,519,559**
Program Total:	**$26,133,184**		**$28,519,559**	
Program FTE	0.00	130.36	0.00	120.46

Program Revenues				
Intergovernmental	$0	$312,000	$0	$312,000
Other / Miscellaneous	$0	$819,088	$0	$2,083,173
Beginning Working Capital	$0	$0	$0	$1,667,228
Service Charges	$0	$25,002,096	$0	$24,457,158
Total Revenue	**$0**	**$26,133,184**	**$0**	**$28,519,559**

Explanation of Revenues

This program generates $2,850,321 in indirect revenues.
The primary source of revenue is Medicaid payments and patient fees.

Fees $ 27,173,915- Dental Patient Fees
Federal $ 312,000 - Federal Primary Care (330) Grant
Federal $ 1,000,000 - CareOregon Dental Incentives

Significant Program Changes

Last Year this program was: FY 2023: 40017 FQHC-Dental Services

The dental program will improve efficiency by changing the way it utilizes dental chairs and EFDA staffing to allow for increased access to patient care. This fiscal year, we are creating a workforce development pathway for dental assistant. The program will also leverage partnership with community colleges & dental hygiene schools to increase the workforce pipeline.

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 73,777 visits in FY 24, a number that will provide ample access and program fiscal viability. Some vacant roles are being repurposed to accommodate the workforce development pathways.

Multnomah County

Program #40018 - Women, Infants, and Children (WIC) — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Veronica Lopez Ericksen, Mary
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 healthy foods and nutrition education, promoting and supporting breastfeeding, and providing comprehensive health and social service referrals.

Program Description

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, SNAP and other food assistance, as well as other County public health programs, such as home visiting services 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 2022, WIC served approximately 19,000 unique clients with over 58,000 visits and Multnomah County WIC participants received healthful foods totaling $7.8 million to support both nutritional health and food insecurity. During 2022, and continuing into 2023, WIC services have been exclusively remote, due to the federal waivers in place from the impact of 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. 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 people of color, especially Black, Indigenous, and low income women, infants, and children, which is reflected in WIC demographic data. 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, 86% (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 service delivery. For example, our WIC program partnered with Racial and Ethnic Approaches to Community Health (REACH) to bring culturally specific cooking and nutrition classes for our Black/African American/African Immigrant communities. In partnership with REACH, we hosted a Town Hall with renowned speaker Nikisha Killings on the topic of Implicit Bias in Lactation Support. Our Breastfeeding Peer Counseling(BFPC) program has experienced a 50% increase in Caseload over the past 12 months. The participating caseload was 506 clients for the BFPC program at the start of 2022 and has now reached over 1035 clients. All WIC partici

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	# of WIC clients in one year who receive healthful foods with E-WIC benefits	19,141	20,000	19,000	19,500
Outcome	% of WIC clients initiating breastfeeding	92%	94%	93%	93%
Outcome	# of nutrition education contacts with WIC families	57,078	48,000	57,000	57,000
Quality	% of clients served per month in languages other than English	25%	25%	25%	26%

Performance Measures Descriptions

The number of nutrition education contacts with WIC families represents almost a 3% increase in services in 2022. Percentage of clients served in a language other than English increased from 24% in January 2022 to 26% in January 2023.

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,354,729	$3,633,855	$1,717,259	$3,706,126
Contractual Services	$58,881	$0	$59,330	$2,495
Materials & Supplies	$130,766	$0	$136,426	$9,257
Internal Services	$888,249	$488,389	$872,668	$515,054
Total GF/non-GF	**$2,432,625**	**$4,122,244**	**$2,785,683**	**$4,232,932**
Program Total:	**$6,554,869**		**$7,018,615**	
Program FTE	12.40	31.95	14.06	30.94

Program Revenues				
Intergovernmental	$0	$3,352,540	$0	$4,232,932
Other / Miscellaneous	$0	$769,704	$0	$0
Total Revenue	**$0**	**$4,122,244**	**$0**	**$4,232,932**

Explanation of Revenues

This program generates $515,054 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 FY 2017, 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.

Fed Thru State $ 3,412,320 - State WIC grant;
Fed Thru State $ 75,000 - State Maternal & Child Health (Title V) grant
Other $ 745,612 - HSO county Based services -WIC.

Significant Program Changes

Last Year this program was: FY 2023: 40018 Women, Infants, and Children (WIC)

In FY 2024, despite increased costs, WIC anticipates retaining our FY23 budgeted FTE which maintains stability in operations and supports our efforts to promote centering race and the cultural communities WIC serves, as well as provide organizational structure to maintain capacity in equity-based services. However, we will experience a reduction of 5.0 FTE due to loss of ARPA funding. This will have significant impact on services to participants.
COVID-19-Related Impacts - WIC services became completely remote in March 2020, remaining so throughout 2022. USDA waivers to maintain exclusively remote service are currently in place through April 2023. We do not anticipate them to be additionally extended. The change to remote proved to be successful for clients, as it reduced travel and other barriers related to accessing services. For the most part, the impact on WIC staff was positive, as they were able to maintain service quality, their own safety, and satisfaction in their jobs. In FY 2023, WIC anticipates moving to both remote and in-person ser

Multnomah County

Program #40019 - FQHC-North Portland Health Clinic

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Katie Thornton
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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. 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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Individual patients served	4169	4000	4750	5000
Outcome	Number of visits completed	14106	14865	12000	13000

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 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

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$3,857,143	$0	$4,205,490
Contractual Services	$0	$130,815	$0	$122,693
Materials & Supplies	$0	$166,110	$0	$171,808
Internal Services	$0	$1,164,752	$0	$1,251,351
Total GF/non-GF	**$0**	**$5,318,820**	**$0**	**$5,751,342**
Program Total:	**$5,318,820**		**$5,751,342**	
Program FTE	0.00	25.50	0.00	24.95

Program Revenues				
Intergovernmental	$0	$673,895	$0	$450,000
Service Charges	$0	$4,644,925	$0	$5,301,342
Total Revenue	**$0**	**$5,318,820**	**$0**	**$5,751,342**

Explanation of Revenues

This program generates $587,506 in indirect revenues.
This program is supported by a federal BPHC grant, as well as Medicaid/Medicare fee revenue.

$ 117,126 - Medical Fees
Federal $ 450,000 - Federal Primary Care/Homeless grant
Federal $ 5,184,216 - FQHC Medicaid Wraparound/Medicare

Significant Program Changes

Last Year this program was: FY 2023: 40019 FQHC-North Portland Health Clinic

Multnomah County

Program #40020 - FQHC-Northeast Health Clinic

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Katie Thornton
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 4,686 clients in FY22. NEHC is an important health care safety net for the community and is part of the County's Federally Qualified Health Center (FQHC).

Program Description

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 specialty care including gynecology, and acupuncture
- Pharmacy and lab services
- Enabling services: Medicaid eligibility screening, medical interpretation, transportation assistance, case management and health education

In fiscal year 22, the clinic saw 4,686 patients who were provided services in more than 15 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 (28%), the Latinx diaspora (35%) and those who identify as white (28%). The remaining 10% of our patients identify as Asian, Native American and Pacific Islander.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Individual patients served	4686	5000	5200	5,500
Outcome	Number of visits completed	14393	18327	15000	16000

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$4,219,021	$0	$4,526,452
Contractual Services	$0	$143,287	$0	$143,287
Materials & Supplies	$0	$196,716	$0	$188,998
Internal Services	$0	$1,648,791	$0	$1,721,035
Total GF/non-GF	**$0**	**$6,207,815**	**$0**	**$6,579,772**
Program Total:	**$6,207,815**		**$6,579,772**	
Program FTE	0.00	28.20	0.00	27.03

Program Revenues				
Intergovernmental	$0	$985,060	$0	$985,060
Service Charges	$0	$5,222,755	$0	$5,594,712
Total Revenue	**$0**	**$6,207,815**	**$0**	**$6,579,772**

Explanation of Revenues

This program generates $632,346 in indirect revenues.
Northeast Health Clinic is supported by the federal BPHC grant, , Medicaid/Medicare and other medical fees.

Federal $ 1,456,881 - Charges for Services Intergovernmental
Federal $ 985,060 - Federal Primary Care (330) grant
Federal $ 4,012,451 - FQHC Medicaid Wraparound
$ 125,378 - Patient Fees

Significant Program Changes

Last Year this program was: FY 2023: 40020 FQHC-Northeast Health Clinic

There is a reduction of 0.5 fte AO 2 and 1.25 fte MA . A 0.5 fte regional LPN was added (to be shared with NPHC).

Multnomah County

Program #40022 - FQHC-Mid County Health Clinic

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Amaury Sarmiento
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 8,674 clients. With the Refugee Clinic and culturally diverse staff, MCHC is an important partner and contributor to the refugee and asylee resettlement efforts.

Program Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Individual patients served	9,887	9,500	9,500	9,500
Outcome	Number of visits completed	33,659	41,693	33659	35,659

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 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

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$8,576,099	$0	$9,852,797
Contractual Services	$0	$97,407	$0	$97,407
Materials & Supplies	$0	$608,117	$0	$608,116
Internal Services	$0	$2,739,422	$0	$2,984,893
Total GF/non-GF	**$0**	**$12,021,045**	**$0**	**$13,543,213**
Program Total:	**$12,021,045**		**$13,543,213**	
Program FTE	0.00	54.40	0.00	55.10

Program Revenues				
Intergovernmental	$0	$928,950	$0	$928,950
Service Charges	$0	$11,092,095	$0	$12,614,263
Total Revenue	**$0**	**$12,021,045**	**$0**	**$13,543,213**

Explanation of Revenues

This program generates $1,376,436 in indirect revenues.
Mid County Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

Federal $ 3,047,979 - Medical Fees
Federal $ 928,950 - Federal Primary Care (330) grant
Federal $ 9,391,907 - FQHC Medicaid Wraparound
$ 174,377 - Patient Fees

Significant Program Changes

Last Year this program was: FY 2023: 40022 FQHC-Mid County Health Clinic

An office assistant role is added to support coordination for primary care and refugee screening services.

Multnomah County

Program #40023 - FQHC-East County Health Clinic

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Lynne Wiley
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 9,055 clients. Of clients empaneled to the East County Health Center, 53% are Spanish speaking and 20% do not qualify for insurance coverage.

Program Description

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 60% are best served in a language other than English, including more than 100 different languages. Nearly 20% 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 9,055 patients with services provided in many 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 (64%), and the white (23%). The remaining (13%) of our patients identify as mostly Asian, Middle Eastern/North African, and Pacific Islander.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Individual Patients Served	8,684	9,931	9,800	9,800
Outcome	Number of visits completed	24,634	24,879	24, 879	24,988

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$7,881,297	$0	$8,754,972
Contractual Services	$0	$297,736	$0	$318,224
Materials & Supplies	$0	$397,518	$0	$397,519
Internal Services	$0	$2,258,855	$0	$2,463,514
Total GF/non-GF	**$0**	**$10,835,406**	**$0**	**$11,934,229**
Program Total:	**$10,835,406**		**$11,934,229**	
Program FTE	0.00	49.20	0.00	47.25

Program Revenues				
Intergovernmental	$0	$1,085,315	$0	$1,085,315
Service Charges	$0	$9,750,091	$0	$10,848,914
Total Revenue	**$0**	**$10,835,406**	**$0**	**$11,934,229**

Explanation of Revenues

This program generates $1,223,070 in indirect revenues.
East County Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

Federal$ 2,647,944 - Medical Fees - charges for services
Federal $ 1,085,315 - Federal Primary Care (330) grant
Federal $ 7,895,486 - FQHC Medicaid Wraparound
$ 309,579 - Patient Fees

Significant Program Changes

Last Year this program was: FY 2023: 40023 FQHC-East County Health Clinic

ECHC Added 1.0 fte Provider position and reduced 0.4 fte Program Supervisor position to be shared with RCHC. The reduction also included 2.0 fte OA 2 and a 0.5 fte MA.

Multnomah County

Program #40024 - FQHC-Student Health Centers

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Alexandra Lowell
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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 (29%), White (29%), Black (15%), and Asian (9%). The remaining 5% of our patients identify as Pacific Islander, Native American, and Native Hawaiian. (Seventeen percent of clients services did not share or refused to share their race/ethnicity.)

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	% of patients with one or more visits with a health assessment in the last vear	45%	51%	51%	51%
Outcome	Number of visits completed	18,436	16,796	14,000	16,159

Performance Measures Descriptions

Output: Clients (age >5 to <21) with at least one 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. Outcome: The number of visits completed indicates a general level of utilization of our services and financial viability. FY22 visit numbers include the specific COVID vaccine visits performed in SHC, in addition to the regular array of primary care visits.

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$4,541,685	$0	$5,566,123
Contractual Services	$0	$163,378	$0	$173,778
Materials & Supplies	$0	$237,042	$0	$315,225
Internal Services	$0	$1,614,195	$0	$1,779,047
Capital Outlay	$0	$0	$0	$10,000
Total GF/non-GF	**$0**	**$6,556,300**	**$0**	**$7,844,173**
Program Total:	**$6,556,300**		**$7,844,173**	
Program FTE	0.00	28.24	0.00	33.96

Program Revenues				
Intergovernmental	$0	$1,504,913	$0	$1,439,475
Other / Miscellaneous	$0	$85,000	$0	$95,000
Service Charges	$0	$4,966,387	$0	$6,309,698
Total Revenue	**$0**	**$6,556,300**	**$0**	**$7,844,173**

Explanation of Revenues

This program generates $777,588 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.

Federal $ 5,886,925 - Medical Fees
State $ 1,066,096 - State SHC Grant
Federal $ 373,379 - PC 330 Grant
$ 95,000 - Roots & Wings
$ 422,773 - Charges for Services -patient fees

Significant Program Changes

Last Year this program was: FY 2023: 40024 FQHC-Student Health Centers

SHC added 1.5 fte MA, 0.9 fte CHN, 1.75 fte Clinical Svcs Specialist and a 0.8 float OA Sr.

Multnomah County

Program #40026 - FQHC-La Clinica de Buena Salud

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Amaury Sarmiento
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 2,000 people each year.

Program Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Individual patients served	2,083	2,100	2,100	2,100
Outcome	Number of visits completed	7769	9,901	8101	9,901

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 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

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$2,013,157	$0	$2,607,371
Contractual Services	$0	$128,118	$0	$128,118
Materials & Supplies	$0	$99,410	$0	$99,410
Internal Services	$0	$631,094	$0	$728,423
Total GF/non-GF	**$0**	**$2,871,779**	**$0**	**$3,563,322**
Program Total:	**$2,871,779**		**$3,563,322**	
Program FTE	0.00	12.50	0.00	13.90

Program Revenues				
Intergovernmental	$0	$826,069	$0	$826,068
Service Charges	$0	$2,045,710	$0	$2,737,254
Total Revenue	**$0**	**$2,871,779**	**$0**	**$3,563,322**

Explanation of Revenues

This program generates $364,250 in indirect revenues.
La Clinica de Buena Salud is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

Federal $ 666,890 - Medical Fees - Medicaid/Medicare
Federal $ 826,068 - Federal Primary Care/330 grant
Federal $ 1,970,362- FQHC Medicaid Wraparound
$ 100,002 - Charges for Services -Patient Fees

Significant Program Changes

Last Year this program was: FY 2023: 40026 FQHC-La Clinica de Buena Salud

Added an office assistant and medical assistant to support lab and primary care services.

Multnomah County

Program #40027 - FQHC-Southeast Health Clinic

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Nick Tipton
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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 from 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of patients served	2320	3400	3400	3500
Outcome	Number of visits completed	5188	7,370	10,500	7,400
Outcome	Number of Mobile Clinic visits completed (medical and dental	N/A	N/A	N/A	3500

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 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

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$2,755,896	$0	$4,601,283
Contractual Services	$0	$67,314	$0	$82,314
Materials & Supplies	$0	$139,850	$0	$220,985
Internal Services	$0	$914,070	$0	$1,193,532
Total GF/non-GF	**$0**	**$3,877,130**	**$0**	**$6,098,114**
Program Total:	**$3,877,130**		**$6,098,114**	
Program FTE	0.00	17.22	0.00	26.30

Program Revenues				
Intergovernmental	$0	$1,365,404	$0	$1,365,404
Service Charges	$0	$2,511,726	$0	$4,732,710
Total Revenue	**$0**	**$3,877,130**	**$0**	**$6,098,114**

Explanation of Revenues

This program generates $642,798 in indirect revenues.
Southeast Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

Federal: $ 1,232,099 - Medical Fees
Federal: $ 166,500 - Federal Primary Care (330) grant
Federal: $ 1,198,904 - Federal Primary Care/Homeless grant
Federal: $ 3,292,985 - FQHC Medicaid Wraparound
Federal: $ 321,752 - Medicare

Significant Program Changes

Last Year this program was: FY 2023: 40027 FQHC-Southeast Health Clinic

The Mobile Clinic aims to provide medical, dental and other health services to clients experiencing homelessness, in addition to other marginalized populations, by working with community partners across Multnomah County. The Mobile Clinic will assist these populations with OHP and other health services enrollment. The mobile clinic adds 6.0 fte and SEHC added 1.5 fte MA, 0.5 OA 2 and 1.2 Np positions.

Multnomah County

Program #40029 - FQHC-Rockwood Community Health Clinic

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Lynne Wiley
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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.

A one-time-only facilities program offer for Rockwood is submitted for the FY24 Budget year related to ongoing repairs and i

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Individual patients served	4,246	4,560	4,455	4,760
Outcome	Number of visits completed	16,155	16,371	16,270	16, 564

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 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

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$4,204,021	$0	$4,809,988
Contractual Services	$0	$241,091	$0	$187,057
Materials & Supplies	$0	$190,957	$0	$190,357
Internal Services	$0	$1,169,336	$0	$1,300,286
Total GF/non-GF	**$0**	**$5,805,405**	**$0**	**$6,487,688**
Program Total:	**$5,805,405**		**$6,487,688**	
Program FTE	0.00	28.10	0.00	27.65

Program Revenues				
Intergovernmental	$0	$764,768	$0	$764,768
Service Charges	$0	$5,040,637	$0	$5,722,920
Total Revenue	**$0**	**$5,805,405**	**$0**	**$6,487,688**

Explanation of Revenues

This program generates $671,956 in indirect revenues.
Rockwood Community Health Center is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

Federal: $ 1,427,152 - Medical Fees
Federal: $ 764,768 - Federal Primary Care (330) grant
Federal: $ 4,159,775 - FQHC Medicaid Wraparound

Significant Program Changes

Last Year this program was: FY 2023: 40029 FQHC-Rockwood Community Health Clinic

One front desk office assistant is added to support primary care.

Multnomah County

Program #40030 - FQHC-Clinical Director

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Bernadette Thomas
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	50,028	N/A	54,000	60,000
Quality	Implement quarterly peer review, all services.	NA	NA	NA	100%

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$1,400,488	$0	$1,317,565
Contractual Services	$0	$86,000	$0	$106,000
Materials & Supplies	$0	$87,144	$0	$112,408
Internal Services	$0	$307,311	$0	$308,574
Total GF/non-GF	**$0**	**$1,880,943**	**$0**	**$1,844,547**
Program Total:	**$1,880,943**		**$1,844,547**	
Program FTE	0.00	4.10	0.00	3.00

Program Revenues				
Intergovernmental	$0	$87,588	$0	$116,413
Other / Miscellaneous	$0	$276,100	$0	$278,000
Beginning Working Capital	$0	$200,000	$0	$200,000
Service Charges	$0	$1,317,255	$0	$1,250,134
Total Revenue	**$0**	**$1,880,943**	**$0**	**$1,844,547**

Explanation of Revenues

This program generates $184,064 in indirect revenues.
The Clinical Directors Office is funded with State grants and patient revenue (under the HRSA 330 Primary Care grant).

State: $ 116,413 - Federal and State family Planning
$ 1,250,133 - FQHC Medicaid Wraparound
$ 478,000 - Medicaid Quality and Incentives

Significant Program Changes

Last Year this program was: FY 2023: 40030 FQHC-Clinical Director

ICS hired a Human Resources specialist 2 to help recruit and retain providers and professional staff. This position was transferred to HD Human Resources.

Multnomah County

Program #40031 - FQHC-Pharmacy

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Michele Koder
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 380,000 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 Description

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 a limited supply of medications for individuals upon release from County Corrections, Expedited Partner Therapy, and naloxone to community partners and first responders. The pharmacies tailor services to each individual and provide talking prescription labels, dual language labels and customized adherence packaging.

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 but not limited to, medication disposal services and the Clinical Pharmacy program.

The Clinical Pharmacy program currently consists of 10 clinical pharmacists who are embedded in primary care clinics and the HIV Health Services 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.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Prescription Volume	369,584	372,000	380,000	390,000
Outcome	Average Prescription Cost	32	38	34	36
Outcome	Capture rate	52%	60%	55%	60%
Quality	Adherence Support	715	700	750	800

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 and revenue must be in compliance with the HRSA Community Health Center Program operational and fiscal requirements. In addition, pharmacies must comply with all Oregon Board of Pharmacy and DEA regulations and are accredited by The Joint Commission.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$10,633,173	$0	$11,895,116
Contractual Services	$0	$114,464	$0	$318,037
Materials & Supplies	$0	$21,940,418	$0	$23,097,544
Internal Services	$0	$3,617,083	$0	$3,832,152
Capital Outlay	$0	$200,000	$0	$0
Total GF/non-GF	**$0**	**$36,505,138**	**$0**	**$39,142,849**
Program Total:	**$36,505,138**		**$39,142,849**	
Program FTE	0.00	63.53	0.00	61.63

Program Revenues				
Service Charges	$0	$36,505,138	$0	$39,142,849
Total Revenue	**$0**	**$36,505,138**	**$0**	**$39,142,849**

Explanation of Revenues

This program generates $1,661,747 in indirect revenues.
Pharmacy is funded exclusively through prescription fees (third party reimbursements) and patient fees.

Federal $ 36,470,054 - Intergovermental
$ 2,672,795 - Patient Fees/Charges for services

Significant Program Changes

Last Year this program was: FY 2023: 40031 FQHC-Pharmacy

Pharmacy program reduced 1.0 OA 2, 1.0 fte Program Specialist and 1.0 Program supervisor positions and added 1.0 fte Operations Supervisor position.

