

FISCAL YEAR

2026

Adopted Budget

Adopted by
Multnomah Board of County Commissioners

LIBRARY

Volume 3: Adopted Program Offers

County Human Services
Health Department
Homeless Services Department
Library
Nondepartmental



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Introduction

The budget is structured around the County's ten distinct operating departments, as well as a "Nondepartmental" grouping. This volume contains sections that are separated by department and contain the following information: a summary narrative portion followed by division narratives, with relevant program offers grouped by division. The narrative portions include department and division overviews; the department's mission, vision, and values; a section on diversity, equity, and inclusion; a budget overview; and relevant tables and graphics, including a list of all program offers.

Department Overview

The department overview introduces the department and describes the main work of the department, its role at the County, and how that work connects to the County's overall Mission, Vision, and Values. An organization chart is provided at the bottom of the page.

Budget at a Glance

This page provides visual highlights of key budget points for the department, such as the operating budget, increase from prior year, total full-time equivalent positions (FTE), etc.

Mission, Vision, and Values

This section provides information on the department's mission, vision, and values. Information on the department's strategic plan or other form of department-level goals or objectives may also be included.

Diversity, Equity, and Inclusion

This section tells the story of how the department is working towards addressing specific issues and experiences in the community in a way that advances equity. It describes the department's mission, vision, and values specific to diversity, equity, and inclusion efforts, and explains how the department's programs contribute to the County's organizational commitment to advancing diversity, equity, and inclusion.

Budget Overview

This section summarizes the department's policy decisions and budget.

Division Narrative

This section provides information about a division's work, strategic plan, community need or problem the division addresses, and clients. As part of the County's movement towards an outcomes-based budgeting approach, there is a Division Outcomes subsection for all divisions except administrative ones. This subsection provides a list of concise statements that describe what the community will experience, receive,

or understand as a result of the activity, service, or process of the department. Finally, there is a Significant Division Changes section where departments note recent operational changes at the division level, primarily focused on changes from the prior fiscal year, including: reorganizations, service delivery model changes, new programs, and programs that were eliminated. Each division section also includes some budget graphics and a table of division program offers, followed by that division's program offers.

Understanding Program Offers

A program offer is a public policy document that combines information such as program descriptions, budget overviews, and performance data for a set of services. All County functions – from operating programs to the General Fund contingency account – request funding from the Board through a program offer.

Program offers are labeled with a five digit document number and title (e.g. 50005 - DCJ Human Resources). Throughout the budget document, readers will see references to program offers by number and/or title. To find a program offer referenced in this document, go to the department's section in Volume 2 or 3; the program offers are provided in numerical order within each division.

Anatomy of a Program Offer

Program offer documents explain all aspects of the program through the following sections: program description, performance measures, legal and contractual mandates, revenue/expense detail, explanation of revenues, and significant program changes.

Program Description

A good program description is easy to understand for someone unfamiliar with the program and will show the relationship between the program and the results it produces for the community. To accomplish that, the description should:

- Describe the issue the program is attempting to address. Explain why the community should be interested in funding this program.
- Describe the change in the community the program intends to make. Provide the results of the program's outputs (i.e., products or services).
- Describe what the program offer does, who it impacts, how people access the program, and how the activity contributes to the desired change.

Many program descriptions will also contain a bulleted list of program outputs, which are clear, concise descriptions of the program offer's products and services.

Performance Measures

Performance measures are organized in a table in each program offer. The table identifies the type of measure, the measure's definition, and measure results. Where available, the table reports history,

annualized current service level estimates (what's expected to be delivered for the current fiscal year), and anticipated target service level for the upcoming year. Additional supporting information, such as explanations of notable performance changes, are located in the narrative section below the table. Every program offer includes two to four performance measures indicating the level of service expected if the program is selected. Two common types of measures are the output, which represents the volume of work, and the outcome, which represents the measurable results of that work. For example, a hypothetical addictions treatment program for youth might report the number of youth who received treatment (output), and the percentage of youth who achieved sobriety and completed their treatment plan upon exit (outcome). Program offers are required to have at least two output measures (except for small program offers with narrow scopes, which may list just one).

Other types of measures departments may use include resource measures (inputs other than staffing or finances) and measures of service quality/efficiency. Using the addictions treatment example, inputs might be reported as the number of treatment beds available. Quality could be reported as the percent of youth that rate counseling staff as engaging and supportive, and efficiency might be reported as the cost for each successful treatment completion.

Legal and Contractual Mandates

Many program offers will be constrained by legal or contractual mandates. If a program offer is affected by a mandate, the mandate and its authorizing document (a statute, contract, etc.) should be noted.

Revenue/Expense Detail (Program Costs)

This table shows the cost to the County of providing the program, as well as the revenues generated by the program for its support. These costs include personnel, contracted services, materials and supplies, and internal services. The table also provides costs and revenues from the prior fiscal year's crosswalked Adopted budget for comparison. The crosswalked budget maps the prior year's Adopted budget to the current year's program offers. This provides a more visible year-over-year view to those reading program offers and facilitates conversations around program changes from the prior year. Under certain circumstances, such as when a program was discontinued, the history is not crosswalked into this budget. Therefore, the prior year's budget amounts in the program offers for each department may not add up to the total Adopted budget from the prior year for that department. You can see the total prior year's Adopted budget in the Legal Detail by Department by Fund section in Volume 1, the Revenue & Expenditures - All Funds section in Volume 1, or the prior year's budget book.

Explanation of Revenues

This section lists the revenues that are summarized in the table above it and explains how non-General Fund (Other Funds) revenues or General Fund fee revenues were estimated. Revenue estimates should clearly demonstrate the reasonableness of the estimate.

Significant Program Changes

This section details significant programmatic changes that affect the program, but does not describe minor financial changes. Described changes might include:

- Increases or decreases in the scope or level of services.
- Increases or decreases in net personnel resources (i.e. full-time equivalent positions, or FTEs).
- Revenue increases or decreases.
- Impacts to other departments and/or service delivery programs.

In this section you will also find a reference from this year's program offer to its predecessor in the previous year, if applicable. (Note that program offer numbering can change between fiscal years.)

Types of Programs

Program offers are categorized based on the "type" of services they deliver. Program offers fall into one of the following five groups:

Administration

Department- or division-level management and related expenses (e.g. office space, supplies, telephones, etc.). Direct program supervision is not considered administration.

Capital

Programs that fund improvements and construction of County-owned buildings, roads, bridges, and major information technology systems.

Internal Service

Programs that focus on services provided by one County department to support another, including: information technology and telecommunications, facilities and property management, fleet and motor pool, distribution, and records management.

Operating

Programs that represent a set of services provided to the community. These programs also include the direct supervision and management of the program.

Revenue/Fund Level/Tech

Programs used to budget discretionary (primarily General Fund) revenues at the fund level. (Program revenues are budgeted within the applicable program offer.)

Additional Program Details

Program offer documents also include information on program characteristics (see below). Program characteristics provide additional information on the type of funding for the program.

A letter at the end of a program offer number indicates a scaled program offer. Scaled offers are a way for the Board to make choices on the size of programs to fund (see below).

Program Offer Characteristics

At the top of each program offer, you will see a list of program characteristics (if they are applicable):

New Request - Activities that the County currently does not do. This includes requests for expansions of service that would significantly change the size or scope of an existing program.

Backfill Other Funds - Backfill is defined as discretionary dollars (General Fund) applied to a program that was previously funded by a grant or funding from State, Federal, or local governments. This could occur when grant funding goes away entirely and the department proposes continuing the program with General Fund or when only a portion of the grant goes away and the department proposes continuing the program at the same level by supplementing with General Fund dollars.

One-Time-Only Request - A one-time-only (OTO) request seeks funding for one budget year or a finite project in a dedicated fund. Examples include funding for capital projects, piloting a program, or ramping down services. If a funding request is adopted using OTO funds, projects/initiatives are expected to be completed in a single budget cycle except for projects with a known end date that may span more than one year (such as capital projects).

Measure 5 Education - In Oregon, we have a constitutional limit on how much real property tax we can spend for educational services. Multnomah County has General Fund revenues that are not derived from real property taxes, and these revenues can be expended on educational services without violating the Constitutional limitation. In order for the County to easily demonstrate that it has complied with the Constitutional limitation, departments can designate a program as a "Measure 5 Education" offer, indicating the program may be funded by non real property tax revenues.

Scaled Program Offers

Program offers represent discrete increments of service and many County programs have the ability to deliver services at varying levels. Scaling program offers by creating separate program offers for different levels of service provides transparency and allows decision makers to choose a particular level of service. Scaled program offers typically:

- Budget for large facilities, such as jails.
- Specify when the General Fund backfills other funds.
- Expand services beyond the current service level.

- Provide levels of services for a program. For example, an alcohol and drug treatment program may be able to offer 100, 150, or 175 beds.
 - Base Level of Service - Program “A” is the base level of service that can be provided while still delivering the expected results. In the example above, the base level of service would be 100 beds.
 - Increments of Service - Program “B” (and beyond, e.g. “C”, “D”) represents incremental levels of service that buy additional outcomes. In the alcohol and drug treatment example, Program “B” could be 50 additional beds, and another, separate increment (Program “C”) could be 25 additional beds, giving decision-makers a choice between adding either 50 or 75 beds.

Total Budget vs. Operating Budget

A department's total budget is its legal budget. The County is required by Oregon Budget Law to report the budget at this level, although doing it this way overstates what we actually plan to spend on programming because it includes unappropriated balances, contingencies, and cash transfers from one fund to another. Program offers reflect the total budget.

This budget document will often focus on the operating budget (a subset of the total budget) because that number avoids some double counting and provides a clearer picture of what the department expects to spend in a year. The operating budget excludes unappropriated balances, contingencies, and cash transfers. Some departments' budgets do not contain any unappropriated balances, contingencies, or cash transfers, so their operating budget will be the same as their total budget.

Online Resources

The FY 2026 Adopted Budget Dashboard provides an interactive, visual representation of County budget data, which can be filtered by department, division, program offer, fund, and various characteristics (such as program offer type or ongoing/one-time-only). A link to the dashboard is available at www.multco.us/budget.

Individual program offers can also be found on the Budget Office website at www.multco.us/info/fy-2026-program-offers.

Additional materials that were provided to departments during budget development, such as the [FY 2026 Budgeting for Results](#) guide and the [FY 2026 Program Offer Writer's Guide](#), can be found on the budget preparation website at www.multco.us/info/fy-2026-budget-manuals-forms-calendars-and-other-resources.

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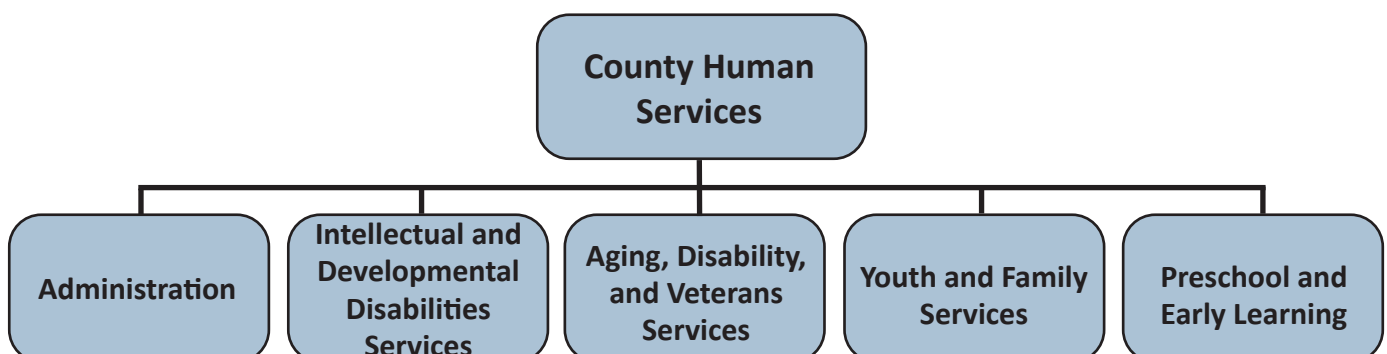
Department Overview

The Department of County Human Services' long-range vision is guided by the DCHS North Star, which states that: **Every person – at every stage in life – has equitable opportunities to thrive.**

In order to achieve our North Star, we must actively work against systemic racism and socio-economic disparities within our communities. We do this by centering racial justice and equity in the work that we do. DCHS strives to uplift our community members in times of need, and to invest in innovative, future-oriented approaches to human services. These approaches prevent crises, build assets and nurture self-determination within our communities by addressing and redressing the root causes of racism and all other forms of inequity.

DCHS has a critical role in the County because the department designs programs, services, and funding that provides stability for people in every stage of life. This budget supports the core work of the department by:

- **Our work in early childhood:** DCHS supports our youngest community members by ensuring equitable access to free, high-quality, culturally responsive preschool experiences through our Preschool & Early Learning Division (PEL). PEL collaborates across the department to offer developmentally appropriate early education access for youth served through the Intellectual and Developmental Disabilities Services Division (IDDS).
- **Our support for children and young people:** DCHS promotes positive parenting, improves educational access and support, and ensures that BIPOC children – and any children facing barriers – have access to quality education, enough to eat year-round, and that their families are in stable housing.
- **Our work with adults:** DCHS supports young adults with disabilities who want to live in their own homes and have fulfilling and stable jobs, thus contributing to their economic stability and quality of life. DCHS helps people stay in affordable homes, and provides safety and support for survivors of domestic and sexual violence.
- **Our support for older adults, people with disabilities and veterans:** DCHS works with these communities to help them achieve quality of life and independence. We do this by helping them navigate public programs, providing community programs that support people staying healthy and engaged, and by intervening when older adults or people with disabilities are potentially being abused.



\$442.7 million

Total Adopted Operating Budget

Excludes \$542.3 million cash transfers, contingencies, and unappropriated balances.

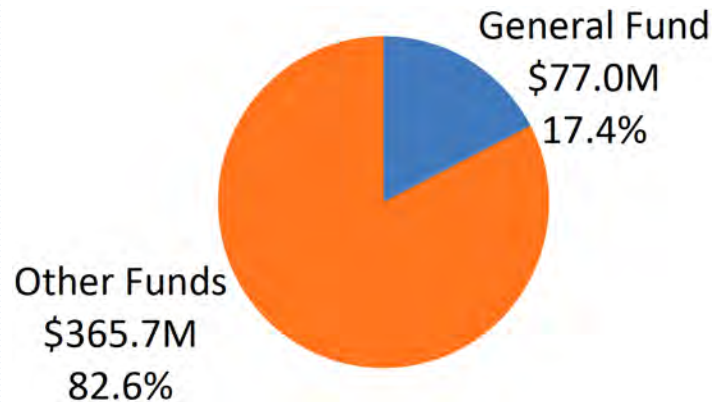
981.50 FTE

Total Adopted Staffing



(8.50) FTE

Decrease from
FY 2025 Adopted



\$70.9 million

All Funds Increase from
FY 2025 Adopted

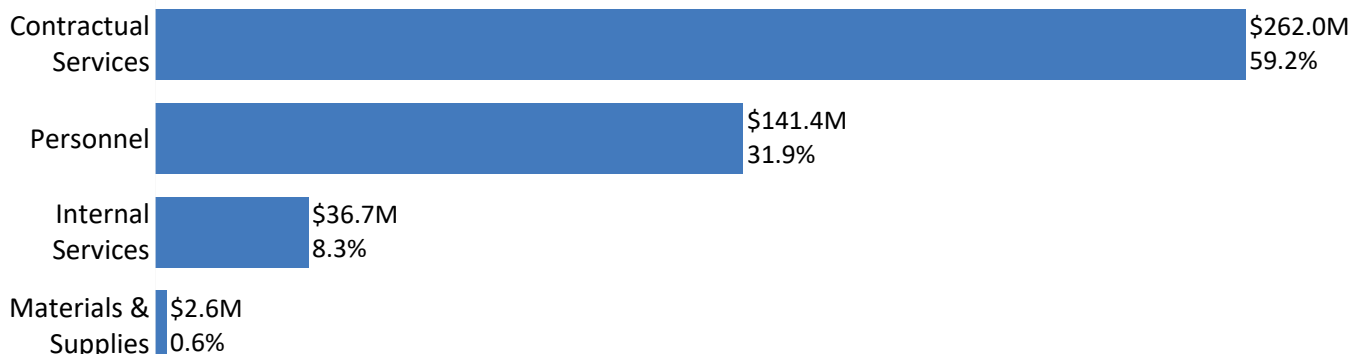


19.1% increase

General Fund
\$6.2 million
New **One-Time-Only** Investments
\$1.0 million
New **Ongoing** Investments

Operating Budget by Category - \$442.7 million

Does not include cash transfers, contingencies, and unappropriated balances



Mission, Vision, and Values

DCHS's budget priorities align with our commitment to be a leader in anti-poverty work and economic justice efforts, with a focus on the needs of Black, Indigenous and People of Color (BIPOC) communities. During a challenging budget year, we have evaluated our programs and prioritized those with the most critical impact. We are doing this while also maintaining strong relationships and collaboration with our community partners and other County departments.

The DCHS Director's priorities are:

- Maintaining critical services – programs centered on some of our most vulnerable community members – for survivors, families with children, and our aging population:
 - Prioritizing direct services and uplifting programs that impact quality of life and stabilization for our most vulnerable community members, maintaining safety net services in creative and innovative ways. Continuing to find solutions and strategies to address shortfalls through our One Department approach to programs.
 - Prioritizing programs that could not be served through other avenues/will not receive funding from other sources.
- Prioritizing the preservation of DCHS staffing infrastructure.
- Implementing equity initiatives such as Workforce Equity Strategic Plan (WESP) and Inclusively Leading with Race.
- Mitigating reductions in state and federal funding matches to ensure our services can reach the most people.
- Promoting healthy aging in the community by investing in aging services.
- Championing programs dedicated to preventing evictions and homelessness – shifting priorities to focus on keeping people housed through rent assistance programs.
- Supporting initiatives that promote economic stability for individuals and families.
- Emphasizing early learning and educational success through dedicated programs through the Schools Uniting Neighborhoods (SUN) Service System and Preschool For All.
- Cross-departmental collaboration – emphasizing a “no wrong door” approach for consumers through partnerships across the county. This includes Medicaid 1115 housing waiver roll out, Supportive Housing Services (SHS) funded programs and behavioral health services within DCHS programs.
- Alignment with the Chair's budget priorities – we have aligned our priorities with the Chair's by looking at vacant positions and reducing those with the least impact. We have made reductions in administration and management level positions throughout the department.
- Supporting the department's strategic initiatives such as the Sustainable Business Plan and Employer of Choice on the journey to being One Department and a One County approach.

Diversity, Equity, and Inclusion

Diversity, Equity, and Inclusion Efforts:

The Workforce Equity Strategic Plan (WESP) serves as the basis for all diversity, equity, and inclusion (DEI) efforts within the department and aligns with the DCHS North Star.

Further, we employ the fullness of the equity and empowerment lens to guide the decision-making process and promote equitable outcomes.

DCHS engages this approach to intentionally position racial justice at the epicenter of our work with marginalized communities who represent ethnic and diverse cultures, backgrounds, and intersectionality. Equitable outcomes for ethnic and diverse communities are at the core of our work with the understanding that everyone at every stage of life has the opportunity to thrive and flourish.

Equity for DCHS Consumers:

DCHS integrates equity into all the department's programs and services via the equity and empowerment lens – specifically serving ethnic and diverse communities. For example, the Aging, Disability, and Veterans Services Division (ADVSD) received a prestigious award from USAging for the creation of the Supportive Housing Services (SHS) mobile team of assessment workers to partner with Homeless Services Department (HSD) funded homeless outreach and shelter programs. Another example of how equity is woven into the core functions of DCHS is in the Intellectual & Developmental Disabilities Services Division (IDDSD) and partners with Albertina Kerr's Project Search to promote economic development with developmentally disabled communities as well as promote equitable outcomes. This is imperative as communities who experience challenges with disabilities are able to gain independence, self-confidence, and full inclusion in society.

Equity for the DCHS Workforce:

The department continues to enhance organizational culture through the WESP and Diversity, Equity, & Social Justice Committee (DESJC) as indicated by the results of the 2023 County-wide Employee Survey in which 609 employees (60%) completed the survey. The department improved in job satisfaction in each division, supervision & communication, belonging, and work climate. DCHS continues to be an employer of choice as well as the community's service provider of choice. These improvements are indicative of direct engagement and implementation of the WESP and equity work in DCHS.

The DCHS Diversity, Equity, and Social Justice Committee (DESJC) is an essential and vital diversity committee that works vigorously to promote diversity, equity, and inclusion as well as promote safety, trust, and belonging. The DESJC remains attentive and devoted to advocating for racial and social justice for the department and is strategically positioned to implement the Two-Year Strategic Plan. The DESJC will continue to play a role in the budget process by providing valuable input to the DCHS Leadership Team.

Division-level collaboration: The Equity Team works in partnership with each division director and diversity teams to promote initiatives and recommendations of the WESP. The Equity Team also engages with each division by providing training, technical assistance, and consultations. The division directors, senior leadership teams, and equity manager select an initiative from the WESP that advances equity within the division. Once the initiatives are complete, the teams huddle to debrief, and determine next steps.

Microaggression Initiative: The DCHS Equity Team has fully implemented the department-wide microaggression initiative tool as one method (among many) for employees to report microaggressions. The Equity Team remains in strong partnership with the DCHS Human Resources Team to address microaggressions as well as provide responsive and equitable options for all employees. The DCHS Equity Team continues to provide training on the microaggression tool throughout the department.

ADVSD Equity Manager Cohort Groups: The DCHS Equity Team engaged in equity manager cohort groups in the Division to assist managers in establishing and building their individual equity toolkit as they continue to lead their teams and expand their equity lens.

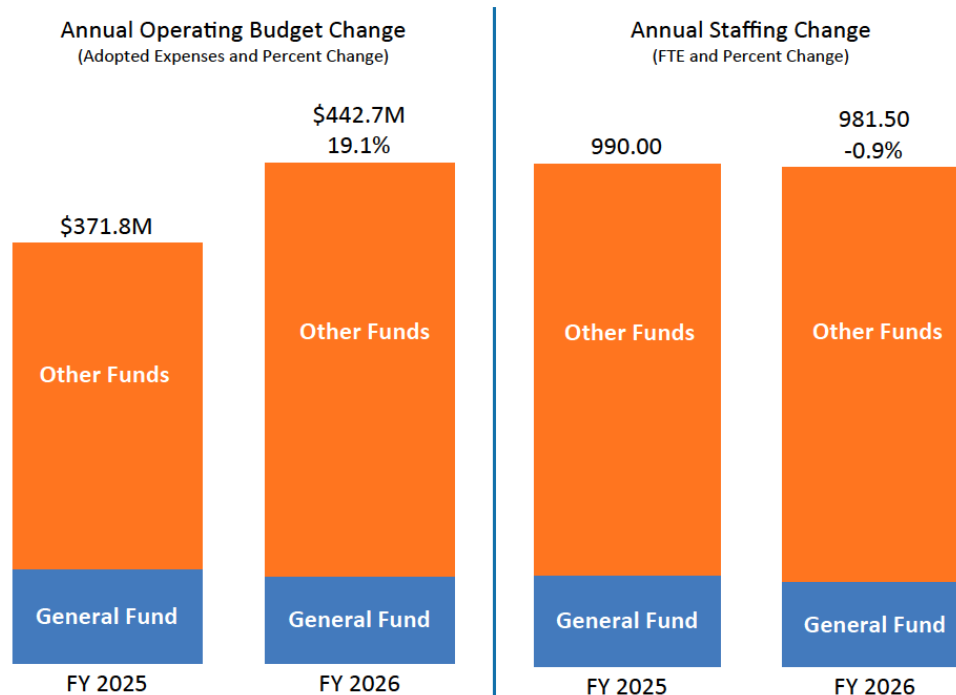
Equity in the DCHS Budget Process:

DCHS continues to make racial justice and equity the centerpiece of the FY 2026 budget decision-making process by providing a framework and equity lens for leadership teams to contemplate systemic racial disparities when developing program offers. The DCHS Equity & Inclusion Manager will continue to work in partnership with the department director, budget director, and division directors to review program offers as well as specific and direct questions to guide the review process that include:

- What kinds of data are available, and how is data being used to inform decision-making?
- What kinds of community engagement, particularly with ethnic and diverse communities, were utilized in the creation and/or review of the program offer or proposal?
- Who will benefit and/or who will be adversely impacted by our decision?

Budget Overview

The FY 2026 Department of County Human Services (DCHS) operating budget is \$442.7 million, a \$70.9 million (19.1%) increase from the FY 2025 Adopted budget. These amounts exclude cash transfers, contingencies, and unappropriated balances. The General Fund accounts for \$77.0 million or 17.4% of the budget. Other Funds include Federal/State at \$195.1 million (44.1%), Preschool for All at \$163.0 million (36.8%), Supportive Housing Services at \$6.0 million (1.4%), and COVID-19 Response at \$1.6 million (0.4%).



Most of the DCHS budget comes from nearly 100 Federal, State and local sources. This includes \$195.1 million in the Federal/State Fund, which increased by \$17.0 million (9.5%) from the FY 2025 Adopted budget. Notable changes in the Federal/State Fund include:

- Increase of \$10.0 million in one-time-only Federal funding for the Medicaid 1115 Health Related Social Needs Housing Waiver in the Youth and Family Services (YFS) Division. This program will provide up to six months of rent and utility assistance to Medicaid recipients facing homelessness (25133C).
- Decrease of \$1.9 million in Federal funding for the Low Income Home Energy Assistance Program (LIHEAP) in the Youth and Family Services (YFS) Division (25119).
- Decrease of \$1.5 million in the Intellectual and Developmental Disabilities Services Division (IDDSD) for Emergency Response Kits. This was one-time-only funding from the State in FY 2025 (25011B).

The DCHS Preschool and Early Learning (PEL) Division administers the voter approved “Preschool for All” program (Measure 26-214), which offers free early education to 3 and 4 year olds across the County. FY 2026 will be the fourth year of preschool seats, and will grow to 3,800 seats. The budget totals \$705.2 million and 54.00 FTE in the PEL Division. Of this amount, \$524.8 million is unappropriated balance and \$17.5 million is contingency, leaving a balance of \$163.0 million for direct programming in DCHS’s budget. The direct programming amount increased by \$65.4 million (67.0%) and 11.00 FTE, compared to the FY 2025 budget at \$97.6 million and 43.00 FTE.

The COVID-19 Response Fund, which includes American Rescue Plan (ARP) funding, decreased by \$0.7 million from FY 2025 as the funding is sunseting. FY 2026 includes \$1.6 million of one-time-only funding from ARP interest earnings in the YFS – SUN Community Schools: Family Resource Navigators program (25146).

The following tables shows the new or expanded ongoing and one-time-only programs, as well as reductions and backfill. These tables, along with information on the DCHS reallocations, can be found in the Overview of Additions, Reductions, and Reallocations section of the Budget Director’s Message in Volume 1. In addition, the Budget Director’s Message contains a list of one-time-only programs for all departments.

New Investments in Ongoing and One-Time-Only Programs

Prog. #	Program Offer Name	General Fund		
		Ongoing	OTO	FTE
25004	Support for Newly Arrived Families		633,500	
25029B	Long Term Care for Homeless Individuals with Severe and Persistent Mental Illness Expansion	500,000		
25131D ¹	YFS - Record and Fee Expungement Program (Project Reset)	250,000		
25131E ¹	YFS - Eviction Prevention: In Courtroom Support	247,324		
25133B	Emergency Rent Assistance & Eviction Prevention		3,500,000	1.50
25146 ²	YFS - SUN Community Schools: Family Resource Navigators		2,000,000	
25147	YFS - East County Culturally Specific Community Food Systems		<u>74,000</u>	
Total		\$997,324	\$6,207,500	1.50

¹ Program funded as one-time-only in FY 2025.

² Includes \$1.6 million of one-time-only American Rescue Plan interest earnings.

Reductions and Backfill

Prog. #	Program Offer Name	General Fund	Medicaid	Supportive Housing Services (SHS) Fund	Total Reductions	FTE Red.
25000	DCHS Director's Office	(30,000)		(198,440)	(228,440)	(1.00)
25022	ADVSD Adult Care Home Program	(56,724)	(135,057)		(191,781)	(1.00)
25023	ADVSD Long Term Services & Supports (Medicaid)	(110,720)	(263,619)		(374,339)	(1.00)
25024	ADVSD Adult Protective Services	(46,710)	(111,214)		(157,924)	(1.00)
25027	ADVSD Administration	(249,825)	(366,209)		(616,034)	(2.00)
25028	ADVSD Multi-Disciplinary Team	(473,567)			(473,567)	
25029A ¹	ADVSD LTSS Nursing Homes and Homeless Services (Medicaid)	379,596	1,009,920	(992,295)	397,221	
25038	ADVSD Community Participation and Program Operations	(108,057)			(108,057)	(0.50)
25044	YFS - Domestic and Sexual Violence Coordination	(40,000)			(40,000)	
25050	YFS - Gateway Center			(120,678)	(120,678)	(1.00)
25118	YFS - Youth & Family Services Administration	(383,495)		(188,927)	(572,422)	(3.00)
25131C ²	YFS - Eviction Prevention Support	(321,728)		210,164	(111,564)	
25131E ³	YFS - Eviction Prevention: In Courtroom Support			(250,000)	(250,000)	
25133C	YFS - Eviction Prevention			(1,798,107)	(1,798,107)	(4.00)
25137 ⁴	YFS - Successful Families	(593,289)			(593,289)	
25139	YFS - Multnomah Stability Initiative (MSI)			(912,045)	(912,045)	(1.00)
25151	YFS - SUN Parent & Child Development Services	(572,177)			(572,177)	
25160	YFS - Data and Evaluation Services	(111,571)			(111,571)	(0.50)
Total		(\$2,718,267)	\$133,821	(\$4,250,328)	(\$6,834,774)	(16.00)

¹ Replaces Supportive Housing Services funding with Medicaid. General Fund is Medicaid Match.

² 25131C is backfilled with \$210,164 in one-time-only SHS funding.

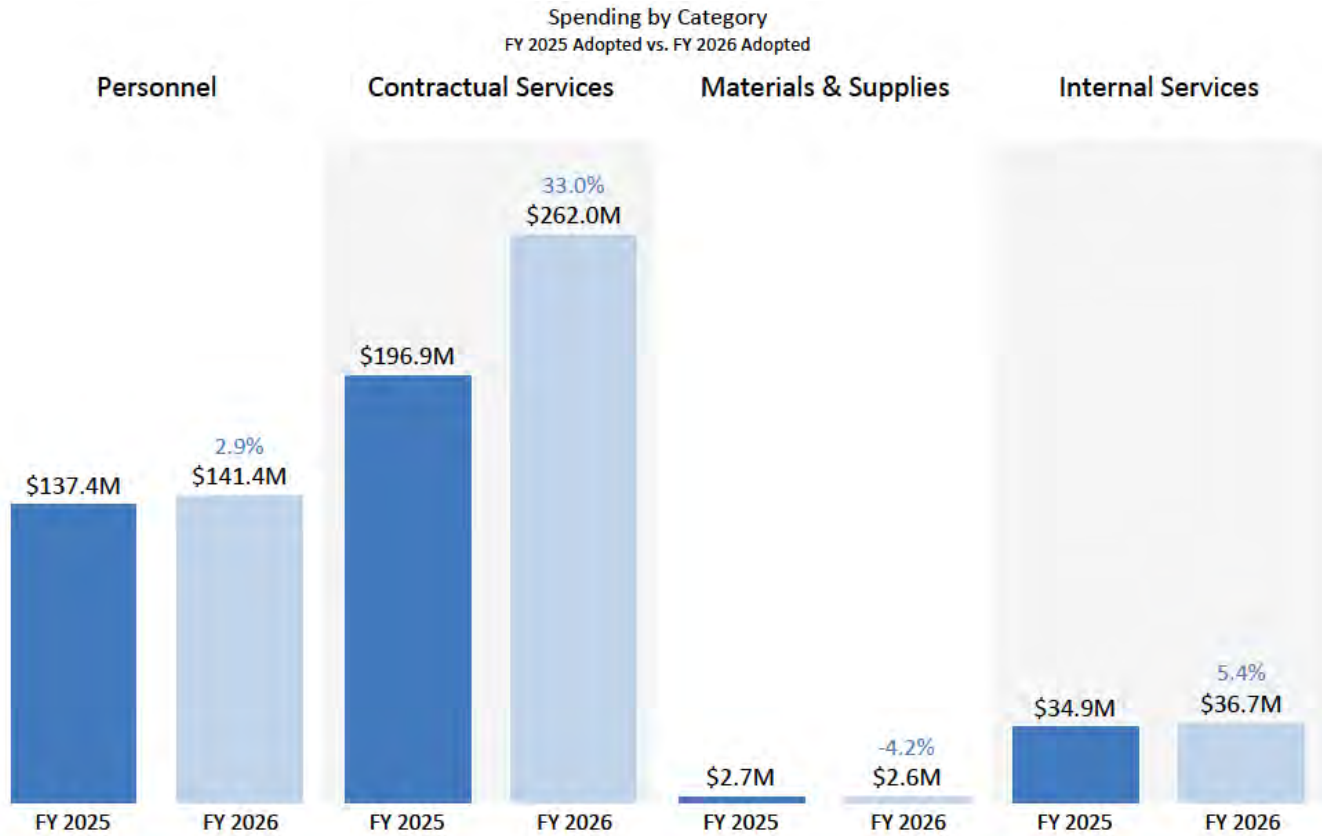
³ 25131E was funded as one-time-only in FY 2025. In FY 2026 funded with \$247,324 in ongoing General Fund.

⁴ Program is eliminated in FY 2026.

County Human Services

FY 2026 Adopted Budget

The chart below provides a breakdown of the budget's expense categories from FY 2025 to FY 2026. Contractual Services is the largest component of the DCHS budget, and it grew the most between FY 2025 and FY 2026. This growth is primarily in the Preschool and Early Learning Division as it increased by \$63.2 million in Contractual Services. The chart is followed by the Budget Trends table, which details the changes.



FY 2026 Budget Trends: County Human Services

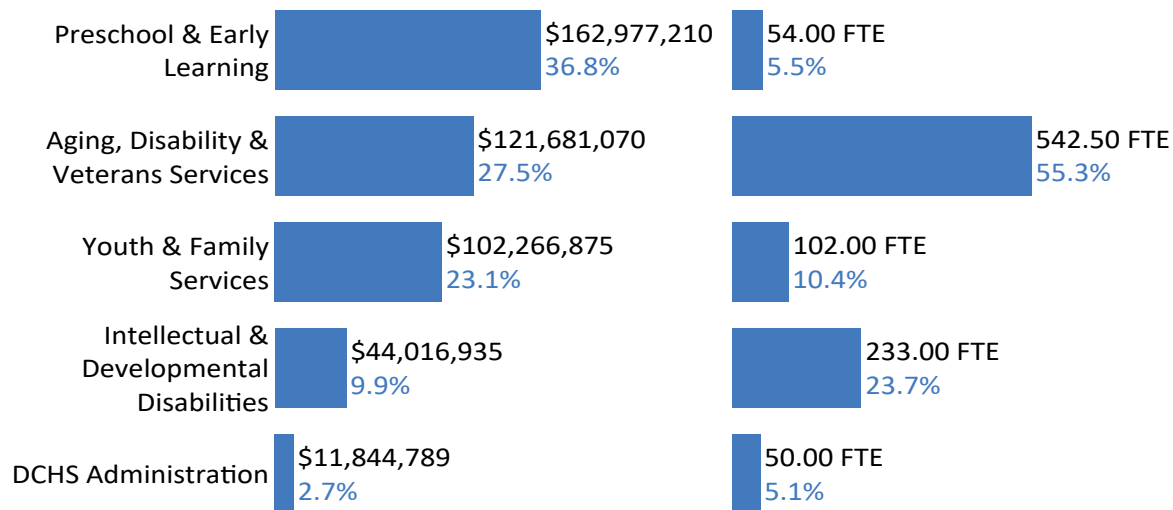
	FY 2024 Actual	FY 2025 Current Estimate	FY 2025 Adopted Budget	FY 2026 Adopted Budget	Difference
Staffing FTE	1,006.72	990.75	990.00	981.50	(8.50)
Personnel Services	124,235,513	132,959,093	137,372,424	141,423,720	4,051,296
Contractual Services	158,743,079	196,186,564	196,918,832	261,991,209	65,072,377
Materials & Supplies	3,182,739	4,103,452	2,695,131	2,583,262	(111,869)
Internal Services	29,776,242	33,327,007	34,858,147	36,732,171	1,874,024
Total Operating Budget	\$315,937,573	\$366,576,116	\$371,844,534	\$442,730,362	\$70,885,828
Contingency	N/A	N/A	16,300,000	17,500,000	1,200,000
Internal Cash Transfers	0	0	0	0	0
Unappropriated Balances	N/A	N/A	449,662,827	524,756,817	75,093,990
Total Budget	\$315,937,573	\$366,576,116	\$837,807,361	\$984,987,179	\$147,179,818

Budget by Division

Division Name	General Fund	Other Funds	Total Division Cost	Total FTE
Administration	11,844,789	0	11,844,789	50.00
Intellectual and Developmental Disabilities Services	4,391,315	39,625,620	44,016,935	233.00
Aging, Disability, and Veterans Services	15,850,519	105,830,551	121,681,070	542.50
Youth and Family Services	44,951,198	57,315,677	102,266,875	102.00
Preschool and Early Learning	0	705,234,027	705,234,027	54.00
Vacancy Hiring Delay Savings	(56,517)	0	(56,517)	0.00
Total County Human Services	\$76,981,304	\$908,005,875	\$984,987,179	981.50

Includes cash transfers, contingencies and unappropriated balances.

