

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

FROM: Director Rachael Banks, Health Department

DATE: February 12, 2024

RE: FY 2025 Budget Submission Transmittal Letter

Department Overview

Multnomah County Health Department is the largest 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. It is also the statutory health provider for people living in carceral settings in the County. The Health Department is the only health entity that is responsible for the health of *everyone* who calls Multnomah County home (more than 800,000 people) as well as those who visit.

Health Department 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."*

We advance our mission and vision by leading with an approach that is data-driven, community-centered, and equity-focused. Through our many programs, service lines, and policy strategies, we aim to support transformational and optimal change across the life course for individuals and communities. In this way, we can improve the health of the entire population while still focusing on ending unfair disparities.

Our Health Department acknowledges Oregon's history of colonialism and the pervasive impacts of racism on people across our County. Racism and its systemic expressions cause, perpetuate, and widen health inequities and disparities in health outcomes. We continue our active commitment to accelerating our progress towards eliminating these inequities.

We provide quality care to our most vulnerable populations. These include people who are impacted by or vulnerable to houselessness, people housed in the County's jails and juvenile detention center, and people facing severe and complex behavioral health challenges, including those impacted by substance use disorder, among others.

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 strategic goals:

- Deliver high-quality, accessible, and consumer-centered health care services.
- Develop and implement policy that addresses causes of health inequity and improves health outcomes for all.
- Monitor health data, analyze trends and advance holistic health programming
- Implement risk communications that notify the public of health threats and address health needs
- Foster a thriving, safe, inclusive, and desirable workplace that centers employees' authentic selves and needs.
- Enhance foundational infrastructure to live our values and meet our community improvement mission.

The 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 in Multnomah County.

Key Successes of FY 2024

Some key successes for the current fiscal year include:

PROGRAMS

- **A successful one-department planning process to develop the department's [2024 Overdose Prevention and Response Plan](#)** featuring interventions and actions in four key areas - prevention, harm reduction, treatment and recovery support. This plan is the basis for the Health Department's response to the 90-day cross-jurisdictional Fentanyl Emergency Declaration.
- **Completion of the first full year of Behavioral Health Resource Center Day Center** operations providing more than 38,000 visits to some of our County's most vulnerable people. This includes the opening of on-site, integrated shelter and transitional housing services
- **Mobile medical and dental services rolled into the community.** The Community Health Center (ICS - Integrated Clinical Services) mobile clinic offers medical, dental and lab services at rotating locations in Multnomah County. Services include: treatment of injuries and illnesses, chronic disease management, physical exams, reproductive health, vaccines, behavioral health referrals, and routine dental care.
- **The Gun Violence Response Behavioral Health Team is fully staffed.** This team provides culturally-responsive community-based mental health treatment and support to people aged 10 to 25 and their families who have been impacted by gun violence. The team

provides all its services in the community, reducing barriers and bringing services directly to the clients.

WORKFORCE

- **Human Resources process improvements** resulting in a significant reduction in the time required to recruit and hire new employees. In addition, the department added the utilization of hiring, retention, and referral bonuses aimed at “hard to fill” positions. Vacant positions are filled more quickly.
- **A workforce development program to train Expanded Function Dental Assistants (EFDAs).** This program underwrites the cost of education and certification to qualified applicants who work in the dental clinics to gain experience during their education. The program concludes with a two-year commitment to work in an EFDA role at the Health Department post-graduation.
- **The filling of permanent key leadership positions** including Health Department Director, Health Officer and Medical Director for Corrections Health. Filling these positions provides stability for programs and staff. Stabilizing Health Department leadership is essential to laying a foundation for the coming fiscal year’s programmatic and policy success.

DATA AND POLICY

- **Completion of heat islands data collection and analysis.** This detailed analysis of urban heat islands throughout the tri-county area is the largest analysis of its kind. In a coordinated effort, 100 volunteers collected temperature data in the metro area on a single day. Translations of the report are being finalized and it will be released in the spring. The report will be used by the Health Department and its partners to refine extreme heat response plans and target resources to build community resilience.

Diversity, Equity, and Inclusion Efforts

Equity is embedded in the Health Department’s mission, vision and values. It is at the forefront of the mission -- *We work with communities to advance health equity, protect the most vulnerable, and promote health and wellness for everyone.* And it is the foundation of the vision -- *Thriving communities that nurture the health and resilience of all.*

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

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

- **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 our 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.

As an embodiment of equity values, the Health Department implements many strategies and services to best meet people where they are geographically, physically and psychologically. Some of these strategies include:

- **Geographically meeting people where they are** - The Health Department meets patients and clients where they're at in many ways. The ICS mobile van delivers health and dental services to people outside of our standing clinic settings and telehealth services bring Community Health Center care to patients who are unable to come into a standing clinic. The telehealth pilot program expanded care in Student Health Centers, and we have continued to integrate behavioral health services with physical health service delivery pathways. Across these platforms, services and materials are provided in the many languages in which clients are most comfortable.
- **Serving the most vulnerable** - The Health Department brings basic services and vital peer support to some of our most vulnerable neighbors. The Behavioral Health Resource Center provides a low-barrier and trauma-informed space for people living outside to access basic services and connect with housing, addiction, mental health, and other services. The Corrections Health program provides medical, dental and behavioral health services to more than 30,000 people in custody annually. A disproportionate percentage of Multnomah County's communities of color are incarcerated, underscoring the need for an equity lens to deliver Corrections Health services. Corrections Health also provides transition services to support people exiting custody and reintegrating into their communities.
- **Building community partnerships** - The Public Health Division's Community Partnership and Capacity Building (CPCB) program continues to build connections to better serve the diverse communities living in Multnomah County. In FY 2024, the program hosted its first-ever Partnership Fair to encourage information sharing and further develop relationships between Health Department programs and staff and the community. The successful event was attended by more than 250 community members and staff.
- **Fostering engagement** - The Behavioral Health Division's Office of Consumer Engagement centers the work of people with lived experience at the intersection of addiction, mental health challenges and houselessness. The Community Partnerships

and Capacity Building program and the Office of Consumer Engagement are just two ways the department works to uplift community voice and community solutions to guide its work, live its values and accomplish its mission.

- **Filling gaps in care** - The recently expanded Regional Health and Human Services Call Center has allowed the Health Department to better serve people with a “no wrong door” approach both with everyday issues and in emergencies. New relationships with region-wide partners allow call center staff to minimize caller frustration and increase warm transfers to services. They practice community listening with an equity lens: tracking trends, emerging issues, unmet needs, service gaps, community concerns and complaints. Unintended service barriers and gaps are identified and elevated by the Call Center.

Workforce Equity Strategic Plan (WESP)

The Health Department uses an equity and inclusion lens to deliver equitable services and to create an equitable workplace. The Workforce Equity Strategic Plan (WESP) is our guide for making progress toward the County’s and department’s internal equity goals. The WESP aims to promote an inclusive organizational culture of safety, trust, and belonging for every person who works here.

The WESP is the foundation for our equity work in new employee recruitment and orientation, employee retention, promotion and professional development, and overall workforce development. By working along all avenues of the employee experience, we aim to attract, cultivate, and retain a dynamic, diverse workforce. 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 internal *Mentoring Matters* and *Peer2Peer* programs are foundational WESP initiatives that create opportunities for employees to build meaningful partnerships that encourage both professional and personal development.

One important expression of our continuing focus on WESP goals is our ongoing equity training series that includes the following offerings:

- Microaggressions: Building Awareness and Responsiveness
- Ouch! Part 1: That Stereotype Hurts
- Ouch! Part 2: Your Silence Hurts
- Unconscious Bias in the Workplace
- Integrating Color Brave Space Agreements
- Leading with Race for Managers & Supervisors
- Coaching a Diverse and Inclusive Workforce for Managers & Supervisors

All of this work focuses on building a strong, diverse workforce -- a workforce that both reflects the communities we serve and can best meet their needs.

Health Department Office of Equity and Inclusion

The department's Office of Equity and Inclusion (OEI) provides key leadership and guidance to strengthen Health Department accountability around equity issues - both internally and externally.

Internally, this work includes providing policy leadership, systematic data review to monitor equity impacts, and guidance to departmental leadership on best practices for integrating equity into decision making including budgeting. The positions are designed to provide education, facilitation, coaching and technical support across the department. The Equity Manager position has regular contact with senior leadership as a member of the Department Leadership Team.

External work includes ensuring equal opportunity to achieve the highest attainable level of health for all people through policies, programs and strategies that respond to the cultural factors that affect health. This work also includes developing relationships with diverse community partners to help the Health Department achieve collaborative health goals.

The Office of Equity and Inclusion sits in the Health Department Director's office, with the Equity Manager reporting directly to the department Director and participating in the Leadership Team.

In FY 2024, the search for an Equity Manager was paused to give the new Health Department director time to reconceive of the position as a leader to the Health Department on both internal and external equity matters, and to ensure the Equity Manager was situated in a robust structure. As a safety net provider, it is essential for our work in the community to be rooted in equity and assessed regularly for continuous quality improvement.

The Health Department's Equity Manager will lead the implementation of OEI's strategic goals through FY 2025, which include:

1. Help identify and institute healthy, inclusive, and equitable work environments for employees across the department.
2. Ensure the Health Department implements recommendations prioritized in the Workforce Equity Strategic Plan (WESP). Specific ongoing activities supporting WESP priorities include our *Mentoring Matters* and *Peer2Peer* programs, support for and expansion of positions with language and culture Knowledge, Skills, and Abilities (KSA) designations across our department, and employing an equity-centered budgeting process.
3. Build capacity among Health Department managers and supervisors to lead inclusively with race, and to improve equity-related competencies.
4. Initiate regular assessment of external-facing program and policy efforts for equity alignment.
5. Develop benchmarks and regularly monitor progress toward internal and external equity goals.

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

The Health's Department's submitted budget is a manifestation of our values. Our work is equity-driven, human-centered, and trauma-informed. The goal, across all of our service areas, is to implement programs and interventions, and develop transformative policy initiatives that will improve health outcomes for individuals, families, and communities while eliminating unfair gaps. The same values and goals drive the budgeting process.

In preparing the FY 2025 budget, Health Department managers, supervisors, and division leaders were asked to flag potential equity impacts early in the budget process so that alternatives could be identified. Division leaders used the following questions to assess equity impacts in 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?
- How can the department/division budget be balanced in a way that protects efforts to work towards racial equity?

Divisions were asked to maintain investments in equity and prioritize preserving culturally-specific programs and supports and to speak to specific equity impacts of any reductions or reallocations in programs offers. They were also asked to avoid passing reductions to community contractors where possible. Mitigation strategies were required for any reduction or reallocation that held a potential equity impact on communities of color.

In addition to the work being done by division leaders and staff, the dedicated community members on the Health Department's Community Budget Advisory Committee (CBAC) are active throughout the year. In August 2023, the Interim Department Director reviewed newly funded program offers with CBAC members, provided updates on the FY 2024 budget and discussed initial priority considerations for the FY 2025 budget year. Then each month from September through December, division leaders presented program and budget updates and discussed FY 2025 budget priorities with CBAC members.

In January 2024, the new Department Director met with CBAC members to share her budget priorities and learn more about CBAC members, their experiences and their priorities. The CBAC was also presented with mid-year budget-to-actual data and engaged in discussions with the department's Director of Financial and Business Management about projected expenditures for the remainder of FY 2024.

Every year, the department's CBAC reviews and prioritizes out of target program offers and restorations and presents those recommendations and other budget guidance in a memo to the Board of County Commissioners.

The CBAC has a comprehensive review and evaluation process that considers the alignment of each program offer with their annual program priorities, the application of an equity lens, and the completeness of the program offer. The CBAC evaluates program offers using criteria taken from their values statement:

- Upholding racial justice
- Addressing the intersectional roots of oppression
- Improving outcomes for those who experience health inequities including Black, Indigenous, People of Color (BIPOC) Communities

Questions and feedback that surface during the evaluation process are quickly sent to division and department leadership to ensure the CBAC can make informed recommendations. After submission of their recommendations, the CBAC chair or representative is invited to speak at the department's budget presentation to the Board of County Commissioners, sharing their experience and reiterating their recommendations.

Leading With Race in the Health Department Budget

The Health Department continues to lead with race in recognition that systematic racism and inequalities have had disproportionate health impacts on our communities of color, including both clients and staff. 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 a few. Because race intersects across all of these categories, centering race at the heart of our work, enables us 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 communities of color and in peer-led services. This division is stabilizing its capacity to gather and analyze information that will lead to more intentional programming and results for communities of color 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 investments in adopting value-based care, innovation and technology, and expanding access to pharmacy and dental services in the Cully neighborhood through the PCC clinic expansion.
- The Public Health Division has a dedicated Community Partnerships and Capacity Building team and cultural specific programming. 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. We also have cultural programming that focuses on

eliminating inequities impacting specific communities. The Future Generations Collaborative works to eliminate health inequities and reinforce the strength and resilience of our local American Indian/Alaska Native communities. REACH and Healthy Birth Initiatives (HBI) support our local Black, African American and African Immigrant communities across the life course. REACH and HBI offer services from prenatal interventions, to chronic disease prevention and care, to creating healthy policy, system and environment level solutions.

- 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 communities 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.
- The Corrections Health Transition program supports people exiting custody, providing case management planning and resource navigation to support people as they transition to life back in their communities.

Key FY 2025 Budget Priorities and Key Issues

Budget Strategy

The budget is the Health Department's key policy and values document. In order to submit a budget that is mission driven, aligned with department values, addresses the Chair's priorities and demonstrates good stewardship of County resources, the Health Department engaged in a planning and budget process that centered on equity and core services.

The Health Department conducted strategic planning during FY 2024 to chart the course of the department for the next few years. The ideas, concepts, and strategic priorities identified during planning were combined to create a strategic framework with supporting pillars of work related to policy, population health, direct services, workforce and infrastructure. In the lead up to the FY 2025 budget planning process, division leaders worked with their teams to identify their divisional priorities related to these five pillars. These planning sessions yielded strategic goals with measurable outcomes and informed the FY 2025 budget set forth here.

Using these strategies, the department has created a budget proposal which accommodates the constraint while minimizing equity impacts on service levels, workforce, and client communities.

Budget Process

The Health Department started this year's budget process with early sharing of data and information with senior leadership.

In preparation for the FY 2025 budget submission, and to ensure a comprehensive review of our priorities, each division participated in a budget exercise to estimate reductions necessary to meet a -2.5%, -5%, and -7.5% general fund constraint, along with identifying what they would prioritize for restoration.

In doing those scenarios, divisions looked closely at their priorities developed during planning, and at their strategic visions. **The goal was to protect and plan for the sustainable support of our core services, and focus on measurable deliverables that will achieve the outcomes we seek.** That meant protecting the safety net services we provide, while also enabling ongoing support for our critical, equity and community-based work. Additional considerations included:

- Preserve health equity work and sustain culturally-specific approaches.
- Consider the needed capacity to support the Chair's one-county approach and our one Health Department approach for shared priorities (e.g., Overdose Prevention and Response Plan).
- As a means to preserve equity capacity, avoid passing constraint reductions to community partners.

When the constraint for departments was set at -3% by Chair Jessica Vega Pederson, the Health Department took a differentiated approach to budget planning by asking for a -5% constraint from the Director's Office, Operations, Financial and Business Management, Public Health and Behavioral Health, and a -2.5% constraint from the Health Officer and Corrections Health Divisions. This gave leadership the chance to reassess the overall picture of where funds were being spent and to what extent they reflected current priorities. Integrated Clinical Services was excluded from this exercise.

Explicit budget guidance was given to division leadership including the following:

- Maximize use of other funds
- Minimize of use of Beginning Working Capital (BWC) for ongoing infrastructure
- Maintain core services
- Maintain investments in equity and protect culturally specific services
- Support high priority, one-County, and one-Department efforts
- Avoid passing all reductions to contractors
- Cut vacancies, when possible

The Director then worked with each division to rank and prioritize their top priority requests for adding back. The net result of this overall strategy was to limit negative impact on service levels.

Savings from the additional reductions were used to restore priority programs or services within each division and to restore reductions or add critical infrastructure capacity across the department. Ultimately, Corrections Health will have no CGF reductions for FY 2025.

Budget priorities

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

Ongoing out of target requests are for strategic programs and initiatives that directly support or closely align with the Health Department and the Chair's priorities. These efforts include enhancing community safety and wellness, meeting acute behavioral health needs in our community, and addressing the overdose crisis. A primary area of focus is bolstering the department's infrastructure to support overdose response through Health Department services and programs in coordination with and in service to departments across the County.

OVERDOSE PREVENTION AND RESPONSE

One primary focus of the Health Department's budget is our work on overdose prevention and response. Building on our existing body of work, the Health Department's Overdose Prevention and Response Plan directly addresses gaps in available prevention, harm reduction, treatment, recovery services, and infrastructure. The Health Department's submitted budget adds to our current efforts through additional investment in youth prevention, naloxone supply and distribution, and data modernization aimed at better reflecting the current situation. The goal of data modernization is to enable us to respond to rapid changes in the drug supply, drug use behaviors, risk factors, and overdoses, including existing or emerging inequities.

OTHER BUDGET PRIORITIES

The following Health Department priorities also span multiple budget years:

- **Invest in workforce development.** Health and health care systems experienced significant attrition during and after the COVID-19 pandemic and have not yet regained the workers lost. Health and healthcare fields continue to operate locally and nationally with significant labor shortages and a strained workforce. Investments in workforce development are necessary to meet ongoing staffing needs. These conditions place further burden on our systems. Training new workers takes time and investment. Solutions aimed at alleviating some of the stress of labor shortages require longer-term investment, such as the Expanded Function Dental Assistant training program, which underwrites education and certification costs in exchange for a two-year service contract. Other development efforts aimed at "hard to hire" positions include similar training programs for Medical Assistants and Pharmacy Technicians, further streamlining our Human Resources processes, and providing internal pathways for advancement.

- **Create a workforce restoration and stabilization plan.** One of the primary uses of the Public Health Infrastructure Grant funds will be the creation of a restoration and stabilization plan that uses an equity lens to provide external supports to address and prevent employee burnout, retention strategies for current staff, and intentional tools for the development and promotion of staff. In addition to the creation of strategies applicable to all staff, the plan will focus on addressing gaps and identified inequities in the workforce.
- **Continue to strengthen our staffing with peers and culturally-specific workers.** Increase staff whose Knowledge, Skills, and Abilities (KSA) most closely align with the communities with marginalized identities with whom we seek to connect. This hiring priority improves our responsiveness to our communities and is a concrete example of our equity values in action.
- **Build equity capacity by addressing racism and modernizing the public health system.** Preserve work in primary prevention and chronic-disease interventions by using a racial equity lens and leading causes of death data. Sustain community partner capacity especially among those who work with communities of color, people who are experiencing or vulnerable to homelessness, or other groups who experience significant and persistent inequities in health outcomes.
- **Recognize, reconcile and rectify race-based inequities in service delivery.** We anticipate long-term impacts on health outcomes and health equity caused by colonialism and structural racism, disparities and inequities along many lines exacerbated by the lingering impacts of the COVID-19 pandemic (including “secondary” impacts such as significant increases in rates of addiction and other complex behavioral health challenges, as well as the lingering effects of delayed preventative care and chronic disease management). We will continue to provide accessible, affordable and high quality medical and behavioral health care services to all Health Department clients, providing much-needed “safety net” services to vulnerable populations.
- **Continue transformative investments and enhancements in our Behavioral Health system.** Ensure that 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. Continue to 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.

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, and bolstering behavioral health supports.

The department's in target and out of target FY 2025 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 person-centered, trauma-informed, and equitable services to our most vulnerable populations, including people experiencing or vulnerable to 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 people using substances and people facing mental health challenges.

- See Voter Initiatives section below.

Community Safety

The department supports community safety in numerous ways. Violence prevention programs support youth and their families. The Harm Reduction program contributes to safer public spaces by providing syringe collection and other services to people using substances. Restaurant and food cart licensing, vector control and tobacco prevention and control keep our communities safe and free from disease. Youth behavioral health services contribute by providing counseling and support for young people facing complex challenges.

- Out of Target Offers:
 - **Behavioral Health, Program Offer 40110** (Gun Violence Impacted Families Behavioral Health Response Team): Continued funding for culturally-specific counseling for gun violence impacted youth and families.

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. Peers and culturally-specific providers offer a deeper understanding of the people and communities they serve.

- Out of Target Offers:
 - **Corrections Health, Program Offer 40059B** (Behavioral Health Additional Response - Qualified Mental Health Associate/Case Manager): Add QMHA to

support people in custody who have severe and persistent mental illness with specific case management and follow up.

- **Corrections Health, Program Offer 40059B** (Behavioral Health Additional Response - Behavioral Health Supervisor) Fund supervisor position for Corrections Health downtown acute mental health unit. Position will support division-wide efforts and goals and increase communication with MCSO as well as helping to deal with situations as they unfold on site.

Overdose Prevention and Response

The Health Department's Overdose Prevention and Response work builds on and expands existing work across many coordinated teams including prevention, addiction and treatment services, Medically Supported Recovery (MSR) offered in clinical settings, harm reduction, and behavioral health outreach and services. This work spans the full substance use and addiction service continuum to reduce health inequities and prioritize people unfairly impacted by oppression and exclusion. Specific activities include expanding naloxone training in the community, coordinating naloxone distribution across County sites, and data modernization for surveillance of overdose and drug supply trends.

- Out of Target Offers:
 - **Director's Office, Program Offer 40000B** (Overdose Prevention and Response Plan): Fund a Naloxone Distribution Specialist to coordinate distribution of medication to interrupt overdose; fund naloxone training specialist to increase use of naloxone to interrupt overdose; fund staff and contracts in Public Health and Behavioral health aimed at prevention and partnerships; provide resources and training to CBOs, faith-based organizations, schools, community members, and people with lived experience; provide technical assistance, financial support, educational resources, and toolkits to partners to implement prevention activities; and coordinate culturally specific forums and communications. Data modernization to provide real-time overdose and related data.
 - **Public Health, Program Offer 40061C** (Harm Reduction Street Team): Fund an additional harm reduction team to conduct street outreach to reduce communicable diseases among people who use illicit substances, combat overdoses and overdose deaths, and make connections to resources and services for clients including assistance in reducing or stopping substance use.

Core Services

The Health Department provides safety-net health care for residents across Multnomah County, is the statutory provider of health care in Multnomah County jails and detention facilities, and provides culturally-specific, culturally-responsive public health interventions and programming to meet the needs of Multnomah County residents across the life course.

- Out of Target Offers:
 - **Corrections Health, Program Offer 40059B** (NIC Response - Management Analyst): Fund support for the CH Deputy Director. Position will increase the non-clinical infrastructure that is essential to maintaining smooth operations and a well-functioning division.

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 are in various stages of developing and implementing our strategic and operational responses to the following emerging or intensifying challenges:

- The opioid and illicit substance use overdose crisis (90-day emergency response and on-going programming)
- Community gun violence
- Increasing physical and behavioral health needs of people impacted by housing insecurity
- Intensifying extreme weather events
- Ongoing staffing challenges facing the entire healthcare industry
- Ongoing communicable disease outbreaks or threats

Budget Overview

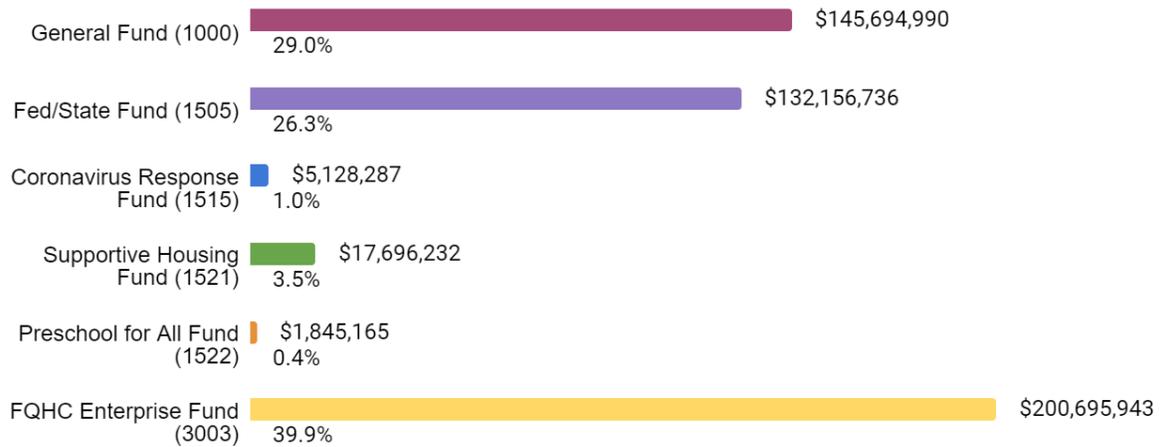
The Health Department’s budget submission totals \$512,153,473 and 1,696.81 FTE for FY 2025 for both in and out of target programs. In target programs are funded within the department’s General Fund target allocation or by Other Funds; out of target programs are additional General Fund requests not funded within the department’s General Fund target allocation. The submission is detailed in the table below showing the total allocation.

FY 2025 Health Department Budget Submission*				
	FY 2025 General Fund	FY 2025 Other Funds	Total Funds	Total FTE
In Target Programs	145,694,990	357,522,363	503,217,353	1,657.61
Out of Target Programs	7,610,281	1,325,839	8,936,120	39.20
Total FY 2025 Submission	153,305,271	358,848,202	512,153,473	1,696.81

* The amounts shown in this table and charts below exclude \$64.1 million of contingency and unappropriated funding in the Health Department FQHC fund.

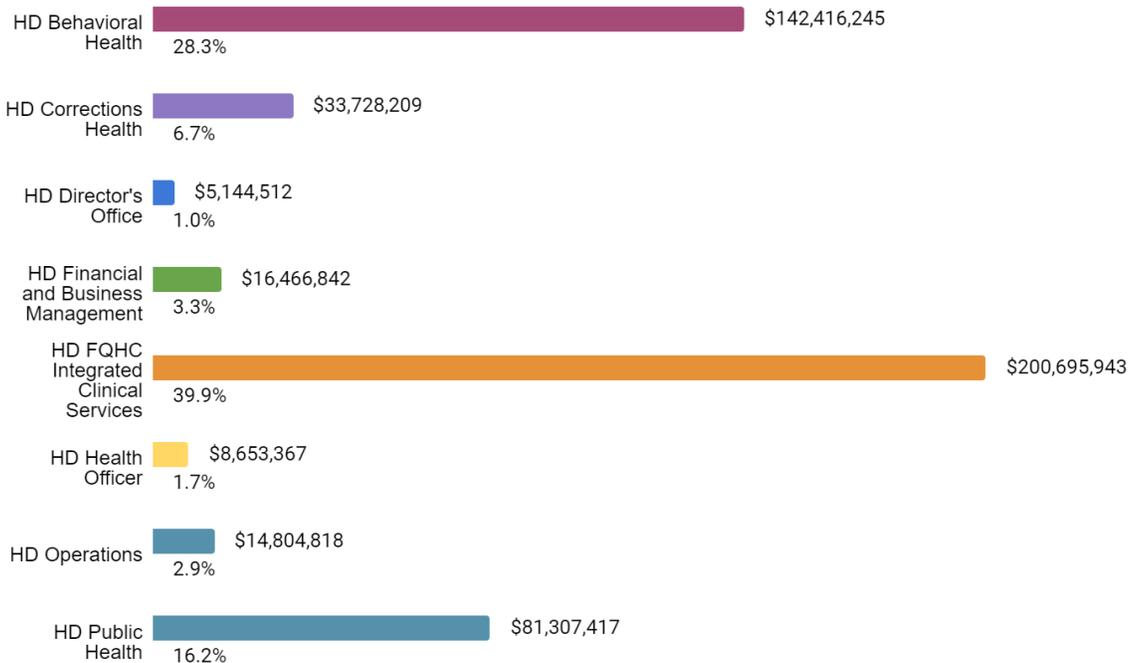
Excluding the Federal Qualified Health Center, the Health Department is primarily funded by the General Fund and Federal/State Funds. The bar chart below shows the budget by fund for **in target programs**.

FY 2025 In Target Budget by Fund \$503,217,353



The Health Department has eight divisions, with the **in target budget** distributed as shown in the bar chart below.

FY 2025 In Target Budget by Division \$503,217,353



Core Services

This budget maintains/supports the 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 overdoses and the opioid and fentanyl 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 people 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 preventable death.
- Provide medically supported recovery (MSR) 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

The Health Department built the County General Fund (CGF) budget request by maximizing federal/state funding, and optimizing the use of CGF, to minimize reductions in divisions that had few or no other sources of funding, while maintaining investments in critical infrastructure. 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.

Division leadership were directed to only create new FTE for clearly articulated, priority activities or grant-funded projects that couldn't be delivered by current staff. In preparing the FY 2025 budget proposals, Health Department divisions were directed to explicitly address equity impacts on both staff and clients in the community.

General Fund Reductions

Proposal for Reductions to Meet FY 2025 General Fund Target Allocation			
Offer Number	Program Name	General Fund Reduction	FTE Reduction
40000A	Director's Office	(262,941)	0.00
40040	Financial & Business Management	(396,925)	0.00
40037	Environmental Health Community Program	(113,591)	(1.35)

Proposal for Reductions to Meet FY 2025 General Fund Target Allocation			
Offer Number	Program Name	General Fund Reduction	FTE Reduction
40054	Nurse Family Partnership (Restoration Requested)	(1,000,000)	(1.11)
40070	Crisis Assessment & Treatment Center	(50,816)	0.00
Total		(1,824,273)	(2.46)

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 40040

Rationale & Equity Strategy: Reduction to Professional Services and Supplies due to under underspending. This reduction will have no impact on our communities or staff.

Environmental Health Community Program, Program Offer 40037

Rationale & Equity Strategy: Shift 1.35 FTE to other funding. This General Fund reduction will have no impact on communities or staff.

Nurse Family Partnership, Program Offer 40054

Rationale & Equity Strategy: Shift 1.35 FTE to other funding. This item is requested as a restoration. The Public Health Division requests funding to allow the division to evaluate options for the delivery of early childhood home visiting programs.

Crisis Assessment & Treatment Center, Program Offer 40070

Rationale & Equity Strategy: This reduction brings the funding for this contract in line with actual spending. There are no impacts to clients or the department.

Reallocations

FY 2025 Significant Departmental Changes (Reallocations)				
Offer Number	Program Name	General Fund	Other Funds	FTE
	Reduced these programs			
40000A	Director’s Office	(1,719,222)	0	0.00
40097	Parent, Child, and Family Health	(234,302)	0	(2.00)

FY 2025 Significant Departmental Changes (Reallocations)				
Offer Number	Program Name	General Fund	Other Funds	FTE
	Management			
40060	Community and Adolescent Health	(526,925)	0	(4.00)
	To fund these programs			
40105A&B	Behavioral Health Resource Center	1,719,222	0	0.00
40010A	Communicable Disease Prevention and Control	234,302	0	2.00
40006	Tobacco Prevention & Control	94,427	0	0.00
40053	Racial and Ethnic Approaches to Community Health	432,498	0	4.00
Total Reallocations		0	0	0.00

The Health Department made the following significant reallocations:

BEHAVIORAL HEALTH

Health Department Director's Office, Program Offer 40000A - This action eliminates County General Fund set aside in the Health Department Director's Office to provide additional support while ICS was transitioning to the Enterprise Fund, if needed, for the FQHC Community Health Clinics (CHC). The CHC is now self-sustaining, so these funds were reallocated to provide ongoing support for the Behavioral Health Resources Center (BHRC).