Multnomah County

Program #40032 - FQHC-Lab and Medical Records

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Matthew Hoffman
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of records requests completed	12644	13,000	13,000	13,000
Outcome	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; 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$3,635,018	$0	$2,347,550
Contractual Services	$0	$86,500	$0	$54,500
Materials & Supplies	$0	$139,818	$0	$39,338
Internal Services	$0	$1,122,931	$0	$986,036
Capital Outlay	$0	$150,000	$0	$0
Total GF/non-GF	**$0**	**$5,134,267**	**$0**	**$3,427,424**
Program Total:	**$5,134,267**		**$3,427,424**	
Program FTE	0.00	31.60	0.00	18.50

Program Revenues				
Beginning Working Capital	$0	$500,000	$0	$334,426
Service Charges	$0	$4,634,267	$0	$3,092,998
Total Revenue	**$0**	**$5,134,267**	**$0**	**$3,427,424**

Explanation of Revenues

This program generates $327,952 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
$ 856,329 - Fee for Services (FFS) - Medicaid - CareOregon
$ 848,995 - Fee for Services (FFS) - Medicare
Medical Records
$ 334,426 - Other - Medicaid Quality and Incentives
$ 1,387,674 - FQHC Medicaid Wraparound

Significant Program Changes

Last Year this program was: FY 2023: 40032 FQHC-Lab and Medical Records

Beginning in FY 2024, Central Lab operations will be discontinued (this does not impact sterilization, records mgt, or HIPAA). This change will bring Quest Diagnostics directly into the primary care clinic laboratories. Quest will be installing their own computers with their own laboratory information system (LIS) and will provide phlebotomists for venipuncture and specimen processing. Current MLTs will bring greater support for the medical assistants and nurses by continuing their expertise in quality control, quality assurance, quality improvement and training staff on point of care testing.

Multnomah County

Program #40033 - FQHC-Primary Care and Dental Access and Referral

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Tony Gaines
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:			
Program Characteristics:	In Target		

Executive Summary

The Multnomah County Health Center 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, as well as triage and recall appointments.

Program Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$2,728,817	$0	$3,540,156
Contractual Services	$0	$45,660	$0	$110,000
Materials & Supplies	$0	$12,401	$0	$24,922
Internal Services	$0	$888,235	$0	$1,025,584
Total GF/non-GF	**$0**	**$3,675,113**	**$0**	**$4,700,662**
Program Total:	**$3,675,113**		**$4,700,662**	
Program FTE	0.00	27.00	0.00	30.25

Program Revenues				
Intergovernmental	$0	$758,626	$0	$906,600
Other / Miscellaneous	$0	$640,000	$0	$640,000
Beginning Working Capital	$0	$605,000	$0	$111,362
Service Charges	$0	$1,671,487	$0	$3,042,700
Total Revenue	**$0**	**$3,675,113**	**$0**	**$4,700,662**

Explanation of Revenues

This program generates $494,560 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.

$ 3,030,887 - Medical Fees FQHC Medicaid Wraparound
$ 751,362 - Medicaid Quality and Incentive
Federal: $ 906,600 - Federal Primary Care (330) grant

Significant Program Changes

Last Year this program was: FY 2023: 40033 FQHC-Primary Care and Dental Access and Referral

PAC added 3.5 CHN triage nurse positions and eliminated 1.0 fte OA2 position. A Manager 2 position was transferred from PC Planning and infrastructure program offer to PAC.

Multnomah County

Program #40034A - FQHC-Administration and Operations

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Adrienne Daniels
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$7,272,998	$0	$7,240,023
Contractual Services	$0	$224,500	$0	$225,000
Materials & Supplies	$0	$123,125	$0	$169,143
Internal Services	$0	$1,953,711	$0	$2,010,785
Total GF/non-GF	**$0**	**$9,574,334**	**$0**	**$9,644,951**
Program Total:	**$9,574,334**		**$9,644,951**	
Program FTE	0.00	46.40	0.00	43.80

Program Revenues				
Intergovernmental	$0	$1,120,963	$0	$1,225,755
Other / Miscellaneous	$0	$1,887,481	$0	$2,796,500
Beginning Working Capital	$0	$1,450,000	$0	$650,000
Service Charges	$0	$5,115,890	$0	$4,972,696
Total Revenue	**$0**	**$9,574,334**	**$0**	**$9,644,951**

Explanation of Revenues

This program generates $1,011,431 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.

$ 5,116,696 - FQHC Medicaid Wraparound
$ 3,302,500 - Federal Primary Care (330) grant
Federal: $ 1,225,755 - Medicaid Quality and Incentives

Significant Program Changes

Last Year this program was: FY 2023: 40034 FQHC-Administration and Operations

Staff realignment with services and moving staff to the appropriate programs.

Multnomah County

Program #40034B - FQHC - Contingency and Reserves

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Adrienne Daniels
Program Offer Type:	Administration	**Program Offer Stage:**	Department Requested
Related Programs:			
Program Characteristics:	In Target		

Executive Summary

The Integrated Clinical Services (ICS) Division of the Health Department has negotiated new FQHC and APM rates with the State of Oregon for healthcare services reimbursement. The State established the new rates retroactively and reimbursed ICS for the difference. The newly established ICS (FQHC) enterprise fund is required to establish reserve and contingency funds to provide fiscal stability and compliance with HRSA requirements to ensure continuity of services.

Program Description

ISSUE: The ICS revenue will fluctuate from year to year.

PROGRAM GOAL: Reserve and contingency funds will help to provide ongoing fiscal stability and compliance.

PROGRAM ACTIVITY: ICS, the Federally Qualified Health Center, is majority funded by visit revenue from State and Federal sources. Both Federal and State revenue sources may fluctuate from year to year. During FY22 the State has approved and implemented new reimbursement rates and made retroactive payments. These funds are required to be utilized for the continuation and of mandated healthcare services for the most vulnerable people of Multnomah County.

Reserve and contingency funds will create ongoing stability for ICS and protect the program from unexpected revenue declines from economic fluctuations and unexpected costs. These fiscal stability approaches are informed by government accounting best practices, Health Resource and Services Administration (HRSA) guidelines, and by Multnomah County's Financial and Budget Policies.

The reserve and contingency funds will be established in FY 2023. Each year, funding will be added to the reserve. The reserve fund will ensure the long-term financial stability of the program. The contingency fund will allow ICS to address unforeseen future expenses.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Percent of reserve goal met	N/A	N/A	N/A	100%
Outcome		N/A	N/A	N/A	N/A

Performance Measures Descriptions

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Unappropriated & Contingency	$0	$9,400,000	$0	$9,400,000
Total GF/non-GF	**$0**	**$9,400,000**	**$0**	**$9,400,000**
Program Total:	**$9,400,000**		**$9,400,000**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	$0	$9,400,000	$0	$9,400,000
Total Revenue	**$0**	**$9,400,000**	**$0**	**$9,400,000**

Explanation of Revenues

$9.4 million of Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2023: 40034B FQHC - Contingency and Reserves

Multnomah County

Program #40036 - FQHC-Community Health Council and Civic Governance

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Adrienne Daniels
Program Offer Type:	Administration	**Program Offer Stage:**	Department 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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$311,265	$0	$524,333
Contractual Services	$0	$32,000	$0	$36,000
Materials & Supplies	$0	$5,450	$0	$14,700
Internal Services	$0	$70,617	$0	$104,467
Total GF/non-GF	**$0**	**$419,332**	**$0**	**$679,500**
Program Total:	**$419,332**		**$679,500**	
Program FTE	0.00	2.00	0.00	3.00

Program Revenues				
Other / Miscellaneous	$0	$419,332	$0	$679,500
Total Revenue	**$0**	**$419,332**	**$0**	**$679,500**

Explanation of Revenues

This program generates $73,249 in indirect revenues.
$ 679,500- HD FQHC PCPM Funding - Health Council

Significant Program Changes

Last Year this program was: FY 2023: 40036 FQHC-Community Health Council and Civic Governance

Added 1.0 Manager 1 position that was transferred from Admin and Operations program offer.

Multnomah County

Program #40037 - Environmental Health Community Programs

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Andrea Hamberg
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:	40199T		
Program Characteristics:	Backfill State/Federal/Grant, In Target		

Executive Summary

Environmental Health Community Programs (EHCP) works 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 Description

EHCP is a continuum of services that ensure all county residents have access to optimal living conditions. 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. Housing: upholds County regulations on habitability, provides technical assistance and decision support relating to encampments, energy efficiency upgrades, and household toxics. 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 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Reach and impressions of community members receiving information on environmental threats	7,008,203	800,000	22,814,212	14,000,000
Outcome	Number of children with reduced EBLL as a result of environmental investigations	704	60	70	65
Outcome	Number of policies adopted that include health- and health justice-based recommendations	7	10	9	15
Outcome	Proportion of people aware of and complying with the woodsmoke curtailment ordinance	32	50%	81%	80%

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. 2) Dependent on refugee arrivals 3) Policy recommendations are developed with an environmental justice lens. FY24 offer reflects increased staffing. 4) Measured by a survey. 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. Separate contract with Port of Portland for similar outreach for Columbia Slough. Contract with Metro for outreach and tool development for brownfields analysis. Contract with Portland Water Bureau to provide information, education and access to

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$517,922	$1,340,459	$748,597	$991,835
Contractual Services	$5,124	$85,055	$21,276	$269,849
Materials & Supplies	$13,936	$70,633	$75,601	$40,278
Internal Services	$520	$255,016	$600	$218,305
Total GF/non-GF	**$537,502**	**$1,751,163**	**$846,074**	**$1,520,267**
Program Total:	**$2,288,665**		**$2,366,341**	
Program FTE	3.75	9.75	4.65	6.65

Program Revenues				
Intergovernmental	$0	$1,518,342	$0	$1,369,024
Service Charges	$0	$232,821	$0	$151,243
Total Revenue	**$0**	**$1,751,163**	**$0**	**$1,520,267**

Explanation of Revenues

This program generates $138,561 in indirect revenues.

$ 128,000 - PWB City Lead Line
$ 115,000 - Fish Advisory Outreach funding

State: $ 868,211 - Modernization Local
$ 22,813 -Brownfield Public Health Assessment Tool
$ 151,243 - FY24-PHPlaceholder-07
$ 175,000 - FY24-PHPlaceholder-08

Significant Program Changes

Last Year this program was: FY 2023: 40037 Environmental Health Community Programs

The program filled permanent management positions. Due to recruitment delays, some new positions in FY23 have not been filled; we expect to do so before the start of FY24.

Multnomah County

Program #40039A - Human Resources

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Steve Sutton
Program Offer Type:	Support	**Program Offer Stage:**	Department 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 Description

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, Dentists, Physicians and Psychiatrists, Pharmacists and Oregon Nurses Association collective bargaining agreements.

Other priorities include maintaining organizational effectiveness within our functional 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 any emergency response coordination and actions.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$4,180,668	$0	$4,184,573	$0
Contractual Services	$7,859	$0	$8,252	$0
Materials & Supplies	$15,029	$0	$15,781	$0
Internal Services	$688,908	$0	$400,770	$290,595
Total GF/non-GF	**$4,892,464**	**$0**	**$4,609,376**	**$290,595**
Program Total:	**$4,892,464**		**$4,899,971**	
Program FTE	26.68	0.00	24.88	0.00

Program Revenues				
Intergovernmental	$0	$0	$0	$290,595
Total Revenue	**$0**	**$0**	**$0**	**$290,595**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2023: 40039A Human Resources

Human Resources reduced 2.00 FTE to meet constraint - One Office Assistant and one Human Resource Analysts II.

Multnomah County

Program #40039B - Human Resources - ICS Recruitment

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Steven Sutton
Program Offer Type:	New	**Program Offer Stage:**	Department Requested
Related Programs:			
Program Characteristics:	In Target		

Executive Summary

The Integrated Clinical Services Provider Recruitment Specialist program will provide targeted recruitment for highly qualified and diverse healthcare providers for the organization. This position will be responsible for actively seeking out and recruiting dentists, physicians, nurse practitioners, physician assistants, pharmacists, and other providers within ICS. The Specialist will also support the credentialing process, ensuring that all new providers meet ICS standards and requirements.

Program Description

Provider vacancies can have a significant impact on the financial stability of a health center. When a provider position remains unfilled, patients may choose to seek care elsewhere, resulting in a loss of revenue. This can have a ripple effect, as the health center may have to cancel or reschedule appointments, leading to decreased patient satisfaction and further reductions in revenue. Additionally, the cost of recruiting and training a new provider can be substantial, and a prolonged vacancy can result in increased labor costs as other providers are asked to pick up the slack. In order to maintain financial stability, it is important for health centers to fill provider vacancies in a timely manner. The ICS Provider Recruitment Specialist program is a strategically developed position, intended help mitigate the negative effects of provider vacancies by actively seeking out and recruiting the best candidates for open positions. The ICS Provider Recruitment Specialist will play a crucial role in the organization by helping to address equity in healthcare. The Specialist will be tasked with attracting a diverse pool of providers, including those from underrepresented groups, to ensure that all patients receive quality care regardless of their background or identity. To achieve this goal, the Specialist will use a variety of recruitment methods, such as attending job fairs, conducting outreach to professional organizations, and utilizing social media. The position is supported by research that shows that a diverse healthcare workforce leads to improved patient outcomes. Studies have shown that patients are more likely to trust and feel comfortable with providers who come from similar backgrounds or experiences. By attracting a diverse pool of providers, ICS will be able to better serve the needs of its patients and help close disparities in healthcare. The ICS Provider Recruitment Specialist program is an important step in ensuring that the organization provides equitable and quality healthcare to all patients. With the Specialist's expertise and dedication, ICS can attract and retain the best providers and continue to provide exceptional care for years to come.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of successful recruitments	N/A	N/A	N/A	20
Outcome	Reduction in vacancy days	N/A	N/A	N/A	30

Performance Measures Descriptions

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$0	$152,753	$0
Total GF/non-GF	**$0**	**$0**	**$152,753**	**$0**
Program Total:	**$0**		**$152,753**	
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:

Multnomah County

Program #40039C - Human Resources Payroll Assistance FTE

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Steven Sutton
Program Offer Type:	New	**Program Offer Stage:**	Department Requested
Related Programs:			
Program Characteristics:	Out of Target		

Executive Summary

Health Department Human Resources Operations program is designed to improve the overall employee experience by providing timely and quality assurance in processing employee time, leave, personnel changes, and contract implementations. The program is focused on ensuring that employees have a positive experience while managing their time and leave, and that all processing is done in a timely and accurate manner. The program provides comprehensive consultation with managers and employees to address complex questions regarding time entry and employees' compensation.

Program Description

The program aligns with the county's values of compassion and care, empowerment, integrity, racial equity, and connection. The team provides employees with resources and tools to manage their time and leave effectively and are trained in the latest best practices to ensure all actions are processed in accordance with county policies and procedures. The program also provides regular communication to keep employees informed of updates and changes. The program promotes equity by ensuring that all employees have access to the same resources and support for managing their time, leave, and coding actions. The program is designed to provide timely and quality assurance in processing these actions.

Studies have shown that employees who feel supported in their time and leave management are more likely to be engaged and satisfied in their jobs, leading to higher retention rates and improved morale in the workplace. Additionally, programs that provide quality assurance in time and leave management can help to reduce errors and improve efficiency, leading to increased productivity and cost savings for the organization.

The program is an essential component of the county's mission, as it helps to ensure that employees are able to effectively manage their time and leave, while supporting the county's goal of creating thriving communities through health equity, protection of the vulnerable, and promotion of health and wellness for all.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Time entry reviews completed each pay period	N/A	N/A	N/A	300
Outcome	Reduction in number of dock pay each period	N/A	N/A	N/A	5

Performance Measures Descriptions

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$0	$377,433	$0
Total GF/non-GF	**$0**	**$0**	**$377,433**	**$0**
Program Total:	**$0**		**$377,433**	
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 #40039D - Human Resources Employee Experience FTE

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Steven Sutton
Program Offer Type:	New	**Program Offer Stage:**	Department Requested
Related Programs:			
Program Characteristics:	Out of Target		

Executive Summary

The Health Department is launching a new initiative, the Employee Experience Council, aimed at addressing the needs of a fatigued workforce. The council will be co-chaired and led by a newly appointed position, with the goal of driving transformational change within the department.

Program Description

The Health Department recognizes the importance of supporting its employees and is committed to enhancing their experience. The Employee Experience Council is a new program designed to address the needs of a fatigued workforce and support the well-being of Health Department employees.

The council will be co-chaired and led by this newly appointed position, with the goal of driving transformational change within the department. The council will work to identify areas of opportunity for improvement and develop strategies to support employee well-being.

The program will be based on a collaborative and inclusive approach, engaging employees at all levels of the organization. The council will gather feedback and insights from employees, and use this information to inform decision-making and drive positive change.

These initiatives are informed by research that highlights the importance of addressing employee well-being and the positive impact it can have on productivity, job satisfaction, and overall organizational success.

The launch of the Employee Experience Council by the Health Department is also aimed at improving employee retention. By focusing on the well-being of employees and creating a supportive work environment, the council hopes to increase job satisfaction and ultimately, reduce turnover rates among Health Department employees.

The Health Department is committed to making a positive impact on the lives of its employees, and the Employee Experience Council is a crucial step in achieving this goal. The council will work to create a supportive and fulfilling work environment, promoting employee well-being and satisfaction.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Trainings implemented with the intent of increasing retention	N/A	N/A	N/A	7
Outcome	Decreased turnover within first two years	N/A	N/A	N/A	5%

Performance Measures Descriptions

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$0	$185,790	$0
Total GF/non-GF	**$0**	**$0**	**$185,790**	**$0**
Program Total:	**$0**		**$185,790**	
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:

Multnomah County

Program #40040A - Financial and Business Management Services — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Wendy Lear
Program Offer Type:	Support	**Program Offer Stage:**	Department Requested
Related Programs:	40041, 40042, 40040B, 40040C, 40040D		
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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	# of invoices processed	15,442	12,500	14,500	14,000
Outcome	Yearly average % of all cash receipts recorded in the month in which they were received.	N/A	N/A	97%	97%
Quality	Number of audit findings in County's annual financial audit.	No findings	No findings	No findings	No findings

Performance Measures Descriptions

'# of invoices processed' measures output for the accounts payable unit. 'Yearly average % of all cash receipts recorded in the month in which they were received' measures the average timeliness of deposits through the fiscal year. This is a new measure implemented in FY23. 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$6,069,203	$0	$6,719,167	$0
Contractual Services	$308,638	$0	$266,507	$0
Materials & Supplies	$81,627	$0	$85,756	$0
Internal Services	$2,889,724	$0	$2,957,962	$0
Total GF/non-GF	**$9,349,192**	**$0**	**$10,029,392**	**$0**
Program Total:	**$9,349,192**		**$10,029,392**	
Program FTE	38.00	0.00	39.00	0.00

Program Revenues				
Other / Miscellaneous	$13,753,490	$0	$15,987,465	$0
Total Revenue	**$13,753,490**	**$0**	**$15,987,465**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2023: 40040A Financial and Business Management Services

Financial and Business Management eliminated a 1.00 FTE administrative analyst position. In addition, the division added a 1.0 FTE Budget Analyst to assist with a growing workload in Behavioral Health and a 1.00 Financial Reporting Project Manager to provide expertise and management to the Financial Reporting team.

Multnomah County

Program #40040B - Technical Support for Community Based Organizations — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Antoinette Payne
Program Offer Type:	New	**Program Offer Stage:**	Department Requested
Related Programs:	40040A		
Program Characteristics:	Out of Target		

Executive Summary

Funding for this program offer will allow the Health Department to provide much needed technical Support for Community Based Orgs to build capacity in the areas of financial management, including managing Federal funds; RFP applications and governmental contracting; and contract management and invoicing.

Program Description

These positions will establish a capacity building team. Newly established and small community-based organizations may lack the infrastructure and experience needed to comply with the County's procurement and contracting requirements. Non-compliance can result in the loss of contracts or eligibility for future funding. This team will work closely with community organizations through the procurement, contracting and invoicing processes. The program will have a priority focus on organizations with a mission of health equity and values in alignment with racial justice.

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	# of community-based organizations provided technical assistance	N/A	N/A	N/A	40
Outcome	% reduction of payments delayed due to invoice and contract issues	N/A	N/A	N/a	30%

Performance Measures Descriptions

The number of community-based organizations who participate in technical assistance activities related to finance management, invoicing, and contracts.
The reduction of payments delayed due to invoice and contract issues including missing/incorrect information and delayed contract execution.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$0	$283,130	$0
Total GF/non-GF	**$0**	**$0**	**$283,130**	**$0**
Program Total:	**$0**		**$283,130**	
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 - Accounts Payable Capacity — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Derrick Moten
Program Offer Type:	Support	**Program Offer Stage:**	Department Requested
Related Programs:	40040A		
Program Characteristics:	Out of Target		

Executive Summary

Funding for this program offer will maintain needed capacity for processing vendor invoices including payments to some local community-based organizations who depend on cash for monthly payroll and bills.

Program Description

The Health Department's Accounts Payable team has been utilizing contingent staff to fill capacity gaps. In addition to newly implemented process improvements, this position will ensure that the department meets new performance goals established to ensure that vendors receive timely payments. The department contracts with many local organizations working on health equity and many who serve primarily BIPOC communities. Timely payment provides necessary cash to organizations that rely on this funding for monthly payroll and bills.

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	# of Invoices Processed	15,442	12,500	14,500	14,000
Outcome	% of invoices paid within 30 days of receipt	N/A	N/A	N/A	95%

Performance Measures Descriptions

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$0	$116,227	$0
Total GF/non-GF	**$0**	**$0**	**$116,227**	**$0**
Program Total:	**$0**		**$116,227**	
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:

Multnomah County

Program #40040D - Behavioral Health Finance Billing

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Braidy Estevez
Program Offer Type:	Support	**Program Offer Stage:**	Department Requested
Related Programs:	40040A		
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 a practice management system for accurate and timely billing.

Program Description

This program offer supports two positions on the finance team providing targeted support to the Behavioral Health division. This program offer will improve data quality and billing processes. The team will be responsible for cleaning up accounts receivable data to allow billing staff to reprocess Behavioral Health Division's claims. This will allow the Behavioral Health division to maximize County revenue by adjusting payment, identifying owed amount, or further pursuing payment from the payer. This team will ensure accuracy of the encounters processed.

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Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of encounters processed for payment	N/A	7,000		7,000
Outcome	Percent of behavioral health receivables aged (older than 90 days)	N/A	N/A	N/A	33%

Performance Measures Descriptions

Number of encounters demonstrates the volume of work. % of receivables older than 90 days – is the percentage of total receivables that is over 90 days excluding self-pay balances. This metric measures the efficiency of collecting payments on older accumulating balances. Maintaining a lower rate is financially healthy. This program will support the ability to provide performance data.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$242,082	$0	$228,142	$0
Total GF/non-GF	**$242,082**	**$0**	**$228,142**	**$0**
Program Total:	**$242,082**		**$228,142**	
Program FTE	2.00	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:

This program was funded with one-time-only funding in FY 2023. The program is requesting one-time-only funding for a second year in FY 2024 after evaluating the program's needs.

Multnomah County

Program #40041 - Medical Accounts Receivable

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	A Blumenauer
Program Offer Type:	Support	**Program Offer Stage:**	Department Requested
Related Programs:	40040A, 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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of encounters processed for payment	255,124	260,000	207,894	210,000
Outcome	Percent of receivables aged (older than 90 days)	32%	33%	26%	33%
Quality	Average Days In Accounts Receivable	22	32	20	32

Performance Measures Descriptions

Number of encounters demonstrates the volume of work. % of receivables older than 90 days – is the percentage of total receivables that is over 90 days excluding self-pay balances. This metric measures the efficiency of collecting payments. Average Days in Accounts Receivable is the number of days it takes to resolve outstanding balances.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,393,057	$0	$1,741,111	$0
Materials & Supplies	$101,687	$0	$106,771	$0
Internal Services	$219,917	$0	$226,293	$0
Total GF/non-GF	**$1,714,661**	**$0**	**$2,074,175**	**$0**
Program Total:	**$1,714,661**		**$2,074,175**	
Program FTE	10.00	0.00	12.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2023: 40041 Medical Accounts Receivable

FY 2023 – program has been working strategically on different initiatives aimed at improving performance which include quality improvement projects as well as training and development support for staff. To reduce reliance on contracted services the team added 2.00 additional Financial Specialists.