The graphic below does not include (\$56,517) vacancy hiring delay savings; see Budget Director's Message for details.



This chart does not include cash transfers, contingencies or unappropriated balances

Table of All Program Offers

The following table shows the programs by division that make up the department's total budget. The individual programs follow, grouped by division.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Administration						
25000	DCHS Director's Office		3,531,912	0	3,531,912	14.00
25001	DCHS Human Resources		2,175,145	0	2,175,145	10.00
25002	DCHS Business Services		5,504,232	0	5,504,232	26.00
25004	Support for Newly Arrived Families	X	<u>633,500</u>	<u>0</u>	<u>633,500</u>	<u>0.00</u>
	Total Administration		\$11,844,789	\$0	\$11,844,789	50.00
Intellectual and Developmental Disabilities Services						
25010	IDDSD Administration & Support		682,174	5,407,167	6,089,341	31.00
25011	IDDSD Budget and Operations Support		625,651	7,842,164	8,467,815	38.00
25012	IDDSD Services for Adults		1,589,338	9,486,449	11,075,787	62.00
25013	IDDSD Services for Children and Young Adults		1,477,621	9,213,858	10,691,479	62.00
25014	IDDSD Abuse Investigations		3,571	4,989,575	4,993,146	26.00
25016	IDDSD Eligibility & Intake Services		<u>12,960</u>	<u>2,686,407</u>	<u>2,699,367</u>	<u>14.00</u>
	Total Intellectual and Developmental Disabilities Services		\$4,391,315	\$39,625,620	\$44,016,935	233.00
Aging, Disability, and Veterans Services						
25022	ADVSD Adult Care Home Program		99,062	6,628,000	6,727,062	31.00
25023	ADVSD Long Term Services & Supports (Medicaid)		3,015,015	52,301,310	55,316,325	312.00
25024	ADVSD Adult Protective Services		1,062,753	11,171,283	12,234,036	57.02
25025	ADVSD Veterans Services		513,462	10,062,691	10,576,153	8.20
25026	ADVSD Public Guardian/Conservator		1,947,904	0	1,947,904	11.00
25027	ADVSD Administration		583,610	2,831,423	3,415,033	14.00
25028	ADVSD Multi-Disciplinary Team		471,205	793,138	1,264,343	4.98
25029A	ADVSD LTSS Nursing Homes and Homeless Services (Medicaid)		892,419	7,702,632	8,595,051	40.00
25029B	Long Term Care for Homeless Individuals with Severe and Persistent Mental Illness Expansion		500,000	0	500,000	0.00
25032	ADVSD Outreach, Information, Referral & Assistance		2,785,418	3,908,348	6,693,766	28.65
25033	ADVSD Nutrition Program		319,229	2,019,668	2,338,897	0.00

County Human Services

FY 2026 Adopted Budget

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
25034	ADVSD Health Promotion		125,458	315,182	440,640	1.00
25035	ADVSD Case Management & In-Home Services (Community Services)		1,323,609	3,052,183	4,375,792	13.48
25036	ADVSD Safety Net Program		875,901	179,087	1,054,988	2.00
25037	ADVSD Transportation Services		167,814	2,157,739	2,325,553	0.95
25038	ADVSD Community Participation and Program Operations		974,618	2,451,285	3,425,903	16.72
25039	ADVSD Family Caregiver Program		<u>193,042</u>	<u>256,582</u>	<u>449,624</u>	<u>1.50</u>
Total Aging, Disability, and Veterans Services			\$15,850,519	\$105,830,551	\$121,681,070	542.50
Youth and Family Services						
25041	YFS - Domestic Violence Crisis Services		479,028	0	479,028	0.00
25044	YFS - Domestic and Sexual Violence Coordination		799,871	77,928	877,799	4.00
25046	YFS - Domestic Violence Legal Services		225,726	35,000	260,726	0.00
25047	YFS - Domestic Violence Crisis Response Unit		1,743,472	352,516	2,095,988	12.00
25048	YFS - Culturally Specific and Underserved Domestic & Sexual Violence Services		885,538	0	885,538	0.00
25049	YFS - Sexual Assault Services		917,709	0	917,709	1.00
25050	YFS - Gateway Center		958,214	1,691,632	2,649,846	7.00
25118	YFS - Youth & Family Services Administration		2,388,527	0	2,388,527	11.00
25119	YFS - Energy Assistance		152,170	12,083,527	12,235,697	7.50
25121	YFS - Weatherization		0	10,239,380	10,239,380	14.50
25130	YFS - Family Unification Program		664,004	300,000	964,004	0.00
25131A	YFS - Legal Services & Supports		503,036	0	503,036	0.00
25131B	YFS - Peer Navigators		419,431	0	419,431	0.00
25131C	YFS - Eviction Prevention Support		124,528	210,164	334,692	0.00
25131D	YFS - Record and Fee Expungement Program (Project Reset)		250,000	0	250,000	0.00
25131E	YFS - Eviction Prevention: In Courtroom Support		247,324	0	247,324	0.00
25133A	YFS - Housing Stabilization & Eviction Prevention		1,562,974	10,319,597	11,882,571	8.00
25133B	Emergency Rent Assistance & Eviction Prevention	X	3,500,000	0	3,500,000	1.50

County Human Services

FY 2026 Adopted Budget

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
25133C	Medicaid 1115 Health Related Social Needs Housing Waiver	X	0	10,000,000	10,000,000	0.00
25134	YFS - Fair Housing Testing in East Multnomah County	X	128,000	0	128,000	0.00
25135	YFS - Sex Trafficked Youth Services		1,066,764	0	1,066,764	0.00
25136	YFS - Culturally Specific Navigation Services for Immigrant Families		308,568	0	308,568	0.00
25138	YFS - Youth Stability & Homelessness Prevention Services		1,490,916	110,000	1,600,916	0.00
25139	YFS - Multnomah Stability Initiative (MSI)		3,638,798	4,787,110	8,425,908	2.00
25140	YFS - Community Development in East Multnomah County		164,315	388,000	552,315	1.00
25141	YFS - Supplemental Nutrition Assistance Program (SNAP) Outreach		176,519	161,972	338,491	2.00
25145	YFS - SUN Community Schools		9,852,284	2,914,661	12,766,945	4.00
25146	YFS - SUN Community Schools: Family Resource Navigators	X	375,063	1,624,937	2,000,000	0.00
25147A	YFS - Child & Family Hunger Relief		767,356	0	767,356	1.00
25147B	YFS - East County Culturally Specific Community Food Systems	X	74,000	0	74,000	0.00
25149	YFS - SUN Youth Advocacy Program		4,228,346	100,000	4,328,346	0.00
25151	YFS - SUN Parent & Child Development Services		1,323,219	544,803	1,868,022	0.50
25152	YFS - Early Learning Family Engagement and Kindergarten Transition		463,360	842,982	1,306,342	1.00
25155	YFS - Sexual & Gender Minority Youth Services		405,938	0	405,938	0.00
25156	YFS - Bienestar Social Services		2,770,261	312,287	3,082,548	14.00
25160	YFS - Data and Evaluation Services		<u>1,895,939</u>	<u>219,181</u>	<u>2,115,120</u>	<u>10.00</u>
Total Youth and Family Services			\$44,951,198	\$57,315,677	\$102,266,875	102.00
Preschool and Early Learning						
25200A	PEL - Administration & System Support		0	1,591,419	1,591,419	5.00
25200B	PEL - Contingency and Reserves	X	0	43,750,000	43,750,000	0.00
25200C	PEL - Dedicated Savings	X	0	498,506,817	498,506,817	0.00
25201	PEL - Division Administration & System Support		0	7,465,703	7,465,703	29.00

County Human Services

FY 2026 Adopted Budget

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
25202	PEL - Preschool Access: Family & Provider Navigation		0	1,813,532	1,813,532	1.00
25203	PEL - Preschool for All Facilities Fund		0	20,000,000	20,000,000	0.00
25204	PEL - Program Quality & Provider Capacity Building		0	9,001,750	9,001,750	1.00
25205	PEL - Preschool for All Pilot Sites		0	101,481,922	101,481,922	17.00
25206	PEL - Early Educator Workforce Development		0	7,188,440	7,188,440	1.00
25207	PEL - Preschool for All Infant Toddler Stabilization		<u>0</u>	<u>14,434,444</u>	<u>14,434,444</u>	<u>0.00</u>
Total Preschool and Early Learning			\$0	\$705,234,027	\$705,234,027	54.00
Vacancy Hiring Delay Savings						
25999	DCHS Vacancy Hiring Delay Savings	X	<u>(56,517)</u>	<u>0</u>	<u>(56,517)</u>	<u>0.00</u>
	Total Vacancy Hiring Delay Savings		(\$56,517)	\$0	(\$56,517)	0.00
Total County Human Services¹			\$76,981,304	\$908,005,875	\$984,987,179	981.50

¹ Includes cash transfers, contingencies, and unappropriated balances.

Program #25999 - DCHS Vacancy Hiring Delay Savings
FY 2026 Adopted
Department: County Human Services

Program Contact: Robert Stoll

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: New Request, One-Time-Only Request

Program Description

This program represents the expected General Fund savings from a hiring delay based on the estimated savings for the first quarter of FY 2026. However, departments have the entire fiscal year to generate the savings. The calculations were based on General Fund vacancies.

The following criteria were used to determine the calculations:

- Does not include the following positions:

Public safety (Sheriff's Office, Department of Community Justice, Corrections Health, District Attorney's Office)

Positions identified by the Chief Operating Officer's (COO) Office) as possible reductions

Positions which were filled since the original list was compiled

Positions used for layoff/bumping/Project Save

Positions leveraging Other Funds or fees

Positions which are filled with a work-out-of-class, temporary, contracted, or limited duration appointment

In addition, a 10% contingency was added to the total savings to account for changes. Across all departments, this hiring delay will generate \$1.2 million in one-time-only General Fund savings.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$0	(\$56,517)	\$0
Total GF/non-GF	\$0	\$0	(\$56,517)	\$0
Program Total:	\$0		(\$56,517)	
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:

This program offer was created by Board amendments 25 and 26.

Administration

Department Administration provides executive leadership and strategic vision for the Department of County Human Services (DCHS). The Director's Office works with elected leaders, stakeholders, system partners, community members and staff to ensure high-quality, equitable service delivery. Department leadership is responsible for the provision of racially equitable practices, trauma-informed practices, strategic partnerships, leadership and direction, stewardship of public resources, continuous quality improvement, performance management, emergency preparedness, innovation, communications, IT strategic planning, operations, and support and maintenance of a diverse and qualified workforce. Human Resources supports DCHS staff and addresses recruiting, hiring and retention issues, workforce planning, training, employee performance management, and labor relations. Business Services provides financial and business functions including development, management and oversight of the department's budget, accounts receivable and payable, purchasing, and grant management. The unit coordinates department procurement and contracting functions, and ensures implementation and compliance with all County contracting and procurement policies. Emergency Management is a function within DCHS Administration and responds to climate crises/severe weather and coordinating mass shelter during emergencies under the department's Emergency Support Function #6 (ESF-6) designation, which includes Mass Care and Human Services.

\$11.8 million

Administration

Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.



50.00 FTE

(full time equivalent)

General Fund

\$11.8M

100.0%

Significant Division Changes

Newly Arrived Families: DCHS Administration was tasked with creating a process for families with children who have recently arrived in Multnomah County from other countries to access emergency housing. DCHS established a process in partnership with community organizations and the state, which provided emergency housing to over 130 families and supported 75 households in accessing permanent housing. DCHS will continue this work in FY 2026.

Severe Weather Response: DCHS is the Emergency Support Function #6 (ESF-6) Mass Care Lead for Multnomah County. The need for additional staff and volunteers has increased over the last few years, resulting in DCHS having the responsibility of finding additional solutions for staffing. In order to increase capacity on the ESF-6 team and streamline the response for Mass Care Shelter in Multnomah County, DCHS acquired a position from the Homeless Services Department, growing from 2.00 to 3.00 FTE. DCHS implemented an on-call Person in Charge (PIC) position, and launched a community volunteer program and an event outreach initiative.

Communications Continuous Quality Improvement (CQI): In conjunction with the DCHS communications team, Chair's Staff, DCHS leadership and relevant partners, DCHS has developed a Department-wide communications process. This process includes communication project identification, prioritization, vetting, and project submission structure. There will also be an annual and five year Department-wide Communications Plan.

Supporting Housing Services (SHS): During the budget process, the DCHS Administration Division was reduced by 1.00 FTE, the SHS Advisor position that sits in the Director's Office (25000). This position provided subject matter expertise for all housing programs across DCHS, allowed for streamlining systems, data collection, reporting and implementation, supported all reporting requirements for DCHS SHS programs, and led housing workgroups across the Department.

Table of Division Programs

The following table shows the programs that make up the division's budget, including cash transfers, contingencies, and unappropriated balances. The individual programs for this division follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Administration						
25000	DCHS Director's Office		3,531,912	0	3,531,912	14.00
25001	DCHS Human Resources		2,175,145	0	2,175,145	10.00
25002	DCHS Business Services		5,504,232	0	5,504,232	26.00
25004	Support for Newly Arrived Families	X	<u>633,500</u>	<u>0</u>	<u>633,500</u>	<u>0.00</u>
	Total Administration		\$11,844,789	\$0	\$11,844,789	50.00

Department: County Human Services

Program Contact: Mohammad Bader

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: The Department of County Human Services is made up of four divisions and one office tasked with providing human services to diverse communities. The Department is funded through a blend of local, state and federal funding with accompanying requirements, roles, and programmatic commitments to the community.

PROGRAM GOAL: The Director's Office leads the Department-wide effort to fulfill the DCHS North Star, which states that in Multnomah County, every person – at every stage in life – has equitable opportunities to thrive. In addition to the existing priorities of ensuring quality of life, education access and support, and economic development and stability, we've added a fourth priority: ensuring a diverse and inclusive system. The Director's Office works to advance the Department's strategic initiatives and program service delivery through four main goals: a) maintaining good government practices of accountability and transparency; b) advancing an equity agenda both internally and with community partners; c) ensuring high-quality program delivery; and d) effective engagement and communication with the community.

PROGRAM ACTIVITIES: The Director's Office ensures a safe, welcoming, and equitable environment for staff and participants. The Office's immediate priority is to bring consistent equity and inclusion to HR recruitment, compensation and retention strategies, as well as coordinate the efforts of the Department's Equity and Inclusion Manager and Diversity, Equity, and Social Justice Committee (DESJC). Director's Office activities also include: a) ensuring DCHS meets its financial and regulatory requirements through budget development, fiscal compliance, data collection, and reporting; b) Department-wide performance management and sharing of systems improvement tools and techniques; c) identifying new approaches to DCHS work and the application of research for emerging and best practices and solutions; d) leading the work of mass care sheltering during severe weather events and overseeing the Supportive Housing Service Funds for the Department; e) providing safety, facilities, and IT project management and oversight for the Department; f) leading legislative coordination and policy review and creation; g) providing trauma Informed communication, training and critical incident response for the Department; and h) communicating and coordinating with elected officials, partners and participants using multiple methods to engage with the community, including online tools.

PROGRAM OUTPUTS:

- Ensuring DCHS meets its financial and regulatory requirements through budget development, fiscal compliance, data collection, and reporting.
- Department-wide performance management and sharing of systems improvement tools and techniques.
- Identifying new approaches to DCHS work and the application of research for emerging best practices and solutions.
- Leading the work of mass care sheltering during severe weather events and overseeing the Supportive Housing Service Funds for the Department.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of DCHS web page views ¹	427,752	480,000	435,000	450,000
Output	Number of Department-wide communications	46	55	50	57

Performance Measures Descriptions

¹Number of DCHS page views calculated using Google Analytics.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$2,744,834	\$163,072	\$2,789,755	\$0
Contractual Services	\$181,948	\$0	\$184,701	\$0
Materials & Supplies	\$143,937	\$0	\$115,638	\$0
Internal Services	\$424,800	\$24,004	\$441,818	\$0
Total GF/non-GF	\$3,495,519	\$187,076	\$3,531,912	\$0
Program Total:	\$3,682,595		\$3,531,912	
Program FTE	13.00	1.00	14.00	0.00

Program Revenues				
Other / Miscellaneous	\$3,173,283	\$0	\$2,939,402	\$0
Total Revenue	\$3,173,283	\$0	\$2,939,402	\$0

Explanation of Revenues

\$2,939,402 - County General Fund Department Indirect: Based on FY 2026 Department Indirect Rates published by Central Finance.

Significant Program Changes

Last Year this program was: FY 2025: 25000 DCHS Director's Office

- Increased by 1.00 FTE Emergency Management Analyst Senior, moved from Homeless Services Department (HSD) to DCHS during FY 2025.
- Board Amendment # 1 reduced materials & supplies by \$30,000.
- Board Amendment # 11 reduced by 1.00 FTE Program Specialist Senior that was funded in the Supportive Housing Services (SHS) Fund 1521.

Department: County Human Services

Program Contact: Jeni Woods

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Department of County Human Services Human Resources (DCHS-HR) leads the recruitment, retention, and development of DCHS' workforce that allows DCHS to fulfill its mission and provide services in accordance with DCHS priorities.

PROGRAM GOAL: Ensure services and strategies support and add value to DCHS activities; promote fair, legal, and equitable treatment of all employees; adhere to County personnel rules, policies and labor contracts; support collaborative and harmonious relationships with unions; align with Central HR to develop and implement consistent and effective HR solutions and programs; and create workforce and succession planning to develop a diverse and talented pool of employees and candidates to meet staffing needs and the needs of Multnomah County residents.

PROGRAM ACTIVITY: DCHS-HR consults with managers, supervisors, and employees on a wide range of increasingly complicated labor and employment topics, policies, contracts, values, and priorities to ensure a highly functioning workforce and mitigate risk. Efforts in FY 2026 will continue to support the workforce in a hybrid environment, professional development, education, trauma informed practices, and compliance. DCHS-HR will also support equity, including working collaboratively with the Equity Department on the Workforce Equity Strategic Plan (WESP) and Department equity-related goals, all while supporting Department-wide goals. DCHS-HR will be a resource and support in responding to critical incidents in a trauma informed manner, as well as be a support for Department-wide process improvements to ensure efficiency, compliance, accountability, and risk management. DCHS-HR will provide leadership and management on the recruitment, retention, and development of DCHS' workforce. Resources will be provided to manage staff through the employment life cycle to recruit and retain highly qualified, diverse applicants. This will ensure a high-functioning workforce that serves the changing needs of Multnomah County residents. DCHS-HR will support collaborative and harmonious relationships with unions, as well as collaboration and alignment with Central Human Resources, Labor Relations, other Department Human Resources, and Legal.

PROGRAM OUTPUTS:

- Consulting with managers, supervisors, and employees on a wide range of increasingly complicated labor and employment topics, policies, contracts, values, and priorities to ensure a highly functioning workforce and mitigate risk.
- Leadership and management on the recruitment, retention, and development of DCHS' workforce.
- Support for collaborative and harmonious relationships with unions.
- Collaboration and alignment with Central Human Resources, Labor Relations, other Department Human Resources, and Legal.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Recruitments	395	400	400	360
Output	Percent of DCHS employees who identify as a person of color	44%	44%	45%	45%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,822,135	\$0	\$1,921,555	\$0
Contractual Services	\$8,000	\$0	\$8,000	\$0
Materials & Supplies	\$19,800	\$0	\$13,545	\$0
Internal Services	\$240,900	\$0	\$232,045	\$0
Total GF/non-GF	\$2,090,835	\$0	\$2,175,145	\$0
Program Total:	\$2,090,835		\$2,175,145	
Program FTE	10.00	0.00	10.00	0.00

Program Revenues				
Other / Miscellaneous	\$1,821,515	\$0	\$1,938,555	\$0
Total Revenue	\$1,821,515	\$0	\$1,938,555	\$0

Explanation of Revenues

\$1,938,555 - County General Fund Department Indirect: Based on FY 2026 Department Indirect Rates published by Central Finance.

Significant Program Changes

Last Year this program was: FY 2025: 25001 DCHS Human Resources

Department: County Human Services

Program Contact: Robert Stoll

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

ISSUE: The Business Services team provides support to DCHS divisions through budgeting and fiscal planning; contracting, procuring and paying for services; and maintaining financial control and oversight through accounting, fund management, financial reporting, and risk management.

PROGRAM GOAL: Business Services ensures that the Department of County Human Services has proper financial controls, GAAP approved accounting practices, budgetary planning, responsive accounts payable and receivable actions, and quality contracts. This team ensures the DCHS is meeting government procurement requirements. Business Services is always striving to provide the highest standard of customer service to the Department and to work in close collaboration with the County Central Finance and Budget teams.

PROGRAM ACTIVITY: About 50% of DCHS contracts contain culturally specific and culturally responsive requirements. Roughly 70% of funding comes from over 100 sources, including state funding, federal funding, and grants. These diverse funding streams require effective contract execution, compliance, and reporting, as well as payment processing and constant review of financial and internal controls. These practices ensure the ethical and responsible use of available financial resources. Business Services' activities include budget development, management, and reporting; accounts payable and receivable; procurement and contracting; grant accounting and reporting; problem solving and financial risk mitigation; and implementation of, and compliance with, all county, state and federal fiscal policies and procedures related to the business of DCHS. We work across Multnomah County with other departments and agencies. We serve as liaisons between the department and internal service providers such as County Finance, Central Budget, County Facilities, Fleet, Records, IT, Central Purchasing, Risk Management and County Attorney. DCHS Business Services Management Team offers mentorship, WOC opportunities, and cross-training and supporting education for staff with aspirations for promotion and those who have financial or time commitment issues. DCHS also offers remote working opportunities and varied schedules to help staff maintain good work/life balance.

PROGRAM OUTPUTS:

- Budgeting and fiscal planning for DCHS.
- Contracting, procuring and paying for services.
- Maintaining financial control and oversight through accounting, fund management, financial reporting, and risk management.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Percent of invoices paid in 30 days or less	90%	90%	92%	100%
Output	Number of anticipated contract actions including new contracts, amendments, and purchase orders.	350	365	350	400

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$4,395,292	\$0	\$4,810,034	\$0
Contractual Services	\$40,000	\$0	\$70,000	\$0
Materials & Supplies	\$29,371	\$0	\$20,074	\$0
Internal Services	\$631,243	\$0	\$604,124	\$0
Total GF/non-GF	\$5,095,906	\$0	\$5,504,232	\$0
Program Total:	\$5,095,906		\$5,504,232	
Program FTE	26.00	0.00	26.00	0.00

Program Revenues				
Other / Miscellaneous	\$5,328,962	\$0	\$5,264,673	\$0
Total Revenue	\$5,328,962	\$0	\$5,264,673	\$0

Explanation of Revenues

\$5,264,673 - County General Fund Department Indirect: Based on FY 2026 Department Indirect Rates published by Central Finance.

Significant Program Changes

Last Year this program was: FY 2025: 25002 DCHS Business Services

Program #25004 - Support for Newly Arrived Families
FY 2026 Adopted
Department: County Human Services

Program Contact: Rachel Pearl

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: New Request, One-Time-Only Request

Program Description

ISSUE: As families with children are arriving in Multnomah County from other countries, they face challenges accessing basic resources and support. This one-time-only investment provides gap funding for short-term humanitarian transition services focused on emergency housing. Services will be delivered in partnership with culturally-specific organizations that serve newly arriving families.

PROGRAM GOAL: Provide emergency housing and supports for families with children arriving in Multnomah County.

PROGRAM ACTIVITIES: Provides emergency housing support for up to 90 days while families are placed on the family shelter waitlist and navigate the legal process to obtain work authorization. May provide housing support and resources for more permanent housing as necessary.

PROGRAM OUTPUTS:

- 70 households engaged in intake or transition services.
- 85% of those households connected to housing or shelter services.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of households engaged in intake or transition services	N/A	N/A	N/A	70
Output	Percentage of households connected to housing services or rent assistance	N/A	N/A	N/A	85%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$0	\$633,500	\$0
Total GF/non-GF	\$0	\$0	\$633,500	\$0
Program Total:	\$0		\$633,500	
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:

Intellectual and Developmental Disabilities Services

The Intellectual and Developmental Disabilities Services Division (IDDSD) serves over 7,600 people with intellectual and developmental disabilities, such as autism, cerebral palsy, or an intellectual disability diagnosed prior to the age of 22. Services may span the entire lifetime. Policy, advocacy, and research around quality of life for individuals with intellectual and developmental disabilities (I/DD) guide our services and include the following domains: emotional, material, and physical wellbeing, interpersonal relations, social inclusion, personal development, self-determination, and rights. IDDSD provides case management services supporting these domains and directly links clients and families to Medicaid-funded residential, employment, in-home, transportation, and brokerage services, as well as community resources such as rent assistance. Additionally, the division reviews intake and eligibility referrals and provides abuse investigation services to all clients who experience I/DD. This work is aligned with the four domains of the Department of County Human Services North Star and is expected to improve outcomes for individuals and families.

Division Outcomes

- **Support for Quality of Life:** Clients and families are satisfied with the services they receive from Multnomah County IDDSD.
- **Access to Housing and Quality of Life:** Adult clients who receive funded services report that they like where they live.
- **Promoting Economic Stability:** Clients are stably housed 12 months after receiving short term housing assistance.
- **Diverse and Inclusive Systems:** Clients from historically underserved communities are enrolled in services at rates that mirror the demographics of Multnomah County.

\$44.0 million

Intellectual and Developmental Disabilities Services

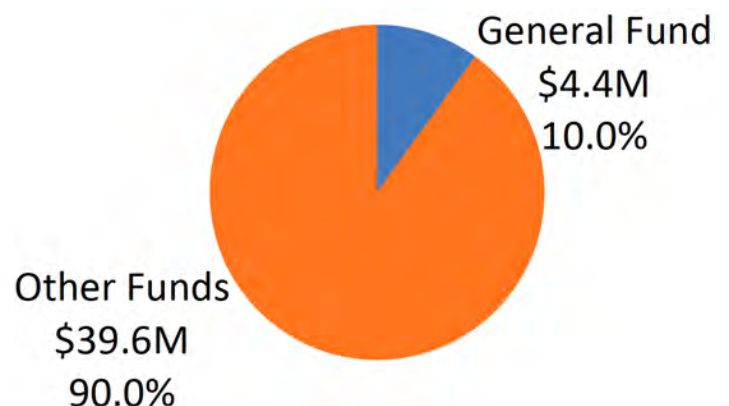
Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.



233.00 FTE

(full time equivalent)



Significant Division Changes

In FY 2025, the budget included \$2.6 million in state funding carryover to prevent cuts to the division and create staff positions to increase service levels, equitable service delivery, housing stability, cross-agency collaboration, and data use innovation. The FY 2026 budget solidifies these improvements by avoiding staff cuts and maintaining morale and service levels. Looking forward to FY 2027, maintaining adequate funding from the State for the 2025-2027 biennium will be necessary to help the division avoid a fiscal cliff and maintain the gains made during FY 2025 and FY 2026.

Current IDDSD staffing is necessary to keep up with the ever-increasing I/DD support needs across the county. Ongoing service, equity, and system improvements depend on current staff levels as well. Current service innovations include the creation of a Caseload Coverage Team, which ensures continuity of care, service quality, and completion of required tasks when a Service Coordinator is on extended leave. The Coverage Team has completed over 440 billable contacts since its inception in December 2024. It has reduced the number of overdue tasks by 61%, and, along with increased staff training and increased client enrollment in funded services, has contributed to an expected 26K increase in monitoring contacts for clients in FY 2025.

Improved service quality is also reflected in the creation of a new Oregon Needs Assessment (ONA) Salesforce database solution. This improved quality is also seen in the hiring of a limited duration scheduling position, which decreases the processing time for the ONA so clients are enrolled into Medicaid services quicker. In addition to service innovations and increased community outreach, staff training efforts have contributed to overall service and workforce equity. These efforts include ongoing equity training for staff, an increased number of linguistically and culturally responsive community outreach activities, an expansion of the I/DD advisory council, regular internal and external newsletters, and a Communications Coordinator position. These increased efforts related to equity, connection, and belonging are reflected in increased feelings of belonging among division staff (95%), and increased client-reported satisfaction with services (89%).

Service equity and improvement is also reflected in the Supportive Housing Services (SHS) work and Short-Term Rent Assistance funding. These programs are used to keep people stably housed and to identify houseless individuals who are eligible for I/DD services and move them to supportive housing. In FY 2024, SHS efforts resulted in 86 individuals directed to I/DD intake and eligibility, and 19 individuals placed in permanent supportive housing. Additionally, 99% of individuals who received short-term rent assistance funds were stably housed as of the 12 month follow up. Finally, efforts to increase data use and data tracking efficiency are also part of IDDSD's system improvements. These include: ongoing collaboration with Multnomah County IT to improve the custom case management system; participation in the Oregon Office of Developmental Disabilities Services (ODDS) database & data governance workgroups; and a leadership steering committee to create a centralized statewide case management database system.

Table of Division Programs

The following table shows the programs that make up the division's budget, including cash transfers, contingencies, and unappropriated balances. The individual programs for this division follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Intellectual and Developmental Disabilities Services						
25010	IDDSD Administration & Support		682,174	5,407,167	6,089,341	31.00
25011	IDDSD Budget and Operations Support		625,651	7,842,164	8,467,815	38.00
25012	IDDSD Services for Adults		1,589,338	9,486,449	11,075,787	62.00
25013	IDDSD Services for Children and Young Adults		1,477,621	9,213,858	10,691,479	62.00
25014	IDDSD Abuse Investigations		3,571	4,989,575	4,993,146	26.00
25016	IDDSD Eligibility & Intake Services		<u>12,960</u>	<u>2,686,407</u>	<u>2,699,367</u>	<u>14.00</u>
	Total Intellectual and Developmental Disabilities Services		\$4,391,315	\$39,625,620	\$44,016,935	233.00

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Department: County Human Services

Program Contact: Alexis Alberti

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: IDDSD is the Community Developmental Disability Program (CDDP) for Multnomah County. This is a Medicaid authority status conferred by the State. The IDDSD Administration team provides oversight to the division. It increases quality of life for individuals with intellectual and developmental disabilities such as cerebral palsy, autism, and intellectual disability. These are disabilities that a person is born with or that develop during childhood. The Administration team leads the division in continuous quality improvement and advocacy at the local and state levels. It provides oversight of staff, quality assurance, revenue generation, and data validity and access. This team maintains service and staffing levels, and provides leadership to the division.

PROGRAM GOAL: This team implements business strategies related to system improvement and staff support to increase the delivery and accessibility of services for individuals with intellectual and developmental disabilities. The goals of the Administration team include the following four objectives. First, optimize service capacity through staff training and development, staff retention, data accuracy, data access, and revenue maximization. This demonstrates public stewardship and accountability. Second, deliver quality, timely, culturally responsive and Medicaid-compliant services. Third, improve policies and remove barriers to access by advocating for clients. Finally, increase resources for clients through collaborative partnerships.

PROGRAM ACTIVITY: Areas of activity are coordination, quality, advocacy, and collaboration. Coordination efforts include staff training and development, office management, record maintenance, referral packet creation, service database updates, data quality checks, data access tool development, and workflow innovations. Quality efforts include the facilitation of strategic work, metrics, dashboards, data use, data accuracy, state audits, and internal audits to ensure compliance with Medicaid requirements. Data informs business improvements to reduce service inequities for historically marginalized clients. Quality efforts also include the monitoring of the state inter-agency agreement. The team maintains quality assurance and integrates customer feedback into practice. Advocacy includes continuous dialogue with state and local agencies to reduce service barriers, increase service equity, and develop a statewide case management database and data governance framework. Collaboration efforts include work with a variety of community-based and culturally specific organizations.

PROGRAM OUTPUTS:

- Office management, including database and record maintenance.
- Staff training and development.
- Data validation and analysis for quality assurance, audits, monitoring, and strategic planning.
- Billable data entry to state for reimbursement via Medicaid.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of indirect monitoring reviews to confirm delivered services and generate division revenue ¹	5,162	6,480	5,400	6,480
Output	Percent of federally-funded plan waivers in compliance for re-authorization ²	54%	75%	60%	75%
Output	Number of referral packets created to refer clients to service providers ³	1,402	N/A	1,600	1,700

Performance Measures Descriptions

¹ FY 2024 actual and FY 2025 expected numbers are lower than expected due to prioritization of required direct contacts for uncovered caseloads, which is also a reimbursed service.

² Improved training with new staff is increasing plan waiver compliance. The fiscal year actual increased from FY 2023 (40%) to FY 2024 (54%).

³ This is a new output measure that reflects the ever-increasing referral workload of the Office Assistant team.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$789,444	\$3,408,960	\$325,426	\$4,195,269
Contractual Services	\$282,592	\$0	\$282,592	\$0
Materials & Supplies	\$46,141	\$92,452	\$46,677	\$58,964
Internal Services	\$99,066	\$961,099	\$27,479	\$1,152,934
Total GF/non-GF	\$1,217,243	\$4,462,511	\$682,174	\$5,407,167
Program Total:	\$5,679,754		\$6,089,341	
Program FTE	5.50	25.50	1.50	29.50

Program Revenues				
Intergovernmental	\$0	\$4,462,511	\$0	\$5,407,167
Total Revenue	\$0	\$4,462,511	\$0	\$5,407,167

Explanation of Revenues

This program generates \$604,118 in indirect revenues.
 \$5,407,167 - State Mental Health Grant Case Management (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 25010 IDDSD Administration & Support

Moved 4.00 FTE from General Fund to Federal/State fund.

Department: County Human Services

Program Contact: Alexis Alberti

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: The Budget and Operations team maintains regulatory compliance for mandated functions. These functions support quality of life for individuals with intellectual and developmental disabilities, and help clients live independent and healthy lives in the community. This team facilitates the delivery and payment of client-chosen services, ensuring the services meet compliance rules and regulations. The team ensures that quality business and staffing practices adapt to change, while focusing on the need for timely service payments to ensure client health and safety. This team also responds to changes in state service requirements to maximize revenue. This team uses targeted universalism to equitably support service providers from historically underserved communities. For example, offering translated technical support to providers who speak a primary language other than English.

PROGRAM GOAL: The goals include the following four objectives. First, increase the capacity of community-based residential, personal support, and employment providers. This will be done by ensuring timely contracting, training, certification, and payment. Second, increase equitable access to services by processing service requests based on client choice. This includes financial support for emergency and long-term housing, with a focus on ensuring BIPOC clients have equitable access to funds. Third, implement policies, procedures, and training to maintain regulatory compliance at the county, state, and federal levels. Finally, ensure fiscal accountability through budgeting and revenue tracking.