PUBLIC HEALTH

Parent, Child, and Family Health Management, Program Offer 40097 - This action reduces programmatic support in the referenced program that can be absorbed by other staff. This change is in recognition of the potential elimination of the Nurse Family Partnership program. These funds cover increased costs in the Communicable Disease Prevention and Control program (Program Offer 40010A) to keep the program whole.

Community and Adolescent Health, Program Offer 40060 - This action reduces administrative support in the referenced program in recognition of the loss of the teenage pregnancy prevention grant. Funding is reallocated to: 1) the Tobacco Prevention and Control Program (Program Offer 40006) and will allow the program to respond to anticipated and emerging needs to ensure compliance and to support increased culturally specific

tobacco cessation, education and prevention efforts, and 2) the Racial and Ethnic Approaches to Community Health Program (Program Offer 40053) to add essential positions to support the implementation of and provide contract management support for two strategy areas for the 5 year Racial and Ethnic Approaches to Community Health (REACH) Grant.

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:

FY 2025 Out of Target Requests (Ongoing)						
Priority	Offer Number	Program Name	General Fund	Other Funds	FTE	New or Existing
1	40000B	Overdose Prevention and Response	1,304,564	0	4.00	New
2	40059B	Additional Corrections Health Behavioral Health Staff	520,078	0	3.00	New
3	40110	Gun Violence Behavioral Health Response Team	1,225,296	0	5.00	Existing
4	40061C	Harm Reduction Street Team	800,000	0	6.00	New
5	40007B	Restaurant Inspections Restoration	1,157,289	0	8.00	Existing
6	40044B	Supplemental Data Sets Partnership with DCA	400,000	0	0.00	Existing
7	40054	Nurse Family Partnership Restoration	2,203,054	1,325,839	13.20	Existing
	Total		7,610,281	1,325,839	39.20	

Overdose Prevention and Response, Program Offer 40000B - The Health Department's Overdose Prevention and Response Plan builds on our existing body of work, engaging the full substance use and addiction service continuum to reduce health inequities and prioritize people unfairly impacted by oppression and exclusion. This program offer will add capacity for substance use prevention activities focused on youth and their families, harm reduction strategies related to naloxone distribution and training, and data modernization for surveillance of overdose and drug supply trends.

Corrections Health/Behavioral Health, Program Offer 40059B - adds capacity to the Corrections Health leadership and Behavioral Health teams. The investment supports the goal of increasing the division's capacity to oversee care coordination and therapeutic interventions for adults in custody, particularly for those with severe and persistent mental illness. The addition of a Mental Health Case Manager and Behavioral Health Supervisor to focus on acute mental health needs, while also increasing the division's ability to respond to "in the moment" behavioral health issues as they arise.

Gun Violence Behavioral Health Response Team, Program Offer 40110 - Gun violence, shootings, and homicides continue to occur at a high frequency 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.

Harm Reduction Street Team, Program Offer 40061C - The Harm Reduction Program acts as a very low barrier access point for health supplies, HIV/STD testing, and referrals for substance use treatment or medication supported recovery. The ultimate goals of the program are to reduce transmission of HIV and Hepatitis C, reduce soft tissue damage associated with injection drug use, and improve quality of life with a person-centered and trauma-informed approach. The program also works to reduce overdose deaths through the distribution of naloxone.

This request adds an additional full team of 6.00 FTE to conduct street outreach to reduce communicable diseases among people who use illicit substances and make connections to resources and services, including assistance in reducing or stopping illicit substance use.

Voter Initiatives - (SHS, PFA, Library Bond)

FY 2025 Voter Initiatives - Supportive Housing Services/Preschool for All				
Offer Number	Program Name	Supportive Housing Services Funds	FTE	New or Existing
40105A	BHRC Day Center	1,400,000	0	Existing
40105B	BHRC Shelter/Housing	1,084,650	0	Existing
40044A	Health Data & Analytic Team	170,970	1.00	Existing
40010D	Supportive Housing Services for Communicable Disease Clients - SHS	300,000	1.00	New
40069B	Old Town Inreach - SHS	1,100,000	0	Existing
40069C	Behavioral Health Crisis Services - Supportive Housing Services	1,539,620	1.00	New
40074B	Mental Health Residential Services - Supportive Housing Services	667,160	0	Existing
40084C	Culturally Specific Mobile Outreach and STP - Supportive Housing Services	542,325	0	Existing

FY 2025 Voter Initiatives - Supportive Housing Services/Preschool for All				
Offer Number	Program Name	Supportive Housing Services Funds	FTE	New or Existing
40085B	Adult Addictions Treatment Continuum - Supportive Housing Services	1,247,350	0	Existing
40101B	Promoting Access To Hope (PATH) Care Coordination Continuum - Supportive Housing Services	718,247	3.70	Existing
40112	Shelter and Housing - Supportive Housing Services	8,925,910	0	Existing
	<i>Total Supportive Housing Services Funds</i>	<i>17,696,232</i>	<i>6.70</i>	
Offer Number	Program Name	Preschool For All Funds	FTE	New or Existing
40099B	Preschool For All Early Childhood	1,845,165	10.98	Existing
	<i>Total Preschool for All Funds</i>	<i>1,845,165</i>	<i>10.98</i>	
Total				

Supportive Housing Services

Behavioral Health Resource Center Day Center, Program Offer 40105A - 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.

Behavioral Health Resource Center, Shelter/Housing, Program Offer 40105B - In addition to the day Center services described above, the BHRC provides Shelter and and Bridge Housing.

These services operate on the third and fourth floors of the BHRC. Similar to the Day Center, these programs were developed with input from peer providers and from those with lived experience of behavioral health challenges and houselessness. The BHRC Behavioral Health Shelter and Bridge housing programs will operate 24/7/365, by referral from the BHRC Day Center and community providers.

Health Data & Analytics Team (Scope Project), Program Offer 40044A - The Supportive Housing Services fund covers the cost of 1.00 FTE to support the SCoPE project, known as the Service Coordination Portal Engine. SCoPe is a digital portal for Multnomah County service providers to access the information they need to most efficiently serve clients. SCoPE provides a single point of access to information about shared clients across the Health Dept, Dept of Community Justice, Dept of County Human Services, and soon, the Joint Office of Homeless Services (JOHS). With client consent, providers can see basic information about shared clients, which programs they have accessed and when, and can coordinate directly with other County providers on behalf of clients.

Behavioral Health Crisis Services, Program Offer 40069B/C - 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. The 1.00 FTE funded by the SHS funding coordinates the crisis services work of the JOHS and Behavioral Health.

Adult Addictions Treatment Continuum, Program Offer 40085B - The overarching goal of Substance Use Disorder (SUD) 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. Supportive Housing Services covers a 1.00 FTE Program Specialist Senior to handle both a growing Addictions Supportive Housing Services related contracts portfolio.

Promoting Access to Hope (PATH) Care Coordination Continuum, Program Offer 40101B - 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. The Supportive Housing Services measure funds 1.00 FTE Clinical Services Specialist on the Promoting Access to Hope Care Coordination Team to provide housing search and placement services.

Preschool For All

Preschool For All Early Childhood, Program Offer 40099B - 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.

State, Federal, and Other Funds

FY 2025 Federal Strengthening Public Health Infrastructure & Workforce Grant			
Offer Number	Program Name	Other Funds	FTE
40000A	Health Department Director’s Office	990,332	5.00
40039A	Human Resources	562,991	2.00
40046	Health Department Operations	171,115	1.00
40096	Public Health Office of the Director	1,218,584	4.50
Total		2,943,022	12.50

According to the CDC the Strengthening Public Health Infrastructure & workforce grant “is an investment that supports critical public health infrastructure needs of health departments across the United States. Funding from this grant will help ensure that every U.S. community has the people, services, and systems needed to promote and protect health. The grant creates

a foundation for CDC’s public health infrastructure work and provides maximum flexibility so recipients can address their most pressing needs.”

All work done as part of this grant is grounded in three key principles:

1. Data and evidence drive planning and implementation.
2. Partnerships play a critical role in grant program success.
3. Resources are directed in a way that supports diversity and health equity.

Key strategies and tactics that will be carried out under the Public Health Infrastructure Grant in FY 2025 include:

- Recruitment strategies such as hiring fairs, which will draw in different parts of the community to engage with Human Resources and key program staff to learn about the Health Department and the various types of jobs offered;
- A recruiter who will focus on Public Health recruitments and alleviate the backlog of recruitments seen within the division’s programs;
- Supporting a Human Resources Interview Kaizen, which will use lean process improvement protocols to support and standardize more equitable and engaged interview practices;
- Elevating professional development opportunities by standing up a steering committee that will prioritize staff education and training opportunities to create a culture of equity and inclusion, increase organizational capacity, and facilitate succession planning and change management;
- Identifying wellness opportunities across the department to maximize impact moving forward.
- Expanded retention strategies and the development of staff restoration and stabilization plan.

PHIG will also move the Health Department toward improved quality, performance and accountability through public health accreditation. The coming year will include:

- Building relationships among key internal partners to develop a vision and objective as well as key language around quality improvement and performance management that will start the path toward maximizing departmental efficiencies and minimizing redundancies;
- Collaborating with key stakeholders in program areas across the department to identify documents and establish a timeline for completion;
- And collaborating with internal and external partners to explore equity-based health assessment and improvement planning.

CareOregon Funds

FY 2025 CareOregon Medicaid Behavioral Health		
Offer Number	Program Name	Other Funds Increase
40068	Behavioral Health Quality Management	1,082,280
40069A	Behavioral Health Crisis Services	1,480,829
40078A	Early Assessment & Support Alliance	536,805
40081	Multnomah County Care Coordination	4,150,230
Total		7,250,144

The budget for the Behavioral Health Division includes a significant increase in new CareOregon funding to increase services in the following areas/program offers:

Behavioral Health Quality Management, Program Offer 40068 - This investment funds the infrastructure required to transition Behavioral Health from Evolv to EPIC for electronic medical records.

Behavioral Health Crisis Services, Program Offer 40069A - 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. To this end, care is taken to support equitable services that prioritize addressing disparities and inequities related to access and outcomes. Crisis services include immediate 24/7/365 access to phone crisis support, 24/7/365 mobile crisis outreach, urgent walk in care and access to Peer Supports, and postvention care through the Trauma Intervention Program Northwest. This new funding provides an increase to crisis personnel (call center) and crisis services contract through our existing HealthShare off the top agreement, now transitioned to Care Oregon as of 1/1/2024. Also, there is additional peer services staff through Care Oregon additional ask.

Early Assessment & Support Alliance, Program Offer 40078A - 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 FY23, 55% of the enrolled EASA clients identified as people of color, 42% as white and 3% as unknown or not provided. This funding provides an additional investment and expansion in program services.

Multnomah County Care Coordination, Program Offer 40081 - Care Coordinators engage in a team planning process with adults, youth, family, community partners, and providers to develop a unified, strengths-based plan addressing 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. This funding provides an additional investment in the Motel Support program, jail coordination services, and an increase to existing intensive care coordination services.

Risks and Other Issues

Medicaid funding and 1115 Waiver

Oregon's new 1115 Medicaid waiver includes additional benefits for climate, nutrition, housing and transition services that the Health Department's and County's clients could be eligible for. In FY 2025, the Health Department will conduct a current state Medicaid analysis and 1115 readiness assessment to identify opportunities to secure additional Medicaid revenue and determine needed infrastructure. This analysis will identify opportunities to increase Medicaid billing and identify the needed capacity to increase revenue and ensure compliance with rules and guidelines.

Division Level Organization Chart

Organizational Changes

Recent changes to the Director’s Office include repurposing and moving a vacant Deputy Director position previously housed in the Financial and Business Management Division (FBM) to the Director’s Office to help lead the Department’s policy and health strategy work. A Division Director II position was then created to lead FBM. In addition, the Public Health Infrastructure Grant will support infrastructure in the Director’s Office to enhance workforce efforts and lead public health accreditation.

We solidified critical leadership infrastructure for the Director's Office and Department through the following:

- Use of ICS Set Aside General Fund (see reallocations)
- Provide permanent funding for the Behavioral Health Resource Center
- Added an additional Behavioral Health Co-Director position to serve as an external facing behavioral health systems expert.

Span of control

The Health Department’s span of control has remained relatively constant over the years. Department-wide for FY 2025 it is 1:7.2. (FY 2024 1:7.3)

Span of control by Division

Behavioral Health	7.70
Corrections Health	10.80
Director’s Office	2.70
Finance and Business Management	4.30
Health Officer	7.60
Human Resources	10.00
Integrated Clinical Services	7.90
Public Health	6.60
Health Department	7.20



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Program #40000A - Health Department Director's Office **FY 2025 Department Requested**

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

Executive Summary

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

Program 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.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	# of employees engaged in All Staff meetings and events.	500	500	600	650
Outcome	Annual Federal and State resources \$ leveraged for strategic investments (expressed in millions).	\$282 Mil	\$252 Mil	300	300

Performance Measures Descriptions

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	2024	2024	2025	2025
Personnel	\$2,574,257	\$0	\$3,271,003	\$847,090
Contractual Services	\$2,054,881	\$0	\$491,789	\$0
Materials & Supplies	\$108,936	\$0	\$94,045	\$0
Internal Services	\$249,617	\$0	\$297,343	\$143,242
Total GF/non-GF	\$4,987,691	\$0	\$4,154,180	\$990,332
Program Total:	\$4,987,691		\$5,144,512	
Program FTE	14.00	1.00	16.00	5.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$990,332
Total Revenue	\$0	\$0	\$0	\$990,332

Explanation of Revenues

This program generates \$143,242 in indirect revenues.
 \$820,510 - Strengthen Public Health Infrastructure & Workforce
 \$169,822 - Strengthen Public Health Infrastructure Grant

Significant Program Changes

Last Year this program was: FY 2024: 40000A Health Department Director's Office

The Health Department Director's Office adds four new FTE in FY 2025. These positions include a Manager II, who will provide supervision and oversight for the office, while also serving as the key liaison with the County Board and Chair's Office. Other key positions include a Project Manager to enhance the Strategy and Grant Development Team, a Health Policy Analyst Sr., and a Represented Project Manager to support and coordinate change management efforts departmentwide. The Director's Office now also includes a the existing Health Department Deputy Director, which was moved from Financial and Business Management to provide policy guidance for the department as a whole.



Program #40000B - Overdose Prevention & Response FY 2025 Department Requested

Department: Health Department **Program Contact:** Rachael Banks
Program Offer Type: New Request **Program Offer Stage:** Department Requested
Related Programs:
Program Characteristics: Out of Target

Executive Summary

The Health Department’s Overdose Prevention and Response Plan builds on our existing body of work, engaging the full substance use and addiction service continuum to reduce health inequities and prioritize people unfairly impacted by oppression and exclusion. This program offer will add capacity for substance use prevention activities focused on youth and their families, harm reduction strategies related to naloxone distribution and training, and data modernization for surveillance of overdose and drug supply trends.

Program Description

While building from our existing body of work, the Health Department’s Overdose Prevention and Response Plan directly addresses gaps in available prevention, harm reduction, treatment, recovery services, and infrastructure. The scope of this program offer expands our capacity in the following areas:

Prevention efforts will educate and support BIPOC, LGBTQ2SIA+, and other priority youth and families to prevent the use and misuse of drugs, and the development of substance use disorders. This program offer will support staff and contracts in Behavioral Health and Public Health to expand partnerships with County leadership, multisectoral partners (including CBOs and faith-based), schools, community members, and people with lived experience; provide technical assistance, financial support, educational resources, and toolkits to partners to implement prevention activities; and coordinate culturally specific forums and communications.

Harm reduction strategies related to naloxone distribution and training are critical to curbing overdose deaths. This program offer will support a staff member to act as a central Departmental resource for coordinating naloxone distribution and training within County and community sites; a staff to increase naloxone training and technical assistance for County and community sites; and the purchase of naloxone. Key County stakeholders will include libraries and other sites where the public is accessing services.

Data modernization for surveillance of overdose and drug supply trends will enable the Department to respond to rapid changes to the drug supply, drug use behaviors, risk factors, and overdoses, including emerging disparities within BIPOC communities, to appropriately respond and prevent loss of life. This program offer will reduce data delays in toxicology results by expediting toxicology results and purchasing drug testing equipment to support a real-time overdose data dashboard and associated reports, briefs, etc. The Department will also work with stakeholders to identify permanent solutions related to data delays.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	# of new partners who implement prevention initiatives	NA	NA	NA	6
Outcome	% of overdoses with a 30 day or less turnaround time for toxicology results	NA	NA	NA	75%
Output	# of substance use prevention training/technical assistance sessions conducted	NA	NA	NA	10
Output	# of naloxone kits distributed	NA	NA	NA	3,500

Performance Measures Descriptions

Measure 2: Baseline for CY 2023 is 1.8%.
 Measure 3: this measure includes naloxone trainings, as well as community forums, presentations, etc.
 Measure 4: the Department distributes over 80,000 naloxone kits annually. This measure is specific to the naloxone kits purchased as part of this program offer.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$0	\$0	\$549,564	\$0
Contractual Services	\$0	\$0	\$540,000	\$0
Materials & Supplies	\$0	\$0	\$165,000	\$0
Capital Outlay	\$0	\$0	\$50,000	\$0
Total GF/non-GF	\$0	\$0	\$1,304,564	\$0
Program Total:	\$0		\$1,304,564	
Program FTE	0.00	0.00	4.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:



Program #40001 - Public Health Administration and Quality Management FY 2025 Department Requested

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

Executive Summary

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

Program 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 and contract 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	# of quality and strategy projects identified	6	6	6	6
Outcome	% of identified projects successfully completed	88%	90%	90%	90%

Performance Measures Descriptions

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	2024	2024	2025	2025
Personnel	\$1,659,727	\$357,022	\$1,703,191	\$354,839
Contractual Services	\$17,535	\$27,512	\$18,184	\$27,512
Materials & Supplies	\$111,071	\$8,942	\$115,180	\$15,059
Internal Services	\$184,356	\$59,029	\$254,392	\$70,811
Total GF/non-GF	\$1,972,689	\$452,505	\$2,090,947	\$468,221
Program Total:	\$2,425,194		\$2,559,168	
Program FTE	9.80	2.00	9.70	2.00

Program Revenues				
Intergovernmental	\$0	\$452,505	\$0	\$468,221
Total Revenue	\$0	\$452,505	\$0	\$468,221

Explanation of Revenues

This program generates \$60,003 in indirect revenues.

State Opiate grant for Prescription drug Overdose Prevention allows 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 \$ 263,812- PE-62 Overdose Prevention-Counties

Significant Program Changes

Last Year this program was: FY 2024: 40001 Public Health Administration and Quality Management

No significant changes



Program #40002 - Tri-County Health Officer FY 2025 Department Requested

Department: Health Department **Program Contact:** Richard Bruno
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs:
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 regional 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 provides executive level oversight to the County’s Emergency Medical Services Program, the Medical Examiners Program, the Public Health Emergency Preparedness Program, and routinely serves as the primary physician ambassador to regional health systems and Coordinated Care Organizations particularly in relation to emerging health threats that require a coordinated response.

Program Description

The Multnomah County Health Officers provide physician authorization and clinical oversight for the full scope of Communicable Disease Services, including the Sexually Transmitted Disease Clinic, tuberculosis diagnosis and treatment, and many other types of outbreaks. They close gaps in services, recent examples include COVID-19 testing and vaccination, naloxone availability, and rapid HIV testing. Working in concert with community-based staff and programs, the Multnomah County Health Officers extend the reach of public health interventions to those disproportionately affected by specific health threats. They also offer a unique perspective in the realm of local and state health policy that is prevention-focused and equity-based.

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.

Total health officer FTE in Multnomah County has 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
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	2024	2024	2025	2025
Personnel	\$435,451	\$361,088	\$726,211	\$345,737
Materials & Supplies	\$0	\$10,308	\$48,446	\$10,308
Internal Services	\$96,201	\$50,444	\$103,139	\$51,499
Total GF/non-GF	\$531,652	\$421,840	\$877,796	\$407,544
Program Total:	\$953,492		\$1,285,340	
Program FTE	0.99	0.95	1.07	0.87

Program Revenues				
Intergovernmental	\$0	\$421,840	\$0	\$407,544
Total Revenue	\$0	\$421,840	\$0	\$407,544

Explanation of Revenues

This program generates \$51,499 in indirect revenues.

Washington county meets their ORS 431.418 requirements for health officer services through intergovernmental agreement (IGA) with Multnomah County. The Tri-County Health Officer is funded by:

\$ 407,544 - Tri-County Health Officer Washington County

Significant Program Changes

Last Year this program was: FY 2024: 40002 Tri-County Health Officer

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$215,059	\$0	\$253,918	\$0
Materials & Supplies	\$166	\$0	\$172	\$0
Internal Services	\$75,961	\$0	\$88,926	\$0
Total GF/non-GF	\$291,186	\$0	\$343,016	\$0
Program Total:	\$291,186		\$343,016	
Program FTE	2.00	0.00	2.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

All General Fund

Significant Program Changes

Last Year this program was: FY 2024: 40003 Health Department Facilities, Safety and Administrative Support

The division's Safety and Security leadership has led the development of new policies and practices to address ongoing concerns for staff, clients and community members. The new Safety and Security Advisory Committee started meeting in February 2023.



Program #40004 - Ambulance Services (Emergency Medical Services) FY 2025 Department Requested

Department: Health Department **Program Contact:** Aaron Monnig
Program Offer Type: Operating **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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Ambulance response for urgent, life threatening calls in the Urban zones is < or equal to 8 min. 90% of the time.	70%	90%	65%	90%
Outcome	Ambulance response in urgent, life threatening calls in Rural areas is < or equal to 20 minutes, 90% of the time.	70%	90%	65%	90%
Output	TC911 serves highest users of EMS system through care coordination, case management, and referral linkages.	500	500	500	500

Performance Measures Descriptions

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	2024	2024	2025	2025
Personnel	\$1,684,126	\$955,045	\$1,765,578	\$1,007,665
Contractual Services	\$560,754	\$18,700	\$545,858	\$18,700
Materials & Supplies	\$93,693	\$6,277	\$77,458	\$6,277
Internal Services	\$188,503	\$277,053	\$197,337	\$321,853
Total GF/non-GF	\$2,527,076	\$1,257,075	\$2,586,231	\$1,354,495
Program Total:	\$3,784,151		\$3,940,726	
Program FTE	7.87	5.93	7.87	5.93

Program Revenues				
Fees, Permits & Charges	\$2,166,546	\$0	\$2,368,865	\$0
Intergovernmental	\$67,915	\$0	\$0	\$0
Other / Miscellaneous	\$0	\$1,257,075	\$0	\$1,354,495
Total Revenue	\$2,234,461	\$1,257,075	\$2,368,865	\$1,354,495

Explanation of Revenues

This program generates \$169,264 in indirect revenues.

Lic. fees \$175,000, the ambulance franchise fee \$1,530,936, and first responder medical direction contracts and ambulance medical direction \$642,929 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 (\$20,000). 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 (\$1,257,075). The County supplements this with general funds to allow service to non-Medicaid clients using EMS frequently.

TC 911 HealthShare Grant (50210) \$1,354,495

Significant Program Changes

Last Year this program was: FY 2024: 40004 Ambulance Services (Emergency Medical Services)



Program #40005 - Public Health & Regional Health Systems Emergency Preparedness FY 2025 Department Requested

Department: Health Department **Program Contact:** Aaron Monnig
Program Offer Type: Operating **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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Ensure proper PH leadership and prog. representation in emerg. activation and exercise over the year.	100%	100%	100%	100%
Outcome	coordinate at least one Medical Reserve Corp call down exercise or activation notification	1	1	1	1

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	2024	2024	2025	2025
Personnel	\$23,588	\$263,445	\$24,553	\$274,412
Materials & Supplies	\$14,497	\$523	\$15,033	\$523
Internal Services	\$26,729	\$41,659	\$23,107	\$43,779
Total GF/non-GF	\$64,814	\$305,627	\$62,693	\$318,714
Program Total:	\$370,441		\$381,407	
Program FTE	0.08	1.31	0.08	1.31

Program Revenues				
Intergovernmental	\$0	\$305,627	\$0	\$318,714
Total Revenue	\$0	\$305,627	\$0	\$318,714

Explanation of Revenues

This program generates \$40,273 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: \$ 271,948 - Public Health Emergency Prep

Federal: \$ 46,766 - OHA Cities Readiness Initiative (CRI)

Significant Program Changes

Last Year this program was: FY 2024: 40005 Public Health & Regional Health Systems Emergency Preparedness

Department: Health Department

Program Contact: Charlene McGee

Program Offer Type: Operating

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. 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. Licensed 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of tobacco retail licenses issued	708	800	778	800
Outcome	Number of policies established to reduce tobacco use and exposure	1	1	0	0
Output	Number of retailer inspections	1621	1,500	1500	1650
Output	Number of community partnerships	48	55	51	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 a 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	2024	2024	2025	2025
Personnel	\$602,878	\$941,569	\$655,485	\$1,066,373
Contractual Services	\$15,750	\$314,888	\$16,333	\$102,752
Materials & Supplies	\$24,706	\$47,317	\$27,774	\$23,429
Internal Services	\$95,254	\$187,595	\$135,577	\$299,540
Total GF/non-GF	\$738,588	\$1,491,369	\$835,169	\$1,492,094
Program Total:	\$2,229,957		\$2,327,263	
Program FTE	4.05	3.30	4.20	6.98

Program Revenues				
Fees, Permits & Charges	\$738,588	\$0	\$738,588	\$0
Intergovernmental	\$0	\$1,491,369	\$0	\$1,492,094
Total Revenue	\$738,588	\$1,491,369	\$738,588	\$1,492,094

Explanation of Revenues

This program generates \$180,323 in indirect revenues.

Direct State - \$463,369 - Tobacco Prevention

Direct State - \$1,000,725 - Tobacco Prevention - BM 108

HealthShare of Oregon - \$28,000 - Tobacco Prevention & Cessation

Licenses & Fees - \$738,588 - Tobacco Retail Licenses

Significant Program Changes

Last Year this program was: FY 2024: 40006 Tobacco Prevention and Control

Legal challenges to the policy banning the sale of flavored tobacco and nicotine products in Multnomah County as of Jan. 1, 2024, has halted the implementation process.



Program #40007A - Health Inspections and Education **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Jeff Martin
Program Offer Type: Operating **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 protecting 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 4,820 restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, vending machines, and jails. 467 pools/spas; 951 schools, childcare, adult foster care, and other service providers. 53 small water systems (inspected every 3 to 5 years) and an additional 12 water systems (responding to alerts as needed).

Foodborne Illness Outbreak Response - Registered Environmental Health Specialists investigate local foodborne illness in collaboration with Communicable Disease Services and are key participants in emergency response. HIE conducted 3 foodborne illnesses 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 17 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of licenses issued	6142	7002	6523	7343
Outcome	Number of Priority & Priority Foundation violations	8322	5446	8435	5722
Output	Number of facility inspections	12,205	14,769	11,980	10,272
Output	Number of Food Worker Cards issued	11,788	12,073	13,747	14,450

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	2024	2024	2025	2025
Personnel	\$5,295,253	\$27,557	\$4,432,958	\$28,745
Contractual Services	\$428,020	\$0	\$503,857	\$0
Materials & Supplies	\$226,964	\$1,213	\$124,760	\$1,213
Internal Services	\$795,070	\$3,850	\$1,059,406	\$5,015
Total GF/non-GF	\$6,745,307	\$32,620	\$6,120,981	\$34,973
Program Total:	\$6,777,927		\$6,155,954	
Program FTE	37.21	0.19	29.46	0.19

Program Revenues				
Fees, Permits & Charges	\$6,060,750	\$0	\$6,083,783	\$0
Intergovernmental	\$0	\$32,620	\$0	\$34,973
Total Revenue	\$6,060,750	\$32,620	\$6,083,783	\$34,973

Explanation of Revenues

This program generates \$5,015 in indirect revenues.

Multnomah County Environmental Health receives \$34,973 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.

\$34,973 Safe Drinking Water

\$140,030 HD Food Handlers
 \$1,147,969 HD Inspections GF
 \$5,943,753 in Licensing Fees

Significant Program Changes

Last Year this program was: FY 2024: 40007 Health Inspections and Education

This program offer does not include a fee increase for FY25. This program offer will reduce the program staffing by 8 FTE if not approved. COVID-19-Related - In FY23, 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.



Program #40007B - Restaurant Inspections Restoration FY 2025 Department Requested

Department: Health Department **Program Contact:** Jeff Martin
Program Offer Type: Restoration Request **Program Offer Stage:** Department Requested
Related Programs:
Program Characteristics: Out of Target

Executive Summary

Health Inspections and Education (HIE) is a legally mandated, fee-supported program that protects the public from disease and injury by investigating food and waterborne disease; educating about food safety practices; and performing inspections of licensed facilities. The program goal is to ensure the safety of inspected facilities. 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 4,820 restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, vending machines, and jails. 467 pools/spas; 951 schools, childcare, adult foster care, and other service providers. 53 small water systems (inspected every 3 to 5 years) and an additional 12 water systems (responding to alerts as needed).

Foodborne Illness Outbreak Response - Registered Environmental Health Specialists investigate local foodborne illness in collaboration with Communicable Disease Services and are key participants in emergency response. HIE conducted 3 foodborne illnesses 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 17 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Outcome		N/A	N/A	N/A	2,616
Output		N/A	N/A	N/A	4,696

Performance Measures Descriptions

Current year estimates in program offer 40007A

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	2024	2024	2025	2025
Personnel	\$0	\$0	\$1,119,472	\$0
Materials & Supplies	\$0	\$0	\$37,817	\$0
Total GF/non-GF	\$0	\$0	\$1,157,289	\$0
Program Total:	\$0		\$1,157,289	
Program FTE	0.00	0.00	8.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

This program offer does include an increase of support for FY25 that will keep the program whole and fund 8 FTE.

Significant Program Changes

Last Year this program was: FY 2024: 40007 Health Inspections and Education

This program offer does include a request for increase of support for FY25 that will keep the program whole and fund 8 FTE. The current fee structure is inadequate to support the required staff and resources to meet the statutorily required level of regulatory oversight to ensure the public's health. Currently the program is reliant on general fund support to meet our IGA with the Oregon Health Authority.



Program #40008 - Vector-Borne Disease Prevention and Code Enforcement FY 2025 Department Requested

Department: Health Department **Program Contact:** Jeff Martin
Program Offer Type: Operating **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. 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 development habitat through water 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of rodent inspections conducted	289	700	700	500
Outcome	Number of service referrals that improve vector abatement	101	75	75	100
Output	Number of acres treated for mosquitoes	2935	2000	2000	4500
Quality	Inspection and monitoring of mosquito producing sites	907	600	600	800

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 development site(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	2024	2024	2025	2025
Personnel	\$1,716,147	\$0	\$1,829,161	\$0
Contractual Services	\$62,355	\$0	\$79,009	\$0
Materials & Supplies	\$176,185	\$0	\$176,146	\$0
Internal Services	\$332,958	\$0	\$459,510	\$0
Total GF/non-GF	\$2,287,645	\$0	\$2,543,826	\$0
Program Total:	\$2,287,645		\$2,543,826	
Program FTE	12.10	0.00	12.10	0.00

Program Revenues				
Fees, Permits & Charges	\$342,446	\$0	\$343,441	\$0
Total Revenue	\$342,446	\$0	\$343,441	\$0

Explanation of Revenues

\$ 277,000- City of Portland BES Vector Control Rats

\$ 66,441 - City of Portland Specified Animals

Significant Program Changes

Last Year this program was: FY 2024: 40008 Vector-Borne Disease Prevention and Code Enforcement

In FY23 early seasonal flooding in combination with the loss of aerial application services resulted in another historic year for mosquito abundance for FY24.