The team collaborated with program staff and successfully implemented system builds that facilitated the administration of Covid-19 treatment drugs and the MPXV (monkeypox) vaccine during the outbreak in 2022.
In alignment with federal requirements the billing team collaborated with services across the department to implement Good Faith Estimates (GFE). GFEs provide the total expected cost of any health care item and service.
The ending of HRSA's funding on Covid-19 testing and vaccines by congress presented challenges with reimbursements by

Multnomah County

Program #40042A - Contracts & Procurement

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Nicole Rose
Program Offer Type:	Support	**Program Offer Stage:**	Department Requested
Related Programs:	40040A, 40042B		
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 Description

This program processes more than 700 contract and procurement action requests. 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of Action Request Forms Submitted	700	N/A	750	775
Outcome	Contract Cycle Time Report (days)	70.03	N/A	70.00	70.00
Output	MMP Item Purchasing	$3.3 mil	N/A	$4.0 mil	$4.2 mil

Performance Measures Descriptions

The number of Action Request Forms (ARF) submitted describes the workload for the procurement and contract specialist. Contract Cycle time is a measure of how efficiently the team completes its work. Cycle time describes the time it takes for a contract specialist to complete the review process for a contract. MMP Item purchasing is an output measure of individual health department program goods requests processed by procurement in the marketplace.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,953,294	$0	$2,281,214	$0
Materials & Supplies	$0	$0	$0	$0
Internal Services	$321,387	$0	$332,236	$0
Total GF/non-GF	**$2,274,681**	**$0**	**$2,613,450**	**$0**
Program Total:	**$2,274,681**		**$2,613,450**	
Program FTE	13.00	0.00	14.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2023: 40042 Contracts & Procurement

The team added and additional procurement associate to meet a growing workload.

As part of our intention to engage with our community in a more direct and impactful way and reduce barriers in the procurement and contracting process, the team is working to create virtual and in-person training and materials for our internal and external partners which make the process more accessible. Team members participated in a countywide effort to review our process and look for improvement and receive feedback from community partners.

Multnomah County

Program #40042B - Procurement Capacity

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Nicole Rose
Program Offer Type:	New	**Program Offer Stage:**	Department Requested
Related Programs:	40042A, 40040A		
Program Characteristics:	Out of Target		

Executive Summary

Funding for this program offer will increase needed purchasing capacity for medical and program supplies that support the departments health centers, public health clinics and other critical services.

Program Description

Funding for this program offer will support critical capacity needed to manage the increased volume of procurement and purchases activities within the department. This position will process time sensitive special orders and requests that are essential for service provision including medical and program supplies for the department's health centers, communicable disease clinics and public health programs.

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	MMP Item Purchasing	$3.3 mil	N/A	$4.0 mil	$4.2 mil
Outcome	% of forms and pamphlets processed without error on first submission	N/A	N/A	N/A	90%

Performance Measures Descriptions

The dollar amount MMP Item purchasing is an output measure of individual health department program goods requests processed by procurement in the marketplace. Percentage of forms and pamphlets processed is a measure of how effectively procurement creates, modifies, independently composes, and proof-reads forms and pamphlets used by the clinical health system.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$0	$128,080	$0
Total GF/non-GF	**$0**	**$0**	**$128,080**	**$0**
Program Total:	**$0**		**$128,080**	
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:

Multnomah County

Program #40044 - Health Data and Analytic Team

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Kathryn McKelvey
Program Offer Type:	Support	**Program Offer Stage:**	Department 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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$891,781	$0	$944,664	$0
Contractual Services	$290,000	$0	$304,500	$0
Materials & Supplies	$1,778,506	$0	$1,867,431	$0
Internal Services	$147,655	$0	$148,982	$0
Total GF/non-GF	**$3,107,942**	**$0**	**$3,265,577**	**$0**
Program Total:	**$3,107,942**		**$3,265,577**	
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: FY 2023: 40044 Health Data and Analytic Team

Multnomah County

Program #40046 - Operations

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Chantell Reed
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:			
Program Characteristics:	In Target		

Executive Summary

Operations 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 Description

This program offer includes organizational learning and communications.

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$2,954,364	$0	$3,656,719	$0
Contractual Services	$50,000	$0	$52,500	$0
Materials & Supplies	$118,865	$0	$124,809	$0
Internal Services	$301,393	$0	$312,843	$0
Total GF/non-GF	**$3,424,622**	**$0**	**$4,146,871**	**$0**
Program Total:	**$3,424,622**		**$4,146,871**	
Program FTE	16.80	0.00	20.80	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

In FY 2023 the Organizational Development and Human Resources Divisions were combined under a new division - Operations. This program offer represents the Communications and Leadership components of the new division.

Multnomah County

Program #40048 - Community Epidemiology

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Dr. Julie Maher
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:			
Program Characteristics:	In Target		

Executive Summary

Program Design and Evaluation Services (PDES) performs the public health foundational role of assessment and epidemiology. PDES 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 PDES' approach are working to engage with community partners to make meaning of the data.

Program Description

PDES is an applied public health research, evaluation, and epidemiology unit shared between the Health Department's Public Health Division (PHD) and the Oregon Health Authority. PDES includes PHD's Community Epidemiology Services (CES) team. 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 the 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 PHD, including the 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). 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 PHD in using data to assess racial/ethnic and other health disparities in collaboration with community partners. 5) Developing and implementing decolonizing data methods and working with community partners to make meaning of data.

In addition to this work of their CES team, PDES secures about $4 million annually in grants and contracts to provide program and policy evaluation services to the county PHD, OHA and other agencies, and to conduct public health research projects on key emerging issues. PDES evaluates whether PHD programs and policies are effective, collaborating with partners to identify areas for improvement and highlight successes (e.g., Healthy Birth Initiative, REACH, and STRYVE).

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	# of data-related community collaborations that involve all partners and combine data with action	13	9	16	9
Outcome	# of reports monitoring health status through surveillance, assessment, & community engagement	50	9	26	9
Outcome	# of analytic and reporting platforms to monitor COVID responses and health status of vulnerable populations	27	7	32	N/A
Outcome	# of dissemination products (presentations, briefs, reports, manuscripts) created for PDES evaluation contra	N/A	N/A	N/A	20

Performance Measures Descriptions

The calculated performance measures for FY22 and FY23 include the products from the Communicable Disease team because during COVID-19 we used a hybrid work model; hence, the measures are higher than expected. The performance measure offers for FY24 do not include the Communicable Disease team products. A performance measure was added for FY24; that measure is for PDES evaluation contracts and research grants done outside the CES team.

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.

Program Design and Evaluation Services (PDES) is primarily grant and contract funded, and program continuation is required by those grants and contracts.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,242,378	$221,229	$1,221,894	$142,450
Materials & Supplies	$10,840	$2,480	$19,435	$3,392
Internal Services	$111,468	$42,301	$118,340	$31,767
Total GF/non-GF	**$1,364,686**	**$266,010**	**$1,359,669**	**$177,609**
Program Total:	**$1,630,696**		**$1,537,278**	
Program FTE	7.17	1.48	6.85	0.82

Program Revenues				
Intergovernmental	$0	$266,010	$0	$177,609
Total Revenue	**$0**	**$266,010**	**$0**	**$177,609**

Explanation of Revenues

This program generates $19,901 in indirect revenues.
This program generates $340,049 in indirect revenues.

State: OHA LPHA: $ 177,609
Natl Institutes of Health: $550,000
State of Alaska: $610,020
CDC Disparities Grant: $2,623,098

Significant Program Changes

Last Year this program was: FY 2023: 40048 Community Epidemiology

The Communicable Epidemiology Services (CES) team joined Program Design and Evaluation Services during FY23. This FY24 program offer reflects this change.

Multnomah County

Program #40049 - Corrections Health Juvenile Detention

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Myque Obiero
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 35 detained youth at any one time (+1,500 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 Description

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 FY24 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 35 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	# of client visits conducted by a CH nurse per year	2,000	1,500	1,500	1,500
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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,082,252	$0	$1,193,920	$0
Contractual Services	$121,455	$0	$127,528	$0
Materials & Supplies	$74,504	$0	$78,229	$0
Internal Services	$340,120	$0	$366,510	$0
Total GF/non-GF	**$1,618,331**	**$0**	**$1,766,187**	**$0**
Program Total:	**$1,618,331**		**$1,766,187**	
Program FTE	5.60	0.00	6.00	0.00

Program Revenues				
Service Charges	$102,198	$0	$102,198	$0
Total Revenue	**$102,198**	**$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. Corrections Health receives $102,198 in revenue that does not represent any direct client billing for services provided, rather payment to DCJ from Washington and Clackamas counties for housing youth and medical services that are provided while they are housed at Donald E. Long.

Significant Program Changes

Last Year this program was: FY 2023: 40049 Corrections Health Juvenile Detention

Increase four 0.80 FTE CHN positions to 0.90 FTE to reduce mandates, overtime, burnout and to increase staff morale while reducing staff turnover. The increase will also allow care to increase from 16 hours/day to 24 hours/day.

Multnomah County

Program #40050A - Corrections Health Multnomah County Detention Center (MCDC) FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Myque Obiero
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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 FY24 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$3,657,714	$0	$3,617,013	$0
Contractual Services	$15,000	$0	$15,750	$0
Materials & Supplies	$45,770	$0	$48,058	$0
Internal Services	$345,568	$0	$328,527	$0
Total GF/non-GF	**$4,064,052**	**$0**	**$4,009,348**	**$0**
Program Total:	**$4,064,052**		**$4,009,348**	
Program FTE	17.70	0.00	21.35	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 2023: 40050A Corrections Health Multnomah County Detention Center (MCDC)

Add 4 new CHN positions to reduce mandates, overtime, burnout and increase morale in staff, while increasing retention.

Multnomah County

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

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Myque Obiero
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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 FY24 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,846,124	$0	$2,046,284	$0
Contractual Services	$731,748	$0	$768,335	$0
Materials & Supplies	$430,522	$0	$463,894	$0
Internal Services	$420,913	$0	$383,969	$0
Total GF/non-GF	**$3,429,307**	**$0**	**$3,662,482**	**$0**
Program Total:	**$3,429,307**		**$3,662,482**	
Program FTE	10.30	0.00	9.90	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 2023: 40050B Corrections Health MCDC Clinical Services and 4th Floor Housing

Reduced 2 CHN positions from 0.80 FTE to 0.60 FTE. These requests were made by staff to prevent burnout.

Multnomah County

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

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Myque Obiero
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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 FY24 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$2,529,299	$0	$2,795,848	$0
Contractual Services	$375,000	$0	$393,750	$0
Materials & Supplies	$15,906	$0	$16,701	$0
Internal Services	$280,610	$0	$355,223	$0
Total GF/non-GF	**$3,200,815**	**$0**	**$3,561,522**	**$0**
Program Total:	**$3,200,815**		**$3,561,522**	
Program FTE	14.20	0.00	14.00	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: FY 2023: 40050C Corrections Health MCDC Housing Floors 5, 6, 7 & 8

Reduced 1 CHN position from 0.80 FTE to 0.60 FTE. These requests were made by staff to prevent burnout.

Multnomah County

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

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Myque Obiero
Program Offer Type:	Support	**Program Offer Stage:**	Department 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 reallocated the County General Fund to support these services in FY 2022 and going forward.

Program Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number mandates in FY23 46/month	N/A	N/A	15	15
Outcome	Total overtime	N/A	N/A	N/A	N/A

Performance Measures Descriptions

Measure 1: number of mandates per month
Measure 2: Total overtime/month

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$868,312	$0	$1,145,176	$0
Contractual Services	$78,137	$0	$0	$0
Total GF/non-GF	**$946,449**	**$0**	**$1,145,176**	**$0**
Program Total:	**$946,449**		**$1,145,176**	
Program FTE	6.67	0.00	8.08	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2023: 40050D Corrections Health - In/Out of Scope Services

Increase in FTE for In/Out of Scope Services provided by ICS to support Corrections Health EHR and medical records needs.

Multnomah County

Program #40051A - Corrections Health Inverness Jail (MCIJ) Clinical Services — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Myque Obiero
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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 FY24 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$3,774,714	$0	$4,129,233	$0
Materials & Supplies	$75,342	$0	$70,661	$0
Internal Services	$473,601	$0	$496,435	$0
Total GF/non-GF	**$4,323,657**	**$0**	**$4,696,329**	**$0**
Program Total:	**$4,323,657**		**$4,696,329**	
Program FTE	20.65	0.00	24.65	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 2023: 40051A Corrections Health Inverness Jail (MCIJ) Clinical Services

Add 6 new CHN positions to reduce mandates, overtime, burnout and to increase staff retention and morale.

Multnomah County

Program #40051B - Corrections Health MCIJ General Housing Dorms 4 - 11 — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Myque Obiero
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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 FY24 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,250,055	$0	$1,416,671	$0
Contractual Services	$1,121,748	$0	$1,177,835	$0
Materials & Supplies	$391,905	$0	$411,500	$0
Internal Services	$133,558	$0	$141,062	$0
Total GF/non-GF	**$2,897,266**	**$0**	**$3,147,068**	**$0**
Program Total:	**$2,897,266**		**$3,147,068**	
Program FTE	7.50	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 2023: 40051B Corrections Health MCIJ General Housing Dorms 4 - 11

Multnomah County

Program #40051C - Corrections Health MCIJ Dorms 12 - 18 and Infirmary — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Myque Obiero
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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 FY24 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$2,105,620	$0	$2,183,642	$0
Materials & Supplies	$95,406	$0	$99,395	$0
Total GF/non-GF	**$2,201,026**	**$0**	**$2,283,037**	**$0**
Program Total:	**$2,201,026**		**$2,283,037**	
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 2023: 40051C Corrections Health MCIJ Dorms 12 - 18 and Infirmary

Multnomah County

Program #40052 - Medical Examiner

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Jennifer Vines
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 and they provide key components of foundational public health data. Operating 24/7/365 MEO staff interface directly with loved ones of the deceased and emergency responders (police, fire, mortuary services, accident investigators) on a daily basis.

Program Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	1,009	1,200	1,182	1,400

Performance Measures Descriptions

Output: Number of deaths in the County that require investigations. 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,862,431	$0	$2,065,588	$0
Contractual Services	$108,856	$0	$114,298	$0
Materials & Supplies	$27,627	$0	$24,947	$0
Internal Services	$279,859	$0	$345,943	$0
Total GF/non-GF	**$2,278,773**	**$0**	**$2,550,776**	**$0**
Program Total:	**$2,278,773**		**$2,550,776**	
Program FTE	14.00	0.00	15.00	0.00

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

Explanation of Revenues

Addition of 1.00 FTE death investigator and administrative support approved last fiscal year, establishing minimum staffing levels for a jurisdiction of our size.

Significant Program Changes

Last Year this program was: FY 2023: 40052A Medical Examiner

Multnomah County

Program #40053 - Racial and Ethnic Approaches to Community Health

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Charlene McGee
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:	40199T, 40199U		
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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	# of policy, systems, and environment strategies implemented	25	25	25	25
Outcome	# of Black/African American/African Immigrants and other communities reached through policy, systems, and	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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$41,256	$921,222	$394,167	$427,712
Contractual Services	$320,510	$0	$150,000	$499,823
Materials & Supplies	$18,744	$0	$28,524	$57,408
Internal Services	$129,262	$123,247	$137,453	$59,752
Total GF/non-GF	**$509,772**	**$1,044,469**	**$710,144**	**$1,044,695**
Program Total:	**$1,554,241**		**$1,754,839**	
Program FTE	0.32	7.33	2.60	3.47

Program Revenues				
Intergovernmental	$0	$1,044,469	$0	$1,044,695
Total Revenue	**$0**	**$1,044,469**	**$0**	**$1,044,695**

Explanation of Revenues

This program generates $59,752 in indirect revenues.
Federal: $ 975,000 - REACH GY08
Federal: $ 824,999 - COVID-19 Federal REACH - Flu Vaccination
State: $ 69,695 - PE04-02 Community Chronic Disease Prevention

Significant Program Changes

Last Year this program was: FY 2023: 40053 Racial and Ethnic Approaches to Community Health

This current round of REACH funding is set to end September 2023 and the reapplication process has begun with a due date in Spring 2023. This round of funding covers 6 FTEs which includes a Program Supervisor, 4-Program Specialists who are staff leads for the 3 strategies areas (nutrition, Community Clinical Linkages, Built Environment) and Communications, a Community Health Specialist who supports the ACHIEVE Coalition.

Multnomah County

Program #40054 - Nurse Family Partnership

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Elizabeth Carroll
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:	40055, 40056, 40058, 40097		
Program Characteristics:	In Target		

Executive Summary

Parent Child Family Health (PCFH) Nurse Family Partnership Program (NFP) is an evidence-based community healthcare program supported by more than 30 years of research. NFP supports a partnership between low-income, first-time pregnant people with a home visiting Community Health Nurse to support new parents experience a healthy pregnancy. This partnership and the education and support offered, enable families to build confidence and work towards family stability and achieve goals.

Program Description

NFP is a nurse home visiting program offered to first-time, low-income pregnant people through two Multnomah County t eams serving the entire 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). NFP's Community Advisory Board enables clients to influence and guide how they engage in PCFH services and provide input assure services are reflective of families served, impacting program design and/or implementation.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of families served	284	200	285	285
Outcome	Percent of mothers enrolled in NFP services who are breastfeeding at 6 months	49%	65%	60%	65%
Quality	Participants who remain in program until child is two years old	85%	80%	80%	80%
Quality	Percent of participants who express satisfaction with program's cultural responsiveness	N/A	95%	97%	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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$90,352	$1,580,995	$166,456	$1,876,725
Contractual Services	$462,147	$2,000	$701,808	$0
Materials & Supplies	$37,906	$23,976	$38,997	$23,834
Internal Services	$147,257	$254,842	$75,194	$386,627
Total GF/non-GF	**$737,662**	**$1,861,813**	**$982,455**	**$2,287,186**
Program Total:	**$2,599,475**		**$3,269,641**	
Program FTE	0.44	8.56	0.81	9.39

Program Revenues				
Intergovernmental	$0	$88,802	$0	$88,802
Other / Miscellaneous	$0	$46,556	$0	$46,556
Beginning Working Capital	$0	$566,348	$0	$0
Service Charges	$0	$1,160,107	$0	$2,151,828
Total Revenue	**$0**	**$1,861,813**	**$0**	**$2,287,186**

Explanation of Revenues

This program generates $262,178 in indirect revenues.
$ 46,556 - Miscellaneous Revenues
Direct: $ 1,212,145 - State MCH Babies first grant
$ 939,683 - NFP Medicaid Babies First
$ 88,802 - Medicaid BWC

Significant Program Changes

Last Year this program was: FY 2023: 40054 Nurse Family Partnership

In FY23, NFP made a return to in-person services while continuing to make televising an option based on family preference and safety. NFP is scheduled, along with all of PCFH, to transition from paper charting to electronic health records (EHR) in late FY23, ultimately streamlining charting, billing and medical records workflows.

There are no planned FTE changes in FY24. Challenges in hiring new nurses, especially into cultural KSA positions, has taken exceptionally long times in the past year. New HR streamlining of processes and staff stabilization measures such as retention bonuses are expected to be helpful in maintaining full staffing and meeting visit goals. The NFP program is expected to consolidate staff into one physical location in FY24, as a part of a larger PCFH space consolidation.

Multnomah County

Program #40055 - Home and Community Based Consulting — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Elizabeth Carroll
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:	40054, 40056, 40057, 40097		
Program Characteristics:	In Target		

Executive Summary

Parent Child Family Health (PCFH) Community Health Nurses (CHNs) and Community Health Workers (CHWs) routinely provide consultation and support at the individual, organizational and system levels and in a variety of settings. This Program Offer describes PCFH consultation and services in the Healthy Homes Asthma Home Visiting program, and 3 Community-based Head Starts, along with David Douglas School District (DDSD) Multnomah Early Childhood Program (MECP) providing families from African American and Latino families with early childhood CHW supports. The families are parenting children with health and developmental conditions. Services include health assessments in the home or classroom; 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

Program Description

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 (HH) Asthma Home Visiting program addresses health inequities related to the prevalence of unhealthy housing options in the County. HH identifies and supports remediation of environmental asthma triggers or refers families to resources for relocation. HH 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. 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 Nurse Consulting in Head Starts has been provided by PCFH Nurses since 2012, as part of a multi-agency agreement made with the Oregon Health Authority (OHA) Maternal Infant Early Childhood Home Visiting (MIECHV) grant. This agreement sunsetted in 2016. Nurse Consultation or or subsidies for Nurse services have continued to be provided via community contracts, to support families enrolled in the Mt. Hood Head Start program, Oregon Child Development Coalition (OCDC), and Multnomah Early Childhood Program (MECP).

In 2015 PCFH was asked to support David Douglas School District with their Multnomah Early Childhood Program, Early Intervention services. PCFH hired providers with culturally specific early childhood KSA's for CHW services, and currently provides 1 FTE Nurse and 3 FTE CHWs serving African American, Latino and Vietnamese families. These staff improve engagement of individual families and cultural communities with Early Intervention services at DDSD MECP. DDSD pays for the full cost of the staffing of this racial equity driven program enhancement.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	# of families receiving an environmental home inspection	14	30	12	0
Outcome	% completion of final Asthma Home assessments	80%	80%	100%	0
Output	# of technical assistance consults to service providers who work with children with special health care needs	300	300	300	0

Performance Measures Descriptions

Output #1 Referrals and completed assessments have remained low in FY23. This program has been eliminated in order to meet PCFH County General Fund constraints.
Outcome #2 Again the low utilization of this service and plan to eliminate
Output #3 Consultations are not entered into PCFH data systems. This is an estimate as Head Starts also do not share actual reported consultations. Elimination of this service is planned for FY24.

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$293,673	$609,325	$0	$469,400
Contractual Services	$59,899	$2,000	$0	$0
Materials & Supplies	$12,903	$16,290	$30,000	$15,786
Internal Services	$135,696	$81,894	$142,422	$65,576
Total GF/non-GF	**$502,171**	**$709,509**	**$172,422**	**$550,762**
Program Total:	**$1,211,680**		**$723,184**	
Program FTE	1.90	5.10	0.00	3.80

Program Revenues				
Intergovernmental	$0	$34,000	$0	$550,762
Other / Miscellaneous	$0	$550,762	$0	$0
Service Charges	$0	$124,747	$0	$0
Total Revenue	**$0**	**$709,509**	**$0**	**$550,762**

Explanation of Revenues

This program generates $65,576 in indirect revenues.
$ 550,762 - DDSD CHN

Significant Program Changes

Last Year this program was: FY 2023: 40055 Home and Community Based Consulting

Staff reductions include 2 FTE CHNs and 1 FTE CHW which also contributed to the decision to reduce a 1 FTE OA Sr. in the PCFH Administration budget.

