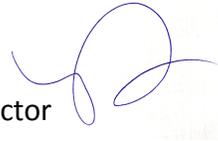


TO: Chair Jessica Vega Pederson
Chris Fick, Chief of Staff
Serena Cruz, Chief Operating Officer
Christian Elkin, Budget Director

A handwritten signature in blue ink, appearing to be "Valdez Bravo".

FROM: Valdez Bravo, Interim Health Department Director

DATE: February 16, 2023

RE: FY 2024 Health Department Budget Submission Transmittal Letter

Department Overview

The Multnomah County Health Department is the largest public health department and safety net provider in Oregon. It acts as both the Local Public Health Authority (LPHA) and Local Mental Health Authority (LMHA) and operates the largest Federally Qualified Health Center (FQHC) program in the state.

The Health Department's work is anchored in the vision of *"Thriving communities that nurture the health and resilience of all"* and the mission that *"We work with communities to advance health equity, protect the most vulnerable, and promote health and wellness for everyone."* The Health Department acknowledges that racism negatively affects the health of many who live in our county, and continues its active commitment to accelerating progress towards eliminating racial inequities.

We provide quality care to our most vulnerable populations, including people who are vulnerable to or impacted by homelessness, individuals housed in the County's jails and juvenile detention centers, and people facing severe and complex behavioral health challenges. Our core values affirm our commitment to serve with compassion and care, further connection and belonging, lead with integrity, uplift community driven solutions, and accelerate our progress in eliminating racial inequities.

Our service areas align with the following long term goals:

- Improve health outcomes and health equity.
- Assure access to affordable, high quality medical and behavioral health care services, especially for our racially and ethnically diverse and economically vulnerable populations.
- Implement prevention and health promotion strategies at a policy, systems, and environmental level, focusing on leading causes of death across the life span.
- Foster community partnerships, prioritizing culturally-specific programs, policies and services.

The Health Department's work directly aligns with the County's mission, vision, and values and is one way the County brings these concepts to life in service of the people who live and work in our County. Our work prioritizes health equity across all service areas, and promotes the health and wellness of everyone.

Diversity, Equity, and Inclusion Effort

The Health Department strives to achieve its vision and mission by continually refining our equity-based programming and integrating equity into all aspects of decision making.

Our values speak to how we engage with our diverse communities and one another. They set the intention for the organizational culture we wish to create.

Health Department values:

- **Compassion and Care:** We treat all with kindness, dignity, and respect as we seek to uplift one another's humanity.
- **Racial Equity:** We acknowledge that racism negatively affects everyone in our county, and we commit to accelerating our progress in eliminating racial inequities.
- **Integrity:** In protecting our community's health, we lead with conviction, honor our commitments, and deliver on our promises.
- **Empowerment:** We work collaboratively to ensure that our policies and programs amplify people's voices, with a focus in particular on individuals who are vulnerable, marginalized and/or culturally-specific, and uplift community-driven solutions.
- **Connection:** Our success depends on the diversity, brilliance, and care of one another. So that employees reach their full potential, we further environments that instill trust, promote safety, and foster belonging.

Workforce Equity Strategic Plan (WESP)

The Health Department uses an equity and inclusion lens to create an equitable workplace and deliver equitable services. The Workforce Equity Strategic Plan (WESP) is one of the primary vehicles for making progress toward the county's and department's internal equity goals.

The WESP aims to promote an organizational culture of safety, trust, and belonging. This foundation is the basis for equity work in the areas of promotion and professional development, employee retention, and recruitment, and workforce development. By working along all avenues of the employee experience, we can attract, cultivate, and retain a dynamic diverse workforce to best serve the needs of Multnomah County communities.

The Health Department carries out WESP work through our commitment to diverse interviewing panels, our active review of compensation to ensure positions are appropriately classed and that there is compensation parity, and our ongoing review of position descriptions. The department's Mentoring Matters program is a foundational WESP initiative that creates opportunities for employees to build meaningful partnerships that encourage professional and personal development. All of this work focuses on building a strong, diverse workforce.

One important expression of our continuing focus on WESP goals is our ongoing equity training series that includes topics such as:

- Inclusively Leading with Race for Managers/Supervisors

- Confronting Anti-Blackness
- Coaching a Diverse and Inclusive Workforce
- Integrating Color Brave Space Agreements
- Microaggressions: Building Awareness and Responsiveness
- Ouch! That Stereotype Hurts.

Health Department Office of Equity and Inclusion

In general, the Department's Office of Equity and Inclusion (OEI) provides key leadership and guidance as we continually strengthen our accountability around equity issues. This work includes providing budget input, policy leadership, systematic data review to monitor equity impacts, and guidance to departmental leadership on best practices for integrating equity into decision making. They provide education, facilitation, coaching and technical support across the department. The Equity Manager has regular contact with senior leadership as a member of the Department Leadership Team.

In FY 2023, OEI was moved into the Health Department Director's office, with the Equity Manager reporting directly to the Department Director. The Health Department has conducted a national search for our new Equity Manager. The recruitment is expected to conclude successfully later this month.

The Health Department's Equity Manager will lead the implementation of OEI's strategic goals for FY 2022 through FY 2024, which include:

1. Accelerate culture change efforts to support our organization's recovery from the trauma and intensity of the COVID-19 response and help institute healthy, inclusive, and equitable work environments for employees across the department.
2. Ensure the Health Department implements recommendations prioritized in Phase I of the Workforce Equity Strategic Plan (WESP).
3. Build capacity among health department managers and supervisors to lead inclusively with race.

Equity-Centered Budgeting and the Community Budget Advisory Committee (CBAC)

Equity considerations are at the heart of all Health Department work, not just in budgeting. From program development and ongoing community engagement to hiring practices and vendor selection, we strive to embed equity in all our processes. However, equity in department budgeting is key to ensuring our equity goals are being promoted in both our staffing and service decisions.

In preparing the FY 2024 budget, the Health Department director and senior leadership team, as well its senior managers and budgeting staff, applied previous learnings and direction from OEI to this year's budgeting process. Division leadership worked with program leaders to identify potential equity impacts early in the budget process so that alternatives could be identified and equity impacts mitigated.

Division leaders were directed to submit budgets that identified specific equity impacts of any reductions or reallocations of program offers. In addition, leaders were asked to provide mitigation strategies for those reductions/reallocations that would reduce their impact on our BIPOC communities.

Division leaders used the following equity questions to guide their budgeting:

- How does this change in spending impact our ability to achieve our racial equity goals?
- Does a shift in spending disproportionately benefit or hurt specific groups in our internal and external/public communities, including staff?
- What steps have we taken to ensure that the proposed budget decision does not cause disproportionate harm to marginalized groups in our community, or perpetuate existing racial inequities?
- Do the staff or leaders involved in the decision-making process provide diverse racial perspectives?
- Might the proposed spending change have negative long-term impacts on communities who have been hit hardest by the COVID-19 pandemic?
- How can the department/division budget be balanced in a way that protects efforts to work towards racial equity?

In addition to the work being done by division leaders and staff, the Health Department's Community Budget Advisory Committee (CBAC) is active throughout the year. Starting in the summer, this diverse group of community members meets with leadership from each division who are asked to describe how their functions and services support the Department's mission, vision, and values.

The CBAC is responsible for making recommendations to the Board of County Commissioners on the priority of out of target program offers. The Department's CBAC is exceptional in their use of an equity lens and their evaluation of program offers using criteria taken from their values statement:

- Upholding racial justice,
- Addressing the intersectional roots of oppression, and
- Improving outcomes for those who experience health disparities including BIPOC communities.

Through input from divisional leaders, our frontline program staff, and our CBAC, we ensure that we identify any potential equity impacts of our budgeting decisions. We prioritize areas of the greatest need and seek to fill identified gaps in our public health systems and services that may impact our most vulnerable individuals and communities.