Program #40009 - Vital Records FY 2025 Department Requested

Department: Health Department **Program Contact:** Jeff Martin
Program Offer Type: Operating **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 can issue birth and death certificates, six months after the date of the event, 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 of Oregon 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of birth and death certificates issued	43,692	50,000	50,000	60,000
Outcome	Average number of days to issue error free certificate	1	1	1	1

Performance Measures Descriptions

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$3,515	\$587,061	\$0	\$623,776
Contractual Services	\$384	\$18,169	\$0	\$39,857
Materials & Supplies	\$0	\$17,405	\$0	\$19,104
Internal Services	\$0	\$260,301	\$0	\$271,644
Total GF/non-GF	\$3,899	\$882,936	\$0	\$954,381
Program Total:	\$886,835		\$954,381	
Program FTE	0.00	5.10	0.00	5.22

Program Revenues				
Fees, Permits & Charges	\$0	\$882,936	\$0	\$954,381
Total Revenue	\$0	\$882,936	\$0	\$954,381

Explanation of Revenues

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

Fees \$ 954,381 - Vital Stats Birth and Death Certificates

Significant Program Changes

Last Year this program was: FY 2024: 40009 Vital Records

Future forecast: House Bill 2420 is under review by a Oregon Health Authority workgroup. This bill would remove the 6 month limitation we currently have and open processing up to any county within the State of Oregon.



Program #40010A - Communicable Disease Prevention and Control FY 2025 Department Requested

Department: Health Department **Program Contact:** Sara McCall
Program Offer Type: Operating **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 through the foundational public health program of communicable disease control. This is key to achieving the Public Health Division’s goal of Healthy People in Healthy Communities. There are two teams in CDS: CD Investigations and Tuberculosis (TB) Case Management. The CD Investigations team responds to communicable diseases that must be reported to public health. They conduct epidemiologic investigations to identify causes of illness and find people who have been exposed to serious diseases to provide information and care they need to stay healthy. The TB case management team ensures people diagnosed with TB disease adhere to their treatment plan. 78% of people with TB in Oregon are foreign-borne, and the team supports clients and their families throughout treatment. They test people exposed to TB disease and offer treatment for latent TB infection (LTBI) to prevent further disease spread. The team also provides evaluation of TB and treatment of LTBI for newly arrived refugees.

CDS develops and uses multiple data sources and epidemiology tools to understand changes in disease and evaluate public health interventions. They provide technical assistance to internal and external partners to expand infection control capacity in the community. The team is key in response planning for new and emerging infectious diseases. CDS provides data to 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 disproportionately affected by infectious diseases. Priority populations include men who have sex with men (MSM) and BIPOC communities. The team works with individuals, communities and trusted community groups to find ways to reduce risk of disease. CDS continues to strengthen relationships by working directly with community groups or members to share data and culturally sensitive health education.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of disease report responses	4,528	4,250	4,538	4,750
Outcome	Location of contacts (pertussis, meningococcal meningitis, Hepatitis A and B) within one day	88%	70%	90%	90%
Quality	Percent of tuberculosis (TB) patients completing treatment within 12 months	95%	96%	96%	96%
Outcome	Percent of work/daycare/school-restrictable diseases with occupation and attendance information	n/a	n/a	n/a	80%

Performance Measures Descriptions

Performance Measure 1: Disease trends continue to fluctuate due to COVID-19, other health system uncertainty.
 Performance Measure 3: New measure added in FY25 offer. Work/daycare/school-restrictable diseases include diphtheria, measles, mumps, Salmonella Typhi, shigellosis, STEC, hepatitis A & E, pertussis, and rubella
 Performance Measure 4: FY23 actual and FY24 estimate are low due to patients with more complex TB disease requiring longer treatment, secondary to delays in healthcare access. FY25 is set to follow this trend.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$1,600,662	\$1,874,972	\$1,746,888	\$1,673,640
Contractual Services	\$54,483	\$124,116	\$55,110	\$18,180
Materials & Supplies	\$86,920	\$43,165	\$87,129	\$37,361
Internal Services	\$135,323	\$988,777	\$182,759	\$1,219,764
Total GF/non-GF	\$1,877,388	\$3,031,030	\$2,071,886	\$2,948,945
Program Total:	\$4,908,418		\$5,020,831	
Program FTE	8.71	11.54	9.11	8.99

Program Revenues				
Intergovernmental	\$0	\$2,785,589	\$0	\$2,678,004
Other / Miscellaneous	\$0	\$220,441	\$0	\$245,941
Service Charges	\$0	\$25,000	\$0	\$25,000
Total Revenue	\$0	\$3,031,030	\$0	\$2,948,945

Explanation of Revenues

This program generates \$249,334 in indirect revenues.
 OHA Local Public Health Authority - \$2,316,017
 Fed Thru State - \$221,947
 Fed Thru Other - \$140,040
 Charges for services CD-OHS\CDC HepB \$25,000
 Occupational Hlth Fees - \$245,941

Significant Program Changes

Last Year this program was: FY 2024: 40010A Communicable Disease Prevention and Control

For FY25, Occupational Health Services moved to Program Offer 40010B



Program #40010B - Communicable Disease Clinical and Community Services **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Neisha Saxena
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs:
Program Characteristics: In Target

Executive Summary

Communicable Disease (CD) is a foundational public health program that protects the health of the community by fulfilling State of Oregon infectious disease statutes for disease tracking and investigation, disease intervention and control, and response evaluation. CD Clinical and Community Services provides sexual health services and community testing/prevention outreach to prevent STD and HIV transmission and treatment. Immunization are in program offer 40010C.

Program Description

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

Racial inequalities persist in the realm of STIs, including HIV. Tackling these disparities stands as a prioritized approach to diminish the overall burden of diseases. Disparities are discerned through prevalence and interview data, shedding light on transmission modes and patterns that contribute to the disproportionate impact. Monthly data reviews by program leadership, facilitated through dashboards, prompt the creation of new tools as necessary. The outreach endeavors are tailored towards disparity populations, encompassing LGBTQ and homeless communities. The program collaborates with culturally specific organizations under contracts to effectively engage these communities. Additional strategies involve outreach efforts at homeless camps, the involvement of peer leaders, and advertisements on social media and hook-up sites. Surveys conducted at STD clinics capture client input, with a forthcoming survey specifically honing in on ways to enhance services for culturally specific communities.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of clinical visits (STD, HIV)	5,399	5,800	4,000	6,500
Outcome	Percentage of all County gonorrhea/syphilis/HIV cases diagnosed through this program	14%	15%	15%	15%
Quality	Percentage of syphilis/HIV cases investigated	76%	85%	80%	85%
Output	Number of patients initiated on HIV prevention medication (PrEP)	447	450	430	450

Performance Measures Descriptions

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

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$1,340,864	\$2,591,331	\$1,329,748	\$2,608,128
Contractual Services	\$0	\$541,784	\$146,959	\$395,184
Materials & Supplies	\$73	\$304,806	\$25,733	\$363,661
Internal Services	\$456,008	\$766,828	\$732,282	\$815,514
Total GF/non-GF	\$1,796,945	\$4,204,749	\$2,234,722	\$4,182,487
Program Total:	\$6,001,694		\$6,417,209	
Program FTE	7.55	18.57	6.88	18.19

Program Revenues				
Intergovernmental	\$0	\$3,853,542	\$0	\$3,831,280
Service Charges	\$0	\$351,207	\$0	\$351,207
Total Revenue	\$0	\$4,204,749	\$0	\$4,182,487

Explanation of Revenues

This program generates \$382,401 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.

Surveillance Network GY05 - \$273,056; HIV Prevention Block - CTS Clinic - \$393,338; HIV Early Intervention & Outreach - \$1,666,772; ELC Gonococcal Infections - \$20,000; Sexually Transmitted Diseases Client Services - \$365,540; Public Health Modernization Local - STD - \$627,009; HIV/STI Services - \$146,040; COVID-19 Federal CDC Health Disparities STD - \$240,000; HIV Early Intervention Services and Outreach - \$120,932; STD Program Medicaid FFS - \$170,599; STD Program Medicare \$3,753; STD Prog Pt Fee 3rd Party- \$107,890; STD Program Pt Fees - \$68,965

Significant Program Changes

Last Year this program was: FY 2024: 40010B Communicable Disease Clinical and Community Services

Moved Occupational Health Services into 40010B from 40010A.



Program #40010C - Communicable Disease Community Immunization Program **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Neisha Saxena
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs:
Program Characteristics: In Target

Executive Summary

The Community Immunization Program (CIP) contributes to a safe environment by supporting providers in their use of federally subsidized Vaccines for Children (VFC) and 317 (adults at high risk) programs. The program assures that schools and childcare facilities comply with state school immunization rules and supports the provision of COVID-19 vaccines and testing and annual influenza vaccinations. A portion of CIP funding and activities are also in Program Offer 40010C

Program 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, and flu. 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 FY25, 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of immunizations provided to children under 18, including COVID-19 vaccines	1615	400	1100	1000
Outcome	Percentage of COVID-19 Vaccine provided to BIPOC individuals.	41%	60%	45%	35%
Output	Number of schools and childcare entities assisted with immunization law requirements.	445	480	450	450
Outcome	New: number of community partners and stakeholders provided with information sessions/educational materials	0	75	80	70

Performance Measures Descriptions

Measure 1 will be reduced from 1100 in FY 24 to 1000 in FY 25. As our focus will be on other measures due to budget cuts and more of an effort to get BIPOC individuals vaccinated. OHA's statewide initiatives to protect people from preventable diseases by 2030. Will be measured in measure 1. CIP will help increase the vaccination rate by 2030, in part by providing at least 1000 vaccinations to children 18 and under.

Measure 2: The FY25 Offer number reflects the percentage of CIP staff budgeted in this program offer. Due to budget cuts t

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	2024	2024	2025	2025
Personnel	\$0	\$1,492,755	\$0	\$1,382,022
Contractual Services	\$0	\$40,000	\$0	\$36,300
Materials & Supplies	\$0	\$61,438	\$0	\$35,922
Internal Services	\$0	\$320,345	\$0	\$374,273
Total GF/non-GF	\$0	\$1,914,538	\$0	\$1,828,517
Program Total:	\$1,914,538		\$1,828,517	
Program FTE	0.00	9.95	0.00	8.62

Program Revenues				
Intergovernmental	\$0	\$1,898,068	\$0	\$1,812,047
Service Charges	\$0	\$16,470	\$0	\$16,470
Total Revenue	\$0	\$1,914,538	\$0	\$1,828,517

Explanation of Revenues

This program generates \$236,758 in indirect revenues.

Immunization Special Payments - Federal	\$ 101,142.00
Immunization Special Payments - State FY23	\$ 99,181.00
Immunization Services for Displaced Ukrainian Populations	\$ 161,758.00
COVID-19 - Federal Immunization	\$1,449,966.00
Immunization Medicaid FFS	\$ 16,470.00

Significant Program Changes

Last Year this program was: FY 2024: 40010C Communicable Disease Community Immunization Program

In FY25, the focus of this offer will be do COVID-19 vaccinations for BIPOC communities, and increase our efforts around school reporting and administering VFC and FLU vaccines to our 18 and under population. Due to budget restraints some of our FY25 offers had to be reduced. In FY25 we will have a greater focus on FLU vaccinations and increasing our immunization outreach to communities of color.



Program #40010D - Supportive Housing Services for Communicable Disease Clients - SHS FY 2025 Department Requested

Department: Health Department **Program Contact:** Sara McCall
Program Offer Type: New Request **Program Offer Stage:** Department Requested
Related Programs: 40048
Program Characteristics: One-Time-Only Request, 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 utilizes short term housing for persons experiencing homelessness (PEH) that test positive for select infectious diseases to give them a stable place to recover from illness and reduce risk of spread in the PEH community. SHS for CD Clients will expand that program to offer longer short term housing for PEH experiencing any reportable illness and facilitate referrals to longer term housing.

Program Description

CDS protects the people of Multnomah County through the foundational public health program of communicable disease control. This is key to achieving the Public Health Division’s goal of Healthy People in Healthy Communities. One strategy CDS uses for communicable disease control is to offer short term housing for PEH who test positive for select infectious diseases that are reportable in Oregon.

PEH have higher rates of illness compared to housed people and are at higher risk of severe illness from infectious diseases. Infectious diseases can spread rapidly in PEH due lack of access to hygiene items and a safe place to recover. BIPOC communities are disproportionately impacted by homelessness and will be prioritized in this program.

SHS for CDS Clients will expand the existing CDS intervention by increasing support for PEH and facilitating referrals to more stable housing. This program will use an existing contract with Home Forward to offer short term housing for at least two weeks to PEH who test positive for any infectious disease that is reportable by law in Oregon. SHS for CDS clients will also provide food and hygiene items, which the existing intervention does not currently offer.

A key feature of this expansion is adding a dedicated staff person who will contact PEH who are sick with a reportable illness and offer resources for more stable housing. This staff person will work with the Joint Office of Homeless Services, as well as other internal and external partners, to identify those resources and connect PEH to appropriate programs for stable and longer-term housing. In addition, this staff member will offer other resources that will support the client sustaining more stable housing, including but not limited to mental health, primary care, and nutrition assistance.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of PEH clients placed in short term housing	N/A	N/A	N/A	50
Outcome	Percent of PEH clients who receive housing navigation services	N/A	N/A	N/A	50%
Quality	Percent of PEH clients who identify as BIPOC that are placed in short term housing	N/A	N/A	N/A	50%

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	2024	2024	2025	2025
Personnel	\$0	\$0	\$0	\$219,000
Contractual Services	\$0	\$0	\$0	\$75,000
Materials & Supplies	\$0	\$0	\$0	\$6,000
Total GF/non-GF	\$0	\$0	\$0	\$300,000
Program Total:	\$0		\$300,000	
Program FTE	0.00	0.00	0.00	1.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

\$300,000 Supportive Housing Services (SHS) Fund 1521 one-time-only funding. Tax revenues are budgeted in the Joint Office of Homeless Services program 30000 Administration and Operations

Significant Program Changes

Last Year this program was:

New Program



Program #40011 - Services for Persons Living with HIV - Regional Education and Outreach **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Neisha Saxena
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs:
Program Characteristics: In Target

Executive Summary

HIV Grant Administration & Planning (HGAP) provides community-based services to 3,100 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of unduplicated HGAP clients served (all service types/whole 6-county system)	3,089	2,900	3,135	3,100
Outcome	Percent of HGAP clients (all 6 counties) who are virally suppressed	91%	91%	91%	91%
Outcome	Increase viral suppression rate of Black/African Americans	88%	89%	88%	90%

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	2024	2024	2025	2025
Personnel	\$0	\$956,780	\$0	\$1,002,898
Contractual Services	\$6,500	\$5,004,234	\$6,741	\$5,004,234
Materials & Supplies	\$525	\$24,010	\$544	\$40,331
Internal Services	\$69,801	\$187,370	\$102,532	\$205,201
Total GF/non-GF	\$76,826	\$6,172,394	\$109,817	\$6,252,664
Program Total:	\$6,249,220		\$6,362,481	
Program FTE	0.00	5.80	0.00	5.80

Program Revenues				
Intergovernmental	\$0	\$6,172,394	\$0	\$6,252,664
Total Revenue	\$0	\$6,172,394	\$0	\$6,252,664

Explanation of Revenues

This program generates \$110,650 in indirect revenues.

Direct Federal: \$2,718,327 - Ryan White Part A funds for 21-22: Medical, Case management, Non-medical case management, and Housing

Direct State: \$3,534,337 - Oregon Health Authority Ryan White

Significant Program Changes

Last Year this program was: FY 2024: 40012B Services for Persons Living with HIV - Regional Education and Outreach



Program #40012 - FQHC-HIV Clinical Services FY 2025 Department Requested

Department: Health Department **Program Contact:** Nick Tipton
Program Offer Type: Operating **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 1,600 highly vulnerable people living with HIV. Services target low-income, uninsured, and people experiencing homelessness, mental illness, and substance abuse. These services contribute to lower mortality from HIV, fewer disease complications and their associated costs, and reduced transmission of HIV in the community.

Program 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, one of only two Ryan White clinics 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of unduplicated HIV clinic clients	1531	1,625	1600	1650
Outcome	Percent of clients whose last viral load test is below 200 copies	88.5%	90%	88%	90%

Performance Measures Descriptions

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	2024	2024	2025	2025
Personnel	\$0	\$5,689,228	\$0	\$6,038,265
Contractual Services	\$0	\$139,317	\$0	\$139,317
Materials & Supplies	\$0	\$274,556	\$0	\$274,556
Internal Services	\$0	\$1,745,392	\$0	\$2,003,129
Total GF/non-GF	\$0	\$7,848,493	\$0	\$8,455,267
Program Total:	\$7,848,493		\$8,455,267	
Program FTE	0.00	35.25	0.00	34.05

Program Revenues				
Intergovernmental	\$0	\$3,352,688	\$0	\$3,228,402
Beginning Working Capital	\$0	\$0	\$0	\$845,488
Service Charges	\$0	\$4,495,805	\$0	\$4,381,377
Total Revenue	\$0	\$7,848,493	\$0	\$8,455,267

Explanation of Revenues

This program generates \$823,345 in indirect revenues.

HD FQHC AETC - AIDS Education & Training Center - EHE \$79,198 HD FQHC HIV Clinic Mcaid FFS \$173,686
 HD FQHC Russell St HIV \$13,182 HD FQHC HIV Clinic Mcare \$319,312
 HD FQHC Ryan White Part C - Early Intervention to HIV GY33 \$763,856 HD FQHC HIV Clinic Pt Fees \$ 3,549
 HD FQHC Ryan White Title IV Part D GY12 \$520,133 HD FQHC HIV Clinic Patient Fee 3rd Party BWC \$418,321
 HD FQHC Ryan White Part A - GY30 - HHSC Clinical Service \$703,873 HD FQHC HIV Clinic APM \$2,867,648
 HD FQHC Ryan White Part A - GY30 - HHSC Case Management \$554,955 HD FQHC HIV Clinic APM BWC \$845,488
 HD FQHC OHA Ryan White - HIV Clinic - GY08 \$130,000 HD FQHC HIV Clinic Mcaid CareOr FFS \$598,861
 HD FQHC OHA Ryan White - HHSC MCM - GY08 \$148,785
 HD FQHC OHA Ryan White HHSC Non-MCM - GY08 \$269,420
 HD FQHC PC330 - Increase Access HIV Care & Treatment GY23 \$45,000

Significant Program Changes

Last Year this program was: FY 2024: 40012A FQHC-HIV Clinical Services

The Ryan White Part F Special Projects of National Significance grant has completed, which resulted in a drop in funding of \$150,000 from previous years. Additionally, previous years had a separate grant labeled as OHA Assister grant, that has now been rolled in to the regular Ryan White Part B OHA grant with no drop in funding.



Program #40016 - FQHC-Medicaid/Medicare Eligibility **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Belma Nunez
Program Offer Type: Operating **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, we had 29,600 clients contacts and there were 1,641 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. After nearly three years of automatic renewals OHA started to roll out a redetermination process for all of its members, this cause a surge of contacts from and to clients to answer questions and assist with re-enrollment paperwork.

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.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Annual number of clients screened	18900	23000	29600	23000
Outcome	% of Self Pay Patients in Medical	11.5%	9.9%	3.5%	11%
Outcome	% of Self Pay Patients in Dental	7.78%	13.10%	3%	7.9%

Performance Measures Descriptions

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	2024	2024	2025	2025
Personnel	\$0	\$2,193,622	\$0	\$2,305,618
Contractual Services	\$0	\$18,000	\$0	\$18,000
Materials & Supplies	\$0	\$11,800	\$0	\$12,800
Internal Services	\$0	\$661,826	\$0	\$804,327
Total GF/non-GF	\$0	\$2,885,248	\$0	\$3,140,745
Program Total:	\$2,885,248		\$3,140,745	
Program FTE	0.00	19.00	0.00	19.00

Program Revenues				
Other / Miscellaneous	\$0	\$0	\$0	\$40,000
Service Charges	\$0	\$2,885,248	\$0	\$3,100,745
Total Revenue	\$0	\$2,885,248	\$0	\$3,140,745

Explanation of Revenues

This program generates \$389,880 in indirect revenues.

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

\$1,133,498 - Charges for Services, APM

\$40,000 - HD FQHC Care OR - Redetermination

\$1,967,247 - HD FQHC OHP Enrollment Medicaid FFS

Significant Program Changes

Last Year this program was: FY 2024: 40016 FQHC-Medicaid/Medicare Eligibility



Program #40017 - FQHC-Dental Services FY 2025 Department Requested

Department: Health Department **Program Contact:** Azma Ahmed
Program Offer Type: Operating **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-Dental works with community partners, targeting under-served populations, providing service to nearly 27,000 people in Multnomah County. ICS-Dental is the largest Safety Net provider for vital dental care in the County and provides additional child based services to uninsured and underinsured clients.

Program Description

Our healthcare center is committed to providing culturally and linguistically appropriate care, tailoring our support to meet the unique needs of each patient. With a diverse patient population, exceeding 60% identifying as people of color, and over 40% requiring services in languages other than English, encompassing more than 100 different languages, we embrace diversity and strive for inclusivity. Approximately 15% of our patients are uninsured, while 95% live below 200% of the FPL. Our Dental program comprises three distinct service components.

Seven dental clinics offer comprehensive and urgent dental treatment for both Medicaid and self-pay patients. These clinics proactively reach out to clients who have not had a visit in the past 12-24 months. With a special emphasis on pregnant women, the clinical program aims to minimize the risk of premature birth and foster a collaborative learning environment for good oral health between the dental program and expectant mothers.

The School and Community Oral Health (SCOH) Program delivers dental education and sealant services to children in Multnomah County schools. Additionally, the program conducts outreach, education, and dental treatment tailored for children aged 0-36 months through our clinic's Baby Day program.

The program's newest component involves mentoring and training dental assistants, dental hygiene students, and dental students and residents. These individuals offer services under the guidance of our providers, contributing to the development of a workforce passionate about public healthcare. In FY 25, the dental program will persist in its internal workforce development initiative, encouraging individuals from the communities we serve to become dental assistants in our clinic system.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Billable patient visits	59,002	80,496	72,824	75,816
Outcome	No show rate	18%	17%	19%	18.6

Performance Measures Descriptions

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	2024	2024	2025	2025
Personnel	\$0	\$20,739,587	\$0	\$22,485,698
Contractual Services	\$0	\$362,801	\$0	\$493,216
Materials & Supplies	\$0	\$1,298,895	\$0	\$2,171,922
Internal Services	\$0	\$6,118,276	\$0	\$7,472,419
Total GF/non-GF	\$0	\$28,519,559	\$0	\$32,623,255
Program Total:	\$28,519,559		\$32,623,255	
Program FTE	0.00	120.46	0.00	122.09

Program Revenues				
Intergovernmental	\$0	\$312,000	\$0	\$312,000
Other / Miscellaneous	\$0	\$2,083,173	\$0	\$3,640,582
Beginning Working Capital	\$0	\$1,667,228	\$0	\$2,237,133
Service Charges	\$0	\$24,457,158	\$0	\$26,433,540
Total Revenue	\$0	\$28,519,559	\$0	\$32,623,255

Explanation of Revenues

This program generates \$3,692,655 in indirect revenues.
The primary source of revenue is Medicaid payments and patient fees.

BWC/Incentives	\$2,237,133
Non-Governmental Care OR	\$3,640,582
Dental Patient Fees	\$2,496,335
Intergovernmental Fees	\$23,937,205
Federal Primary Care (330) Grant	\$312,000

Significant Program Changes

Last Year this program was: FY 2024: 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 scheduling change will impact 50% of the dentist workforce. This fiscal year, we are creating a workforce development pathway for dental assistants. 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 patient demand for services, predicted staffing, and historical no show rates. Based on this information we project that the dental program can deliver 75,816 visits in FY 25, a number that will provide access and program fiscal viability.



Program #40018 - Women, Infants, and Children (WIC) FY 2025 Department Requested

Department: Health Department **Program Contact:** Sabrina Villemenay
Program Offer Type: Operating **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/counseling, growth monitoring, health screening, and breastfeeding support to eligible families. WIC is a core referral center for health and social services, including prenatal care, immunizations, Head Start, housing and day care assistance, SNAP and food assistance, and other county programs, such as home visiting services. WIC leads with race and actively applies an equity lens to all services, programs, delivery methods, education options, staffing, technology systems. WIC is a leader in innovation, and a regional partner for cross-cutting health programming and equity expertise. In 2023, WIC served 19,662 unique clients with over 58,000 visits. Clients received healthy foods totaling \$8.7 million, supporting nutrition and food security. Through May 2023, WIC services were exclusively remote, yet maintained caseload and retained staff at over 95%. 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. Over 25% of WIC clients prefer communication in languages other than English. WIC responded through signage in multiple languages, staff fluent in multiple languages, interpretation services contracts, and technology to improve access. 86% (up from 77% in 2020 and 45% in 2016) of WIC staff have language and/or cultural KSAs or are immigrants or refugees, which enables WIC to reach populations most disparately impacted by food/nutrition insecurity. WIC partners with culturally specific agencies and advisory boards, like 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. WIC and REACH hosted a second community and nationwide Town Hall Breastfeeding Training on the effects of diabetes on maternal health for healthcare providers, community members, county staff, medical professionals. Our Breastfeeding Peer Counseling program (BFPC) had a 60% increase in caseload over the past 12 months serving 1158 participants monthly. The assigned BFPC caseload is 739 clients, though all WIC participants can access support. In addition, our Board Certified Lactation Consultants provide in-clinic support, including culturally specific lactation promotion.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	# of WIC clients in one year who receive healthful foods with E-WIC benefits	19,000	19,500	19,662	19,500
Outcome	% of WIC clients initiating breastfeeding	93%	93%	95%	93%
Outcome	# of nutrition education contacts with WIC families	57,000	57,000	57,574	57,000
Quality	% of clients served per month in languages other than English	25%	26%	26%	25%

Performance Measures Descriptions

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$1,717,259	\$3,807,116	\$2,301,591	\$3,787,877
Contractual Services	\$59,330	\$2,495	\$61,526	\$2,495
Materials & Supplies	\$136,426	\$19,159	\$162,818	\$206
Internal Services	\$872,668	\$529,162	\$1,020,128	\$770,766
Total GF/non-GF	\$2,785,683	\$4,357,932	\$3,546,063	\$4,561,344
Program Total:	\$7,143,615		\$8,107,407	
Program FTE	14.06	31.94	17.86	29.94

Program Revenues				
Intergovernmental	\$0	\$4,357,932	\$0	\$4,561,344
Total Revenue	\$0	\$4,357,932	\$0	\$4,561,344

Explanation of Revenues

This program generates \$638,467 in indirect revenues.

Fed Thru State \$3,616,527 - State WIC grant;
 Fed Thru State \$85,100 - State Maternal & Child Health (Title V) grant
 Other \$859,717 - HealthShare of Oregon County Based services -WIC

Significant Program Changes

Last Year this program was: FY 2024: 40018 Women, Infants, and Children (WIC)

Significant Program Changes:

HealthShare of Oregon increased funding of \$114,105
 Internal Service costs increased by 21%; increased security costs for Gateway WIC Clinic



Program #40019 - FQHC-North Portland Health Clinic **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Katie Thornton
Program Offer Type: Operating **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 4,500 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), acupuncture 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Individual patients served	4,685	5,000	5250	5,500
Outcome	Number of visits completed	17,152	13,000	11,676	13,065

Performance Measures Descriptions

Legal / Contractual Obligation

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

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	2024	2024	2025	2025
Personnel	\$0	\$4,400,457	\$0	\$4,748,214
Contractual Services	\$0	\$122,693	\$0	\$122,693
Materials & Supplies	\$0	\$173,499	\$0	\$173,501
Internal Services	\$0	\$1,278,588	\$0	\$1,556,656
Total GF/non-GF	\$0	\$5,975,237	\$0	\$6,601,064
Program Total:	\$5,975,237		\$6,601,064	
Program FTE	0.00	26.35	0.00	27.10

Program Revenues				
Intergovernmental	\$0	\$673,895	\$0	\$673,377
Service Charges	\$0	\$5,301,342	\$0	\$5,927,687
Total Revenue	\$0	\$5,975,237	\$0	\$6,601,064

Explanation of Revenues

This program generates \$802,923 in indirect revenues.

This program is supported by a federal BPHC grant, as well as Medicaid/Medicare fee revenue.

\$110,456 - Medical Fees

\$ 673,377 - Federal PC330/Homeless grant

\$ 5,817,231 - FQHC Medicaid Wraparound/Medicare

Significant Program Changes

Last Year this program was: FY 2024: 40019 FQHC-North Portland Health Clinic

Primary Care appointment lengths previously were set at 15 and 20 minutes. Medical provider appointment now include 30 minute appointment lengths for visits requiring more time. This change may decrease visit numbers.



Program #40020 - FQHC-Northeast Health Clinic FY 2025 Department Requested

Department: Health Department **Program Contact:** Katie Thornton
Program Offer Type: Operating **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 5,938 clients in FY 2023. 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 FY 2023, the clinic saw 5,938 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Individual patients served	4,416	5,500	4300	4400
Outcome	Number of visits completed	14,038	16,000	12,458	16,443

Performance Measures Descriptions

Legal / Contractual Obligation

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

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	2024	2024	2025	2025
Personnel	\$0	\$4,526,452	\$0	\$5,141,417
Contractual Services	\$0	\$143,287	\$0	\$143,286
Materials & Supplies	\$0	\$188,998	\$0	\$188,610
Internal Services	\$0	\$1,721,035	\$0	\$2,081,328
Total GF/non-GF	\$0	\$6,579,772	\$0	\$7,554,641
Program Total:	\$6,579,772		\$7,554,641	
Program FTE	0.00	27.03	0.00	29.30

Program Revenues				
Intergovernmental	\$0	\$985,060	\$0	\$983,466
Service Charges	\$0	\$5,594,712	\$0	\$6,571,175
Total Revenue	\$0	\$6,579,772	\$0	\$7,554,641

Explanation of Revenues

This program generates \$869,413 in indirect revenues.

Northeast Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

Federal \$983,466 - Federal Primary Care (330) grant
Federal \$6,452,979 - FQHC Medicaid Wraparound
\$118,196 - Patient Fees

Significant Program Changes

Last Year this program was: FY 2024: 40020 FQHC-Northeast Health Clinic

Primary Care appointment lengths previously were set at 15 and 20 minutes. Medical provider appointment now include 30 minute appointment lengths for visits requiring more time. This change may decrease visit numbers.