PROGRAM ACTIVITY: The four goals outlined above correspond to four general areas of activity. These areas are capacity, access, compliance, and budgeting. Capacity efforts increase the knowledge and skills of residential, employment, and direct service providers. These efforts include technical support, timesheet approval, credentialing, certification, recruitment, training, and contracts. Access efforts include the administration of funded services. These services include housing stability, 24-hour residential care, supported living, employment, transportation, and in-home support. Compliance efforts include the determination and administration of regulatory requirements. Administration of these requirements requires provider service agreements, public procurement, authorization of provider services, ensuring compliance of changes to provider payment amounts and service types, and administrative procedures. Finally, budgeting efforts include budget review, report, and approval. This team works to settle contracts with the State. It also tracks budget costs for employees and client services, and ensures all program services are in place each biennium.

PROGRAM OUTPUTS:

- Direct provider workforce payments, support, and expansion.
- Administration of funded services, including housing, employment and transportation.
- Monitoring of regulatory requirements.
- Biennial budget tracking for reimbursement from the State.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of direct service provider timesheets approved annually for clients receiving in home services ¹	21,296	26,000	22,900	23,000
Output	Percent of provider payment lines authorized and built in the state billing system within 10 business days	73%	100%	80%	100%
Output	Number of TriMet bus passes (Honored Citizen and LIFT) purchased for clients ²	373	N/A	500	600
Output	Number of households served with short-term housing assistance ³	412	N/A	400	400

Performance Measures Descriptions

¹Individuals and families are increasingly using agencies for their support needs, which means that the agency processes the timesheets instead of Multnomah County. This is reflected the slightly lower number of timesheets processed in FY 2024.

²This is a new output for the FY 2026 program offer.

³This is a new output for the FY 2026 program offer.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$340,445	\$5,269,513	\$358,900	\$5,229,599
Contractual Services	\$218,802	\$676,740	\$218,802	\$1,165,203
Materials & Supplies	\$12,830	\$53,126	\$11,311	\$48,842
Internal Services	\$54,034	\$1,406,087	\$36,638	\$1,398,520
Total GF/non-GF	\$626,111	\$7,405,466	\$625,651	\$7,842,164
Program Total:	\$8,031,577		\$8,467,815	
Program FTE	2.00	36.00	2.00	36.00

Program Revenues				
Intergovernmental	\$0	\$7,241,940	\$0	\$7,391,286
Total Revenue	\$0	\$7,241,940	\$0	\$7,391,286

Explanation of Revenues

This program generates \$753,062 in indirect revenues.

\$5,369,597 - State Mental Health Grant Case Management (Federal)

\$1,164,433 - State Mental Health Grant Local Admin (Federal)

\$264,410 - State Mental Health Grant Self Directed Individual/Family (Federal)

\$216,000 - State Mental Health Grant Long Term Support for Children (Federal)

\$450,878 - Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the HSD program 30999.

\$127,964 - HAP - Housing Program (Local)

\$100,000 - State Mental Health Grant Family Support Services (Federal)

\$52,500 - State Mental Health Grant Ancillary Service (Federal)

\$43,870 - Partners for Hunger Free Oregon (Local)

\$40,512 - State Mental Health Grant Special Projects (Federal)

\$12,000 - State Mental Health Grant Adult Foster Care (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 25011 IDDSD Budget and Operations Support

Department: County Human Services

Program Contact: Alexis Alberti

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: An intellectual or developmental disability is a condition - such as cerebral palsy, autism or intellectual disability - that a person is born with, or that develops during childhood, and is expected to continue indefinitely. Adult Services address the need for home and community-based long-term support for people with an intellectual or developmental disability. Our system has ended expensive and isolating institutional care. Instead, Adult Services help people maintain their independence, health, and safety. They also help people live and work within the community.

PROGRAM GOAL: Policy, advocacy, and research around quality of life for individuals with intellectual and developmental disabilities has converged on eight quality of life domains that guide the implementation of Adult Services: emotional, material, and physical well-being, interpersonal relations, social inclusion, personal development, self-determination, and rights. The goals of Adult Services are aligned with these domains. The goals include the following six objectives. First, assist individuals in accessing a living situation of their choice. Second, provide planning and supports that increase client achievement of personal goals. Third, support clients in connecting to and using both funded and natural supports. Fourth, maintain and improve the health and safety of clients. Fifth, increase the life choices available to clients. Sixth, optimize client involvement in education, employment, and voluntary activity. Adult Services center the cultural and linguistic needs of clients. This increases service equity and improves client outcomes.

PROGRAM ACTIVITY: The five areas of activity aligned with the goals above include assessment, connection, service coordination, monitoring, and documentation. Assessment efforts include needs assessments to determine service levels and categories. Connection efforts link clients to education, employment, and residential resources, including affordable housing. Connections are also made to social activities. Service coordination efforts include ongoing person-centered planning. This planning identifies interests, strengths, choices, goals, and a path to goal achievement. These are recorded in an Individual Support Plan. Monitoring efforts include regular monitoring of service providers. This ensures the health and safety of clients. Monitoring efforts also include partnerships with Community Justice, Mental Health and Addiction Services, Vocational Rehabilitation, and Crisis Services. Finally, staff document all service and client data in state and county databases. Documentation is a Medicaid requirement.

PROGRAM OUTPUTS:

- Needs assessments for funded services.
- Service coordination to access funded services and connect to resources.
- Monitoring to support health and safety.
- Medicaid required documentation.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of adults served each month ¹	2,641	2,650	2,700	2,800
Output	Number of monitoring contacts for adults	41,259	38,000	41,500	42,000
Output	Percent of Service Coordinators with KSA designation to support language or cultural needs ²	11%	12%	8%	8%

Performance Measures Descriptions

¹ Adults included in this count are aged 22 and up. Adults 18 to 21 years are included in the "young adult" count in program offer 25013.

² While the proportion of Service Coordinators with language/culture knowledge, skills, and abilities (KSA) has gone down, the actual number has stayed the same.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,303,864	\$7,453,691	\$1,383,500	\$7,293,983
Contractual Services	\$10,000	\$167,542	\$10,000	\$60,000
Materials & Supplies	\$29,134	\$93,225	\$30,647	\$90,322
Internal Services	\$158,674	\$2,006,776	\$165,191	\$2,042,144
Total GF/non-GF	\$1,501,672	\$9,721,234	\$1,589,338	\$9,486,449
Program Total:	\$11,222,906		\$11,075,787	
Program FTE	10.50	51.50	10.50	51.50

Program Revenues				
Intergovernmental	\$0	\$9,419,150	\$0	\$9,252,373
Total Revenue	\$0	\$9,419,150	\$0	\$9,252,373

Explanation of Revenues

This program generates \$1,050,333 in indirect revenues.

\$9,235,805 - State Mental Health Grant Case Management (Federal)

\$234,076 - Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Homeless Services Department program 30999 Supportive Housing Services Revenue for Other Departments.

\$16,568 - State Mental Health Grant Psychiatric Treatment and Supervision (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 25012 IDDSD Services for Adults

Department: County Human Services

Program Contact: Alexis Alberti

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: An intellectual or developmental disability is a condition - such as cerebral palsy, autism or intellectual disability - that a person is born with, or that develops during childhood, and is expected to continue indefinitely. Child and Young Adult Services address the need for home and community-based long-term support for people with an intellectual or developmental disability. Services are provided in the family home, foster homes, and group homes. These services help children and youth develop secure caregiver attachments and maintain health and safety within the community.

PROGRAM GOAL: Policy, advocacy, and research around quality of life for individuals with intellectual and developmental disabilities has converged on eight quality of life domains that guide the implementation of services: emotional, material, and physical well-being, interpersonal relations, social inclusion, personal development, self-determination, and rights. The goals of Child and Young Adult Services align with these domains and include the following six objectives. First, provide appropriate supports for children living in foster homes, group homes, or their family homes. The focus is to keep children in a stable, long-term placement. Second, provide planning and supports that optimize child development. This includes the transition from child to adult services. Third, support clients and families in connecting to funded and natural supports. Fourth, support the health and safety of clients through service access and monitoring. Fifth, optimize client involvement in education and employment. Finally, center the cultural and linguistic needs of clients and families.

PROGRAM ACTIVITY: The five areas of activity aligned with the goals above include assessment, connection, service coordination, monitoring, and documentation. Assessments are conducted to determine levels and categories of service. Connection efforts link clients and families to community, educational, employment, and developmental resources. Service coordinators engage the client in person-centered planning. This helps the client identify choices and goals. It results in an Individual Support Plan that outlines a path to goal achievement. For young adults, this may include a plan to transition to independence. Service coordinators with knowledge, skills, and abilities (KSA) designation provide culturally and linguistically specific support. These service coordinators serve 30% of child and young adult clients. Monitoring is conducted for all Medicaid services to ensure the health and safety of clients and include collaborations with the Oregon Department of Human Services, Behavioral Health, and emergency response services. Staff document all service and client data in state and county databases.

PROGRAM OUTPUTS:

- Needs assessments for funded services.
- Service coordination to access funded and non-funded services.
- Monitoring to support health and safety.
- Medicaid-required documentation.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of children (birth-17) served each year	2,307	2,300	2,500	2,700
Output	Number of young adults (aged 18-21) served each year ¹	705	700	710	720
Output	Number of monitoring contacts for children and young adults	32,241	32,000	32,300	34,000

Performance Measures Descriptions

¹ The number of young adults aged 18-21 does not show dramatic growth because for each cohort that turns 18, there is a corresponding cohort that turns 22 and moves to the adult age group (22 years and older).

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,225,978	\$7,479,947	\$1,304,759	\$7,096,615
Contractual Services	\$25,000	\$0	\$25,000	\$0
Materials & Supplies	\$28,470	\$78,936	\$28,468	\$75,665
Internal Services	\$180,118	\$2,056,949	\$119,394	\$2,041,578
Total GF/non-GF	\$1,459,566	\$9,615,832	\$1,477,621	\$9,213,858
Program Total:	\$11,075,398		\$10,691,479	
Program FTE	10.00	52.00	10.00	52.00

Program Revenues				
Intergovernmental	\$0	\$9,615,832	\$0	\$9,213,858
Total Revenue	\$0	\$9,615,832	\$0	\$9,213,858

Explanation of Revenues

This program generates \$1,021,913 in indirect revenues.
 \$9,213,858 - State Mental Health Grant Case Management (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 25013 IDDSD Services for Children and Young Adults

Department: County Human Services

Program Contact: Alexis Alberti

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: The Abuse Investigation team protects the health, safety, and rights of individuals who are at increased risk for exploitation and abuse due to their intellectual or developmental disability. The team delivers timely, equitable, and person-centered services. These services increase the quality of life for individuals with intellectual and developmental disabilities. They also support client access to criminal justice protections. The services provided by the Abuse Investigation team ensure compliance with Oregon Administrative Rules and statutes, and reduce the risk of abuse, neglect, and exploitation.

PROGRAM GOAL: The Abuse Investigation team addresses four domains identified by the research on quality of life. These include emotional, material, and physical well-being, and rights. The goals of the team include the following four objectives. First, increase access to services and criminal justice protections. The team does this through a process that centers clients' needs related to language, culture, race, health status, and financial situation. Second, consult on plans meant to increase and maintain client health and safety. Third, improve service delivery by partnering with local, state, and federal agencies. Finally, mitigate further abuse through protective service action plans.

PROGRAM ACTIVITY: The three general areas of activity include access, collaboration, and prevention. In the area of access, investigators work closely with case managers to ensure that safety plans are in place. This increases client access to supports for health and safety needs. Additional responsibilities include the review, screening, and/or investigation of allegations. These may be related to the death, alleged abuse, neglect, or exploitation of clients. Investigators use an equity lens to examine potential bias throughout this process, and use a trauma-informed practice framework when determining appropriate follow-up in each case. These services are conducted under the oversight of the Office of Training, Investigation, and Safety, which is an effort between the Department of Human Services and the Oregon Health Authority. They include investigations of care and non-care providers. Collaboration efforts include working relationships with local, state, and federal law enforcement agencies and community partners. The team participates in the District Attorney's Multi-Disciplinary Team, the IDSD Advisory Committee, The Inter-Agency Committee for Abuse Prevention, the Incident Management Team, and the Critical Case Review Committee, which identifies safe options for high-risk clients experiencing complex situations. Prevention efforts include technical assistance and follow-up for protective services.

PROGRAM OUTPUTS:

- Screen and investigate allegations related to abuse, neglect, or exploitation.
- Conduct death reviews for quality assurance, and determine if abuse or neglect is a factor.
- Ensure safety plans are in place.
- Collaborate with local, state, and federal law enforcement and community partners.
- Provide technical assistance and follow-up for protective services.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of abuse referrals processed	1,852	1,911	2,000	2,000
Output	Percent of abuse referrals screened within 3 working days	69%	90%	88%	90%
Output	Number of investigations and death reviews closed	455	450	450	450

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$4,006,342	\$0	\$3,909,796
Contractual Services	\$0	\$1,000	\$0	\$1,000
Materials & Supplies	\$3,571	\$39,470	\$3,571	\$40,000
Internal Services	\$0	\$1,090,735	\$0	\$1,038,779
Total GF/non-GF	\$3,571	\$5,137,547	\$3,571	\$4,989,575
Program Total:	\$5,141,118		\$4,993,146	
Program FTE	0.00	26.00	0.00	26.00

Program Revenues				
Intergovernmental	\$0	\$5,137,547	\$0	\$4,989,575
Total Revenue	\$0	\$5,137,547	\$0	\$4,989,575

Explanation of Revenues

This program generates \$563,010 in indirect revenues.

\$4,384,169 - State Mental Health Grant Abuse Investigation Services (Federal)

\$605,406 - State Mental Health Grant Case Management (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 25014 IDSD Abuse Investigations

Department: County Human Services

Program Contact: Alexis Alberti

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: There is a need for increased understanding of, and access to, IDSD services. The Eligibility and Intake Services team provides the entryway to IDSD services. They increase equitable access to resources. These resources support quality of life for individuals with intellectual and developmental disabilities. They emphasize awareness, access, choice, and community inclusion. The team follows state and federal rules ensuring that eligibility and intake services are self-directed, inclusive, and culturally and linguistically responsive. This team is the point of entry to all IDSD vocational, residential, in-home, and case management services.

PROGRAM GOAL: The Eligibility and Intake Services team increases service access and supports quality of life. The goals of this team include the following four objectives. First, increase the public's understanding of services and eligibility requirements. Second, increase the connection of individuals to community resources. Third, provide trauma informed application support. This support centers the linguistic, cultural, and economic needs of the applicant. Finally, increase access to funded services by determining eligibility and enrolling clients according to state regulatory requirements.

PROGRAM ACTIVITY: The four goals outlined above correspond to three general areas of activity. These areas are: awareness, equitable access, and connection. Awareness efforts include community outreach. This outreach increases understanding of IDSD services and processes. It results in referrals from community partners, such as schools, medical providers, and parent networks. It also results in high need referrals from Adult Protective Services and Child Welfare. All referrals are followed up with service information. Equitable access efforts start with contacting the potential client in their primary language. The team meets with the potential client at a location convenient for them. Equitable access supports include application assistance, initial needs assessment, service information, and eligibility determination. Once eligible, clients are paired with a Service Coordinator or referred to a brokerage. Brokerages are alternative non-county case management systems. Bilingual staff with knowledge, skills, and abilities (KSA) designation support Spanish speaking applicants. A Clinical Services Specialist with KSA designation provides outreach to the African American community and culturally responsive intake supports. Applicants are contacted in their preferred language regarding the outcome of their eligibility determination. Connection efforts include connecting potential clients to agencies providing additional resources, such as health insurance, social security benefits, early intervention, energy assistance, and housing support.

PROGRAM OUTPUTS:

- Community outreach to increase awareness of I/DD services.
- Application support that is linguistically and culturally specific and equitable.
- Connection to social services in addition to I/DD services.
- Medicaid-required eligibility determination and documentation.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of intake eligibility referrals processed	1,343	1,250	1,400	1,400
Output	Percent of applicants found eligible for IDSD services ¹	82%	80%	77%	77%
Output	Number of linguistically and culturally responsive community outreach activities	12	20	20	20

Performance Measures Descriptions

¹ The percent of applicants found eligible has gone down because the number of referrals and subsequent applications has gone up. The number of individuals found eligible has increased, even as the percentage has decreased.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$2,291,618	\$0	\$2,105,497
Contractual Services	\$10,000	\$0	\$10,000	\$0
Materials & Supplies	\$2,960	\$21,255	\$2,960	\$21,535
Internal Services	\$0	\$585,964	\$0	\$559,375
Total GF/non-GF	\$12,960	\$2,898,837	\$12,960	\$2,686,407
Program Total:	\$2,911,797		\$2,699,367	
Program FTE	0.00	14.00	0.00	14.00

Program Revenues				
Intergovernmental	\$0	\$2,898,837	\$0	\$2,686,407
Total Revenue	\$0	\$2,898,837	\$0	\$2,686,407

Explanation of Revenues

This program generates \$303,191 in indirect revenues.
 \$1,876,250 - State Mental Health Grant Local Admin (Federal)
 \$810,157 - State Mental Health Grant Case Management (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 25016 IDDSD Eligibility & Intake Services

Aging, Disability, and Veterans Services

Over 160,196 (19.9%) of Multnomah County residents are 60 and older. There are over 102,020 people 18 and older with physical disabilities, and about 32,866 veterans living in the county. By 2030, there will be more adults over the age of 65 than youth under the age of 18. These populations are served by the Aging, Disability and Veterans Services Division (ADVSD). The ADVSD service system helps people achieve independence, health, safety, and quality of life.

ADVSD is the state-designated Area Agency on Aging for the county. We offer access to services at five senior centers, nine enhancing equity providers, five Medicaid offices, and a downtown Portland branch. The division is made up of five main service areas: 1) Community Services (including a Veterans Services unit); 2) Adult Care Homes; 3) Long-Term Services and Supports; 4) Adult Protective Services; and 5) Public Guardian and Conservator Program.

A 24-hour call center is part of the division's goal of seamless entry to services. 32 programs help over 60,000 people receiving Medicaid long-term services and supports, and 6,107 people receiving community social support. ADVSD is a leader in the work toward racial justice both in the county and in our systems. The division prioritizes weaving Multnomah County's Leading with Race pledge and the Equity and Empowerment Lens tools into its work. These frameworks give focus to people who have been marginalized based on their race, gender, sexual orientation, ability, age, and other forms of oppression.

Division Outcomes

- **Equitable Access and Connection to Support:** Community members will have access to: a 24/7 resource assistance helpline, the Homeless Mobile Intake Team, and community-based organization partners. These entry points facilitate access to ADVSD's many services and support programs for older adults, people with disabilities, and veterans.

\$121.7 million

Aging, Disability, and Veterans Services

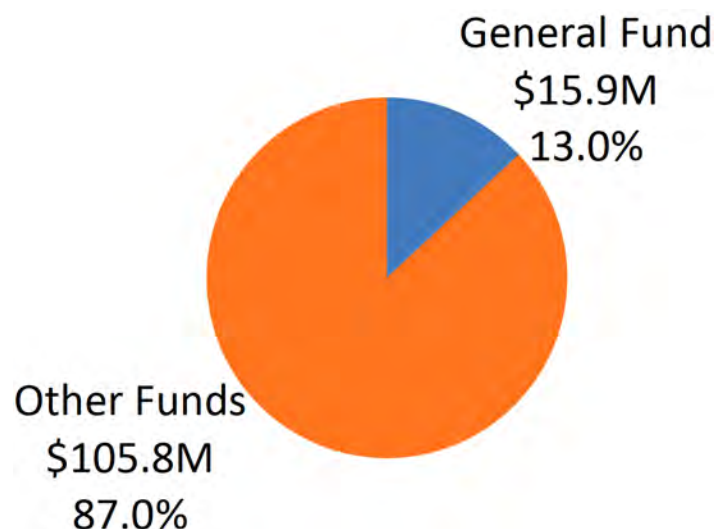
Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.



542.50 FTE

(full time equivalent)



- **Safety and Economic Stability:** ADVSD will work to ensure the safety of vulnerable older adults and people with disabilities, including support for eviction prevention, money management, guardianship, and abuse prevention and intervention.
- **Support for Quality of Life:** Older adults, people with disabilities, and veterans will have personalized assistance in choosing and accessing an array of services and benefits. Case managers will use equitable and person-centered frameworks to coordinate support.

Significant Division Changes

Aging and Disability Resource Connection (ADRC) 24/7 Service Expansion: For more than 20 years, those contacting the after-hours ADRC Helpline have been answered by outside contractors. On July 1, 2024, our Community Services team expanded to provide 24/7 services. Now that ADRC Helpline services are operated fully in-house, ADVSD Community Information Specialists are able to offer more comprehensive, equitable services to our community members, including those who need resources outside of traditional business hours.

The expanded team directly supports Adult Protective Services and the Public Guardian office, now around the clock, and acts as a resource for emergency services such as hospitals, Project Respond, law enforcement, home care workers, care facilities, and more.

Oregon Project Independence-Medicaid (OPI-M): OPI-M, a new statewide program, launched in June 2024 to provide support to individuals so they may remain in their own homes. It may also delay or prevent the need for full Medicaid long-term services. OPI-M expands coverage to individuals generally not eligible for Medicaid and in-home support by increasing income and resource limits.

Since launching in June 2024, our OPI-M team has connected with over 164 consumers. 55 Multnomah County consumers have been approved for assistance.

Area Plan on Aging: Responding to Community Needs: ADVSD finished building Multnomah County's Area Plan on Aging for 2025-2029, as required by the State of Oregon via the Older Americans Act. To create the plan and its goals, we relied on significant involvement from our Aging Services and Disability Services community advisory councils (ASAC and DSAC). ADVSD researchers administered a community needs assessment survey, gathering 2,410 individual responses, and held 3 community listening sessions, totaling 225 people in attendance.

The survey gauged respondents' awareness and experiences surrounding the following ADVSD service areas: food and nutrition, health, caregiving, transportation, information and referral, legal assistance and elder rights protection, and services for Native American elders. The listening sessions introduced community members to ADVSD services and discussed the ADRC information and referral service, transportation needs, and the needs of unpaid/family caregivers. Responses are incorporated into the plan for the next four years, ensuring the plan addresses current community needs.

Reduction of Multi-Disciplinary Team (MDT): The contract for mental health services for older adults who experience mental health issues ends June 30, 2025. These services were provided through ADVSD's MDT program under Adult Protective Services. Short term in-home mental health therapy will no longer be available via the MDT program. Without Mental Health Specialists, MDT will attempt to address clients' mental health needs through outreach and referral to other resources, rather than an immediate and direct connection from an MDT member. Some resources MDT will refer to include the Older Adult Behavioral Health Initiative (oabhi@multco.us) and the Multnomah County Behavioral Health Crisis Line (503.988.4888).

County Human Services

FY 2026 Adopted Budget

Table of Division Programs

The following table shows the programs that make up the division's budget, including cash transfers, contingencies, and unappropriated balances. The individual programs for this division follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Aging, Disability, and Veterans Services						
25022	ADVSD Adult Care Home Program		99,062	6,628,000	6,727,062	31.00
25023	ADVSD Long Term Services & Supports (Medicaid)		3,015,015	52,301,310	55,316,325	312.00
25024	ADVSD Adult Protective Services		1,062,753	11,171,283	12,234,036	57.02
25025	ADVSD Veterans Services		513,462	10,062,691	10,576,153	8.20
25026	ADVSD Public Guardian/Conservator		1,947,904	0	1,947,904	11.00
25027	ADVSD Administration		583,610	2,831,423	3,415,033	14.00
25028	ADVSD Multi-Disciplinary Team		471,205	793,138	1,264,343	4.98
25029A	ADVSD LTSS Nursing Homes and Homeless Services (Medicaid)		892,419	7,702,632	8,595,051	40.00
25029B	Long Term Care for Homeless Individuals with Severe and Persistent Mental Illness Expansion		500,000	0	500,000	0.00
25032	ADVSD Outreach, Information, Referral & Assistance		2,785,418	3,908,348	6,693,766	28.65
25033	ADVSD Nutrition Program		319,229	2,019,668	2,338,897	0.00
25034	ADVSD Health Promotion		125,458	315,182	440,640	1.00
25035	ADVSD Case Management & In-Home Services (Community Services)		1,323,609	3,052,183	4,375,792	13.48
25036	ADVSD Safety Net Program		875,901	179,087	1,054,988	2.00
25037	ADVSD Transportation Services		167,814	2,157,739	2,325,553	0.95
25038	ADVSD Community Participation and Program Operations		974,618	2,451,285	3,425,903	16.72
25039	ADVSD Family Caregiver Program		<u>193,042</u>	<u>256,582</u>	<u>449,624</u>	<u>1.50</u>
Total Aging, Disability, and Veterans Services			\$15,850,519	\$105,830,551	\$121,681,070	542.50

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Department: County Human Services

Program Contact: Steven Esser

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: When an older adult or an adult with a developmental, physical, or mental health disability can no longer care for themselves in their own home, they are at greater risk of abuse, neglect, and injury. Nursing homes are an appropriate care setting for some, but are very expensive. The State prefers to invest in community-based care settings rather than nursing homes because they reduce Medicaid costs and offer a more homelike setting.

PROGRAM GOAL: The Adult Care Home Program (ACHP) is responsible for the safety and quality of all adult care homes in Multnomah County. It ensures that residents are safe and receive personalized and culturally relevant care from well-trained staff. The State allows ACHP to create a set of local licensing rules called the Multnomah County Administrative Rules (MCARs). The MCARs meet or exceed state requirements. They ensure the highest quality and safety for residents.

PROGRAM ACTIVITY: Adult care homes are licensed, single family residences that offer 24-hour care for up to five adult residents in a homelike setting. Homes specialize in caring for one of three populations: older adults, adults with intellectual or developmental disabilities, or adults with behavioral health or addiction needs. All ACHs offer individualized care while supporting and honoring residents' independence, cultural needs, and choices.

Before a new home can be licensed, ACHP reviews and approves all applications and inspects the home for suitability. They conduct background checks and role approvals for staff. All homes are licensed annually and monitored quarterly via unannounced home visits from ACHP staff. In-person inspections monitor compliance with the MCARs. Homes that don't follow the rules must take corrective actions, which can include retraining, fines, or home closure. ACHP gives technical help and training for operators and staff to prevent the need for corrective actions.

ACHP is proud of the cultural and linguistic diversity of adult care home operators and staff in Multnomah County. This helps ensure that residents are cared for in a safe and respectful environment that suits their needs.

PROGRAM OUTPUTS:

- License adult care homes operating in Multnomah County.
- Visit adult care homes to ensure compliance with rules and regulations.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of licensed homes in operation throughout the fiscal year ¹	653	660	660	650 ¹
Output	Number of licensing and monitoring visits ²	N/A	N/A	1,100	1,500

Performance Measures Descriptions

¹ACHP is experiencing a decrease in IDD home application submissions due to the number of vacant beds and lack of IDD consumers needing housing. In addition, Adults and People with Disabilities (APD) rates remain low despite the increased cost of living and operating expenses in Multnomah County. "Licensed homes" includes actively licensed homes, new applications processed, homes that were licensed during the FY, and homes that were closed during this period.

²New Measure. Includes monitoring inspections and scheduled monitoring visits made by ACHP staff.

Legal / Contractual Obligation

Multnomah County has a contract with the Oregon Department of Human Services to administer the licensing, monitoring, and training functions of Adult Care Homes. The Board of County Commissioners passed Multnomah County Resolution §23.66 - §223.999 establishing the Adult Care Home Program.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$4,627,039	\$0	\$4,776,691
Contractual Services	\$280,420	\$440,000	\$99,062	\$453,765
Materials & Supplies	\$0	\$18,234	\$0	\$35,879
Internal Services	\$0	\$1,329,589	\$0	\$1,361,665
Total GF/non-GF	\$280,420	\$6,414,862	\$99,062	\$6,628,000
Program Total:	\$6,695,282		\$6,727,062	
Program FTE	0.00	32.00	0.00	31.00

Program Revenues				
Fees, Permits & Charges	\$0	\$362,780	\$0	\$340,820
Intergovernmental	\$0	\$5,999,862	\$0	\$6,199,235
Service Charges	\$0	\$52,220	\$0	\$87,945
Total Revenue	\$0	\$6,414,862	\$0	\$6,628,000

Explanation of Revenues

This program generates \$687,843 in indirect revenues.
\$6,199,235 - Title XIX (Federal)
\$340,820 - Adult Care Home Program License Fees (Local)
\$60,000 - Adult Care Home Program Fines (Local)
\$27,945 - Adult Care Home Program Other Fees (Local)

Significant Program Changes

Last Year this program was: FY 2025: 25022 ADVSD Adult Care Home Program

Decreased by 1.00 FTE Program Technician.

Department: County Human Services

Program Contact: Tatyana Gannotskiy

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Low-income older adults, people with disabilities, and people with behavioral health needs face a variety of health and safety risks. They often need support to maintain their independence and quality of life as they age. A lack of adequate support can result in an expensive nursing home placement.

PROGRAM GOAL: Long Term Services & Supports (LTSS) help people live safe, healthy lives and maintain independence as they age. These services help prevent or delay expensive high nursing home costs, hospital stays, and readmissions. Multnomah County has more people living in community-based settings than the national average. The program strives to provide culturally responsive services to all participants.

PROGRAM ACTIVITY: LTSS benefit enrollment begins with determining participants' eligibility. Specialists review all applications to help enroll participants in the appropriate benefits. There are many different benefit programs, and each has specific eligibility guidelines. LTSS staff help participants understand their options. Benefit programs include the Oregon Health Plan, Medicaid, and SNAP (food stamps). Participants can also get help choosing managed care and Medicare Part D plans.

Some people need support with daily activities, such as bathing, preparing meals, or managing household tasks. LTSS case managers learn about the level of care someone needs and help create care plans that support safety and independence. While nursing home care may be the best option for some, case managers try to give people other options. They support participants' ability to remain at home or in a community-based facility such as an adult care home or assisted living facility.

LTSS is proud to employ a culturally and linguistically diverse team. All staff are trained in diversity, equity, and inclusion.

PROGRAM OUTPUTS:

- Provide benefit eligibility determination and enrollment for people and their households.
- Provide case management services to people with Medicaid.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants served in LTSS programs ¹	60,133	48,800 ²	60,000	60,000
Output	Number of participants receiving Medicaid service case management	11,814	11,500	12,000	12,000

Performance Measures Descriptions

¹New methodology due to change in State data system. Represents the number of individuals associated with cases handled by Multnomah County staff. Due to the new statewide eligibility process, this may include individuals residing outside of Multnomah County and is not limited to older adults and people with disabilities.

²FY 2025 Budgeted amount was based on last available data prior to the State implementation of a new eligibility data system in February 2021.

Legal / Contractual Obligation

ADVSD has a contract with the Oregon Department of Human Services to administer the Medicaid and SNAP programs in Multnomah County. Oregon Revised Statute 410 allows for the administration of services to older adults and people with disabilities through local governmental entities. The programs are guided by federal regulations or rules including those in the Social Security Act, Medicaid Administration, and SNAP.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$37,967,306	\$0	\$39,419,680
Contractual Services	\$3,445,725	\$26,574	\$3,015,015	\$26,574
Materials & Supplies	\$0	\$221,369	\$0	\$244,182
Internal Services	\$0	\$11,302,182	\$0	\$12,610,874
Total GF/non-GF	\$3,445,725	\$49,517,431	\$3,015,015	\$52,301,310
Program Total:	\$52,963,156		\$55,316,325	
Program FTE	0.00	313.00	0.00	312.00

Program Revenues				
Intergovernmental	\$0	\$48,854,102	\$0	\$51,595,125
Other / Miscellaneous	\$0	\$663,329	\$0	\$706,185
Total Revenue	\$0	\$49,517,431	\$0	\$52,301,310

Explanation of Revenues

This program generates \$5,676,430 in indirect revenues.

\$51,595,125 - Title XIX (Federal)

\$192,472 - Kaiser Foundation Hospitals (Local)

\$176,696 - Legacy (Local)

\$175,867 - Providence Medical Center (Local)

\$161,150 - OHSU (Local)

Significant Program Changes

Last Year this program was: FY 2025: 25023 ADVSD Long Term Services & Supports (Medicaid)

Decreased by 1.00 FTE Manager 1 (vacant).

Department: County Human Services

Program Contact: Brian Hughes

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Older adults and people with disabilities are often dependent on others to meet their needs. This can put them at risk of abuse, financial exploitation, neglect, or self-neglect. About one in nine vulnerable adults is the victim of abuse at some time during their life.

PROGRAM GOAL: Adult Protective Services (APS) works to stop the abuse of vulnerable adults, prevent re-abuse, and hold abusers accountable. They ensure that service providers and the general public know how to recognize and report suspected abuse. APS aims to overcome cultural and language barriers so that anyone at risk can access APS services.

PROGRAM ACTIVITY: When someone suspects abuse, they make a report to APS. Every report is quickly screened so that the reported victim is offered the right support. If needed, the case is assigned to an APS investigator. Some investigators focus on reports for people living in the community. Others investigate reports related to long-term care facilities.

If investigators confirm the suspected abuse, they may work with law enforcement and the District Attorney's Office in an effort to prosecute offenders. Sometimes there is no actual abuse, but the individual is still found to be highly vulnerable. In these cases, APS case managers may follow up with at-risk individuals for up to a year to support their ongoing safety. They help connect individuals to health care, housing, social services, or legal advocacy.

The APS Training and Outreach Coordinator educates the community about the program. This includes building relationships with culturally-specific organizations. They make sure that anyone at risk can connect to APS services without facing cultural or language barriers.

PROGRAM OUTPUTS:

- Receive and evaluate reports of abuse and neglect for vulnerable adults.
- Conduct investigations for vulnerable adults at risk of abuse and neglect.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of Adult Protective Service intakes	9,745	9,400	10,000	9,800
Output	Number of Adult Protective Service investigations completed	2,969	2,800	3,000	3,000

Performance Measures Descriptions

Legal / Contractual Obligation

Adult Protective Services is a mandated service by Oregon Administrative Rules. Multnomah County acts as the designated Area Agency on Aging and is required to perform this function under contract with the Oregon Department of Human Services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$58,391	\$8,092,139	\$61,236	\$8,723,716
Contractual Services	\$1,238,439	\$5,000	\$994,478	\$5,000
Materials & Supplies	\$0	\$68,260	\$2,000	\$69,484
Internal Services	\$5,525	\$2,359,746	\$5,039	\$2,373,083
Total GF/non-GF	\$1,302,355	\$10,525,145	\$1,062,753	\$11,171,283
Program Total:	\$11,827,500		\$12,234,036	
Program FTE	0.35	57.00	0.35	56.67

Program Revenues				
Intergovernmental	\$0	\$10,525,145	\$0	\$11,171,283
Total Revenue	\$0	\$10,525,145	\$0	\$11,171,283

Explanation of Revenues

This program generates \$1,256,215 in indirect revenues.
\$11,171,283 - Title XIX (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 25024 ADVSD Adult Protective Services

Decreased by 1.00 FTE Office Assistant 2 (vacant).

Moved 0.67 FTE Manager 1 from program ADVSD Multi-Disciplinary Team (25028) to program ADVSD Adult Protective Services (25024).

Department: County Human Services

Program Contact: Marina Khalina

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: The application process for Veterans benefits is complex. The wait time to get a decision often delays access to needed benefits. Some Veterans require a nursing home level of care, but would prefer to stay in their homes and make their own choices about their care.

PROGRAM GOAL: The goal of this program offer is to support the dignity and quality of life for those who served in the U.S. Armed Forces. It ensures that Veterans and their families receive all the pension, disability, and healthcare benefits they are entitled to. It also helps Veterans make their own choices about long-term care to continue living safely in their own homes.