Leading With Race in the Health Department Budget

The Health Department leads with race in recognition that systematic racism and inequalities have had disproportionate health impacts on our communities of color. We also know that other groups of people continue to be marginalized based on many categories including gender, sexual orientation, ability, and age, to name but a few. Because race intersects across all of these categories, if we center race at the heart of our work, we will be able to make improvements across intersectional identities.

Some examples of leading with race across our service areas include:

- Behavioral Health has prioritized investments in initiatives led by Black, Indigenous and other people of color, and has also prioritized investment in peer-led services. This division is also stabilizing its capacity to gather and analyze information that will lead to more intentional programming and results for BIPOC and other vulnerable populations.

- Our Community Health Center (Integrated Clinical Services, ICS) has dedicated staff to support evaluation and equity-centered planning through its Racial Equity and Diversity Initiative (REDI) and continues to prioritize investments in service delivery aimed at reducing racial disparities in chronic disease and client access to care. Core focus areas for the coming year include increased access to integrated behavioral health, launching mobile health services, and care coordination.
- The Public Health Division has a dedicated Community Partnerships and Capacity Building team. This group is entirely made up of culturally-specific professionals with a wide variety of Knowledge, Skills, and Abilities (KSAs). The team’s many community ties and deep cultural knowledge provide the Health Department with avenues for authentic community engagement. This results in the ability to develop services that are culturally relevant and to deliver them in culturally-appropriate ways.
- The Finance and Business Management Division is committed to centering racial equity in policy and practice. For example, the Contracts and Procurement and Finance teams collaborate with program managers to support and provide technical assistance to culturally-specific organizations for services led by and in service to Black, Indigenous and other people of color. The division prioritizes technical assistance for community-based organizations to build capacity for successfully competing for funding and complying with the financial terms and conditions of awarded contracts.
- The Operations/Human Resource team routinely assesses and includes demographic data to help hiring managers assess the diversity of their work teams and bring forward the value of diversity in candidate and applicant evaluation. This practice is supported by the County’s Knowledge, Skills, and Abilities (KSA) recognition, which identifies and compensates language, cultural, or lived experiences that will be helpful to providing high-quality, culturally-competent services.

FY 2024 Budget Priorities and Key Issues

Budget Strategy

FY 2024 represents the department’s first post-pandemic budget, marking the first year in several that budget size and program scope is scaled to pre-pandemic service levels. In order to submit a budget that is strategic, aligns with department values, addresses the Chair’s priorities and demonstrates good stewardship of County resources, the Health department revised its budgeting processes.

Historically, the department allocated County General Fund (CGF) to each division based on their current service levels, with a variable constraint (some divisions taking a deeper cut than others) or taking across-the-board reductions. Then division directors developed their budgets in whatever manner they chose. This naturally created variability in approach, strategy and outcome, with little cross-division collaboration.

The Health Department took this post-pandemic opportunity to work with senior leaders to budget *across* divisional boundaries and elevate overall stewardship of safety net services. They worked collaboratively using a “One Department” strategy to identify areas for savings and prioritize funding for the new fiscal year.

The goals of this approach are to maximize federal/state funding first, optimize the use of CGF and prevent reductions in divisions that had few or no other sources of funding, and submit coordinated out of target requests. American Rescue Plan (ARP) out of target requests have been kept narrow and directed toward projects or programs that can be delivered in the coming year and what the department believed should continue beyond FY 2024.

Budget Process

The Health Department started this year's budget process with early sharing of data and information with senior leadership. Explicit budget guidance was given to division leadership including the following:

- Examine areas of consistent underspending.
- Review vacancies for elimination, especially new positions added in FY 2022 and FY 2023 that are vacant and where no recruitment has been initiated. Also review any positions vacant for more than a year.
- Use other revenue sources, before allocating CGF. For each program, maximize federal/state funding, allocating all of your on-going federal/state fund revenue first. CGF should be the funding of last resort for programs for which federal/state funding is appropriate and available.
- Do not make across-the-board reductions of CGF, but evaluate each program's unique mix of funding and services.
- Minimize any negative impact on services, clients and internal customers.
- Rightsize any contracts that are under-utilized.
- Work in partnership with other division leaders and look for opportunities to share resources, maximize efficiencies, and improve program effectiveness.

Though the constraint for departments was set at -1.5%, the Health Department started the planning process using a -3.5% constraint. This gave leadership the chance to reassess the overall picture of where funds were being spent and whether or not they reflected current priorities.

The director then worked with each division to restore their top priority requests back to the -1.5% target. The net result of this overall strategy was that most CGF reductions have little to no negative impact on service levels.

Savings from the additional reductions were used to restore higher priority programs or services within each division and to restore reductions or add critical infrastructure capacity across the department.

Ongoing out of target requests are for strategic programs that directly support or closely align with Health Department and the Chair's priorities. One-time-only (OTO) requests are primarily a continuation of OTO requests from FY 2023 that need one more year to complete.

Budget priorities

The Health Department provides essential services for our community. All of our service areas address complex needs with a focus on long-term change, improved health outcomes and the elimination of health

disparities. Because of the complexity of our work, many of our primary priorities span multiple budget years. This work requires deep commitment and, simply put, it takes time.

The following Health Department priorities span multiple budget years:

- **Strengthen Public Health infrastructure.** Focus on building towards a modernized and accredited Public Health system including shoring up core competencies and adequately funding a Local Health Authority capable of responding to on-going public health needs as well as emergency response demands. Build equity capacity by addressing racism as a public health crisis. Preserve work in primary prevention using a racial equity lens and leading causes of death data. Sustain community partner capacity especially among our BIPOC and other vulnerable communities.
- **Rectify race-based inequities.** We anticipate long-term impacts on health outcomes and health equity caused by structural racism and delays in care exacerbated by the COVID-19 pandemic. We will continue to provide accessible, affordable and high quality medical and behavioral health care services, especially for our racially and ethnically diverse and economically vulnerable populations.
- **Continue transformative investments and enhancements in our Behavioral Health system.** Ensure that all individuals experiencing mental health and substance use crises can connect to the services they need to stabilize and get well. Expand culturally-competent, peer-led, low-barrier behavioral health services to people living outside who are experiencing mental health and substance use challenges. Build capacity to provide culturally-specific behavioral health services in Corrections Health and across Multnomah County communities as need continues to outpace current services and resources.
- **Enhance community safety through violence intervention programs and high-quality health supports in correctional settings.** Support families and individuals impacted by gun violence through peer-led, culturally specific public health and behavioral health programming and interventions. This work is aligned with behavioral health programming in our adult and juvenile corrections facilities.
- **Transition from pandemic response to ongoing support of core Health Department services.** Wind down and evaluate ARPA-funded pandemic response. Support ongoing response planning for new emergencies and communicable disease functions.

Chair's Priorities

The Health Department's mission of working with communities to advance health equity, protect the most vulnerable, and promote health and wellness for everyone naturally intersects with the Chair's priorities of meeting the needs of people vulnerable to or impacted by homelessness, enhancing community safety, climate resilience, bolstering behavioral health supports and strengthening workforce equity. The department's in target and out of target FY 2024 budget addresses the Chair's priorities in the following ways:

Individuals Vulnerable to or Experiencing Homelessness

Health Department programs work individually and in concert across divisions to provide high-quality, trauma-informed, and equitable services to our most vulnerable populations, including those experiencing homelessness. Some of these services include vaccinations, outbreak investigations and other communicable disease services, low barrier and accessible health and dental care, behavioral health

services embedded in our health clinics and corrections health settings, and peer support for substance users and people facing mental health challenges.

- Out of Target Offers
 - Behavioral Health PO# 40105C (Behavioral Health Resource Center): New funding for the ongoing operation of our trauma informed and peer-led Behavioral Health Resource Center serving people with mental health and/or substance use challenges who also live outside.
 - Behavioral Health PO #40199W (Old Town Inreach): Continued funding for peer support specialists who have lived experience working with Old Town homeless service providers at four locations.