Program #40022 - FQHC-Mid County Health Clinic **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Amaury Sarmiento
Program Offer Type: Operating **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 8,879 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Individual patients served	9834	9,500	9500	9800
Outcome	Number of visits completed	29,509	35,659	27,00	33,958

Performance Measures Descriptions

Legal / Contractual Obligation

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

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	2024	2024	2025	2025
Personnel	\$0	\$9,852,797	\$0	\$10,735,021
Contractual Services	\$0	\$97,407	\$0	\$117,357
Materials & Supplies	\$0	\$608,116	\$0	\$601,416
Internal Services	\$0	\$2,984,893	\$0	\$3,619,581
Total GF/non-GF	\$0	\$13,543,213	\$0	\$15,073,375
Program Total:	\$13,543,213		\$15,073,375	
Program FTE	0.00	55.10	0.00	59.15

Program Revenues				
Intergovernmental	\$0	\$928,950	\$0	\$928,950
Service Charges	\$0	\$12,614,263	\$0	\$14,144,425
Total Revenue	\$0	\$13,543,213	\$0	\$15,073,375

Explanation of Revenues

This program generates \$1,815,290 in indirect revenues.

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

Federal \$ 928,950 - Federal Primary Care (330) grant
Federal \$ 13,986,254 - FQHC Medicaid Wrap, Mcare, FFS, APM
\$ 158,171 - Patient Fees

Significant Program Changes

Last Year this program was: FY 2024: 40022 FQHC-Mid County Health Clinic

Primary Care appointment lengths previously were set at 15 and 20 minutes. Medical provider appointment now include 30 minute appointment lengths for visits requiring more time. This change may decrease visit numbers.



Program #40023 - FQHC-East County Health Clinic FY 2025 Department Requested

Department: Health Department **Program Contact:** Lynne Wiley
Program Offer Type: Operating **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 81% 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 8,367 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 (47.2%), and the white (45.7%). The remaining (7%) of our patients identify as mostly Asian, Middle Eastern/North African, and Pacific Islander.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Individual Patients Served	8,877	9,800	8,367	9,500
Outcome	Number of visits completed	26,247	24,988	22,054	27,706

Performance Measures Descriptions

Legal / Contractual Obligation

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

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	2024	2024	2025	2025
Personnel	\$0	\$8,833,268	\$0	\$9,231,662
Contractual Services	\$0	\$318,224	\$0	\$318,224
Materials & Supplies	\$0	\$307,818	\$0	\$307,818
Internal Services	\$0	\$2,474,919	\$0	\$2,982,040
Total GF/non-GF	\$0	\$11,934,229	\$0	\$12,839,744
Program Total:	\$11,934,229		\$12,839,744	
Program FTE	0.00	47.25	0.00	49.90

Program Revenues				
Intergovernmental	\$0	\$1,085,315	\$0	\$1,085,315
Service Charges	\$0	\$10,848,914	\$0	\$11,754,429
Total Revenue	\$0	\$11,934,229	\$0	\$12,839,744

Explanation of Revenues

This program generates \$1,561,074 in indirect revenues.

East County Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

Federal \$ 1,085,315 Federal Primary Care (330) grant
Federal \$ 11,528,420 FQHC Medicaid Wrap, Care Or FFS, APM
\$ 226,009 Patient Fees

Significant Program Changes

Last Year this program was: FY 2024: 40023 FQHC-East County Health Clinic

Primary Care appointment lengths previously were set at 15 and 20 minutes. Medical provider appointment now include 30 minute appointment lengths for visits requiring more time. This change may decrease visit numbers.



Program #40024 - FQHC-Student Health Centers FY 2025 Department Requested

Department: Health Department **Program Contact:** Alexandra Lowell
Program Offer Type: Operating **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 homelessness. 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 homelessness. The SHCs provide culturally appropriate care to a diverse population with the largest groups served being those who identify as (in FY23) Latinx (30%), White (30%), Black (16%), and Asian (8%), and 5% of our patients identify as Pacific Islander, Native American, and Native Hawaiian. (Fifteen percent of clients services did not share or refused to share their race/ethnicity.)

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	% of patients with one or more visits with a health assessment in the last year	60%	51%	68%	70%
Outcome	Number of visits completed	14,321	15,918	14,000	16,339

Performance Measures Descriptions

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	2024	2024	2025	2025
Personnel	\$0	\$5,566,123	\$0	\$6,161,331
Contractual Services	\$0	\$173,778	\$0	\$506,500
Materials & Supplies	\$0	\$315,225	\$0	\$527,311
Internal Services	\$0	\$1,779,047	\$0	\$2,100,518
Capital Outlay	\$0	\$10,000	\$0	\$0
Total GF/non-GF	\$0	\$7,844,173	\$0	\$9,295,660
Program Total:	\$7,844,173		\$9,295,660	
Program FTE	0.00	33.96	0.00	34.10

Program Revenues				
Intergovernmental	\$0	\$1,439,475	\$0	\$1,486,708
Other / Miscellaneous	\$0	\$95,000	\$0	\$45,000
Service Charges	\$0	\$6,309,698	\$0	\$7,763,952
Total Revenue	\$0	\$7,844,173	\$0	\$9,295,660

Explanation of Revenues

This program generates \$1,041,871 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 \$ 7,383,638 - Medical Fees, Wrap, APM, Mcare, Care FFS
 State \$ 899,505 - State SHC Grant
 Federal \$ 373,379 - PC 330 Grant
 Federal \$ 213,824 - Health Center Program
 \$ 45,000 - Roots & Wings
 \$ 380,314 - Charges for Services -patient fees

Significant Program Changes

Last Year this program was: FY 2024: 40024 FQHC-Student Health Centers



Program #40026 - FQHC-La Clinica de Buena Salud FY 2025 Department Requested

Department: Health Department **Program Contact:** Amaury Sarmiento
Program Offer Type: Operating **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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Individual patients served	2094	2,100	2100	2300
Outcome	Number of visits completed	7,094	9,901	8216	7,400

Performance Measures Descriptions

Legal / Contractual Obligation

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

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	2024	2024	2025	2025
Personnel	\$0	\$2,607,371	\$0	\$2,773,547
Contractual Services	\$0	\$128,118	\$0	\$898,318
Materials & Supplies	\$0	\$99,410	\$0	\$116,931
Internal Services	\$0	\$728,423	\$0	\$876,097
Total GF/non-GF	\$0	\$3,563,322	\$0	\$4,664,893
Program Total:	\$3,563,322		\$4,664,893	
Program FTE	0.00	13.90	0.00	14.50

Program Revenues				
Intergovernmental	\$0	\$826,068	\$0	\$826,068
Beginning Working Capital	\$0	\$0	\$0	\$750,000
Service Charges	\$0	\$2,737,254	\$0	\$3,088,825
Total Revenue	\$0	\$3,563,322	\$0	\$4,664,893

Explanation of Revenues

This program generates \$469,001 in indirect revenues.

La Clinica de Buena Salud is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

\$ 750,000 - BWC
Federal \$ 826,068 - Federal Primary Care/330 grant
Federal \$ 3,024,590 - FQHC Medicaid Wrap, Medicaid FFS, CareOR FFS, APM
\$ 64,235 - Charges for Services -Patient Fees

Significant Program Changes

Last Year this program was: FY 2024: 40026 FQHC-La Clinica de Buena Salud

La Clinica de Buena Salud will be relocating in FY25 to the new PCC Opportunity Center located on the Corner of NE Killingsworth and 42nd Ave.

The new clinic location will have Dental and Pharmacy Services co-located with Primary Care. These are services that the Cully neighborhood needed. We expect an increase clients served with the move to the new location.

Primary Care appointment lengths previously were set at 15 and 20 minutes. Medical provider appointment now include 30 minute appointment lengths for visits requiring more time. This change may decrease visit numbers.



Program #40027 - FQHC-Southeast Health Clinic **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Nick Tipton
Program Offer Type: Operating **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, 10% 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of patients served	3499	3,500	3500	3600
Outcome	Number of visits completed	10,879	7400	9000	11663
Outcome	Number of Mobile Clinic visits completed after 1/20/24 start date (medical and dental)	0	3,500	500	3,500

Performance Measures Descriptions

Legal / Contractual Obligation

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

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	2024	2024	2025	2025
Personnel	\$0	\$4,601,283	\$0	\$4,888,206
Contractual Services	\$0	\$82,314	\$0	\$82,314
Materials & Supplies	\$0	\$220,985	\$0	\$220,985
Internal Services	\$0	\$1,193,532	\$0	\$1,444,209
Total GF/non-GF	\$0	\$6,098,114	\$0	\$6,635,714
Program Total:	\$6,098,114		\$6,635,714	
Program FTE	0.00	26.30	0.00	29.20

Program Revenues				
Intergovernmental	\$0	\$1,365,404	\$0	\$1,362,679
Service Charges	\$0	\$4,732,710	\$0	\$5,273,035
Total Revenue	\$0	\$6,098,114	\$0	\$6,635,714

Explanation of Revenues

This program generates \$825,626 in indirect revenues.
Southeast Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

Federal: \$ 166,500 - Federal Primary Care (330) grant
 Federal: \$ 760,677 - Federal Primary Care/Homeless grant(330)
 Federal: \$ 435,502 - Mobile Van Services(330)
 \$ 133,088 - Charges for Services (Patient Fees)
 \$ 5,132,973 - FQHC PC Mcaid/Mcare FFS, WRAP, APM
 \$ 6,974 - FQHC Mobile Health Mcaid FFA

Significant Program Changes

Last Year this program was: FY 2024: 40027 FQHC-Southeast Health Clinic

Primary Care appointment lengths previously were set at 15 and 20 minutes. Medical provider appointment now include 30 minute appointment lengths for visits requiring more time. This change may decrease visit numbers.



Program #40029 - FQHC-Rockwood Community Health Clinic FY 2025 Department Requested

Department: Health Department **Program Contact:** Lynne Wiley
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs: 78237
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 3910 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 56 % of our patients identify as people of color, and more than 54% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 68% 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 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 11,431 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 (32%), and White (46%). The remaining 22% of our patients identify as Asian, Black, Karen, Burmese, Russian, Somali, Zomi, Dari, Farsi, Nepali, Swahili, and Rohingya.

One-time-only facilities program offers for Rockwood were funded in the FY 2024 Budget year related to ongoing repairs and investments into the building following its acquisition in January 2023 (78237-78239).

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Individual patients served	4,014	4,760	3910	4500
Outcome	Number of visits completed	12,977	16, 564	11,431	12,025

Performance Measures Descriptions

Legal / Contractual Obligation

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

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	2024	2024	2025	2025
Personnel	\$0	\$4,809,988	\$0	\$4,755,567
Contractual Services	\$0	\$187,057	\$0	\$187,057
Materials & Supplies	\$0	\$190,357	\$0	\$190,357
Internal Services	\$0	\$1,300,286	\$0	\$1,530,630
Total GF/non-GF	\$0	\$6,487,688	\$0	\$6,663,611
Program Total:	\$6,487,688		\$6,663,611	
Program FTE	0.00	27.65	0.00	28.10

Program Revenues				
Intergovernmental	\$0	\$764,768	\$0	\$764,766
Service Charges	\$0	\$5,722,920	\$0	\$5,898,845
Total Revenue	\$0	\$6,487,688	\$0	\$6,663,611

Explanation of Revenues

This program generates \$804,152 in indirect revenues.

Rockwood Community Health Center is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

Charges for Svcs: \$ 83,104 - FQHC Rockwood Patient Fees
 Federal: \$ 764,766 - Federal Primary Care (330) grant
 Federal: \$ 5,815,741 - Medicaid/Medicare Charges for Services, FFS;APM

Significant Program Changes

Last Year this program was: FY 2024: 40029 FQHC-Rockwood Community Health Clinic

Primary Care appointment lengths previously were set at 15 and 20 minutes. Medical provider appointment now include 30 minute appointment lengths for visits requiring more time. This change may decrease visit numbers.



Program #40030 - FQHC-Clinical Director **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Bernadette Thomas
Program Offer Type: Operating **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. Nearly seventy percent (70%) 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 ten percent (10%) 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	80% of primary care providers are maintaining and serving their maximum panel size	72%	80%	84%	80%
Outcome	Maintain compliance with regulatory and licensing standards/boards	99%	100%	100%	100%
Output	Increase # of patients seen in the past year calendar year (unique patients) to pre-covid numbers	53,000	55,000	53,000	57,000
Quality	Achieve 1sts Quartile for UDS Quality Metrics	10%	25%	25%	50%

Performance Measures Descriptions

Clinical quality metrics related to cancer screenings, disease management, and more.

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	2024	2024	2025	2025
Personnel	\$0	\$1,317,565	\$0	\$1,374,020
Contractual Services	\$0	\$106,000	\$0	\$168,000
Materials & Supplies	\$0	\$112,408	\$0	\$111,718
Internal Services	\$0	\$308,574	\$0	\$372,041
Total GF/non-GF	\$0	\$1,844,547	\$0	\$2,025,779
Program Total:	\$1,844,547		\$2,025,779	
Program FTE	0.00	3.00	0.00	3.00

Program Revenues				
Intergovernmental	\$0	\$116,413	\$0	\$115,115
Other / Miscellaneous	\$0	\$278,000	\$0	\$610,534
Beginning Working Capital	\$0	\$200,000	\$0	\$0
Service Charges	\$0	\$1,250,134	\$0	\$1,300,130
Total Revenue	\$0	\$1,844,547	\$0	\$2,025,779

Explanation of Revenues

This program generates \$232,346 in indirect revenues.
The Clinical Directors Office is funded with State grants and patient revenue.

State: \$ 115,115 - Federal and State family Planning
 \$ 1,300,130 - FQHC Medicaid Wraparound(charges for services) APM
 \$ 100,000 - Medicaid Quality and Incentives
 \$ 510,534 - Shared Accountability Model

Significant Program Changes

Last Year this program was: FY 2024: 40030 FQHC-Clinical Director



Program #40031 - FQHC-Pharmacy **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Michele Koder
Program Offer Type: Operating **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. Over 50% of prescriptions written by health center providers are filled by ICS pharmacies. The pharmacies dispense approximately 400,000 prescriptions per year to insured, underinsured and uninsured clients of Primary Care Clinics, Dental Clinics, Student Health Centers, the HIV Health Services Center, Sexually Transmitted Infections Clinic, Communicable Disease Services and Harm Reduction clinic. The program also provides integrated clinical pharmacy services among the seven primary care clinics and HIV Health Services Center (FQHC settings).

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 who are released 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 independently manage chronic conditions such as diabetes and hypertension.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Prescription Volume	387,486	390,000	405,000	410,000
Outcome	Average Prescription Cost	34	36	35	37
Outcome	Capture rate	54%	60%	56%	58%
Quality	Adherence Support	2030	800	2050	2100

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	2024	2024	2025	2025
Personnel	\$0	\$11,895,116	\$0	\$14,065,528
Contractual Services	\$0	\$318,037	\$0	\$643,450
Materials & Supplies	\$0	\$23,097,544	\$0	\$24,289,154
Internal Services	\$0	\$3,832,152	\$0	\$4,764,305
Total GF/non-GF	\$0	\$39,142,849	\$0	\$43,762,437
Program Total:	\$39,142,849		\$43,762,437	
Program FTE	0.00	61.63	0.00	62.73

Program Revenues				
Service Charges	\$0	\$39,142,849	\$0	\$43,762,437
Total Revenue	\$0	\$39,142,849	\$0	\$43,762,437

Explanation of Revenues

This program generates \$2,378,461 in indirect revenues.
Pharmacy is funded exclusively through prescription fees (third party reimbursements) and patient fees.

Federal \$ 43,630,062 - Intergovernmental
\$ 132,375 - Patient Fees/Charges for services

Significant Program Changes

Last Year this program was: FY 2024: 40031 FQHC-Pharmacy

The pharmacy program plans continued expansion in fiscal year 2025 to include a post-graduate year 2 ambulatory care residency program and additional pharmacist FTE to increase primary care access, expand population health initiatives, and quality assurance programs - moving away from the provision of traditional provider-centric care to a true multidisciplinary team-based model and assisting with the achievement of quality metrics.



Program #40032 - FQHC-Lab and Medical Records FY 2025 Department Requested

Department: Health Department **Program Contact:** Matt Hoffman
Program Offer Type: Operating **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 primary care clinic labs handle 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of records requests completed	12949	13,000	12500	13000
Outcome	Lab proficiency/competency assessments completed	95	95	127	127

Performance Measures Descriptions

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	2024	2024	2025	2025
Personnel	\$0	\$2,347,550	\$0	\$2,914,287
Contractual Services	\$0	\$54,500	\$0	\$54,500
Materials & Supplies	\$0	\$39,338	\$0	\$784,606
Internal Services	\$0	\$986,036	\$0	\$1,249,397
Total GF/non-GF	\$0	\$3,427,424	\$0	\$5,002,790
Program Total:	\$3,427,424		\$5,002,790	
Program FTE	0.00	18.50	0.00	22.17

Program Revenues				
Beginning Working Capital	\$0	\$334,426	\$0	\$330,828
Service Charges	\$0	\$3,092,998	\$0	\$4,671,962
Total Revenue	\$0	\$3,427,424	\$0	\$5,002,790

Explanation of Revenues

This program generates \$492,806 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.

- \$ 2,488,665 - Clinical Lab Mcaid Mcare
- \$ 2,183,297 - Medical APM ICS Med Records
- \$ 330,828 - School based Health Center BWC

Significant Program Changes

Last Year this program was: FY 2024: 40032 FQHC-Lab and Medical Records



Program #40033 - FQHC-Primary Care and Dental Access and Referral **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Tony Gaines
Program Offer Type: Operating **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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of calls answered	225,271	320,000	236,000	250,000
Outcome	Average telephone abandonment rate (goal: at or below 15%)	22%	15%	18%	15%

Performance Measures Descriptions

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	2024	2024	2025	2025
Personnel	\$0	\$3,540,156	\$0	\$4,147,404
Contractual Services	\$0	\$110,000	\$0	\$110,000
Materials & Supplies	\$0	\$24,922	\$0	\$38,774
Internal Services	\$0	\$1,025,584	\$0	\$1,291,923
Total GF/non-GF	\$0	\$4,700,662	\$0	\$5,588,101
Program Total:	\$4,700,662		\$5,588,101	
Program FTE	0.00	30.25	0.00	31.00

Program Revenues				
Intergovernmental	\$0	\$906,600	\$0	\$1,056,598
Other / Miscellaneous	\$0	\$640,000	\$0	\$1,035,731
Beginning Working Capital	\$0	\$111,362	\$0	\$244,309
Service Charges	\$0	\$3,042,700	\$0	\$3,251,463
Total Revenue	\$0	\$4,700,662	\$0	\$5,588,101

Explanation of Revenues

This program generates \$694,769 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.

\$ 3,251,463 - HD FQHC Call Center, APM

\$ 1,035,731 - PCPM Funding - Call Center

\$ 244,309 - Medicaid Quality and Incentive & Beginning Working Capital(BWC)

Federal: \$ 906,598 - Federal Primary Care (330) grant

OHA: \$ 150,000 - Healthier Oregon

Significant Program Changes

Last Year this program was: FY 2024: 40033 FQHC-Primary Care and Dental Access and Referral



Program #40034A - FQHC-Administration and Operations FY 2025 Department Requested

Department: Health Department **Program Contact:** DJ Rhodes
Program Offer Type: Operating **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 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.

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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Medical Coding Accuracy: % of claims accepted by insurance partners	95%	95%	90%	95%
Outcome	% of patient communication materials are developed in the top five patient languages	100%	100%	90%	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

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	2024	2024	2025	2025
Personnel	\$0	\$9,243,423	\$0	\$10,833,868
Contractual Services	\$0	\$263,000	\$0	\$506,472
Materials & Supplies	\$0	\$247,868	\$0	\$201,890
Internal Services	\$0	\$2,290,660	\$0	\$2,959,265
Total GF/non-GF	\$0	\$12,044,951	\$0	\$14,501,495
Program Total:	\$12,044,951		\$14,501,495	
Program FTE	0.00	43.80	0.00	56.40

Program Revenues				
Intergovernmental	\$0	\$1,225,755	\$0	\$1,225,755
Other / Miscellaneous	\$0	\$5,196,500	\$0	\$5,370,041
Beginning Working Capital	\$0	\$650,000	\$0	\$1,714,592
Service Charges	\$0	\$4,972,696	\$0	\$6,191,107
Total Revenue	\$0	\$12,044,951	\$0	\$14,501,495

Explanation of Revenues

This program generates \$1,832,005 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.

\$ 6,383,507 - FQHC Medicaid Wraparound

\$ 1,225,755 - Federal Primary Care (330) grant

Federal: \$ 5,216,592 - Medicaid Quality and Incentives

\$ 1,675,641 - CareOregon grant award for Quality & Patient Engagement

Significant Program Changes

Last Year this program was: FY 2024: 40034A FQHC-Administration and Operations



Program #40034B - FQHC - Contingency and Reserves FY 2025 Department Requested

Department: Health Department **Program Contact:** Jeff Perry
Program Offer Type: Administration **Program Offer Stage:** Department Requested
Related Programs:
Program Characteristics: One-Time-Only Request, In Target

Executive Summary

The Integrated Clinical Services (ICS) Division of the Health Department has negotiated new Federally Qualified Health Center (FQHC) and Alternative Payment Methodology (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 FY 2022 the State 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 was 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Percent of reserve goal met	100%	100%	100%	100%
Outcome	Compliance with all HRSA 330 Grant financial requirements	100%	100%	100%	100%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Unappropriated & Contingency	\$0	\$50,000,000	\$0	\$64,057,128
Total GF/non-GF	\$0	\$50,000,000	\$0	\$64,057,128
Program Total:	\$50,000,000		\$64,057,128	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$50,000,000	\$0	\$64,057,128
Total Revenue	\$0	\$50,000,000	\$0	\$64,057,128

Explanation of Revenues

\$64,057,128 of Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2024: 40034B FQHC - Contingency and Reserves



Program #40036 - FQHC-Community Health Council and Civic Governance FY 2025 Department Requested

Department: Health Department **Program Contact:** DJ Rhodes
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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of CHCB Meetings	12	12	12	12
Outcome	Percentage of consumers involved on the CHCB	51	51%	51%	51%

Performance Measures Descriptions

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	2024	2024	2025	2025
Personnel	\$0	\$524,333	\$0	\$271,483
Contractual Services	\$0	\$36,000	\$0	\$134,000
Materials & Supplies	\$0	\$14,700	\$0	\$15,500
Internal Services	\$0	\$104,467	\$0	\$83,161
Total GF/non-GF	\$0	\$679,500	\$0	\$504,144
Program Total:	\$679,500		\$504,144	
Program FTE	0.00	3.00	0.00	2.00

Program Revenues				
Other / Miscellaneous	\$0	\$679,500	\$0	\$504,144
Total Revenue	\$0	\$679,500	\$0	\$504,144

Explanation of Revenues

This program generates \$45,908 in indirect revenues.
\$ 504,144 - HD FQHC PCPM Funding - Health Council

Significant Program Changes

Last Year this program was: FY 2024: 40036 FQHC-Community Health Council and Civic Governance

Program #40037 - Environmental Health Community Programs FY 2025 Department Requested

Department: Health Department **Program Contact:** Jeff Martin
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs:
Program Characteristics: In Target

Executive Summary

Environmental Health Community Programs (EHCP) works to eliminate environmental hazards contributing to racial and ethnic health disparities. EHCP areas include community environments, toxics reduction, woodsmoke curtailment, climate change, healthy housing, with a focus on environmental justice and vulnerable populations. EHCP addresses health inequities in lead poisoning, respiratory illness, cardiovascular disease, traffic crash injury. Activities include monitoring, assessing environments, policies, health; technical assistance, data expertise; reporting; communications; direct services.

Program Description

EHCP is a continuum of services to ensure all county residents have access to optimal living conditions. With an environmental justice framework, EHCP focuses first on the highest risk communities with the least access to political and social power such as youth, elders, low-income communities, and communities of color. These communities are engaged so their concerns, expertise, and proposed solutions can be integrated into the following program areas. Community Environments: works 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, decision support relating to encampments, energy efficiency upgrades, household toxics. Toxics Reduction: identifies exposure risks to contaminated land, air, water, consumer goods, industrial production, and makes technical information accessible to the public as part of empowering communities. Air Quality: implements County Ordinance 1253, curtailing wood burning on winter days with high air pollution. Implementation includes issuing daily air quality forecasts; fielding complaints, investigations, enforcement; conducting outreach campaigns; monitoring health burdens from air pollution; 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.

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 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Reach and impressions of community members receiving information on environmental threats	27,268,288	14,000,000	14,220,980	7,500,000
Outcome	Number of children with reduced Elevated Blood Lead Level (EBLL) as a result of environmental investigations	99	65	70	65
Outcome	Number of policies adopted that include health- and health justice-based recommendations	13	15	15	15
Outcome	Proportion of people aware of and complying with the woodsmoke curtailment ordinance	81%	80%	80%	80%

Performance Measures Descriptions

Includes all program areas, counting community members receiving mailings, attending events, direct contact with staff, visiting websites/social media, and exposure to media campaigns. Influenced by climate events. Decrease in FY25 reflects a reduced communications budget 2) Dependent on refugee arrivals 3) Policy recommendations are developed with an environmental justice lens. 4) Measured by a survey. Compliance defined as respondents reporting burning wood only on "no restriction days" or not at all.

Legal / Contractual Obligation

City of Portland codes 8.20.210, 8.20.200, 29.30.110, 29.30.060, and Multnomah County Housing Code 21.800; Multnomah County Code Chapter 21.450 Air Quality Regulation of wood burning devices and recreational burning.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$748,597	\$991,835	\$734,705	\$1,328,217
Contractual Services	\$21,276	\$269,849	\$22,063	\$539,505
Materials & Supplies	\$75,601	\$40,278	\$71,760	\$222,900
Internal Services	\$600	\$218,305	\$670	\$296,937
Total GF/non-GF	\$846,074	\$1,520,267	\$829,198	\$2,387,559
Program Total:	\$2,366,341		\$3,216,757	
Program FTE	4.65	6.65	4.05	8.53

Program Revenues				
Intergovernmental	\$0	\$1,369,024	\$0	\$2,387,559
Service Charges	\$0	\$151,243	\$0	\$0
Total Revenue	\$0	\$1,520,267	\$0	\$2,387,559

Explanation of Revenues

This program generates \$224,053 in indirect revenues.

\$ 861,672 - Modernization Local-State

\$ 667,848 - EPA Fish Advisory

\$286,136 - EPA Environmental Justice

\$ 83,227 - HealthShare of Oregon

\$ 57,822 - Columbia Slough Fish Consumption

\$250,000 - Health Disparities Grant

\$180,854 - SHS

Significant Program Changes

Last Year this program was: FY 2024: 40037 Environmental Health Community Programs

The PWB City Lead Line funding ended as a new treatment system was brought online



Program #40039A - Human Resources **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Steve Sutton
Program Offer Type: Administration **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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	% increase in diversity of workforce	2%	3%	1%	2%
Outcome	% increase in diversity of hires through the increased focus on diversity in recruitment strategies	-5%	3%	1%	2%
Output	Average days to fill active recruitments	N/A	N/A	N/A	90

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$4,211,081	\$0	\$4,813,315	\$473,522
Contractual Services	\$8,252	\$0	\$8,557	\$0
Materials & Supplies	\$15,781	\$0	\$16,365	\$40,756
Internal Services	\$400,770	\$290,595	\$505,782	\$377,227
Total GF/non-GF	\$4,635,884	\$290,595	\$5,344,019	\$891,505
Program Total:	\$4,926,479		\$6,235,524	
Program FTE	24.88	0.00	26.88	2.00

Program Revenues				
Intergovernmental	\$0	\$290,595	\$0	\$891,505
Total Revenue	\$0	\$290,595	\$0	\$891,505

Explanation of Revenues

This program generates \$59,637 in indirect revenues.
 \$412,308 - OPS Infrastructure Workforce
 \$166,907 - Operations - Public Health Modernization
 \$161,607 - State Behavioral Health Workforce Initiative (BHWi) - Human Resources
 \$150,683 - Operations - Public Health Infrastructure

Significant Program Changes

Last Year this program was: FY 2024: 40039A Human Resources



Program #40039B - Human Resources - ICS Recruitment **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Steven Sutton
Program Offer Type: Administration **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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of successful recruitments	NA	20	20	25
Outcome	Reduction in vacancy days	NA	30	70	30

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$152,753	\$0	\$167,657	\$0
Total GF/non-GF	\$152,753	\$0	\$167,657	\$0
Program Total:	\$152,753		\$167,657	
Program FTE	1.00	0.00	1.00	0.00
Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:



Program #40040 - Financial and Business Management Services **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Derrick Moten
Program Offer Type: Administration **Program Offer Stage:** Department Requested
Related Programs: 40041, 40042
Program Characteristics: In Target

Executive Summary

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

Program 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	# of invoices processed	16,371	14,000	16,000	14,000
Outcome	Yearly average % of all cash receipts recorded in the month in which they were received.	98.4%	97%	99%	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.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$6,350,316	\$0	\$6,641,434	\$0
Contractual Services	\$266,507	\$0	\$62,361	\$0
Materials & Supplies	\$431,881	\$0	\$237,537	\$0
Internal Services	\$2,926,770	\$0	\$3,949,466	\$0
Total GF/non-GF	\$9,975,474	\$0	\$10,890,798	\$0
Program Total:	\$9,975,474		\$10,890,798	
Program FTE	37.00	0.00	37.00	0.00

Program Revenues				
Other / Miscellaneous	\$16,302,398	\$0	\$21,760,181	\$0
Total Revenue	\$16,302,398	\$0	\$21,760,181	\$0

Explanation of Revenues

Departmental Indirect - \$21,818,681

Significant Program Changes

Last Year this program was: FY 2024: 40040A Financial and Business Management Services

The division's commitment to continuous quality improvement has resulted in the reduction of process bottlenecks, efficient automations, reduced errors, and improved performance on internal and external customer service metrics. FBM has recently experienced key leadership transitions in critical business functions; however, the division has avoided operational disruptions, and expanded services and capacity in key areas including financial reporting, project management and support for community partners during the procurement and contracting process. In FY25 a Division Director II position will be created to lead the division and the former Deputy Director position will be repurposed and moved to the Director's office.



Program #40041 - Medical Accounts Receivable FY 2025 Department Requested

Department: Health Department **Program Contact:** Aline Blumenauer
Program Offer Type: Administration **Program Offer Stage:** Department Requested
Related Programs: 40040, 40042
Program Characteristics: In Target

Executive Summary

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

Program 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of encounters processed for payment	244,032	210,000	232,000	210,000
Outcome	Percent of receivables aged (older than 90 days)	23%	33%	16%	33%
Quality	Average Days In Accounts Receivable	19	32	18	32

Performance Measures Descriptions

Number of encounters demonstrates the volume of work. Percent of receivables older than 90 days – is the % of total receivables that is over 90 days excluding self-pay balances. This measures the efficiency of collecting payments on older accumulating balances. A lower rate is financially healthy. Average Days in Accounts Receivable (excluding self-pay balances) is the number of days it takes to resolve outstanding balances. This metric assesses operational efficiency.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$1,741,111	\$0	\$1,834,464	\$0
Materials & Supplies	\$106,771	\$0	\$110,722	\$0
Internal Services	\$226,293	\$0	\$269,479	\$0
Total GF/non-GF	\$2,074,175	\$0	\$2,214,665	\$0
Program Total:	\$2,074,175		\$2,214,665	
Program FTE	12.00	0.00	12.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

HD Medical Accounts Receivable \$2,214,665

Significant Program Changes

Last Year this program was: FY 2024: 40041 Medical Accounts Receivable

The program has been dedicated to enhancing data analysis and reporting, including the creation of a denial dashboard to improve the management of Medical receivables. The team utilized these tools to gain more insights into the data, identifying trends and areas for improvement in the revenue cycle process. These efforts have resulted in significant improvements in key performance metrics during FY23 and the first half of FY24. Multnomah County not only exceeded benchmarks but also outperformed other Health Centers of similar sizes. In an effort to expand payment methods and improve collections, the Medical Billing team collaborated with the Integrated Clinical Services (ICS) division to launch "MyChart Pay as a Guest", a secure and convenient payment alternative aimed at further extending payment flexibility to our underserved community.