PROGRAM ACTIVITY: This offer includes two separate programs. The County Veterans Services (VS) program provides benefit enrollment and advocacy to Veterans and their eligible family members free of charge. Veterans Services Officers (VSOs) are trained and certified by the Oregon Department of Veterans Affairs. VSOs help Veterans understand and apply for Veterans Administration benefits and navigate the claims process. The County's Veterans Services Task Force, led by ADVSD, strengthens the network of community partners. The Task Force also promotes fair access for Veterans who experience discrimination due to their age, gender, race, sexual orientation, housing status or involvement with the justice system.

Veteran Directed Care (VDC) allows eligible Veterans to receive care at home, helping them with daily activities and reducing caregiver burden. Veterans in this program receive a budget to hire their own care workers. They also decide what goods and services best meet their needs with the help of a case manager. VDC staff assess and enroll eligible Veterans in the program. Staff also assist with developing a spending plan and provide ongoing counseling and support to Veterans, their families, and caregivers. This program supports ADVSD's commitment of honoring consumer choice and supporting safety and independence in one's home. In addition to serving Veterans in Multnomah County, VDC is also a statewide hub that supports eight other Oregon counties.

PROGRAM OUTPUTS:

- Perform service contacts with Veterans or eligible family members who need help getting their VA benefits. Contacts include appointments, calls, and emails.
- Submit VA claims for Veterans or eligible family members.
- Assess, enroll, and provide case management for Veterans who need in-home care.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of service contacts held by Veterans Services Officers ¹	3,733	3,950	3,950	3,850
Output	Number of claims filed for Veterans or eligible family members	1,109	900	1,100	1,100
Output	Number of Veterans served by Veteran Directed Care statewide ²	203	N/A	215	225

Performance Measures Descriptions

¹This metric does not account for 3,874 other inquiries that the VS program screens and triages to other community services, but includes 2,480 follow-up actions of the Veteran Services Officers. Of the people surveyed after a service contact, 85% (n=281) said they got the help they were looking for and 87% (n=280) would recommend the program to family and friends. ²New measure. This number includes Veterans served by Multnomah county and the eight other counties Multnomah County supports as a hub.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$549,727	\$602,974	\$422,146	\$723,270
Contractual Services	\$0	\$9,475,266	\$0	\$9,270,154
Materials & Supplies	\$30,859	\$271	\$30,859	\$261
Internal Services	\$102,197	\$63,016	\$60,457	\$69,006
Total GF/non-GF	\$682,783	\$10,141,527	\$513,462	\$10,062,691
Program Total:	\$10,824,310		\$10,576,153	
Program FTE	4.40	4.60	3.20	5.00

Program Revenues				
Intergovernmental	\$0	\$10,141,527	\$0	\$10,062,691
Total Revenue	\$0	\$10,141,527	\$0	\$10,062,691

Explanation of Revenues

\$9,671,907 - Veteran's Directed Home & Community Services (Federal)

\$390,784 - Oregon Department of Veteran Affairs (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 25025 ADVSD Veterans Services

Decreased by 1.00 FTE Veterans Services Officer.

Moved 0.20 FTE from General Fund to Federal/State Fund.

Moved 0.20 FTE Manager 1 from ADVSD Community Participation and Program Operations (25038) to ADVSD Veterans Services (25025).

Department: County Human Services

Program Contact: Kristin Riley

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Sometimes a court finds that an individual is profoundly mentally incapacitated and unable to care for themselves. A judge may appoint a public guardian to serve them. Individuals placed under guardianship are often living in poverty. They need intensive support and specialized housing arrangements. Without guardianship, these individuals are at severe risk of hospitalization, homelessness, victimization, institutionalization, and premature death. The demand for public guardianship continues to increase as more people need this level of care.

PROGRAM GOAL: The Public Guardian and Conservator (PGC) program supports quality of life for highly vulnerable adults with mental incapability, behavioral health needs, developmental disabilities, dementia, or brain injury. PGC seeks to balance the need for protection with the right to autonomy. Safety and protection are the most important goals. There is also a focus on advocacy for the protected person's own goals, preferences and quality of life.

PROGRAM ACTIVITY: Guardians help individuals make decisions about where to live, medical and psychiatric care, end-of-life planning, and financial management. Even with high caseloads, guardians offer 24/7 services for emergencies. They work alongside Adult Protective Services, law enforcement, families, hospitals, and others to support the protected person's needs. They also help connect individuals to resources that are culturally and linguistically appropriate.

A judge may appoint a conservator to manage the finances of a protected person. Conservatorship is a more intense form of financial management and protection and is different from legal guardianship. A conservator does not have the authority to make health care, placement or end-of-life decisions. In some situations, the court may appoint both a guardian and a conservator.

Both guardianship and conservatorship are considered interventions of last resort. PGC provides consultation to the public and service providers to find less restrictive alternatives whenever possible.

PROGRAM OUTPUTS:

- Provide guardianship or conservatorship for people who cannot care for themselves.
- Divert people to alternative services rather than guardianship or conservatorship.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of County residents with a Public Guardian/Conservator	136	155	146	150
Output	Number of contacts diverted to a less costly and less restrictive resource ¹	N/A	N/A	289	300

Performance Measures Descriptions

¹New measure: This number includes intakes that result in a status of "diversion." These individuals completed the intake process and were diverted to another alternative to guardianship.

Legal / Contractual Obligation

The decision to provide PGC service is established and guided by ORS Ch. 125 and County Ordinance, Ch. 23.501. If the County chooses to reduce the service, it remains obligated to current participants that are open with the court but can stop taking new participants if the Board of County Commissioners makes a finding that the service is no longer needed.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,609,877	\$0	\$1,700,692	\$0
Contractual Services	\$29,877	\$0	\$30,684	\$0
Materials & Supplies	\$39,147	\$0	\$39,147	\$0
Internal Services	\$281,432	\$0	\$177,381	\$0
Total GF/non-GF	\$1,960,333	\$0	\$1,947,904	\$0
Program Total:	\$1,960,333		\$1,947,904	
Program FTE	11.00	0.00	11.00	0.00

Program Revenues				
Fees, Permits & Charges	\$55,000	\$0	\$53,836	\$0
Total Revenue	\$55,000	\$0	\$53,836	\$0

Explanation of Revenues

\$53,836 - Fees paid by clients for conservatorship and guardianship services. These fees are only collected from clients who are above the Medicaid allowable resource limit.

Significant Program Changes

Last Year this program was: FY 2025: 25026 ADVSD Public Guardian/Conservator

Department: County Human Services

Program Contact: Irma Jimenez

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Aging, Disability, and Veterans Services Division (ADVSD) serves older adults, people with disabilities, and Veterans. We focus on communities that are underserved or subject to discrimination. There are 32 unique programs in ADVSD. They are offered by both County staff and contracted community partners. The ADVSD Administration helps these programs provide equitable, high-quality services and public accountability.

PROGRAM GOAL: The ADVSD Administration helps to ensure alignment with County and Department values. It plays a lead role in developing the ADVSD Service Equity Plan and the Older Americans Act Area Plan. It also supports the goals of the County Workforce Equity Strategic Plan and the ADVSD Strategic Work Portfolio. The ADVSD Administration team engages with division staff, community partners, public advisory councils, and consumers to help achieve these goals. This team values transparency, efficiency, and collaboration.

PROGRAM ACTIVITY: ADVSD Administration promotes and supports racial equity in many ways. Team members engage with the community to seek input on program decisions. They identify gaps in service delivery and consumer outcomes. The team provides insights on program budgets to help leaders invest in diverse communities.

There are many teams in ADVSD who lead complex projects. The ADVSD Administration supports them by providing project management and data solutions. The team also provides administrative support and quality improvement coaching. The Administration team helps programs gather and analyze information about their service efficacy. They help organize large amounts of data and use it to suggest improvements to program operations. This can make services more effective and easier for people to find, access, and use.

PROGRAM OUTPUTS:

- Provide opportunities for participants and community members to give feedback to ADVSD. Opportunities include advisory council meetings, surveys, community partner and provider meetings, and focus groups.
- Provide opportunities for community members to volunteer with ADVSD.
- Design, build, and maintain data dashboards for program staff and decision-makers.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of opportunities for participants and community members to give feedback to ADVSD	141	138	160	150
Output	Number of volunteer hours donated to ADVSD ¹	5,945	22,000 ²	7,872	9,250
Output	Number of ADVSD programs using data dashboards to support operations and make decisions ²	17	N/A	21	23

Performance Measures Descriptions

¹Since the pandemic, the number of Foster Grandparents Program volunteers has dropped from 40 to 12. The program is actively recruiting volunteers in Multnomah, Washington, and Clackamas County. This measure was previously located in Aging, Disability, and Veterans Services (25038).

²New Measure. A data dashboard is a visual display of data that summarizes information in a way that is easy to understand. ADVSD uses a web-based dashboard tool called Tableau. The total count of ADVSD programs is 32.

Legal / Contractual Obligation

ADVSD is designated the Type B Transfer Area Agency on Aging (AAA) for Multnomah County through a contract with the Oregon Department of Human Services and as guided by ORS Ch 410, to provide mandatory functions for older adults and people with disabilities. These include provision of quality staffing, service planning, senior and disability advisory councils, and comprehensive and coordinated service delivery for older adults and people with disabilities.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$325,753	\$2,396,375	\$380,216	\$2,159,996
Contractual Services	\$509,979	\$65,750	\$169,070	\$29,523
Materials & Supplies	\$83,792	\$118,555	\$8,414	\$96,482
Internal Services	\$180,040	\$725,315	\$25,910	\$545,422
Total GF/non-GF	\$1,099,564	\$3,305,995	\$583,610	\$2,831,423
Program Total:	\$4,405,559		\$3,415,033	
Program FTE	1.80	14.20	2.10	11.90

Program Revenues				
Intergovernmental	\$0	\$3,303,995	\$0	\$2,831,423
Other / Miscellaneous	\$0	\$2,000	\$0	\$0
Total Revenue	\$0	\$3,305,995	\$0	\$2,831,423

Explanation of Revenues

This program generates \$311,040 in indirect revenues.
\$2,831,423 - Title XIX (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 25027 ADVSD Administration

Moved 0.60 FTE from Federal/State Fund to General Fund.

Reduced by 2.00 FTE Program Specialist Senior (both vacant).

Department: County Human Services

Program Contact: Brian Hughes

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Human services are often provided by teams who specialize in one particular area. A service might focus on aging, homelessness, health care, behavioral health, addiction, or abuse. When someone has many different needs, case managers can have trouble finding them the right help. Care systems can be confusing and uncoordinated.

PROGRAM GOAL: The Multi-Disciplinary Team (MDT) aims to build a connected network of services. These connections improve the quality of care for individuals with complex needs. MDT helps case managers find the right medical and behavioral health support for the people they serve. MDT also finds resources that are culturally and linguistically suited to the person's needs.

PROGRAM ACTIVITY: MDT works in five locations across the county, including Medicaid branch offices and District Senior Centers. Each team includes an APS clinical services specialist, a community health nurse, an APS human services investigator or case manager, and other professionals as needed. Service providers working with consumers with highly complex care needs can consult MDT for expert advice. MDT provides the appropriate referrals, consultation, training, assessment, and intervention for each case. MDT nursing services are provided in the homes of isolated at-risk adults.

MDT is familiar with the wide array of culturally specific services available in our community. They connect case managers with resources where consumers will feel safe and respected.

PROGRAM OUTPUTS:

- Provide consultation and referrals to services for people with complex care needs.
- Fund short-term mental health services for people with complex care needs (this output measure was discontinued in FY 2026).
- Fund community health nurse support for people with complex care needs.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants served by the Multi-Disciplinary Team (MDT) ¹	426	435	432	285
Output	Number of MDT participants who receive mental health services ²	176	150	150	0
Output	Number of MDT participants who requested community health nurse support ³	NA	NA	55	55

Performance Measures Descriptions

¹Reduction in participants served in FY 2026 is due to the discontinuation of the mental health contract.

²Discontinued output due to the mental health contract reduction.

³New measure in FY 2026.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$355,907	\$747,168	\$371,158	\$635,595
Contractual Services	\$550,128	\$24,878	\$73,193	\$0
Materials & Supplies	\$224	\$11,318	\$224	\$11,386
Internal Services	\$36,173	\$183,088	\$26,630	\$146,157
Total GF/non-GF	\$942,432	\$966,452	\$471,205	\$793,138
Program Total:	\$1,908,884		\$1,264,343	
Program FTE	1.85	3.80	1.85	3.13

Program Revenues				
Intergovernmental	\$0	\$966,452	\$0	\$793,138
Total Revenue	\$0	\$966,452	\$0	\$793,138

Explanation of Revenues

This program generates \$91,526 in indirect revenues.
 \$793,138 - Title XIX (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 25028 ADVSD Multi-Disciplinary Team

Moved 0.67 FTE Manager 1 from program ADVSD Multi-Disciplinary Team (25028) to program ADVSD Adult Protective Services (25024).

In the General Fund reduced contracted services by \$473,567 which eliminates services for older adults who experience mental health issues.

Department: County Human Services

Program Contact: Tatyana Gannotskiy

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Individuals who are unhoused, admitted in a hospital, or living in a nursing home face unique barriers to moving safely back home or into the community. They need a high level of support when applying for Medicaid Long Term Services & Supports (LTSS) case management.

PROGRAM GOAL: The goal of this program offer is to support participants' safety and independence living at home or in the community. It helps participants overcome barriers to accessing Medicaid Long Term Services and Supports (LTSS).

PROGRAM ACTIVITY: This offer includes two separate programs. The Transition and Diversion Program (T&D) serves individuals who are living in a nursing home or admitted in a hospital. It helps them transition back to their home or to a community setting. Many supports are needed to make that transition successful. If moving back home, consumers may need homecare workers, home delivered meals, medical alert systems, and medical equipment. If moving to a community-based home, they need help finding a suitable placement. T&D coordinates all of these services. T&D also has staff who work in hospitals. They help patients apply for Medicaid LTSS and avoid being discharged to a nursing home.

The Homeless Mobile Intake Team (HMIT) serves people who are unhoused and can't get to a County office to apply for benefits. HMIT staff meet people where they are to conduct eligibility assessments. Case managers help eligible participants enroll in Medicaid LTSS. They also help find safe, stable housing and set up in-home supports. HMIT partners with Home Forward to offer 15 Regional Long-Term Rent Assistance (RLRA) vouchers which provide rent assistance for up to 10 years.

Both T&D and HMIT are committed to providing culturally responsive services. Staff speak multiple languages, are culturally knowledgeable, and train in diversity, equity, and inclusion. HMIT received a 2024 Aging Innovations Award from USAging for program excellence and innovation in serving older adults.

PROGRAM OUTPUTS:

- Transition or divert people from nursing homes to community settings of the person's choice.
- Help people experiencing homelessness apply for Medicaid Long Term Services and Supports.
- Connect people in need of permanent housing to Regional Long-Term Rent Assistance (RLRA).

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Annual number of transitions from a nursing home ¹	395	400	356	400
Output	Number of individuals who began an intake with the Homeless Mobile Intake Team (HMIT) ²	221	N/A	340	340
Output	Number of individuals who received Regional Long-Term Rent Assistance (RLRA) ³	13	15	15	15

Performance Measures Descriptions

¹This measure includes both transitions and diversions.

²New measure. Unduplicated count of individuals with an HMIT intake date in FY 2024.

³Measure was previously in the Aging, Disability, and Veterans Services Division (25029B). Reworded for clarity. Former wording: "Number of households enrolled in permanent housing programs."

Legal / Contractual Obligation

ADVSD has a contract with the Oregon Department of Human Services to administer the Medicaid and Supplemental Nutrition Assistance Program (SNAP) programs in Multnomah County. Oregon Revised Statute 410 allows for the administration of services to older adults and people with disabilities through local governmental entities. The programs are guided by federal regulations or rules including those in the Social Security Act, Medicaid Administration, and SNAP.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$5,253,436	\$0	\$5,484,864
Contractual Services	\$594,886	\$228,013	\$892,419	\$430,448
Materials & Supplies	\$0	\$44,806	\$0	\$46,167
Internal Services	\$0	\$1,438,887	\$0	\$1,741,153
Total GF/non-GF	\$594,886	\$6,965,142	\$892,419	\$7,702,632
Program Total:	\$7,560,028		\$8,595,051	
Program FTE	0.00	40.00	0.00	40.00

Program Revenues				
Intergovernmental	\$0	\$5,720,489	\$0	\$7,093,400
Other / Miscellaneous	\$0	\$177,947	\$0	\$181,284
Total Revenue	\$0	\$5,898,436	\$0	\$7,274,684

Explanation of Revenues

This program generates \$789,819 in indirect revenues.

\$7,093,400 - Title XIX (Federal through State)

\$427,948 - Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Homeless Services Department program 30999 Supportive Housing Services Revenue for Other Departments.

\$181,284 - Case Management Assessments for Medicaid Patients (Local)

Significant Program Changes

Last Year this program was: FY 2025: 25029A ADVSD Transition & Diversion

This program combines 25029A and 25029B ADVSD Transition & Diversion - Supportive Housing Services from FY 2025.

Board Amendment #11 adds \$379,596 in General Fund and \$1,009,920 in Medicaid funding in order to reallocate \$992,295 in Supportive Housing Services (SHS) funding out of this program. This funding supports 5.00 FTE that conduct assessments and determine eligibility for services, and 1.00 FTE Case Manager 2 that supports the Regional Long Term Rent Assistance program.

Program #25029B - Long Term Care for Homeless Individuals with Severe and Persistent Mental Illness Expansion
FY 2026 Adopted
Department: County Human Services

Program Contact: Tatyana Gannotskiy

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: New Request

Program Description

ISSUE: Systemic inequalities have led to a growing rate of homelessness among older adults, disproportionately impacting individuals living with severe persistent mental illness (SPMI). Individuals experiencing homelessness face increased health risks as they age and encounter greater barriers to securing stable housing and accessing critical services.

PROGRAM GOAL: The Homeless Mobile Intake Team (HMIT), with a focus on serving individuals with severe and persistent mental illness, provides culturally responsive, field-based outreach to unhoused older adults and people with disabilities with the goal of achieving stable housing and establishing long term, person-centered care plans to ensure housing retention and prevent health decline.

PROGRAM ACTIVITY: HMIT Case Managers meet individuals where they are to conduct eligibility assessments and help connect them to long term care. Eligible individuals are enrolled in Medicaid Service Case Management and placed in safe, stable housing with the appropriate level of support for their needs. Care settings may include community-based facilities, nursing facilities, or in-home settings with ongoing support from paid caregivers. HMIT partners with Home Forward to help individuals learn about housing options.

HMIT is committed to providing culturally responsive services. HMIT staff speak multiple languages, are culturally knowledgeable, and train in diversity, equity, and inclusion. HMIT staff have lived experience which enables quick connection and trust building.

PROGRAM OUTPUTS:

- Help individuals living with mental illness who are experiencing homelessness apply for Medicaid Long Term Services and Supports.
- Help individuals living with mental illness who are experiencing homelessness get approved for Medicaid service case management.
- Connect eligible individuals with in-home care providers or placement in community-based or nursing facilities.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of individuals with mental illness who began an intake with the Homeless Mobile Intake Team (HMIT)	N/A	N/A	N/A	150
Output	Number of individuals with mental illness approved for Medicaid service case management	N/A	N/A	N/A	60
Output	Number of individuals with mental illness placed in a long-term care setting ¹	N/A	N/A	N/A	30

Performance Measures Descriptions

¹Includes in-home placements with paid caregiver support, placements in community-based facilities or nursing facility placements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$0	\$500,000	\$0
Total GF/non-GF	\$0	\$0	\$500,000	\$0
Program Total:	\$0		\$500,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

This program expansion was added by Board Amendment #10.

Department: County Human Services

Program Contact: Marina Khalina

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: There are many public and private services and benefits for older adults, people with disabilities, and Veterans. It can be difficult to navigate all the options. Barriers to finding resources are often highest for those most in need. Individuals who identify as Black, Indigenous, People of Color (BIPOC), immigrants, refugees or LGBTQ+ can struggle to find services where they feel safe and understood.

PROGRAM GOAL: The goal of this program offer is to increase the ease of resource navigation and equitable access for the community. By offering outreach, assistance, information, and referrals, ADVSD hopes to help individuals make informed decisions about their many options and quickly get connected with resources that meet their needs.

PROGRAM ACTIVITY: The Aging and Disability Resource Connection (ADRC) is a 24/7 helpline and website. It connects people to services for older adults, people with disabilities, Veterans, and their families. People can call or email the ADRC or access it online. Trained information specialists connect people to community programs and benefits. They provide information, referrals, assistance, follow-up, and crisis help. They inquire whether individuals have any specific cultural or language preferences to find the most suitable resources. Community partnerships are important to the program's success. Many ADRC information specialists work for senior centers and community partners, including several culturally specific organizations.

Additional programs and services funded by this offer include:

- Focal Point Activities: outreach events, activities and workshops at senior centers to increase engagement
- Oregon Project Independence - Medicaid: ADRC staff conduct initial screening for inquiries related to OPI-M
- Oregon Medicare Savings Connect: provides subsidies for Medicare Part B and D premiums, deductibles and co-pays
- Transportation: community partners schedule rides for consumers to access medical appointments and services
- Senior Health Insurance Benefit Assistance: volunteer-led outreach to provide counseling on Medicare options
- Senior Medicare Patrol: volunteer-led outreach to prevent Medicare fraud

PROGRAM OUTPUTS:

- Field inquiries to the 24/7 ADRC Helpline. Inquiries include calls, emails, and web-based contacts.
- Provide referrals to County and/or community resources through the 24/7 ADRC Helpline.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total reception, information, assistance and referral contacts to the ADRC Helpline	57,216	47,000	60,000	60,000
Output	Number of referrals to County or community resources from the ADRC Helpline	44,293	45,538	44,000	44,000

Performance Measures Descriptions

Legal / Contractual Obligation

In Multnomah County, ADVSD has a contract with the Oregon Department of Human Services to administer programs under the federal Older Americans Act. Oregon Revised Statute 410 allows for the administration of services to older adults and people with disabilities through local governmental entities.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$413,167	\$2,324,573	\$615,236	\$3,056,227
Contractual Services	\$1,334,165	\$170,489	\$1,743,055	\$75,729
Materials & Supplies	\$280	\$112,989	\$280	\$82,133
Internal Services	\$69,392	\$636,610	\$426,847	\$694,259
Total GF/non-GF	\$1,817,004	\$3,244,661	\$2,785,418	\$3,908,348
Program Total:	\$5,061,665		\$6,693,766	
Program FTE	3.12	18.54	4.68	23.98

Program Revenues				
Intergovernmental	\$0	\$3,244,661	\$0	\$3,908,348
Total Revenue	\$0	\$3,244,661	\$0	\$3,908,348

Explanation of Revenues

This program generates \$432,103 in indirect revenues.

\$3,036,301 - Title XIX (Federal)

\$384,516 - Outreach & Enrollment – MIPPA (Federal)

\$236,806- ADRC – System-Wide Technical Assistance (State)

\$196,156 - ADRC – Person Centered Option Counseling Medicaid (State)

\$23,500 - Medicare (Federal)

\$19,500 - Senior Medicare Patrol Grant (Federal)

\$6,719 - Title VIIB (OAA – Elder Abuse) (Federal)

\$3,000 - City of Troutdale (Local)

\$1,850- City of Fairview (Local)

Significant Program Changes

Last Year this program was: FY 2025: 25032 ADVSD Outreach, Information & Referral

ADRC 24/7 Service Expansion: For more than 20 years, after-hours ADRC Helpline contacts have been answered by outside contractors such as 211info and Protocol Services. On July 1, 2024, our Community Services team expanded to provide 24/7 service. Now that ADRC Helpline services are operated fully in-house, ADVSD Community Information Specialists are able to offer more comprehensive, equitable services to our community members, including those who need resources outside of traditional business hours. The expanded team directly supports Adult Protective Services and the Public Guardian office, now around the clock, and acts as a resource for emergency services such as hospitals, Project Respond, law enforcement, home care workers, care facilities, and more.

*Add 7.00 FTE Community Information Specialist; Moved 0.66 FTE from Federal/State Fund to General Fund.

Department: County Human Services

Program Contact: Marina Khalina

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

ISSUE: Having access to healthy meals each day is a challenge for many older adults, people with disabilities and Veterans. Limited income, functional impairment, and social isolation can be barriers to maintaining adequate nutrition. Lack of access to culturally appropriate foods can also be a barrier. Poor nutrition may lead to malnourishment, disease, and difficulty living independently at home.

PROGRAM GOAL: The Nutrition Program helps support health, prevent disease, and reduce social isolation. This intervention ultimately helps participants remain independent in their homes. The Nutrition Program honors consumer choice and cultural preferences. Staff also help connect participants to other services in the community.

PROGRAM ACTIVITY: ADVSD provides funding to community partners to provide healthy meals and nutrition education. Meals are both home-delivered and available at community dining sites (congregate meals). Participants' level of nutritional risk is assessed on a regular basis. Their meal services can be adjusted as needed. This program addresses social isolation in several ways. When participants receive home-delivered meals, the staff making the delivery often visit and check in with them. Participants who attend congregate meal sites can socialize in a community setting. Visiting a meal site also helps participants learn about other events and offerings at the service site.

The Nutrition Program offers a variety of food to meet participants' preferences. A dietitian ensures that all meals meet nutritional standards. Culturally specific partners serve foods from local restaurants and groceries from their communities. This helps local minority-owned businesses succeed.

PROGRAM OUTPUTS:

- Fund contracted partners to serve home delivered and congregate meals.
- Fund culturally specific contracted partners to serve home delivered and congregate meals.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of meals served	479,134	360,000	452,270 ²	444,483 ²
Output	Number of meals served by culturally specific providers ¹	35,000	N/A	35,000	35,000

Performance Measures Descriptions

¹New Measure: This number includes meals served by providers contracted by ADVSD to provide culturally specific nutrition services.

²Reduced meals between FY25 and FY26 is due to reduced nutrition funding.

Legal / Contractual Obligation

Multnomah County ADVSD has a contract with the Oregon Department of Human Services to administer programs under the federal Older Americans Act. Oregon Revised Statute 410 allows for the administration of services to older adults and people with disabilities through local governmental entities.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$21,052	\$2,827,212	\$316,955	\$2,016,315
Materials & Supplies	\$2,000	\$3,786	\$2,274	\$3,353
Internal Services	\$0	\$7,254	\$0	\$0
Total GF/non-GF	\$23,052	\$2,838,252	\$319,229	\$2,019,668
Program Total:	\$2,861,304		\$2,338,897	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,838,252	\$0	\$2,019,668
Total Revenue	\$0	\$2,838,252	\$0	\$2,019,668

Explanation of Revenues

\$976,707 - Title IIIC-1 (OAA – Congregate Meals) (Federal)
\$740,208 - Title IIIC-2 (OAA – Home Meals) (Federal)
\$255,174 - U.S. Department of Agriculture (Federal)
\$44,226 - PWD OPI Pilot Project (State)
\$3,353 - Title IIIB (OAA – Supportive Services) (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 25033 ADVSD Nutrition Program

Contractual Services decreased by \$797k in Federal funds: Title IIIC-1 (OAA – Congregate Meals), Title IIIC-2 (OAA – Home Meals), and U.S. Department of Agriculture.

Department: County Human Services

Program Contact: Marina Khalina

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: As people age, the risk for developing chronic health conditions such as diabetes or heart disease increases. Adults with chronic conditions have higher rates of hospital admissions. The risk of falling also increases with age. Studies show that falls result in health decline and potential hospitalization. Failure to follow care plans after a hospital stay can lead to return visits to the hospital.

PROGRAM GOAL: The goal of this program offer is to support participants' health and safety. It gives participants skills to manage their own health as they age. The programs funded in this offer are proven to reduce participants' hospitalization rates.

PROGRAM ACTIVITIES: This offer includes two separate programs. Evidence-Based Health Promotion (EBHP) programs teach people how to manage chronic health conditions and avoid falls. EBHP includes a variety of courses and workshops offered by community partners. Topics include diabetes prevention, chronic disease self-management, Tai Chi, and walking groups. These courses help reduce social isolation and support healthy aging. Several culturally-specific partners offer EBHP activities to increase access to more communities.

The Care Transitions program supports people who were recently hospitalized due to a chronic health condition. Coaches visit participants at home to help them understand and follow their care plan. They review medications and discuss red flags related to participants' health conditions. Coaches help participants take an active role in managing their health.

PROGRAM OUTPUTS:

- Fund contracted partners to provide Evidence-Based Health Promotion (EBHP) courses.
- Coach people after they have left a hospital stay to encourage success with their care plan.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of evidence based health promotion (EBHP) courses offered	19	25	20	20
Output	Number of participants served by Care Transitions	517	480	550	535

Performance Measures Descriptions

¹Includes the full Metro Care Transitions Program, which includes Multnomah, Clackamas, Washington and Yamhill County residents.

Legal / Contractual Obligation

The federal Older Americans Act requires funding be used for evidence-based activities that meet their standards for effectiveness as tested through clinical trials.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$405,056	\$0	\$140,932
Contractual Services	\$91,633	\$123,335	\$113,050	\$98,804
Materials & Supplies	\$12,408	\$1,586	\$12,408	\$12,022
Internal Services	\$0	\$98,514	\$0	\$63,424
Total GF/non-GF	\$104,041	\$628,491	\$125,458	\$315,182
Program Total:	\$732,532		\$440,640	
Program FTE	0.00	3.00	0.00	1.00

Program Revenues				
Intergovernmental	\$0	\$378,538	\$0	\$54,182
Other / Miscellaneous	\$0	\$249,953	\$0	\$261,000
Total Revenue	\$0	\$628,491	\$0	\$315,182

Explanation of Revenues

This program generates \$20,294 in indirect revenues.

\$261,000 - Providence Health Services – Metro Care Transitions (Local)

\$32,128 - Title IIID (OAA – Health Promotion) (Federal)

\$22,054 - ADRC – Person Centered Option Counseling Medicaid (State)

Significant Program Changes

Last Year this program was: FY 2025: 25034 ADVSD Health Promotion

Decreased by 2.00 FTE Case Manager 2.

Department: County Human Services

Program Contact: Marina Khalina

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Older adults, people with disabilities, and Veterans face many barriers to aging safely in their homes. Without proper support, they are at risk of health decline, injury, social isolation, or placement in expensive nursing homes. For some, finding in-home care workers with knowledge of their culture and language can be difficult.

PROGRAM GOAL: The goal of this program offer is to help people age safely in their homes and prevent or delay the need for more expensive care. Culturally and linguistically appropriate services are offered to increase access to more communities. All participants should feel safe and respected in their homes.

PROGRAM ACTIVITY: This offer funds several related programs. Oregon Project Independence (OPI) serves people aged 60+ who need in-home services but do not qualify for Medicaid. OPI offers services to help participants live well at home. These include housekeeping, personal care, home-delivered meals, case management, assistive technology and more. Case managers assess participants' needs, create personalized care plans, make home visits, and provide advocacy and resource referrals. OPI-Expansion is a related program that extends OPI services to adults under age 60 living with a disability. OPI-Medicaid is a new state-funded program. It offers a wider range of service options than OPI, and participants can receive a higher number of service hours each month.

Older Americans Act Case Management serves older adults and people with a disability who do not qualify for Medicaid. It offers case management and resource referrals, but not in-home care. Options Counseling is a short-term service to help people understand their long-term care options and make informed decisions.

With the exception of OPI-Expansion, participants have the option of accessing all of these programs through culturally specific community partners.

PROGRAM OUTPUTS:

- Fund case management and/or in-home services to older adults, individuals with disabilities, and Veterans.
- Fund culturally specific contracted partners to provide case management and/or in-home services to older adults, individuals with disabilities, and Veterans.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of people receiving case management and/or in-home services	2,224	2,400	2,300	2,400
Output	Number of participants served by culturally specific providers ¹	1,023	N/A	800	800

Performance Measures Descriptions

¹New measure: This is an unduplicated count of participants served by culturally specific providers contracted with ADVSD Community Services. Based on participants served in the following programs: Older Americans Act Case Management, Oregon Project Independence (OPI), OPI-Expansion, OPI-M, and Options Counseling.

Legal / Contractual Obligation

In Multnomah County, ADVSD has a contract with the Oregon Department of Human Services to administer programs under the federal Older Americans Act. Oregon Revised Statute 410 allows for the administration of services to older adults and people with disabilities through local governmental entities.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$207,309	\$1,341,434	\$180,724	\$1,550,762
Contractual Services	\$1,132,717	\$475,234	\$1,127,666	\$994,672
Materials & Supplies	\$104	\$29,182	\$104	\$13,102
Internal Services	\$112,284	\$354,140	\$15,115	\$493,647
Total GF/non-GF	\$1,452,414	\$2,199,990	\$1,323,609	\$3,052,183
Program Total:	\$3,652,404		\$4,375,792	
Program FTE	1.05	11.35	0.80	12.68

Program Revenues				
Intergovernmental	\$0	\$2,305,507	\$0	\$3,044,008
Service Charges	\$0	\$8,175	\$0	\$8,175
Total Revenue	\$0	\$2,313,682	\$0	\$3,052,183

Explanation of Revenues

\$1,305,710 - Title XIX (Federal)
\$1,061,431 - Oregon Project Independence (State)
\$398,803 - Title IIIB (OAA – Supportive Services) (Federal)
\$148,451 - PWD OPI Pilot Project (State)
\$108,422 - Title IIIE (OAA – Caregiver Support) (Federal)
\$21,191 - Title IIID (OAA – Health Promotion) (Federal)
\$8,175 - Client Employer Provider Fees (Local)

Significant Program Changes

Last Year this program was: FY 2025: 25035 ADVSD Case Management & In-Home Services (non-Medicaid)

OPI-M is a new statewide program launched in June 2024 to provide support to individuals so they may remain in their own homes, and delay or prevent the need for full Medicaid long term services. OPI-M expands coverage to individuals generally not eligible for Medicaid and in-home support by increasing income and resource limits. Since launching in June, our OPI-M team has connected with over 164 consumers, and 55 Multnomah County consumers have been approved for assistance. Increased by 1.08 FTE: Decreased 0.25 FTE Program Specialist in CGF; Decreased 2.25 FTE in Federal/State fund (0.25 FTE Program Specialist, 1.00 OA Sr, 1.00 Program Tech); Moved 0.17 FTE Program Specialist from program offer 25035 to program offer 25038, moved 0.25 FTE Program Specialist from program offer 25035 to 25037; Added 4.00 FTE Case Manager 2.

Department: County Human Services

Program Contact: Marina Khalina

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Costs of housing and medical care are rising. This can make it difficult for older adults, people with disabilities, and Veterans to keep their housing. Unhealthy living conditions can put people at risk of eviction. People who have recently found stable housing often need support to avoid returning to homelessness.

PROGRAM GOAL: The goal of this program offer is to help people age with safety and dignity in their homes. It helps participants avoid becoming homeless or returning to homelessness. It also improves the health and safety of participants' living conditions.

PROGRAM ACTIVITY: This offer includes two separate programs. The Safety Net program offers a variety of services that support housing stability. These include rent assistance, utility assistance, emergency motel vouchers, deposits, moving services, extreme cleaning, and bed bug removal. It also helps participants pay for items like eyeglasses, dentures, and medical equipment. The Safety Net program has helped many Black and African American people and wants to expand its reach. The program plans to partner with organizations that serve Latino, Native American, Alaskan Native, and Indigenous communities.

The Older Adult In-Home Care program (OAIHC) supports people who have recently found housing after a long period of homelessness. Participants receive personalized support to remain stably housed. This can include housekeeping, grocery delivery, transportation, health insurance enrollment, checking and understanding mail, advocacy, and help at medical appointments.