Community Safety

The department supports community safety in numerous ways. Violence prevention programs support youth and their families. Harm reduction and syringe collection services provide assistance to substance users and contribute to safer public spaces. Restaurant and food cart licensing, vector control and tobacco prevention and control keep our communities safe and free from disease. And youth behavioral health services provide counseling and support for young people facing complex challenges.

- Out of Target Offers:
 - Behavioral Health PO #40199Q (ARP Gun Violence Impacted Families Behavioral Health Response Team): Continued funding for culturally-specific counseling for gun violence impacted youth and families.
 - Public Health PO #40199X (ARP Gun Violence Impacted Families Public Health Response Team): Continued funding for culturally-specific counseling for gun violence impacted youth and families. In FY 2023 the Public Health aspects of this program offer were combined with the Behavioral Health program.
 - Health Officer PO40199E (Add Health Officer): On-going funding to retain health officer capacity to respond to disease outbreaks, complex community and regional health challenges, and public health emergencies. (Continues a program enhancement that began with an ARPA investment.)

Behavioral Health

Programs across the department collaborate to bring behavioral health services to people who need them, when they need them and where they need them. The Behavioral Health Call Center provides help in times of crisis and offers hope. Behavioral health services in corrections settings, in our Student Health Centers, in our community clinics and integrated into public health services provide critical care and resources. Culturally-specific providers offer a deeper understanding of the people and communities they serve.

- Out of Target Offers:
 - Behavioral Health PO #40199D (Behavioral Health Continuation of COVID Response): Continued funding to support on-going COVID response including crisis line and culturally-specific counseling.
 - Behavioral Health PO #40199R (Behavioral Health Culturally Specific Contracts): Continued funding to support culturally-specific contracted services.
 - Corrections Health PO #40059B (Behavioral Health Nurse Practitioner): Continued funding for a Behavioral Health Nurse Practitioner in Corrections Health.

- Finance and Business Management PO #40040D (Behavioral Health Finance Team-Billing conversion): Continued funding to support switch from Evolv to EPIC for behavioral health claims.

Climate Resilience

The Health Department contributes to climate resilience by shoring up public health infrastructure and the county's surge capacity to meet increasing emergency demands caused by climate change -- wildfire smoke, temperature extremes, air and water quality, emerging infectious diseases and community engagement.

- No out of target offers requested.

Workforce Equity, Resilience, and Care

The Health Department centers workforce equity, resilience and care. The department continues to respond to the Workforce Equity Strategic Plan (WESP) recommendations. The ongoing Mentoring Matters program provides personal and professional development support to employees of color. The department's Learning and Development team offers many equity training opportunities. Regular trauma-informed self-care sessions provide opportunities for a pandemic-fatigued staff to care for themselves throughout the workday. Twice weekly all Health Department open operational briefings help increase the sense of safety, trust and belonging for employees.

- Out of Target Offers:
 - Corrections Health PO #40107, (Corrections Health MCDC staff augmentation): New funding for additional Community Health Nurse (CHN) staff in Corrections Health lessening the burden for existing staff and the reliance on on-call, temporary and overtime staff.
 - Operations/Human Resources PO#40039C (Payroll Assistance), PO# 40039D (HR Senior, Employee Experience)
 - Finance and Business Management PO# 40040C (AP Finance Specialist Restoration), PO #40042B (Procurement Associate), PO#40199I (Financial Analyst - ARPA Reporting/Closeout)

Self-Sufficiency

Poor physical and/or mental health can undermine the agency of anyone. By providing low-barrier, low-cost, culturally and linguistically appropriate health care the Health Department supports the overall self-sufficiency and empowerment of community members. Community partnerships, cultural liaisons and community health workers provide a direct line into communities for the Health Department. We can ask what communities need and respond to their needs.

- Out of Target Offers:
 - Finance and Business Management PO #40040B (Technical Support for CBOs) New funding for technical support staff to help build capacity for newly established and small CBOs seeking contracts with the Health Department.

Emerging Issues and Intensifying Challenges

The Health Department stays abreast of emerging issues that may impact our local communities. As the Local Public Health Authority, Local Mental Health Authority and a primary responder in a health emergency, it is essential that we scan the horizon for oncoming issues and plan accordingly. We know that

the COVID-19 pandemic intensified ongoing health disparities. We are in various stages of developing our strategic and operational responses to the following emerging or intensifying challenges: the opioid and illicit substance use overdose crisis, community gun violence, the physical and behavioral health needs of people impacted by housing insecurity, and ongoing communicable disease outbreaks or threats.

Budget Overview

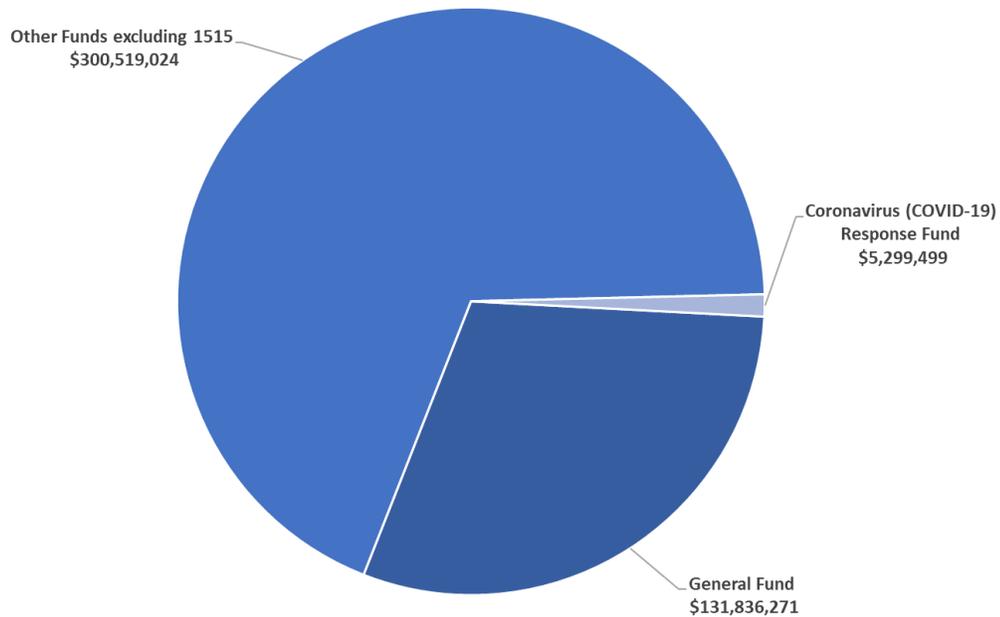
The Health Department budget submission totals \$447,036,339 million and 1,605.00 FTE for FY 2024 for both in target and out of target programs. In target programs are funded within the department’s General Fund target allocation or by Other Funds; out of target programs are additional requests not funded within the department’s General Fund target allocation. The submission is detailed in the table below.