Program #40042 - Contracts & Procurement FY 2025 Department Requested

Department: Health Department **Program Contact:** Jammel Rose
Program Offer Type: Administration **Program Offer Stage:** Department Requested
Related Programs: 40040
Program Characteristics: In Target

Executive Summary

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

Program Description

This program processes more than 1000 contract and procurement action requests, and an additional 6700 actions in the Multnomah MarketPlace (MMP) and outside, for direct purchase of goods. 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of Action Request Forms Submitted	900	775	1000	775
Outcome	Contract Cycle Time Report (days)	59.64	70	65	70
Output	MMP Item Purchasing	\$4.2M	\$4.2M	\$4.3M	\$4.2M

Performance Measures Descriptions

The number of Action Request Forms (ARF) submitted via the Multnomah Market Place (MMP) describes workload for the team. Note, each ARF may contain multiple procurement or contract requests. Contract Cycle time is a measure of how efficiently the team completes its work. Cycle time is the average time it takes from when a the contract shell is created to contract execution. MMP Item purchasing is an output measure of program goods requests.

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	2024	2024	2025	2025
Personnel	\$2,286,186	\$0	\$2,570,213	\$0
Internal Services	\$332,236	\$0	\$448,150	\$0
Total GF/non-GF	\$2,618,422	\$0	\$3,018,363	\$0
Program Total:	\$2,618,422		\$3,018,363	
Program FTE	14.00	0.00	15.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2024: 40042A Contracts & Procurement

The Contracts and Procurement team is committed to continuous quality improvement, advancing racial equity, and ensuring fair and equitable public contracting and procurement processes. Highlights from the recent year include fulfilling over 600 contract actions to support comprehensive community health services and partnerships, completing 20 competitive procurements, registering over 200 new organizations in Marketplace, and managing over 5,300 purchase requests. In addition, the team maintained a perfect vaccine depot inventory and is well-positioned to continue providing high-levels of service in FY25.



Program #40043 - Corrections Health Dental FY 2025 Department Requested

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

Executive Summary

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 FY25 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 dental care that is provided across all 3 Corrections Health sites. including MCDC, MCIJ and DEL. at MCIJ, dental sees approximately 115 adults in custody per month, while at MCDC an approximate of 68 adults in custody are seen per month. DEL has a new dental operatory and given the low census, the current number of youth per month seen sits at approximately 10 per month. The dental care provided in the CH facilities serves a critical function in the health and wellness of adults and youth in custody, who would otherwise for most, not receive the same level of dental care.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of adults in custody seen by dental per year	890	890	900	900
Output	Number of youth in custody seen by dental per year	0	120	120	120

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	2024	2024	2025	2025
Personnel	\$591,010	\$0	\$618,291	\$0
Materials & Supplies	\$21,562	\$0	\$22,360	\$0
Internal Services	\$49,736	\$0	\$59,600	\$0
Total GF/non-GF	\$662,308	\$0	\$700,251	\$0
Program Total:	\$662,308		\$700,251	
Program FTE	2.40	0.00	2.40	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:



Program #40044A - Health Data and Analytic Team **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Kathryn McKelvey
Program Offer Type: Administration **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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of reports and/or requests created	130	420	420	450
Outcome	% of repeat customers for data & business intelligence	52%	52%	49%	52%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$944,664	\$159,504	\$1,102,634	\$170,970
Contractual Services	\$304,500	\$0	\$315,767	\$0
Materials & Supplies	\$1,867,431	\$0	\$1,936,526	\$0
Internal Services	\$148,982	\$0	\$175,806	\$0
Total GF/non-GF	\$3,265,577	\$159,504	\$3,530,733	\$170,970
Program Total:	\$3,425,081		\$3,701,703	
Program FTE	5.00	0.00	6.00	1.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

\$170,970 Supportive Housing Services (SHS) Fund 1521 one-time-only funding. Tax revenues are budgeted in the Joint Office of Homeless Services program 30000 Administration and Operations

Significant Program Changes

Last Year this program was: FY 2024: 40044 Health Data and Analytic Team



Program #40044B - Supplemental Data Sets Partnership with DCA FY 2025 Department Requested

Department: Health Department **Program Contact:** Kathryn McKelvey
Program Offer Type: New Request **Program Offer Stage:** Department Requested
Related Programs:
Program Characteristics: Out of Target

Executive Summary

The Health Department (HD) seeks to better leverage data to improve business decisions. Much of the data needed to improve internal processes and make strategic business decisions is not in a format that is accessible or ready for automation. If approved, this program will fund four Limited Duration IT staff who bring in and improve the key data sets required to strategically improve Health Department’s operations and decision making. The goal is to increase the number of projects and requests IT will complete in FY 2025 related to these data sets.

Program Description

This program offer will add an IT Business Systems Analyst and three Developer positions, all on a limited duration basis. These positions will address Health Department Projects around data, automation of reporting, and metrics. Their work will support the key business goals of the divisions and also maximizes the automation of data sets and data analysis.

Data analysis in the Health Department serves as a powerful tool for advancing equity and racial justice. By uncovering hidden patterns and disparities in health outcomes across race and ethnicity, this analysis paints a clear picture of how systemic biases and injustices impact people’s well-being. This knowledge isn’t just statistics; it empowers the department to prioritize resources, target interventions, and advocate for policies that dismantle root causes of inequity.

There is a backlog of priority data related projects. These projects were scored and ranked using criteria that cover racial equality, public disease response, access to data, staff efficiencies, client/patient outcomes and fiduciary risk.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Health Department prioritized requests completed within 3 months	50%	90%	50%	75%
Outcome	Percent of Project Time on these supplemental datasets for these staff members	50%	55%	55%	55%

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	2024	2024	2025	2025
Internal Services	\$0	\$0	\$400,000	\$0
Total GF/non-GF	\$0	\$0	\$400,000	\$0
Program Total:	\$0		\$400,000	
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:



Program #40045 - Corrections Health Operations FY 2025 Department Requested

Department: Health Department **Program Contact:** Myque Obiero
Program Offer Type: Operating **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 Corrections Health operations across MCDC, MCIJ and JDH. which is composed of 20 medical beds, two general and multiple mental health modules, 3 dental operatories, X-ray and lab services plus 6 housing areas for high level discipline inmates. The staff areas also contain nursing stations, administrative areas and a medication/supplies room. Services such as skilled nursing, IV therapy, and post-surgical care are provided in the jails instead of a high cost hospital. CH is staffed 24/7 with nursing personnel to provide needed care and emergency medical response.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Efficiency	Ensure appropriate level of administrative staff support across all CH sites	0	1	1	1
Quality	Appropriate data entry in EMR systems to better bolster documentation and support of care provision	0	1	1	1

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	2024	2024	2025	2025
Personnel	\$2,818,641	\$0	\$3,127,808	\$0
Materials & Supplies	\$12,188	\$0	\$12,638	\$0
Internal Services	\$608,438	\$0	\$675,815	\$0
Total GF/non-GF	\$3,439,267	\$0	\$3,816,261	\$0
Program Total:	\$3,439,267		\$3,816,261	
Program FTE	16.23	0.00	16.23	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:



Program #40046 - Health Department Operations FY 2025 Department Requested

Department: Health Department **Program Contact:** Chantell Reed
Program Offer Type: Operating **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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of managers participating in coaching/learning to integrate Racially Just core competency		175		
Outcome	# of people who saw any content from or about the Department web page including posts, stories, ads, etc.		1,000,000		
Output	Number of employees completing leadership development training		80%		
Outcome	% of employees reporting they’ve applied leadership development content in their day to day work		75%		

Performance Measures Descriptions

Legal / Contractual Obligation

n/a

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$3,491,486	\$0	\$4,074,113	\$146,364
Contractual Services	\$10,500	\$0	\$10,889	\$0
Materials & Supplies	\$113,057	\$0	\$117,240	\$0
Internal Services	\$262,769	\$0	\$326,577	\$24,751
Total GF/non-GF	\$3,877,812	\$0	\$4,528,819	\$171,115
Program Total:	\$3,877,812		\$4,699,934	
Program FTE	19.80	0.00	21.80	1.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$171,115
Total Revenue	\$0	\$0	\$0	\$171,115

Explanation of Revenues

This program generates \$24,751 in indirect revenues.
 OPS Infrastructure Grant - \$171,115

Significant Program Changes

Last Year this program was: FY 2024: 40046 Health Department Operations



Program #40047 - Corrections Health Transition Services FY 2025 Department Requested

Department: Health Department **Program Contact:** Myque Obiero
Program Offer Type: Operating **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 FY25 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

This program offer works to assist community justice involved individuals to successfully transition, approximately 200 individuals per month, back into the community by providing direct services, including medical and behavioral healthcare, and substance use disorder treatment planning and coordination. It addresses the social determinants of health, thereby improving the quality of life, reduce disparities and ultimately, reduce recidivism.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of referrals processed	0	2000	2500	2500
Outcome	Provide warm hand offs for AICs leaving custody to community treatment	0	250	250	250

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	2024	2024	2025	2025
Personnel	\$1,424,389	\$0	\$1,518,202	\$463,092
Materials & Supplies	\$20,539	\$0	\$21,299	\$0
Internal Services	\$0	\$0	\$0	\$81,598
Total GF/non-GF	\$1,444,928	\$0	\$1,539,501	\$544,690
Program Total:	\$1,444,928		\$2,084,191	
Program FTE	10.40	0.00	10.40	3.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$544,690
Total Revenue	\$0	\$0	\$0	\$544,690

Explanation of Revenues

This program generates \$81,598 in indirect 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.

MCSO Funding \$207,850

SUD (COSSUP) - Corrections \$390,978

Significant Program Changes

Last Year this program was:

Department: Health Department

Program Contact: Dr. Julie Maher

Program Offer Type: Operating

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, injury burden among community populations; identify determinants of health and disease; evaluate the impact of public health interventions; assess the status of health equity to guide decisions made by public health leaders, 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 population health data to prevent disease and promote and protect the health of county residents. CES 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. CES works particularly closely with the Communicable Disease Services program to provide outbreak response through data analysis support and statistical modeling.

Key CES functions include: 1) Providing support in quantitative and qualitative methods; traditional epidemiological analysis; social epidemiology; and equity-focused and trauma-informed methods for data collection and analyses; 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; 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 \$6 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 PREVAYL).

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Output # of community engagements and collaborations (presentations, listening sessions, briefings, media interviews)	N/A	N/A	N/A	10
Outcome	# of health data reports (including publications, web pages, and other public-facing data provision)	N/A	N/A	N/A	9
Outcome	Outcome # of diseases, conditions, or risk behaviors for which routine surveillance or survey analysis was conducted	N/A	N/A	N/A	40
Outcome	# of dissemination products (presentations, briefs, reports, manuscripts) created for PDES evaluation contracts	N/A	20	47	30

Performance Measures Descriptions

Three performance measures were added for FY25 to better reflect the work of CES. Two of the new measures provide better specificity regarding the type of data products included in each measure, and the third relates to the number of diseases or conditions routinely tracked by CES. A previous performance measure related to Covid monitoring was removed.

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	2024	2024	2025	2025
Personnel	\$1,475,101	\$2,444,003	\$1,526,135	\$2,639,000
Contractual Services	\$0	\$2,117,854	\$0	\$1,548,914
Materials & Supplies	\$22,266	\$128,511	\$36,490	\$115,674
Internal Services	\$118,340	\$369,359	\$123,365	\$514,321
Total GF/non-GF	\$1,615,707	\$5,059,727	\$1,685,990	\$4,817,909
Program Total:	\$6,675,434		\$6,503,899	
Program FTE	8.01	14.24	7.45	13.91

Program Revenues				
Intergovernmental	\$0	\$5,059,727	\$0	\$4,817,909
Total Revenue	\$0	\$5,059,727	\$0	\$4,817,909

Explanation of Revenues

This program generates \$445,302 in indirect revenues.

OHA LPHA(State Funding):	\$1,903,477
Fed Thru State Injury Prevention	\$28,623
Natl Institutes of Health:	\$358,178
CDC Disparities Grant:	\$2,123,098
Direct Other	\$404,533

Significant Program Changes

Last Year this program was: FY 2024: 40048 Community Epidemiology

Last year Program Design and Evaluation Services were in program offer 40096A.



Program #40049 - Corrections Health Juvenile Clinical Services FY 2025 Department Requested

Department: Health Department **Program Contact:** Myque Obiero
Program Offer Type: Operating **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 FY25 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 approximately 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	# of client visits conducted by a CH nurse per year		1,500	1500	1500
Outcome	% of detained youth receiving mental health medications monthly		50%	50	50

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	2024	2024	2025	2025
Personnel	\$1,851,660	\$0	\$2,004,351	\$0
Contractual Services	\$127,528	\$0	\$132,247	\$0
Materials & Supplies	\$78,034	\$0	\$80,922	\$0
Internal Services	\$86,599	\$0	\$63,166	\$0
Total GF/non-GF	\$2,143,821	\$0	\$2,280,686	\$0
Program Total:	\$2,143,821		\$2,280,686	
Program FTE	9.20	0.00	9.20	0.00

Program Revenues				
Service Charges	\$102,198	\$0	\$0	\$0
Total Revenue	\$102,198	\$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. 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 2024: 40049 Corrections Health Juvenile Detention



Program #40050 - Corrections Health Multnomah County Detention Center (MCDC) FY 2025 Department Requested Clinical Services

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

Executive Summary

Corrections Health, Multnomah County Detention Center houses approximately 370 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 FY25 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 psychiatric mental health nurse practitioners (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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Average # of Reception Screening ("EPF"--Entry Progress Form) completed in one month		1,000	1000	1000
Outcome	% of positive screenings resulting in a referral to the mental health team per year		35%	40	50

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	2024	2024	2025	2025
Personnel	\$7,738,441	\$0	\$8,224,401	\$0
Contractual Services	\$1,177,835	\$0	\$1,221,415	\$0
Materials & Supplies	\$516,660	\$0	\$535,777	\$0
Internal Services	\$739,192	\$0	\$648,239	\$0
Total GF/non-GF	\$10,172,128	\$0	\$10,629,832	\$0
Program Total:	\$10,172,128		\$10,629,832	
Program FTE	41.70	0.00	41.70	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

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

Significant Program Changes

Last Year this program was: FY 2024: 40050A Corrections Health Multnomah County Detention Center (MCDC)



Program #40051 - Corrections Health Inverness Jail (MCIJ) Clinical Services FY 2025 Department Requested

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

Executive Summary

Corrections Health Multnomah County Inverness Jail houses approximately 580 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 FY25 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care.

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

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Average # Adults in Custody (AIC) nursing assessments monthly	1330	1,400	1400	1400
Outcome	# of 14-Day Health Assessments completed monthly		120	120	120

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	2024	2024	2025	2025
Personnel	\$6,739,143	\$0	\$7,207,705	\$0
Contractual Services	\$1,177,835	\$0	\$1,221,415	\$0
Materials & Supplies	\$559,994	\$0	\$580,715	\$0
Internal Services	\$587,761	\$0	\$515,600	\$0
Total GF/non-GF	\$9,064,733	\$0	\$9,525,435	\$0
Program Total:	\$9,064,733		\$9,525,435	
Program FTE	37.05	0.00	37.05	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 2024: 40051A Corrections Health Inverness Jail (MCIJ) Clinical Services



Program #40052 - Medical Examiner **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Richard Bruno
Program Offer Type: Operating **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 3,500 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of deaths requiring investigation	3500	3,700	3750	4000
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	71%	85%	75%	85%
Outcome	Increase the number of in-person scene responses with a death investigator on scene	1471	1,400	1650	1800

Performance Measures Descriptions

Legal / Contractual Obligation

ORS 146 specifies responsibilities and authorities for the Office (i.e. deaths requiring investigation; responsibility for investigation; notification of death; removal of body; authority to enter and secure premises; notification of next of kin; authority to order removal of body fluids; autopsies; disposition of personal property; unidentified human remains). ORS 146 also establishes a hybrid state/county program structure which limits the county's authority over operations, procedures, and technical functions.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$2,190,588	\$0	\$2,548,384	\$0
Contractual Services	\$114,298	\$0	\$118,526	\$0
Materials & Supplies	\$24,947	\$0	\$25,869	\$0
Internal Services	\$345,943	\$0	\$353,115	\$0
Total GF/non-GF	\$2,675,776	\$0	\$3,045,894	\$0
Program Total:	\$2,675,776		\$3,045,894	
Program FTE	15.00	0.00	17.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2024: 40052 Medical Examiner

An addition of 2 FTE MDI positions will be added in FY25 to account for increased workload and state changes in FY24. In 2023, the ME program experienced a 13% increase with in person investigation and an 8% increase in total cases. In 2023, the state made changes to its ME program that significantly increased the responsibility of the county to manage the operations of death investigation and certification deaths, including the addition of performing external examinations. Under ORS 146, medicolegal death investigators are tasked with making positive identifications of deceased, locating and notifying the next of kin and directing indigent dispositions. Increased caseload has increased the need for resources to perform positive identifications through fingerprints, locating and researching next of kin, next of kin notifications and indigent dispositions for those who are unclaimed.



Program #40053 - Racial and Ethnic Approaches to Community Health FY 2025 Department Requested

Department: Health Department **Program Contact:** Charlene McGee
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs: 40006, 40060, 40037
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/Black 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 the 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 four current strategic areas of focus: nutrition, physical activity, breastfeeding and vaccinations. 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 and the implementation of the Active People Healthy Multnomah County Campaign. The vaccination strategy area serves as community clinical linkage and seeks to identify barriers to vaccine uptake, equipping community members to support vaccination strategies, and implementing vaccine clinics. 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, communication collaterals, 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. REACH is steered by its multi-sectoral community advisory committee, the ACHIEVE Coalition. REACH and its partners regularly hold focus groups, community webinars and podcasts, cultural celebrations and events to gather community concerns.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	# of policy, systems, and environment strategies implemented	25	26	25	25
Outcome	# of people impacted by new policies established to promote health, safety and address social determinants	10,214	15,000	20,000	10,000
Output	# of communication campaigns, social media post, media spots and health promotion webinars (i.e. radio. T	20	20	25	25
Output	# of community partnerships through outreach/capacity building and awareness raising (i.e. chronic disease, publ	N/A	35	55	35

Performance Measures Descriptions

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$394,167	\$908,515	\$834,551	\$269,244
Contractual Services	\$154,286	\$1,076,735	\$263,192	\$1,035,170
Materials & Supplies	\$28,524	\$57,525	\$35,454	\$41,651
Internal Services	\$137,453	\$126,920	\$185,792	\$45,528
Total GF/non-GF	\$714,430	\$2,169,695	\$1,318,989	\$1,391,593
Program Total:	\$2,884,125		\$2,710,582	
Program FTE	2.60	6.52	5.12	1.90

Program Revenues				
Intergovernmental	\$0	\$2,169,695	\$0	\$1,391,593
Total Revenue	\$0	\$2,169,695	\$0	\$1,391,593

Explanation of Revenues

This program generates \$45,528 in indirect revenues.
 Direct Federal: \$1,021,898 - REACH GY08
 Direct State: \$69,695 - Community Chronic Disease Prevention
 Direct Federal: \$300,000 - CDC Health Disparities Grant

Significant Program Changes

Last Year this program was: FY 2024: 40053 Racial and Ethnic Approaches to Community Health

In FY24, the CDC awarded the Multnomah County REACH Program \$1,021,898, which is \$468,718 less than requested. This reduction impacts the Chronic Disease Prevention and Health Promotion Unit (CDPHP) and the REACH Program, as we continue to evolve to operate through a shared risk and protective factor framework. Our budget strategy is a braided approach. This reduction has an impact on overall program FTE. Due to this decreased funding, we are working to continue to preserve the program and ensure program and organizational capacity to deliverable on the identified workplan.

Program #40054 - Nurse Family Partnership Restoration

FY 2025 Department Requested

Department: Health Department **Program Contact:** Veronica Lopez Ericksen
Program Offer Type: Restoration Request **Program Offer Stage:** Department Requested
Related Programs: 40055, 40056, 40058, 40097
Program Characteristics: Out of Target

Executive Summary

Out of target funding allows the transition to reduce NFP services and pull in more services to serve more families in a culturally congruent way. We would like to transition services very thoughtfully and gradually; most families would be able to have a smooth transition into the Babies First program. We will develop a transition plan to be revenue neutral and stabilize our service delivery. We would be better aligned to identify the unmet needs of the communities we serve and offer services in the way our communities would want to be served. Our goal is to hear from the communities and restructure our home visiting programs with community input.

Program Description

NFP is a nurse home visiting program offered to first-time, low-income pregnant people through two Multnomah County teams 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.

We ask for CGF support in order to support the transition to adding Babies First and Family Connects home visiting programs. We believe that families continue to need intensive case management and holistic support. We have the honor to serve the families who participate in our programs in this unique way. By moving to a Babies First model, we will increase the number of families served in fiscal year, decrease barriers to services, and increase revenue by billing/reimbursement for more visits. An increase in caseload means that more visits are eligible for Medicaid billing, including an increased number of people who now are eligible for Medicaid services, during the critical periods of service delivery- prenatal, postpartum, and early childhood.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of families served	216	330	204	200
Outcome	Percent of mothers enrolled in NFP services who are breastfeeding at 6 months	60%	65%	65%	65%
Quality	Percent of participants who express satisfaction with program's cultural responsiveness	95%	95%	95%	95%

Performance Measures Descriptions

The transition to various home visiting models may have an impact on productivity in the first year of transition; we are estimating conservatively as we build upon the services we would like to offer in the PCFH restructure.

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 from the County general fund at 40% of the generated revenue.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$183,578	\$1,876,725	\$1,597,719	\$1,132,419
Contractual Services	\$701,808	\$0	\$590,335	\$0
Materials & Supplies	\$21,875	\$23,834	\$15,000	\$1,927
Internal Services	\$75,194	\$386,627	\$0	\$191,493
Total GF/non-GF	\$982,455	\$2,287,186	\$2,203,054	\$1,325,839
Program Total:	\$3,269,641		\$3,528,893	
Program FTE	1.11	9.09	7.60	5.60

Program Revenues				
Intergovernmental	\$0	\$88,802	\$0	\$0
Other / Miscellaneous	\$0	\$46,556	\$0	\$0
Service Charges	\$0	\$2,151,828	\$0	\$1,325,839
Total Revenue	\$0	\$2,287,186	\$0	\$1,325,839

Explanation of Revenues

This program generates \$191,493 in indirect revenues.

Revenue is from fee for service visits for Targeted Case Management. Targeted Case Management includes the Babies First and Nurse Family Partnership home visiting services.

\$1,325,839 Medicaid TCM/Babies First

Significant Program Changes

Last Year this program was: FY 2024: 40054 Nurse Family Partnership

Restore and restructure of home visiting services to align with home visiting models of Babies First and Family Connects.



Program #40055 - Home and Community Based Consulting FY 2025 Department Requested

Department: Health Department **Program Contact:** Veronica Lopez Ericksen
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs: 40054, 40056, 40058, 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 with David Douglas School District (DDSD) Multnomah Early Childhood Program (MECP) providing families from African American, Latino, and Vietnamese families with early childhood CHW support and advocacy.

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 families in the MECP (Multnomah Early Childhood Program) 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 access service systems; reducing environmental toxins in the home; and providing culturally congruent health care experiences.

Nurse Consultation and CHW (Community Health Workers) funding for services, support and advocacy at MECP have continued to be provided via a contract with DDSD.

In 2015 PCFH was asked to support Early Intervention providers with culturally specific early childhood Nurse and CHW services, and currently provides 1 FTE Nurse and 3 FTE CHWs serving African American, Latino and Vietnamese families. These are focused on improving 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	# of families receiving nursing/CHW consultation and support	300	300	300	300
Outcome	Percent of staffing to reach maximum capacity for clients and families	75%	100%	100%	100%

Performance Measures Descriptions

Output #1 Consultations and support for children and families served are not entered into PCFH data systems. There is no accurate estimate as MECP does not share actual consultations/ support documentation or data.

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	2024	2024	2025	2025
Personnel	\$0	\$469,400	\$0	\$492,004
Materials & Supplies	\$30,000	\$15,786	\$0	\$15,786
Internal Services	\$142,422	\$65,576	\$117,685	\$87,233
Total GF/non-GF	\$172,422	\$550,762	\$117,685	\$595,023
Program Total:	\$723,184		\$712,708	
Program FTE	0.00	3.80	0.00	3.80

Program Revenues				
Intergovernmental	\$0	\$550,762	\$0	\$595,023
Total Revenue	\$0	\$550,762	\$0	\$595,023

Explanation of Revenues

This program generates \$83,198 in indirect revenues.
\$ 595,023 - David Douglas School District

Significant Program Changes

Last Year this program was: FY 2024: 40055 Home and Community Based Consulting

David Douglas School District (DDSD) Nurse consultation and Community Health Worker services are fully funded by DDSD and will continue in FY25 with no planned changes.



Program #40056 - Healthy Families FY 2025 Department Requested

Department: Health Department **Program Contact:** Veronica Lopez Ericksen
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs: 40054, 40055, 40058, 40097
Program Characteristics: In Target

Executive Summary

Healthy Families of Multnomah County (HFMC) is a nationally accredited, culturally adapted early childhood home visiting (ECHV) program, part of the state-wide Healthy Families network. HFMC serves families with elevated risks for 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

HFMC delivers long term (3 years) family-centered, culturally responsive, and strengths-based support. Families are offered voluntary ECHV, shown to reduce child abuse and neglect, improve parent-child attachment, reduce parent stressors, and support parents' ability to ensure children meet developmental milestones. HFMC screens Medicaid eligible families and coordinates care. HFMC contract orgs.(38 ECHV staff) serving specific communities incl. African American, Immigrant/Refugee (multiple cultural and linguistic groups), Latino, teen, and parents with significant substance use or trauma histories. Mental health supports and system advocacy/navigation is provided. Approximately 84% of HFMC families are Black, Latino, Asian, Indigenous or other People of Color, and 93% are low income. HFMC takes a data-driven approach. A regular continuous quality improvement 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 majority consumer members who are reflective of the HFMC program. Members evaluate data and guide program practices.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	# of families served with home visiting	508	480	500	500
Outcome	% of participating families in program 12 mo. or more	66%	70%	80%	70%
Outcome	% of families served are BIPOC and/or low income	95%	95%	95%	95%
Outcome	*BIPOC Families matched with Direct Service Staff sharing cultural attributes %	82 / 84	N/A	N/A	85/ 85

Performance Measures Descriptions

1.# of families served 2)% retention of families at 12 mo. from service initiation (used 2022 data-home based engagement impacted by Covid-19 still). 3. % of families served who were low income (on OHP) and/or Black, Indigenous or People of color; 4.New: Compares % of Black, Latino, Asian, Native Am. and other families of color in services with same % of direct service providers.

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	2024	2024	2025	2025
Personnel	\$52,123	\$722,314	\$546,147	\$359,820
Contractual Services	\$700,908	\$2,439,202	\$386,406	\$2,770,800
Materials & Supplies	\$192	\$29,600	\$7,064	\$43,180
Internal Services	\$119,904	\$100,907	\$158,580	\$60,845
Total GF/non-GF	\$873,127	\$3,292,023	\$1,098,197	\$3,234,645
Program Total:	\$4,165,150		\$4,332,842	
Program FTE	0.29	5.27	3.72	2.28

Program Revenues				
Intergovernmental	\$0	\$3,212,023	\$0	\$3,234,645
Other / Miscellaneous	\$0	\$80,000	\$0	\$0
Total Revenue	\$0	\$3,292,023	\$0	\$3,234,645

Explanation of Revenues

This program generates \$60,845 in indirect revenues.

Healthy Families of Multnomah County is funded by the Oregon Dept. of Early Learning and Care (DELIC) Healthy Families and Early Learning Account (ELA) grants, Maternal Infant Early Childhood Home Visiting (MIECHV) grant, and Medicaid Administrative Claiming (MAC) funds, as described below:

Direct State - DELIC Healthy Families grant: \$2,819,476

Direct State - DELIC Early Learning Account grant: \$171,764

Federal through State - OHA MIECHV grant: \$80,000

Federal Medicaid Administrative Claiming allowance: \$163,405 HF staff complete regular time studies to leverage funds.

Significant Program Changes

Last Year this program was: FY 2024: 40056 Healthy Families

In FY25, RFPs will be launched by HF for 2 culturally congruent Latino HV teams and 1 serving families coping with experiences that make bonding with and caring for new infants uniquely stressful-parent histories of trauma, mental health struggles and/or substance use. These are 2 populations currently served by HF contractor orgs, but not in specialized teams The RFP invites Latino service organizations to apply and will also allow for a thoughtful redesign of Healthy Family SUD/MH services.



Program #40058 - Healthy Birth Initiative FY 2025 Department Requested

Department: Health Department **Program Contact:** Veronica Lopez Ericksen
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs: 40054, 40055, 40056, 40097
Program Characteristics: In Target

Executive Summary

The Healthy Birth Initiative (HBI) program improves birth outcomes and the health of mothers, birthing people, and fathers of Black babies in the African American community, helping children get a healthy start in life. For over 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, to improve health outcomes before, during, and after pregnancy and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes within the local Black/African American community. 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, parents, and other caretakers in supporting a child's development. HBI services (including home visits, health education, and support groups) are available to mothers, fathers, and parents throughout pregnancy and for the baby's first 2 years.

Components of HBI include case management, health education, community engagement, service coordination, and collective impact. HBI serves as a subject matter expert to local health and hospital systems, community-based service providers, and regional and State legislative efforts. HBI promotes care coordination between internal Health Department programs, external health and social service providers, nursing schools, and larger health systems.