Despite targeted outreach, and attempts to operationalize referrals from ICS, referrals for Asthma Home Visiting have remained low. PCFH, faced with significant CGF reductions in FY 24, and despite the program offering a valuable service, has elected to eliminate the Healthy Homes program. Nurse Consultation is a well utilized service to Head Starts, but is sustained entirely through CGF,, and will also be eliminated.

DDSD CHW services are fully funded by DDSD will continue in FY24 with no planned changes

Multnomah County

Program #40056 - Healthy Families

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Elizabeth Carroll
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 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 Description

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 primary components: 1) Hospital-based and referral-based eligibility screening of families with a new baby (or expecting) to link families to services based on choice and fit. 2) HFMC home visiting, 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 Black, Indigenous, and people of color and 93% are low income.

HFMC takes a data-driven approach to program outreach and screening to prioritize program availability for low income families and those eligible for our culturally adapted teams serving African American, Latino, substance use impacted, teen, immigrant and refugee and trauma impacted 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 contractor, age, 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 members, the majority from groups represented in the HFMC program. Members help to evaluate data and guide program practices. In addition, HFMC, along with Parent Child Family Health programs, co-convene 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	# of families served with home visiting	484	480	482	500
Outcome	% of participating parents who report reading to/with a child at least 3 times/week	95%	95%	95%	95%
Outcome	% of families remaining in intensive services for 12 months or longer	64%	70%	80%	75%
Outcome	% of families served are BIPOC and/or low income	95%	95%	93%	95%

Performance Measures Descriptions

of families served is expected to increase with staff stabilization funding

% reading is a measure from the state evaluation that has not been made available due to an interruption in the OHA data contract. We will resume this next year.

% retention of families by 12 months is a measure from the state evaluation that has not been made available due to an interruption in the OHA data contract. We will resume this next year.

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$88,093	$689,800	$52,123	$722,314
Contractual Services	$628,931	$1,878,908	$681,438	$2,439,202
Materials & Supplies	$0	$30,606	$192	$29,600
Internal Services	$114,068	$92,709	$119,904	$100,907
Total GF/non-GF	**$831,092**	**$2,692,023**	**$853,657**	**$3,292,023**
Program Total:	**$3,523,115**		**$4,145,680**	
Program FTE	0.50	5.33	0.29	5.27

Program Revenues				
Intergovernmental	$0	$2,612,023	$0	$3,212,023
Other / Miscellaneous	$0	$80,000	$0	$80,000
Total Revenue	**$0**	**$2,692,023**	**$0**	**$3,292,023**

Explanation of Revenues

This program generates $100,907 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.

State: $ 2,866,003- State Healthy Start
Federal: $ 346,020- OMAP Medicaid Admin
$ 80,000- HSO Help Me Grow Program

Significant Program Changes

Last Year this program was: FY 2023: 40056 Healthy Families

In FY23 HFMC resumed in-person screening in 2 maternity departments and in-person home visiting with tele-visit options. HFMC and its contractors will continue a mixed HV/tele-visit model FY24. Mental Health supports, added to all teams in FY22 will continue as funding allows.

HFMC will undergo, and is expected to receive national reaccreditation in 10/23. A Latino team staffed by Bilingual, Latino staff, was formed in FY23 within an existing contractor org.. Following reaccreditation, a full-program RFP in FY24 will identify the best contractor to further develop and sustain this new culturally-adapted component.

FY23 and first quarter of FY24 revenue was increased by the Early Learning Division by $907,906. These HFC grant funds

Multnomah County

Program #40058 - Healthy Birth Initiative

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Elizabeth Carroll
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:	40055, 40056, 40058, 40097		
Program Characteristics:	Backfill State/Federal/Grant, 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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of families served	276	350	350	350
Outcome	Percent of mothers initiating breastfeeding after delivery	97%	95%	100%	100%
Quality	Percent of participants who remain in program until child is two years old	N/A	80%	70%	70%
Quality	Percent of participants who express satisfaction with cultural specificity of program	94%	95%	100%	100%

Performance Measures Descriptions

*448 individuals served in 276 families

Legal / Contractual Obligation

Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,125,912	$1,188,333	$993,999	$1,758,680
Contractual Services	$133,940	$196,221	$223,016	$484,250
Materials & Supplies	$73,184	$0	$63,743	$36,922
Internal Services	$288,554	$159,712	$305,416	$245,689
Total GF/non-GF	**$1,621,590**	**$1,544,266**	**$1,586,174**	**$2,525,541**
Program Total:	**$3,165,856**		**$4,111,715**	
Program FTE	8.00	7.80	6.36	11.39

Program Revenues				
Intergovernmental	$0	$980,000	$0	$1,506,072
Other / Miscellaneous	$0	$25,092	$0	$25,092
Service Charges	$0	$539,174	$0	$994,377
Total Revenue	**$0**	**$1,544,266**	**$0**	**$2,525,541**

Explanation of Revenues

This program generates $245,689 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.

Federal: $ 1,506,072 - Health Resources Services Administration grant
$ 994,377 - Targeted Case Management
$ 25,092 - HBI recoveries

Significant Program Changes

Last Year this program was: FY 2023: 40058 Healthy Birth Initiative

HBI has resumed all operations and activities with in-person home visiting, optional telehealth visits, and classes and community engagement events in various formats. All HRSA grant commitments are being delivered. In FY24 HBI expects to transition from paper charting to Epic Electronic Health Records. This transition will ultimately streamline data collection and efficiency, after a brief learning period.

With funding from HealthShare for staffing, HBI will support neighboring counties to explore new regional supports for African American and African parents, possibly to expand HBI services to families. HBI will add a Manager 1 position with funds from CareOregon to expand high level systems outreach, support the coordination of service elements, operations, and explore funding opportunities as well as supervise non-nursing/case management staff. A Health Educator and funds fo

Multnomah County

Program #40059A - Corrections Health Behavioral Health Services — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Myque Obiero
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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 FY24 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$4,780,637	$0	$4,951,048	$0
Contractual Services	$80,000	$0	$84,000	$0
Materials & Supplies	$366,328	$0	$384,645	$0
Internal Services	$413,062	$0	$433,213	$0
Total GF/non-GF	**$5,640,027**	**$0**	**$5,852,906**	**$0**
Program Total:	**$5,640,027**		**$5,852,906**	
Program FTE	31.45	0.00	30.65	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 2023: 40059A Corrections Health Behavioral Health Services

Reduction of 0.80 FTE Mental Health Nurse Practitioner. While the position is vacant, recruiting for the position is extremely challenging. The reduction is an out-of-target restoration request to avoid potential delay in access to care and medication management for AICs suffering with behavioral health issues.

Multnomah County

Program #40059B - Corrections Health Behavioral Health Nurse Practitioner Restoration — FY 2024 Department Requested

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

Executive Summary

Corrections Health has seen an increase in the acuity of mental health issues housing. A federal Judge Mosman order has also affected the number of individuals coming back from the Oregon State Hospital, further increasing the acuity of behavioral health adults and youth in custody.

Program Description

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 FY24 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.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Create more opportunities for appointments for behavioral health adults and youth in custody	N/A	N/A	15	15
Outcome					

Performance Measures Descriptions

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$0	$189,552	$0
Total GF/non-GF	**$0**	**$0**	**$189,552**	**$0**
Program Total:	**$0**		**$189,552**	
Program FTE	0.00	0.00	0.80	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

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Charlene McGee
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:	40199T		
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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,600,281	$1,011,004	$1,589,529	$1,331,072
Contractual Services	$135,000	$1,041,072	$0	$815,500
Materials & Supplies	$91,333	$85,016	$59,168	$35,560
Internal Services	$287,946	$207,419	$322,005	$238,172
Total GF/non-GF	**$2,114,560**	**$2,344,511**	**$1,970,702**	**$2,420,304**
Program Total:	**$4,459,071**		**$4,391,006**	
Program FTE	11.45	6.80	11.26	8.87

Program Revenues				
Intergovernmental	$0	$2,344,511	$0	$2,420,304
Total Revenue	**$0**	**$2,344,511**	**$0**	**$2,420,304**

Explanation of Revenues

This program generates $185,950 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
$ 400,739 - Public Health Modernization Local (HPCDP)
$ 269,565 - Federal STOP Preventing School Violence
$ 1,500,000 - Adolescents and Communities

Significant Program Changes

Last Year this program was: FY 2023: 40060 Community & Adolescent Health

Significant Changes: In FY24, CAH will experience a reduction in grant funding from the Office of Population Affairs Teen Pregnancy Prevention (TPP) at $1,455,000 per year. Funding supports 3.11 FTE and multiple community partner contracts that help us ensure over 8,000 youth each year receive comprehensive sexual health education in line with state standards. In FY23 this funding will end (as of June 30th 2023). Some service level will continue through a no cost extension and CAH's ongoing County General Funds. CAH plans to apply for a new round of TPP Funding in the Winter/ Spring of 2023.

Multnomah County

Program #40061 - Harm Reduction

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Kim Toevs
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 and provides naloxone to reverse opioid overdose. The opioid epidemic, rising methamphetamine use, increased fentanyl in the drug markets, and COVID-19 have led to increased drug use and the continued need for harm reduction services. The program also links individuals to substance use treatment when ready, health education, and other resources. It also provides technical assistance to counties throughout Oregon to improve service availability outside of the Portland metro area.

Program Description

Harm Reduction serves people who may not be ready to stop substance use, offering strategies to mitigate negative outcomes from 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 education, naloxone and fentanyl test strip distribution help reduce fatal OD occurrence. 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 access free or discounted purchase of 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. 60% of clients report homelessness/unstable housing and rely on low barrier services and supplies offered through this program. Harm Reduction Program is expanding technical assistance and distribution of supplies to community based organizations, with a priority on culturally specific organizations. 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. The program adds a position in FY24 to support increased overdose prevention and response coordination across health department divisions, with other county departments, and external partners.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of unique clients served	5,297	7,500	6,000	6,300
Outcome	Number of overdose rescues reported	899	950	800	850
Outcome	Percentage of clients served that identify as BIPOC	24%	23%	23%	27%
Output	Number of syringes distributed	8,233,821	11,000,000	5,000,000	5,000,000

Performance Measures Descriptions

All measures represent Multnomah County and subcontractor Outside In sites. 1 and 2) FY23 estimate and FY24 offer are lower than FY23 budgeted, as a significant portion of people have decreased injecting opioids, smoking fentanyl instead as fentanyl has increased in availability (individuals are still at risk of overdose).

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. CareOregon grant requires distribution of naloxone and harm reduction supply kits to public service agencies and community based organizations across Tri-County region.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$126,718	$1,052,511	$709,179	$694,450
Contractual Services	$71,534	$352,371	$240,082	$101,152
Materials & Supplies	$1,550,018	$104,409	$631,448	$2,620,955
Internal Services	$313,556	$124,118	$286,404	$94,080
Total GF/non-GF	**$2,061,826**	**$1,633,409**	**$1,867,113**	**$3,510,637**
Program Total:	**$3,695,235**		**$5,377,750**	
Program FTE	0.98	8.12	4.60	5.10

Program Revenues				
Intergovernmental	$0	$1,257,986	$0	$757,504
Other / Miscellaneous	$0	$375,423	$0	$2,753,133
Total Revenue	**$0**	**$1,633,409**	**$0**	**$3,510,637**

Explanation of Revenues

This program generates $92,080 in indirect revenues.
Federal: $ 283,328 -HIV Prevention Block - Prevention Services
State: $ 91,249 - HIV Prevention Block - NEX
State: $ 55,166 - HIV Harm Reduction GY06
Federal: $ 81,994 - Naloxone Project (SOR)
State: $ 211,767 - Public Health Modernization Local - Harm Reduction
$ 34,000 - Harm Reduction Needle Exchange
$ 2,553,133 - Overdose Prevention and Naloxone Distribution - Naloxone and Harm Reduction Supplies
$ 200,000 - Harm Reduction Charges/Recoveries

Significant Program Changes

Last Year this program was: FY 2023: 40061 Harm Reduction

A significant number of clients are transitioning from injection of other drugs to inhalation “smoking” of fentanyl. This 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). Harm Reduction methods of outreach and engagement will need to evolve to meet changing need. The Harm Reduction Center (HRC) will reduce clinical services in response to decrease in external funding.

Multnomah County

Program #40065 - Behavioral Health Division Administration

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Thomas Bialozor
Program Offer Type:	Administration	**Program Offer Stage:**	Department 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 56,000 individuals annually.

Program Description

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 increases, and violence

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Total Behavioral Health Advisory Meetings	23	23	23	23
Outcome	Advisors agree with the statement, "Overall, BHD does its job well"	93.7%	80%	90%	85%

Performance Measures Descriptions

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,147,526	$1,069,243	$1,342,413	$1,362,210
Contractual Services	$770,000	$103,317	$510,000	$450,000
Materials & Supplies	$35,929	$3,159	$37,726	$3,317
Internal Services	$81,904	$381,446	$306,152	$206,939
Total GF/non-GF	**$2,035,359**	**$1,557,165**	**$2,196,291**	**$2,022,466**
Program Total:	**$3,592,524**		**$4,218,757**	
Program FTE	7.49	5.49	7.77	5.31

Program Revenues				
Intergovernmental	$0	$734,627	$0	$1,268,888
Beginning Working Capital	$0	$822,538	$0	$753,578
Total Revenue	**$0**	**$1,557,165**	**$0**	**$2,022,466**

Explanation of Revenues

This program generates $144,611 in indirect revenues.
State: $ 343,442 - MHS-01: Division Administration CY23
$ 358,265 - CFAA Settlement 15-17 BWC
$ 355,229 - CareOregon - Administrative Support
State: $ 570,217 - OHA Behavioral Health Community Mental Health Programs & Capital - MH Admin
$ 395,313 - MA Division Admin BWC

Significant Program Changes

Last Year this program was: FY 2023: 40065 Behavioral Health Division Administration

This program offer now includes 1.5 FTE within the Office of Consumer Engagement for Peer expansion which fosters more effective communication and connection across the peer service community, invests in BIPOC and other population specific peer recovery support services, and develops integrated peer support services for persons with mental health and substance use concerns.

Multnomah County

Program #40067 - Medical Records for Behavioral Health Division

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Jennifer Gulzow
Program Offer Type:	Support	**Program Offer Stage:**	Department 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 provides services to over 20,000 enrolled clients annually, all with a clinical medical/mental health record in the Evolv system. Additionally, the Call Center serves over 22,000 people, all with crisis response notes in the Evolv system, that are managed and maintained by the Records and Evolv teams.

Program Description

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.

On October 6, 2022, the scope of the 21st Century Cures Act Information Blocking Rule expanded to prohibit health care providers from blocking or interfering with client access to any electronic information in a "designated record set," as the term is defined under HIPAA. To ensure compliance with this expanded rule, the Records Supervisor began tracking client access to records and an outcome has been added to this program offer to monitor compliance.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Count of record items processed annually plus scanned document count²	35,814	41,000	32,314	35,000
Outcome	Percent of representative sample audited for compliance with Medicaid billing rules ¹	100	100	100	N/A
Outcome	Percent of client records requests that are provided to requestor within allowable timelines	NEW	NEW	100	100

Performance Measures Descriptions

¹ This outcome is being deactivated. It has been 100% consistently since it started being measured.
²The Records team had vacancies that impacted work completion. These numbers reflect that, not a reduction in workload. We expect an increase in workload as new programs are initiated in BHD.

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$133,147	$343,814	$186,781	$315,823
Contractual Services	$0	$19,541	$0	$0
Materials & Supplies	$4,774	$5,000	$5,013	$5,250
Internal Services	$36,614	$106,273	$51,636	$93,654
Total GF/non-GF	**$174,535**	**$474,628**	**$243,430**	**$414,727**
Program Total:	**$649,163**		**$658,157**	
Program FTE	1.25	3.50	1.75	3.00

Program Revenues				
Intergovernmental	$0	$408,632	$0	$414,727
Beginning Working Capital	$0	$65,996	$0	$0
Total Revenue	**$0**	**$474,628**	**$0**	**$414,727**

Explanation of Revenues

This program generates $30,585 in indirect revenues.
State: $ 108,853 - MHS-01: Medical Records CY23
Federal: $ 305,874 - CareOregon - Medical Records

Significant Program Changes

Last Year this program was: FY 2023: 40067 Medical Records for Behavioral Health Division

Multnomah County

Program #40068 - Behavioral Health Quality Management

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Jennifer Gulzow
Program Offer Type:	Support	**Program Offer Stage:**	Department 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 regulatory and policy requirements. These teams support workforce retention by attending to onboarding and training needs of employees. . 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 Description

The QM, QI and Compliance teams conduct: internal and external agency audits, internal investigations and Root Cause Analysis, coordinate 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 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,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 reviewed rate changes for mental health and addiction services and updated fee schedules for internal and external providers to ensure payments for services are correct and optimized. They also developed and delivered training materials to BHD staff on Fraud, Waste and Abuse.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	# of clinical reviews and incident reports reviewed	12,384	13,500	13,362	13,500
Outcome	Percent of incidents residential programs mitigated through immediate safety implementations	96	98	97	96
Output	Number of requests managed by Decision Support Unit	3455	3800	3549	3800
Outcome	100% of policies and procedures will be transitioned into Health Department platform Compliance 360 in FY23 [1]	N/A	100	N/A	N/A

Performance Measures Descriptions

[1] This outcome is being deactivated. Health Department QM teams are reviewing department policy management software. Moving BHD policies in now would be counterproductive and inefficient.

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,060,528	$2,021,151	$1,900,111	$1,475,194
Contractual Services	$0	$216,854	$10,752	$185,521
Materials & Supplies	$16,261	$82,228	$17,032	$86,382
Internal Services	$102,499	$436,366	$242,988	$245,115
Total GF/non-GF	**$1,179,288**	**$2,756,599**	**$2,170,883**	**$1,992,212**
Program Total:	**$3,935,887**		**$4,163,095**	
Program FTE	6.51	13.31	11.95	8.87

Program Revenues				
Intergovernmental	$0	$1,501,208	$0	$1,687,177
Beginning Working Capital	$0	$1,255,391	$0	$305,035
Total Revenue	**$0**	**$2,756,599**	**$0**	**$1,992,212**

Explanation of Revenues

This program generates $101,440 in indirect revenues.

$ 377,647 - Health Share of Oregon (Medicaid) Beginning Working Capital
State: $ 744,779 - State Mental Health Grant: LA 01 System Management and Coordination
$ 484,751 - Unrestricted Medicaid fund through CareOregon
State: $ 80,000 - State Mental Health Grant: A&D 66 Decision Support
$ 305,035 - Health Share Unrestricted Medicaid (Off the top) funding

Significant Program Changes

Last Year this program was: FY 2023: 40068A Behavioral Health Quality Management

Multnomah County

Program #40069 - Behavioral Health Crisis Services

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Christa Jones
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:	30407B		
Program Characteristics:	In Target		

Executive Summary

The Behavioral Health Division is responsible for providing oversight and coordination for behavioral health crisis services to the entire population of Multnomah County. Crisis services are particularly important to ensure care to the most vulnerable and marginalized communities. Care is taken to support equitable services that prioritize addressing disparities related to access and outcomes. Additionally, there is an emphasis on further diversifying the workforce and providers of these services. Focus is given to increasing access to behavioral health support during times of crisis and decreasing use and/or reliance on law enforcement. Crisis services include immediate 24/7/365 access to phone crisis support, 24/7/365 mobile crisis outreach, and 24/365 urgent walk in care as well as access to Peer Supports and postvention care.

Program Description

The behavioral health crisis system consists of multiple services that interconnect to support the acute behavioral health needs of the entire community regardless of age, insurance status, or other identity and there is no charge to the individual.
Multnomah County Behavioral Health Call Center: Serves has the hub for crisis services and response. Phone support is available 24/7/365 from masters level clinicians. Services include, and are not limited to, crisis counseling, de-escalation, referral support, resource recommendations, and triage and dispatch of mobile crisis outreach. Dedicated warm transfer lines with 911 and 988 to improve coordination of care and reduce law enforcement dispatch to behavioral health emergencies. Dedicated referral and coordination lines to streamline and improve care coordination as well as access to sub-acute and respite services for uninsured individuals. During FY22 and FY23 we added 3 KSA Latino positions to cover 7 days a week and regularly offer services in Spanish.
Mobile Crisis Response Teams: 24/7/365 mobile response teams of clinicians and peer support specialists available to respond anywhere within the county to meet with individuals in crisis, perform risk assessment, and develop safety plans. Services designed to provide follow up and wrap around support to reduce potential need for higher level of support. Teams prioritize response without law enforcement and when law enforcement is needed work in tandem to ensure behavioral health is addressed as primary. Services also include specific support and outreach to local Emergency Departments to connect individuals to ongoing care and reduce likelihood of crisis. Services available for all ages and in FY24 will increase culturally specific providers as well as enhance services including stabilization support for youth and families.
Shelter Behavioral Health Team: 7 days per week, teams of QMHA counselors and Peer Support Specialists provide onsite support to county located homeless shelters. Services included outreach, engagement, crisis counseling, de-escalation, and follow up services to those at risk of escalation.
Urgent Walk-In Clinic: 7/365 behavioral health clinic available to provide immediate Peer Support, crisis evaluation and triage, medication management, linkage and referral. Reduces utilization of ED's for those in need and provides immediate drop off support for law enforcement.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Total Crisis System Contacts[1]	100,188	80,000	95,000	95,000
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED	90%	90%	92%	90%
Outcome	% of language services provided directly by Call Center staff when need is identified at time of call.	52%	50%	50%	50%
Outcome	% of mobile crisis contacts that did not result in individuals going to jail.	99.7%	98%	98%	98%

Performance Measures Descriptions

[1]The BHCC continued to exceed expectations with call volume this past FY. This is partially related to the BHCC serving as the referral hub for the Voluntary Isolation Motel (VIMo) from August 2021 through May 2022. We continue to add KSA Latino staff to support culturally responsiveness and increase in house language services. UWIC saw an increase of acuity in participants leading to a slight increase in those referred to ED.