FY 2024 Health Department Budget Submission					
	FY 2024 General Fund	FY 2024 Other Funds (except 1515)	FY 2024 ARP Fund** (1515)	Total Funds	Total FTE
In Target Programs	\$131,836,271	\$300,519,024	\$5,299,499	\$437,654,794	1,584.80
Out of Target Programs	\$5,219,462	\$0	\$4,162,084	\$9,381,546	20.20
Total FY 2024 Submission	\$137,055,733	\$300,519,024	\$9,461,583	\$447,036,340	1,605.00

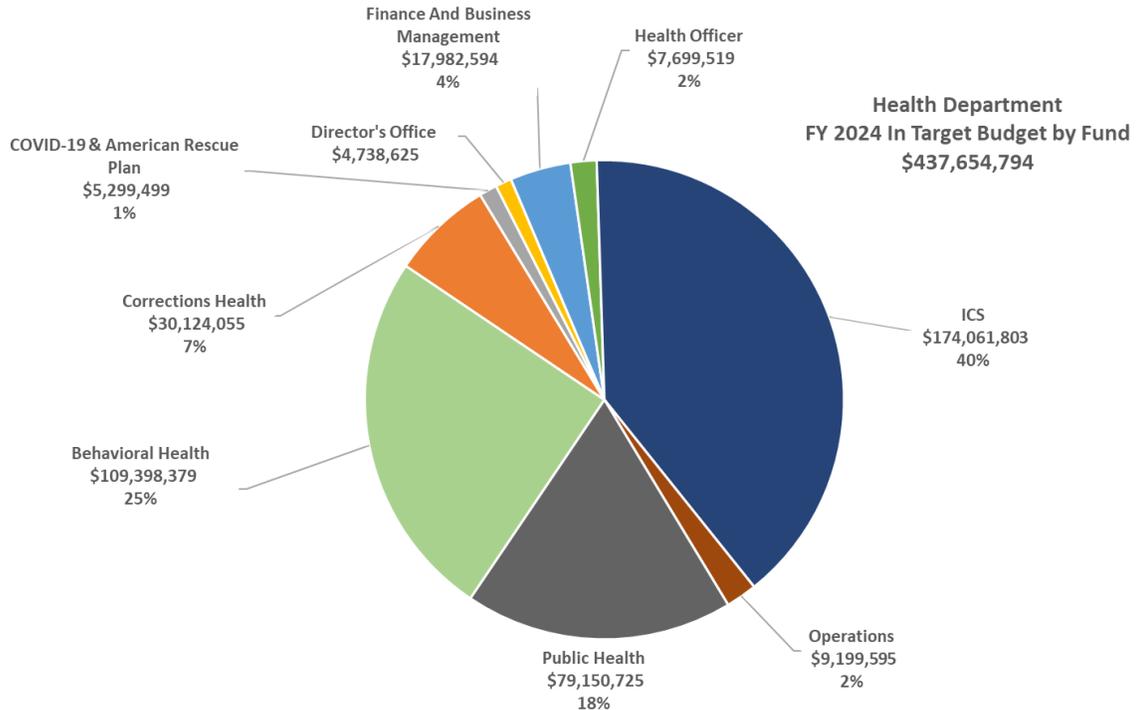
** Submissions for the Direct County ARP allocation are Out of Target; other ARP sources (such as program-specific Federal, State, or local ARP funds) are considered In Target.

Two-thirds of the Health Department is funded by federal, state and other funding sources, however the General Fund supports critical programs and services. Integrated Clinical Services is fully funded by the Federally Qualified Health Center (FQHC) Enterprise Fund. The pie chart below shows the budget by fund for **in target programs**.

Health Department
FY 2024 In Target Budget by Fund
\$437,654,794



The Health Department has seven divisions and the Director's Office, with the **in target budget** distributed as shown in the pie chart below.



This budget maintains and improves upon the Health Department's core work to:

- Investigate and respond to disease outbreaks.
- Partner with our diverse communities to tailor community-specific responses to health inequities.
- Provide strategic leadership and cross-departmental response to address the opioid and fentanyl overdose crisis.
- Deliver high-quality and comprehensive primary care, dental and pharmacy services through the many Community Health Center (Integrated Clinical Services) locations and programs.
- Provide culturally-relevant medical and behavioral health care for individuals housed in the county's jails.
- Ensure the accessibility of trauma-informed behavioral health crisis services, early childhood and school-based mental health and suicide prevention services.
- Manage specialized behavioral health care for people experiencing the effects of serious mental illness in day shelters, mobile crisis intervention, addictions recovery and correctional settings.
- Provide routine and emergency dental care to youth in juvenile detention.
- Address health inequities in chronic disease prevention and management and leading causes of death.
- Provide medically assisted treatment (MAT) for substance use disorder (SUD) across a range of service provision points, including addictions recovery, primary/behavioral clinical care, and corrections.
- Partner in the development of policies and standards that address existing and emerging community health challenges.

- Support workforce resilience through recognition, recovery and retention initiatives.
- Track the safety of our air, land and water.
- Disseminate critical health alerts and warnings during public health emergencies.

General Fund Target Allocation

Health Department leadership used a one-department strategy to identify areas for savings and prioritize funding for the new fiscal year. The approach was to help the divisions to find CGF savings to meet the 1.5% constraint, *not* to cut services or programming. Division leadership reduced expenses that had no impact to current service levels and maximized federal and state revenue, reduced vacancies wherever possible, and only created new (FTE) for clearly articulated, priority activities or grant-funded projects that couldn't be delivered by current staff.

In preparing the FY 2024 budget proposals, Health Department divisions were directed to explicitly address equity impacts on both staff and clients in the community. One primary strategy to address FY 2024 budget constraints and mitigate equity impacts has been to reduce line items in areas where we consistently underspend and to redirect those funds to areas that will have the greatest impact on advancing equity outcomes. The department has created a budget proposal which accommodates the constraint while minimizing equity impacts on service levels, workforce, and client communities.

The Health Department built the CGF budget request by maximizing federal/state funding first, and optimizing the use of CGF to prevent reductions in divisions that had few or no other sources of funding. We coordinated all out of target requests to fill the most pressing needs of the department in order to address those areas that promise to provide the greatest benefit for our communities and our workforce.

American Rescue Plan (ARP) out of target requests have been kept narrow and directed toward projects or programs that can be delivered in the coming year and those the department believes should continue beyond FY 2024.

General Fund Reductions

FY 2024 Program #	Division	Program Offer Name	Reduction to Meet Constraint	General Fund FTE Reduction	% GF Reduced
40000	Director's Office	Director's Office	(\$94,650)	0.00	-2.11%
40040A	Financial & Business Management	Finance & Business Management	(\$209,269)	-2.00	-2.13%

40046	Operations	Operations	(\$51,352)		-1.42%
40085	Behavioral Health	Adult Addictions Treatment Continuum	(\$150,890)	0.00	-6.22%
40065	Behavioral Health	Behavioral Health Division Administration	(\$180,000)	0.00	-8.23%
40059A	Corrections Health	Corrections Health Behavioral Health Services	(\$189,552)	-0.80	-3.14%
40050A	Corrections Health	Corrections Health Multnomah County Detention Center (MCDC)	(\$39,440)	-1.00	-0.92%
Various	Public Health	Home and Community Based Consulting	(\$509,816)	-3.00	-93.67%
40060	Public Health	Community and Adolescent Health	(\$124,710)	0.00	-5.50%
		Total	\$ (1,549,679)	-6.80	

Director’s Office, Program Offer 40000

Rationale & Equity Strategy: Reduction to Professional Services, due to underspending; and a comparable reduction to Integrated Clinical Services CGF Set Aside to meet constraint. This reduction will have no equity impacts on our communities or staff.

Finance & Business Management, Program Offer 40040A

Rationale & Equity Strategy: Elimination of McCoy Building lobby reception FTE. This cut will shift the workload to other personnel, specifically those of the Medical Billing team which rely on this position to sort and scan mail-in payment information, when they are not staffing the front desk. This position is vacant, which minimizes the impact on staff. Sixty-two percent of the Medical Billing staff identifies as BIPOC. This change will increase workloads for Medical Billing staff, particularly those in entry level job profiles, which on this team are 100% BIPOC.

Elimination of Accounts Payable FTE. Reduces the capacity of the AP team, which is already struggling to keep up with the payables workload. However the AP processes do not impact revenue reporting or collection, which makes it preferable to other staffing cuts.

Operations, Program Offer 40046A

Rationale & Equity Strategy: This is a vacant position as a result of the restructuring that occurred in FY 2023. No impact forecasted on staff as the teams formerly supervised are still doing the work in a new structure. Position was reallocated to create a new manager for the Communications Team. The savings is the cost difference between the two positions.