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 Consortium. The Consortium is led by parents and comprises a number of healthcare, social service, and culturally specific agencies working together to implement community-identified strategies. The Consortium offers a venue for client engagement and feedback, including the opportunity for clients to hold leadership roles to influence program design and implementation.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of families served	284*	350	350	350
Outcome	Percent of mothers initiating breastfeeding after delivery	97%	99%	99%	99%
Quality	Percent of participants who remain in program until child is two years old	**	70%	70%	70%
Quality	Percent of participants who express satisfaction with cultural specificity of program	94%	100%	100%	100%

Performance Measures Descriptions

*494 individuals served in 284 families

** Not applicable for this year due to grant requirements changed the following year.

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	2024	2024	2025	2025
Personnel	\$993,999	\$1,758,680	\$1,276,191	\$1,233,981
Contractual Services	\$223,016	\$484,250	\$541,962	\$186,064
Materials & Supplies	\$63,743	\$36,922	\$64,168	\$18,045
Internal Services	\$305,416	\$245,689	\$0	\$613,149
Total GF/non-GF	\$1,586,174	\$2,525,541	\$1,882,321	\$2,051,239
Program Total:	\$4,111,715		\$3,933,560	
Program FTE	6.36	11.39	8.00	7.25

Program Revenues				
Intergovernmental	\$0	\$1,506,072	\$0	\$1,013,488
Other / Miscellaneous	\$0	\$25,092	\$0	\$25,092
Service Charges	\$0	\$994,377	\$0	\$1,012,659
Total Revenue	\$0	\$2,525,541	\$0	\$2,051,239

Explanation of Revenues

This program generates \$208,666 in indirect revenues.
 Direct Federal Healthy Birth Initiative grant - \$774,916
 Targeted Case Management revenue - \$1,012,659
 Federal through State OHA Reproductive Health Program - \$112,500
 HealthShare of Oregon Regional Perinatal Continuity - \$126,072
 HBI Misc Charges/Recoveries - \$25,092

Significant Program Changes

Last Year this program was: FY 2024: 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. In the fall of 2023, HBI reapplied for the HRSA grant for its core program grant funding. The success of this reapplication will shape the program design and fiscal needs going into FY25. HBI has a contingency plan identified in the likelihood that the program is not selected for funding.



Program #40059A - Corrections Health Behavioral Health Services **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Myque Obiero
Program Offer Type: Operating **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 35 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 FY25 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 adults in custody (AICs) and youths in custody (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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Average # mental health evaluations for suicide watch per month		250	250	250
Outcome	Average of total number of active and constant suicide watches per month to prevent AIC injury or death		100	125	125
Output	Average # of evaluations performed by Mental Health Consultants for all CH sites per month		1,000	1,100	1,100
Outcome	Monthly average of AICs on SUD being tracked by the Transition Program that come back to custody		5	10	10

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	2024	2024	2025	2025
Personnel	\$3,716,211	\$0	\$3,837,762	\$0
Contractual Services	\$84,000	\$0	\$87,108	\$0
Materials & Supplies	\$364,106	\$0	\$376,567	\$0
Internal Services	\$433,213	\$0	\$390,116	\$0
Total GF/non-GF	\$4,597,530	\$0	\$4,691,553	\$0
Program Total:	\$4,597,530		\$4,691,553	
Program FTE	21.05	0.00	21.05	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 2024: 40059A Corrections Health Behavioral Health Services



Program #40059B - Additional Corrections Health Behavioral Health Staff FY 2025 Department Requested

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

Executive Summary

Corrections Health Multnomah County Detention Center, Inverness Jail and Juvenile Detention Home collectively house over 1,000 adults and 35 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 Multnomah County 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 FY25 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 case manager addition as well as a behavioral health supervisor at MCDC. 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 as well as introducing case management as a model for mental health clinicians to follow closely AICs that present with severe and persistent mental health issues, ultimately leading to better clinical outcomes.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Outcome	Develop a case management model to follow up AICs with SPMI	0	0	25	25
Quality	More supervision and support to manage the increasing acuity at MCDC				

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	2024	2024	2025	2025
Personnel	\$0	\$0	\$520,078	\$0
Total GF/non-GF	\$0	\$0	\$520,078	\$0
Program Total:	\$0		\$520,078	
Program FTE	0.00	0.00	3.00	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:



Program #40060 - Community & Adolescent Health FY 2025 Department Requested

Department: Health Department **Program Contact:** Charlene McGee
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs: 40007, 40053
Program Characteristics: 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	# of youth and community members engaged in health promotion and prevention activities	16,110	8,500	9,788	5,000
Outcome	# of policies, practices, health education, and technical assistance activities	739	100	616	100
Outcome	# of community and school sites involved in health promotion and prevention activities	56	75	44	30
Quality	% of trained adults who feel confident leading comprehensive sexuality/violence prevention education	99%	85%	85%	85%

Performance Measures Descriptions

Measures 1 and 2 include school and community settings. Measure 4 is based on feedback from adult participants in school and community trainings.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$1,589,529	\$1,331,072	\$1,256,756	\$1,150,103
Contractual Services	\$0	\$815,500	\$3,545	\$59,472
Materials & Supplies	\$59,168	\$35,560	\$115,165	\$14,835
Internal Services	\$322,005	\$238,172	\$431,918	\$207,563
Total GF/non-GF	\$1,970,702	\$2,420,304	\$1,807,384	\$1,431,973
Program Total:	\$4,391,006		\$3,239,357	
Program FTE	11.26	8.87	8.15	7.55

Program Revenues				
Intergovernmental	\$0	\$2,420,304	\$0	\$1,431,973
Total Revenue	\$0	\$2,420,304	\$0	\$1,431,973

Explanation of Revenues

This program generates \$194,482 in indirect revenues.
 Direct State - Public Health Modernization \$400,739
 Direct Federal - PREVAYL Preventing Violence Affecting Young Lives -\$253,763
 Direct Federal - BJA STOP School Violence - \$777,471

Significant Program Changes

Last Year this program was: FY 2024: 40060 Community & Adolescent Health

In FY24, CAH experienced the loss of grant funding from the Office of Population Affairs Teen Pregnancy Prevention (TPP) at \$1,455,000 per year. A spring 2023 application for the next round of grant funding was unsuccessful. Some level of services will continue through CAH's ongoing County General Funds, but the program will shift to prioritize work based on limited capacity.



Program #40061A - Harm Reduction **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Neisha Saxena
Program Offer Type: Operating **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, and COVID-19 have led to increased drug use and the continued need for harm reduction services. The program links individuals to substance use treatment when ready, health education, and other resources. It also provides technical assistance to other Oregon counties, 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 FY25 to support increased overdose prevention and response coordination across health department divisions, with other county departments, and external partners, especially in outreach settings.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of unique clients served	4,890	6,300	5,500	6,500
Outcome	Number of overdose rescues reported	590	850	1,700	1,000
Outcome	Percentage of clients served that identify as BIPOC	23%	27%	26%	27%
Output	Number of syringes distributed	4,359,875	5,000,000	3,353,858	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	2024	2024	2025	2025
Personnel	\$709,179	\$694,450	\$1,016,364	\$607,600
Contractual Services	\$246,827	\$101,152	\$255,960	\$101,152
Materials & Supplies	\$631,448	\$2,620,955	\$513,528	\$2,234,966
Internal Services	\$286,404	\$94,080	\$373,173	\$98,203
Total GF/non-GF	\$1,873,858	\$3,510,637	\$2,159,025	\$3,041,921
Program Total:	\$5,384,495		\$5,200,946	
Program FTE	4.60	5.10	5.10	4.48

Program Revenues				
Intergovernmental	\$0	\$757,504	\$0	\$829,029
Other / Miscellaneous	\$0	\$2,753,133	\$0	\$2,212,892
Total Revenue	\$0	\$3,510,637	\$0	\$3,041,921

Explanation of Revenues

This program generates \$95,969 in indirect revenues.

Federal: \$ 283,328 - HIV Prevention Block - Prevention Services

State: \$ 91,249 - HIV Prevention Block - NEX

State: \$ 46,835 - HIV Early Intervention Grant Harm Reduction GY06

Federal: \$ 50,000 - Naloxone Project (SOR)

State: \$ 211,767 - Public Health Modernization Local - Harm Reduction

\$ 34,000 - HealthShare of Oregon Harm Reduction Needle Exchange

\$ 2,012,892 - Overdose Prevention and Naloxone Distribution - Naloxone and Harm Reduction Supplies

\$ 200,000 - Harm Reduction Charges/Recoveries

Federal: \$111,850 - Comprehensive Opioid, Stimulant, and Substance Use Site-Based Program (COSSUP) - Harm Reduction

Significant Program Changes

Last Year this program was: FY 2024: 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 this changing need. The Harm Reduction Center (HRC) has reduced clinical services in response to decrease in external funding. In FY24, we were awarded a \$3.95M CareOregon grant to require distribution of naloxone and harm reduction supply kits to public service agencies and community based organizations across the Tri-County region.



Program #40061B - Harm Reduction - Opioid Settlement Investment **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Neisha Saxena
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs:
Program Characteristics: In Target

Executive Summary

The Health Department Harm Reduction Program will train clients on naloxone use and opiate overdose prevention, distribute naloxone to clients for their use, encourage clients to promote overdose prevention messages and disseminate naloxone through drug-using and social networks and families, and provide referral to clients to treatment.

Program Description

The opioid epidemic, rising methamphetamine use, increased fentanyl in the community have led to increased overdose deaths. Opioid overdose prevention and response education and naloxone distribution to people who use opioids and family/friends/service providers who may recognize an overdose has saved numerous lives locally and nationally. This program links individuals to substance use treatment, health education, and other resources. It also provides technical assistance to community partners to integrate overdose prevention and response activities into their service delivery.

This program funded with Opioid Settlement funds will backfill a State funding reduction, so this critical service can continue. The program provides policy, strategic, operational, and training, in coordination with Oregon Health Authority and other harm reduction leaders. Leveraging a diverse set of community based organizations in education, healthcare, housing, and correctional settings, that interact with staff and clients at risk for overdose. Giving them the tools needed to respond to an overdose on their premises. This will include training staff at each site in naloxone/overdose prevention and education. Providing guidance and best practice recommendations for staffing; organizing stakeholder inclusive planning processes; creating alignment with law enforcement; and policy creation including Standing Orders. Service promotion, staff safety, integrating naloxone with other harm reduction activities, and supporting harm reduction messaging for addictions treatment engagement will be essential components.

Culturally specific organizations will be the priority. The program collects race/ethnicity data and conducts comprehensive bi-annual surveys on demographics and drug use behaviors to inform policy and improve service delivery. Ensuring organizations who deliver culturally specific services integrate harm reduction activities, including syringe distribution and overdose prevention effectively.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of naloxone doses distributed to harm reduction clients	14,218	24,000	20,900	22,000
Outcome	Number of community partners receiving overdose response and naloxone training	N/A	240	100	200

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$230,140	\$0	\$205,823	\$0
Materials & Supplies	\$49,860	\$0	\$63,405	\$0
Total GF/non-GF	\$280,000	\$0	\$269,228	\$0
Program Total:	\$280,000		\$269,228	
Program FTE	1.00	0.00	1.45	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Funding from Opioid Settlement

Significant Program Changes

Last Year this program was: FY 2024: 40061B Harm Reduction - Opioid Settlement Investment

Program #40061C - Harm Reduction Street Outreach Team

FY 2025 Department Requested

Department: Health Department **Program Contact:** Neisha Saxena
Program Offer Type: New Request **Program Offer Stage:** Department Requested
Related Programs: 40010A, 40010B
Program Characteristics: Out of Target

Executive Summary

The Harm Reduction Street Outreach Team acts as a very low barrier access point for health supplies, HIV/STD testing, and referrals for substance use treatment or medication supported recovery for houseless and housing insecure people who use drugs. Harm Reduction Street Outreach staff engage with houseless community members daily and work hard to provide a safe and trusted point of contact to people who otherwise might not seek services. As a non-judgemental and non-coercive strategy, harm reduction works well alongside a housing-first approach to ensure clients have access to basic needs to facilitate their health journey.

Program Description

The Harm Reduction Program is experienced and skilled at working with people who use drugs to deliver a welcoming, non-judgemental, and non-coercive array of services aimed at reducing the potential harms associated with substance use and misuse. A team of outreach oriented harm reductionists will work with internal and external partners to identify available long-term housing options for clients including supportive housing, housing-based treatment programs, recovery houses, as well as short-term housing options as needed.

This team will ensure person-centered and trauma-informed contact with eligible clients. Staff will leverage distributed cell phones and incentivized meetings to increase client communication. Staff will be working in the field every working day to locate potential clients and to maintain meaningful connection. Many clients require a level of trust before they can begin to make this sort of commitment, and our staff are aware that many people will help you find them if they want to be found. In addition, this team will continue to provide routine harm reduction services, such as distributing naloxone, providing safer injection supplies, as well as technical assistance for housing-focused community partners who are interested in furthering the mission of the Harm Reduction Program.

This team will be supported by 4 Community Health Specialist 2, 1 Program Specialist, and 1 Program Supervisor. CHS2 would conduct outreach services through foot-based and community partnership efforts to identify clients, conduct assessments, and support housing access. The Program Specialist will provide scheduling and operations support and create and maintain data systems. The Program Supervisor, in addition to other duties, will act as liaison to JOHS and housing advocates.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of new enrollees into exchange/naloxone database	N/A	N/A	N/A	350
Outcome	Number of people enrolled in a housing programs	N/A	N/A	N/A	75
Outcome	Number of clients referred out to other housing teams (if we encounter clients who are best served by a non-harm	N/A	N/A	N/A	30

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$0	\$0	\$676,067	\$0
Materials & Supplies	\$0	\$0	\$123,933	\$0
Total GF/non-GF	\$0	\$0	\$800,000	\$0
Program Total:	\$0		\$800,000	
Program FTE	0.00	0.00	6.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

General Fund Request

Significant Program Changes

Last Year this program was:

This is a new program



Program #40065 - Behavioral Health Division Administration FY 2025 Department Requested

Department: Health Department **Program Contact:** Heather Mirasol
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 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. The Community Mental Health Program (CMHP) provides safety net and basic services to the adult population of the entire county. Direct Clinical Services (DCS), 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. 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. Addictions and Prevention includes the Providing Access to Hope (PATH) team, substance use, gambling, and suicide prevention, and contract management funded through the CCO, grants, and the state. Quality Management includes compliance, quality improvement, reporting, billing and Evolv, the Electronic Health Record for BHD direct services. The Office of Consumer Engagement is a team of peers, including culturally specific engagement specialists who ensure that BHD programs and practices are consumer driven, trauma informed, and equitable. This office also oversees peer expansion contracts for peer outreach through our community providers to improve relationships and services through the engagement of culturally and population specific Peer Support Specialists, Peer Wellness Specialists and Certified Recovery Mentors. BHD continuously assesses its continuum of services to respond to the changing needs and demographics of the 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 is also responsible for ensuring contracted providers deliver evidence-based and culturally responsive services to consumers and monitors contracts for regulatory and clinical compliance. To ensure good stewardship, BHD business and clinical decisions ensure that finite resources are targeted to serve the most vulnerable populations. BHD management participates in planning at the state level to influence the policy decisions that affect the community we serve. BHD values our community partners, with whom we work collaboratively to create a system of care responsive to the needs of our community.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Total Behavioral Health Advisory Meetings	23	23	23	23
Outcome	Advisors agree with the statement, "Overall, BHD does its job well"	93.7%	85%	N/A*	85%

Performance Measures Descriptions

*Rather than survey council members for FY24, BHD leadership held listening sessions during the November General Council & Committee Workgroup meetings to gather feedback on division/council communication and process improvements. OCE will be redrafting a new council assessment of satisfaction to be used once changes are implemented in FY25.

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	2024	2024	2025	2025
Personnel	\$1,342,413	\$1,362,210	\$1,993,180	\$1,274,537
Contractual Services	\$524,571	\$450,000	\$343,266	\$170,049
Materials & Supplies	\$37,726	\$3,317	\$24,241	\$17,970
Internal Services	\$229,259	\$206,939	\$261,415	\$232,629
Total GF/non-GF	\$2,133,969	\$2,022,466	\$2,622,102	\$1,695,185
Program Total:	\$4,156,435		\$4,317,287	
Program FTE	7.77	5.31	10.60	4.98

Program Revenues				
Intergovernmental	\$0	\$1,268,888	\$0	\$931,036
Beginning Working Capital	\$0	\$753,578	\$0	\$764,149
Total Revenue	\$0	\$2,022,466	\$0	\$1,695,185

Explanation of Revenues

This program generates \$153,942 in indirect revenues.

State: \$ 369,095 - MHS-01: Division Administration CY23

\$ 388,769 - CareOregon - Administrative Support

State: \$ 173,172 - OHA Behavioral Health Community Mental Health Programs & Capital - MH Admin

\$ 764,149 - MA Division Admin BWC

Significant Program Changes

Last Year this program was: FY 2024: 40065 Behavioral Health Division Administration



Program #40067 - Medical Records for Behavioral Health Division FY 2025 Department Requested

Department: Health Department **Program Contact:** Jennifer Gulzow
Program Offer Type: Administration **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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Count of record items processed annually plus scanned document count	51,777	35,000	53,000	51,000
Outcome	Percent of client records requests that are provided to requestor within allowable timelines	100%	100%	100%	100%

Performance Measures Descriptions

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	2024	2024	2025	2025
Personnel	\$193,925	\$322,967	\$203,331	\$517,051
Materials & Supplies	\$0	\$3,119	\$0	\$6,972
Internal Services	\$49,505	\$88,641	\$54,359	\$131,216
Total GF/non-GF	\$243,430	\$414,727	\$257,690	\$655,239
Program Total:	\$658,157		\$912,929	
Program FTE	1.75	3.00	1.75	4.00

Program Revenues				
Intergovernmental	\$0	\$414,727	\$0	\$451,771
Beginning Working Capital	\$0	\$0	\$0	\$203,468
Total Revenue	\$0	\$414,727	\$0	\$655,239

Explanation of Revenues

This program generates \$68,806 in indirect revenues.
State: \$ 115,123 - MHS-01: Medical Records CY23
\$ 336,648 - CareOregon - Medical Records
\$203,468 - Med Records BWC

Significant Program Changes

Last Year this program was: FY 2024: 40067 Medical Records for Behavioral Health Division

Program #40068 - Behavioral Health Quality Management FY 2025 Department Requested

Department: Health Department **Program Contact:** Jennifer Gulzow
Program Offer Type: Operating **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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of requests managed by Decision Support Unit	3,464*	3,800	2,896	3,200
Outcome	Percent of incidents residential programs mitigated through immediate safety implementations	98%	96%	97%	96%
Output	# of BHD policies reviewed and updated based on annual and legislative required changes	32	N/A	30	30

Performance Measures Descriptions

*In FY23, Evolv moved to Service Now as a new ticketing system. Evolv support tickets are more organized and streamlined now. DSU was without one Data Analyst for 6 weeks in FY 24 which impacted our completed Evolv Support tickets.

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	2024	2024	2025	2025
Personnel	\$1,201,348	\$2,173,957	\$1,429,250	\$3,240,671
Contractual Services	\$10,752	\$185,521	\$0	\$518,702
Materials & Supplies	\$18,030	\$87,619	\$29,798	\$1,537,588
Internal Services	\$217,646	\$342,731	\$68,960	\$747,538
Total GF/non-GF	\$1,447,776	\$2,789,828	\$1,528,008	\$6,044,499
Program Total:	\$4,237,604		\$7,572,507	
Program FTE	7.17	13.65	8.32	16.50

Program Revenues				
Intergovernmental	\$0	\$1,687,177	\$0	\$4,841,071
Beginning Working Capital	\$0	\$1,102,651	\$0	\$1,203,428
Total Revenue	\$0	\$2,789,828	\$0	\$6,044,499

Explanation of Revenues

This program generates \$425,709 in indirect revenues.

- \$ 1,203,428 - CFAA Settlement - Decision Support BWC and Quality Management BWC
- \$ 2,052,648 - (BHWi)
- \$ 80,000 - A&D Decision support
- \$ 771,635 - CFAC SE 01
- \$ 1,936,788 CareOregon Medicaid BH

Significant Program Changes

Last Year this program was: FY 2024: 40068 Behavioral Health Quality Management



Program #40069A - Behavioral Health Crisis Services FY 2025 Department Requested

Department: Health Department **Program Contact:** Barbara Snow
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs:
Program Characteristics: In Target

Executive Summary

The Behavioral Health Division is responsible for providing oversight and coordination for behavioral health crisis services to the entire population of Multnomah County. Crisis services are particularly important to ensure care to the most vulnerable and marginalized communities. To this end, care is taken to support equitable services that prioritize addressing disparities related to access and outcomes. Crisis services include immediate 24/7/365 access to phone crisis support, 24/7/365 mobile crisis outreach, urgent walk in care and access to Peer Supports, and postvention care through the Trauma Intervention Program Northwest.

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 as 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. 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. 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. Trauma Intervention Program NW: Upon request access to on-scene emotional and practical support to victims, families and friends of victims, and communities impacted by traumatic events as well as post disaster after action calls to first responders.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Total Crisis System Contacts	103,587	95,000	101,343	95,000
Outcome	% of UWIC clients seen by the UWIC that did not need to be referred to an ED	90%	90%	90%	90%
Outcome	% of language services provided directly by Call Center staff when need is identified at time of call.	47.5%	50%	45%	50%
Outcome	% of mobile crisis contacts that did not result in individuals going to jail.	99%	98%	99%	98%

Performance Measures Descriptions

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	2024	2024	2025	2025
Personnel	\$192,800	\$5,125,501	\$376,129	\$5,764,855
Contractual Services	\$1,019,073	\$8,568,933	\$332,114	\$9,313,449
Materials & Supplies	\$22,095	\$48,262	\$12,481	\$113,209
Internal Services	\$32,187	\$1,040,915	\$11,380	\$1,411,797
Total GF/non-GF	\$1,266,155	\$14,783,611	\$732,104	\$16,603,310
Program Total:	\$16,049,766		\$17,335,414	
Program FTE	1.02	29.56	2.00	32.20

Program Revenues				
Intergovernmental	\$0	\$14,783,611	\$0	\$16,307,405
Beginning Working Capital	\$0	\$0	\$0	\$295,905
Total Revenue	\$0	\$14,783,611	\$0	\$16,603,310

Explanation of Revenues

This program generates \$691,211 in indirect revenues.

Local Washington County Crisis	\$ 700,000
CareOregon Crisis Svcs	\$ 8,615,026
Trillium Crisis Svcs	\$ 899,745
MHS-25 Crisis svcs	\$ 5,736,270
OHA BH MH Program & Capital	\$ 356,364
Crisis Call Center BWC	\$ 295,905

Significant Program Changes

Last Year this program was: FY 2024: 40069 Behavioral Health Crisis Services



Program #40069B - Old Town Inreach - SHS **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Barbara Snow
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs:
Program Characteristics: In 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 community 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 three 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 support 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 (MHA AO) with staff at local homeless service providers.

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.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	1. Total # of engaged persons on a monthly basis	575	400	511	400
Outcome	2. Total # of de-escalations per month	65	60	65	60

Performance Measures Descriptions

- Updated to the total number of engaged persons on a monthly basis to match the reporting. Represents data since April 2023 as this is when the measure was updated.
- Changed outcome to reflect the updated measures as gathered by the community provider. Represents data since April 2023 since this is when the measure was updated.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Contractual Services	\$1,131,429	\$0	\$0	\$1,100,000
Total GF/non-GF	\$1,131,429	\$0	\$0	\$1,100,000
Program Total:	\$1,131,429		\$1,100,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$0
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

\$1,100,000 Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Joint Office of Homeless Services program 30000 Administration and Operations

Significant Program Changes

Last Year this program was: FY 2024: 40069B Old Town Inreach



Program #40069C - Behavioral Health Crisis Services - Supportive Housing Services FY 2025 Department Requested

Department: Health Department **Program Contact:** Barbara Snow
Program Offer Type: New Request **Program Offer Stage:** Department Requested
Related Programs:
Program Characteristics: One-Time-Only Request, 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. To this end, care is taken to support equitable services that prioritize addressing disparities related to access and outcomes. Crisis services include immediate 24/7/365 access to phone crisis support, 24/7/365 mobile crisis outreach, urgent walk in care and access to Peer Supports, and postvention care through the Trauma Intervention Program Northwest.

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 as 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. 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. 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. Trauma Intervention Program NW: Upon request access to on-scene emotional and practical support to victims, families and friends of victims, and communities impacted by traumatic events as well as post disaster after action calls to first responders.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Total # of engaged persons on a monthly basis through OTIP	575	400	511	400
Outcome	Total # of de-escalations per month through OTIP	65	60	65	60
Output	Total Crisis System Contacts	103,587	95,000	101,343	95,000

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$0	\$177,591	\$0	\$185,045
Contractual Services	\$333,715	\$0	\$0	\$1,354,575
Total GF/non-GF	\$333,715	\$177,591	\$0	\$1,539,620
Program Total:	\$511,306		\$1,539,620	
Program FTE	0.00	0.00	0.00	1.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

\$1,539,620 Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Joint Office of Homeless Services program 30000 Administration and Operations. \$1 million of this funding is one-time-only.

Significant Program Changes

Last Year this program was:



Program #40070 - Mental Health Crisis Assessment & Treatment Center (CATC) FY 2025 Department Requested

Department: Health Department **Program Contact:** Barbara Snow
Program Offer Type: Operating **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.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of admissions that are Non-HSO Members (Non Medicaid members) ¹	21	25	25	25
Outcome	Percentage of individuals discharged from CATC to a lower level of care	94%	95%	95%	95%
Outcome	Percentage of BIPOC community member access to Non Medicaid "CMHP" admissions. ²	26.5%	10%	20%	20%

Performance Measures Descriptions

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	2024	2024	2025	2025
Contractual Services	\$661,340	\$0	\$617,425	\$0
Total GF/non-GF	\$661,340	\$0	\$617,425	\$0
Program Total:	\$661,340		\$617,425	
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 2024: 40070 Mental Health Crisis Assessment & Treatment Center (CATC)

During FY24 we transitioned to funding only two CATC beds.

Program #40071 - Behavioral Health Division Adult Protective Services FY 2025 Department Requested

Department: Health Department **Program Contact:** Barbara Snow
Program Offer Type: Operating **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 per OAR Chapter 419. 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 OAR Chapter 419, to protect adults with SPMI 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 receives guidance from Oregon State's Office of Training, Investigations and Safety (OTIS) about the scope of the program's authority and the interpretation and application of the relevant state statutes. The program consults and exchanges cross-reports with the other APS programs in the county, namely Aging, Disability, and Veterans Service Division APS and Intellectual and Developmental Disability APS. The program also 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 (one also bilingual Spanish), 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. Finally, the program conducts Death Reviews for all individuals who meet the criteria outlined in the previous section. Death Reviews consist of an audit of the past year of clinical progress notes in order to determine if any abuse or neglect by the mental health provider played a role in the individual's death. In FY23, the program completed 81 death reviews.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	# of screenings/investigations ¹	941	1,000	902	950
Outcome	# protective services screening referred to Risk Case Management ²	78	80	73	80
Output	Number of community education presentations	25	25	25	25

Performance Measures Descriptions

¹Adult 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.

²Cases 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	2024	2024	2025	2025
Personnel	\$1,052,220	\$237,043	\$1,370,487	\$249,544
Materials & Supplies	\$5,827	\$24	\$6,043	\$24
Internal Services	\$148,944	\$20,275	\$152,914	\$26,995
Total GF/non-GF	\$1,206,991	\$257,342	\$1,529,444	\$276,563
Program Total:	\$1,464,333		\$1,806,007	
Program FTE	6.49	1.51	8.49	1.51

Program Revenues				
Intergovernmental	\$0	\$257,342	\$0	\$276,563
Total Revenue	\$0	\$257,342	\$0	\$276,563

Explanation of Revenues

State \$ 276,563 - State Mental Health Grant: MHS-01: Quality Mgt - Protective service

Significant Program Changes

Last Year this program was: FY 2024: 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.

Department: Health Department

Program Contact: Bill Osborne

Program Offer Type: Operating

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. Once a hearing is recommended, the county is required to provide a certified mental health examiner to assist in the evaluation of an allegedly mentally ill person during the civil commitment hearing. Upon commitment an individual is transferred to the post commitment team. The Post commitment team monitors the individual while under commitment. Trial visit monitors are assigned if a committed person is transitioned to trial visit.

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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	1. Total number of notices of mental illness (NMIs)	2,432	2,400	2,434	2,400
Outcome	2. % of investigated NMIs that did not go to Court hearing	89%	80%	89%	80%
Outcome	3. % of investigated NMIs taken to court hearing that resulted in commitment	82%	90%	82%	80%
Output	4. # of commitments monitored annually	253	260	241	250

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	2024	2024	2025	2025
Personnel	\$1,250,417	\$2,629,995	\$1,413,590	\$2,758,202
Contractual Services	\$257,894	\$192,343	\$122,504	\$277,733
Materials & Supplies	\$9,916	\$46,191	\$7,909	\$31,500
Internal Services	\$467,705	\$99,424	\$501,636	\$81,255
Total GF/non-GF	\$1,985,932	\$2,967,953	\$2,045,639	\$3,148,690
Program Total:	\$4,953,885		\$5,194,329	
Program FTE	8.00	16.10	8.50	16.10

Program Revenues				
Intergovernmental	\$0	\$2,967,953	\$0	\$3,148,690
Total Revenue	\$0	\$2,967,953	\$0	\$3,148,690

Explanation of Revenues

State \$ 3,148,690 - State Mental Health Grant: MHS 24: Acute & Intermdt Psych - Commit

Significant Program Changes

Last Year this program was: FY 2024: 40072 Mental Health Commitment Services

The ongoing impact of the restriction of state hospital beds for civilly committed individuals and other community challenges have resulted in a continued increase in clinical acuity of individuals in involuntary treatment services. While there has been a slight decrease in the number of individuals civilly committed in Multnomah County there has also been a restriction on finding appropriate levels of long term care due to the state hospital restriction. 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 those individuals needing essential services.



Program #40073 - Peer-run Supported Employment Center FY 2025 Department Requested

Department: Health Department **Program Contact:** Barbara Snow
Program Offer Type: Operating **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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of active members	176	155	189	155
Outcome	Percent of members in paid employment positions	25.4%	25%	26.8%	25%
Output	Average daily attendance	27	20	29	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	2024	2024	2025	2025
Contractual Services	\$120,389	\$0	\$124,844	\$0
Total GF/non-GF	\$120,389	\$0	\$124,844	\$0
Program Total:	\$120,389		\$124,844	
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 2024: 40073 Peer-run Supported Employment Center



Program #40074A - Mental Health Residential Services FY 2025 Department Requested

Department: Health Department **Program Contact:** Barbara Snow
Program Offer Type: Operating **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 638 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 (OAR). 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, as governed by the 309-035 OARs. 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, led by OHA’s Health Systems Division. 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 90 residential programs, with approximately 639 clients, that include Secure Residential Treatment Programs, Residential Treatment Homes/Facilities, Adult Care Homes (ACH), Crisis/Respite Programs, and Supportive Housing Programs. RS reviews and responds to ~15,200 incident reports completed by residential programs, and partners with Quality Management (QM) who conduct Root Cause Analysis as needed.

RS supports the development of new mental health ACHs and the creation of new placement opportunities. While RS brought on five new ACHs in 2022, three ACHs were lost from the provider network due to retirements, billing issues and lack of work/life balance.

In FY23, RS provided 18 provider-wide trainings, ranging on topics such as Trauma Informed Care and Referrals, Admissions & OARs.

While 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 (PSRB) and those receiving community restoration services under Aid and Assist orders. 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 (26 in FY23).

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	# of placements that receive health and safety oversight by Residential Services	634	650	645	700
Outcome	% of Non-Multnomah County Residents Placed in RTH/F and SRTF Housing	24%	22%	25%	27%
Output	# of CMHP referrals managed by Residential Services	26	32	26	25

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	2024	2024	2025	2025
Personnel	\$1,356,247	\$515,664	\$1,220,403	\$771,455
Contractual Services	\$0	\$8,079,247	\$0	\$7,545,939
Materials & Supplies	\$4,492	\$6,930	\$0	\$11,911
Internal Services	\$163,222	\$101,847	\$172,952	\$119,814
Total GF/non-GF	\$1,523,961	\$8,703,688	\$1,393,355	\$8,449,119
Program Total:	\$10,227,649		\$9,842,474	
Program FTE	8.35	3.45	7.25	4.85

Program Revenues				
Intergovernmental	\$0	\$8,703,688	\$0	\$8,449,119
Total Revenue	\$0	\$8,703,688	\$0	\$8,449,119

Explanation of Revenues

This program generates \$20,696 in indirect revenues.