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$501,616	$3,828,724	$192,800	$5,125,501
Contractual Services	$1,172,981	$8,354,542	$934,387	$8,568,933
Materials & Supplies	$30,279	$27,523	$22,095	$48,262
Internal Services	$36,322	$917,215	$32,187	$1,040,915
Total GF/non-GF	**$1,741,198**	**$13,128,004**	**$1,181,469**	**$14,783,611**
Program Total:	**$14,869,202**		**$15,965,080**	
Program FTE	3.30	19.65	1.02	29.56

Program Revenues				
Intergovernmental	$0	$12,924,891	$0	$14,783,611
Beginning Working Capital	$0	$203,113	$0	$0
Total Revenue	**$0**	**$13,128,004**	**$0**	**$14,783,611**

Explanation of Revenues

This program generates $428,469 in indirect revenues.
Local $ 619,216 - Washington County Crisis
Federal $ 8,191,514 - Behavioral Health Medicaid
Federal $ 237,097 - HSO Medicaid
State $ 178,182 - State OHA Behavioral Health Community Mental Health Programs & Capital
State $ 308,519 - CFAA MHS 05
State $ 3,506,865 - SMHG MHS 25
Federal $ 172,656 - SMHG MHS 25
State $ 1,569,562 - SMHD MHS 37

Significant Program Changes

Last Year this program was: FY 2023: 40069A Behavioral Health Crisis Services

1) During FY23 Project Respond was able to fully realize the increased use and integration of Peer Support Specialists on the mobile crisis team. State enhancement funds have been allocated to increase cultural representation by 7 staff and expand office space in East County. Staffing struggles have been an ongoing concern, impacting capacity and response time at PR and UWIC. 2) Funds are being utilized to increase coordination with 911/BOEC (Bureau of Emergency Communications). During FY24 BHCC will pilot stationing a call center staff at BOEC to increase coordination and support warm transfer of calls from 911 to BHCC. 3) OHA is in the process of transitioning previous CATS (Crisis) funding to MHS 25 and renaming the service as MRSS (Mobile Response and Stabilization Services). Multnomah County will be looking to enhance and expand youth, family crisis services over the next year.

Multnomah County

Program #40070 - Mental Health Crisis Assessment & Treatment Center (CATC) FY 2024 Department Requested

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

Executive Summary

Multnomah County strives to provide comprehensive crisis services to the whole community. Therefore, It is imperative that we support and offer varying levels of care and services to individuals. This includes ensuring that uninsured individuals, who are likely the most marginalized and at risk, have access to sub-acute services to address behavioral health crises. Multnomah County contracts with local sub-acute provider, Telecare Corp, to ensure that the Crisis Assessment and Treatment Center (CATC) provides services to the entire community. The county funds three beds (of their sixteen total) to support uninsured or underinsured individuals. CATC provides short term (under 30 days per OAR) wrap-around services including access to Peers, medication management, and physical and mental health supports in a secure environment.

Program Description

CATC Subacute 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 with the mission of providing a non-hospital based secure environment for those at risk of harm to themselves or others due to 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. Although length of stay may vary, individuals not under civil commitment statutes can not exceed 30 days without a variance. Throughout their stays individuals are connected to programmatic support internally and externally in order to support discharge and decrease the likelihood of requiring a higher level of care or experiencing a negative consequence of hospitalization (loss of housing, services, financial stability, etc). Peer Support Specialists are an integral part of the CATC model and provide comprehensive support to individuals in care.

Multnomah County funds two beds at CATC in order to ensure that the uninsured and/or underinsured have access to this valuable resource. Individuals are referred by a behavioral health provider in order to access the services and these referrals are processed through the Multnomah County Behavioral Health Call Center (BHCC) By processing these referrals the BHCC can assist with prioritization and advocacy of the most vulnerable and at risk members of the community. The BHCC also works closely with other service providers including crisis services, Respite, and local Emergency Departments to assist individuals in crisis in accessing the correct level of support and potential stepping down or up through services as needed.

A third bed is funded by the Criminal Justice Commission (CJC) IMPACTS grant and through Oregon Health Authority to support the Aid and Assist population. This bed is specifically set aside for individuals that are having increased contact with the criminal justice system. Referrals to these Aid and Assist treatment beds come from the Coordinated Diversion program and are managed through the Call Center.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of admissions that are Non-HSO Members (Non Medicaid members)[1]	15	25	21	25
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.[2]	6%	52%	10%	10%

Performance Measures Descriptions

[1]The number of admissions for CATC over FY22 were not as predicted due to the ongoing impact of COVID 19. Admissions were halted due to outbreaks and less referrals were submitted in the wake of a closure.
[2]The percentage of BIPOC community members served was lower than predicted, and this is related to insurance, medical issues/needs, and/or out of county residential status. Measure will be adjusted to reflect percentage of BIPOC community member access to non Medicaid CMHP admissions where admission criteria is met.

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Contractual Services	$741,017	$0	$642,969	$0
Total GF/non-GF	**$741,017**	**$0**	**$642,969**	**$0**
Program Total:	**$741,017**		**$642,969**	
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 2023: 40070 Mental Health Crisis Assessment & Treatment Center (CATC)

During FY24 we will be transitioning one of the three beds currently funded to fully support the work of the Forensic Diversion Team

Multnomah County

Program #40071 - Behavioral Health Division Adult Protective Services

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Christa Jones
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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. In addition, 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 Description

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. BDH APS is considered a safety net service, whether or not the incident qualifies for investigation, time is taken to assess risk, develop and coordinate protective services and safety planning, all to mitigate the risk for 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 two African American culturally specific, KSA abuse investigator positions to provide screening, investigation and training services in a culturally and trauma-informed manner by outreach to those Black, Indigenous, Latino and other Communities of Color who historically under report to APS. Our Community Educator, KSA 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	# of screenings/investigations[1]	1062	1000	1017	1000
Outcome	# protective services screening referred to Risk Case Management[2]	78	80	80	80
Output	Number of community education presentations[3]	21	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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$908,023	$238,592	$1,052,220	$237,043
Materials & Supplies	$5,550	$23	$5,827	$24
Internal Services	$140,008	$18,727	$148,944	$20,275
Total GF/non-GF	**$1,053,581**	**$257,342**	**$1,206,991**	**$257,342**
Program Total:	**$1,310,923**		**$1,464,333**	
Program FTE	6.21	1.59	6.49	1.51

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

Explanation of Revenues

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

Significant Program Changes

Last Year this program was: FY 2023: 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

FY 2024 Department Requested

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

Executive Summary

As a function of the Local Mental Health Authority (LMHA), the County is obligated to perform various duties related to involuntary mental health treatment. The Involuntary Commitment Program investigates person's being involuntarily detained for mental health treatment to make reports to the court about whether or not a person should have a civil commitment hearing. Evaluation of persons in a civil commitment hearing is conducted by mental health examiners. Post commitment monitoring and trial visit monitoring are provided. This program includes payment of involuntary hospital stays for individuals without insurance or financial means. Reduction of inpatient treatment needs are addressed by funding of an Assertive Community Treatment program and Intensive Case Management services provided through contracted services.

Program Description

Commitment Services consists of interconnected pre and post commitment services: Under pre-commitment services the Involuntary Commitment Program (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 employ staff who are able to provide culturally specific services to address and respond to the needs of Black/African American and Vietnamese and Japanese 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.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Total number of NMIs (1)	2386	2700	2361	2400
Outcome	% of investigated NMIs that did not go to Court hearing (2)	89%	80%	86%	80%
Outcome	% of investigated NMIs taken to court hearing that resulted in commitment (3)	80%	90%	82%	90%
Output	# of commitments monitored annually (4)	258	350	260	260

Performance Measures Descriptions

(1) This includes NMIs for residents without insurance and residents with insurance. (2) Measure staff effectiveness in applying ORS 426 and reducing burden on the system. (3) The decrease in FY23 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,178,312	$2,497,990	$1,250,417	$2,629,995
Contractual Services	$234,285	$255,343	$250,730	$192,343
Materials & Supplies	$9,444	$43,992	$9,916	$46,191
Internal Services	$361,668	$170,628	$467,705	$99,424
Total GF/non-GF	**$1,783,709**	**$2,967,953**	**$1,978,768**	**$2,967,953**
Program Total:	**$4,751,662**		**$4,946,721**	
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

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

Significant Program Changes

Last Year this program was: FY 2023: 40072 Mental Health Commitment Services

The ongoing impact of the pandemic and other community challenges have resulted in continued increase in clinical acuity of individuals in the involuntary treatment services. Higher acuity, continued isolation, increased substance abuse, increased community and interpersonal violence, limitations in the availability of mental health services has strained the behavioral health care system. Providers have had to prioritize essential services and responding to crises with limited staffing. These circumstances have had some impact on service providers being able to collect and report data in a timely manner.

Multnomah County

Program #40073 - Peer-run Supported Employment Center

FY 2024 Department Requested

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

Executive Summary

The Northstar Clubhouse, a peer-run supported employment program offering employment, wellness and administrative support to adults with mental illness who are seeking employment is supported by this program which utilizes County, federal, state, other local and federal Substance Use and Mental Health Services Administration (SAMHSA) funding. Additional funding comes from the CCO, private foundations and in-kind donations.

Program Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of active members	226	155	246	155
Outcome	Percent of members in paid employment positions	23.2%	30%	20.4%	25%
Output	Average daily attendance	20	16	21	20

Performance Measures Descriptions

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Contractual Services	$109,368	$0	$117,045	$0
Total GF/non-GF	**$109,368**	**$0**	**$117,045**	**$0**
Program Total:	**$109,368**		**$117,045**	
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 2023: 40073 Peer-run Supported Employment Center

Multnomah County

Program #40074 - Mental Health Residential Services

FY 2024 Department Requested

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

Executive Summary

Mental Health Residential Services (RS) provides health and safety oversight to residential programs that house 652 individuals 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. These units provide stability, thereby decreasing the likelihood that participants will need acute care services or become houseless. In addition, RS hosts monthly trainings for residential providers, cultivating a learning environment on topics such as mental healthcare, ancillary supports, system navigation, and changes to/interpretation of Oregon Administrative Rule. Daily, RS engages providers regarding resident admissions/evictions to address bias, racism, and culturally responsive treatment needs.

Program Description

The Residential Services (RS) program provides regulatory, health and safety oversight, and 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, review of appropriateness of unplanned discharges, and monitoring and enforcement of client rights. RS staff also participate in audits and licensing reviews. The RS team participates in 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 85 residential programs, with approximately 652 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.RS partners with Quality Management (QM) who hold Critical Incident Reviews with residential providers and provide a Root Cause Analysis as needed. -QM has processed approximately 12,384 incident reports.

RS supports the development of new mental health ACHs and the creation of new placement opportunities. Despite developing placements in seven new ACHs in 2022, six ACHs were lost from the provider network due to retirements, billing issues and lack of work/life balance.

The primary population served in RS programs are 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 2023 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 are referred to licensed residential programs through the RS program, referred to as CMHP placements.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	# of placements that receive health and safety oversight by Residential Services	651	641	653	650
Outcome	% of Non-Multnomah County Residents Placed in RTH/F and SRTF Housing	22%	22%	22%	22%
Output	# of CMHP referrals managed by Residential Services	32	42	31	32

Performance Measures Descriptions

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,216,902	$506,654	$1,356,247	$515,664
Contractual Services	$0	$8,054,214	$0	$8,079,247
Materials & Supplies	$4,258	$6,620	$4,492	$6,930
Internal Services	$149,731	$120,044	$163,222	$101,847
Total GF/non-GF	**$1,370,891**	**$8,687,532**	**$1,523,961**	**$8,703,688**
Program Total:	**$10,058,423**		**$10,227,649**	
Program FTE	8.15	3.65	8.35	3.45

Program Revenues				
Intergovernmental	$0	$8,652,716	$0	$8,703,688
Beginning Working Capital	$0	$34,816	$0	$0
Total Revenue	**$0**	**$8,687,532**	**$0**	**$8,703,688**

Explanation of Revenues

Federal $ 182,779 - State Mental Health Grant based on 2019-2021 IGA with State of Oregon
State $ 8,520,909 - State Mental Health Grant based on 2019-2021 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2023: 40074 Mental Health Residential Services

Multnomah County

Program #40075 - Choice Model

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Jessica Jacobsen
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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; 703 individuals were served in fiscal year 2022, of whom 27% identified as Black, Indigenous or other People of Color (BIPOC).

Program Description

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 three years, partly due to COVID. 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of Clients Served in Choice	703	700	697	700
Outcome	% of clients receiving direct client assistance to meet basic needs [1]	14.55%	15%	14%	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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$1,914,425	$0	$2,336,440
Contractual Services	$0	$1,971,628	$0	$2,444,698
Materials & Supplies	$0	$11,747	$0	$12,334
Internal Services	$0	$397,060	$0	$404,342
Total GF/non-GF	**$0**	**$4,294,860**	**$0**	**$5,197,814**
Program Total:	**$4,294,860**		**$5,197,814**	
Program FTE	0.00	13.34	0.00	13.32

Program Revenues				
Intergovernmental	$0	$4,294,860	$0	$5,197,814
Total Revenue	**$0**	**$4,294,860**	**$0**	**$5,197,814**

Explanation of Revenues

This program generates $168,539 in indirect revenues.
Federal $ 1,571,870 - Unrestricted Medicaid fund through CareOregon
State $ 3,625,944 - State Mental Health Grant: CHOICE Model based on 2021 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2023: 40075 Choice Model

It is anticipated that in FY24, 2.0 Limited Duration FTE will be funded, one housed in Diversion Courts Team and one housed in Choice team to improve support available to individuals involved in Forensic programs and coordination between program areas to meet client needs.

Multnomah County

Program #40077 - Mental Health Treatment & Medication for the Uninsured

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Christa Jones
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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. MTF services for uninsured individuals without financial resources that are ineligible for Medicaid through Oregon Health Plan (OHP). These individuals may have been released from jail or psychiatric hospitals and/or are at risk of hospitalization or decompensation of mental health stability. In some cases, the program creates access to critical behavioral health services for individuals who do not qualify for many public entitlements and resources because of their immigration status. 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 Description

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. 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. 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 have continued to decrease due to Medicaid Expansion, however this service is critical to provide due to limitations on Medicaid eligibility requirements and on Medicare approved services. There are individuals who require this safety net program to receive on-going mental health case management and treatment services. Additionally, some services, such as intensive case management and general case management are not covered by Medicare. 20% of the persons served in this program were from Black, Indigenous, and People of Color (BIPOC) Communities.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Total # of adults who received county-funded outpatient services or medication (1)	210	400	205	200
Outcome	Percentage of MTF clients that are hospitalized	3.2%	6.2%	3.0%	3.0%

Performance Measures Descriptions

(1) We have seen a decrease in utilization since FY 22, resulting in fewer clients being served through this program. Providers report that more individuals are insured who are seeking their behavioral health services.

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Contractual Services	$1,259,920	$0	$686,110	$0
Total GF/non-GF	**$1,259,920**	**$0**	**$686,110**	**$0**
Program Total:	**$1,259,920**		**$686,110**	
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 2023: 40077 Mental Health Treatment & Medication for the Uninsured

Multnomah County

Program #40078 - Early Assessment & Support Alliance

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Yolanda Gonzalez
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:	40199Y		
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 enrolled individuals each year. In FY22, 47% of the enrolled EASA clients identified as people of color, 52% as white and 2%as unknown or not provided.

Program Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Total individuals enrolled in the EASA program receiving ongoing services	126	130	123	130
Outcome	% reduction in hospitalization rate three months pre and 6 months post enrollment[1]	85%	85%	85%	85%
Output	Number of unduplicated individuals referred to the EASA program	213	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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$350,308	$1,546,702	$384,222	$1,722,629
Contractual Services	$24,498	$175,460	$94,781	$82,980
Materials & Supplies	$51	$12,221	$54	$12,832
Internal Services	$9,525	$269,149	$5,892	$275,940
Total GF/non-GF	**$384,382**	**$2,003,532**	**$484,949**	**$2,094,381**
Program Total:	**$2,387,914**		**$2,579,330**	
Program FTE	2.10	10.75	2.17	10.93

Program Revenues				
Intergovernmental	$0	$1,560,812	$0	$1,560,812
Service Charges	$0	$442,720	$0	$533,569
Total Revenue	**$0**	**$2,003,532**	**$0**	**$2,094,381**

Explanation of Revenues

This program generates $28,912 in indirect revenues.

$ 523,569 - Fee For Service Insurance Receipts
$ 10,000 - State Vocational Rehabilitation Award
State $ 1,324,668 - State Mental Health Grant based on 2021 IGA with State of Oregon
State $ 226,020 - SMHG MHS 38
Federal $ 10,124 - State Community Mental Block Grant

Significant Program Changes

Last Year this program was: FY 2023: 40078 Early Assessment & Support Alliance

Multnomah County

Program #40080 - Community Based MH Services for Children & Families — FY 2024 Department Requested

Department: Health Department
Program Contact: Yolanda Gonzalez
Program Offer Type: Existing
Program Offer Stage: Department Requested
Related Programs:
Program Characteristics: In Target

Executive Summary

Community Based Mental Health for Children, Youth and Families provide critical safety net services from an equity lens to children and youth who are in need of culturally responsive mental health services. Evidence based, trauma-informed practices are used to deliver: family support, individual/group therapy, skill building and violence prevention services. Multnomah County is dedicated to providing behavioral health services to those impacted by gun violence and developed the Gun Violence Behavioral Health Response Team. This program provides resources to support a Mental Health Consultant to provide culturally specific mental health services to African American identified youth (age 10-18) and their families who are impacted by gun violence as well as provide outreach and education in the community.

Program Description

Multnomah County Community Based Mental Health offers a range of services for at risk youth includes: child abuse mental health services at CARES NW (Child Abuse Response and Evaluation Services North West)Multnomah Treatment Fund mental health services for under or uninsured children and violence prevention and mental health support for those impacted by gun violence.

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. 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. County CARES consultants along with Legacy CARES consultants served over 300 families in FY22.

The Mental Health Consultant (MHC) for the Gun Violence Behavioral Health Response team provides a range of culturally relevant, evidence based mental health services for the African American community. The MHC utilizes lived experience and community informed practices to provide culturally specific mental health prevention support, mental health services, consultation, outreach and engagement. 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.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Total Multnomah County Children who receive Mental Health or Family Support Services at CARES NW from M	172	100	85	100
Outcome	ACORN Distribution of Patient Change reported by client/student as their perception of improvement[2]	N/A	65%	65%	65%
Output	Total Multnomah County Children who received Behavioral Health service through African American KSA	N/A	20	15	20
Output	Total # of outreach/engagement activities attended/provided	N/A	15	36	15

Performance Measures Descriptions

[1]The program model changed in FY22 where staff at the county and CARES NW now offer services to Multnomah County Clients. These #s include Multnomah county youth served by Multnomah County staff at CARES NW. There is an MHC vacancy at CARES NW which is being recruited for. [2] African American consultants were hired after fiscal year FY22 so there is no data for FY22. [3] African American consultants were hired after fiscal year FY22 so there is no data for FY22.

Legal / Contractual Obligation

MTF Contracts with Lifeworks and Morrison.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$412,843	$184,982	$687,900	$250,438
Contractual Services	$0	$301,319	$0	$0
Materials & Supplies	$17,450	$1,556	$21,860	$801
Internal Services	$29,699	$68,254	$44,461	$63,156
Total GF/non-GF	**$459,992**	**$556,111**	**$754,221**	**$314,395**
Program Total:	**$1,016,103**		**$1,068,616**	
Program FTE	2.56	1.21	4.15	1.62

Program Revenues				
Intergovernmental	$0	$556,111	$0	$314,395
Total Revenue	**$0**	**$556,111**	**$0**	**$314,395**

Explanation of Revenues

Local $314,395 - Head Start Contracts

Significant Program Changes

Last Year this program was: FY 2023: 40080A Community Based MH Services for Children & Families

There was staff vacancy in CARES and therefore it has impacted #s for this fiscal year.

Multnomah County

Program #40081 - Multnomah County Care Coordination

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Jessica Jacobsen
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 for all ages f, 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 Description

Wraparound, Youth & Adult ICC are funded by Oregon Health Plan via a delegation agreement with Coordinated Care Organization(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.

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 LGBTQIA+, Native American, African-American, Latinx and Spanish speaking clients. Peer Services are contracted out to qualified providers.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of unique children served in Youth Care Coordination.	350	380	342	350
Outcome	% score measuring family's satisfaction and progress in Wraparound.[1]	79.02%	85%	78.94%	85%
Output	Referrals processed in Youth Care Coordination.	287	300	294	300
Output	Total number of clients served in M-ITT.	598	575	583	575

Performance Measures Descriptions

[1]WFI-EZ data is not representative of program outcomes. WFI-EZ completion rates across nearly all of Oregon are below best practice standard rates. Barriers to completion of this voluntary survey included participant pandemic-related burdens and challenges with the WFI-EZ database. Statewide training/support was provided in 2022 in addition to increased Multco administrative support, to try and improve 2023 data.

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$148,401	$7,014,367	$0	$7,675,256
Contractual Services	$0	$874,878	$0	$1,390,858
Materials & Supplies	$511	$77,679	$0	$81,564
Internal Services	$9,200	$1,958,797	$0	$2,170,043
Total GF/non-GF	**$158,112**	**$9,925,721**	**$0**	**$11,317,721**
Program Total:	**$10,083,833**		**$11,317,721**	
Program FTE	1.00	48.41	0.00	49.68

Program Revenues				
Intergovernmental	$0	$9,925,721	$0	$11,317,721
Total Revenue	**$0**	**$9,925,721**	**$0**	**$11,317,721**

Explanation of Revenues

This program generates $1,072,233 in indirect revenues.
Federal $ 3,451,118 - Health Share Unrestricted Medicaid (Off the top) funding
Federal $ 7,853,685 - Unrestricted Medicaid fund through CareOregon
State $ 12,918 - State Mental Health Grant IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2023: 40081 Multnomah County Care Coordination

M-ITT length of enrollment continues to be longer than ideal due to limited outpatient system capacity due to workforce which results in fewer total clients being served by the MITT program than in earlier years.

Multnomah County

Program #40082A - School Based Mental Health Services — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Yolanda Gonzalez
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:			
Program Characteristics:	In Target		

Executive Summary

School Based Mental Health (SBMH) and K12 case management are essential components of the system of care for children and families. Our 26 SBMH clinicians serve over 800 children and teens with mental health needs in 36 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. K-12 Case Managers help students and their families meet unmet needs by connecting them to mental health services, housing, clothing, and food access. These additional case management services will also seek to reduce racial and health inequities and support increased attendance and educational success.

Program Description

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 50% of the youth served are youth of color served by a diverse staff with seven African American Knowledge Skills and Abilities (KSA), eight 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 3,800 hours of treatment, prevention, education, consultation, and outreach to students, school staff, and families every school year. Additionally, K-12 Case Managers provide comprehensive case management services to students and families in kindergarten through twelfth grade with a focus on connecting families to resources to increase attendance and improve educational success. This program will help mitigate risk of students having to access higher levels of mental health care, academic failure, abuse, neglect, homelessness, and placement outside the home.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Total unduplicated youth referred to SBMH for assessment and/or treatment services	679	1000	700	700
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement[1]	51%	65%	48%	65%
Output	Total unduplicated K-12 youth/families who received case management services	91	150	94	250

Performance Measures Descriptions

[1]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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$2,819,490	$1,474,550	$2,296,470	$2,432,451
Contractual Services	$107,637	$8,000	$0	$8,000
Materials & Supplies	$60,910	$48	$55,654	$8,328
Internal Services	$21,144	$390,369	$45,068	$499,554
Total GF/non-GF	**$3,009,181**	**$1,872,967**	**$2,397,192**	**$2,948,333**
Program Total:	**$4,882,148**		**$5,345,525**	
Program FTE	21.01	9.52	15.93	15.46

Program Revenues				
Intergovernmental	$0	$1,457,720	$0	$1,448,333
Service Charges	$0	$415,247	$0	$1,500,000
Total Revenue	**$0**	**$1,872,967**	**$0**	**$2,948,333**

Explanation of Revenues

This program generates $175,563 in indirect revenues.