Adult Addictions Treatment Continuum, Program Offer 40085

Rationale & Equity Strategy: This is a reduction to the Synthetic Opiates contract and the Emergency Department Outreach contract. Both reductions are based on under-utilization.

Behavioral Health Division Administration, Program Offer 40065

Rationale & Equity Strategy: This is a reduction to population-specific peer expansion pilots, launched by the Behavioral Health Division in FY 2023. The expansion was not successful due to qualified vendors declining to contract because they lacked the necessary infrastructure. The Behavioral Health Division will support capacity-building efforts with qualified vendors in hopes to launch this expansion in FY 2025.

Corrections Health Behavioral Health Services, Program Offer 40059A

Rationale & Equity Strategy: This position is currently vacant and has been challenging to fill. However, without this position, access to mental health care will be reduced for people in correctional facilities. The corrections population reflects Multnomah County's BIPOC community. The division requests that this position be restored.

Corrections Health Multnomah County Detention Center, Program Offer 40050A

Rationale & Equity Strategy: Corrections Health reduced full-time Community Health Nurse positions to create more part time positions, resulting in reduced spending. Other small reductions to dues and subscriptions will not impact patient care.

Home and Community Based Consulting (Public Health), Program Offer 40055

Rationale & Equity Strategy: This reduction cuts or reduces Healthy Homes Asthma Services, Head Start Nurse Consultation. These services either do not represent core early childhood programs or are not sustainable. The Head Start program will absorb the costs of these nursing programs. In the Healthy Homes Asthma Services program, one position is currently vacant, and the incumbent staff member will be offered a position in a related program. The asthma services offered to families are incorporated into the other home visiting programs in the Public Health Division.

Community and Adolescent Health (Public Health), Program Offer 40060

Rationale & Equity Strategy: This eliminates various contracts related to pass-through and professional services. For FY 2024 budgeting we reviewed communications work carefully throughout the Public Health Division to identify opportunities to integrate communications content areas. This maximized our work across programs and reduced the need for program-specific communications contracts. We have also utilized Public Health Modernization and CDC infrastructure grant funding to pay for two of the department communications positions to keep the communications team whole.

Reallocations

The Health Department's one-department budget development strategy is the foundation for our General Fund reallocations. By identifying larger reductions in each division, we were able to find areas of redundancy and savings. We then reallocated the pooled resources based on cross-divisional priorities that address the most essential needs of our communities and workforce. Instead of submitting division-level restorations and reallocations, we are able to submit a department-level list of cross-divisional reallocations.

By scouring division budgets for unused or underused CGF and by using state and federal funds first, we were able to use the County General Fund to fund higher priority programs and services. We assessed each item's equity impacts on communities and staff and prioritized our reallocation decisions to maximize equity benefits.

FY 2024 Program #	Division	Program Name	General Fund	FTE	%CGF Changed
Reduced these Programs					
40000	Director's Office	Director's Office	-14,909		-0.33%
40039	Operations	Human Resources	-238,706	-2.00	-4.65%
40046	Operations	Operations	-185,790	-1.00	-5.12%
40050A	Corrections Health	Corrections Health MC Detention Center	-98,632	-1.00	-2.31%
40051	Corrections Health	Corrections Health Inverness Jail (MCIJ) Clinical Services	-286,090	-0.80	-6.20%
Various	Corrections Health	Corrections Health Temp & Overtime	-1,487,791		-14.09%
40060	Public Health	Community and Adolescent Health	-259,965	-1.75	-11.47%
40070	Behavioral Health	Mental Health Crisis Assessment & Treatment Ctr	-92,000		-11.60%
40077	Behavioral Health	Mental Health Medication and Treatment for Uninsured	-500,000		-37.11%
40097	Public Health	Parent, Child, and Family Health Management	-113,029	-1.00	-7.67%
Total Reductions			-\$3,276,912	-7.55	
FY 2024 Program #	Division	Program Name	General Fund	FTE	%CGF Changed
To Fund these Programs					
40065	Behavioral Health	Behavioral Health Division Administration	51,012	0.10	2.33%
40080	Behavioral Health	Community Based MH Services for Children & Families	182,084	1.00	38.54%

40002 & 40052	Health Officer	Health Officer/Medical Examiner	231,797	1.00	9.44%
40050A	Corrections Health	Corrections Health Multnomah County Detention Center (MCDC)	151,689	1.00	3.55%
Various	Corrections Health	Corrections Health Community Health Nurses	1,487,791	10.00	17.70%
40041	Financial & Business Management	Medical Accounts Receivable	262,572	2.00	14.44%
40046	Operations	Operations	466,287	2.00	12.85%
40040	Financial & Business Management	Financial & Business Management	443,680	3.00	4.51%
Total Additions			\$3,276,912	20.10	

Reductions Made for Reallocation:

Director’s Office, Program Offer 40000

Reductions made to Materials and Supplies category: The Director’s Office regularly underspends in this category. Minimal impact forecasted on HR staff or customers served.

Human Resources, Program Offer 40039

Elimination of a 1.00 Office Assistant Senior: The division completed a comprehensive review of HR processes and determined that this position was no longer needed. Elimination of an HR Analyst II position: HR created this position to support the ADA process and the volume of work does not justify a full-time position.

Operations, Program Offer 40046

Elimination of a Senior HR position: This position was vacant as a result of the restructuring that occurred in FY 2023: there is no impact forecasted on staff as the teams formerly supervised are still doing the work in a new structure.

Corrections Health Administration, Program Offer 40050A

Elimination of an administrative position: Health care provider credentialing responsibilities will be absorbed by the operations team.

Corrections Health Inverness Jail, Program Offer 40051A & C

Division recently hired a Family Nurse Practitioner in Transition Services. This recent hire can cover the work of this FNP position. This reduction also includes the reclassification of a physician position to FNP resulting in no impact to patient care. Other small reductions to Materials and Supplies will not impact patient care.

Corrections Health, Various Program Offers

Corrections Health reduced their overtime and temporary budgets to increase the number of Community Health Nurses available to overfill nursing shifts. It is expected that this will prevent instances of mandatory overtime which is expected to increase morale and employee retention.

Prevention and Health Promotion (Public Health), Program Offer 40060

Elimination of Program Specialist Senior position: While PHP is in need of a Program Specialist Senior, this PSSr classification is not aligned with the needs in PHP.

Mental Health Crisis Assessment & Treatment Center (Behavioral Health), Program Offer 40070

This right size funding by reducing from three beds to two beds at \$888.88 per day. The third bed is now funded by the Bridge Treatment Program and the program is fully funded. This transition creates access for individuals who are legally/criminally exposed, while maintaining access for individuals who do not qualify for Medicaid.

Mental Health Medication and Treatment for Uninsured (Behavioral Health), Program Offer 40077

This right sizes funding according to the actual expected spending based on current year projections. Individuals utilizing these services are individuals who do not qualify for Medicaid. The Behavioral Health Division will continue to evaluate needs.

Parent, Child, and Family Health Management (Public Health), Program Offer 40097

Elimination of a vacant Health Educator position: Existing staff will receive additional work due to the elimination of this position. Capacity to serve schools and community partners may be impacted.

To fund:

Behavioral Health Division Administration, Program Offer 40065

A partial (0.10) Medical Director once funded by Integrated Clinical Services.

Community Based Mental Health Services for Children & Families, Program Offer 40080

Staff supporting CARES NW, a program focused on serving children alleged to have been abused.

Health Officer & Medical Examiner, Program Offers 40002 & 40052

Increase EMS Tri-County 911, add an additional Office Assistant to the Medical Examiner to reduce Medical Examiner administrative load.