Fed thru State \$ 1,175,812 MHS-20: Resid Svcs Mngd Case-MHBG

State \$ 7,125,238 - State Mental Health Grant(s) based on 2019-2021 IGA with State of Oregon

Fed Thru Other \$ 148,069 - Care Oregon Residential Svcs

Significant Program Changes

Last Year this program was: FY 2024: 40074 Mental Health Residential Services



Program #40074B - Mental Health Residential Services - Supportive Housing Services FY 2025 Department Requested

Department: Health Department **Program Contact:** Barbara Snow
Program Offer Type: Operating **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 638 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 (OAR). 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, as governed by the 309-035 OARs. 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, led by OHA's Health Systems Division. 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.

Residential Services oversees approximately 90 residential programs, with approximately 639 clients, that include Secure Residential Treatment Programs, Residential Treatment Homes/Facilities, Adult Care Homes (ACH), Crisis/Respite Programs, and Supportive Housing Programs. Residential Services reviews and responds to ~15,200 incident reports completed by residential programs, and partners with Quality Management (QM) who conduct Root Cause Analysis as needed.

This program offer will provide funding for permanent supportive housing services offered through Royal Palm 2 through a contract with Cascadia Behavioral Healthcare.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	# of placements that receive health and safety oversight by Residential Services	634	650	645	700
Outcome	% of Non-Multnomah County Residents Placed in RTH/F and SRTF Housing	24%	22%	25%	27%
Output	# of CMHP referrals managed by Residential Services	26	32	26	25

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Contractual Services	\$0	\$447,045	\$0	\$667,160
Total GF/non-GF	\$0	\$447,045	\$0	\$667,160
Program Total:	\$447,045		\$667,160	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

\$667,160 Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Joint Office of Homeless Services program 30000 Administration and Operations

Significant Program Changes

Last Year this program was:



Program #40075 - Choice Model **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Jessica Jacobsen
Program Offer Type: Operating **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; 658 individuals were served in fiscal year 2023, of whom 28% 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 within recent years. Choice continues to prioritize and engage in updates to workflows, policies and procedures to clarify access and promote more equitable service delivery.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of Clients Served in Choice (1)	658	700	665.5	675
Outcome	% of clients receiving direct client assistance to meet basic needs (2)	30%	15%	30%	25%

Performance Measures Descriptions

(1) Program short-staffed majority of FY23 & performed a census clean-up of clients no longer in need of services, resulting in fewer clients served. Program is actively hiring & improving referral sources, to increase FY25 census. (2) Client assistance includes, but is not limited to: housing assistance, guardianship, & secure transportation. In FY23, program developed infrastructure to capture pass-through client assistance data not previously reported, resulting in higher outcome.

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	2024	2024	2025	2025
Personnel	\$0	\$2,336,440	\$0	\$2,486,776
Contractual Services	\$0	\$2,444,698	\$0	\$2,362,522
Materials & Supplies	\$0	\$12,334	\$0	\$36,293
Internal Services	\$0	\$404,342	\$0	\$449,173
Total GF/non-GF	\$0	\$5,197,814	\$0	\$5,334,764
Program Total:	\$5,197,814		\$5,334,764	
Program FTE	0.00	13.32	0.00	15.32

Program Revenues				
Intergovernmental	\$0	\$5,197,814	\$0	\$5,334,764
Total Revenue	\$0	\$5,197,814	\$0	\$5,334,764

Explanation of Revenues

This program generates \$215,501 in indirect revenues.

Federal \$ 1,708,818 - Unrestricted Medicaid fund through CareOregon (Choice)

State \$ 3,625,946 - State Mental Health Grant: CHOICE Model based on 2021 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2024: 40075 Choice Model



Program #40077 - Mental Health Treatment & Medication for the Uninsured FY 2025 Department Requested

Department: Health Department **Program Contact:** Barbara Snow
Program Offer Type: Operating **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, cooccurring 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. 17% of the persons served in this program were from Black, Indigenous, and People of Color (BIPOC) Communities.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Total # of adults who received county-funded outpatient services or medication.	262	200	251	200
Outcome	Percentage of MTF clients that are hospitalized	6.46%	3.0%	7.17%	6.0%

Performance Measures Descriptions

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Contractual Services	\$705,591	\$0	\$733,984	\$0
Total GF/non-GF	\$705,591	\$0	\$733,984	\$0
Program Total:	\$705,591		\$733,984	
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 2024: 40077 Mental Health Treatment & Medication for the Uninsured



Program #40078A - Early Assessment & Support Alliance FY 2025 Department Requested

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

Executive Summary

The Early Assessment and Support Alliance (EASA) is an early psychosis intervention program addressing the needs of young people aged 12 to 25 who demonstrate initial symptoms of psychosis or are found to be at high risk for developing psychosis. The goal of the program is to develop a long-term recovery and support plan. EASA is a two-year program that offers formal mental health treatment services, educational support, employment support, and involves the young person’s family and their other supports in treatment. The program receives and screens approximately 200 referrals per year and provides services to over 100 enrolled individuals each year. In FY23, 55%% of the enrolled EASA clients identified as people of color, 42% as white and 3% 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Total individuals enrolled in the EASA program receiving ongoing services	117	130	119	120
Outcome	% reduction in hospitalization rate three months pre and 6 months post enrollment ¹	95%	85%	96%	90%
Output	Number of unduplicated individuals referred to the EASA program	227	200	203	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	2024	2024	2025	2025
Personnel	\$384,222	\$1,722,629	\$408,063	\$2,306,751
Contractual Services	\$97,489	\$82,980	\$9,415	\$179,633
Materials & Supplies	\$54	\$12,832	\$0	\$14,392
Internal Services	\$5,892	\$275,940	\$13,991	\$349,528
Total GF/non-GF	\$487,657	\$2,094,381	\$431,469	\$2,850,304
Program Total:	\$2,582,038		\$3,281,773	
Program FTE	2.17	10.93	2.17	14.23

Program Revenues				
Intergovernmental	\$0	\$1,560,812	\$0	\$2,193,639
Service Charges	\$0	\$533,569	\$0	\$656,665
Total Revenue	\$0	\$2,094,381	\$0	\$2,850,304

Explanation of Revenues

This program generates \$114,585 in indirect revenues.

\$ 646,665 - Fee For Service Insurance Receipts

\$ 10,000 - State Vocational Rehabilitation Award

State \$ 1,324,669 - State Mental Health Grant based on 2021 IGA with State of Oregon

State \$ 240,758 - SMHG MHS 38

Federal \$ 91,407 - MHS-26 EASA-MHBG

Care OR \$ 536,805 - EASA

Significant Program Changes

Last Year this program was: FY 2024: 40078 Early Assessment & Support Alliance



Program #40078B - Early Assessment and Support Alliance (EASA) COVID-19 Stimulus Funding FY 2025 Department Requested

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

Executive Summary

The Early Assessment and Support Alliance (EASA) is an early psychosis intervention program addressing the needs of young people aged 12 to 25 who demonstrate initial symptoms of psychosis or are found to be at high risk for developing psychosis. The goal of the program is to develop a long-term recovery and support plan. EASA is a two-year program that offers formal mental health treatment services, educational support, employment support. 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 over 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Total number of unduplicated referrals supported by the case manager	83	50	85	80
Outcome	% increase of clients connected to resources through case management services ¹	25%	20%	21%	25%

Performance Measures Descriptions

¹ This measure encompasses all resources that the case manager connects clients to. The case manager was hired in February 2023.

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	2024	2024	2025	2025
Personnel	\$0	\$123,016	\$0	\$120,663
Internal Services	\$0	\$10,317	\$0	\$12,670
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 2024: 40199Y Early Assessment and Support Alliance (EASA) COVID-19 Stimulus

A specific report had not been developed to track this by date range, so a specific equation was not used to calculate current year estimates. We reviewed raw data to determine actual FY23 data and used that dataset to estimate what we believe the current year estimate will be.



Program #40080 - Community Based MH Services for Children & Families FY 2025 Department Requested

Department: Health Department **Program Contact:** Yolanda Gonzalez
Program Offer Type: Operating **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 as it relates to child abuse and trauma. 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.

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. 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 for youth (age 10-25) and their families. 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Total children who receive Mental Health or Family Support Services at CARES NW from Mult Co staff	161	100	180	150
Outcome	ACORN Distribution of Patient Change reported by client/student as their perception of improvement ¹	N/A	65%	N/A	65%
Output	Total Multnomah County Children who received Behavioral Health service through African American KSA	23	20	35	30
Output	Total # of outreach/engagement activities attended/provided	55	15	55	30

Performance Measures Descriptions

¹The ACORN was not used this year as the program is in the process of implementing a new outcomes tool, the ORS/SRS; the outcome measure is an estimate because the contract is in process and the tool hasn't been developed yet.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$687,900	\$250,438	\$723,341	\$238,045
Materials & Supplies	\$21,860	\$801	\$16,723	\$799
Internal Services	\$44,461	\$63,156	\$43,693	\$104,318
Total GF/non-GF	\$754,221	\$314,395	\$783,757	\$343,162
Program Total:	\$1,068,616		\$1,126,919	
Program FTE	4.15	1.62	4.15	1.20

Program Revenues				
Intergovernmental	\$0	\$314,395	\$0	\$343,162
Total Revenue	\$0	\$314,395	\$0	\$343,162

Explanation of Revenues

Headstart Revenue

David Douglas -	\$40,767
Portland Public -	\$44,292
Mt Hood Community College -	\$40,000
Albina -	\$207,603
Neighborhood hose -	\$3000
OCDC -	\$7,500

Significant Program Changes

Last Year this program was: FY 2024: 40080 Community Based MH Services for Children & Families

Output numbers for children served increase significantly as child abuse was under reported during the pandemic and have now increased to the numbers we saw pre-pandemic. The ACORN was not used this year as the program is in the process of implementing a new outcomes tool, the ORS/SRS; the outcome measure is an estimate because the contract is in process and the tool hasn't been developed yet.



Program #40081 - Multnomah County Care Coordination FY 2025 Department Requested

Department: Health Department **Program Contact:** Jessica Jacobsen
Program Offer Type: Operating **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, 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, Oregon Department of Human Services, 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, community partners, and providers to develop a unified, strengths-based plan addressing 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 remain in their communities. Youth and Adult ICC support individuals (and their families) with complex behavioral health needs to develop individualized care plans meeting 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 (i.e. Primary Care, shelter, etc.) to address client needs.

Programs ensure policies, procedures and services are individualized and culturally/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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of unique children served in Youth Care Coordination.	362	350	372	350
Outcome	% score measuring family's satisfaction and progress in Wraparound. (1)	70%	85%	75%	85%
Output	Referrals processed in Youth Care Coordination.	378	300	393	350
Output	Total number of clients served in M-ITT. (2)	520	575	527	530

Performance Measures Descriptions

- (1) Program added administrative support to increase WFI-EZ survey completion rates to help obtain a statistically significant response rate. In FY23 completion rates increased by over 100%, and a strategic plan is in place to further increase completion rates. Program caregiver satisfaction scores surpass the statewide average for Wraparound programs.
- (2) M-ITT was short-staffed the majority of FY23 and saw increased length of enrollment due to reduced system capacity, resulting in a decreased total number served.

Legal / Contractual Obligation

Delegation Agreement with Coordinated Care Organization(s) to provide Wraparound and Intensive Care Coordination.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$0	\$7,821,578	\$0	\$9,610,498
Contractual Services	\$0	\$1,390,858	\$0	\$2,804,197
Materials & Supplies	\$0	\$81,564	\$0	\$265,283
Internal Services	\$0	\$2,190,484	\$0	\$2,762,915
Total GF/non-GF	\$0	\$11,484,484	\$0	\$15,442,893
Program Total:	\$11,484,484		\$15,442,893	
Program FTE	0.00	50.68	0.00	58.68

Program Revenues				
Intergovernmental	\$0	\$11,484,484	\$0	\$15,442,893
Total Revenue	\$0	\$11,484,484	\$0	\$15,442,893

Explanation of Revenues

This program generates \$1,625,135 in indirect revenues.

MHS-05 - Adult MH SVCS - \$340,225

Trillium Peer Svcs contract - \$101,176

Care Oregon Medicaid BH - \$14,519,516

OneTimeMotel - \$481,976

Significant Program Changes

Last Year this program was: FY 2024: 40081 Multnomah County Care Coordination

In FY25, program expects to add two new Care Coordination teams. One team will serve incarcerated individuals with known behavioral health and/or substance use conditions. The second team will provide level of care assessments for individuals with Substance Use Disorders, prioritizing people transitioning out of jail or hospital settings in need of assessment for a referral into care.



Program #40082 - School Based Mental Health Services FY 2025 Department Requested

Department: Health Department **Program Contact:** Yolanda Gonzalez
Program Offer Type: Operating **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 29 SBMH clinicians serve over 800 children and teens with mental health needs in 34 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. Roughly half of the youth served are youth of color served by a diverse staff that represent the communities they serve. 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 5,566 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Total unduplicated youth referred to SBMH for assessment and/or treatment services	828	700	799	750
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 unduplicated K-12 youth/families who received case management services	128	250	140	200

Performance Measures Descriptions

¹The ACORN was not used this year as the program is in the process of implementing a new outcomes tool; the outcome measure is an estimate because the contract is in process and the tool hasn't been developed yet.

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	2024	2024	2025	2025
Personnel	\$2,696,620	\$2,432,451	\$3,135,450	\$2,462,048
Contractual Services	\$0	\$8,000	\$0	\$8,000
Materials & Supplies	\$58,622	\$8,328	\$81,677	\$22,973
Internal Services	\$235,945	\$499,554	\$250,051	\$577,059
Total GF/non-GF	\$2,991,187	\$2,948,333	\$3,467,178	\$3,070,080
Program Total:	\$5,939,520		\$6,537,258	
Program FTE	18.28	15.46	20.26	13.48

Program Revenues				
Intergovernmental	\$0	\$1,448,333	\$0	\$2,520,080
Service Charges	\$0	\$1,500,000	\$0	\$550,000
Total Revenue	\$0	\$2,948,333	\$0	\$3,070,080

Explanation of Revenues

This program generates \$206,641 in indirect revenues.
\$1,000,000 - CareOregon - School Based Mental Health
\$785,255 - MHS-20: School-Based Mental Health - Block Grant - CY22
\$550,000 - SBMH Insurance
\$310,518 - MHS-20: School-Based Mental Health - CY22
\$177,000 - SBMH - Portland Public School District
\$112,307 - School Based Clinics - Mental Health Expansion - Behavioral Health - Capacity
\$75,000 - SBMH - Centennial School District
\$37,500 - SBMH - Reynolds School District
\$22,500 - SBMH - Parkrose School District

Significant Program Changes

Last Year this program was: FY 2024: 40082A School Based Mental Health Services

The ACORN was not used this year as the program is in the process of implementing a new outcomes tool, the ORS/SRS; the outcome measure is an estimate because the contract is in process and the tool hasn't been developed yet.. The K12 Case Management program did not reach the intended output of 250 because hiring and onboarding of new staff took longer than expected.

Department: Health Department **Program Contact:** Anthony Jordan
Program Offer Type: Operating **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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	# of individuals trained in Mental Health First Aid, ASIST, QPR and/or CALM and safeTalk.	390	450	450	450
Outcome	% of individuals who report greater understanding of mental illness and/or suicide prevention.	86%	85%	85%	85%
Output	Perform 25-30 psychological autopsies (if full time, 50-60 psychological autopsies).	25	35	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	2024	2024	2025	2025
Personnel	\$122,426	\$356,364	\$218,048	\$295,670
Contractual Services	\$36,000	\$12,673	\$35,000	\$6,562
Materials & Supplies	\$14,206	\$9,522	\$3,725	\$22,871
Internal Services	\$34,798	\$43,319	\$37,876	\$20,489
Total GF/non-GF	\$207,430	\$421,878	\$294,649	\$345,592
Program Total:	\$629,308		\$640,241	
Program FTE	0.80	2.50	1.30	2.00

Program Revenues				
Intergovernmental	\$0	\$421,878	\$0	\$345,592
Total Revenue	\$0	\$421,878	\$0	\$345,592

Explanation of Revenues

This program generates \$17,808 in indirect revenues.
State \$ 84,000 - OHA Suicide Prevention
Federal \$ 124,205 - Federal PE 60 Suicide Prevention
State \$ 12,387 - 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 2024: 40083 Behavioral Health Prevention Services



Program #40084A - Culturally Specific Mental Health Services FY 2025 Department Requested

Department: Health Department **Program Contact:** Barbara Snow
Program Offer Type: Operating **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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Total culturally diverse individuals receiving services ¹	905	900	775	900
Outcome	Culturally specific persons served per 1,000 culturally diverse in population ²	3.6	3.6	3.1	3.6

Performance Measures Descriptions

¹This total includes all persons served under this contract and does not include those culturally-diverse persons served by Multnomah MH or in other programs.
²Service 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	2024	2024	2025	2025
Contractual Services	\$2,085,647	\$0	\$2,162,817	\$0
Total GF/non-GF	\$2,085,647	\$0	\$2,162,817	\$0
Program Total:	\$2,085,647		\$2,162,817	
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 2024: 40084A Culturally Specific Mental Health Services



Program #40084B - Culturally Specific Mobile Outreach and STP FY 2025 Department Requested

Department: Health Department **Program Contact:** Barbara Snow
Program Offer Type: Operating **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 program supports a Black/African American Mobile Behavioral Health team to serve justice involved individuals re-entering the community from incarceration. The team consists of a support team including mental health providers, case managers, certified addictions counselors and peer support specialists. The scope of services include outreach and engagement, home visits, mental health or substance use screening/assessments, individual therapy/counseling, care coordination, and peer support.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Total number of individuals served	68	50	76	50
Outcome	% of referrals accepted into the program (1)	51%	90%	57.9%	60%

Performance Measures Descriptions

(1) Percentage of referrals that are accepted into the program which demonstrates that the referral process is effective and well-communicated.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Contractual Services	\$786,797	\$0	\$815,908	\$0
Total GF/non-GF	\$786,797	\$0	\$815,908	\$0
Program Total:	\$786,797		\$815,908	
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 2024: 40084B Culturally Specific Mobile Outreach and STP



Program #40084C - Culturally Specific Mobile Outreach and STP - Supportive Housing Services FY 2025 Department Requested

Department: Health Department **Program Contact:** Barbara Snow
Program Offer Type: Operating **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 program supports a Black/African American Mobile Behavioral Health team to serve justice involved individuals re-entering the community from incarceration. The team consists of a support team including mental health providers, case managers, certified addictions counselors and peer support specialists. The scope of services include outreach and engagement, home visits, mental health or substance use screening/assessments, individual therapy/counseling, care coordination, and peer support.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Total number of individuals served	68	50	76	50
Outcome	% of referrals accepted into the program (1)	51%	90%	57.9%	60%

Performance Measures Descriptions

(1) Percentage of referrals that are accepted into the program which demonstrates that the referral process is effective and well-communicated.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Contractual Services	\$0	\$525,000	\$0	\$542,325
Total GF/non-GF	\$0	\$525,000	\$0	\$542,325
Program Total:	\$525,000		\$542,325	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

\$542,325 Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Joint Office of Homeless Services program 30000 Administration and Operations

Significant Program Changes

Last Year this program was:



Program #40085A - Adult Addictions Treatment Continuum FY 2025 Department Requested

Department: Health Department **Program Contact:** Anthony Jordan
Program Offer Type: Operating **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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number served in treatment and recovery support services	2,770	3,500	4,000	4,200
Outcome	Percentage of clients who successfully complete outpatient treatment*	46%	42%	42%	45%

Performance Measures Descriptions

*"Successful completion of treatment" is defined as the 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	2024	2024	2025	2025
Personnel	\$554,743	\$312,145	\$539,945	\$526,974
Contractual Services	\$1,748,632	\$10,550,702	\$1,709,839	\$8,661,243
Materials & Supplies	\$14,246	\$537	\$14,773	\$15,809
Internal Services	\$136,474	\$26,218	\$134,598	\$32,170
Total GF/non-GF	\$2,454,095	\$10,889,602	\$2,399,155	\$9,236,196
Program Total:	\$13,343,697		\$11,635,351	
Program FTE	3.35	2.05	3.00	3.40

Program Revenues				
Intergovernmental	\$0	\$10,889,602	\$0	\$9,236,196
Total Revenue	\$0	\$10,889,602	\$0	\$9,236,196

Explanation of Revenues

This program generates \$2,443 in indirect revenues.

Fed - OHA Ryan White - MH	\$178,100	Recovery Support - Local 2145	\$238,270
Fed - A&D-62 Drug Residential-Children	\$305,813	OHA - Peer Delivered Svcs SUD	\$249,999
Fed - A&D-66: Addic Outpat Serv-SAPT	\$2,274,290		
State - OHA BH Community MH Program & Capital	\$573,881		
A&D-65 IDPF	\$123,600		
A&D-67 Addictions Res	\$1,265,400		
A&D-66 Addictions/Opiate/Outpatient Tx	\$2,353,400		
A&D-63 Peer Delivered Svcs	\$835,994		
A&D-62 Drug Residential	\$355,427		
A&D-61 Adult SUD Res Tx	\$75,000		
AATC - Outpatient Local 2145	\$401,022		

Significant Program Changes

Last Year this program was: FY 2024: 40085 Adult Addictions Treatment Continuum

The repercussions of the pandemic have affected SUD providers in various ways, including staffing gaps and disruptions in services and programs. Throughout FY23, providers have operated with reduced censuses. 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 encounters in the MOTS system. MOTS provides the outcomes data for this offer. As a result of these circumstances, the output measures for FY23 may potentially reflect an undercount due to the challenges and disruptions experienced across the SUD provider landscape.



Program #40085B - Adult Addictions Treatment Continuum - Supportive Housing Services **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Anthony Jordan
Program Offer Type: Operating **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.

This funding will be directed to a contract with Central City Concern that provides supportive housing services at River Haven Clinic.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number served in treatment and recovery support services	2,770	3,500	4,000	4,200
Outcome	Percentage of clients who successfully complete outpatient treatment*	46%	42%	42%	45%

Performance Measures Descriptions

*"Successful completion of treatment" is defined as the completion of at least two thirds of an individual's treatment plan goals and demonstrating 30 days of abstinence.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Contractual Services	\$0	\$1,207,500	\$0	\$1,247,350
Total GF/non-GF	\$0	\$1,207,500	\$0	\$1,247,350
Program Total:	\$1,207,500		\$1,247,350	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

\$1,247,350 Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Joint Office of Homeless Services program 30000 Administration and Operations

Significant Program Changes

Last Year this program was:



Program #40086 - Addiction Services Gambling Treatment & Prevention FY 2025 Department Requested

Department: Health Department **Program Contact:** Anthony Jordan
Program Offer Type: Operating **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 FY24, 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.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	1. Number of gamblers and family members accessing treatment annually	66	200	150	180
Outcome	2. Gambler successful treatment completion rate	31.3%	30%	30%	30%
Outcome	3. % of clients receiving Care Coordination, successfully placed in gambling treatment or recovery support	65%	60%	60%	60%
Output	4. Number of problem gambling prevention activities delivered	22	22	22	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	2024	2024	2025	2025
Personnel	\$0	\$482,359	\$0	\$509,356
Contractual Services	\$0	\$949,920	\$0	\$1,163,412
Materials & Supplies	\$0	\$17,964	\$0	\$17,964
Internal Services	\$0	\$47,664	\$0	\$60,612
Total GF/non-GF	\$0	\$1,497,907	\$0	\$1,751,344
Program Total:	\$1,497,907		\$1,751,344	
Program FTE	0.00	3.20	0.00	3.20

Program Revenues				
Intergovernmental	\$0	\$1,497,907	\$0	\$1,751,344
Total Revenue	\$0	\$1,497,907	\$0	\$1,751,344

Explanation of Revenues

State \$ 1,383,563 - State Mental Health Grant: Problem Gambling Treatment Services based on IGA with State of Oregon
State \$ 213,358 - State Mental Health Grant: Problem Gambling Prevention Services based on IGA with State of Oregon
State \$ 154,423 - State Mental Health Grant: Problem Gambling Pathways Outreach

Significant Program Changes

Last Year this program was: FY 2024: 40086 Addiction Services Gambling Treatment & Prevention

Due to workforce shortages and reduced capacity in FY24, our providers had a waitlist and they were unable to see as many clients as they had previous to the pandemic. There was also a delay in the expansion of services in FY 24 resulting in a reduced estimate of clients served. We anticipate an increase in numbers served by FY25 as we ramp up capacity in our treatment organizations.



Program #40087 - Addiction Services Alcohol & Drug Prevention FY 2025 Department Requested

Department: Health Department **Program Contact:** Anthony Jordan
Program Offer Type: Operating **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 FY25, 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	1. Adults and youth served by prevention services and programming	4,327	1,000	4,000	4,000
Outcome	2. Prevention activity participants with improved awareness and/or educational outcomes	100%	70%	80%	80%

Performance Measures Descriptions

1) Number of adults and youth directly served by all county SUD prevention programs (both internal and subcontracted programming). This is an unduplicated number, and doesn't include reach data from any media campaigns conducted. 2) Performance measures are determined by data collection including, but not limited to; pre-and post-tests, surveys, and interviews in collaboration with participating schools, community organizations and other partners.

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	2024	2024	2025	2025
Personnel	\$0	\$183,317	\$0	\$92,454
Contractual Services	\$0	\$491,172	\$0	\$223,387
Materials & Supplies	\$0	\$50,075	\$0	\$77,315
Internal Services	\$0	\$21,419	\$0	\$13,595
Total GF/non-GF	\$0	\$745,983	\$0	\$406,751
Program Total:	\$745,983		\$406,751	
Program FTE	0.00	1.30	0.00	0.35

Program Revenues				
Intergovernmental	\$0	\$745,983	\$0	\$406,751
Total Revenue	\$0	\$745,983	\$0	\$406,751

Explanation of Revenues

This program generates \$8,052 in indirect revenues.

State \$ 41,667 - Oregon Alcohol and Drug Prevention Education Program (ADPEP)

Federal \$ 32,500 - SNAP Drug Free Community Grant

Federal \$ 282,584 - 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 2024: 40087 Addiction Services Alcohol & Drug Prevention

This program has seen a bounce back to pre-pandemic anticipated numbers. Program staff anticipate similar numbers to FY 23 actuals in FY 24. However, with the reduction of funding for prevention initiatives in FY 25, we are unsure if that will limit our numbers served.



Program #40088 - Coordinated Diversion for Justice Involved Individuals FY 2025 Department Requested

Department: Health Department **Program Contact:** Bill Osborne
Program Offer Type: Operating **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. The goal of all three programs is to move individuals out of the criminal justice system and connect them to the broader mental health and addiction system. 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, and make regular reports to the Court regarding the status of individuals who are unable to aid and assist. New federal orders have limited the length of time an individual can be committed to the Oregon state hospital. As such, the number of individuals needing services through the Aid and Assist team has increased significantly. 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. 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. 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. The Bridge Treatment Team works to 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 team consists of Mental Health Consultants, peers, and case managers who work to engage individuals in treatment and connect them to long term treatment and recovery resources. While the team works with all individuals, they specialize in working with BIPOC and LGBTQ+ individuals.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	# of participants served by Forensic Diversion	374	300	388	350
Outcome	% of participants served in the Community by Forensic Diversion	25%	25%	31%	25%
Output	# of individuals served by Bridge Treatment Team (1)	NA	75%	NA	75%
Outcome	% of active clients who achieve intake +1 appointment with community treatment and/or community supports (2)	NA	45%	NA	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	2024	2024	2025	2025
Personnel	\$863,470	\$2,739,996	\$897,293	\$3,912,196
Contractual Services	\$703,751	\$1,562,056	\$539,220	\$1,532,917
Materials & Supplies	\$2,741	\$237,118	\$1,861	\$61,693
Internal Services	\$210,698	\$291,811	\$205,924	\$403,992
Total GF/non-GF	\$1,780,660	\$4,830,981	\$1,644,298	\$5,910,798
Program Total:	\$6,611,641		\$7,555,096	
Program FTE	4.80	17.70	5.50	24.70

Program Revenues				
Intergovernmental	\$0	\$4,830,981	\$0	\$5,910,798
Total Revenue	\$0	\$4,830,981	\$0	\$5,910,798

Explanation of Revenues

This program generates \$266,022 in indirect revenues.

State \$ 1,532,538 - Oregon Health Authority: Aid & Assist Grant

State \$ 2,570,267 - State Mental Health Grant: MHS-04 Aid & Assist Client Svcs & MHS-09 Jail Diversion

State \$ 1,200,000 - Assist Population - Jail Diversion

State \$ 607,993 - State Improving People's Access to Community-based Treatment (IMPACT)

Significant Program Changes

Last Year this program was: FY 2024: 40088 Coordinated Diversion for Justice Involved Individuals

The Aid and Assist team experienced a dramatic increase in workload due to the Mosman order limiting the length of time a person can stay at OSH and changes in when individuals at OSH are assessed for Hospital Level of Care. The program has also seen an increase in individuals receiving community restoration services. The team was restructured to meet the demand and new staff were hired in order to ensure that statutory requirements were met. Over 2023/24 we have seen higher acuity needs in Mental Health Court with more intense person to person crimes (assault and assault with a weapon involved). More than half of our participants continue to have ongoing substance use and needs that are difficult to address due to limited appropriate treatment resources. This program has seen a significant increase in the number of referrals and the number of individuals entering the program.

Program #40089 - Addictions Detoxification & Post Detoxification Housing FY 2025 Department Requested

Department: Health Department **Program Contact:** Anthony Jordan
Program Offer Type: Operating **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-insured (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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of unique indigent individuals receiving Withdrawal Management services annually	175	80	150	180
Outcome	% of individuals served in Care Coord., exiting withdrawal mgmt & transitioning to another level of care	77%	80%	80%	80%
Output	Number of clients served in Care Coordination transition services	2,263	2,260	2,628	2,700
Output	Number of individuals receiving supportive housing	542	370	520	600

Performance Measures Descriptions

* Withdrawal Management: Includes the number of unique indigent individuals who may receive multiple admissions in the course of the year. ** Care Coordination: 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. *** Average length of stay in supportive housing is 14-15 weeks. The metric corresponds to the estimated annual number of individuals housed in these dedicated supportive housing beds.

Legal / Contractual Obligation

This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) contract. Program planning is developed based on State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with State service elements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$0	\$92,895	\$0	\$232,388
Contractual Services	\$1,654,024	\$732,205	\$1,539,894	\$907,535
Internal Services	\$0	\$3,979	\$0	\$4,927
Total GF/non-GF	\$1,654,024	\$829,079	\$1,539,894	\$1,144,850
Program Total:	\$2,483,103		\$2,684,744	
Program FTE	0.00	0.50	0.00	1.65

Program Revenues				
Intergovernmental	\$0	\$829,079	\$0	\$1,144,850
Total Revenue	\$0	\$829,079	\$0	\$1,144,850

Explanation of Revenues

Federal \$ 274,292 - State Mental Health Grant: A&D Detoxification Housing Block Grant based on IGA with State of Oregon.
 State \$ 870,558 - 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 2024: 40089 Addictions Detoxification & Post Detoxification Housing

The repercussions of the pandemic have affected SUD providers in various ways, including staffing gaps and disruptions in services and programs. Throughout FY23, providers have operated with reduced censuses. 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 in FY23. As a result of these circumstances, the output measures for FY23 may potentially reflect an undercount due to the challenges and disruptions experienced across the SUD provider landscape.