- $ 22,500 - Parkrose School District
- $ 75,000 - Centennial School District
- $ 37,500 - Reynolds School District
- $ 177,000 - Portland Public Schools
- $ 14,700 - Local Clackamas County Care Coordination

State: $ 1,018,713 - State MH Grant: MHS 20 Non-Residential MH Services based on 2019-2021 IGA with the State of Oregon

- $ 102,.920 - School Based Clinics - Mental Health Expansion - Behavioral Health - Capacity
- $ 1,500,000 - SBMH CareOregon

Significant Program Changes

Last Year this program was: FY 2023: 40082A School Based Mental Health Services

The ACORN outcome measure has not reached 65% as expected, we are currently working on a quality improvement project and considering moving away from the ACORN.
SBMH referrals did not reach the anticipated 1,000 because our referral process has become more efficient and we are able to turn off the referral form when MHCs are full and we have asked the SHC to not send higher acuity to the program.
The K12 case management services have expanded to cover Kindergarten through 12th grade. There will be six Case Managers hired, which accounts for the FY24 Output increase. The K12 output was lower than expected due to the fact that we had multiple staff vacancies.

Multnomah County

Program #40082B - School Based Mental Health Services - In/Out of Scope Services FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Yolanda Gonzalez
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:			
Program Characteristics:	In Target		

Executive Summary

School Based Mental Health and K-12 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 36 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 Description

This program offer is to fund 2.31 FTE Positions 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 50%of the youth served are youth of color served by a diverse staff with seven African American Knowledge Skills and Abilities (KSA), eight 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, as well as 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 3,800 hours of treatment, prevention, education, consultation, and outreach to students, school staff, and families every school year. K-12 Case Managers provide comprehensive case management services to students and families in kindergarten through 12th grade with a focus on connecting families to resources to increase attendance and improve educational success.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Total unduplicated youth referred to SBMH for assessment and/or treatment services	679	1000	700	700
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement	51%	65%	48%	65%

Performance Measures Descriptions

[1]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. Some staff were not consistently obtaining ACORN and we are completing a quality improvement project and investigating a more culturally responsive outcome measure.

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$370,310	$0	$400,150	$0
Materials & Supplies	$4,068	$0	$2,968	$0
Internal Services	$186,040	$0	$190,877	$0
Total GF/non-GF	**$560,418**	**$0**	**$593,995**	**$0**
Program Total:	**$560,418**		**$593,995**	
Program FTE	2.31	0.00	2.35	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2023: 40082B School Based Mental Health Services - In/Out of Scope Services

The ACORN outcome measure has not reached 65% as expected, we are currently working on a quality improvement project and considering moving away from the ACORN.
SBMH referrals did not reach the anticipated 1,000 because our referral process has become more efficient and we are able to turn off the referral form when MHCs are full and we have asked the SHC to not send higher acuity to the program.
The K12 case management services have expanded to cover Kindergarten through 12th grade. There will be six Case Managers hired, which accounts for the FY24 Output increase. The K12 output was lower than expected due to the fact that we had multiple staff vacancies.

Multnomah County

Program #40083 - Behavioral Health Prevention Services

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Anthony Jordan
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:			
Program Characteristics:	In Target		

Executive Summary

The Behavioral Health Prevention Services program is 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 Description

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).
Mental Health First Aid (including Youth Mental Health First Aid) is a 1-day evidence-based training offered to community members through the Tri-County “Get Trained to Help” website. The BHD Prevention program staff, in addition to subcontractors, facilitate training throughout the year. 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.QPR is a suicide awareness and prevention training, provided to churches, organizations and businesses, colleges and schools, social groups and general community members. QPR is the most widely utilized training offered through the BHD program due to its accessibility for a broad audience.

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 Psychological Autopsy Investigation based on the American Association Of Suicidology tool, and modified to be more trauma informed and culturally responsive to our community needs. 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	# of individuals trained in Mental Health First Aid, ASIST, OPR and/or CALM and safeTalk.	399	450	450	450
Outcome	% of individuals who report greater understanding of mental illness and/or suicide prevention.	92%	85%	85%	85%
Output	Perform 25-30 psychological autopsies (if full time, 50-60 psychological autopsies).	35	45	35	35
Outcome	Improve MC understanding of completed suicide trends for FY20 through a deep analysis and report.	100%	100%	100%	100%

Performance Measures Descriptions

Legal / Contractual Obligation

OAR 309-019-0150 Community Mental Health Programs
2022-2023 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$226,703	$172,252	$122,426	$356,364
Contractual Services	$43,400	$0	$35,000	$12,673
Materials & Supplies	$3,028	$2,076	$14,206	$9,522
Internal Services	$31,713	$41,438	$34,798	$43,319
Total GF/non-GF	**$304,844**	**$215,766**	**$206,430**	**$421,878**
Program Total:	**$520,610**		**$628,308**	
Program FTE	1.58	1.22	0.80	2.50

Program Revenues				
Intergovernmental	$0	$215,766	$0	$421,878
Total Revenue	**$0**	**$215,766**	**$0**	**$421,878**

Explanation of Revenues

This program generates $38,506 in indirect revenues.
State $ 160,000 - OHA Suicide Prevention
Federal $ 124,205 - Federal PE 60 Suicide Prevention
State $ 12,673 - Family & Youth Local 2145 Beer and Wine Tax
Federal $ 125,000 - SAMSHA MH Aware. Training TBD

Significant Program Changes

Last Year this program was: FY 2023: 40083 Behavioral Health Prevention Services

*Due to COVID-19 and the impact on in-person training, our training model adapted to offer hybrid, virtual, and in person training with frequently smaller class sizes to manage health and safety. We partnered with MESD to create a grief readiness and response suicide and violent death postvention series, which launched in a cohort model in June. We are now able to teach Connect postvention training along with a new version of Oregon Calm which we began offering at the end of FY 22. .

Multnomah County

Program #40084A - Culturally Specific Mental Health Services — FY 2024 Department Requested

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

Executive Summary

Multnomah County affirms 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. 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.

Program Description

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 county contracts for mental health services for individuals from communities with significant disparities in access to both treatment services and education/prevention opportunities.to ensure that all members of our community have treatment options that incorporate specific cultural needs 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 hospitals, 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Total culturally diverse individuals receiving services[1]	622	900	747	900
Outcome	Culturally specific persons served per 1,000 culturally diverse in population [2]	2.5	3.6	3.0	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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Contractual Services	$1,897,008	$0	$2,027,713	$0
Total GF/non-GF	**$1,897,008**	**$0**	**$2,027,713**	**$0**
Program Total:	**$1,897,008**		**$2,027,713**	
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 2023: 40084A Culturally Specific Mental Health Services

The program has expanded the provider base and the specific populations that are being served by the current providers.

Multnomah County

Program #40084B - Culturally Specific Mobile Outreach and STP

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Christa Jones
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:			
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 Description

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. Permitting for the new site and a variety of site issues have delayed the full opening. During this time a temporary site was selected and was ready for a limited number of clients and referrals as of the end of November.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Total number of individuals served	N/A	50	22	50
Outcome	% of referrals accepted into the program (1)	N/A	90%	N/A	90%
Outcome	Individuals placed in or retained in residential services, transitional and/or permanent housing or higher care.	N/A	90%	N/A	90%

Performance Measures Descriptions

The program is still in the pilot phase and is not fully operational. Available values are based on limited portions of the current program that have already started.
(1) Percentage of referrals that are accepted into the program which demonstrates that the referral process is effective and well-communicated.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Contractual Services	$738,800	$0	$764,942	$0
Total GF/non-GF	**$738,800**	**$0**	**$764,942**	**$0**
Program Total:	**$738,800**		**$764,942**	
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 2023: 40084B Culturally Specific Mobile Outreach and STP

Multnomah County

Program #40085 - Adult Addictions Treatment Continuum

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Anthony Jordan
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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, prosocial/drug-free activities, basic needs support, etc.

Program Description

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 our 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. The Addictions Unit remains committed to supporting peer run and culturally specific organizations.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number served in treatment and recovery support services	2087	3500	2289	3500
Outcome	Percentage of clients who successfully complete outpatient treatment (1)	46%	42%	48%	42%

Performance Measures Descriptions

1) "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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$545,745	$326,464	$554,743	$312,145
Contractual Services	$1,579,331	$9,811,845	$1,732,837	$10,550,702
Materials & Supplies	$23,323	$2,719	$14,246	$537
Internal Services	$133,078	$36,408	$136,474	$26,218
Total GF/non-GF	**$2,281,477**	**$10,177,436**	**$2,438,300**	**$10,889,602**
Program Total:	**$12,458,913**		**$13,327,902**	
Program FTE	3.35	2.20	3.35	2.05

Program Revenues				
Intergovernmental	$0	$10,177,436	$0	$10,889,602
Total Revenue	**$0**	**$10,177,436**	**$0**	**$10,889,602**

Explanation of Revenues

This program generates $2,248 in indirect revenues.
State $ 645,292 - Local 2145 Beer and Wine Tax
Federal $ 4,361,770 - SAPT Block Grant
Federal $ 1,265,400 - TANF A&D 67 Award
State $ 321,499 - OHA Peer Delivered Services
State $ 4,095,641 - State Mental Health Grant based on 2021 IGA with State of Oregon
Federal $ 200,000 - OHA Ryan White Mental Health;

Significant Program Changes

Last Year this program was: FY 2023: 40085 Adult Addictions Treatment Continuum

Pandemic impacts across SUD providers: staff shortages; service/program disruption & staffing gaps; operating at reduced censuses ; 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 FY22/FY23 may represent an undercount.

Multnomah County

Program #40086 - Addiction Services Gambling Treatment & Prevention — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Anthony Jordan
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

Multnomah County's Problem Gambling Services (PGS) 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. Problem Gambling Services includes both prevention and treatment resources, placing emphasis on quality of life issues for the person who gambles, their family members, and communities. Problem Gambling (PG) prevention programming focuses on increasing awareness of PG as an issue and develops strategies for the prevention of PG disorders. 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 their family with 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 FY23, we expanded PGS to include new staff in both prevention and treatment. The PGS will now have one FTE dedicated to care coordination for individuals seeking or referred into treatment for problematic gambling. Our PGCC will dedicate their time to expanding our provider network, including focused attention on culturally specific providers. In addition, our prevention programming will increase capacity by hiring interns to focus on developing problem gambling prevention messaging that are culturally and linguistically appropriate.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	1. Number of gamblers and family members accessing treatment annually	73	200	100	200
Outcome	2. Gambler successful treatment completion rate	39.8%	30%	30%	30%
Outcome	3. Percent of clients receiving Care Coordination services, successfully placed in gambling treatment or re	N/A	60%	60%	60%
Output	4. Number of problem gambling prevention activities delivered*	N/A	20	20	22

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. 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. 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$203,409	$0	$482,359
Contractual Services	$0	$707,672	$0	$949,920
Materials & Supplies	$0	$7,751	$0	$17,964
Internal Services	$0	$16,698	$0	$47,664
Total GF/non-GF	**$0**	**$935,530**	**$0**	**$1,497,907**
Program Total:	**$935,530**		**$1,497,907**	
Program FTE	0.00	1.50	0.00	3.20

Program Revenues				
Intergovernmental	$0	$935,530	$0	$1,497,907
Total Revenue	**$0**	**$935,530**	**$0**	**$1,497,907**

Explanation of Revenues

State $ 1,203,097 - State Mental Health Grant: Problem Gambling Treatment Services based on IGA with State of Oregon
State $ 294,810 - State Mental Health Grant: Problem Gambling Prevention Services based on IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2023: 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: The impacts of the pandemic are still being felt by providers and showing in our rates.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. These continued impacts have 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

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Anthony Jordan
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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 by using strategies that center on racially, culturally, and linguistically specific practices 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 increasing the number of youth in our community that meet the Positive Youth Development benchmark (as measured by the Oregon Student Health Survey). In FY24, the ADPEP program will also be focusing on improving evaluation measures across the county and for subcontractor programming. This goal includes identifying barriers and assisting schools in participating in the Oregon Student Health Survey, as well as providing technical assistance and support for prevention subcontractors.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	1. Adults and youth served by prevention services and programming	3656	1000	1000	1000
Outcome	2. Prevention activity participants with improved awareness and/or educational outcomes	70%	80%	75%	70%

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$151,644	$0	$183,317
Contractual Services	$0	$270,597	$0	$491,172
Materials & Supplies	$0	$37,863	$0	$50,075
Internal Services	$0	$18,217	$0	$21,419
Total GF/non-GF	**$0**	**$478,321**	**$0**	**$745,983**
Program Total:	**$478,321**		**$745,983**	
Program FTE	0.00	1.30	0.00	1.30

Program Revenues				
Intergovernmental	$0	$478,321	$0	$745,983
Total Revenue	**$0**	**$478,321**	**$0**	**$745,983**

Explanation of Revenues

This program generates $16,441 in indirect revenues.
State $ 41,667 - Oregon Alcohol and Drug Prevention Education Program (ADPEP)
Federal $ 230,785 - SNAP Drug Free Community Grant
Federal $ 423,531 - Oregon Alcohol and Drug Prevention Education Program (ADPEP) SAPT block grant and State general funds.
Federal $ 50,000 - STOP Act Grant SAMHSA
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 2023: 40087 Addiction Services Alcohol & Drug Prevention

The FY24 program anticipates serving a similar number of individuals as FY23. Pandemic-related policies in schools and community based programs continue to impact our subcontractors ability to serve individual schools.

Multnomah County

Program #40088 - Coordinated Diversion for Justice Involved Individuals

FY 2024 Department Requested

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

Executive Summary

Coordinated diversion includes three forensic diversion programs for criminal, legal system-exposed individuals who experience serious mental illness. Programs provide assessments and care coordination to divert people from lengthy jail and state hospital stays and promote stability in the community. Black, Indigenous and People of Color (BIPOC) communities are overrepresented in the forensic population. Programs' equity practices include: participation in system improvement at the state and local level, creating workforce diversity, assuring that assessment tools, curriculum and forms are provided in a person's native language, and connecting clients to culturally specific resources and services.

Program Description

Aid and assist services assess, consult, and provide care coordination for individuals who have been deemed unable to aid and assist in the defense of criminal charges filed against them. In accordance with Oregon Revised Statute (ORS), Oregon Administrative Rule (OAR), and Court orders, aid and assist staff evaluate individuals for community based treatment options, maintain contact with all persons ordered to Oregon State Hospital (OSH), participate in care meeting and facilitate discharge planning for hospitalized individuals, provide community based care coordination and service linkage, make regular reports to the Court regarding the status of individuals who are unable to aid and assist.

Mental Health Court is a specialty court for individuals who have been found guilty of a crime and agree to participate in mental health treatment and probation in order to divert from prison sentences. The court team is comprised of BHD staff, probation officers, treatment providers, legal counsel, and peer support services. BHD staff assess persons referred to Mental Health Court and make recommendations regarding treatment needs and treatment availability; provide care coordination and case management services to court participants to support participants' treatment needs, housing needs, applications for benefits, and accessing other needed services. Staff provide regular reports and consultation to the court about the intersection of one's mental health needs and Court requirements. Jail Diversion services are time limited support provided to individuals with a history of judicial involvement who are at risk of further legal exposure due to psychiatric instability. Care Coordination and case management services are provided to refer and connect individuals to crisis services, mental health services, housing supports, and benefit programs to promote psychiatric stability and reduce risk of legal exposure.

In FY23, BHD received funding from the Criminal Justice Council (CJC) IMPACTS grant and the Oregon Health Authority to develop a program to address the gap in treatment services available in our community. The Bridge Treatment Team will identify individuals who are already legally and criminally exposed through the Aid and Assist program and those who are at risk of legal/criminal exposure.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	# of participants served by Forensic Diversion	341	300	354	350
Outcome	% of participants served in the Community by Forensic Diversion	25%	30%	23%	25%
Output	# of individuals served by Bridge Treatment Team (1)	NEW	NEW	NEW	75
Outcome	% of active clients who achieve intake +1 appointment with community treatment and/or community supports fro	NEW	NEW	NEW	45%

Performance Measures Descriptions

(1) New output for the Bridge Treatment team will identify the individuals being supported by this program. (2) New outcome for the Bridge Treatment team during the first year of programming will identify percentage of clients being connected to longer term supports at conclusion of brief treatment program, excluding those who are determined to have benefited from brief treatment alone, those who disengage from services and those who are referred to a higher level of care.

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$530,183	$1,630,152	$863,470	$2,739,996
Contractual Services	$611,538	$885,300	$686,643	$1,562,056
Materials & Supplies	$2,611	$1,726	$2,741	$237,118
Internal Services	$204,046	$151,301	$210,698	$291,811
Total GF/non-GF	**$1,348,378**	**$2,668,479**	**$1,763,552**	**$4,830,981**
Program Total:	**$4,016,857**		**$6,594,533**	
Program FTE	3.80	10.70	4.80	17.70

Program Revenues				
Intergovernmental	$0	$2,668,479	$0	$4,830,981
Total Revenue	**$0**	**$2,668,479**	**$0**	**$4,830,981**

Explanation of Revenues

This program generates $161,767 in indirect revenues.
State $ 1,227,501 - Oregon Health Authority: Aid & Assist Grant
State $ 1,588,479 - State Mental Health Grant: MHS Special Projects based on 2019-2021 IGA with State of Oregon
State $ 1,200,000 - Assist Population - Jail Diversion
State $ 815,001 - State Improving People's Access to Community-based Treatment (IMPACT)

Significant Program Changes

Last Year this program was: FY 2023: 40088 Coordinated Diversion for Justice Involved Individuals

The Bridge Treatment Team is in development and will identify individuals who are already legally and criminally exposed through the Aid and Assist program and those who are at risk of legal/criminal exposure. The time-limited program will clinically support individuals until longer term treatment options are available and will be staffed by FY24.

Multnomah County

Program #40089 - Addictions Detoxification & Post Detoxification Housing

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Anthony Jordan
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 into 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 Description

This program provides clinical and medical care to individuals in withdrawal from substance use.. 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of unique indigent individuals receiving Withdrawal Management services annually*	72	80	80	80
Outcome	% of individuals served in Care Coord., exiting withdrawal mgmt & transitioning to another level of care	91%	94%	80%	80%
Output	Number of clients served in Care Coordination transition services**	2,192	2260	2000	2260
Output	Number of individuals receiving supportive housing***	217	370	370	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. 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$84,568	$0	$92,895
Contractual Services	$1,552,807	$695,026	$1,608,079	$732,205
Internal Services	$0	$4,097	$0	$3,979
Total GF/non-GF	**$1,552,807**	**$783,691**	**$1,608,079**	**$829,079**
Program Total:	**$2,336,498**		**$2,437,158**	
Program FTE	0.00	0.50	0.00	0.50

Program Revenues				
Intergovernmental	$0	$783,691	$0	$829,079
Total Revenue	**$0**	**$783,691**	**$0**	**$829,079**

Explanation of Revenues

Federal $ 274,292 - State Mental Health Grant: A&D Detoxification Housing Block Grant based on IGA with State of Oregon.
State $ 554,787 - 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 2023: 40089 Addictions Detoxification & Post Detoxification Housing

Through the pandemic SUD providers have grappled with staff shortages;; operating at reduced capacity; This impacted providers' ability to collect/report data on time. OHA paused many reporting requirements for FY22. Hence, the performance measures for FY22 & FY23 are likely not true indicators of need/ utilization. In FY21, the output related to the number of individuals served in withdrawal management services changed to 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.

Multnomah County

Program #40090 - Family & Youth Addictions Treatment Continuum

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Anthony Jordan
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:			
Program Characteristics:	In Target		

Executive Summary

This Family Youth and Addictions Treatment Continuum 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.

Program Description

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.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	1) Number of annual outreach and engagement events	N/A	100	100	100
Outcome	2) Number of unduplicated attendees at events.	N/A	N/A	N/A	100

Performance Measures Descriptions

1)Data is collected from the provider's monthly outreach services report. 2) This is a new data measure that will be added to providers FY24 contracts and tracked via their monthly outreach services report.

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Contractual Services	$114,396	$153,456	$118,468	$157,528
Materials & Supplies	$0	$2,151	$0	$2,259
Total GF/non-GF	**$114,396**	**$155,607**	**$118,468**	**$159,787**
Program Total:	**$270,003**		**$278,255**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$155,607	$0	$159,787
Total Revenue	**$0**	**$155,607**	**$0**	**$159,787**

Explanation of Revenues

State $ 66,700 - Local 2145 Beer & Wine Tax
State $ 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 2023: 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. Performance measure #1 has been updated to better reflect the data that SUD providers have to collect. Reporting requirements to collect data needed for program measure #2 will be added to FY 24 contract renewals.

Multnomah County

Program #40091 - Family Involvement Team

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Anthony Jordan
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:			
Program Characteristics:	Backfill State/Federal/Grant, In Target		

Executive Summary

The Family Involvement Team (FIT) for Recovery program is a collaboration with the Oregon Department of Human Services (DHS) Child Welfare, Substance Use Disorder (SUD) treatment and recovery support providers, social service agencies, and the 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 by individuals with lived experience with the Child Welfare system.

Program Description

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.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	1) Number of FIT referrals per year	793	770	770	770
Outcome	2) % of FIT clients referred who enter treatment	38%	27%	27%	27%

Performance Measures Descriptions

1) Measure changed in FY22, see significant program changes for details. 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Contractual Services	$32,380	$328,062	$34,656	$356,139
Total GF/non-GF	**$32,380**	**$328,062**	**$34,656**	**$356,139**
Program Total:	**$360,442**		**$390,795**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$328,062	$0	$356,139
Total Revenue	**$0**	**$328,062**	**$0**	**$356,139**

Explanation of Revenues

State $ 356,139 - State Mental Health Grant SE 66Family Involvement Team (FIT) based on IGA with the State.

Significant Program Changes

Last Year this program was: FY 2023: 40091 Family Involvement Team

Pandemic impacts across SUD providers: staff shortages (especially compounding the historic need for BIPOC staff with BH certification); service/program disruption & staffing gaps; operating at reduced censuses; 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

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Jessica Guernsey
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:	40199T		
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 Description

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.