Corrections Health Multnomah County Detention Center (MCDC), Program Offer 40050A

1.00 FTE Equity Manager to the Corrections Health Division.

Corrections Health, Various Program Offers

Corrections Health reduced their overtime and temporary budgets to increase the number of Community Health Nurses available to overfill nursing shifts by 10.00 FTE. It is expected that this will prevent instances of mandatory overtime which is expected to increase morale and employee retention.

Medical Accounts Receivable, Program Offer 40041

2.00 FTE Finance Specialists that will enable the program to end its reliance on expensive contract support while meeting its performance expectations.

Operations, Program Offer 40046

Administrative Analyst for the new Deputy Director for Operations and a Program Communications Coordinator. These investments will round out the Operations Division and critical Communications Team.

Finance & Business Management, Program Offer 40040

1.00 FTE Contracts and Procurement Associate position to assist in the completion of more than 700 contracts per year. A 1.00 FTE Budget Analyst position to shore up the Behavioral Health Budget and Finance Team and add an essential Financial Reporting position to the Financial Reporting team for a total of two personnel for financial reporting and analysis.

State, Federal, and Other Fund

Significant Other Funds Changes				
Offer Number	Program Name	GF	Other Funds	FTE
40096A	Public Health Office of the Director		\$2,367,216	10.5
Various ICS	FQHC Clinical Program Offers - APM and Prospective Payment System Increases		24,690,288	
40082	School Based Mental Health		1,000,000	
Total		\$0	\$28,057,504	10.50

Public Health Infrastructure

Public Health Office of the Director, Program Offer 40096A

Public Health received the CDC Public Health Infrastructure Grant. This grant is OTO and is intended to shore up Public Health departments across the country. The \$2,367,216 Infrastructure grant dollars are budgeted in the Public Health Division’s Office of the Director, while specific projects are developed.

Integrated Clinical Services/Community Health Center Funding Changes

- The Alternative Payment Methodology (APM) and Prospective Payment System rates, set by the Oregon Health Authority, increases by the annual Medicare Economic Index (MEI) of 3.8%
- The final rate change process originally initiated in 2021 will also be fully incorporated in FY 2024 budget, reflecting the approved reimbursement rate for the health center program.

Behavioral Health

- The State Mental Health grant for FY 2024 is currently an extension of the existing agreement for July 2022-December 2022. The division is working with the state to get a revised contract. The first draft from the state contained many errors.
- The School Based Mental Health program has an estimated increase of \$1.0M in their Medicaid fees, which represents a conservative estimate of the rate increases anticipated. Negotiations with funders are still underway.

Out of Target Requests

Ongoing Out of Target Requests

The following table lists the Health Department’s ongoing out of target requests in order of priority:

Ongoing Out of Target Request						
FY 2024 Program #	Program Offer Name (if created)	General Fund	CGF FTE	ARPA	ARP FTE	New or Existing
40105C	Behavioral Health Resource Center - Day Center	\$2,500,000				Existing
40107	Corrections Health Staff Augmentation	\$1,211,108	6.60			New
40199Q	Behavioral Health Gun Violence Impacted Families			\$1,214,400		Existing
40199X	Public Health Gun Violence			\$449,082	3.00	Existing
40199D	Behavioral Health - Continuing COVID-19 Response/Support			\$586,793		Existing
40199E	Additional Health Officer Convert to			\$299,641	0.80	Existing

Ongoing Out of Target Request						
FY 2024 Program #	Program Offer Name (if created)	General Fund	CGF FTE	ARPA	ARP FTE	New or Existing
	CGF					
40199W	Behavioral Health - Old Town Inreach			\$1,100,000		Existing
40040B	Financial & Contractual Support for Community Based Organizations	\$283,130	2.00			New
40199R	Culturally Specific Behavioral Health Programs			\$370,603		Existing
40059B	Corrections Health - Restore BH Nurse Practitioner Position	\$189,552	0.80			Existing
40039C	Human Resources - Payroll Assistance	\$377,433	3.00			New
40040C	Accounts Payable FTE Restoration	\$116,277	1.00			Existing
40039D	Human Resources - Employee Experience	\$185,790	1.00			New
40042B	Contracts - Procurement Associate	\$128,080	1.00			New
	Total	\$4,991,320	15.40	\$4,020,519	3.80	

Behavioral Health Resource Center, Program Offer 40105C

Rationale & Equity Strategy: The Behavioral Health Resource Center’s Day Center supports 150 individuals per day to obtain basic needs, such as showers, laundry and restrooms. In addition, participants can access peer delivered services, onsite support groups and activities, and connection to community-based services. The Day Center is staffed by people with lived experience, known as peer support staff. Peers are a diverse group with regard to race, ethnicity, age, and abilities and create a unique cultural and authentic connection point.

Corrections Health Staff Augmentation, Program Offer 40107

Rationale & Equity Strategy: Corrections Health makes regular use of mandatory overtime to fill critical shifts. This has a negative impact on morale and staff retention and creates risk to the County. Corrections Health is proposing a nursing staff augmentation plan, adding personnel to key shifts with the goal of eliminating mandated overtime. A disproportionate percentage of the BIPOC community are incarcerated in Multnomah County. Morale and employee retention issues impact our ability to serve this population effectively.

ARP - Gun Violence Impacted Families Behavioral Health Response Team & Public Health, Program Offers 40199Q and 40199X

Rationale & Equity Strategy: Shootings and homicides have increased dramatically in Multnomah County in recent years. Gun violence disproportionately impacts our communities of color. 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 communities.

Behavioral Health - Continuing COVID Response, Program Offer 40199D

Rationale & Equity Strategy: The COVID-19 pandemic heightened disparities across the social determinants of health in Black, Indigenous, and other People of Color communities. It has affected people of all ages, impacting mental health acuity, crisis tolerance, substance use, violence, and education. The Behavioral Health Division works to proactively address the impacts of stress, anxiety, depression, isolation, fear, and loneliness while continuously adapting to meet complex, shifting community needs. This program offer is designed to help retain flexibility to respond to community mental health needs.

Additional Health Officer, Program Offer 40199E

Rationale & Equity Strategy: The Health Officer program requires continued additional capacity to ensure ongoing physician-level supervision and support of Health Department functions, as well as strategic guidance during communicable disease outbreaks. In FY 2023, this position supported critical non-COVID functions, including the public health response and disease containment of the local mpox outbreak, oversight of the community immunization program for children and families, and strategic work supporting overdose prevention. The work of this Health Officer, while essential, is no longer billable to ARPA.

Behavioral Health Old Town Inreach 40199W

Rationale & Equity Strategy: This program provides peer support focused on recovery, hope, personal responsibility, self-determination, positive social connection, and increasing natural supports for people living in the Old Town area. It also works to improve the interconnection between agencies serving this community. The program is responding to the increasing complexity and severity of behavioral health issues and illicit drug use among people experiencing homelessness. Daily disruptions to care provision now require nonprofit service providers to invest their limited resources in emergency staffing and security.

Technical Support for Community-Based Organizations, Program Offer 40040B

Rationale & Equity Strategy: These positions establish a capacity building team to support small community-based organizations through the County's procurement, contracting and invoicing process. Some smaller/newer CBOs lack the infrastructure and/or 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. These positions help create an infrastructure that will support local organizations working towards health equity in Multnomah County. Economic support and partnership with organizations that have deep community ties only strengthens our long-term relationships with communities. These partnerships can make services more focused, integrated, and culturally appropriate.

ARP-Culturally Specific Behavioral Health Programs, Program Offer 40199R

Rationale & Equity Strategy: This program works to offset the increase in volume and complexity of behavioral health and substance use cases by providing more access to culturally specific supports through multiple program investments.

Restore Corrections Health Behavioral Health Nurse Practitioner Position, 40059B

Rationale & Equity Strategy: While this position is currently vacant and recruitment/retention of staff has been challenging due to pay equity issues, permanently eliminating the position would result in potential

delay in access to care and provision of needed medication for those suffering from mental health issues. Cutting this position would have a greater effect on BIPOC individuals as BIPOC communities are overrepresented in corrections settings.