PROGRAM OUTPUTS:

- Fund services for people at risk of homelessness. Services include case management, rent and utility assistance, funds for medical needs, and other housing-related services.
- Fund services for people who need support to remain stably housed after exiting homelessness. Services include housekeeping, eviction prevention, client outreach, transportation support, and life stabilization.
- Fund bedbug cleaning and mitigation services for renters at risk of eviction.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of people served by the Safety Net Program ¹	544 ²	N/A	600	600
Output	Number of people served through the Older Adult In-Home Care (OAIHC) Program	33	30	30	30
Output	Number of Multnomah County bedbug hotline calls from renters ³	129	N/A	110	110

Performance Measures Descriptions

¹New measure. This includes applicants, co-applicants, household members, and people who received case management/consult only. ²The FY 2024 Actual amount did not include co-applicants, household members, and people who received case management/consult only. ³New Measure. Count calls where renters were provided resources through the Multnomah County bedbug hotline. Former measure: "Number of people who received Safety Net services." Dropped because it only included a subset of people served by the Safety Net program. FY 2024 Actual: 544. FY 2025 Estimate: data not available.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$137,886	\$138,336	\$145,140	\$143,961
Contractual Services	\$575,055	\$0	\$714,440	\$0
Materials & Supplies	\$1,932	\$0	\$1,926	\$19
Internal Services	\$13,267	\$33,630	\$14,395	\$35,107
Total GF/non-GF	\$728,140	\$171,966	\$875,901	\$179,087
Program Total:	\$900,106		\$1,054,988	
Program FTE	1.00	1.00	1.00	1.00

Program Revenues				
Intergovernmental	\$0	\$171,966	\$0	\$179,087
Total Revenue	\$0	\$171,966	\$0	\$179,087

Explanation of Revenues

This program generates \$20,731 in indirect revenues.
 \$179,087 - Title XIX (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 25036 ADVSD Safety Net Program

Department: County Human Services

Program Contact: Marina Khalina

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: For older adults, people with disabilities, and Veterans, a lack of transportation can have negative impacts on health, safety and quality of life. In 2022, ADVSD surveyed people who received transportation services. Staff specifically wanted to get input from participants who are Black, Indigenous, or Persons of Color (BIPOC) or who speak languages other than English. Participants said that transportation services were very important to them. They need help getting to appointments, community events, and senior centers. Many preferred door-to-door transportation because they felt it was safer. Advisory councils have requested lower ride costs, more frequent service, and safer rides.

PROGRAM GOAL: The goal of Transportation Services is to help older adults, people with disabilities, and Veterans get around easily. Participants should have access to transportation services that are safe, affordable and meet their physical and language needs.

PROGRAM ACTIVITY: The Transportation Services program helps people get where they need to go. This includes social activities, food programs, stores, pharmacies, and medical appointments. Case managers and transportation coordinators work with participants to arrange the appropriate types of transportation. Options include TriMet HOP cards, door-to-door service, and emergency rides. The program also uses specialized vehicles that accommodate mobility devices. Transportation coordinators also help schedule rides.

Transportation Services are available through culturally specific community partners. This helps extend the program to more communities. If participants don't speak English, the program uses an interpreter or finds drivers who speak their language.

PROGRAM OUTPUTS:

- Fund transportation assistance services for people who need rides. Services include ride scheduling and coordination, TriMet HOP cards, door-to-door service, and emergency rides.
- Fund Tri-Met tickets and passes for people who need rides.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants who received transportation assistance	1,237	1,200	1,100	1,100
Output	Number of participants who received Tri-Met tickets or passes ¹	400	N/A	420	420

Performance Measures Descriptions

¹New Measure: This number is an unduplicated count of participants who received Tri-Met passes or tickets. The program distributed 3,500 passes and tickets during FY 2024.

Legal / Contractual Obligation

In Multnomah County, ADVSD has a contract with the Oregon Department of Human Services to administer programs under the federal Older Americans Act. Oregon Revised Statute 410 allows for the administration of services to older adults and people with disabilities through local governmental entities.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$113,692	\$0	\$165,089
Contractual Services	\$154,639	\$2,014,113	\$158,814	\$1,978,936
Materials & Supplies	\$9,000	\$40	\$9,000	\$57
Internal Services	\$0	\$12,465	\$0	\$13,657
Total GF/non-GF	\$163,639	\$2,140,310	\$167,814	\$2,157,739
Program Total:	\$2,303,949		\$2,325,553	
Program FTE	0.00	0.70	0.00	0.95

Program Revenues				
Intergovernmental	\$0	\$2,026,618	\$0	\$2,157,739
Total Revenue	\$0	\$2,026,618	\$0	\$2,157,739

Explanation of Revenues

\$1,560,606 - Medicaid Community Transportation (Federal)
\$546,212 - TriMet Community Transportation Local Match (Local)
\$50,921 - PWD OPI Pilot Project (State)

Significant Program Changes

Last Year this program was: FY 2025: 25037 ADVSD Transportation Services

Moved 0.25 FTE Program Specialist from program ADVSD Case Management & In-Home Services (Community Services) (25035) to ADVSD Transportation Services (25037).

Department: County Human Services

Program Contact: Marina Khalina

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Community Services (CS) is a service area under Aging, Disability, & Veteran Services Division (ADVSD). CS offers a wide array of federal, state and local programs. Program staff need help to make sure they meet funder requirements and that programs run smoothly. CS programs aim to improve the safety of vulnerable older adults. Without opportunities for meaningful community participation, older adults face a risk of social isolation.

PROGRAM GOAL: This program provides operational support to contracted community partners and paid caregivers. The goal is to help publicly-funded programs operate effectively. It also provides several public-facing programs that promote safety and meaningful community participation for older adults.

PROGRAM ACTIVITY: The Data Quality and Program Support (DQPS) Team supports 23 unique programs within Community Services. They provide operational support to help programs meet funding requirements and prevent interruptions to service delivery. The DQPS Team also plays an important role in supporting Oregon Project Independence - Medicaid (OPI-M) program operations. Activities include invoice processing, payment authorization, electronic document management, data analysis, and reporting.

This offer also includes several programs that promote safety and meaningful community participation for older adults:

- Foster Grandparent Program: pairs older adult volunteers with school-aged children to provide mentoring and tutoring
- Oregon Money Management Program: protects older adults from financial abuse by managing their federal finances
- Older Adult Behavioral Health Initiative: provides staff training, public workshops, case consults, and system navigation
- Older Americans Act Legal Services: provides legal advice and attorney services to low income older adults

PROGRAM OUTPUTS:

- Process invoices and claims for community partners and consumers.
- Perform administrative tasks on behalf of OPI-M community partners and consumers. Tasks include electronic document management, payment authorizations, and mailings.
- Provide education and training workshops for partner agency staff and consumers. Workshops include resource fairs, network events, and classes.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of invoices and claims processed on behalf of community partners and consumers ¹	4,280	N/A	4,300	4,300
Output	Number of administrative tasks completed to support OPI-M program operations ²	N/A	N/A	N/A ³	3,000
Output	Number of education and training workshops held by Community Services ⁴	56	N/A	60	60

Performance Measures Descriptions

¹New Measure. Includes: Invoices and claims processed within the fiscal year. ²New Measure. OPI-M administrative tasks include: electronic document management uploads, provider payment authorizations, payment processing, and mailings.

³OPI-M is a new program. No data is available for FY 2025. ⁴New Measure. Includes: number of education and training workshops held within the fiscal year. Former measure: "Number of volunteer hours donated to ADVSD." Moved to Aging, Disability, and Veterans Services (25027).

Legal / Contractual Obligation

ADVSD is designated the Type B Transfer Area Agency on Aging for Multnomah County through a contract with the Oregon Department of Human Services and as guided by ORS Ch 410, to provide mandatory functions for older adults and people with disabilities. These include the provision of quality staffing, service planning, senior and disability advisory councils, and comprehensive and coordinated service delivery for older adults and people with disabilities.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$464,148	\$2,058,480	\$851,982	\$1,657,403
Contractual Services	\$67,909	\$1,259,087	\$45,070	\$243,381
Materials & Supplies	\$9,576	\$84,077	\$9,898	\$82,618
Internal Services	\$106,275	\$532,934	\$67,668	\$467,883
Total GF/non-GF	\$647,908	\$3,934,578	\$974,618	\$2,451,285
Program Total:	\$4,582,486		\$3,425,903	
Program FTE	3.33	14.92	5.05	11.67

Program Revenues				
Intergovernmental	\$0	\$3,691,061	\$0	\$2,236,587
Service Charges	\$0	\$243,517	\$0	\$214,698
Total Revenue	\$0	\$3,934,578	\$0	\$2,451,285

Explanation of Revenues

This program generates \$44,141 in indirect revenues.

\$487,911 - Veteran's Directed Home & Community Services (Federal)

\$459,663 - Title XIX (Federal)

\$310,346 - Oregon Money Management Program (State)

\$299,854 - Title IIIB (OAA – Supportive Services) (Federal)

\$271,571 - Foster Grandparent Program (Federal)

\$214,698 - Contractor Rentals (Local)

\$191,367 - State Mental Health Grant (State)

\$169,359 - State GF-SEQ Assist (Federal)

\$46,516 - Title IIIC-1 (OAA – Congregate Meals) (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 25038 ADVSD Advocacy & Community Program Operations

- Cut all Title XIX funded contracts due to reduction in funding (\$874,372 in FY25). To mitigate, some work was moved in-house with funds shifting to program ADVSD Case Management & In-Home Services (Community Services) (25035).
- American Rescue Plan Act (ARPA) Federal Older Americans Act funding ended (\$128,531 in FY25). Funds were primarily passed-through to community partners to support family caregiving case management. ADVSD created a glide path over the last 18 months in anticipation of funds going away to create as little service impact as possible.
- Net decrease of 1.53 FTE: 0.17 FTE moved from ADVSD program #25035; 3.50 FTE cut (1.00 FTE Data Tech, 0.50 FTE Prog Spec, 2.00 FTE Prog Tech.); Add 2.00 FTE (1.00 FTE Case Mgr 2, 1.00 FTE Prog Spec Sr); 0.20 FTE Manager 1 moved to ADVSD program # 25025. Additionally, 2.25 FTE moved from Federal/State Fund to General Fund.

Department: County Human Services

Program Contact: Marina Khalina

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Many people provide unpaid care to family members. People may take on these roles because they care deeply about their loved one's wellbeing, however the responsibility can take a toll. Caregivers often face financial burdens, strain on their relationships, stress, and negative health impacts. Without the right support, caregiving duties can become unmanageable and loved ones may need to be placed in a care facility.

PROGRAM GOAL: The goal of the Family Caregiver Support Program (FCSP) is to support people who take care of their older family members or raise relatives' children. FCSP aims to reduce caregiver burnout and prevent or delay the need for more costly care options. FCSP wants to keep families together and improve quality of life for caregivers and their loved ones.

PROGRAM ACTIVITY: The FCSP provides a support system for unpaid family caregivers. This helps them provide quality care to their loved ones and makes caregiving easier. Unpaid family caregivers get information, training, counseling, case management, and peer support. Meetings and classes are offered both online and in-person to meet families' needs. FCSP also offers respite services (breaks) and financial aid to help make long term caregiving more manageable. FCSP staff provide outreach to culturally specific community partners to make this program accessible to more communities.

PROGRAM OUTPUTS:

- Provide support for unpaid family caregivers. Support includes respite, case management, support groups, stipends, and training and education.
- Sustain and support the quality of care individuals receive from unpaid family caregivers.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of unpaid family caregivers served by the Family Caregiver Support Program ¹	385	325	325	325
Output	Number of individuals who receive care from Family Caregiver Support Program participants ²	385 ³	N/A	325	325

Performance Measures Descriptions

¹Measure reworded for clarity. Former wording: "Number of participants served by the Family Caregiver Support Program."

²New Measure. This includes an unduplicated count of individuals who receive care unpaid family caregivers served by the FCSP.

³Number of care recipients in FY 2024 was an undercount due to data quality issues. Quality improvement efforts are planned for FY 2025.

Legal / Contractual Obligation

In Multnomah County, ADVSD has a contract with the Oregon Department of Human Services to administer programs under the federal Older Americans Act. Oregon Revised Statute 410 allows for the administration of services to older adults and people with disabilities through local governmental entities.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$146,392	\$51,389	\$156,199	\$49,507
Contractual Services	\$0	\$414,780	\$22,448	\$178,847
Materials & Supplies	\$0	\$21,031	\$0	\$21,039
Internal Services	\$14,054	\$0	\$14,395	\$7,189
Total GF/non-GF	\$160,446	\$487,200	\$193,042	\$256,582
Program Total:	\$647,646		\$449,624	
Program FTE	1.00	0.50	1.00	0.50

Program Revenues				
Intergovernmental	\$0	\$487,200	\$0	\$256,582
Total Revenue	\$0	\$487,200	\$0	\$256,582

Explanation of Revenues

\$256,582 - Title IIIIE (OAA – Caregiver Support) (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 25039 ADVSD Family Caregiver Program

Youth and Family Services

The Youth & Family Services (YFS) Division manages over 30 programs and initiatives through five core system and policy areas: 1) Energy Services, 2) Housing Stability, 3) Education Supports, 4) Early Childhood, and 5) Domestic and Sexual Violence.

The division manages programs funded by federal, state, and local resources. These programs offer a wide range of interventions, including access to public benefits, domestic and sexual violence emergency response, housing stability assistance, youth advocacy, after-school programming, home weatherization, and more. While several key programs such as Domestic and Sexual Violence Crisis Response and Bienestar de La Familia are provided by County staff, the majority of YFS services are delivered through contracts with community non-profits, including a network of culturally specific and responsive organizations. In FY 2024, 17,912 youth engaged in services through SUN Community Schools, and 99% of students served through SUN Youth Advocacy made progress or achieved individualized action or success plan goals. 920 domestic and sexual assault survivors received specialized legal consultation through the Gateway Center, and YFS provided 1,136 referrals for legal consultation. 5,662 households received emergency rent assistance to prevent eviction, and 92% of those households remained stably housed after 12 months. YFS also partners with local jurisdictions, such as city governments, Home Forward, school districts, and other County departments.

Division Outcomes

- **Quality of Life Improvements:** Improved quality of life of consumers at every stage of life by providing intentional services and advocacy for individuals and families, survivors, immigrants and refugees, and communities of color. These services include housing stability services, case management, weatherization and access to food.
- **Educational Access and Support Improvements:** Support educational access and support through education programs and resources delivered through the SUN Service System, providing connection, resources, and community for youth and families.
- **Increased Economic Stability:** Improving economic stability for consumers by providing services like rent assistance, energy assistance, food assistance and connection to other services and resources.

\$102.3 million

Youth and Family Services

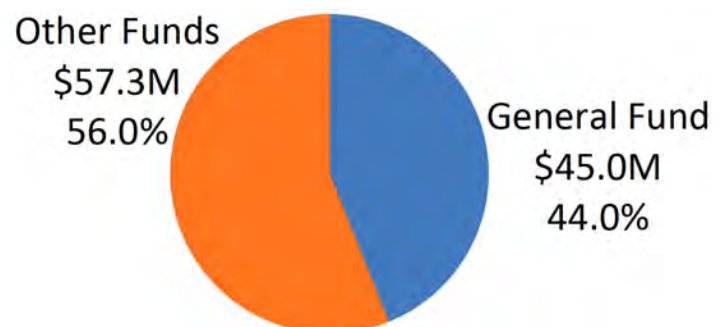
Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.



102.00 FTE

(full time equivalent)



- **Access to Social Services:** Coordinated access to social services that support the diverse needs of our community, resulting in pathways that increase both individual and community resilience as well as community connections.

Significant Division Changes

SUN Service System: Approximately every five years, the SUN Service System conducts a new Request for Program Qualifications (RFPQ). During this new procurement cycle, we were able to incorporate lessons learned from other youth programs, including desired elements from Successful Families, to further align and focus our work with youth and their families. Successful Families programs will be sunsetting in FY 2025 with funds being reallocated to stabilize the workforce and improve program quality for the SUN Service System. The division began the first stage of procurement for this new cycle in September 2024, and in March 2025 organizations were identified and vetted. If school districts experience contractor agency changes, we will work with them to develop transition plans as well as onboard new organizations. The adopted budget does see a reduction in Parent Child Development Services under regional services, which are geographical areas based on a high school catchment area, in order to prioritize funding for culturally specific services.

Medicaid 1115 Housing Demonstration Waiver: Beginning April 2025, the new Medicaid Waiver Rent Assistance Program (MWRAP) began working to connect Multnomah County residents to rent and utility assistance resulting in improved housing stability and health. On November 1, 2024, the new Health Related Social Needs Housing Benefit launched for Oregon Health Plan members. The benefit focuses on supporting people who are currently housed. It provides up to six months of rent and utility assistance to households where someone has a serious health condition. The MWRAP team will focus on developing a new access point for referrals within Multnomah County departments including DCHS, the Department of Community Justice, the Health Department, and the Homeless Services Department. Health Share and Trillium Community Health Plan provided capacity-building grant funding to DCHS to support the rollout of this new benefit.

Eviction Prevention and Emergency Rent Assistance: In FY 2024, \$20.3M was budgeted for emergency rent assistance and served 5,662 households. In FY 2025, \$16.5M was budgeted for rent assistance and is projected to serve 3,500 households. In FY 2026, YFS will have \$12.4M in emergency rent assistance and will serve approximately 2,100 households (25133A/B, 25146). Rent assistance funding continues to decrease significantly as pandemic related funds are sunsetting. While the needs continue to increase, resources were limited in FY 2025 compared to the previous several years. In addition to lower allocations, higher rent payments due to increasing rent costs also factor into the decline of the number served. In addition to providing rent assistance, the division provides complementary legal support, case management, and resources to increase earning potential. This supports our overall effort to prevent additional evictions and reduce eviction related costs.

Table of Division Programs

The following table shows the programs that make up the division's budget, including cash transfers, contingencies, and unappropriated balances. The individual programs for this division follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Youth and Family Services						
25041	YFS - Domestic Violence Crisis Services		479,028	0	479,028	0.00
25044	YFS - Domestic and Sexual Violence Coordination		799,871	77,928	877,799	4.00
25046	YFS - Domestic Violence Legal Services		225,726	35,000	260,726	0.00
25047	YFS - Domestic Violence Crisis Response Unit		1,743,472	352,516	2,095,988	12.00
25048	YFS - Culturally Specific and Underserved Domestic & Sexual Violence Services		885,538	0	885,538	0.00
25049	YFS - Sexual Assault Services		917,709	0	917,709	1.00
25050	YFS - Gateway Center		958,214	1,691,632	2,649,846	7.00
25118	YFS - Youth & Family Services Administration		2,388,527	0	2,388,527	11.00
25119	YFS - Energy Assistance		152,170	12,083,527	12,235,697	7.50
25121	YFS - Weatherization		0	10,239,380	10,239,380	14.50
25130	YFS - Family Unification Program		664,004	300,000	964,004	0.00
25131A	YFS - Legal Services & Supports		503,036	0	503,036	0.00
25131B	YFS - Peer Navigators		419,431	0	419,431	0.00
25131C	YFS - Eviction Prevention Support		124,528	210,164	334,692	0.00
25131D	YFS - Record and Fee Expungement Program (Project Reset)		250,000	0	250,000	0.00
25131E	YFS - Eviction Prevention: In Courtroom Support		247,324	0	247,324	0.00
25133A	YFS - Housing Stabilization & Eviction Prevention		1,562,974	10,319,597	11,882,571	8.00
25133B	Emergency Rent Assistance & Eviction Prevention	X	3,500,000	0	3,500,000	1.50
25133C	Medicaid 1115 Health Related Social Needs Housing Waiver	X	0	10,000,000	10,000,000	0.00
25134	YFS - Fair Housing Testing in East Multnomah County	X	128,000	0	128,000	0.00
25135	YFS - Sex Trafficked Youth Services		1,066,764	0	1,066,764	0.00

County Human Services

FY 2026 Adopted Budget

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
25136	YFS - Culturally Specific Navigation Services for Immigrant Families		308,568	0	308,568	0.00
25138	YFS - Youth Stability & Homelessness Prevention Services		1,490,916	110,000	1,600,916	0.00
25139	YFS - Multnomah Stability Initiative (MSI)		3,638,798	4,787,110	8,425,908	2.00
25140	YFS - Community Development in East Multnomah County		164,315	388,000	552,315	1.00
25141	YFS - Supplemental Nutrition Assistance Program (SNAP) Outreach		176,519	161,972	338,491	2.00
25145	YFS - SUN Community Schools		9,852,284	2,914,661	12,766,945	4.00
25146	YFS - SUN Community Schools: Family Resource Navigators	X	375,063	1,624,937	2,000,000	0.00
25147A	YFS - Child & Family Hunger Relief		767,356	0	767,356	1.00
25147B	YFS - East County Culturally Specific Community Food Systems	X	74,000	0	74,000	0.00
25149	YFS - SUN Youth Advocacy Program		4,228,346	100,000	4,328,346	0.00
25151	YFS - SUN Parent & Child Development Services		1,323,219	544,803	1,868,022	0.50
25152	YFS - Early Learning Family Engagement and Kindergarten Transition		463,360	842,982	1,306,342	1.00
25155	YFS - Sexual & Gender Minority Youth Services		405,938	0	405,938	0.00
25156	YFS - Bienestar Social Services		2,770,261	312,287	3,082,548	14.00
25160	YFS - Data and Evaluation Services		<u>1,895,939</u>	<u>219,181</u>	<u>2,115,120</u>	<u>10.00</u>
	Total Youth and Family Services		\$44,951,198	\$57,315,677	\$102,266,875	102.00

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Domestic violence is a leading cause of violent victimization, accounting for more than 40% of all reported violent crime and 25% of all homicides in Multnomah County. Crisis services help ensure that support is available for survivors when the time is right for them.

PROGRAM GOAL: In their lifetimes, 1 in 4 women and 1 in 9 men experience intimate partner violence. This program funds immediate safety and advocacy services for individuals and families. Services are provided through contracted community-based agencies. They serve a racially and ethnically diverse population.

PROGRAM ACTIVITY: Emergency and Crisis Services support individuals and families who are seeking safety from domestic violence. Domestic violence does not present in the same way across all demographics, meaning that survivors need access to client-centered and culturally-relevant services when the time is right for them. Crisis services are flexible, trauma-informed, and collaborative to meet the unique needs of each individual and family served.

There are two program activities funded by this program: Shelter-based services and Mobile Advocacy.

Shelter-based programming is provided in partnership with the Homeless Services Department confidential shelters. Advocates provide confidential, 24-hour services for survivors. This includes ongoing safety planning and help navigating the domestic violence service continuum.

Mobile advocacy services support survivors who are at risk of homelessness due to domestic violence. Advocates provide confidential support to survivors who have barriers to accessing available shelter services (ex. large families or those needing accommodation for disabilities). Mobile advocates are available to meet survivors anywhere in the county. Services include ongoing risk assessment and safety planning, emergency short-term motel stays, and support navigating the domestic violence system.

PROGRAM OUTPUTS:

- Provides survivors with access to trained advocates in a variety of settings to meet their unique needs.
- Supports survivors in safety planning and meeting basic needs when in crisis.
- Provides survivors with referral to longer term supportive services, as appropriate.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of domestic violence survivors and children receiving comprehensive, specialized crisis services	351	400	320	320
Output	Percent of adult survivors who engaged in safety planning with an advocate	98%	90%	90%	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$467,800	\$0	\$479,028	\$0
Total GF/non-GF	\$467,800	\$0	\$479,028	\$0
Program Total:	\$467,800		\$479,028	
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 2025: 25041 YFS - Domestic Violence Crisis Services

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Domestic violence is a leading cause of violent victimization, accounting for more than 40% of all reported violent crime and 25% of all homicides in Multnomah County. Domestic violence is a complex issue that requires a coordinated countywide response that focuses on prevention and support for survivors.

PROGRAM GOAL: To serve a diverse community of survivors, our system must be collaborative. Domestic and Sexual Violence Coordination provides planning, coordination, evaluation, and support for the continuum of domestic and sexual violence services in Multnomah County. Coordination is a key piece of the response. This supports system-wide collaboration and leadership for our community. It also supports our system to work toward improving our services, making them more accessible, and ensuring that the voice of survivors is at the center of our efforts.

PROGRAM ACTIVITY: This program undertakes several key activities.

1. Coordination of system-wide collaboration for the continuum of domestic and sexual violence services. We staff several advisory bodies centering the lived experience of survivors, especially BIPOC survivors and those from underserved communities. We also connect with service providers from across the system to lead system improvement efforts.
2. Community engagement work with participants and service providers. This includes engaging survivors from diverse backgrounds as leaders and experts.
3. Contract support for the full continuum of funded service providers. We support contract compliance as well as problem solving and connection with program staff.
4. System-wide quality improvement and planning for future programming.

PROGRAM OUTPUTS:

- Engages survivors in ongoing leadership opportunities, where they are fairly compensated for their time and expertise.
- Supports contractors in providing high-quality services in a collaborative system, focused on meeting the unique needs of survivors of domestic and sexual violence.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Percent of survivors from BIPOC and/or underserved communities engaged in community advisory bodies	100%	50%	50%	50%
Output	Number of DV Continuum collaborative meetings staffed by the DSVCO	194	125	125	125

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$666,147	\$50,000	\$680,316	\$52,328
Contractual Services	\$19,035	\$25,600	\$19,035	\$25,600
Materials & Supplies	\$12,200	\$0	\$16,050	\$0
Internal Services	\$94,502	\$0	\$84,470	\$0
Total GF/non-GF	\$791,884	\$75,600	\$799,871	\$77,928
Program Total:	\$867,484		\$877,799	
Program FTE	3.78	0.22	3.75	0.25

Program Revenues				
Fees, Permits & Charges	\$0	\$3,600	\$0	\$52,328
Intergovernmental	\$0	\$72,000	\$0	\$22,000
Other / Miscellaneous	\$0	\$0	\$0	\$3,600
Total Revenue	\$0	\$75,600	\$0	\$77,928

Explanation of Revenues

\$52,328 - City of Portland Intergovernmental Agreement (Local)
 \$22,000 - Weston Grant (Local)
 \$3,600 - Domestic Partnership Fees (Local)

Significant Program Changes

Last Year this program was: FY 2025: 25044 YFS - Domestic and Sexual Violence Coordination

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Domestic violence is a complex issue, often requiring legal intervention to address client safety and offender accountability. The court system can be difficult to navigate without professional legal representation and the cost of legal representation can be a barrier. There are very few resources for legal support available for low income survivors. As a result, survivors are often forced to appear in court without representation or legal advocacy. Survivors and provider agencies report that legal services are one of the highest unmet needs in the service continuum.

PROGRAM GOAL: Civil legal services help survivors navigate the court system. Funded programs provide support, consultation and legal representation for survivors.

PROGRAM ACTIVITY: Program activities focus on the provision of legal support. These specialized legal services for survivors help ensure better outcomes in legal proceedings. Services include support with restraining order hearings, custody and parenting time, immigration, housing, and other victim's rights related issues.

This program also supports services based in the Multnomah County Courthouse. The Restraining Order Services Room advocates assist survivors in obtaining protection orders. The Court Care program provides childcare in the Courthouse for families attending legal proceedings.

PROGRAM OUTPUTS:

- Provides access to high quality legal support to survivors as they navigate the legal system.
- Provides support to survivors on site at the Multnomah County Courthouse as they obtain protection orders.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of domestic violence survivors assisted with courthouse-based restraining order advocacy	967	800	800	800
Output	Percent of retained cases with a court action filed or contested by an attorney	100%	75%	75%	75%
Output	Percent of participants who identify as BIPOC	51%	40%	40%	40%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$221,355	\$35,000	\$225,726	\$35,000
Total GF/non-GF	\$221,355	\$35,000	\$225,726	\$35,000
Program Total:	\$256,355		\$260,726	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$35,000	\$0	\$35,000
Total Revenue	\$0	\$35,000	\$0	\$35,000

Explanation of Revenues

\$35,000 - Oregon Judicial Department Court Care Center (State)

Significant Program Changes

Last Year this program was: FY 2025: 25046 YFS - Domestic Violence Legal Services

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Domestic violence is a leading cause of violent victimization, accounting for more than 40% of all reported violent crime and 25% of homicides in Multnomah County. Complex cases of ongoing, severe abuse require an immediate collaborative response. Strong collaboration between law enforcement and trained advocates can help prevent domestic violence homicides.

PROGRAM GOAL: The goal is to increase victim safety and offender accountability, and ultimately to prevent and address domestic violence. DVCRU helps to ensure that law enforcement has the tools they need to best serve survivors and prevent homicide or other severe violence. Peer-delivered community-based advocacy services and system-based advocacy embedded with law enforcement are both vital components of the response to domestic violence.

PROGRAM ACTIVITIES: Domestic Violence Crisis Response Unit (DVCRU) and the Domestic Violence Recovery Mentors (DVRM). DVCRU advocates are co-located with the Portland Police Bureau Special Victims Unit. Daytime and after-hours victim advocates provide crisis response and support following domestic violence crimes. DVCRU advocates provide in-person services. Advocacy support includes court accompaniment, coordination with system and community agencies, financial assistance, safety planning including accessing protection orders and ongoing support. DVCRU includes:

1. Domestic Violence Enhanced Response Team coordinates high-lethality cases of domestic violence.
2. Domestic Violence Response Advocates provide after-hours crisis support following police response to domestic violence related crimes. Advocates are available seven days a week, including late nights and holidays.
3. Elder & Vulnerable Adults Advocate collaborates with law enforcement and community agencies, supporting adults over 55 or who have a disability.
4. Special Victims Unit Bilingual/Bicultural Advocate collaborates with the investigation unit of Portland Police Bureau.

DVRM community-based advocates work at the intersection of domestic violence and substance abuse recovery. Peer Mentors offer lived experience as survivors in recovery, and are uniquely positioned to provide participants with a wide range of intensive, long-term support and advocacy. This offer funds one contracted DVRM with a culturally-specific focus.

PROGRAM OUTPUTS:

- Provides access for survivors to advocates who support them after law enforcement has become involved in their case.
- Partners closely with law enforcement officers to provide training and consultation on domestic violence cases, improving services to survivors who interact with law enforcement.
- Provides peer mentors to support survivors in recovery.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of survivors receiving multi-disciplinary, intensive intervention ¹	251	200	200	250
Output	Number of domestic violence survivors referred by police to afterhours victim advocates	575	500	500	500
Output	Number of survivors served by recovery mentors ²	54	25	25	25

Performance Measures Descriptions

¹The FY 2026 target is higher to reflect the inclusion of the DVERT position in this offer in FY 2026.

²The FY 2025 budgeted and FY 2026 targets are lower due to a reduction in FTE for this program.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,168,790	\$343,583	\$1,227,107	\$352,516
Contractual Services	\$170,418	\$0	\$172,900	\$0
Materials & Supplies	\$2,046	\$0	\$6,825	\$0
Internal Services	\$240,132	\$0	\$336,640	\$0
Total GF/non-GF	\$1,581,386	\$343,583	\$1,743,472	\$352,516
Program Total:	\$1,924,969		\$2,095,988	
Program FTE	9.09	2.91	9.15	2.85

Program Revenues				
Intergovernmental	\$0	\$343,583	\$0	\$352,516
Total Revenue	\$0	\$343,583	\$0	\$352,516

Explanation of Revenues

\$352,516 - City of Portland General Fund (Local)

Significant Program Changes

Last Year this program was: FY 2025: 25047A YFS - Domestic Violence Crisis Response Unit

This program combines 25047A and 25047B YFS - Domestic Violence Services to Highly Vulnerable Survivors from FY 2025.

Moved 0.05 FTE Victim Advocate from Federal/State Fund to General Fund.

**Program #25048 - YFS - Culturally Specific and Underserved Domestic & Sexual
Violence Services**
FY 2026 Adopted
Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

ISSUE: The experience of domestic and sexual violence can differ depending on the community. Cultural considerations are an important factor in effective service delivery. Survivors report an increased level of comfort when they are able to access services from within their own community.

PROGRAM GOAL: To prevent and address domestic violence in under-served communities by providing access to high quality, relationship-based advocacy services.

PROGRAM ACTIVITY: Culturally-specific services address this critical intersection through relationship-based advocacy and support. Trusted community-based providers administer these programs. They provide high-quality, holistic services to survivors and their families.

This program funds domestic violence services for the following populations: African American, Latinx, Native American, immigrants and refugees, LGBTQ, older adults and people with disabilities. Culturally-specific services are reflective of the needs and values of survivors from these communities. Survivors can access safety planning, advocacy, case management, and help navigating systems. Programs offer support accessing housing, legal support, and financial assistance. Programs also connect survivors with natural support networks in their community. This supports long term healing and healthy relationships.

PROGRAM OUTPUTS:

- Provides culturally and linguistically relevant services that help meet survivors' unique needs.
- Provides consultation with trusted community partners on best practices to other domestic and sexual violence organizations, making the Domestic and Sexual Violence Continuum a more welcoming place for survivors of all backgrounds.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of individuals receiving culturally/population specific domestic violence services	531	450	450	450
Output	Percent of adult survivors who engage in safety planning with an advocate	93%	90%	90%	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$864,826	\$0	\$885,538	\$0
Total GF/non-GF	\$864,826	\$0	\$885,538	\$0
Program Total:	\$864,826		\$885,538	
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 2025: 25048 YFS - Culturally Specific and Underserved Domestic & Sexual Violence

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

ISSUE: Oregon has the second-highest lifetime prevalence of sexual assault in the country. Crisis lines in Multnomah County report more than 2,000 calls each year seeking sexual assault services. 75% of survivors choose to avoid working with the criminal justice system. Because of this, they are not eligible for court-based sexual assault victim services. Many never receive specialized trauma or medical services that can help them with their recovery.

PROGRAM GOAL: Community-based sexual assault and trauma services are available to survivors regardless of their choice to engage with the criminal justice system.

PROGRAM ACTIVITY: This program funds services to survivors of rape or sexual assault. Mobile advocates connect with survivors in a variety of non-traditional settings including hospitals, health clinics, urgent care centers, shelters, and schools. Funded positions include 24/7 crisis response, as well as bilingual/bicultural advocacy.

Sexual assault advocates provide medical and legal advocacy, case management, and flexible client funds for emergency needs. Limited relocation funds are also available. Contracted providers work with a variety of partners to coordinate our community's response to sexual assault.

PROGRAM OUTPUTS:

- Provides community-based sexual assault and trauma services that are available to survivors 24 hours a day, 7 days a week.
- Provides culturally and linguistically appropriate follow up services after survivors experience a sexual assault.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of sexual assault survivors who receive specialized crisis services	122	150	150	150
Output	Percent of adult survivors who engage in safety planning with an advocate	62%	90%	90%	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$180,100	\$0	\$187,489	\$0
Contractual Services	\$690,727	\$0	\$706,145	\$0
Materials & Supplies	\$1,300	\$0	\$3,280	\$0
Internal Services	\$21,497	\$0	\$20,795	\$0
Total GF/non-GF	\$893,624	\$0	\$917,709	\$0
Program Total:	\$893,624		\$917,709	
Program FTE	1.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 25049 YFS - Sexual Assault Services

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Domestic violence is a leading cause of violent victimization, accounting for more than 40% of all reported violent crime and 25% of all homicides in Multnomah County. Domestic violence is a complex issue. Survivors often need support to access available resources and understand their options.

PROGRAM GOAL: The goal is to address the impact of domestic and sexual violence, and prevent further harm. Services seek to interrupt the cycle of power and control that survivors experience by centering survivor autonomy and choice, and improving access to services and resources.

PROGRAM ACTIVITY: There are three activities in this offer:

1. The Gateway Center serves as a primary access point for domestic and sexual violence services in the County. It provides a wide range of critical services to survivors and their children in a trauma-informed, culturally-responsive and welcoming environment. In addition to a County team, it contracts for services from a wide variety of culturally-specific and legal partners. This supports equitable access for a diverse population of survivors. The Gateway Intake Team coordinates a complex service delivery system. This consists of 16 on-site partners including civil attorneys, prosecutors, DHS, and 12 nonprofits. The intake team is the initial point of contact for every survivor (with more than 11,000 visits in 2024). The intake team assesses, triages and refers each survivor to the appropriate services. The team manages a virtual courtroom and processes various protective orders in partnership with the Multnomah County Circuit Court. This allows survivors to access protection orders remotely, with support from trained advocates. The intake team also processes emergency motel vouchers, and provides screening and access to a housing case manager for housing assistance. Contracted navigators provide support services including safety planning, support with restraining orders, access to counseling, legal assistance, and public benefits.
2. The Gateway Housing Assessor provides coordinated access assessment and housing-related wraparound services, filling a unique need for coordinated access to housing programs and rent assistance given the volume of survivors served.
3. Culturally Specific Contracted Housing Navigation: funds 2.00 FTE housing advocates at Black/African-American and Slavic culturally specific organizations to provide eviction prevention, housing system navigation, shelter diversion, and other services, including housing retention support.