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	# of Multnomah County Public Health Advisory Board meetings	11	12	12	12
Outcome	# of presentations to BOH about strategies that address disparities within BIPOC communities	17	7	7	7
Output	# of cultural specific and multicultural community partners and events that promote health equity	96	85	138	150

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$2,029,448	$2,717,336	$2,318,625	$3,907,609
Contractual Services	$807,970	$947,129	$631,874	$2,001,402
Materials & Supplies	$241,936	$201,299	$170,542	$153,993
Internal Services	$455,332	$382,115	$470,229	$614,185
Total GF/non-GF	**$3,534,686**	**$4,247,879**	**$3,591,270**	**$6,677,189**
Program Total:	**$7,782,565**		**$10,268,459**	
Program FTE	12.15	18.09	13.06	24.42

Program Revenues				
Intergovernmental	$0	$4,247,879	$0	$6,677,189
Total Revenue	**$0**	**$4,247,879**	**$0**	**$6,677,189**

Explanation of Revenues

This program generates $545,893 in indirect revenues.
$ 600,000 - FY24-PHPlaceholder-06
Federal: $ 2,367,216 - Federal Strengthening Public Health Infrastructure & Workforce 93.967
Federal: $ 150,000 - MCH Title V: Child and Adolescent Health - FGC
Federal: $ 550,000 - NIH Marijuana Legalization
State: $ 85,000 - Behavioral Risk Factor Survey System
Federal: $ 500,000 - PDES Morbidity Monitoring Project
State: $ 17,500 - HIV Program Planning & Evaluation
State: $ 190,500 - PDES Public Health Modernization Support
$ 343,520 - Tobacco Prevention - GY12
$ 121,500 - Alaska Obesity EAP - GY08
$ 45,000 - Chronic Disease - Cancer Programs - GY02

Significant Program Changes

Last Year this program was: FY 2023: 40096A Public Health Office of the Director

In FY24, Program Design and Evaluation Services (PDES) has been pulled out into program offer (40048).

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.

New positions positions will support key public health capabilities and infrastructure to stabilize the Division after the COVID

Multnomah County

Program #40096B - Public Health In/Out of Scope Services

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Jessica Guernsey
Program Offer Type:	Support	**Program Offer Stage:**	Department 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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$576,700	$0	$548,291	$0
Materials & Supplies	$79,617	$0	$0	$0
Total GF/non-GF	**$656,317**	**$0**	**$548,291**	**$0**
Program Total:	**$656,317**		**$548,291**	
Program FTE	4.27	0.00	3.87	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2023: 40096B Public Health In/Out of Scope Services

Multnomah County

Program #40097 - Parent, Child, and Family Health Management

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Elizabeth Carroll
Program Offer Type:	Support	**Program Offer Stage:**	Department Requested
Related Programs:	40199T		
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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,119,759	$22,021	$1,094,714	$70,170
Contractual Services	$61,000	$100,000	$13,400	$100,000
Materials & Supplies	$36,599	$53,984	$44,787	$53,992
Internal Services	$156,365	$2,960	$162,700	$9,803
Total GF/non-GF	**$1,373,723**	**$178,965**	**$1,315,601**	**$233,965**
Program Total:	**$1,552,688**		**$1,549,566**	
Program FTE	9.00	0.17	8.00	0.44

Program Revenues				
Intergovernmental	$0	$178,965	$0	$233,965
Total Revenue	**$0**	**$178,965**	**$0**	**$233,965**

Explanation of Revenues

This program generates $9,803 in indirect revenues.
Federal $ 153,965 - State: MCH Child and Adoles Grant
Federal $ 80,000 - Early Home Visit Grant

Significant Program Changes

Last Year this program was: FY 2023: 40097 Parent, Child, and Family Health Management

Staff reductions include 1 FTE OA SR. Program enhancements include the Epic EHR build and roll-out. Quality assurance via real time data will improve work flows and alter some staff roles. Space consolidation, and changing productivity expectations, reflective of the “new normal” of an integrated telework/ hybrid workforce, will be underway in FY24. Several RFPs, including the Healthy Families RFP, are planned for FY24, and will require Administrative staff supports.

Multnomah County

Program #40099A - Early Childhood Mental Health Program — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Yolanda Gonzalez
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:			
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 Description

Early Childhood Mental Health Consultants provide a comprehensive continuum of culturally relevant mental health services to over 5,000 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Total children receiving prevention services.	5,214	4,700	5,214	5,000
Outcome	Overall social/emotional supports in place in Head Start classrooms based on TPOT data²	N/A	75%	N/A	75%
Output	Total children receiving culturally specific treatment services ³	25	30	24	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. This is an in person tool and since positions were hybrid this year it was not able to be utilized. A tool that better captures outcomes from a racial justice lens is being investigated. ³ Treatment=Clients provided services

Legal / Contractual Obligation

Head Start Revenue Contracts

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$1,415,132	$353,229	$1,550,128	$375,372
Contractual Services	$40,560	$166,465	$176,345	$613
Materials & Supplies	$7,807	$456	$8,197	$478
Internal Services	$49,453	$174,336	$70,090	$167,927
Total GF/non-GF	**$1,512,952**	**$694,486**	**$1,804,760**	**$544,390**
Program Total:	**$2,207,438**		**$2,349,150**	
Program FTE	9.43	2.46	9.43	2.46

Program Revenues				
Intergovernmental	$0	$401,528	$0	$401,528
Beginning Working Capital	$0	$165,852	$0	$0
Service Charges	$0	$127,106	$0	$142,862
Total Revenue	**$0**	**$694,486**	**$0**	**$544,390**

Explanation of Revenues

$ 142,862 - Fee For Services Insurance Receipt
State: $ 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 2023: 40099A Early Childhood Mental Health Program

FY22 Output for prevention services increased because the program site size increased.

The TPOT was not administered this year because a new/replacement tool, the Teacher Wellbeing Survey by Daniela Falecki is currently being piloted.

Multnomah County

Program #40099B - Preschool For All Early Childhood

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Yolanda Gonzalez
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:	25200-25206, 72052, 72052B, 78335		
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 Description

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 1 Supervisor, 1 Program Specialist Senior, 1 Office Assistant, and 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, requiring more intensive and costly care and increasing the negative impact on marginalized families and children.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Total children receiving prevention services.	N/A	675	N/A	675
Outcome	% of Preschool for All coaches who report that they had a positive and supportive consultation experience.[1]	N/A	85%	85%	85%
Output	Total children receiving culturally specific treatment services.[2]	N/A	30	30	30

Performance Measures Descriptions

[1]This outcome measure will not be implemented until Spring of 2023 since coaches/students did not begin services until Fall of FY22.

[2] We are currently hiring for these positions and they should be in place in early 2023.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$1,497,465	$0	$1,620,174
Contractual Services	$0	$20,000	$0	$0
Materials & Supplies	$0	$4,299	$0	$4,514
Internal Services	$0	$99,984	$0	$107,027
Total GF/non-GF	**$0**	**$1,621,748**	**$0**	**$1,731,715**
Program Total:	**$1,621,748**		**$1,731,715**	
Program FTE	0.00	10.98	0.00	10.98

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

Explanation of Revenues

This program generates $58,002 in indirect revenues.
$ 1,731,715 - Preschool For All Program Fund. Although this program is funded by the Preschool for All Program Fund, the associated revenue is budgeted in the Department of County Human Services (program 25200).

Significant Program Changes

Last Year this program was: FY 2023: 40099B Preschool For All Early Childhood

The Outcome measure is not available and the Output measure is an estimate because staff have not yet been hired and currently hiring in 2023. The Program Supervisor was hired in December 2022 and will begin recruitment in 2023.

Multnomah County

Program #40099C - Early Childhood Mental Health Program - In/Out of Scope Services

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Yolanda Gonzalez
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:			
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 educational 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 Description

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 5,000children Countywide 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Total children receiving prevention services.	5,214	4,700	5,214	5,000
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. This is an in-person tool and since positions were hybrid this year it was not able to be utilized. A tool that better captures outcomes from a racial justice lens is being investigated.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$49,786	$0	$54,572	$0
Materials & Supplies	$14,551	$0	$1,807	$0
Internal Services	$33,605	$0	$44,682	$0
Total GF/non-GF	**$97,942**	**$0**	**$101,061**	**$0**
Program Total:	**$97,942**		**$101,061**	
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 2023: 40099C Early Childhood Mental Health Program - In/Out of Scope Services

FY22 Output for prevention services increased because the program site size increased.

The TPOT was not administered this year because a new/replacement tool, the Teacher Wellbeing Survey by Daniela Falecki is currently being piloted.

Multnomah County

Program #40100 - Trauma Intervention Services

FY 2024 Department Requested

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

Executive Summary

Multnomah County is invested in providing crisis response support to the community which includes providing on-scene emotional and practical support to victims, families and friends of victims, and communities impacted by traumatic events as a part of the BHD's Disaster Behavioral Health and Crisis Services programs. Over the last two years, our community has seen the impact of a pandemic, increased gun violence and increased natural disasters (severe weather, wildfire, etc). Trauma Intervention Program (TIP) services support individuals and communities impacted by these events and more. This service is provided to individuals, families, and communities in the immediate aftermath of the event and can be initiated by law enforcement or BHD to provide on scene emotional and practical support, referrals, and follow up care.

Program Description

The Trauma Intervention Program maintains a contract with both the Multnomah County Sheriff's Office as well as Multnomah County Behavioral Health Division (BHD) to support those impacted by violence, natural disasters, and other traumatic events. By maintaining this contract, the BHD is able to ensure that access to immediate on-scene support is available to the community regardless of law enforcement involvement.

TIP has a rigorous training program that regularly trains community members to provide this resource and support to the community 24 hours a day, seven days per week, every day of the year. In 2021, TIP had 203 active volunteers including 21 TIPTeens that work alongside adult volunteers to provide additional support to youth impacted by trauma. During FY22 TIP responded to over 1426 requests from Multnomah County to provide support with 4,710 individuals supported.

Additionally, during FY22 BHD has further supported County disaster response by utilizing TIP to provide after action phone calls and support to individuals staffing disaster response centers and shelters. Working in these settings can be very challenging and triggering for many of the volunteers and we have received an overwhelming positive response for providing this after action support for them.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Total number of community members served	4710	4800	4500	4800
Outcome	Percentage of community members who receive follow up contacts within 45 days	100%	90%	100%	95%

Performance Measures Descriptions

TIP continues to provide follow up to every participant that they have a phone number for. Additionally, they collect feedback on this through an email system that is dependent on respondent return. They do not currently collect data on the percentage of individuals without a phone number to follow up.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Contractual Services	$52,680	$0	$56,378	$0
Total GF/non-GF	**$52,680**	**$0**	**$56,378**	**$0**
Program Total:	**$52,680**		**$56,378**	
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 2023: 40100 Trauma Intervention Services

TIP continues to be a vital resource in our community. The addition of providing post-activation follow up support to severe weather shelters was well received an important addition to this contract over the past year.

Multnomah County

Program #40101 - Promoting Access To Hope (PATH) Care Coordination Continuum FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Anthony Jordan
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:	40085, 30407B		
Program Characteristics:	In Target		

Executive Summary

Promoting Access To Hope (PATH) was developed as a joint effort by the Health Department's 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 Description

PATH conducts outreach to persons with problematic substance use who are also houseless and at risk of criminal 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 work with individuals to identify appropriate levels of SUD treatment and recovery support services. Services 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, and other internal/external stakeholders to establish recovery goals, eliminate/navigate barriers to basic needs, and assist clients in building a recovery foundation.

PATH team members assist individuals 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 focuses on equity and underserved communities through several key approaches: 1) involvement in internal county equity initiatives; 2) employing Knowledge, Skills and, Abilities (KSA) and dual language positions within the PATH team; 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.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of unique individuals served annually in PATH outreach and care coordination services*	330	350	346	350
Outcome	Percentage of clients served annually in PATH Care Coordination that were successfully placed**	70.54%	60%	72.57%	60%

Performance Measures Descriptions

1) 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.
2) 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$515,136	$180,148	$544,122	$181,733
Contractual Services	$25,002	$0	$2,100	$0
Materials & Supplies	$39,306	$29,001	$29,708	$29,953
Internal Services	$33,093	$26,315	$37,765	$25,781
Total GF/non-GF	**$612,537**	**$235,464**	**$613,695**	**$237,467**
Program Total:	**$848,001**		**$851,162**	
Program FTE	4.00	4.90	4.08	4.82

Program Revenues				
Intergovernmental	$0	$235,464	$0	$237,467
Total Revenue	**$0**	**$235,464**	**$0**	**$237,467**

Explanation of Revenues

This program generates $13,193 in indirect revenues.
Federal $ 150,398 - Federal Ryan White Non Med Case Management
State $ 25,336 - Local 2145 Beer and Wine Tax
State $ 61,733 - 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 2023: 40101 Promoting Access To Hope (PATH) Care Coordination Continuum

Multnomah County

Program #40102 - FQHC Allied Health

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Kevin Minor
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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, Peer support specialist, care coordination case management for individuals transitioning out of inpatient psychiatric facilities and 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	AH-IBH Individual Patients Served	5,494	7,324	7,324	8,024
Outcome	AH-IBH Number of encounters completed	18,199	19,548	19,548	21,948
Output	AH-CHW Individual Patients Served	3,825	4,190	4,190	6,000
Outcome	AH-CHW Number of encounters completed	8,925	9,000	9,000	12,800

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$4,448,916	$0	$5,187,306
Contractual Services	$0	$140,500	$0	$156,500
Materials & Supplies	$0	$60,060	$0	$57,678
Internal Services	$0	$1,020,138	$0	$1,160,886
Total GF/non-GF	**$0**	**$5,669,614**	**$0**	**$6,562,370**
Program Total:	**$5,669,614**		**$6,562,370**	
Program FTE	0.00	34.47	0.00	38.84

Program Revenues				
Intergovernmental	$0	$299,862	$0	$167,000
Other / Miscellaneous	$0	$1,437,960	$0	$1,492,000
Service Charges	$0	$3,931,792	$0	$4,903,370
Total Revenue	**$0**	**$5,669,614**	**$0**	**$6,562,370**

Explanation of Revenues

This program generates $724,668 in indirect revenues.
$ 1,163,967 - Fee for Services (FFS) - FQHC Medicaid Wraparound
$ 1,492,000 - Other - Medicaid Quality and Incentives
Federal $ 167,000 - Federal - Primary Care (PC) 330 - 93.224
$ 1,857,073 - Fee for Services (FFS) - Medicaid - Care Oregon
$ 1,223,753 - Fee for Services (FFS) - Medicaid
$ 447,085 - Fee for Services (FFS) - Medicare
$ 127,492 - Fee for Services (FFS) - Patient Fees 3rd Party
$ 84,000 - Fee for Services (FFS) - Patient Fees
This program is support by medical fee and related Medicaid incentive and quality based incentive funds.

Significant Program Changes

Last Year this program was: FY 2023: 40102 FQHC Allied Health

Additional behavioral health roles have been incorporated into allied health. These roles are distributed across multiple health center locations.

Multnomah County

Program #40103 - FQHC-Quality Assurance

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Brieshon D'Agostini
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$4,732,359	$0	$4,786,968
Contractual Services	$0	$203,762	$0	$559,079
Materials & Supplies	$0	$92,505	$0	$107,283
Internal Services	$0	$1,285,392	$0	$1,327,122
Total GF/non-GF	**$0**	**$6,314,018**	**$0**	**$6,780,452**
Program Total:	**$6,314,018**		**$6,780,452**	
Program FTE	0.00	23.26	0.00	29.00

Program Revenues				
Intergovernmental	$0	$269,900	$0	$150,000
Other / Miscellaneous	$0	$2,547,768	$0	$2,737,500
Beginning Working Capital	$0	$1,045,000	$0	$1,045,000
Service Charges	$0	$2,451,350	$0	$2,847,952
Total Revenue	**$0**	**$6,314,018**	**$0**	**$6,780,452**

Explanation of Revenues

This program generates $668,739 in indirect revenues.

$ 2,847,952 - Fee for Services (FFS) - FQHC Medicaid Wraparound
$ 1,045,000 - Other - Medicaid Quality and Incentives
$ 2,737,500 - Other - Medicaid Quality and Incentives
Federal $ 150,000 - Federal - Primary Care (PC) 330 - 93.224

Significant Program Changes

Last Year this program was: FY 2023: 40034 FQHC-Administration and Operations

The program contains staffing in support of the Racial Equity Diversity and Inclusion Initiative. In FY24, the equity positions are updated to be permanent, reflecting the need for ongoing investment into program support and development in equity programming. Specific limited duration ARPA roles from FY23 will be removed for FY24.

Multnomah County

Program #40105A - Behavioral Health Resource Center (BHRC) - Day Center — FY 2024 Department Requested

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

Executive Summary

The Behavioral Health Resource Center (BHRC) is peer-led and is designed to support adults (18+) who are experiencing serious behavioral health challenges, trauma and houselessness. The BHRC prioritizes meeting individuals' basic needs in the short-term, while working with partners to improve program processes to allow for access to more stable support in the long-term. Services are inclusive, low-barrier, safer, trauma-informed and culturally responsive. The three BHRC programs are: a Day Center, a Behavioral Health Shelter and a Bridge Housing program and will be operated by contracted providers. The BHRC Day Center opened in December of 2022. The Shelter and Bridge Housing programs will open in Spring of 2023. Operating at full capacity the BHRC will provide critical support and services to over 200 houseless individuals daily.

Program Description

This offer includes the BHRC Day Center, shelter and Bridge Housing programs. The Day Center operates on the first and second floors of the facility which opened in December 2022. The Day Center is open 15 hours per day and serves as an entry point for individuals that are experiencing trauma, behavioral health challenges and/or homelessness. The Day Center provides an array of services, including access to showers, bathrooms, laundry, clothing, computers, charging stations and calming spaces to relax and gain support from peer staff with lived experience. The Mental Health and Addictions Association of Oregon (MHAAO), a peer-run and peer-led nonprofit, is the contracted provider for the Day Center. A team of 29 MHAAO peers staff members oversee the Day Center operations and connect with peer participants to increase peer engagement, efficacy and wellness.

The Behavioral Health Shelter program will have 33 beds and be a mixed gender shelter. The length of stay is 1-30 days. The Bridge Housing program will provide 19 beds, offer mixed gender housing, and the length of stay is 1-90 days. The participants that utilize the shelter can choose to enter the Bridge Housing Program and develop stable and long term plans for wellness and housing. Both programs will be operated by the same contract provider, be staffed by professionals with lived experience, and be supported by clinical staff. Pets are also welcome in both Programs.

Both programs will have the opportunity to connect with the social services provided in BHRC Day Center and their individual program staff. The BHRC has invited community partners to collaborate toward a collective effort to support program participants at the BHRC. The facility has designated office space(s) on each floor to offer community providers and partners the opportunity to access the BHRC. The BHRC facility offers access to wifi, computer stations, activity space, printing, and basic physical needs (restrooms, shower, laundry, water, snacks, coffee, & tea). The BHRC Day Center vision is to have community partners connect with program participants on site, offer services, make referrals to partnering organizations, establish housing plans, offer skill shares, and art classes; the sky's the limit. The BHRC leadership and MHAAO has worked to establish the BHRC Community Partner (CP): agreements, schedule, and menu of services that will be offered to peer participants, ongoing.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of individuals receiving peer delivered services and access to basic needs daily	NEW	150	136 (1)	150
Outcome	Percent of participants using shelter beds will engage in service planning to address behavioral health and housin	NEW	50%	NEW	50%
Outcome	Percent of participants will have access to onsite supports, including basic needs and social connection.	NEW	90%	NEW	90%
Outcome	Percent of individuals served daily will use onsite connection to community supports.	NEW	50%	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. Since we have combined this program offer with 40105B, we have added in a shelter and bridge housing specific outcome for FY24. (1) FY23 estimate is based on the number of individuals that received services Dec 5- Jan 1, 2023.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$494,111	$0	$384,674
Contractual Services	$751,095	$1,772,928	$0	$1,434,987
Materials & Supplies	$4,000	$43,273	$0	$10,500
Internal Services	$765,364	$456,193	$1,339,025	$200,169
Total GF/non-GF	**$1,520,459**	**$2,766,505**	**$1,339,025**	**$2,030,330**
Program Total:	**$4,286,964**		**$3,369,355**	
Program FTE	0.00	2.50	0.00	1.50

Program Revenues				
Intergovernmental	$0	$2,266,505	$0	$2,030,330
Beginning Working Capital	$0	$500,000	$0	$0
Total Revenue	**$0**	**$2,766,505**	**$0**	**$2,030,330**

Explanation of Revenues

This program generates $53,738 in indirect revenues.
State: $ 1,335,000 - BHRC HUD Funding
Federal: $ 500,000 - HSO - Behavioral Health Resource Center
Federal: $ 75,113 - Trillium - Behavioral Health Resource Center (BHRC)
State: $ 120,217 - OHA Behavioral Health Community Mental Health Programs & Capital - BHRC

Significant Program Changes

Last Year this program was: FY 2023: 40105A Behavioral Health Resource Center (BHRC) - Day Center

Since last year, the BHRC Day Center has opened its doors to the community and shelter and Bridge Housing programs are in development.

Multnomah County

Program #40105B - Behavioral Health Resource Center (BHRC) - Shelter/Housing — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Christa Jones
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:	30407B		
Program Characteristics:	In 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, Behavioral Health Shelter and the Bridge Housing programs.

Program Description

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 are slated to open in winter 2022/2023. These programs 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. Funding will come from local and state sources including $1,000,000 from Metro/Supportive Housing Services.

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	% of bridge housing participants have individualized housing plans & behavioral health support engagement	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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Contractual Services	$0	$1,186,723	$291,104	$1,866,852
Materials & Supplies	$0	$30,476	$0	$0
Internal Services	$653,973	$176,296	$807,041	$88,148
Total GF/non-GF	**$653,973**	**$1,393,495**	**$1,098,145**	**$1,955,000**
Program Total:	**$2,047,468**		**$3,053,145**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$1,393,495	$0	$1,955,000
Total Revenue	**$0**	**$1,393,495**	**$0**	**$1,955,000**

Explanation of Revenues

State: $ 1,890,000 - FY24 BHPlaceholder- FIOC
State: $ 65,000 - CHOICE Funding

Significant Program Changes

Last Year this program was:

Multnomah County

Program #40105C - Behavioral Health Resource Center (BHRC) - Day Center CGF Support

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Thomas Bialozor
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:	40105A, 40105B, 40105C		
Program Characteristics:	Out of Target		

Executive Summary

The Behavioral Health Resource Center (BHRC) is peer-led and is designed to support adults (18+) who are experiencing serious behavioral health challenges, trauma and houselessness. The BHRC prioritizes meeting individuals' basic needs in the short-term, while working with partners to improve program processes to allow for access to more stable support in the long-term. Services are inclusive, low-barrier, safer, trauma-informed and culturally responsive. The three BHRC programs are: a Day Center, a Behavioral Health Shelter and a Bridge Housing program and will be operated by contracted providers. The BHRC Day Center opened in December of 2022. The Shelter and Bridge Housing programs will open in Spring of 2023. Operating at full capacity the BHRC will provide critical support and services to over 200 houseless individuals daily.

Program Description

This offer includes contractual services for the BHRC Day Center. The Day Center operates on the first and second floors of the facility which opened in December 2022. The Day Center is open 15 hours per day and serves as an entry point for individuals that are experiencing trauma, behavioral health challenges and/or homelessness. The Day Center provides an array of services, including access to showers, bathrooms, laundry, clothing, computers, charging stations and calming spaces to relax and gain support from peer staff with lived experience. The Mental Health and Addictions Association of Oregon (MHAAO), a peer-run and peer-led nonprofit, is the contracted provider for the Day Center. A team of 29 MHAAO peers staff members oversee the Day Center operations and connect with peer participants to increase peer engagement, efficacy and wellness.