Human Resources Payroll Assistance FTE, 40039B

Rationale & Equity Strategy: These Human Resources positions are needed to ensure timely quality assurance review and processing of Health Department employee work time, leave, and other payroll actions and will contribute to a positive employee experience.

Accounts Payable Capacity FTE, 40040C

Rationale & Equity Strategy: The Accounts Payable team has been utilizing contingent staff to fill capacity gaps. In addition to newly implemented process improvements, this position will help ensure that the department meets its new performance goals for paying vendors in a timely manner. Timely payments are important for maintaining community relationships and access to culturally-relevant services.

Employee Experience FTE, 40039D

Rationale & Equity Strategy: This position supports the enhancement of the employee experience in order to address the needs of a fatigued workforce. The person in this role will lead our new Health Department Employee Experience Council meant to support transformational change for the benefit of all Health Department employees. The Employee Experience Council will use a Diversity, Equity, and Inclusion (DEI) framework to ensure that staff are heard, supported, and uplifted.

Procurement Associate, 40042B

Rationale & Equity Strategy: This position is critical to managing the increased volume of work seen in the Contracts and Procurement area -- a work team that is 55% BIPOC-identified. The addition of this position will allow for a more balanced workload, cross-training of staff, and coverage to ensure these tasks get completed in a timely manner consistently.

One-Time-Only Out of Target Requests

The following table lists the Health Department’s one-time-only out of target requests in order of priority:

FY 2024 Program	Program Offer Name	General Fund	General Fund FTE	ARP	ARP FTE	New or Existing
40199I	Finance and Business Management			\$141,565	1.00	Existing
40040D	Behavioral Health Finance Team	\$228,142	0.00			Existing
	Total	\$228,142	0.00	\$141,565	1.00	

ARP - ARP Financial Analyst, Program Offer 40199I

Rationale & Equity Strategy: Health will have ARPA tracking and reporting requirements in FY 2024 for the funding received in FY 2023 and for any residual funding received in FY 2024. Maintaining timely visibility of expenditures will allow the department to better meet funding compliance requirements and allow program managers to use unspent funds to further program goals addressing the disparities in COVID infection and testing.

Behavioral Health Finance Team, Program Offer 40040C

Rationale & Equity Strategy: With the help of external partners, we are able to configure EPIC, which the County already uses for medical claims processing, to be used for behavioral health also. This transition will allow the Behavioral Health Division to use EPIC for processing their claims, managing data, etc. This will be a vast improvement over the current system (Evolv). It will more efficiently increase billing and reduce claim denials. Increased revenue from insurance may increase financial sustainability for programs, allowing leadership to focus more directly on program development and service alignment with department values, including racial equity.

Risk and Other Issues

Medicaid Expansion/Waiver

Oregon will expand health-related social needs coverage for certain food assistance, housing supports, and other interventions that are medically appropriate for individuals experiencing certain life transitions, including individuals who are homeless or at risk of homelessness. The Health Department will continue to monitor these changes and adapt processes to capture Medicaid reimbursement for newly eligible services. On the benefit side - the new 1115 demonstration waiver will mean that OHP will fund up to six months of housing, as a social determinants of health-related 'benefit' when it can be connected to improving health outcomes.

Medicaid Redetermination

Health Department eligibility specialists in Corrections Health and the Community Health Center are assisting clients with Medicaid redetermination. An estimated 300,000 Oregonians could lose state health insurance in the next 16 months because they no longer qualify for state coverage made more widely available during the COVID-19 pandemic. Though the state is staggering re-determinations, and giving additional time for OHP members to provide evidence that they meet eligibility requirements to mitigate the impact, these changes will affect both the Health Department and the communities we serve. Communities of color, who make up a larger percentage of Medicaid recipients when compared to the total County population, will be especially hard hit.

Losing coverage --even for a short period of time-- can have serious health and economic consequences for the people we serve. Disruptions to care for chronic diseases, lack of access for people entering the system, increased financial burden for families, and delayed care for urgent problems are some of the consequences that will undoubtedly exacerbate health inequities.

Our Community Health Center (CHC) could see a large shift in clients who lose coverage and feel the loss of the corresponding insurance reimbursements. A reduction in coverage will impact CHC revenue. A loss of coverage may prevent some of the most vulnerable in our population from seeking or accessing behavioral health services. Even with the mitigation strategies being employed by the state, the number of uninsured Multnomah County residents is likely to rise. We will need to monitor the situation closely to make sure the contracts (e.g., providers contracts to bill Multnomah Treatment Fund) and services that we have in place are keeping pace with demand as the number of un- and under-insured community members will likely rise, especially in the second half of FY 2024.

COVID-19 Impacts & American Rescue Plan

FY 2022 saw the Health Department continuing key pandemic-related activities including, outbreak response, testing and vaccination in clinical, community and corrections settings, County staff vaccination, crisis counseling, culturally-specific isolation/quarantine and wrap-around supports, and data analysis. As the pandemic evolved and national, state and local case numbers began to subside, the department pivoted from an emergency response to long-term disease management efforts. In FY 2023, the ramp down of most COVID-19 public health interventions –testing, vaccination, isolation and quarantine–will fully ramp down by mid-year or pivot to other communicable diseases and respiratory illnesses, such as mpox, RSV and influenza.

In FY 2024, the department will continue its transition from pandemic response to ongoing support of core Health Department services. This fiscal year will see a winding down of ARP-funded pandemic response, ongoing evaluation of the effects of the pandemic and response efforts, and increased support for planning for new emergencies and continuing communicable disease functions.

It will be many years before the full impact of the COVID-19 pandemic is known. However, even in the last two years the physical, psychological and economic impacts of the pandemic have taken a toll on communities already sagging under the weight of health disparities. Postponed care for chronic diseases, increased mental health challenges, complex substance use, economic stress and increased community violence are just some of the pandemic effects that we are already seeing. Demand for Health Department core services is as high now as ever and growing.

In this year's budget, American Rescue Plan (ARP) out of target requests have been kept narrow and directed toward projects or programs that can be delivered in the coming year. The Violence Prevention work should continue beyond FY 2024, with a small number of ARP requests that are to ramp down and close out our COVID-specific response efforts.

Program Offer	Program Offer Name	Adopted FY 2023 ARPA	Submitted FY2024 ARPA	FY2024 Action
Multco Direct ARP				
40199A	ARP - Public Health - COVID-19 Investigation & Response	\$4,800,720		Sunsets in FY2023
40199C	ARP - Public Health - Isolation and Quarantine	\$13,841,425		Sunsets in FY2023
40199D	ARP - Behavioral Health - Continuing COVID Response	\$1,625,888	\$586,793	Ramp Down/Reallocation to other funding in FY2024
40199E	ARP - COVID-19 Response Health Officer	\$205,848	\$299,641	Sunsets in FY2023
40199I	ARP - COVID-19 Response Support Services	\$1,406,494	\$141,565	Ramp Down in FY2024
40199J	ARP- Public Health Community Partners and Capacity Building Expansion	\$1,023,795		Sunsets in FY2023
40199K	ARP- Public Health Communicable Disease Services Expansion	\$711,208		Sunsets in FY2023
40199O	ARP - Health Data Exchange	\$400,000		No longer needed
40199Q	ARP - Gun Violence Impacted Families Behavioral Health Team	\$1,214,400	\$1,214,400	On going in FY2024
40199R	ARP - Culturally Specific Behavioral Health Programs	\$625,000	\$370,603	Ramp Down/Reallocation to other funding in FY2024
40199X	ARP - Gun Violence Impacted Families - Public Health		\$449,082	On going in FY2024
40199W	ARP - Old Town Inreach	\$1,100,000	\$1,100,000	On going in FY2024
	Total Multco Direct ARP	\$26,954,778	\$4,162,084	
Other ARP				
40199B	Public Health Communicable Disease Community Immunization Program	\$1,398,394	\$1,718,068	Fed Imm. grant Award 07/01/2022 - 06/30/2024
40199G	ARP - COVID-19 Response Clinical Services	\$8,075,272		
40199T	Public Health CDC COVID-19 Health		\$2,623,098	COVID-19 Federal CDC Health Disparities (recently