PROGRAM OUTPUTS:

- Provides phone, electronic and in-person access and crisis support (handling over 11,000 calls each year).
- Provides safety planning, advocacy and access to financial assistance and connection to other services.
- Supports completion of protection order applications.
- Provides housing stability support to survivors to access safe and stable housing.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of community members who are able to access protection orders at the Gateway Center	1,387	1,300	1,300	1,300
Output	Number of domestic violence and/or sexual assault survivors seen at intake for legal consultation	920	375	375	375
Output	Number of retained cases with immigration relief actions filed by legal service attorneys	41	20	20	20
Output	Number of survivors receiving individualized housing support services ¹	N/A	200	200	110

Performance Measures Descriptions

¹FY 2026 Target is reduced due to a reduction in funding.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$230,461	\$852,651	\$249,303	\$775,042
Contractual Services	\$154,979	\$947,368	\$158,698	\$889,294
Materials & Supplies	\$9,350	\$0	\$2,000	\$9,200
Internal Services	\$393,675	\$18,612	\$548,213	\$18,096
Total GF/non-GF	\$788,465	\$1,818,631	\$958,214	\$1,691,632
Program Total:	\$2,607,096		\$2,649,846	
Program FTE	2.00	6.00	2.00	5.00

Program Revenues				
Intergovernmental	\$0	\$1,102,807	\$0	\$1,078,679
Total Revenue	\$0	\$1,102,807	\$0	\$1,078,679

Explanation of Revenues

This program generates \$18,096 in indirect revenues.

\$1,078,679 - City of Portland Intergovernmental Agreement (Local)

\$612,953 - Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Homeless Services Department program 30999 Supportive Housing Services Revenue for Other Departments.

Significant Program Changes

Last Year this program was: FY 2025: 25050A YFS - Gateway Center

This program combines 25050A and 25050B YFS - Domestic Violence Housing Support - Supportive Housing Services from FY 2025.

Reduced by 1.00 FTE Case Manager 2 funded with one-time-only Supportive Housing Services funding in FY 2025 (25050B).

Department: County Human Services **Program Contact:** Lori Stegmann
Program Offer Type: Administration **Program Offer Stage:** Adopted
Related Programs: 25160
Program Characteristics:

Program Description

ISSUE: The Youth and Family Services Division (YFS) supports the County's investments in six areas: Energy Services (weatherization and utility assistance), Housing Stability (MSI, STRA, Legal Support, Immigration Navigation), Eviction Prevention and Emergency Rent (delivered by Bienestar de la Familia and Home Forward/CBO's), Education Supports and Early Childhood (SUN Service System), and Domestic & Sexual Violence (administered by DSVCO). It is also the designated Community Action Program agency. The YFS Administration supports more than 30 unique programs and initiatives. The majority of services are delivered through contracted providers and contract administration activities ensure quality and accountability of programs.

PROGRAM GOAL: YFS provides high quality, equitable, and culturally relevant services to help people thrive. The YFS Administration provides strategic division-wide leadership using a racial equity lens to oversee daily operations, develop budgets, design programs, and manage contracts to support this goal. YFS Administration is committed to equity, accountability, and superior service. Together with staff, YFS Administration seeks to uplift the Department's North Star: That every person at every stage of life has equitable opportunities to thrive.

PROGRAM ACTIVITY: YFS Administration provides the infrastructure, expertise and capacity needed to guide programs, drive policy, ensure accountability and continuous quality improvement, and build partnerships. This offer includes the division director, division managers, and the Operations Team. Anchored by racial equity, the YFS Administration supports the division by:

- 1) Developing and monitoring the budget on an ongoing basis to ensure YFS activities adhere to funding guidelines.
- 2) Overseeing daily operations for the division. Managing and supervising staff to create a culture that fosters innovation and creativity, as well as a sense of purpose and belonging.
- 3) Aligning program monitoring and procurements across the Division.
- 4) Convening, collaborating and supporting partners in the community.
- 5) Promoting countywide initiatives and Department priorities, such as the Homelessness Response Action Plan, the One County Initiative, the Workforce Equity Strategic Plan and the DCHS North Star.

PROGRAM OUTPUTS:

- Promotes continuous learning and professional development opportunities for YFS staff.
- Ensures on time payments to contracted partners and provides contract support.
- Prioritizes human centered, trauma informed training and technical assistance for YFS employees and contractors utilizing best practices to deliver services.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Percent of invoices processed within 30 days	98%	90%	90%	100%
Output	Percent of staff & managers who report receiving support for their career and professional development goals ¹	N/A	60%	60%	100%

Performance Measures Descriptions

¹This measure was new in FY 2025 so data is not available for FY 2024.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$2,236,607	\$154,704	\$1,973,540	\$0
Contractual Services	\$51,020	\$0	\$51,020	\$0
Materials & Supplies	\$43,560	\$0	\$47,108	\$0
Internal Services	\$300,402	\$22,772	\$316,859	\$0
Total GF/non-GF	\$2,631,589	\$177,476	\$2,388,527	\$0
Program Total:	\$2,809,065		\$2,388,527	
Program FTE	13.00	1.00	11.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 25118 YFS - Youth & Family Services Administration

- Decreased by 2.00 FTE in the General Fund (1.00 FTE Program Specialist Senior, 1.00 FTE Manager 1).
- Board Amendment #11 reduced by 1.00 FTE Assertive Engagement Trainer (Program Specialist) that was funded in the Supportive Housing Services (SHS) Fund.

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

ISSUE: In order for people to have quality of life, they need to have enough heat and cooling in their home, the lights on, and hot water. Functioning utilities help ensure that a young person can learn at home, an older adult is safe, and families remain stable.

The average energy burden for low-income households is three times higher than higher-income households. Many low-income households use expensive heating fuels. Their homes are often older and less efficient, and they face barriers to accessing the technology that would help reduce their energy costs. Additionally, Black, Indigenous, and Communities of Color (BIPOC) bear a further disproportionate energy burden. In 2016, the American Council for Energy Efficient Economy found that almost half of all energy-poor households in the US were Black. BIPOC households also have had a slower recovery since the COVID-19 pandemic and the long term economic hardships can make it even more difficult for households to meet their basic energy needs. In the past few years, local electric companies have raised utility rates by 18-25%, with additional increases to come in 2025. According to Oregon Public Broadcasting, PGE customers have seen their bills go up by nearly 50% since 2019.

PROGRAM GOAL: The Energy Assistance Program (EAP) supports housing stability by providing financial help to people who live on a fixed or low income. EAP provides one-time annual energy bill payments for households who are struggling with energy costs, emphasizing equitable access for all people who have need. This will help keep these families in stable housing.

PROGRAM ACTIVITY: The Energy Assistance Program provides direct utility payments to income-eligible households. The EAP also provides energy education, case management, and other services. This helps households manage and pay for their energy costs, as well as learn about other services. The EAP consists of seven community nonprofit agencies who deliver the energy bill payments for fixed and low-income households. On average, program participants received \$532 in utility help last year. To better meet community needs, the EAP is prioritizing culturally-specific outreach to BIPOC populations, as well as elders and families who may need energy cost help.

PROGRAM OUTPUTS:

- Provides direct utility payments to income-eligible households.
- Provides energy education to help reduce utility costs.
- Reaches vulnerable communities through outreach and culturally specific providers.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of households served	18,193	19,000	19,000	18,000
Output	Number of households that avoid disconnection after receiving a shutoff notice	18,193	19,000	19,000	18,000

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$955,991	\$0	\$1,013,632
Contractual Services	\$0	\$10,607,706	\$152,170	\$10,709,601
Materials & Supplies	\$0	\$110,176	\$0	\$57,250
Internal Services	\$0	\$301,530	\$0	\$303,044
Total GF/non-GF	\$0	\$11,975,403	\$152,170	\$12,083,527
Program Total:	\$11,975,403		\$12,235,697	
Program FTE	0.00	7.50	0.00	7.50

Program Revenues				
Intergovernmental	\$0	\$11,975,403	\$0	\$12,083,527
Total Revenue	\$0	\$11,975,403	\$0	\$12,083,527

Explanation of Revenues

This program generates \$145,965 in indirect revenues.

\$6,605,988 - OHCSO Oregon Energy Assistance Program (OEAP) (State)

\$5,397,539 - OHCSO Low Income Home Energy Assistance Program - Energy (LIHEAP) (Federal)

\$80,000 - PDX Water/Sewer D/A (Local)

Significant Program Changes

Last Year this program was: FY 2025: 25119 YFS - Energy Assistance

Federal funding for the Low Income Home Energy Assistance Program (LIHEAP) is decreased by \$1.9 million from FY 2025.

Reallocated \$152,170 in General Fund from program YFS - Successful Families (25137) to this program to support wage increases at community-based organizations that support the SUN Service System.

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

ISSUE: People's homes need to be safe, comfortable, and energy efficient. Energy efficiency creates healthier, safer living environments. It also saves people living on fixed and low incomes money so that they can keep it for when they need it most.

According to the Department of Energy, every weatherized home saves its occupants about \$372 each year on energy bills, on average. Low-income people spend a higher percentage of their income on energy costs compared to people with higher incomes. Black, Indigenous, and People of Color are even more likely to experience these burdens because their communities receive less investment. The Weatherization Program reduces some of these challenges by saving people money and reducing pollution impacts. This improves health, helps fight the climate crisis, and, through the use of contracted vendors, helps people get back to work.

PROGRAM GOAL: The Weatherization Program aims to make homes more livable and affordable for low income residents. Weatherized homes help reduce energy consumption and lower utility bills. Those who are living in weatherized homes are safer and healthier. Energy efficiency also reduces the energy burden and creates significant greenhouse gas savings.

PROGRAM ACTIVITY: The Weatherization Program provides home energy audits to low-income households. This includes older adults, people with disabilities, Veterans, communities of color, and families. The energy audits determine the scope of repairs and/or improvements needed for the home, which are then carried out by contracted vendors. These repairs reduce energy use and lower utility bills so that the home is more comfortable and safe. Weatherization services might include: insulating attics, floors, and walls; air and duct sealing; and repairing/replacing heating systems. Every household also receives energy education and information about other community services.

PROGRAM OUTPUTS:

- Conducts home energy audits to identify activities that improve energy efficiency.
- Provides repairs and/or improvements to homes and heating systems.
- Educates households about how to save energy and reduce costs.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of households served	272	250	250	250
Output	Percent of individuals served who identify as Black, Indigenous, and People of Color	59%	70%	70%	70%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$1,686,404	\$0	\$1,980,717
Contractual Services	\$0	\$5,238,303	\$0	\$7,223,942
Materials & Supplies	\$0	\$313,362	\$0	\$408,141
Internal Services	\$0	\$686,996	\$0	\$626,580
Total GF/non-GF	\$0	\$7,925,065	\$0	\$10,239,380
Program Total:	\$7,925,065		\$10,239,380	
Program FTE	0.00	12.50	0.00	14.50

Program Revenues				
Intergovernmental	\$0	\$7,920,065	\$0	\$10,233,606
Beginning Working Capital	\$0	\$5,000	\$0	\$5,774
Total Revenue	\$0	\$7,925,065	\$0	\$10,239,380

Explanation of Revenues

This program generates \$285,220 in indirect revenues.

\$3,882,967 - OHCS D ECHO (SB1149) (State)

\$3,751,208 - OHCS D DOE Weatherization (Federal)

\$1,040,000 - County Weatherization Rebates (Local)

\$449,747 - OHCS D Low Income Energy Assistance Program - Weatherization (Federal)

\$919,684 - Innovation Award (Federal)

\$150,000 - Earth Advantage (Local)

\$30,000 - PDX Water and Sewer (Local)

\$10,000 - Energy Conservation show rebates (Local)

\$5,774 - Beginning Working Capital (Local)

Significant Program Changes

Last Year this program was: FY 2025: 25121A YFS - Weatherization

Added 2.00 FTE (1.00 FTE Data Technician, 1.00 FTE Weatherization Inspector). Weatherization has a new Department of Energy federal grant for \$919k. There's an expected increase in County Weatherization Rebates of about \$500k.

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs: 25139

Program Characteristics:

Program Description

ISSUE: The legacy of systemic racism in Child Welfare profoundly affects families. Black, Indigenous and other families of color are significantly overrepresented in the child welfare system.

PROGRAM GOAL: The program goal is to support and empower families and remove the threat of homelessness so they can be reunited, achieve stable housing, and exit from DHS child welfare system. The Family Unification Program (FUP) helps families secure safe and stable housing, which is a foundation for reunification with their children.

PROGRAM ACTIVITY: FUP provides families with a comprehensive and coordinated range of supports. Services include housing placement, case management, flexible client services, permanent housing vouchers, and access to WorkSource development products. FUP is a partnership between DCHS/YFS, Oregon Department of Human Services and Home Forward, which provides the HUD-funded Housing Choice vouchers. To address the impacts of racism, FUP uses culturally specific approaches of family engagement and support, in order to help parents keep or regain custody of their child/children. FUP offers support for education, employment, child care and parenting. Services are delivered by culturally responsive community agencies.

Case managers use the Assertive Engagement model, which recognizes the individual as the expert in their own life and helps families choose their own path and goals. The program partners with a community-based nonprofit legal organization, which helps remove legal barriers, such as record expungement and mitigation of fines. Flexible service options are also available and may include payments for household and life-needs, supporting involvement in groups and activities and related services.

The program leverages 261 federal HUD Housing Choice vouchers; the estimated annual value of these vouchers when fully utilized is over \$4 million.

PROGRAM OUTPUTS:

- Provides supportive wraparound case management, including housing placement, landlord negotiation, and move-in assistance to families involved with DHS Child Welfare.
- Provides permanent housing vouchers to participating families.
- Provides flexible client assistance funding to support family stability outcomes.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of families who engage in housing placement and stability services ¹	126	191	120	120
Output	Percent of families who engage in case management	75%	80%	80%	80%

Performance Measures Descriptions

¹The FY 2025 budgeted estimate has turned out to be too high given the increasing cost of rent and barriers to housing placement. The FY 2025 Estimate and FY 2026 Target reflect the current environment.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$648,440	\$300,000	\$664,004	\$300,000
Total GF/non-GF	\$648,440	\$300,000	\$664,004	\$300,000
Program Total:	\$948,440		\$964,004	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$300,000	\$0	\$300,000
Total Revenue	\$0	\$300,000	\$0	\$300,000

Explanation of Revenues

\$300,000 - Family Unification Program (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 25130 YFS - Family Unification Program

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

ISSUE: Residents experiencing poverty, in particular Black, Indigenous and Communities of Color and people with disabilities, often experience discrimination and more frequent contact with the criminal justice system. This systemic racism often results in legal and financial barriers that prevent them from accessing housing, employment, education and other opportunities.

PROGRAM GOAL: Legal Service providers use all available legal tools to identify and remove barriers by providing free legal services and advice to participants who need assistance with fines, fees and other legal issues. By reducing and/or eliminating the legal issues, the program removes barriers to housing, employment, education, etc. and, thus, increases the potential for stability and opportunity.

PROGRAM ACTIVITY: This program uses two strategies: Legal Service Days and Community Legal Clinics.

1) Legal Service Days: District Attorneys, Judges, Public Defenders and Social Services agencies collaborate to host legal clinics which help clients reduce or eliminate fees, fines and legal barriers.

2) Community Legal Clinics: To increase trust and engagement, contracted legal services staff attorneys work with culturally specific case managers and County program staff and receive referrals to no cost barrier screening, representation and legal services. Participants are engaged in the Multnomah Stability Initiative (MSI), and the Family Unification Program (FUP). Legal supports depend on the individual need and include expungement, eviction prevention, housing voucher hearings, reduction of fees and fines, drivers' license restoration, felony reduction, appeal of exclusions, gang designations and other legal barrier removal cases.

PROGRAM OUTPUTS:

- Provides legal advice and counsel to assist low-income residents and case managers to resolve legal barriers.
- Provides legal representation to assist low-income residents in resolving a wide range of legal issues - both in and outside of court.
- Provides legal clinics to low-income, Multnomah County residents and communities of color.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants engaged in services	1,041	1,175	1,175	1,175
Output	Percent of participants receiving legal advice or services resulting in barrier reduction	91%	90%	90%	90%
Output	Amount of fees and fines waived or reduced	\$2,354,280	\$1,000,000	\$1,000,000	\$1,000,000

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$491,246	\$0	\$503,036	\$0
Total GF/non-GF	\$491,246	\$0	\$503,036	\$0
Program Total:	\$491,246		\$503,036	
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 2025: 25131A YFS - Legal Services & Supports

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Economically disadvantaged people and people of color are 20 times more likely to be incarcerated, and even a single arrest can lead to the loss of housing, jobs, children, benefits, and education, creating immediate and intergenerational trauma. Incarceration causes irrevocable harm to about 70 million Americans, exacerbates inequity, and does not make our communities safer. Individuals charged with a crime in Multnomah County often have a high level of need for services. While the type will differ for each client, the most common stabilizing services include housing (temporary, short-term, and long-term), behavioral health, medical, employment, and family/child care. However, given the scarcity of these services, as well as the complexities of accessing them, most clients will not engage with them without assistance.

PROGRAM GOAL: Defense-based case managers are uniquely situated to provide support to pretrial clients. In addition to assurances of confidentiality, defense-based peer case managers can effectively engage clients through shared experience. Case managers with lived experience and/or prior system involvement can connect with clients in ways that system actors, and even defense counsel, cannot. They can offer clients advice based on their own struggles with substances, plug clients into existing recovery support networks, and overcome barriers of distrust and skepticism of the criminal legal system. Including a defense-based case manager in the process allows service coordination engagement at the outset of the criminal case.

PROGRAM ACTIVITY: Peer case managers inquire about service needs and assists clients in accessing them. A strengths and needs evaluation is conducted quickly, assessing all of the relevant service needs for each client. Depending on the client's needs, the information collected is used for immediate referrals to services or is passed along to the defense attorney appointed for future referrals and/or release planning.

PROGRAM OUTPUTS:

- Provides peer navigators to economically disadvantaged people who have been charged with a crime, with a focus on BIPOC individuals.
- Provides needs assessment, advice, service coordination and referral to support clients in resolving basic needs and engaging with their legal counsel.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of clients connected to Peer Support Case Managers*	398	200	200	150
Output	Percent of clients served that identify as a member of the BIPOC community	63%	70%	70%	70%

Performance Measures Descriptions

*FY26 Target is lower due to reduction in funding for FY26.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$621,261	\$0	\$419,431	\$0
Total GF/non-GF	\$621,261	\$0	\$419,431	\$0
Program Total:	\$621,261		\$419,431	
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 2025: 25131B YFS - Peer Navigators

Reallocated \$222,411 in General Fund from program YFS - Peer Navigators (25131B) to program YFS - Bienestar Social Services (25156).

This program was restored by Board Amendment #34 in FY 2026.

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: The current housing crisis in Multnomah County has deepened and increased housing instability for many, with disparate impacts on Black, Indigenous, Latinx and other Communities of Color. A lack of affordable housing, along with un- and under-employment, confusion related to changes in the law, and other complicating factors have contributed to the current situation.

Renters benefit from services that help them take advantage of existing eviction protections, as knowing their rights and navigating legal protections can be complex and difficult. Additionally, with many pandemic-related eviction protections no longer in place, there is a higher need for eviction prevention services.

PROGRAM GOAL: Renters in Multnomah County have access to legal services to support negotiation with landlords and positive court outcomes to prevent eviction and homelessness.

PROGRAM ACTIVITY: This program provides eviction legal advice and defense services. Services include: landlord negotiations, referrals to community partners and consultation with tenants to prevent cases from going to court whenever possible. Additionally, legal services, mediation, courtroom support, and courtroom representation (when necessary) are provided. Providers capitalize on existing services and capacity, as well as develop new resources to provide comprehensive eviction prevention support.

PROGRAM OUTPUTS:

- Provides legal support to households with an eviction notice to prevent the case from being taken to court and the tenant from being evicted.
- Provides legal defense in court for tenants with cases for nonpayment of rent, preventing imminent eviction, as well as avoiding future barriers to housing that are caused by having an eviction on one's record.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of renters who engage with legal representation to achieve dismissal of their case.	282	300	300	300
Outcome	Percent of closed cases that resulted in a positive outcome*	N/A	N/A	N/A	85%

Performance Measures Descriptions

*This is a new performance measure in the program offer in FY26, so FY24 and FY25 are N/A.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$446,256	\$0	\$124,528	\$210,164
Total GF/non-GF	\$446,256	\$0	\$124,528	\$210,164
Program Total:	\$446,256		\$334,692	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

\$210,164 Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Homeless Services Department (HSD) program 30999 Supportive Housing Services Revenue for Other Departments. SHS funding is one-time-only

Significant Program Changes

Last Year this program was: FY 2025: 25131C YFS - Eviction Prevention Support

In FY 2025, this program was funded with ongoing General Fund.

In FY 2026, this program was restored by Board Amendment #34 and is funded with \$124,528 in ongoing General Fund and \$210,164 in one-time-only Supportive Housing Services (SHS) funding.

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Multnomah County is in a severe housing crisis and having legal issues and/or not having financial resources to address them are roadblocks to overall stability for low-income residents. Fines and fees, along with outstanding criminal records, often have an extraordinary financial impact on individuals who are working to get their lives back on track. This often shows up as continuing economic hardship, and an inability to secure good housing and employment. Black, Indigenous, Native and communities of color and people with disabilities are disproportionately impacted by debt, disproportionate contact with the criminal justice system and legal barriers because of systemic racism and discrimination. This systemic racism results in legal and financial barriers that prevent them from accessing housing, employment, education and other opportunities.

PROGRAM GOAL: Provide low barrier, easy access to legal services in order to reduce legal barriers to safe housing, employment and educational opportunities.

PROGRAM ACTIVITY: Provider will conduct outreach about Project Reset to communities of color disproportionately affected by the justice system including but not limited to outreach to culturally specific providers of County programs. Services provided shall include, but are not limited to: Reduction or waiver of fees and fines; expungement of convictions, arrests and dismissed cases; resolution of bench warrants; early termination of successful probation; dismissal of up to three TriMet fare violations; dismissal of marijuana violations; screening of records; driver's license restoration; navigation of court orders and obligations; reduction of qualifying marijuana convictions; review of open or pending cases and warrants; and other services as needed. The full expungement process includes eligibility analysis, paperwork preparation, court filing, fingerprint processing, and representation at court if required.

PROGRAM OUTPUTS:

- Provides legal support to help remove fees, fines and other barriers that prevent employment and housing stabilization.
- Provides access for County residents to a monthly lottery system where they will receive legal services and support.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants engaged in services*	836	800	800	600
Output	Percent of participants receiving legal advice or services related to barrier reduction	100%	90%	90%	90%

Performance Measures Descriptions

*The FY26 Target is lower due to a reduction in funding in FY26.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
	2025	2025	2026	2026
Program Expenses				
Contractual Services	\$325,000	\$0	\$250,000	\$0
Total GF/non-GF	\$325,000	\$0	\$250,000	\$0
Program Total:	\$325,000		\$250,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 25131D YFS - Record and Fee Expungement Program (Project Reset)

This program was restored by Board Amendment #34 in FY 2026 with ongoing General Fund. In FY 2025, this program was funded with one-time-only General Fund.

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: Backfill Other Funds

Program Description

ISSUE: The number of eviction court cases filed has increased dramatically since the end of the pandemic protections with rates currently exceeding those seen prior to the pandemic. In Multnomah County, the number of court cases for eviction due to nonpayment of rent reached over 1,000 cases per month by Winter 2025, which suggests that over 11,000 households will be taken to court for eviction in FY 2025. The number of impacted households far exceeds this, with research suggesting that for every one court case filed, five tenants will have self-evicted. Thousands of Multnomah County residents are unable to pay their rent due to the lingering impacts of the COVID-19 pandemic. Black, Indigenous, and People of Color continue to be disproportionately at risk of eviction, impacted by inflation and rising costs of rent, and facing the greatest barriers to employment and housing stability. The vast majority of eviction cases are for nonpayment of rent.

PROGRAM GOALS: The main goal of the program is to reduce the number of tenants who are evicted through providing free legal support in court proceedings. It also reduces the disparity in the number of tenants who have legal representation in eviction cases in comparison with landlords.

PROGRAM ACTIVITIES: Provide free legal support and representation to low-income tenants facing eviction in court. Legal support will be provided directly in the court setting to ensure tenants understand their rights and can effectively advocate for themselves in court. Legal support and representation will assist tenants to navigate the complex and intimidating legal processes involved in eviction cases before appearing in court. The provider will conduct direct outreach at the Multnomah County Courthouse to tenants who are attending proceedings for eviction. They will also provide intake and screening for legal representation, focused on households at or below 65% of average median income. They will provide limited or full legal representation that may include: negotiations; rental assistance referrals; and help filing stipulated agreements. The provider will also refer program participants who need financial assistance to appropriate community emergency rent assistance partners.

PROGRAM OUTPUTS:

- Provides attorneys available in the courtroom conducting direct outreach to tenants without representation.
- Provides same-day eviction legal support and representation in court for tenants with eviction cases.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of households facing eviction court hearings who receive legal support or representation*	N/A	1,300	1,300	550
Output	Percent of households receiving legal support beyond the first court appearance	N/A	N/A	N/A	10%

Performance Measures Descriptions

*Reduction in FY26 target is due to reduced funding level in FY26.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
	2025	2025	2026	2026
Program Expenses				
Contractual Services	\$330,000	\$250,000	\$247,324	\$0
Total GF/non-GF	\$330,000	\$250,000	\$247,324	\$0
Program Total:	\$580,000		\$247,324	
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 2025: 25131E YFS - Eviction Prevention: In Courtroom Support

This program was restored by Board Amendment #34 in FY 2026 with ongoing General Fund. In FY 2025, this program was funded with one-time-only General Fund and Supportive Housing Services funding.

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

ISSUE: Significant rent increases, a shortage of affordable housing and the high cost of living in the County have contributed to housing instability for many. In addition, for those with low or fixed incomes, the lack of affordable housing has been especially devastating. Stable housing is foundational for community stability and well-being for individuals and families. Because of the on-going and cumulative impacts of racism, we know many of those who struggle with housing stability are Black, Indigenous, Native and other People of Color.

PROGRAM GOAL: The goals are to stabilize housing and prevent eviction, as well as support those who are evicted to secure stable housing. Ultimately, the goal is to prevent and reduce homelessness. Prevention and reduction of the number of households entering the homeless system of care are critical to achieving the County's goals in the Homelessness Response Action Plan.

PROGRAM ACTIVITY: This program provides housing stability and eviction prevention services to people with low incomes, and focuses on families with children, older adults and people with disabilities. It represents four services:

1. Emergency Rent Assistance, funded by the State of Oregon, for tenants with an eviction notice, written notice to vacate, or households at high risk of losing their housing within 21 days. Case managers provide crisis support, landlord negotiation, application completion and connection to additional resources to meet basic needs.
2. Short-Term Rent Assistance program (STRA) is a joint effort between Multnomah County, the City of Portland, and Home Forward. Each organization contributes funds. STRA funds are then given to local social service agencies who work with families who are at risk of homelessness. Funds can be used for rent assistance, mortgage payment, and emergency hotel vouchers. Assistance is available for up to 24 months.
3. Client Assistance funding that provides rent and other homelessness prevention financial resources for people engaged in existing County-staffed programs. Assistance types include utility payments, short-term rent assistance, housing placement and move-in costs.
4. Medicaid 1115 pilot project, which helps people with low incomes and a serious health condition keep stable housing by providing short-term rent and utilities assistance. This project coordinates Medicaid payers, health systems and human services to maintain housing stability and improve health outcomes.

PROGRAM OUTPUTS:

- Provides emergency rent assistance, crisis support and resource navigation to tenants at imminent risk of eviction.
- Provides critical short term rent and client assistance resources to existing programs to ensure clients are able to achieve housing stability.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of households receiving emergency rent assistance to prevent eviction	N/A*	N/A*	N/A*	1,305
Output	Number of households engaged in Short Term Rent Assistance through Home Forward	1,153	1,000	1,000	1,000

Performance Measures Descriptions

*In FY 2024 and FY 2025, the eviction prevention and emergency rent assistance funding from the State was included in several separate program offers.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$158,218	\$709,984	\$179,360	\$1,749,771
Contractual Services	\$1,219,016	\$3,554,455	\$1,227,660	\$8,431,217
Materials & Supplies	\$11,250	\$0	\$17,560	\$0
Internal Services	\$50,734	\$23,521	\$138,394	\$138,609
Total GF/non-GF	\$1,439,218	\$4,287,960	\$1,562,974	\$10,319,597
Program Total:	\$5,727,178		\$11,882,571	
Program FTE	1.00	5.00	1.06	6.94

Program Revenues				
Intergovernmental	\$0	\$3,737,764	\$0	\$10,319,597
Total Revenue	\$0	\$3,737,764	\$0	\$10,319,597

Explanation of Revenues

This program generates \$138,609 in indirect revenues.

\$7,810,303 - Oregon Eviction Diversion & Prevention Program

\$1,587,107 - OHCSO Emergency Housing Assistance (State)

\$787,208 - Federal Coordinated Care Organization Community Capacity Building 93.778 (Federal)

\$134,979 - State of Oregon Elderly Rent Assistance (State)

Significant Program Changes

Last Year this program was: FY 2025: 25133A YFS - Housing Stabilization for Vulnerable Populations (HSVP)

- Move 0.06 FTE from Federal/State Fund to General Fund;
- Move 0.50 FTE Office Assistant 2 from YFS - Bienestar Social Services (25156) to YFS - Housing Stabilization & Eviction Prevention (25133A)
- Move 1.50 FTE (0.50 Data Tech, 1.00 FTE Case Manager 2) from Emergency Rent Assistance & Eviction Prevention (25133B)
- Reallocate \$3.2 million State Oregon Eviction Diversion and Prevention (ORE-DAP) from YFS - Bienestar Social Services (25156) to YFS - Housing Stabilization & Eviction Prevention (25133A).

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: One-Time-Only Request

Program Description

ISSUE: County and other leaders have taken significant action to address our state's housing crisis in recent years. This includes providing funding for critical eviction prevention programs and emergency rent assistance. This has prevented thousands of families from becoming homeless. The need for eviction prevention and emergency rent assistance continues to be high, and is growing due to multiple factors. These factors include increasing rents prices, higher costs of essential goods, utility rate increases, slow housing production, and slow wage increases. 2024 Eviction Court data suggests that there will be over 11,000 eviction court cases filed in Multnomah County in FY 2025, compared to 9,422 in FY 2024. The impact of eviction on children is particularly severe. Family shelter waiting lists currently exceed six months, leaving families in precarious and potentially dangerous situations if they lose their housing.

PROGRAM GOALS: Provide eviction prevention through supportive services and emergency rent assistance payments so that households can remain stably housed and avoid homelessness. In addition, for households that have an eviction notice from their landlord, the support will help them avoid having an eviction on their permanent court record.

PROGRAM ACTIVITY: Emergency Rent Assistance for tenants with an eviction notice, written notice to vacate, or households at high risk of losing their housing within 21 days. Case managers to provide crisis support, landlord negotiations, application completion assistance, and referrals to additional resources to meet basic needs.

Court Outreach – Bienestar de La Familia operates a unique outreach hub at East County and Downtown courthouses to support tenants facing a court eviction. Court outreach staff provide real-time support by pre-screening tenants and referring them to either Bienestar case managers, 211 or county legal contractors for emergency rent assistance, legal services, and other essential support. This one-of-a kind program meets people where they need help the most, ensuring timely connections to critical resources.

PROGRAM OUTPUTS:

- Provide emergency rent assistance, crisis support and resource navigation to tenants to prevent eviction.
- Provide court outreach in the Multnomah County Courthouse to support tenants facing eviction.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of households who receive emergency rent assistance ¹	N/A	1,600	1,600	575
Output	Number of tenants supported by court outreach staff in the courthouses	1,552	1,125	1,125	1,125

Performance Measures Descriptions

¹This was a one-time-only program in FY 2025 and so FY 2024 data is N/A. In FY 2025 Emergency Rent Assistance was in two program offers (25133B and 25133C). The FY 2026 Target is lower as there is significantly less funding budgeted for FY 2026 than FY 2025.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,006,454	\$725,847	\$188,126	\$0
Contractual Services	\$5,945,444	\$2,965,416	\$3,311,874	\$0
Internal Services	\$0	\$106,844	\$0	\$0
Total GF/non-GF	\$6,951,898	\$3,798,107	\$3,500,000	\$0
Program Total:	\$10,750,005		\$3,500,000	
Program FTE	8.50	6.00	1.50	0.00

Program Revenues				
Intergovernmental	\$0	\$2,000,000	\$0	\$0
Total Revenue	\$0	\$2,000,000	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 25133B YFS - Emergency Rent Assistance

This program combines 25133B and 25133C YFS - Eviction Prevention from FY 2025.

- In FY 2025 this program was funded with one-time-only General Fund and Other Funds. Other Funds included \$2,000,000 in Federal American Rescue Plan (ARP) Direct County Funding and \$1,798,107 in Supportive Housing Services (SHS) Funding.
- In FY 2026 this program is reduced by 11.50 FTE as follows: 3.00 FTE Office Assistant 2 (1.00 FTE vacant); 6.00 FTE Case Manager 2; 0.50 Data Technician (vacant); and 2.00 FTE Program Supervisor. Additionally, moved 1.50 FTE (0.50 FTE Data Technician, 1.00 FTE Case Manager 2) to YFS - Housing Stabilization & Eviction Prevention (25133A).

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: New Request, One-Time-Only Request

Program Description

ISSUE: The Department of County Human Services (DCHS) Youth and Family Services Division (YFS) has played a critical role in supporting CareOregon, Health Share and Trillium in the implementation of the Medicaid 1115 Waiver for Housing.

PROGRAM GOAL: Under the State of Oregon's 1115 Medicaid Demonstration Waiver for 2022-2027, Oregon Health Authority added a new class of Medicaid benefits for Health Related Social Needs (HRSN). The HRSN services include housing and nutrition support. The overall goal of this waiver is to improve health outcomes for low-income Oregonians and eliminate health inequities. State Medicaid Waiver funding is coordinated through local Coordinated Care Organizations (CCOs) such as Health Share of Oregon and CareOregon. These CCOs are partnering with Multnomah County to provide HRSN housing benefits. The County has become a key provider of HRSN Housing assistance, due to DCHS's depth of experience and existing business processes to help prevent evictions. This program will allow DCHS to continue providing rent and utilities assistance for clients. Up to six months of rental assistance and tenancy support, including rent and utility arrears, will be available to Medicaid members who are presently housed but are facing homelessness. Multnomah County will be reimbursed by CCOs for the rent and utility assistance provided to authorized CCO members.

PROGRAM ACTIVITY: The Medicaid waiver support will slow the inflow of housed individuals and families into homelessness, by increasing the rent assistance available in the community for eligible households. The need for rent assistance far outweighs the amount of rent assistance available. The Medicaid waiver is available for current Medicaid recipients who also meet several other criteria including a clinical risk factor. This program is set to sunset in 2027 if no changes are made to Medicaid eligibility or use under the federal budget before that time.

PROGRAM OUTPUTS:

- Provide rent and utility assistance to Medicaid recipients facing homelessness.
- Improve health outcomes and address health inequities for low-income residents.
- Slow the inflow of homelessness by increasing rent assistance.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of households receiving rent, utilities, or other Medicaid Waiver benefits	N/A	N/A	N/A	600
	Number of active evictions prevented through rent assistance	N/A	N/A	N/A	240

Performance Measures Descriptions

Rent and utility payments are for 6 months per household, not to exceed \$18,000. FY 2026 target amount represents 3 months of program activity due to the uncertainty related to Medicaid.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$0	\$0	\$10,000,000
Total GF/non-GF	\$0	\$0	\$0	\$10,000,000
Program Total:	\$0		\$10,000,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$10,000,000
Total Revenue	\$0	\$0	\$0	\$10,000,000

Explanation of Revenues

\$10,000,000 - Federal Coordinated Care Organization 93.778 (Federal)

This funding is for only the first 3 months of the fiscal year considering the uncertainty related to Medicaid.