The BHRC leadership and MHAAO has worked to establish the BHRC Community Partner (CP): agreements, schedule, and menu of services that will be offered to peer participants, ongoing.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of individuals receiving peer delivered services and access to basic needs daily	NEW	150	136	150
Outcome	Percent of participants using shelter beds will engage in service planning to address behavioral health and housin	N/A	50%	New	50%

Performance Measures Descriptions

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Contractual Services	$0	$0	$2,500,000	$0
Total GF/non-GF	**$0**	**$0**	**$2,500,000**	**$0**
Program Total:	**$0**		**$2,500,000**	
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 2023: 40105A Behavioral Health Resource Center (BHRC) - Day Center

Multnomah County

Program #40106 - Health Officer In/Out of Scope Services

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Jennifer Vines
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:	40002		
Program Characteristics:	In Target		

Executive Summary

Health Officer Division portion of Integrated Clinical Services Division, Clinical Support 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 Description

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 patient's 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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					

Performance Measures Descriptions

Legal / Contractual Obligation

none

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Materials & Supplies	$44,492	$0	$46,717	$0
Total GF/non-GF	**$44,492**	**$0**	**$46,717**	**$0**
Program Total:	**$44,492**		**$46,717**	
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 $46,717

Significant Program Changes

Last Year this program was: FY 2023: 40106 Health Officer In/Out of Scope Services

This is a new fee being assessed beginning FY23

Multnomah County

Program #40107 - Corrections Health Staff Augmentation

FY 2024 Department Requested

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

Executive Summary

Corrections Health continues to struggle with staffing issues and burnout. Much of this burnout is resulting in increased sick calls and vacation requests further exacerbating staffing issues and resulting in a higher number of mandates which in turn contributes to further burnout. To get out of this cycle CH is proposing an increase to each of our shift counts (the number of nurses assigned to a shift) by 2 (by 1 at JDH).

Program Description

The staffing augmentation proposal means that the number of nurses regularly scheduled to each shift would increase so if there is a call out or staff request vacation, that shift is able to work without that nurse and without mandating a nurse from the previous shift, asking current staff to pick up that shift as overtime or rely on expensive agency staff. This is a strategy that has been used successfully by King Co. Jail Health when they were sued for using mandates as a regular solution to staffing issues. Last year CH mandated 548 times. That's 46 mandates on average per month. The hope is that the increased spending on permanent staff will result in decreased spending in overtime, temp and agency staffing expenses, as well as a reduction in the cost related to continuously orienting and training new staff as a result of retention issues. CH is reducing our CHN related on-call, temp and overtime budget to help pay for the additional positions. As we fill the vacant positions the need to rely on overtime and temporary staff is expected to decrease. These additional positions acknowledge the continued demand placed on our medical staff to serve a population that suffers from many chronic health and acute medical issues. Because we work in a jail we are unable to close or not serve patients due to staffing levels and so must continue to rely on the limited staff that are available. As the acuity of the population and total number continued to increase after COVID we need to grow to meet that need. Increased number of available staff, reduced mandated shifts, more effective patient care with longer term improvement in recruitment and retention. A disproportionate percentage of the BIPOC community are incarcerated in Multnomah County. Reduction in CH direct service impacts the care we are able to provide to this population. Those incarcerated in Jail cannot seek health or mental health services outside of what is provided by Corrections Health. Continued use of mandates, on-call staff and staffing agencies. These strategies result in increased spending in overtime, on-call and temp and professional services.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Reduction in Mandated Overtime shifts	N/A	N/A	600	300
Outcome	Reduction of staff burnout as measured by vacant nursing positions	N/A	N/A	N/A	90% filled

Performance Measures Descriptions

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$0	$1,211,108	$0
Total GF/non-GF	**$0**	**$0**	**$1,211,108**	**$0**
Program Total:	**$0**		**$1,211,108**	
Program FTE	0.00	0.00	6.60	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Multnomah County

Program #40199B - ARP - Public Health Communicable Disease Community Immunization Program

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Kim Toevs
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:	40199T, 40010C		
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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$443,552	$0	$1,357,256
Contractual Services	$0	$0	$0	$20,000
Materials & Supplies	$0	$960	$0	$43,740
Internal Services	$0	$953,882	$0	$297,072
Total GF/non-GF	**$0**	**$1,398,394**	**$0**	**$1,718,068**
Program Total:	**$1,398,394**		**$1,718,068**	
Program FTE	0.00	4.17	0.00	8.88

Program Revenues				
Intergovernmental	$0	$1,398,394	$0	$1,718,068
Total Revenue	**$0**	**$1,398,394**	**$0**	**$1,718,068**

Explanation of Revenues

This program generates $189,609 in indirect revenues.
Federal $ 504,126 - COVID-19 Federal CARES
Federal $ 894,268 - ARPA - Federal Multco- Vaccination

Significant Program Changes

Last Year this program was: FY 2023: 40199B ARP - Public Health Communicable Disease Community Immunization

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. 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.

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

Multnomah County

Program #40199D - ARP - Behavioral Health - Continuing COVID Response — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Thomas Bialozor
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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 effects of the pandemic continue. To address the behavioral health challenges brought on through the pandemic, this program offer prioritizes:

*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 BHD is providing to the community.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Percentage of BIPOC served across all services[1]	39%	35%	36%	35%
Outcome	Build data tracking mechanisms & reports for new BHD programs for establishing and monitoring outcomes[2]	50%	100%	36%	35%
Output	Percentage of older adults served across all services[1]	52%	35%	36%	35%
Output	Number of unique individuals connected to behavioral health services and other resources, via peers.**	550	900	N/A	900

Performance Measures Descriptions

[1] This measure was split into two separate outcomes to better track data. BIPOC individuals may be reflected in both outcomes if they also qualify as an older adult. Older adults may be reflected in both areas if they are also BIPOC.
[2] Workforce shortages delayed hiring staff, which delayed Evolv, Reporting and Policy development. Funding for another year is essential to provide these teams the infrastructure they need to support the community.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$706,404	$0	$586,793
Contractual Services	$0	$891,444	$0	$0
Materials & Supplies	$0	$13,192	$0	$0
Internal Services	$0	$14,848	$0	$0
Total GF/non-GF	**$0**	**$1,625,888**	**$0**	**$586,793**
Program Total:	**$1,625,888**		**$586,793**	
Program FTE	0.00	1.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$1,625,888	$0	$586,793
Total Revenue	**$0**	**$1,625,888**	**$0**	**$586,793**

Explanation of Revenues

Federal - $586,793 ARPA Federal

Significant Program Changes

Last Year this program was: FY 2023: 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.
BHD will continue to provide behavioral health crisis services, counseling, peer support, and connection to ongoing services/resources. This program falls under the County's Crisis Response and Community Recovery ARP Priority Area.

Multnomah County

Program #40199E - ARP - COVID-19 Response Health Officer

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Jennifer Vines
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:	40002		
Program Characteristics:	Out of Target		

Executive Summary

This ARP request supports the addition of a dedicated full time Deputy Health Officer (limited duration) to support the COVID response and recovery work.

Program Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$188,989	$0	$299,641
Materials & Supplies	$0	$2,011	$0	$0
Internal Services	$0	$14,848	$0	$0
Total GF/non-GF	**$0**	**$205,848**	**$0**	**$299,641**
Program Total:	**$205,848**		**$299,641**	
Program FTE	0.00	0.00	0.00	0.80

Program Revenues				
Intergovernmental	$0	$205,848	$0	$299,641
Total Revenue	**$0**	**$205,848**	**$0**	**$299,641**

Explanation of Revenues

Federal $299,641 - American Rescue Plan (ARP) Direct County Funding -

Significant Program Changes

Last Year this program was: FY 2023: 40199E ARP - COVID-19 Response Health Officer

Multnomah County

Program #40199I - ARP - COVID-19 Response Support Services

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Wendy Lear
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:			
Program Characteristics:	One-Time-Only Request, 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.

Program Description

Funding will support Financial and Business Management (FBM) 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. This funding will allow FBM to manage the financial oversight of the last years of ARPA funding.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Financial reports prepared and analyze to assure compliance and utilization of all funding	36	36	36	36
Outcome	Number of audit findings by internal or external auditors	0	0	0	0

Performance Measures Descriptions

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$1,347,378	$0	$141,565
Contractual Services	$0	$50,000	$0	$0
Materials & Supplies	$0	$9,116	$0	$0
Total GF/non-GF	**$0**	**$1,406,494**	**$0**	**$141,565**
Program Total:	**$1,406,494**		**$141,565**	
Program FTE	0.00	3.00	0.00	1.00

Program Revenues				
Intergovernmental	$0	$1,406,494	$0	$141,565
Total Revenue	**$0**	**$1,406,494**	**$0**	**$141,565**

Explanation of Revenues

Federal $141,565 - American Rescue Plan (ARP) Direct County Funding -

Significant Program Changes

Last Year this program was: FY 2023: 40199I ARP - COVID-19 Response Support Services

Multnomah County

Program #40199Q - ARP - Gun Violence Impacted Families Behavioral Health Team — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Yolanda Gonzalez
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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 Description

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Total # of children who received behavioral health services from this specialty team	8	40	36	40
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement[1]	N/A	65%	N/A	65%
Output	Total # of outreach/engagement activities attended/provided in the community	7	30	35	30

Performance Measures Descriptions

[1]Our program has no data at this time for ACORN as we are still in the early implementation stages for FIT and still need to have our MHC trained for FIT. Our program is exploring a different measure but that is still in the works.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$575,859	$0	$680,361
Contractual Services	$0	$543,939	$0	$531,539
Materials & Supplies	$0	$94,602	$0	$2,500
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

Federal $1,214,400 ARPA Direct Federal

Significant Program Changes

Last Year this program was: FY 2023: 40199Q ARP - Gun Violence Impacted Families Behavioral Health Team

Care Oregon has limited ACORN training and staff were unable to attend the training sessions to implement ACORN. Program is investigating a more appropriate outcome tool for future years.

This program falls under the County's Crisis Response & Community Recovery ARP Priority Area.

Multnomah County

Program #40199R - ARP - Culturally Specific Behavioral Health Programs — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Thomas Bialozor
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:			
Program Characteristics:	Out of Target		

Executive Summary

As Multnomah County residents near the end of a third year of experiencing the impacts of COVID-19, behavioral health acuity remains high, resulting in ongoing higher need for mental health and addiction services and resources. Overdoses, suicidal ideation (especially in adolescents), violence, depression and general inability to cope continue to impact our communities 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) continue to 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 Description

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 continues to invest in new and ongoing culturally specific Peer Recovery Support services. BHD wants to continue these investments to increase and strengthen culturally specific services and ensure strong infrastructure for promising programs leading to sustained expanded culturally specific services.

Multiple providers have reported challenges for bilingual, immigrant and refugee populations that have limited ability to access services. To address this need, BHD is investing in organizations serving monolingual, immigrant and refugee communities to address barriers, thus increasing access to behavioral health and addiction services. In addition, funds from this program offer would invest in other marginalized communities, including BIPOC and LGBTQIA+. 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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of unique individuals served through new program investments	583	284	60	284
Outcome	Percentage of participants in new program investments who are BIPOC	100%	70%	100%	70%

Performance Measures Descriptions

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Contractual Services	$0	$625,000	$0	$370,603
Total GF/non-GF	**$0**	**$625,000**	**$0**	**$370,603**
Program Total:	**$625,000**		**$370,603**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$625,000	$0	$370,603
Total Revenue	**$0**	**$625,000**	**$0**	**$370,603**

Explanation of Revenues

Federal $370,603 - ARPA Direct Federal

Significant Program Changes

Last Year this program was: FY 2023: 40199R ARP - Culturally Specific Behavioral Health Programs

This program falls under the County's Crisis Response & Community Recovery ARP Priority Area.

Multnomah County

Program #40199T - Public Health CDC COVID-19 Health Disparities — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Jessica Guernsey
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:	40001, 40010B, 40010C, 40199B, 40037, 40053, 40060, 40096A, 40097		
Program Characteristics:	In 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 2024. Activities aim to build infrastructure support and partner mobilization that both address disparities 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 Description

Public Health CDC COVID-19 Health Disparities funding supports an array of activities across the Public Health Division. 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 budgeted in the Program Design and Evaluation Services Program. The continuing projects for infrastructure support include development of BIPOC centered Public Health Emergency Response Plan; development of systems approach to COVID-19 and upstream factors; formulation and continued internal and external advisory councils to address health disparities; culturally and linguistically appropriate member communications; department-wide equity capacity building and evaluation and performance measurement plan. Continuing projects for partner mobilization include development of COVID-19 communications plan; partner mobilization work with community-based organizations and community health workers; and a youth mental health communications campaign.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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 the 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$1,689,547	$0	$732,686
Contractual Services	$0	$1,559,222	$0	$1,698,854
Materials & Supplies	$0	$167,935	$0	$89,202
Internal Services	$0	$237,520	$0	$102,356
Total GF/non-GF	**$0**	**$3,654,224**	**$0**	**$2,623,098**
Program Total:	**$3,654,224**		**$2,623,098**	
Program FTE	0.00	11.77	0.00	4.50

Program Revenues				
Intergovernmental	$0	$3,654,224	$0	$2,623,098
Total Revenue	**$0**	**$3,654,224**	**$0**	**$2,623,098**

Explanation of Revenues

This program generates $102,356 in indirect revenues.
Federal $ 2,623,098 - CDC COVID-19 Public Health Disparities in PDES

Significant Program Changes

Last Year this program was: FY 2023: 40199T Public Health CDC COVID-19 Health Disparities

In FY23, funding was spread across the division; in FY24 this will be budgeted in the Program Design and Evaluation Services. Funding ends in May 2024.

Multnomah County

Program #40199U - Public Health REACH COVID-19/Flu Vaccine Supplement — FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Charlene McGee
Program Offer Type:	Existing	**Program Offer Stage:**	Department 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, 2023. 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. This funding falls within the community clinical linkages strategy area.

Program Description

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). While the REACH Program has a priority population, the services rendered through the supplemental grant provided an avenue for many communities including Multnomah County BIPOC communities.

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	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$105,195	$0	$480,803
Contractual Services	$0	$127,550	$0	$276,912
Materials & Supplies	$0	$7,000	$0	$117
Internal Services	$0	$14,139	$0	$67,168
Total GF/non-GF	**$0**	**$253,884**	**$0**	**$825,000**
Program Total:	**$253,884**		**$825,000**	
Program FTE	0.00	0.25	0.00	3.05

Program Revenues				
Intergovernmental	$0	$253,884	$0	$825,000
Total Revenue	**$0**	**$253,884**	**$0**	**$825,000**

Explanation of Revenues

This program generates $67,168 in indirect revenues.
$825,000 - COVID-19 Federal REACH - Flu Vaccine

Significant Program Changes

Last Year this program was: FY 2023: 40199U Public Health REACH COVID-19/Flu Vaccine Supplement

Covid/Flu REACH Supplemental Grant - $825,000; 3.05 FTE

Multnomah County

Program #40199W - ARP - Old Town Inreach

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Christa Jones
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:			
Program Characteristics:	Out of Target		

Executive Summary

In response to reports of increased behavioral health issues and disruptions of services at local non-shelter based homeless resource providers, Multnomah County initiated a pilot project to provide a combination of Peer and Clinical support services to these vital resource locations. It is imperative that additional support is available, as these incidents interfere with individuals' access to basic needs, impact staff providing these services, and impact the general community. Teams of two peers provide outreach and engagement at five agencies, each during their busiest hours of operation with the goal of decreasing critical incidents, reducing calls for emergency response, and connecting individuals to behavioral health resources.

Program Description

Over the past two years we have witnessed an increase in behavioral health symptoms and acuity as well as an increase in illicit substance use and violence in the downtown core. This is particularly true among our most vulnerable and marginalized population of homeless individuals. This has resulted in increased occurrences of escalated behaviors, violence, and behavioral health crises at local homeless social service providers.

This program is a direct action to intervene and support the providers of these services with additional resources and supports to reduce the impact on their staff and programming as well as support those individuals in dire need of additional support and connection. The Old Town Inreach Project (OTIP) is a truly collaborative program that partners teams of Peer Support Specialists (PSS) providers through Mental Health and Addictions Association of Oregon (MHAAO) with staff at four local homeless service providers as well as access to clinical support through Cascadia Health. The partner agencies include Blanchet House, Rose Haven, Maybelle Center, and William Temple House.

The utilization of PSS's allows the program to focus on working with individuals with a lens of recovery, hope, personal responsibility, self-determination and positive social connection. While the addition of a clinical staff enhances the teams ability to respond to behavioral health crisis situations, complete risk assessments, and access case management services as well as referral and linkage to additional providers.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	# of enrolled or intentionally engaged persons	28	400	86	95
Outcome	% reduction in service disruptions from baseline (1)	NEW	60%	53%	60%

Performance Measures Descriptions

As a pilot project, data collection has focused on developing baseline numbers of incidents and engagement opportunities. (1) Blanchet House data from FY 22 shows 12.8 service disruptions per month.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Contractual Services	$0	$1,100,000	$0	$1,100,000
Total GF/non-GF	**$0**	**$1,100,000**	**$0**	**$1,100,000**
Program Total:	**$1,100,000**		**$1,100,000**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$1,100,000	$0	$1,100,000
Total Revenue	**$0**	**$1,100,000**	**$0**	**$1,100,000**

Explanation of Revenues

American Rescue Plan (ARP) Direct County Funding - $1,100,000

Significant Program Changes

Last Year this program was: FY 2023: 40199W ARP - Old Town Inreach

This is a pilot project that was funded starting part way through FY22. Work focused on development of program staffing and hiring primarily through the spring of 2022 with PSS supports in place starting the summer of 2022. Staffing has continued to improve over past months.

Unfortunately, Cascadia Health has struggled to hire the QMHP portion of this project. Conversations are ongoing regarding this challenge and the team continues to explore options and opportunities to enhance this portion of the program.

Multnomah County

Program #40199X - ARP - Public Health Gun Violence

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Charlene McGee
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:	40199Q		
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. Many forms of violence are caused by the same risk factors and prevented by the same protective factors. These positions through culturally specific outreach, education and engagement will contribute to a life-course approach to address chronic disease disparities and violence prevention.

Program Description

Public Health's Chronic Disease Prevention & Health Promotion (CDPHP) units develop, support, and maintain partnerships across focus populations in Multnomah County. Focus populations include those who experience higher rates of health disparities and exposure to violence and include our Latinx, Black and/or African American, Native and/or Indigenous, African Immigrant and Refugee, and other communities of color.

This funding request will allow CAH to retain three Community Health Specialist positions who have Culturally Specific KSA for the following communities: Latinx, Somali, and Black and/or African American.

They will work to provide services and technical assistance to partners in the following focus areas: 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 violence Prevention.
Capacity building will be provided by these staff through the following trainings:
Coaching Youth Into Adults (an adapted version of Coaching Boys Into Men): an intimate partner violence prevention curriculum that also reframes masculinity in a healthy, gender inclusive trauma informed way;
Violence Prevention as a Public Health Issue: a multi-day training that covers social determinants of health, root causes of violence, shared and risk protective factor, different types of violence and ways to help build resilience- including different forms of self and community care like meditation, physical activity (i.e. walking, yoga) etc.;
ACEs (Adverse Childhood Experiences) which covers what ACEs are and how to help build resilience for them;
Youth Mental Health First Aid and/or ASIST (Applied Suicide Intervention Skills Training)
Connection to health and social service resources including but not limited to Chronic Disease awareness and management (i.e. Healthy Heart Ambassador, Active People Healthy Multnomah Campaign)
and they will support other staff for our training for Get Real: a Social Emotional Learning curriculum that helps school staff meet the Violence Prevention education component required under SB 856 also known as Erin’s Law in Oregon.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output					
Outcome					

Performance Measures Descriptions

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$0	$0	$299,082
Contractual Services	$0	$0	$0	$150,000
Total GF/non-GF	**$0**	**$0**	**$0**	**$449,082**
Program Total:	**$0**		**$449,082**	
Program FTE	0.00	0.00	0.00	3.00

Program Revenues				
Intergovernmental	$0	$0	$0	$449,082
Total Revenue	**$0**	**$0**	**$0**	**$449,082**

Explanation of Revenues

Federal 449,082 ARPA

Significant Program Changes

Last Year this program was:

In FY23, funding was funded in partnership with Behavioral Health through ARPA funding.

Significant Changes: In FY24, CAH will experience a reduction in grant funding from the Office of Population Affairs Teen Pregnancy Prevention (TPP) at $1,455,000 per year. Funding supports 3.11 FTE and multiple community partner contracts that help us ensure over 8,000 youth each year receive comprehensive sexual health education in line with state standards. In FY23 this funding will end (as of June 30th 2023). Some service level will continue through a no cost extension and CAH's ongoing County General Funds. CAH plans to apply for a new round of TPP Funding in the Winter/ Spring of 2023.

With this 50% reduction of funding REACH and CAH will be able to continue some of our work with community members, p

Multnomah County

Program #40199Y - Early Assessment and Support Alliance (EASA) COVID-19 Stimulus Funding

FY 2024 Department Requested

Department:	Health Department	**Program Contact:**	Yolanda Gonzalez
Program Offer Type:	Existing	**Program Offer Stage:**	Department Requested
Related Programs:	40078		
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. The program engages the young person's family and their other natural supports in treatment. This program offer funds one additional Case Manager for the EASA program. This Case Manager will support approximately 50 individuals per year.

Program Description

This funding adds $133,333 and 1.00 FTE Case Manager to fund an expansion of the EASA program. 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.

This program adds $133,333 in Early Assessment and Support Alliance funding and 1.00 FTE to the Behavioral Health Division. These funds were awarded by the Oregon Health Authority to provide expanded EASA capacity in Multnomah County.

Performance Measures

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Total number of unduplicated referrals supported by the case manager	N/A	50	25	N/A
Outcome	% increase of clients connected to resources through case management services [1]	N/A	20%	N/A	N/A

Performance Measures Descriptions

[1] This measure encompasses all resources that the case manager connects clients to. The case manager was vacant through January 2023 due to workforce shortages.

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	Department Requested General Fund	Department Requested Other Funds
Program Expenses	**2023**	**2023**	**2024**	**2024**
Personnel	$0	$109,438	$0	$123,016
Contractual Services	$0	$5,895	$0	$0
Materials & Supplies	$0	$18,000	$0	$0
Internal Services	$0	$0	$0	$10,317
Total GF/non-GF	**$0**	**$133,333**	**$0**	**$133,333**
Program Total:	**$133,333**		**$133,333**	
Program FTE	0.00	1.00	0.00	1.00

Program Revenues				
Intergovernmental	$0	$133,333	$0	$133,333
Total Revenue	**$0**	**$133,333**	**$0**	**$133,333**

Explanation of Revenues

State $133,333 from the Oregon Health Authority - Stimulus Funding specific for the EASA program

Significant Program Changes

Last Year this program was: FY 2023: 40199Y Early Assessment and Support Alliance (EASA) COVID-19 Stimulus

The Outcome measure is not available and the Output measure is an estimate because this position has not yet been hired. The budget was approved in August and recruitment for this position started in September 2022. Interviews for this position will begin in January 2023.