Program #40090 - Family & Youth Addictions Treatment Continuum FY 2025 Department Requested

Department: Health Department **Program Contact:** Anthony Jordan
Program Offer Type: Operating **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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	1) Number of annual outreach and engagement events	114	100	100	100
Outcome	2) Number of unduplicated attendees at events.	1812*	100	500	500

Performance Measures Descriptions

* As program staff have reviewed reports, it is unclear if individuals have been duplicated in the count, and how providers are possibly defining an outreach “event”. As this is a new outcome measure, staff are unsure if this baseline data is accurate. Program staff will be working with providers funded from this program to review data biannually in FY25 to ensure data metrics are accurate.

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	2024	2024	2025	2025
Contractual Services	\$121,853	\$157,528	\$122,850	\$157,795
Materials & Supplies	\$0	\$2,259	\$0	\$2,259
Total GF/non-GF	\$121,853	\$159,787	\$122,850	\$160,054
Program Total:	\$281,640		\$282,904	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$159,787	\$0	\$160,054
Total Revenue	\$0	\$159,787	\$0	\$160,054

Explanation of Revenues

State \$ 66,986 - Local 2145 Beer & Wine Tax
State \$ 93,068 - State Mental Health Grant SE66 Family and Youth Services IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2024: 40090 Family & Youth Addictions Treatment Continuum



Program #40091 - Family Involvement Team FY 2025 Department Requested

Department: Health Department **Program Contact:** Anthony Jordan
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs:
Program Characteristics: 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	1) Number of FIT referrals per year	795	770	750	800
Outcome	2) % of FIT clients referred who enter treatment	43%	27%	47%	40%

Performance Measures Descriptions

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	2024	2024	2025	2025
Contractual Services	\$35,648	\$356,139	\$36,968	\$328,062
Total GF/non-GF	\$35,648	\$356,139	\$36,968	\$328,062
Program Total:	\$391,787		\$365,030	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

\$ 328,062 - State Mental Health Grant SE 66 Family Involvement Team (FIT) based on IGA with the State.

Significant Program Changes

Last Year this program was: FY 2024: 40091 Family Involvement Team

The repercussions of the pandemic have affected SUD providers in various ways, including staffing gaps and disruptions in services and programs. Throughout FY23, providers have operated with reduced censuses. 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 in FY23. As a result of these circumstances, the output measures for FY23 may potentially reflect an undercount due to the challenges and disruptions experienced across the SUD provider landscape.



Program #40096 - Public Health Office of the Director FY 2025 Department Requested

Department: Health Department **Program Contact:** Andrea Hamberg
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs: 40048
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, 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, and 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 representing diverse communities (Latinx, Black, African I/R, Asian, Slavic, Pacific Islander, Native American, Middle Eastern) 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	# of Multnomah County Public Health Advisory Board meetings	12	12	12	12
Outcome	# of presentations to BOH about strategies that address disparities within BIPOC communities	15	7	7	7
Output	# of cultural specific and multicultural community partners and events that promote health equity	114	150	152	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.

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	2024	2024	2025	2025
Personnel	\$2,613,709	\$2,338,742	\$2,183,712	\$1,828,328
Contractual Services	\$636,303	\$1,582,402	\$755,551	\$758,844
Materials & Supplies	\$167,711	\$118,076	\$246,174	\$124,666
Internal Services	\$470,229	\$378,949	\$451,963	\$570,189
Total GF/non-GF	\$3,887,952	\$4,418,169	\$3,637,400	\$3,282,027
Program Total:	\$8,306,121		\$6,919,427	
Program FTE	15.77	15.50	12.17	11.43

Program Revenues				
Intergovernmental	\$0	\$4,418,169	\$0	\$3,282,027
Total Revenue	\$0	\$4,418,169	\$0	\$3,282,027

Explanation of Revenues

This program generates \$309,170 in indirect revenues.

\$1,218,584 - Public Health Infrastructure Grant

\$1,100,953 - Local Public Health Modernization Community Capacitation Center

\$329,000 - G40 0499 01 COVID-19 Federal CDC Health Disparities

\$231,601 - Community Health Needs Assessment/Community Health Improvement Plan Implementation

\$150,000 - MCH Title V: Child and Adolescent Health - FGC

\$133,141 - TBD - HSO HCWC

\$118,748 - TBD - HSO SHARE 2

Significant Program Changes

Last Year this program was: FY 2024: 40096A Public Health Office of the Director

Program Design and Evaluation Services moved from Program Offer 40096A to 40048, Community Epidemiology, in FY25.



Program #40097 - Parent, Child, and Family Health Management FY 2025 Department Requested

Department: Health Department **Program Contact:** Veronica Lopez Ericksen
Program Offer Type: Administration **Program Offer Stage:** Department Requested
Related Programs: 40054, 40055, 40056, 40058,
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, Healthy Families, 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of billable visits that meet targeted case management (TCM) requirements	3898	5448	3824	3480
Outcome	Percent of contracts granted to BIPOC vendors	80%	56%	80%	80%

Performance Measures Descriptions

Client service records will be created in a new Electronic Health Record (EHR) in FY24, and paper charting will be eliminated. New protocols within the EHR will maximize billable claims, efficiency and accuracy, allowing more time for client support and programmatic deliverables. A new measure will be added in FY25 to demonstrate program quality with this change.

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	2024	2024	2025	2025
Personnel	\$1,094,714	\$70,170	\$962,245	\$0
Contractual Services	\$13,400	\$100,000	\$11,000	\$133,000
Materials & Supplies	\$44,787	\$53,992	\$19,963	\$20,965
Internal Services	\$162,700	\$9,803	\$455,099	\$88,802
Total GF/non-GF	\$1,315,601	\$233,965	\$1,448,307	\$242,767
Program Total:	\$1,549,566		\$1,691,074	
Program FTE	8.00	0.44	6.00	0.00

Program Revenues				
Intergovernmental	\$0	\$233,965	\$0	\$153,965
Service Charges	\$0	\$0	\$0	\$88,802
Total Revenue	\$0	\$233,965	\$0	\$242,767

Explanation of Revenues

Direct State - \$88,802 - MCH Babies First Grant
 Federal through State \$53,965 Title V: Child and Adolescent Health - Mgmt
 Federal through State \$100,000 Title V: Child and Adolescent Health - IR

Significant Program Changes

Last Year this program was: FY 2024: 40097 Parent, Child, and Family Health Management

Staff reductions include 1 FTE Office Assistant Sr. and 1 FTE CHS2- Marketing and Outreach Coordinator. Reflective of the reduction of FY25, PCFH will undergo space consolidation and changing productivity expectations. 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. Several RFPs, including the Healthy Families RFP, are planned for FY24, and will require Administrative staff support. HBI has also pursued grant funding from HRSA in the 5-year cycle and we will be planning for Family Connects, a State mandated program that is expected to be implemented in FY26.



Program #40099A - Early Childhood Mental Health Program FY 2025 Department Requested

Department: Health Department **Program Contact:** Yolanda Gonzalez
Program Offer Type: Operating **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 preventative mental health consultation that support roughly 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Total children receiving prevention services. ¹	4,700	5,000	4,700	4,700
Outcome	Overall social/emotional supports in place in Head Start classrooms based on TPOT data ²	N/A	75%	N/A	75%
Output	Total children receiving culturally specific treatment services ³	12	30	7	30

Performance Measures Descriptions

¹ All children enrolled at the Head Start sites we serve. ² Teaching Pyramid Observation Tool (TPOT): an evidence-based tool to measure teacher implementation of the 3-tiered Pyramid Model. ³ Treatment=Clients provided mental health 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	2024	2024	2025	2025
Personnel	\$1,604,700	\$375,372	\$1,635,900	\$517,938
Contractual Services	\$181,384	\$613	\$188,094	\$613
Materials & Supplies	\$10,004	\$478	\$5,859	\$2,711
Internal Services	\$114,772	\$167,927	\$107,906	\$196,366
Total GF/non-GF	\$1,910,860	\$544,390	\$1,937,759	\$717,628
Program Total:	\$2,455,250		\$2,655,387	
Program FTE	9.93	2.46	9.77	3.24

Program Revenues				
Intergovernmental	\$0	\$401,528	\$0	\$431,904
Service Charges	\$0	\$142,862	\$0	\$285,724
Total Revenue	\$0	\$544,390	\$0	\$717,628

Explanation of Revenues

This program generates \$20,341 in indirect revenues.

\$122,391 - MHS-20: CBMH - Children & Fam. - EC - CY22

\$309,513 - MHS-20: Community Based Mental Health - Early Child & Family - Block Grant - CY22

\$285,724 - CBMH Child & Fam EC Ins

Significant Program Changes

Last Year this program was: FY 2024: 40099A Early Childhood Mental Health Program

The TPOT was not administered in FY23 or FY24 because staff needed to be retrained. The staff training took place in October of 2023. The Teacher wellbeing Survey that was explored last year was not an adequate replacement for the TPOT. The output for total children receiving prevention services was down slightly as one of our sites has secured more out-side consultants, reducing our scope.

Department: Health Department **Program Contact:** Yolanda Gonzalez
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs: 25200-25206, 72052A, 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Total children receiving prevention services. ¹	728	675	1,394	800
Outcome	% of Preschool for All coaches who report that they had a positive and supportive consultation experience. ²	N/A	85%	N/A	85%
Output	Total children receiving culturally specific treatment services.	0	30	15	30

Performance Measures Descriptions

¹This number is the total number of Preschool for All children as our team serves the entire program.

²This outcome measure will not be implemented until Spring of 2024 since coaches/students did not begin services until Fall of FY23

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$0	\$1,624,372	\$0	\$1,717,905
Materials & Supplies	\$0	\$160	\$0	\$4,514
Internal Services	\$0	\$107,183	\$0	\$122,746
Total GF/non-GF	\$0	\$1,731,715	\$0	\$1,845,165
Program Total:	\$1,731,715		\$1,845,165	
Program FTE	0.00	10.98	0.00	10.98

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

This program generates \$70,606 in indirect revenues.
 \$ 1,845,165 - PEL - Preschool For All Early Childhood. 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 2024: 40099B Preschool For All Early Childhood

The Outcome measure is not available and the Output measure is an estimate because the tool has not been developed yet as hiring and onboarding took longer than expected. The output of the total number of children receiving culturally specific treatment services was not reached because hiring and onboarding took longer than expected.



Program #40101A - Promoting Access To Hope (PATH) Care Coordination Continuum FY 2025 Department Requested

Department: Health Department **Program Contact:** Anthony Jordan
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs: 40085
Program Characteristics: In Target

Executive Summary

Promoting Access To Hope (PATH) was developed jointly by the Behavioral Health Division (BHD), the Joint Office of Homeless Services, Department of Community Justice, and the 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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
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%
Output	# of individuals housed by PATH team member	79	N/A	82	110

Performance Measures Descriptions

Legal / Contractual Obligation

Oregon Health Authority, Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$544,122	\$181,733	\$671,847	\$467,184
Contractual Services	\$2,100	\$0	\$5,065	\$12,387
Materials & Supplies	\$29,708	\$29,953	\$4,443	\$23,151
Internal Services	\$37,765	\$25,781	\$23,115	\$91,781
Total GF/non-GF	\$613,695	\$237,467	\$704,470	\$594,503
Program Total:	\$851,162		\$1,298,973	
Program FTE	4.08	4.82	4.20	4.00

Program Revenues				
Intergovernmental	\$0	\$237,467	\$0	\$594,503
Total Revenue	\$0	\$237,467	\$0	\$594,503

Explanation of Revenues

This program generates \$63,878 in indirect revenues.

Federal \$ 150,564 - Federal Ryan White Non Med Case Management

State \$ 25,336 - Local 2145 Beer and Wine Tax

State \$ 66,120 - State Mental Health Grant: A&D Peer Delivered Services based on IGA with State of Oregon.

Fed Thru Other \$352,483 CareOregon - Promoting Access to Hope

Significant Program Changes

Last Year this program was: FY 2024: 40101 Promoting Access To Hope (PATH) Care Coordination Continuum



Program #40101B - Promoting Access To Hope (PATH) Care Coordination Continuum - Supportive Housing Services FY 2025 Department Requested

Department: Health Department **Program Contact:** Anthony Jordan
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs: 40085
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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
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.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$0	\$581,082	\$0	\$605,032
Contractual Services	\$0	\$109,200	\$0	\$113,215
Total GF/non-GF	\$0	\$690,282	\$0	\$718,247
Program Total:	\$690,282		\$718,247	
Program FTE	0.00	0.00	0.00	3.70

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

\$718,247 Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Joint Office of Homeless Services program 30000 Administration and Operations

Significant Program Changes

Last Year this program was:



Program #40102 - FQHC Allied Health **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Kevin Minor, Sylvia Ness,
Program Offer Type: Operating **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, patient-centered health care & related services to communities across the County. ICS's Allied Health (AH) programs include Integrated Behavioral Health (AH-IBH) & Community Health Workers (AH-CHW) offering culturally responsive and trauma informed support and outreach services, focused on supporting individuals with complex needs.

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 57% percent of our patients identify as people of color, and more than 47% are best served in a language other than English. 95% of our clients live below 200% of the Federal Poverty Guideline and lastly e. Lastly in 2023 2 of the top 5 primary diagnoses addressed within all patient visits were mental health diagnosis.

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 have 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 care coordination, consultation, peer support and education regarding psychosocial treatments and specific behavioral issues or barriers that arise related to a patient's health issues. Services are provided via telehealth, telemedicine, in-person visits in coordination with field services provided by our AH-CHW team.

AH-CHW serves clients who experience barriers to care that would keep them from achieving their health goals and optimal health outcomes, and are able to give clients the time needed to open up, providing more personal information and expressing their needs. Our CHWs work with clients on the Social Determinants of Health (SDoH) and Health Education/Promotion. In addition to direct client services, SDoH work includes establishing partnerships in the community. CHWs serve as bridge-builders and liaisons with case managers and other client supports to facilitate Health Education/Promotion.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	AH-IBH Individual Patients Served	4,622	5,038	5,038	5,800
Outcome	AH-IBH Number of encounters completed	16,175	13,658	13,658	14,000
Output	AH-CHW Individual Patients Served	3,637	5,096	5,096	6,500
Outcome	AH-CHW Number of encounters completed	8,420	9,000	9,000	12,450

Performance Measures Descriptions

Output: Individual Patients Served. Measure describes the number of unique clients who received IBH and CHW services within the last 12 months. Outcome: The total number of in person, telemed, phone encounters completed by one of our Allied Health Providers. includes offsite or home visits specific 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	2024	2024	2025	2025
Personnel	\$0	\$5,187,306	\$0	\$6,273,204
Contractual Services	\$0	\$156,500	\$0	\$163,491
Materials & Supplies	\$0	\$57,678	\$0	\$78,719
Internal Services	\$0	\$1,160,886	\$0	\$1,566,222
Total GF/non-GF	\$0	\$6,562,370	\$0	\$8,081,636
Program Total:	\$6,562,370		\$8,081,636	
Program FTE	0.00	38.84	0.00	44.47

Program Revenues				
Intergovernmental	\$0	\$167,000	\$0	\$253,318
Other / Miscellaneous	\$0	\$1,492,000	\$0	\$975,500
Service Charges	\$0	\$4,903,370	\$0	\$6,852,818
Total Revenue	\$0	\$6,562,370	\$0	\$8,081,636

Explanation of Revenues

This program generates \$1,063,701 in indirect revenues.

- \$975,500 - FQHC Care Oregon Grant
- \$167,000 - Federal - Primary Care (PC) 330 - 93.224
- \$283,276 - Medicaid Fee for Service
- \$385,348 - Fee for Services (FFS) - Medicare
- \$5,250 - Patient Fees 3rd Party
- \$3,748,440 - Community Hlth & Intergrated BH Admin (APM)
- \$1,467,412 - Intergrated BH Admin Wrap
- \$771,673 - Intergrated BH Admin CO Total
- \$191,419 - Intergrated BH Admin Patient Fees & Private Insurance
- \$86,318 - Rech CHC Grant

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 2024: 40102 FQHC Allied Health

An additional case management team has been added to help meet the continued increase of mental health needs in Multnomah County and the ongoing demand for community mental health services. In addition to behavioral health case management support, the CHW program will maintain roles dedicated to flex funding support through grants in FY25 in response to OHA's expanded 1115 waiver benefits and health promotion activities. The CHW has also added an additional CHW position to help support the waiver and upcoming health promotion activities.



Program #40103 - FQHC-Quality Assurance **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Brieshon D'Agostini
Program Offer Type: Operating **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	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
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

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	2024	2024	2025	2025
Personnel	\$0	\$4,786,968	\$0	\$4,960,910
Contractual Services	\$0	\$559,079	\$0	\$670,319
Materials & Supplies	\$0	\$107,283	\$0	\$267,626
Internal Services	\$0	\$1,727,122	\$0	\$1,782,737
Total GF/non-GF	\$0	\$7,180,452	\$0	\$7,681,592
Program Total:	\$7,180,452		\$7,681,592	
Program FTE	0.00	29.00	0.00	27.90

Program Revenues				
Intergovernmental	\$0	\$150,000	\$0	\$150,000
Other / Miscellaneous	\$0	\$2,737,500	\$0	\$2,695,960
Beginning Working Capital	\$0	\$1,445,000	\$0	\$1,859,190
Service Charges	\$0	\$2,847,952	\$0	\$2,976,442
Total Revenue	\$0	\$7,180,452	\$0	\$7,681,592

Explanation of Revenues

This program generates \$838,872 in indirect revenues.

- \$ 1,014,807 - HD FQHC ICS EHR APM
- \$ 742,889 - Trillium Primary Care Capitation Services Incentives
- \$ 310,687 - Trillium Primary Care Capitation Services Incentives (BWC)
- \$ 1,754,805 - ICS Systems & Quality/Business Intelligence APM
- \$ 1,465,305 - HD FQHC PCPM Funding - QI Svcs
- \$ 377,678 - HD FQHC PCPM Funding(BWC)
- \$ 1,170,825 - HD FQHC PCPM - Business Intelligence (BWC)
- \$ 395,000 - HD FQHC PCPM - Business Intelligence
- Federal \$ 150,000 - Federal - Primary Care (PC) 330 - 93.224
- \$ 92,766 - Dental Primary Care Coordination
- Project \$ \$206,830 - P78 PRJ0013164

Significant Program Changes

Last Year this program was: FY 2024: 40103 FQHC-Quality Assurance



Program #40105A - Behavioral Health Resource Center (BHRC) - Day Center FY 2025 Department Requested

Department: Health Department **Program Contact:** Barbara Snow
Program Offer Type: Operating **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 programs, operated by contracted providers are: a Day Center, a Behavioral Health Shelter, a Bridge Housing program. The Day Center opened in December 2022. The Shelter and Bridge Housing programs opened in Spring 2023. The BHRC has been operating at full capacity since July 2023 and provides critical support and services to over 100 houseless individuals daily.

Program Description

The Day Center operates on the first and second floors of the facility which opened in December 2022. The Day Center is open 12 hours per day and serves as an entry point for individuals that are experiencing trauma, behavioral health challenges and/or homelessness. The Day Center serves 100-150 daily and 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 BHRC facility offers access to wifi, computer stations, activity space, printing, and basic physical needs (restrooms, shower, laundry, water, snacks, coffee, & tea).

The Mental Health and Addictions Association of Oregon (MHA AO), a peer-run and peer-led nonprofit, is the contracted provider for the Day Center. A team of 40 MHA AO peers staff members oversee the Day Center operations and connect with peer participants to increase peer engagement, efficacy and wellness. 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 MHA AO have worked to establish the BHRC Community Partner (CP): agreements, schedule, and menu of services that will be offered to peer participants on an ongoing basis.

Thousands of community members experiencing houselessness, encountered a welcoming space to address their immediate basic and short term needs and connect with resources to address their long-term needs. A significant focus was placed on referrals to external behavioral health and housing supports: 1575 referrals to housing, 201 referrals to mental health services and 318 referrals to addiction and substance use recovery supports. The program timelines (1-30 days), community agreements and intake process empower program participants to actively engage in service planning. With its increasing demand and proven efficacy, the BHRC has a more efficient, safer and impactful service delivery system.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of individuals receiving peer delivered services and access to basic needs daily	121	150	150	150
Outcome	Percent of participants will have access to onsite supports, including basic needs and social connection.	99%	90%	90%	90%
Outcome	Percent of individuals served daily will use onsite connection to community supports.	58%	50%	50%	70%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$0	\$384,674	\$16,879	\$441,621
Contractual Services	\$2,571,429	\$1,434,987	\$3,949,310	\$1,571,107
Materials & Supplies	\$0	\$10,500	\$0	\$15,886
Internal Services	\$1,339,025	\$200,169	\$1,105,832	\$244,813
Total GF/non-GF	\$3,910,454	\$2,030,330	\$5,072,021	\$2,273,427
Program Total:	\$5,940,784		\$7,345,448	
Program FTE	0.00	1.50	0.00	1.50

Program Revenues				
Intergovernmental	\$0	\$2,030,330	\$0	\$873,427
Total Revenue	\$0	\$2,030,330	\$0	\$873,427

Explanation of Revenues

This program generates \$70,882 in indirect revenues.

State: \$ 65,000 - CHOICE Behavioral Health Resource Center CY22

Federal: \$ 551,200 - CareOregon - Behavioral Health Resource Center

Federal: \$ 79,620 - Trillium - Behavioral Health Resource Center (BHRC)

State: \$ 177,607 - OHA Behavioral Health Community Mental Health Programs & Capital - BHRC

\$1,400,000 Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Joint Office of Homeless Services program 30000 Administration and Operations

Significant Program Changes

Last Year this program was: FY 2024: 40105A Behavioral Health Resource Center (BHRC) - Day Center

This year, the BHRC implemented a change in its access model, with a simple ticket process. Participants visit the BHRC referral van at 5th and Glisan to request a ticket for specific times (8am, 11, 2, 5pm) and receive a guaranteed three (3) hour time slot for services. This approach has had impressive results: at least 150 tickets are distributed daily with an over 70% success rate of appointments kept.



Program #40105B - Behavioral Health Resource Center (BHRC) - Shelter/Housing **FY 2025 Department Requested**

Department: Health Department **Program Contact:** Barbara Snow
Program Offer Type: Operating **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 homelessness. 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 programs, operated by contracted providers are: a Day Center, a Behavioral Health Shelter and a Bridge Housing program. The Day Center opened in December 2022. The Shelter and Bridge Housing programs opened in Spring 2023. The BHRC has been operating at full capacity since July 2023 and provides critical support and services to over 100 houseless individuals daily.

Program Description

The Behavioral Health Shelter and Bridge Housing programs, operate on the third and fourth floors and opened in Spring 2023. Similar to the Day Center, these programs were developed with input from peer providers and from those with lived experience of behavioral health challenges and homelessness. The BHRC Behavioral Health Shelter and Bridge housing programs operate 24/7/365 and are placed through referrals by: the Day Center, self-referral, first responders, and community providers. The BHRC facility offers access to wifi, computer stations, activity space, printing, and basic physical needs (restrooms, shower, laundry, water, snacks, coffee, & tea) with pets also welcome.

The Behavioral Health Shelter program has 33 beds and is 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. Do Good Multnomah (DGM), staffed by peers and clinical professionals with lived experience, operates both programs. Individuals in the programs 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.

Early results since the Bridge Housing programs inception in July 2023 (following Shelter's opening in May 2023 opening) are promising 140 participants served across both programs by Sep 2023, 71 successful exits, 25% exited to Treatment, 20% exited to housing, and 55% other (including self-sufficient self exits and those returning to service upon resolution of behavioral concern. Importantly, even participants that exit early are not left behind. The programs maintain open doors for re-engagement, ensuring critical longer-term support when needed. The Shelter and Bridge Housing are effective in bridging the gap between emergency shelter and permanent housing.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of individuals served in Shelter and Bridge Housing programs daily	37	52	52	52
Outcome	% of participants using shelter beds will engage in service planning to address behavioral health & housing	63%	50%	50%	70%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Contractual Services	\$295,601	\$2,916,852	\$254,571	\$2,861,789
Internal Services	\$807,041	\$88,148	\$637,113	\$112,861
Total GF/non-GF	\$1,102,642	\$3,005,000	\$891,684	\$2,974,650
Program Total:	\$4,107,642		\$3,866,334	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,955,000	\$0	\$1,890,000
Total Revenue	\$0	\$1,955,000	\$0	\$1,890,000

Explanation of Revenues

State: \$ 1,890,000 - CareOregon - Supporting Health for All through Reinvestment Initiative

\$1,084,650 Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Joint Office of Homeless Services program 30000 Administration and Operations

Significant Program Changes

Last Year this program was: FY 2024: 40105B Behavioral Health Resource Center (BHRC) - Shelter/Housing



Program #40108 - BHECN - Behavioral Health Emergency Coordinating Network **FY 2025 Department Requested**

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

Executive Summary

Behavioral Health Emergency Coordinating Network (BHECN) is a two plus year collaborative process with the City Of Portland, Multnomah County, Coordinated Care Organizations (CCO), Hospital Systems, Community Providers, and Peer stakeholders. The goal of the network is to develop and coordinate critical projects such as a new detox and respite space, expanded behavioral health crisis triage services, and a coordinated system for referring people from these crisis spaces to options that support their longer-term stabilization.

Program Description

This program offer funds implementation of the recommended resources by the Behavioral Health Emergency Coordination work which include a Behavioral Health Stabilization Center and Recovery Supported Housing to address the need for step down from acute care settings. Once these programs launch, Multnomah County should anticipate paying up to 20% of the total cost which represents the percentage of indigent, un/under insured people who will utilize these services as well as a proportionate share of operating costs that will not be covered by Medicaid.

As part of the Behavioral Health Department’s commitment to equity, the division’s leadership of BHECN will strive to identify, develop, and support crisis services with a mind toward culturally responsive or culturally specific crisis services facilitated, when possible, by individuals with lived experience, who speak the same language, and reflect the diverse populations being served.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Percentage of Request for Proposals Compete	N/A	100%	N/A	100%
Outcome	Percentage of program operator/contractor identified	N/A	100%	N/A	100%
Output	Percentage of Contract(s) developed and executed	N/A	100%	N/A	100%

Performance Measures Descriptions

The performance measures represent all essential BHECN project activities required to achieve final stakeholder approval of the project and launch this new program. Future outcomes will include program-level results, such as the percentage of individuals served by BHECN and discharged to a lower levels of care.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Contractual Services	\$2,000,000	\$0	\$2,050,000	\$0
Total GF/non-GF	\$2,000,000	\$0	\$2,050,000	\$0
Program Total:	\$2,000,000		\$2,050,000	
Program FTE	0.00	0.00	0.00	0.00
Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Funded with opioid settlement revenue that is budgeted in program offer 95001.

Significant Program Changes

Last Year this program was: FY 2024: 40108 BHECN - Behavioral Health Emergency Coordinating Network



Program #40110 - Gun Violence Impacted Families Behavioral Health Team FY 2025 Department Requested

Department: Health Department **Program Contact:** Yolanda Gonzalez
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs: 40080B
Program Characteristics: Out of Target

Executive Summary

Gun violence, shootings, and homicides continue to occur at a high frequency 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 10-25) 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 providing mental health services to those impacted by gun violence.

The team provides 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 utilizes 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 contracts with community partners including Portland Opportunities and Industrialization Center, Immigrant and Refugee Community Organization, and Latino Network to support a credible messenger/mentor, with lived experience. The intent is to directly support the most impacted communities, with a specific focus on the youth population and their families. This team of mental health consultants and credible messengers/mentors work collaboratively to address the needs of the community. Together, this team of mental health consultants and mentors provide a range of culturally relevant, trauma-informed services, consultation, and training for impacted communities. Portland State is completing a thorough evaluation of the program and collecting data on the impact of the program.

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Total # of children who received behavioral health services from this specialty team	92	40	85	85
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	55	30	55	30

Performance Measures Descriptions

¹Our 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 MHCs trained for FIT.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Personnel	\$680,361	\$0	\$802,937	\$0
Contractual Services	\$546,726	\$0	\$422,359	\$0
Materials & Supplies	\$2,500	\$0	\$0	\$0
Total GF/non-GF	\$1,229,587	\$0	\$1,225,296	\$0
Program Total:	\$1,229,587		\$1,225,296	
Program FTE	0.00	0.00	5.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$0
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2024: 40110 Gun Violence Impacted Families Behavioral Health Team

The ACORN was not used this year as the program is in the process of implementing a new outcomes tool, the ORS/SRS; we do not have a measure for that tool yet as the contract is in process.



Program #40112 - Shelter and Housing - Supportive Housing Services FY 2025 Department Requested

Department: Health Department **Program Contact:** Jessica Jacobsen
Program Offer Type: Operating **Program Offer Stage:** Department Requested
Related Programs:
Program Characteristics: In Target

Executive Summary

Utilizing Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds a critical short term shelter, transitional housing and permanent housing capacity for people experiencing or at imminent risk of chronic homelessness, in particular individuals living with serious and persistent mental illness. The offer leverages and builds on existing intensive behavioral health programs in the Health Department’s Behavioral Health Division that serve this vulnerable population.

Program Description

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap-around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the Measure commitment to eliminating racial disparities among people experiencing chronic and episodic homelessness. The LIP also makes a specific commitment to immediately expanding behavioral health services at all levels of the continuum, from shelter, to transitional housing and permanent supportive housing. This program offer reflects that commitment and funds:

- * Critical motel-based emergency shelter capacity and crisis case management for individuals in the Health Department’s Choice program. This will provide immediate safety off the streets for people living with severe behavioral health needs, while they transition to longer-term housing options.
- * Investments in long-term rental assistance and housing placement services for people served by any of Multnomah County’s Assertive Community Treatment (ACT) and Intensive Case Management (ICM) teams. ACT and ICM teams provide an intensive level of community-based, ongoing support services to people with severe and persistent mental illness.
- * Permanent Supported Housing for individuals with Serious and Persistent Mental Illness at Cedar Commons.
- * Permanent Supported Housing for individuals with Serious and Persistent Mental Illness at Douglas Fir

Performance Measures

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Number of individuals placed into or retained in permanent housing	NA	NA	NA	175
Outcome	Number of participants served in motel-based emergency shelter	NA	NA	NA	115

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
Program Expenses	2024	2024	2025	2025
Contractual Services	\$0	\$5,766,765	\$0	\$8,925,910
Total GF/non-GF	\$0	\$5,766,765	\$0	\$8,925,910
Program Total:	\$5,766,765		\$8,925,910	
Program FTE	0.00	0.00	0.00	0.00
Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

\$ 8,925,910 Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Joint Office of Homeless Services program 30000 Administration and Operations

Significant Program Changes

Last Year this program was: FY 2024: 30407B Supportive Housing - Countywide Coordination - Health Department

New program offer created as funding moved from JOHS budget to HD budget