Significant Program Changes

Last Year this program was:

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: One-Time-Only Request

Program Description

ISSUE: Discrimination continues to prevent equal access to housing opportunities. Fair housing testing is a tool used to detect discrimination in the housing market. To test for discrimination, people from different backgrounds (different races, ages, abilities, etc.) pretend they will rent or buy a home. They document what information they are given by landlords, the bank, etc. Since the 'testers' have different backgrounds (race, age, ability, etc.) we can compare the information, services and treatment people in protected classes received to what those in non-protected classes received and look for patterns of different treatment in the housing market.

PROGRAM GOAL: Build on the City of Portland's fair housing testing and expand testing to include East Multnomah County, including Gresham, Fairview, Troutdale and Wood Village. Gain insights into housing discrimination experienced by those classified as a 'protected class' by the Fair Housing Act.

PROGRAM ACTIVITY: This program will fund fair housing testing in East Multnomah County to better understand the level of discrimination in the housing market. The results can inform policies that work to eliminate and prevent housing discrimination.

PROGRAM OUTPUTS:

- Conducts fair housing tests in East Multnomah County.
- Provides consultation, advocacy and investigation into housing discrimination complaints.
- Provides Fair Housing training and outreach events for direct service staff at other social service organizations.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of fair housing tests conducted in East Multnomah County	31	70	60	60
Output	Number of alleged housing discrimination investigations, advocacy & support conducted	80	25	25	25
Output	Number of Fair Housing training and outreach events provided to direct service staff	11	10	10	10

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
	2025	2025	2026	2026
Program Expenses				
Contractual Services	\$125,110	\$0	\$128,000	\$0
Total GF/non-GF	\$125,110	\$0	\$128,000	\$0
Program Total:	\$125,110		\$128,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 25134 YFS - Fair Housing Testing in East Multnomah County

Program restored by Board Amendment #28 in FY 2026. In FY 2025, this program was funded with ongoing General Fund. In FY 2026, this program is funded with one-time-only General Fund as some fair housing funds were cut from HUD and other federal grants that supported this work. This investment will ensure that people in the County who live outside of the City of Portland have access to fair housing investigations.

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

ISSUE: The Pacific Northwest has a troubling reputation as a hub for sex trafficking of minors. An estimated 400-600 youth experience trafficking each year in Multnomah County. Youth are often trafficked through gang involvement, or as a result of exploitation in romantic or family relationships. Due to exploitation and abuse, youth often need intensive support to leave these situations.

PROGRAM GOAL: The Sex Trafficked Youth services system ensures that youth have trauma informed and culturally relevant support to heal from the trauma of sexual exploitation. Services provided by the New Day collaborative service model address economic and housing instability. Programming is provided by a collaborative of contracted service providers, including representation from the homeless youth continuum, domestic violence continuum, and culturally-specific organizations.

PROGRAM ACTIVITY: This program funds direct services to youth survivors of sex trafficking. It also funds collaboration across Multnomah County to prevent and address trafficking at a system level. Direct services include drop-in support and mobile crisis. Services are available when youth are ready to engage and are tailored to youth based on their specific needs.

System-level partners include the Department of Community Justice, law enforcement, courts, Oregon Department of Human Services Child Welfare, the Homeless Youth Continuum, and community-based service providers. This collaboration seeks to prevent and address sex trafficking through coordination, policy, and legislation. Survivors and direct service providers are a critical part of this collaboration. Their expertise and lived experience are essential to our efforts to prevent trafficking.

PROGRAM OUTPUTS:

- Provides access to housing subsidies to youth who have experienced trafficking, helping them move toward independent living.
- Supports youth who have experienced trafficking by assisting in safety planning, system navigation and meeting their basic needs.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of youth engaged in case management support	77	85	85	85
Output	Percent of youth served who identify as BIPOC	84%	80%	80%	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
	2025	2025	2026	2026
Program Expenses				
Contractual Services	\$1,041,761	\$0	\$1,066,764	\$0
Total GF/non-GF	\$1,041,761	\$0	\$1,066,764	\$0
Program Total:	\$1,041,761		\$1,066,764	
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 2025: 25135 YFS - Sex Trafficked Youth Services

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Immigrant and refugee communities face many challenges. Accessing information about available resources can be difficult and without support, fear and isolation can increase which can prevent people from receiving services. In addition, for many reasons, it can be difficult for these residents to access help and navigate support services. Multnomah County strives to promote and create a welcoming community that is safe, stable and thriving. Limited access to accurate immigration information and support has increased fear and hindered access to health and social services in immigrant and refugee communities that already face substantial systemic barriers. When fewer families have access to health care, education and/or the assistance necessary to become safely housed or employed, it impacts the wellness of the entire community.

PROGRAM GOAL: The goal of the program is to ensure that immigrant and refugee families can receive accurate information, and access services that are culturally specific.

PROGRAM ACTIVITY: There are three key activities:

1. Work with agencies who provide culturally specific services and help them increase their ability to serve immigrant and refugee families, especially those they believe are most at risk.
2. Increase access to information and education that is culturally specific.
3. Offer training and education for immigrants and refugees so they understand their rights and can access legal services.

Culturally specific providers are essential to helping families navigate the legal system. They ensure there is access to information and services in the languages clients speak. This ensures that immigrants and refugees who do not speak English have access to legal services.

PROGRAM OUTPUTS:

- Provides individualized legal navigation services for immigrants and refugees.
- Provides training and education for immigrants and refugees so they understand their legal rights and can access services.
- Provides program and technical support to agencies who provide culturally specific services.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants engaged in intake assessment for navigation services ¹	1,564	370	450	450
Output	Percent of individuals and families who engaged in individualized legal navigation services	57%	40%	40%	40%
Output	Number of community trainings or workshops	123	20	20	20

Performance Measures Descriptions

¹High FY 2024 Actual number reflects a significant amount of resources leveraged by the provider agencies beyond County funding last fiscal year. The FY 2025 Estimate and FY 2026 Target have been increased to reflect anticipated performance.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$301,335	\$0	\$308,568	\$0
Total GF/non-GF	\$301,335	\$0	\$308,568	\$0
Program Total:	\$301,335		\$308,568	
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 2025: 25136 YFS - Culturally Specific Navigation Services for Immigrant Families

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

ISSUE: Hundreds of youth under the age of 18 in Multnomah County face unaccompanied homelessness (meaning they are leaving their current home without a parent or guardian) each year due to family stressors and unsafe situations. The dynamics and consequences of homelessness are different for youth than adults. Youth need support and services that are tailored to their age, developmental stage, culture and specific circumstances. Youth homelessness impacts their health, development, education and ability to attend or stay in school. BIPOC and LGBTQIA2S+ youth are overrepresented in youth at risk of, or experiencing, homelessness.

PROGRAM GOAL: Prevent youth homelessness and promote housing stability and safety. This includes ensuring youth at risk of leaving their current home (due to conflict or unsafe conditions) are able to engage in services that stabilize their living situation and prevent exposure to homelessness, as well as ensuring that youth who have already left or been kicked out are able to return home (if appropriate and possible) or connect quickly with supports and emergency housing placement. The program supports youth to stay in school and prevents them from unnecessary involvement in juvenile justice and child welfare systems.

PROGRAM ACTIVITY: There are three main service areas which focus on family reconciliation, resolving crises that youth experience, and preventing unnecessary out-of-home placement. Services are delivered in partnership with the caring adults in young people's lives, including family members (when appropriate), culturally specific organizations, school personnel, social service providers and other relevant partners, in order to achieve the program's goals. The services are contracted to non-profits who have track records of serving youth with high quality and culturally appropriate services.

1) Access and Outreach: Text and phone services that are available around the clock, 7 days a week. Mobile response is also available to connect with youth in person and provide transportation if needed. Outreach is conducted at schools, as well as youth-serving organizations, DHS and law enforcement.

2) Crisis and Stability Support: Needs and safety assessment, emotional support, crisis intervention, safety planning, family mediation and reunification (when possible and appropriate).

3) Emergency Housing: Overnight emergency housing options and short-term case management services for youth in emergency housing.

PROGRAM OUTPUTS:

- Provides crisis support and case management to youth who are at imminent risk, including 24/7 mobile response.
- Provides family reunification services, when appropriate.
- Provides emergency shelter to youth who do not have a safe place to stay overnight.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of youth engaged in service	131	75	75	75
Output	Number of emergency shelter bed nights available annually	4,380	4,000	4,000	4,000

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$1,457,757	\$110,000	\$1,490,916	\$110,000
Total GF/non-GF	\$1,457,757	\$110,000	\$1,490,916	\$110,000
Program Total:	\$1,567,757		\$1,600,916	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$110,000	\$0	\$110,000
Total Revenue	\$0	\$110,000	\$0	\$110,000

Explanation of Revenues

\$110,000 - OCCF Youth Investment (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 25138 YFS - Youth Stability & Homelessness Prevention Services

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs: 25130

Program Characteristics:

Program Description

ISSUE: Families experiencing poverty often struggle to find the services and support they need to achieve housing and economic stability. Systems can be challenging to navigate and often lack the flexibility to meet the unique needs of families.

PROGRAM GOAL: MSI addresses the need to recognize that families are experts in their own lives and know what they need and want for themselves. By providing culturally responsive and flexible services to help them achieve the personal, professional and educational goals they select, this program empowers families and is a key to family and community stability.

PROGRAM ACTIVITY: Culturally specific and responsive services are delivered by contracted partner staff using an Assertive Engagement approach. This model recognizes the individual as the expert in their own life and instills hope. MSI offers families a selection of services and supports to choose from. Families identify their interests, strengths, choices, and goals and are connected with resources and services that help them increase and maintain financial and housing stability. The activities of the MSI program include assisting families in stabilizing and securing housing; providing access to short term rent assistance; making connections to legal clinic services; providing Assertive Engagement case management; connecting families to natural supports in the community like support groups and school programs; connecting people to job training, income and asset creation, and flexible funds.

Culturally specific providers play a critical role in supporting families to navigate complex systems. Services provided through MSI ensure that families, including those from Black, Indigenous, and People of Color communities, have the tools and resources needed to maintain economic stability.

This offer also includes Supportive Housing Services (SHS) funding for 140 long term rent assistance vouchers that are made available to MSI participant households through Home Forward.

PROGRAM OUTPUTS:

- Provides case management to families in the MSI program to remove barriers that impact stability.
- Connects families to resources and supports them in obtaining their work, education and financial goals.
- Provides support to families by connecting them to short term rental assistance and legal navigation.
- Provides a variety of financial assistance that supports individuals in achieving self-sufficiency.
- Provides 140 long term rent vouchers to promote housing stability.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of households served in MSI case management ¹	500	480	480	440
Output	Households served obtain and maintain adequate housing and a suitable living environment	90%	75%	75%	75%

Performance Measures Descriptions

¹FY 2026 Target is lower due to reduction in federal Community Services Block Grant funding.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$277,567	\$203,321	\$293,698	\$61,188
Contractual Services	\$2,943,873	\$5,713,867	\$3,254,300	\$4,717,111
Materials & Supplies	\$6,480	\$0	\$26,480	\$0
Internal Services	\$64,491	\$29,929	\$64,320	\$8,811
Total GF/non-GF	\$3,292,411	\$5,947,117	\$3,638,798	\$4,787,110
Program Total:	\$9,239,528		\$8,425,908	
Program FTE	1.67	1.33	1.67	0.33

Program Revenues				
Intergovernmental	\$0	\$1,167,557	\$0	\$919,595
Total Revenue	\$0	\$1,167,557	\$0	\$919,595

Explanation of Revenues

This program generates \$8,811 in indirect revenues.

\$3,867,515 - Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Homeless Services Department program 30999 Supportive Housing Services Revenue for Other Departments.

\$632,038 - OHCS D Community Services Block Grant (Federal)

\$287,557 - OHCS D Housing Stabilization Program (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 25139A YFS - Multnomah Stability Initiative (MSI)

This program combines 25139A and 25139B YFS - Multnomah Stability Initiative (MSI) - Supportive Housing Services from FY 2025.

Decreased Supportive Housing Services (SHS) Fund by \$900k and 1.00 FTE Program Specialist from prior year.

Reallocated \$242,474 in General Fund from program YFS - Successful Families (25137) to this program to support wage increases at community-based organizations that support the SUN Service System.

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Safe, quality and affordable homes are essential for family and community health and stability. Federal funding formulas do not provide adequate affordable housing and infrastructure in low and moderate income communities. As part of this, people and families in East Multnomah County and unincorporated areas continue to have limited access to affordable housing and there is a lack of infrastructure for public facility improvements. This area has a high concentration of Black, Indigenous and Communities of Color. In addition, impacts of racism continue to increase poverty rates for residents living in East County. The federal Community Development Block Grant (CDBG) is a resource for supporting housing and community development goals.

PROGRAM GOAL: The CDBG goals include: 1) Rehabilitation of housing to increase affordable, accessible housing choices, 2) Increase fair housing and tenant education and outreach, 3) Provide for and improve access to services to stabilize living situations and enhance quality of life, particularly for seniors, youth, and special needs populations, 4) Improve infrastructure to foster accessible and livable neighborhoods and improve access to public amenities and 5) Develop or improve facilities that provide services to low- to moderate income residents and special needs populations.

PROGRAM ACTIVITY: The County's CDBG grant provides funding for public services, public facility improvements, and housing rehabilitation services in low and moderate income (LMI) households in the cities of Wood Village, Fairview, Troutdale, Maywood Park and unincorporated areas in the County. Rehabilitation services include critical home repair services. The grant also includes the administration of the Community Development Block Grant. It is a collaboration between DCHS, the participating cities and the community. The program co-hosts events and workshops with Portland and Gresham on CDBG planning activities. A unique aspect of this program is the use of a community advisory board that includes residents of East Multnomah County and unincorporated areas outside of Portland and Gresham. Thus, community members are empowered to make policy and funding recommendations for the CDBG project. The advisory board guides decisions about how the CDBG funding for public services, public facilities and housing rehabilitation services to low and moderate income households will be used.

PROGRAM OUTPUTS:

- Provides services to promote stable and safe housing including single- and multi-family rehabilitation, rental housing acquisition or homeownership assistance.
- Funds public improvement projects (such as park improvements, sidewalk installations and repairs).
- Supports the development of a public advisory board to make funding and project decisions in East County.
- Provides community outreach to residents in East County so they can provide input on funding recommendations.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of public works projects completed	1	1	1	1
Output	Number of housing units rehabilitated	26	30	26	26

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$133,530	\$27,892	\$141,110	\$31,352
Contractual Services	\$0	\$368,002	\$0	\$322,133
Materials & Supplies	\$600	\$30,000	\$1,765	\$30,000
Internal Services	\$21,497	\$4,106	\$21,440	\$4,515
Total GF/non-GF	\$155,627	\$430,000	\$164,315	\$388,000
Program Total:	\$585,627		\$552,315	
Program FTE	0.83	0.17	0.82	0.18

Program Revenues				
Intergovernmental	\$0	\$430,000	\$0	\$388,000
Total Revenue	\$0	\$430,000	\$0	\$388,000

Explanation of Revenues

This program generates \$4,515 in indirect revenues.
 \$368,000 - HUD Community Development Block Grant (Federal)
 \$20,000 - COVID-19 Federal CDBG 20 CARES (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 25140 YFS - Community Development in East Multnomah County

Moved 0.01 FTE from General Fund to Federal/State Fund.

**Program #25141 - YFS - Supplemental Nutrition Assistance Program (SNAP)
Outreach**
FY 2026 Adopted
Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

ISSUE: According to the Oregon Food Bank (2020), over 133,230 Multnomah County residents are experiencing food insecurity. Children and communities of color experience hunger at even greater rates. Food insecurity and poverty are linked. In Multnomah County, the highest poverty rates are in East County and North/Northeast Portland areas where residents are predominantly Black, Indigenous, Native and other communities of color.

The Supplemental Nutrition Assistance Program (SNAP) is one of the best resources to help people and families with food security, including the Latinx, Somali, Immigrants & Refugees, and BIPOC communities. While SNAP benefits can help, the application can be difficult to complete and benefits can be hard to access. The economic impact of the pandemic has increased economic hardships and the number of people needing help accessing food.

PROGRAM GOAL: The SNAP Outreach program provides targeted outreach to ensure that communities with the highest rates of poverty and geographic barriers have access to food. Participation in SNAP provides a better quality diet and nutrition for children and adults across their life compared to people with low incomes who do not participate. The focus is serving those with the highest levels of food insecurity and lowest participation rates: Black, Indigenous, Latinx and People of Color, immigrant and refugees and college-age students primarily in North/Northeast Portland and East Multnomah County, so that poverty does not mean going hungry.

PROGRAM ACTIVITY: SNAP outreach activities help increase awareness about the SNAP program and offer assistance with the application. Staff work with other County departments and community organizations in many settings. This includes schools, colleges, local workforce offices, community events and fairs and farmers markets. They also help people complete the application and guide them through the process. Because the application can be complex, it can be a barrier.

The SNAP staff help answer questions and address any barriers. A unique and key aspect of their work is the relationships and trust they build with those they serve. This helps people complete the application as well as maintain the benefits when it's time to renew them. In addition, people stay connected and they feel comfortable reaching out when they need help. This increases access to SNAP benefits for first time applicants and for those who need to renew benefits.

PROGRAM OUTPUTS:

- Provides support to food insecure households to complete SNAP applications and renew benefits.
- Conducts outreach to make vulnerable communities aware of resources and complete applications in person.
- Provides information and referral to other services.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of consumers engaged through Outreach activities.	3,941	5,000	5,000	5,000
Output	Number of SNAP applications completed.	416	250	250	250

Performance Measures Descriptions

FY 2024 Actuals are lower than target as the position was vacant for a period of time that year

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$129,763	\$130,182	\$147,972	\$129,291
Materials & Supplies	\$540	\$0	\$1,030	\$618
Internal Services	\$31,618	\$32,861	\$27,517	\$32,063
Total GF/non-GF	\$161,921	\$163,043	\$176,519	\$161,972
Program Total:	\$324,964		\$338,491	
Program FTE	1.00	1.00	1.07	0.93

Program Revenues				
Intergovernmental	\$0	\$163,043	\$0	\$161,972
Total Revenue	\$0	\$163,043	\$0	\$161,972

Explanation of Revenues

This program generates \$17,363 in indirect revenues.
 \$161,972 - Oregon Supplemental Nutrition Assistance Program (SNAP) (State)

Significant Program Changes

Last Year this program was: FY 2025: 25141 YFS - Supplemental Nutrition Assistance Program (SNAP) Outreach

Moved 0.07 FTE from Federal/State Fund to General Fund.

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: Measure 5 Education

Program Description

ISSUE: Low student academic performance and educational disparities are pervasive throughout Multnomah County and the State of Oregon. These disparities have the greatest impact on students and families of color and those experiencing poverty. Students of color experience daily and pervasive racism, systemic oppression, and intergenerational trauma. Academic underperformance, low student attendance and student mental health challenges, that got worse with distance learning, continue to impact students in Multnomah County. Students and their families face barriers to accessing resources they need to succeed. Inequities in technology, food, housing, employment, and health make it more difficult for students to learn. Addressing these disparities requires a coordinated and collaborative approach.

PROGRAM GOAL: Schools Uniting Neighborhoods Community Schools (SUN CS) employs culturally responsive practices to reduce learning barriers. SUN CS builds on student and family assets, promotes racial equity, and supports family stability. By contracting with community-based organizations, SUN CS is able to respond to the unique needs of each community and honor their cultures and preferences. By working closely with school districts, the community-based organizations can support the families and students with the highest need. The goal of SUN CS is that all students and families, especially those from BIPOC communities, are healthy, educated, and prosperous. SUN CS supports this goal by reducing learning barriers, building on student and family assets, and uniting the community.

PROGRAM ACTIVITY: SUN CS supports students and their families by: 1) prioritizing relationships; 2) centering student learning; 3) integrating supports to help meet basic needs; and, 4) collaboration and leadership. There are 94 SUN schools in Multnomah County. Each Community School has a site manager who leads and coordinates the program. Site managers lead after school programming, engage and support families, and collaborate with school staff and community partners. Students in SUN CS have shared that they love SUN because "it is fun" and "there are people who look like me there". Community Schools center students and meet them where they are at. This, in turn, leads to greater engagement and success in schools and beyond. YFS staff support program development by convening stakeholders and responding to their needs. YFS staff work with providers to leverage the power of community to ensure that all children are healthy, educated, and prosperous.

PROGRAM OUTPUTS:

- Develops extended day and summer programming for students at their school, in partnership with school building administrators.
- Partners with school building staff to support students and families to get the needed support to meet basic needs.
- Focuses on meaningful family engagement that provides educational opportunities for adults.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of children (ages 5-18) served	17,912	18,400	18,000	18,000
Output	Number of students who attend 30 days or more of after school programming	5,097	9,200	6,000	6,000

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$636,971	\$0	\$664,421	\$0
Contractual Services	\$8,249,830	\$2,678,362	\$9,069,456	\$2,914,661
Materials & Supplies	\$17,720	\$0	\$32,540	\$0
Internal Services	\$90,632	\$0	\$85,867	\$0
Total GF/non-GF	\$8,995,153	\$2,678,362	\$9,852,284	\$2,914,661
Program Total:	\$11,673,515		\$12,766,945	
Program FTE	4.00	0.00	4.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,678,362	\$0	\$2,914,661
Total Revenue	\$0	\$2,678,362	\$0	\$2,914,661

Explanation of Revenues

\$1,256,355 - Portland Public Schools SUN Community School Support (Local)
 \$721,652 - City of Portland Parks & Recreation (Local)
 \$344,385 - Reynolds School District (Local)
 \$281,727 - David Douglas School District (Local)
 \$183,330 - Gresham Barlow School District (Local)
 \$122,212 - Parkrose School District (Local)
 \$5,000 - Centennial School District (Local)

Significant Program Changes

Last Year this program was: FY 2025: 25145 YFS - SUN Community Schools

Reallocated \$634,584 in General Fund from program YFS - Successful Families (25137) to this program to support wage increases at community-based organizations that support the SUN Service System.

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: One-Time-Only Request

Program Description

ISSUE: Due to the limited availability of emergency rent assistance and rising housing costs, more children and their families are at risk of homelessness. In the 2023-24 school year, 3,407 K-12 students experienced homelessness in Multnomah County. Before learning can take place, a student's basic needs must be met. Inequities in housing, food, employment, and health impact a student's ability to learn and thrive, particularly for students of color who experience structural racism. Housing instability and homelessness have a particularly harmful effect on student attendance, achievement, and wellbeing. School-Based Housing Navigators are a proven model to support youth.

PROGRAM GOAL: The goal of the Family Resource Navigator program is to support families in achieving economic security, with a focus on improving housing stability by reducing barriers in navigating systems. By focusing efforts and resources at regional SUN Community School hubs, this program will create a "front door" to reach the most impacted families (those who are unstably housed and students with chronic absenteeism). The program aims to build skills and connections so that families know how to access the resources they need in the future, while providing a more direct link to immediate needs like rental assistance to support families at risk of homelessness.

PROGRAM ACTIVITY: SUN Family Resource Navigators (FRNs) work alongside families to build skills and confidence while navigating systems to get their needs met. This helps students learn and families thrive. Full-time Family Resource Navigators will be embedded at strategically located SUN Community School sites, which will act as family resource hubs within six local school districts. FRNs are trauma-informed and culturally responsive to support families of color, including refugees and immigrants. FRNs collaborate with school staff to take referrals and engage families, build trusting relationships to identify needs and goals using Assertive Engagement practices, and coordinate among the SUN Service System to connect families with resources. FRNs will be liaisons to the new Medicaid 1115 Waiver program providing up to six months of rent and Health Related Social Needs benefits. FRN services provided include, but are not limited to: case management, group skill building, reducing language barriers, and outreach. This Program Offer also includes rent assistance funds for families with children.

PROGRAM OUTPUTS:

- Support families to get their basic needs met, connect to resources, and gain skills to increase financial and housing stability.
- Directly connect families with children to rent assistance.
- Provide staffing capacity for family homeless prevention at County funded SUN Community Schools.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of individuals who receive support from Family Resource Navigators ¹	14,488	6,500	8,500	900
Output	Number of households accessing rent assistance	N/A	N/A	N/A	220

Performance Measures Descriptions

¹The FY 2026 target number of individuals served represents an unduplicated count, which is a change from previous years, which included repeated support and outreach contacts. The lower target number also reflects a reduction in funding from FY 2025.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$3,000,000	\$0	\$375,063	\$1,624,937
Total GF/non-GF	\$3,000,000	\$0	\$375,063	\$1,624,937
Program Total:	\$3,000,000		\$2,000,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

\$1,624,937 – American Rescue Plan (ARP) Interest, Fund 1515. Interest revenues are one-time-only and budgeted in Overall County program 95000 Fund Level Transactions.

Significant Program Changes

Last Year this program was: FY 2025: 25146 YFS - SUN Community Schools: Family Resource Navigators

In FY 2025, this program was funded with one-time-only General Fund.

In FY 2026 this program is funded with one-time-only resources. The \$1.6 million in Other Funds is American Rescue Plan (ARP) Interest which is unrestricted funding and included in the General Fund forecast.

Reduced number of Family Resource Navigator and has rent assistance dollars embedded in the program offer.

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Healthy nutrition is vital to brain development and learning. Child food insecurity and a lack of access to fresh and healthy foods are barriers to health and learning. In Multnomah County, children experience food insecurity at a rate of 20%. Communities of color also experience hunger at rates higher than the general population. This food insecurity has continued to skyrocket as a result of inflation. Despite Oregon's high hunger rate, millions of federal food funding dollars for children go unused.

PROGRAM GOAL: The Child & Family Hunger Relief Program improves access to fresh and healthy foods by being located at schools. It increases food security by providing summer meals and food assistance programs via SUN Community School so that all children can reach their full potential. Children must have their basic needs met to be ready and able to learn. The program has two goals. First, to reduce child and family food insecurity and hunger so children can be healthy and learn. Second, to increase collaboration and use of available funds to meet hunger needs.

PROGRAM ACTIVITY: The Child & Family Hunger Relief program is a partnership with the Oregon Food Bank, six school districts, Portland Parks & Recreation, Multnomah County Library, Portland Children's Levy, and Partners for a Hunger-Free Oregon. The program provides summer meals and food assistance programs via SUN Community Schools. This ensures an environment for families that is accessible and non-stigmatizing. For 8-12 weeks, underserved communities in Mid and East County receives summer meals. Summer meals is a combination of 10 SUN CS sites and 3 County libraries. Food assistance programs include 23 school-based food pantries and 7 Free Food Markets. The program also engages in policy work, including supporting the Child & Family Food Security Coalition. The Coalition leverages community partnerships to increase food security and food access, with a focus on culturally specific populations.

PROGRAM OUTPUTS:

- Supports 23 school-based food pantries and 7 Free Food Markets at SUN Community School sites across Multnomah County.
- Offers additional weeks in the summer months for engaging activities during lunch, in order to support mid and East County students to receive free summer meals.
- Partners collaboratively to leverage funds to pay for food, staffing and transportation so that food is available to families in the 30 pantries and Free Food Markets.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of meals provided to children and families	1,161,625	1,500,000	1,500,000	1,500,000
Output	Retail dollar equivalent for every \$1 County General Fund invested in SUN Food Distribution sites	\$8.73	\$10	\$10	\$10

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$160,291	\$0	\$171,267	\$0
Contractual Services	\$345,240	\$0	\$570,504	\$0
Materials & Supplies	\$1,710	\$0	\$4,145	\$0
Internal Services	\$21,497	\$0	\$21,440	\$0
Total GF/non-GF	\$528,738	\$0	\$767,356	\$0
Program Total:	\$528,738		\$767,356	
Program FTE	1.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 25147A YFS - Child & Family Hunger Relief

Reallocated \$184,860 in ongoing General Fund from program YFS - SUN Parent & Child Development Services (25151) to program YFS - Child & Family Hunger Relief (25147). This funds FY 2025 one-time-only program 25147B YFS - Food Security / Pantry Enhancement with ongoing General Fund.

Reallocated \$32,735 in General Fund from program YFS - Successful Families (25137) to this program to support wage increases at community-based organizations that support the SUN Service System.

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: New Request, One-Time-Only Request

Program Description

ISSUE: According to the US Department of Agriculture 2022 Census of Agriculture of the 1,282 farmers in Multnomah County, only 8 are Black or African American. Black and African American farmers make up only 0.6% of the farmer population even though Black and African American individuals make up 5.5% of the County's overall population according to the US Census. This disparity is born out of a racist history of exclusion in Oregon.

Significant disparities impact Black Oregonians when it comes to income and food access. According to data from the Oregon Center for Public Policy, Black households in Oregon are twice as likely to experience poverty as White households. These disparities are reflected in food insecurity rates. In Oregon, over 21 percent of Black households experienced food insecurity in 2018, compared to 9.9 percent of White households.

PROGRAM GOAL: Provides community based and culturally specific support for Black and African American farmers to develop food systems that ensure Black, Indigenous, Latino, and other people of color, and low income families have access to fresh, culturally appropriate, and locally grown food. The resulting food system will promote local growers and community based economic development while connecting growers to individual consumers, markets, and institutional buyers

PROGRAM ACTIVITY: Provide workforce development and other resources to beginning Black and African American farmers in East Multnomah County that includes, but is not limited to, access to essential equipment, connection to markets, and other infrastructure supports.

PROGRAM OUTPUTS:

- Provide growers with workforce development resources.
- Provide access to infrastructure supports, such as equipment and markets.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of applications for this funding.	N/A	N/A	N/A	5
Output	Number of growers who access workforce development or other program resources provided through this grant.	N/A	N/A	N/A	100

Performance Measures Descriptions

The number of Black Farmers in Multnomah County is measured by the USDA in the Census of Agriculture. The USDA conducts the Census of Agriculture once every five years. The most recently available Census of Agriculture is for calendar year 2022."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$0	\$74,000	\$0
Total GF/non-GF	\$0	\$0	\$74,000	\$0
Program Total:	\$0		\$74,000	
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:

Board Amendment #37 added this program, funded with one-time-only General Fund.

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: For too many children, race, ethnicity and poverty impact what educational opportunities they have access to. Multnomah County has declining educational attainment rates and poorer health outcomes for youth. Despite making progress, Oregon's graduation rate of 81% in 2023 is still below the national average of graduation rates of 87% and not yet at pre-pandemic levels of 82.6%. Significant disparities exist for students of color in both Multnomah County and Oregon overall. When youth feel safe, have a sense of belonging, and receive culturally relevant services, they achieve better outcomes.

PROGRAM GOAL: SUN Youth Advocacy (SYA) is a youth development program that provides social emotional and academic support to youth in their schools by having a trusted adult connect with youth. This connection enables youth to set goals and achieve academic success. The program prioritizes students who face the most barriers in education: those living in poverty, students of color, immigrants, and refugees. SYA's goals are to increase students' sense of safety, belonging and positive cultural identity. Each of these goals are known to increase school attendance, credit attainment, and graduation for all students. Research shows that having a positive relationship with a supportive adult increases graduation rates. This is especially true for students of color, who may not have people who reflect their culture and identity within their school building. SYA also provides connections to families to increase understanding of the school system and connect families to resources. They also provide additional opportunities for students to learn outside of the classroom. This is an important program to help alleviate the achievement gap.

PROGRAM ACTIVITY: Youth Advocates build strong relationships with youth, their families, and schools. These relationships are culturally-grounded and use strengths-based approaches. For students, advocates focus on the key areas of social emotional support, wrap-around services, and academic help. Students receive help identifying, working toward, and accomplishing their personal and academic goals. SYA also provides culturally-specific enrichment activities, homework help, and peer support time. For families, advocates can refer them to services, assist with basic needs, and help families navigate systems of care. As one Youth Advocate describes, "we are working to disrupt the 'falling behind' narrative and to ensure that student needs and relationships come first."

PROGRAM OUTPUTS:

- Provides dedicated staff to support youth from middle to high school.
- Sets goals with youth to support youth interests and academic success.
- Allows for collaboration with building administrators and staff to identify students who need support.
- Promotes student graduation.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of students (ages 6-18) served*	822	1,420	1,000	1,210
Output	Percent of students who make progress or achieve individualized action or success plan goals	99.4%	90%	90%	90%

Performance Measures Descriptions

*The increase in FY26 Target over the FY25 Estimate is due to a funding increase of \$900,000, which will serve an estimated 210 additional youth.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$3,016,884	\$100,000	\$4,228,346	\$100,000
Total GF/non-GF	\$3,016,884	\$100,000	\$4,228,346	\$100,000
Program Total:	\$3,116,884		\$4,328,346	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$100,000	\$0	\$100,000
Total Revenue	\$0	\$100,000	\$0	\$100,000

Explanation of Revenues

\$100,000 - OCCF-Youth Investment (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 25149 YFS - SUN Youth Advocacy Program

Reallocated \$1,139,132 in General Fund from program YFS - Successful Families (25137) to this program to support wage increases at community-based organizations that support the SUN Service System (\$239,132) and fund additional contracted staff in high equity index schools to serve 210 more youth (\$900,000).

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

ISSUE: Multnomah County has 17,589 children under the age of six in families with low incomes. Families with low incomes, BIPOC families, immigrants, and refugees have fewer opportunities to participate in services that support parenting knowledge and healthy child development. This contributes significantly to disparities in kindergarten readiness levels and success in school. The impacts of the pandemic and inflation have continued to create barriers for children and their families. More families require help in order to meet their basic needs and lack the social, emotional and mental health supports to thrive.

PROGRAM GOAL: Parents are the child's first teachers and are vital partners in their child's education. Parent Child Development Services (PCDS) removes barriers for families so that children can get a strong start in school. PCDS provides resources and tools to families with children under the age of six, so that children can learn and grow. The program aims to increase kindergarten readiness and ensure healthy child development. PCDS helps build the skills families need to be ready for and succeed in school.

PROGRAM ACTIVITY: Part of the SUN Service System, PCDS offers a variety of services to families, so that parents and their children can thrive. PCDS provides services that are reflective of and responsive to the cultural values and norms of the families it serves. PCDS contracts with non-profit partners. YFS staff support PCDS providers by providing technical assistance and program development activities. These services include: developmental screening, immunization status checks, resource connection, and skill building. PCDS also hosts playgroups so that parents can connect with other families of children in a similar age group. PCDS providers provide in-person and virtual connections with families, community building and group events, and other support. Providers focus on helping families navigate resource and health information systems as well as making sure families are aware of and get connected to Preschool for All.

PROGRAM OUTPUTS:

- Connects parents to classes and workshops that ensure healthy child development and connect with other parents.
- Provides resource connection for parents, if needing developmental support.
- Connects parents to preschool and elementary school resources and supports.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of children served	417	600	600	200
Output	Percent of children up to date on immunizations at exit	59%	95%	95%	95%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$83,489	\$0	\$87,535	\$0
Contractual Services	\$1,801,493	\$412,935	\$1,226,072	\$544,803
Materials & Supplies	\$1,480	\$0	\$1,815	\$0
Internal Services	\$12,297	\$0	\$7,797	\$0
Total GF/non-GF	\$1,898,759	\$412,935	\$1,323,219	\$544,803
Program Total:	\$2,311,694		\$1,868,022	
Program FTE	0.50	0.00	0.50	0.00

Program Revenues				
Intergovernmental	\$0	\$286,811	\$0	\$299,853
Other / Miscellaneous	\$0	\$126,124	\$0	\$244,950
Total Revenue	\$0	\$412,935	\$0	\$544,803

Explanation of Revenues

\$299,853 - OCCF Federal Family Preservation (Federal)

\$244,950 - United Way Early Learning (Local)

Significant Program Changes

Last Year this program was: FY 2025: 25151 YFS - SUN Parent & Child Development Services

Reallocated \$184,860 in General Fund from program YFS - SUN Parent & Child Development Services (25151) to program YFS - Child & Family Hunger Relief (25147).