Program Offer	Program Offer Name	Adopted FY 2023 ARPA	Submitted FY2024 ARPA	FY2024 Action
	Disparities	\$3,654,224		extended) to 5/31/2024
40199U	Public Health REACH COVID-19/Flu Vaccine Supplement	\$253,884	\$825,000	Extends to 9/2024
40199V	Public Health PDES COVID-19 Funding	\$225,000		
40199Y	Behavioral Health Early Assessment and Support Alliance Stimulus Funding	\$133,333	\$133,333	State Mental Health Grant: 01/01/2022 - 12/31/2025
	Total Other	\$13,740,107	\$5,299,499	
	Total ARP FY 2024	\$40,694,885	\$9,461,583	

ARP - Behavioral Health - Continuing COVID Response 40199D

Rationale & Equity Strategy: Out of target (OOT) funds to ramp down services in FY 2024. Behavioral Health is using ARP for critical infrastructure (quality, data) and for staffing and language services at the Behavioral Health/Crisis Call Center. This request also includes funding for two contracts for culturally-specific counseling and post-traumatic incident response. The Behavioral Health Division will wind down or transition these services to other funding where possible.

ARP Financial Analyst, Program Offer 40199I

Rationale & Equity Strategy: Out of target (OOT) funds to ramp down services in FY 2024. Health will have ARPA tracking and reporting requirements in FY 2024 for the funding received in FY 2023 and for any residual funding received in FY 2024. Maintaining timely visibility of expenditures will allow the department to better meet funding compliance requirements and allow program managers to utilize unspent funds to further program goals.

ARP - Gun Violence Impacted Families Behavioral Health Team PO 40199Q and ARP - Gun Violence Impacted Families - Public Health 40199X

Rationale & Equity Strategy: Out of target (OOT) funds to continue the program. 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. In the Behavioral Health Division 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. In the Public Health Division, this funding request will allow the adolescent health program to retain three Community Health Specialists who have culturally

specific knowledge, skills and abilities (KSAs) for the following communities: Latinx, Somali, and Black and/or African American.

In FY 2023, the Public Health and Behavioral Health Gun Violence ARP program offers were combined into a single program offer. The Health Department has split them apart this year to illustrate the two complementary efforts. Both programs address an ongoing need in the community.

ARP - Culturally Specific Behavioral Health Programs PO 40199R

Rationale & Equity Strategy: Out of target (OOT) funds to ramp down/transition services to other funding in FY 2024. 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 increased 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.

ARP - Old Town Inreach PO 40199W

Rationale & Equity Strategy: Out of target (OOT) funds for FY 2024, so the long-range effectiveness and funding can be evaluated for FY 2025. 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 in 2021 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 the 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.

Public Health Communicable Disease Community Immunization Program PO 40199B; Public Health CDC COVID-19 Health Disparities PO 40199T; Public Health REACH COVID-19/Flu Vaccine Supplement PO 40199U; and Behavioral Health Early Assessment and Support Alliance (EASA) COVID-19 Stimulus Funding PO 40199Y

Rationale & Equity Strategy: The Other COVID/ARP funding are a continuation of funding received in previous fiscal years. With the exception of the EASA award, FY 2024 represents the final year.

COVID-19 Federal Immunization	07/01/2022 - 06/30/2024
COVID-19 Federal CDC Health Disparities	06/01/2021 - 5/31/2024
MHS-26: State EASA Stimulus Funding	01/01/2022 - 12/31/2025

Division Level Organization Chart

Operations Division

In December 2022, the Board approved the creation of the Operations Division, led by a new Deputy Director position included in the FY 2023 Adopted budget. The Operations Division reflects a reorganization amongst the Director’s Office, Finance and Business Management and the former Organizational Development Division. The Operations Division includes Communications, Data Governance and Quality, Human Resources, Learning and Development and Response and Recovery planning and operations. Most of these teams are pre-existing and have been realigned to fall under the new division. For FY 2024, Organizational Development and Human Resources are no longer standalone divisions.

Health Department’s Office of Equity and Inclusion

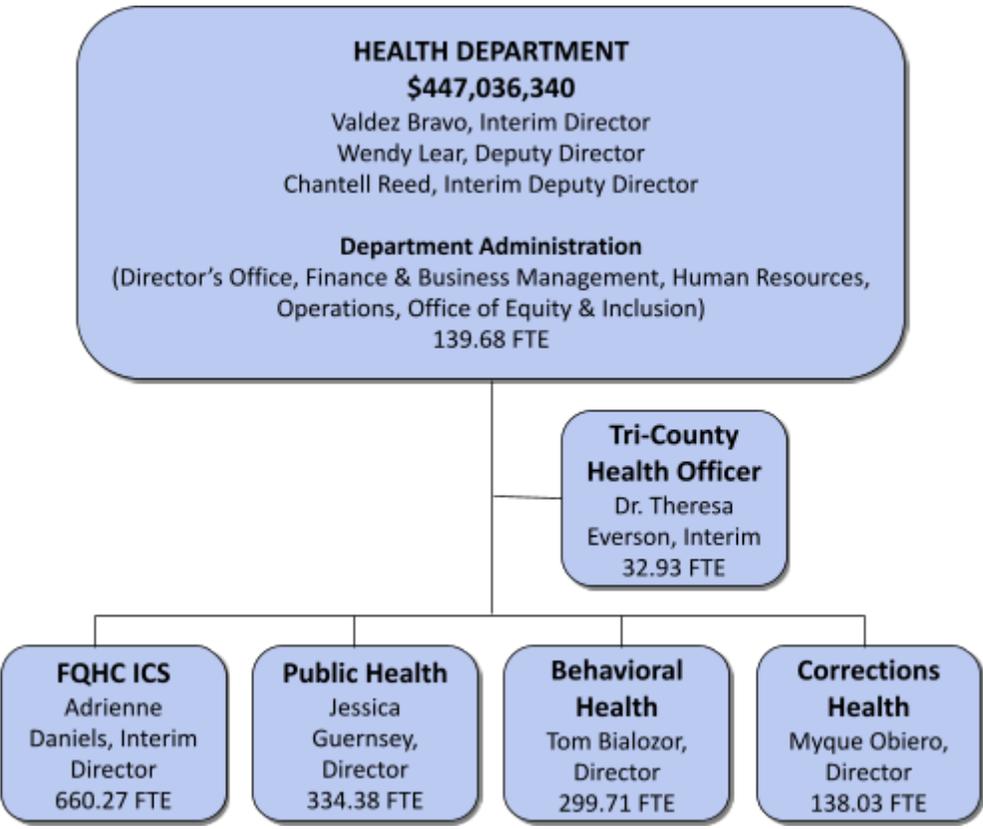
In FY 2023, the Health Department’s Office of Equity and Inclusion was moved into the Director’s Office, helping to ensure equity and inclusion is embedded throughout the department.

Span of control

The Health Department’s span of control has remained constant over the years at 1:7.3 (FY 2023 1:7.8)

<u>Division Name</u>	<u>Span of Control</u>
Behavioral Health	7.1
Corrections Health	9.5
Director's Office	5.7
Financial and Business Management	4.0
FQHC Integrated Clinical Services	8.1
Health Officer	8.3
Human Resources	8.0
Public Health	6.6

Health Department Division Level Organization Chart:



- 1) Org chart shows the total budget, including in/out of target
- 2) All ARP funding is rolled into division budgets.