Program reduced by \$572,177 in contracted services which will reduce program offerings and outputs.

Reallocated \$86,366 in General Fund from program YFS - Successful Families (25137) to this program to support wage increases at community-based organizations that support the SUN Service System.

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Students chronically absent in preschool and kindergarten are much less likely to read and count proficiently by the end of third grade and are more likely to be chronically absent in later grades. 45% of Oregon kindergarteners are chronically absent from school. This number is higher for immigrants, refugees and kindergartners of color. Once fully implemented, Multnomah County's Preschool for All will ensure that all families have access to high quality early learning opportunities. However, access to high quality early learning is not enough. To sustain the benefits of high quality preschool beyond kindergarten, the transition between preschool and elementary school needs to be strong and well-supported. Families should be treated as important partners in their child's education. They have valuable information to share about their child's behavior, learning preferences, and cultural background. Strong family engagement and high quality, culturally responsive early learning should go hand in hand.

PROGRAM GOAL: The goal of the YFS Early Learning Programs is to help children successfully transition to kindergarten and support engaging families as their child continues in elementary school. This requires fostering diverse family engagement and parent leadership prior to and during the early elementary school years.

PROGRAM ACTIVITY: YFS has two early learning components that are built into the SUN Community School (SUN CS) model. This builds upon the trusted relationships and deep community connection of SUN CS. The two early learning components are: Early Kindergarten Transition (EKT) and P-3 (Prenatal to 3rd Grade). EKT is a school-based summer program for children entering kindergarten. During this program, children get time in a kindergarten classroom with a kindergarten teacher. Parents and caregivers also receive the opportunity to get to know the school and build relationships. EKT prioritizes children of color and English Language Learners for these programs. P-3 funds early parent engagement at nine SUN Community Schools. P-3 coordinators connect families to school before kindergarten. The contracted providers empower parents to be effective leaders in their school community. P-3 also connects parents to resources as needed, and helps parents connect to other parents in their child's school.

PROGRAM OUTPUTS:

- Provides two weeks of summer kindergarten transition programming for incoming kindergarten students and family sessions that support the importance of attendance and supports incoming kindergarteners as they start school.
- Provides kindergarten connections after summer to continue support of incoming kindergartners and families.
- The P-3 program supports neighborhood families with children from prenatal to 3rd grade, making sure families experience a welcoming connection to their neighborhood school.
- Creates opportunities for children not in preschool or kindergarten to connect with others in their neighborhood and provides parents with developmental and early literacy information.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of children who participate in summer Early Kindergarten Transition	606	810	600	600
Output	Percent of parents who report comfort with activities they can engage in at home to support their child in school	97%	90%	90%	90%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$104,173	\$43,584	\$113,923	\$43,706
Contractual Services	\$290,401	\$986,120	\$311,237	\$792,982
Materials & Supplies	\$8,180	\$0	\$17,405	\$0
Internal Services	\$21,497	\$6,416	\$20,795	\$6,294
Total GF/non-GF	\$424,251	\$1,036,120	\$463,360	\$842,982
Program Total:	\$1,460,371		\$1,306,342	
Program FTE	0.71	0.29	0.72	0.28

Program Revenues				
Intergovernmental	\$0	\$122,800	\$0	\$125,500
Other / Miscellaneous	\$0	\$913,320	\$0	\$717,482
Total Revenue	\$0	\$1,036,120	\$0	\$842,982

Explanation of Revenues

This program generates \$6,294 in indirect revenues.

\$717,482 - United Way Early Learning (Local)

\$125,500 - Portland Public Schools SUN Community School Support (Local)

Significant Program Changes

Last Year this program was: FY 2025: 25152 YFS - Early Learning Family Engagement and Kindergarten Transition

Moved 0.02 FTE from Federal/State Fund to General Fund.

Reallocated \$14,728 in General Fund from program YFS - Successful Families (25137) to this program to support wage increases at community-based organizations that support the SUN Service System.

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: LGBTQ2IA+ youth experience discrimination, violence, and harassment that puts their safety at risk. These youth are more likely to experience homelessness due to unsupportive caregivers. SGMY youth participants describe experiences of anxiety and fear as they try to access basic needs services, including health and mental health resources. Without access to these supports, LGBTQ2IA+ youth are three times more likely to attempt suicide. SGMY youth are more isolated and in greater need of affirming adults, supportive peers, and safe gathering spaces.

PROGRAM GOAL: The Sexual & Gender Minority Youth Services (SGMY) program centers, honors, and supports LGBTQ2IA+ youth where they are at. It intentionally builds spaces that are welcoming, physically and emotionally safe, and supportive. The program provides basic needs support, case management, and skill building opportunities to LGBTQ2IA+ youth. As part of the SUN Service System, SGMY staff also train community partners and schools. These trainings aim to expand the number of affirming spaces and experiences LGBTQ2IA+ youth have in their communities. YFS staff provide technical assistance and support to the agency contracted for this program.

PROGRAM ACTIVITY: SGMY focuses on three areas of support for LGBTQ2IA+ youth: 1) Providing a physical drop-in space where youth can connect with trusted adults and get connected to basic needs; 2) Creating a safe and supportive space for youth to be their authentic selves and get connected to affirming activities; and 3) Providing training and education to the community, so that they may provide competent and relevant services to these youth.

SGMY centers youth voice and the development of youth leadership. The program elicits feedback from a youth steering committee called the Queering Committee. Based on the feedback received, SGMY has prioritized connecting one on one with youth weekly. This occurs either virtually or in-person and includes social support meet ups, as well as wellness check-ins. SGMY advocates help youth with things like food boxes, gender-affirming clothing, and hygiene supplies. They also help youth create goals and connect to other resources. For many LGBTQ2IA+ youth, the one on one check-ins and social support are an essential part of their safety plans.

PROGRAM OUTPUTS:

- Provides a safe space for LGBTQ2IA+ youth to be their authentic selves.
- Connects youth to mental health, medical and basic need resources.
- Provides training to school staff and SUN Service System contracted organizations to increase their ability to support youth in a culturally responsive and effective way.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of youth who participate in case management	50	75	75	75
Output	Percent of youth who remain in or re-enroll in school	61%	75%	75%	75%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$375,521	\$0	\$405,938	\$0
Total GF/non-GF	\$375,521	\$0	\$405,938	\$0
Program Total:	\$375,521		\$405,938	
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 2025: 25155 YFS - Sexual & Gender Minority Youth Services

Reallocated \$21,405 in General Fund from program YFS - Successful Families (25137) to this program to support wage increases at community-based organizations that support the SUN Service System.

Department: County Human Services

Program Contact: Lori Stegmann

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Bienestar de la Familia is located in the Cully neighborhood, but serves all of Multnomah County. Many families within the immediate area experience poverty, housing instability and food insecurity. In addition, because of the cultural and racial diversity, there is a need for services that are culturally appropriate and to have resources in multiple languages.

PROGRAM GOAL: The goal of Bienestar de la Familia is to ensure access to culturally specific social services and prioritize Latinx, Somali, LGBTQIA+ and communities of color. Bienestar promotes the well-being of families and provides services needed to help reduce poverty, promote self-efficacy, prosperity, and success. Additional goals include housing stability, homelessness prevention, and access to culturally responsive trauma-informed mental health services to underserved communities.

PROGRAM ACTIVITY: Bienestar provides a range of services that are culturally and linguistically specific and appropriate. They target support to those who are most impacted by racism and poverty. Key services include:

1. **ECONOMIC AND HOUSING STABILITY:** case management, housing stabilization, rent assistance, utility bill payment, employment supports and energy and weatherization workshops.
2. **FOOD SECURITY RESOURCES:** The “Mercado” Harvest Share, in partnership with the Oregon Food Bank, Franz Bakery, and the Northeast Emergency Food Program, make fresh food available to households living on a fixed or low income. They also provide nutrition resources and other support to address food insecurity.
3. **MENTAL HEALTH & ADDICTION SERVICES:** mental health assessment and counseling, alcohol and drug counseling and prevention.
4. **YOUTH SERVICES:** school support, career and college exploration, enrichment and leadership programs.
5. **COMMUNITY EDUCATION:** employment services, support groups, parent education.
6. **CALL TRIAGE & CRISIS SUPPORT:** including referral, service navigation and access to client assistance in the form of utility assistance, Community Warehouse, etc. to thousands of clients a year.

Bienestar’s Community Advisory Council provides guidance and ensures that Bienestar is responsive to the needs of the diverse community.

PROGRAM OUTPUTS:

- Provides call triage, referral, crisis support and one-time client assistance.
- Provides long term comprehensive case management.
- Provides mental health, drug and alcohol counseling services.
- Provides free healthy food to families through Harvest Share market and other food/nutrition services.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of households served with ongoing housing, mental health and/or addiction services	342	350	350	350
Output	Number of individuals served by Mercado ¹	7,815	7,500	3,500	3,500
Output	Number of individuals served in youth or adult community education activities ²	294	300	300	300

Performance Measures Descriptions

¹Mercado frequency has been reduced by Oregon Food Bank from weekly to only once a month beginning in FY 2025. Therefore, lower numbers are estimated for this fiscal year and in FY 2026.

²Numbers are from non-enrolled activities and may have a small amount of duplication.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,955,008	\$288,448	\$2,008,516	\$79,841
Contractual Services	\$16,500	\$3,263,500	\$16,500	\$220,948
Materials & Supplies	\$52,874	\$0	\$84,895	\$0
Internal Services	\$424,158	\$123,448	\$660,350	\$11,498
Total GF/non-GF	\$2,448,540	\$3,675,396	\$2,770,261	\$312,287
Program Total:	\$6,123,936		\$3,082,548	
Program FTE	13.46	2.54	13.44	0.56

Program Revenues				
Intergovernmental	\$0	\$4,225,592	\$0	\$312,287
Total Revenue	\$0	\$4,225,592	\$0	\$312,287

Explanation of Revenues

This program generates \$11,498 in indirect revenues.
 \$169,139 - OHCSO Housing Stabilization Program (State)
 \$143,148 - OHCSO Emergency Housing Assistance (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 25156A YFS - Bienestar Social Services

- This program combines 25156A and 25156B YFS – Bienestar Social Services Expansion from FY 2025.
- Moved 0.02 FTE from General Fund to Federal/State Fund;
- Decreased 1.50 FTE (0.50 FTE Office Assistant 2, 1.00 FTE Case Manager 2);
- Moved 0.50 FTE Office Assistant 2 from YFS - Bienestar Social Services (25156) to YFS - Housing Stabilization & Eviction Prevention (25133A);
- Reallocated \$222,411 in General Fund from YFS - Peer Navigators (25131B) to YFS - Bienestar Social Services (25156);
- Reallocated \$3.2 million State Oregon Eviction Diversion and Prevention (ORE-DAP) from YFS - Bienestar Social Services (25156) to YFS - Housing Stabilization & Eviction Prevention (25133A).

Department: County Human Services **Program Contact:** Lori Stegmann
Program Offer Type: Administration **Program Offer Stage:** Adopted
Related Programs: 25118
Program Characteristics:

Program Description

ISSUE: Historically, data and evaluation methods have been rooted in oppression, adversely affecting communities of color, particularly Black, Indigenous, and People of Color. The Data and Evaluation Team is committed to dismantling and undoing these harmful practices. This team prioritizes and centers racial equity and community voice as they gather and analyze data.

PROGRAM GOAL: The primary goal of the Data and Evaluation Team is to lead with racial equity, while delivering high quality data services to YFS. The team's priorities are to center provider and participant voice while providing data that helps guide and inform recommendations for program and process improvement. YFS and DCHS leadership rely on this information to make programs more effective and efficient. Data and evaluation activities help highlight disparities that may be occurring within programs. They also ensure that programs deliver the desired results and uplift our communities, especially for Black, Indigenous, and People of Color residents.

PROGRAM ACTIVITY: The Data and Evaluation Team supports over 30 programs that are delivered by both County and community partners. The team analyzes programs and service delivery to better understand their impact. When programs and practices are ineffective, the team recommends new approaches, so the community is better served.

The team has three main functions:

- 1) Training, technical assistance, data management, database administration, and reporting.
- 2) Research and evaluation activities to help understand impact and improve program delivery.
- 3) Support division-wide processes, evaluation and data projects.

The team works with program staff and providers to ensure that the data collected is meaningful, high quality, and essential. Staff also take part in Division and Department workgroups to support data quality, transparency, and governance. The team values building strong relationships with providers, partners and the community to deliver their services successfully.

PROGRAM OUTPUTS:

- Provides technical support and training to staff, providers, and database end users.
- Designs, develops, and maintains data quality and performance reports.
- Conducts qualitative and quantitative analysis of relevant program data.
- Partners and collaborates with internal and external analysts and evaluators for a coordinated approach to Divisional and Departmental projects.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of new end users trained to use Wellsky, Grouptrail & SAP-BO databases	191	150	150	150
Output	Number of data requests/reports generated, developed, or distributed to providers or internal staff	40	40	40	40
Output	Percent of data requests/reports completed on time	100%	100%	100%	100%

Performance Measures Descriptions

Performance Measure #1 supports accurate data entry & report usage.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,321,806	\$184,608	\$1,330,860	\$191,591
Contractual Services	\$375,245	\$0	\$329,190	\$0
Materials & Supplies	\$9,878	\$0	\$14,960	\$0
Internal Services	\$251,687	\$27,174	\$220,929	\$27,590
Total GF/non-GF	\$1,958,616	\$211,782	\$1,895,939	\$219,181
Program Total:	\$2,170,398		\$2,115,120	
Program FTE	9.00	1.50	8.50	1.50

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

Explanation of Revenues

This program generates \$27,590 in indirect revenues.

\$219,181 - Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Homeless Services Department program 30999 Supportive Housing Services Revenue for Other Departments.

Significant Program Changes

Last Year this program was: FY 2025: 25160 YFS - Data and Evaluation Services

Decreased by 0.50 FTE Data Technician.

Preschool and Early Learning

Voters in Multnomah County approved Preschool for All (PFA) on November 3, 2020, by 64%. The Department of County Human Services (DCHS) leads the program. DCHS established the Preschool & Early Learning Division to implement PFA in January 2021. The first PFA seats started in September 2022.

PFA connects 3- and 4-year-olds with free early education. Eligibility is very simple. Children must be 3 or 4 years old by September 1 and one of the child's parents or legal guardians must live in Multnomah County. There are no income eligibility requirements. All families in Multnomah County can apply. PFA prioritizes families who currently have the least access to preschool.

PFA will grow until all interested families can have free preschool in 2030. Each year, the number of preschool providers and preschool seats increases. PFA will grow by 70% to 3,800 seats in FY 2026. Families will be able to choose from over 200 PFA locations.

To reach universal preschool, PFA invests in educators and early learning buildings. Teachers working in PFA sites receive higher wages. The assistant teacher wage for FY 2026 is \$22.27 per hour. Lead teacher wages are higher and based on education level and kindergarten teacher salaries. PFA recruits new educators and pays for coaching and professional development for teachers.

The PFA Facilities Fund helps providers expand or improve their space or build a new early learning center. The facilities fund investments for FY 2026 will create 500 PFA seats. PFA funding also helps to stabilize infant and toddler care in Multnomah County. Sites that care for babies and toddlers receive additional funds. This raises the wages of teachers that work with our youngest community members.

\$705.2 million

Preschool and Early Learning

Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.



54.00 FTE

(full time equivalent)

Other Funds

\$705.2M

100.0%

Division Outcomes

- **Educational Access and Support Improvements:** All children in Multnomah County have access to free preschool. This will prepare them for the transition to K-12 and future success.
- **Investing in Infrastructure:** Preschools and families partner to create responsive and equitable classrooms.
- **Supporting Economic Stability:** Families can continue to go to work, build a career, pay their bills, and contribute to the economy. They can make choices that are best for their family.
- **Diverse and Inclusive Systems:** Preschool teachers are diverse, culturally responsive, highly qualified, and fairly compensated.

Significant Division Changes

PFA's anticipated tax revenue for FY 2026 is \$175 million. Significant changes in FY 2026 include:

- PFA will grow to 3,800 seats. This funding goes to PFA Providers and includes support for children with disabilities (25205). As the number of PFA sites grows, so does funding to stabilize infant and toddler care (25207).
- Increase in the PFA Facilities Fund to create more PFA seats (25203).
- The Preschool & Early Learning Division will add 11.00 FTE. This includes team members working with preschool providers, families, contracting, and inclusion supports (25201, 25205).
- Additional investments in communications to increase public understanding of PFA (25201, 10000A, 10007B).
- Continued investment in fiscal stability strategies. The fiscal stability strategies ensure consistent services for future children and families. This includes dollars that will be added to Preschool for All contingency and reserve funds (25200B) as well as dollars for dedicated savings (25200C).

Table of Division Programs

The following table shows the programs that make up the division's budget, including cash transfers, contingencies, and unappropriated balances. The individual programs for this division follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Preschool and Early Learning						
25200A	PEL - Administration & System Support		0	1,591,419	1,591,419	5.00
25200B	PEL - Contingency and Reserves	X	0	43,750,000	43,750,000	0.00
25200C	PEL - Dedicated Savings	X	0	498,506,817	498,506,817	0.00
25201	PEL - Division Administration & System Support		0	7,465,703	7,465,703	29.00
25202	PEL - Preschool Access: Family & Provider Navigation		0	1,813,532	1,813,532	1.00
25203	PEL - Preschool for All Facilities Fund		0	20,000,000	20,000,000	0.00
25204	PEL - Program Quality & Provider Capacity Building		0	9,001,750	9,001,750	1.00
25205	PEL - Preschool for All Pilot Sites		0	101,481,922	101,481,922	17.00
25206	PEL - Early Educator Workforce Development		0	7,188,440	7,188,440	1.00
25207	PEL - Preschool for All Infant Toddler Stabilization		0	14,434,444	14,434,444	0.00
	Total Preschool and Early Learning		\$0	\$705,234,027	\$705,234,027	54.00

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Department: County Human Services **Program Contact:** Leslee Barnes
Program Offer Type: Administration **Program Offer Stage:** Adopted
Related Programs: 40099B, 72052A, 72052B, 78335, 10000A, 10007B
Program Characteristics:

Program Description

ISSUE: Multnomah County voters passed Measure 26-214, “Preschool for All” (PFA), in November 2020. PFA gives 3- and 4-year-olds in Multnomah County access to free, inclusive, culturally affirming preschool experiences. It requires careful financial planning, sufficient administrative capacity, and a thoughtful approach to creating and expanding services. The measure directed the Department of County Human Services (DCHS) to lead PFA.

PROGRAM GOAL: These investments help PFA run more efficiently.

PROGRAM ACTIVITY: PFA departmental administrative costs include funding for four positions in DCHS Business Services and one position in DCHS Human Resources (HR). These positions help the program complete essential functions, such as executing contracts quickly and paying preschool providers on time. The position in DCHS HR supports staff in the Preschool and Early Learning Division (PEL).

The County’s Information Technology Division of County Assets identifies and provides technology solutions to support the program operations of PEL. This offer includes external vendor costs and IT resources for establishing and maintaining vendor solutions. This includes a preschool application and enrollment tracking system allowing families to apply to PFA. It also allows for software to manage emails and calls from families and PFA providers.

PROGRAM OUTPUTS:

- Funds three contracting positions to develop and execute PFA contracts in DCHS Business Services.
- Provides Human Resources support for the PEL Division.
- Funds a position in DCHS Business Services for PEL invoicing and accounting.
- Provides software solutions for managing the preschool application and enrollment process, including support for families and PFA providers.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of PEL executed contracts	47	50	45	100
Output	Number of PEL positions supported by HR ¹	N/A	N/A	39	49

Performance Measures Descriptions

¹This is a new performance measure for FY 2026.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$788,104	\$0	\$876,360
Materials & Supplies	\$0	\$185,665	\$0	\$166,405
Internal Services	\$0	\$537,594	\$0	\$548,654
Total GF/non-GF	\$0	\$1,511,363	\$0	\$1,591,419
Program Total:	\$1,511,363		\$1,591,419	
Program FTE	0.00	4.00	0.00	5.00

Program Revenues				
Taxes	\$0	\$163,000,000	\$0	\$175,000,000
Interest	\$0	\$0	\$0	\$5,341,586
Beginning Working Capital	\$0	\$409,272,919	\$0	\$534,321,917
Total Revenue	\$0	\$572,272,919	\$0	\$714,663,503

Explanation of Revenues

This program generates \$36,632 in indirect revenues.

\$175,000,000 - Preschool for All Fund (Local)

\$5,341,586 - Preschool for All Fund - Interest

\$534,321,917 - Preschool for All Fund - Beginning Working Capital one-time-only carryover funds

PFA expenses are also allocated in three other County departments:

DCM (Department of County Management) 72052A/B - \$7,035,866

MCHD (Multnomah County Health Department) 40099B - \$2,016,968

NOND (Nondepartmental) 10000A and 10007B - \$376,642

Significant Program Changes

Last Year this program was: FY 2025: 25200A PEL - Administration & System Support

This program offer adds 1.00 FTE Contract Specialist Senior.

Department: County Human Services **Program Contact:** Leslee Barnes
Program Offer Type: Revenue/Fund Level/Tech **Program Offer Stage:** Adopted
Related Programs: 40099B, 72052A, 72052B, 78335, 10000A, 10007B
Program Characteristics: One-Time-Only Request

Program Description

ISSUE: The revenue source for Preschool for All (PFA) is a personal income tax on the highest income earners who live or work in Multnomah County. Approximately 8% of Multnomah County tax returns each year include the PFA tax. The PFA personal income tax revenue fluctuates from year to year. The program is still new and is growing rapidly. It is important to be able to address expenses that are unforeseen or difficult to predict.

PROGRAM GOAL: Secure reserve and contingency funds to help provide ongoing fiscal stability for the initiative.

PROGRAM ACTIVITY: Personal income tax revenue can vary widely between fiscal years. Reserve and contingency funds have been established to provide fiscal stability for PFA. They help ensure a consistent level of service despite year-to-year revenue variability. They also help protect the program from unexpected revenue declines due to economic fluctuations and from unexpected costs. This allows PFA to be nimble and adaptive during the implementation stage. These fiscal stability approaches are informed by the best practices of government accounting and by Multnomah County's Financial and Budget Policies.

The reserve and contingency funds were established in FY 2022. Each year, funding is added to the reserve so that the total amount is 15% of anticipated PFA tax revenue for that fiscal year. The reserve fund helps ensure the long-term financial stability of the program. These funds will be used in future years if PFA tax revenue is lower than anticipated.

PFA tax revenue will also be added to the contingency fund so that the total is 10% of anticipated PFA tax revenue for that fiscal year. The contingency fund will allow the Preschool & Early Learning Division to address unforeseen expenses during FY 2026.

PROGRAM OUTPUTS:

- Fully funds the PFA reserve fund.
- Fully funds the PFA contingency fund.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	% of reserve goal met	100%	100%	100%	100%
Output	% of contingency goal met ¹	N/A	N/A	100%	100%

Performance Measures Descriptions

¹This performance measure is new for FY 2026.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Unappropriated & Contingency	\$0	\$40,750,000	\$0	\$43,750,000
Total GF/non-GF	\$0	\$40,750,000	\$0	\$43,750,000
Program Total:	\$40,750,000		\$43,750,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 25200B PEL - Contingency and Reserves

In FY 2026, reserves and contingency total \$:

\$26,250,000 - reserves (15% of Preschool for All tax revenue)

\$17,500,000 - contingency (10% of Preschool for All tax revenue)

Department: County Human Services **Program Contact:** Leslee Barnes
Program Offer Type: Revenue/Fund Level/Tech **Program Offer Stage:** Adopted
Related Programs: 40099B, 72052A, 72052B, 78335, 10000A, 10007B
Program Characteristics: One-Time-Only Request

Program Description

ISSUE: Over the full implementation of Preschool for All (PFA), revenues and expenses are aligned. However, there are individual years in which expenses are expected to significantly exceed revenues. Revenue from surpluses in the early years will be set aside as dedicated savings to fund seats during future years.

PROGRAM GOAL: Dedicated savings help ensure long-term stability and consistent service levels for PFA. Dedicated savings allow PFA to: 1) Create universal preschool in Multnomah County by 2030 and 2) Offer enough seats for all interested families in the future.

PROGRAM ACTIVITY: PFA gives 3- and 4-year-olds in Multnomah County access to free early education. The program was designed to grow over time. The number of children served increases each year until universal preschool is achieved in 2030. PFA continues to be on track to meet this goal. Dedicated savings are an important fiscal strategy to ensure PFA's stability and growth.

Dedicated savings have been an important part of PFAs financial planning since the initiative began. In the early years of the program, there are fewer preschool seats and the costs are lower. Unspent revenue during these early years is put aside as dedicated savings.

As PFA implementation progresses and the number of seats increases, expenditures start to outpace annual revenue. Over time, the gap between revenues and expenses narrows and projected revenue catches up with anticipated expenses.

PROGRAM OUTPUTS:

- Ensures financial projections are updated yearly, based on revenue and cost estimates.
- Adds to PFA dedicated savings.
- Provides funding for future PFA seats.
- Aligns PFA revenue and cost projections over the full implementation of the program.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Financial projections updated based on most recent revenue and cost estimates ¹	N/A	N/A	Yes	Yes
Output	Based on projections, program is on track to cover future expenses	Yes	Yes	Yes	Yes

Performance Measures Descriptions

¹This is a new performance measure for FY 2026.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Unappropriated & Contingency	\$0	\$425,212,827	\$0	\$498,506,817
Total GF/non-GF	\$0	\$425,212,827	\$0	\$498,506,817
Program Total:	\$425,212,827		\$498,506,817	
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 2025: 25200C PEL - Dedicated Savings

Department: County Human Services **Program Contact:** Leslee Barnes
Program Offer Type: Administration **Program Offer Stage:** Adopted
Related Programs: 40099B, 72052A, 72052B, 78335, 10000A, 10007B
Program Characteristics:

Program Description

ISSUE: The Preschool for All (PFA) ballot measure named the Department of County Human Services as the program administrator. The Preschool and Early Learning (PEL) Division, established by the Department of County Human Services in January 2021, is responsible for implementing PFA.

PROGRAM GOAL: The structure of the PEL Division was informed by the experiences of other preschool systems across the country and the internal expertise of County staff. Staffing has evolved over time in response to the needs of participating children, families, and preschool providers. This offer provides the necessary foundation to guide programs, operations, policy, communications, and evaluation. PEL hires and retains a diverse staff committed to early learning and racial equity. This helps build trust in the community to successfully implement the equity goals of PFA.

PROGRAM ACTIVITY: The PEL Division centers the voices of Black, Indigenous, and families & providers of color to implement the community-built PFA vision. PEL positions in this offer: 1) Oversee budget development and contract monitoring; 2) Convene and foster strategic partnerships to build the capacity and quality of PFA; 3) Support the family application and enrollment process, and; 4) Lead communication and evaluation activities." This program offer also funds outreach and evaluation strategies.

PEL staffs the PFA Advisory Committee as outlined in the 2020 PFA ballot measure and plan. The Advisory Committee is a diverse group of community members from different geographic areas of the County. Staffing the PFA Advisory Committee includes member recruitment, communication, convening, and meeting facilitation.

PROGRAM OUTPUTS:

- Ensures the PFA Advisory Committee meets quarterly.
- Facilitates internal and external evaluation efforts, as well as data analysis, visualization, and reporting.
- Provides communication about PFA to families, providers, and community members.
- Supports the family application and enrollment process.
- Provides administrative support for PEL contracts and associated budgets and invoices.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of Preschool for All Advisory Committee meetings convened	4	4	4	4
Output	Number of email newsletters sent to providers, families, partners, and community members ¹	N/A	N/A	16	18

Performance Measures Descriptions

¹This is a new performance measure for FY 2026.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$4,158,278	\$0	\$5,063,209
Contractual Services	\$0	\$192,810	\$0	\$1,452,810
Materials & Supplies	\$0	\$206,776	\$0	\$190,582
Internal Services	\$0	\$917,154	\$0	\$759,102
Total GF/non-GF	\$0	\$5,475,018	\$0	\$7,465,703
Program Total:	\$5,475,018		\$7,465,703	
Program FTE	0.00	25.00	0.00	29.00

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

Explanation of Revenues

This program generates \$211,642 in indirect revenues.

Significant Program Changes

Last Year this program was: FY 2025: 25201 PEL - Program Development & System Support

An additional 4.00 FTE have been added to this program in FY 2026 to support significant program growth: 1.00 FTE Program Supervisor, 1.00 FTE Program Specialist, and 2.00 FTE Business Analyst.

Funding added for external evaluation, communications, economic research and community engagement.

Department: County Human Services **Program Contact:** Leslee Barnes
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 40099B, 72052A, 72052B, 78335, 10000A, 10007B
Program Characteristics:

Program Description

ISSUE: Two barriers to reaching universal preschool in Multnomah County are related to access. First, family child care providers face challenges as small business owners. Many of these small providers are also new to having a contract for preschool seats. Second, some populations of families and their children face significant barriers to accessing preschool. This includes families and children of color, children with developmental delays or disabilities, and families with low incomes.

PROGRAM GOAL: Prioritizing outreach to families and children with barriers to accessing preschool and offering support to family child care providers are important in achieving universal preschool and Preschool for All's (PFA) racial equity goals. To do this, PFA has invested in partnerships with community-based organizations (CBOs).

CBOs strengthen the work of PFA through their cultural knowledge, positive relationships in the community, and experience building partnerships. CBOs play two key roles in PFA: (1) Intermediary Organizations partner with small child care businesses to support their participation, and (2) Family Connector Organizations outreach to families and guide them through the application and enrollment process.

PROGRAM ACTIVITY: Intermediary Organizations hold contracts with family child care providers and small centers. Family child care providers are the most diverse group of preschool providers in the community. Family child care businesses are also great starting places for small businesses, some of which will grow into future child care centers. Intermediary Organizations work closely with the Preschool & Early Learning Division to subcontract with small providers, pay providers in a timely way, and offer business training and coaching.

Family Connector Organizations hire Family Navigators to help families with the PFA application and enrollment process. This includes outreach to families who currently have the least access to preschool. Family Navigators support families in completing the PFA application. Family Navigators also connect interested families with community resources, such as food, energy, and housing assistance.

PROGRAM OUTPUTS:

- Supports small businesses participating in PFA.
- Provides outreach to families in Multnomah County to apply for PFA.
- Supports families who need help completing the PFA application.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of outreach events coordinated or attended by Family Connector Organizations ¹	N/A	N/A	100	132
Output	Number of small business trainings offered to PFA providers by Intermediary Organizations ¹	N/A	N/A	80	80

Performance Measures Descriptions

¹This is a new performance measure for FY 2026.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$153,739	\$0	\$164,097
Contractual Services	\$0	\$1,460,000	\$0	\$1,631,074
Materials & Supplies	\$0	\$0	\$0	\$14
Internal Services	\$0	\$0	\$0	\$18,347
Total GF/non-GF	\$0	\$1,613,739	\$0	\$1,813,532
Program Total:	\$1,613,739		\$1,813,532	
Program FTE	0.00	1.00	0.00	1.00

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

Explanation of Revenues

This program generates \$6,859 in indirect revenues.

Significant Program Changes

Last Year this program was: FY 2025: 25202 PEL - Preschool Access: Family & Provider Navigation

Increased funding for Family Connector Organizations and Intermediary Organization services.

Department: County Human Services **Program Contact:** Leslee Barnes
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 40099B, 72052A, 72052B, 78335, 10000A, 10007B
Program Characteristics:

Program Description

ISSUE: Currently, there are not enough early learning spaces in Multnomah County for universal preschool. Child care providers struggle to find new facilities that meet their needs. They also struggle to find money to cover the cost of facility renovations, expansion, or construction. Many banks are unwilling to provide loans to child care providers because of their low profits and lack of collateral. This challenge is even more significant for Black, Indigenous and providers of color who experience systemic barriers to traditional bank loans and business supports.

PROGRAM GOAL: Well-designed spaces can enhance learning and child development. Funding for preschool facilities allows preschool providers to expand their services, improve the quality of preschool settings, and increase the number of preschool seats in Multnomah County. Preschool for All (PFA) established an ongoing facilities fund in FY 2024.

PROGRAM ACTIVITY: The PFA Facilities Fund provides capital dollars to improve learning environments and expand preschool programs. Providers can apply to use facilities funding for pre-development costs, to renovate or preserve existing early learning spaces, or to build new early learning locations. For example, the funds can be used to improve health and safety conditions, construct new playgrounds, consult an architect, add a classroom, make ADA improvements, renovate kitchens, or open a new early learning center.

The fund offers technical assistance to preschool programs and is administered by a collaboration of four Community Development Financial Institutions called BuildUp Oregon. Technical assistance includes application assistance, child care facility design, navigating regulatory processes, and project feasibility. The Preschool & Early Learning Division works closely with BuildUp Oregon to improve the PFA Facilities Fund. For FY 2026, these improvements may include gap funding to support providers with fixed costs, like leasing and insurance, before payments for preschool services begin.

PROGRAM OUTPUTS:

- Provides funding for new early childhood learning facilities and for improvements to existing spaces.
- Creates new preschool seats in Multnomah County.
- Provides technical assistance to help preschool programs with facilities projects.
- Ensures that facilities funds are being equitably distributed.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of PFA seats that facilities fund investments expect to create ¹	N/A	N/A	440	500
Output	Total funding awarded to preschool providers ¹	N/A	N/A	\$15.5 million	\$17.3 million

Performance Measures Descriptions

¹This is a new performance measure for FY 2026.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$17,800,000	\$0	\$20,000,000
Total GF/non-GF	\$0	\$17,800,000	\$0	\$20,000,000
Program Total:	\$17,800,000		\$20,000,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 25203 PEL - Preschool Infrastructure Capacity Building

Increased funding to create additional PFA seats and support the administration of funds and technical assistance for providers.

Department: County Human Services **Program Contact:** Leslee Barnes

Program Offer Type: Operating **Program Offer Stage:** Adopted

Related Programs: 40099B, 72052A, 72052B, 78335, 10000A, 10007B

Program Characteristics:

Program Description

ISSUE: The number of high-quality preschool seats in our community must increase dramatically for Preschool for All (PFA) to be available to all interested families in 2030. Early childhood education has been historically undervalued and has not received regular or robust support.

PROGRAM GOAL: To create high-quality preschools, one of PFA's key strategies is to invest in coaching. Research shows that relationship-based, individualized professional development is an effective way to build teachers' skills and knowledge.

In addition, capacity-building solutions are needed. The needs differ by provider type, but must be addressed to reach universal preschool.

PROGRAM ACTIVITY: The primary activities are relationship-based coaching and capacity building.

Coaching: PFA coaches collaborate with preschools to strengthen the quality of their programs. Coaching is a key strategy to ensure that preschool experiences are inclusive and culturally affirming. It is important that coaches reflect the cultural and linguistic diversity of PFA providers. PFA invests in a variety of program quality resources, including curriculum implementation support and the Environmental Rating Scale. Coaches and educators utilize this information to create individualized goals and identify needed program improvements.

Capacity Building: Capacity-building efforts focus on solutions that promote preschool expansion. The Pathways Program is designed for providers who hope to join PFA in future years, but don't yet meet PFA requirements. The Pathways Program includes coaching and financial incentives. Other capacity building strategies include investments in school districts and Head Start Programs to overcome their unique barriers to participation in Preschool for All.

PROGRAM OUTPUTS:

- Provides coaching for PFA educators.
- Offers curriculum implementation support.
- Funds quality improvement assessments, including the Environmental Rating Scale.
- Supports preschool programs interested in joining PFA through the Pathways Program.
- Funds capacity-building solutions at Head Start Programs and school districts.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of educators receiving support from a coach ¹	226	400	247	350
Output	Number of providers participating in the Pathways program ²	N/A	N/A	28	40

Performance Measures Descriptions

¹This performance measure has been reworded slightly from: Number of early educators participating in coaching and other supports.

²This is a new performance measure for FY 2026.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$163,626	\$0	\$174,690
Contractual Services	\$0	\$8,414,000	\$0	\$8,808,256
Materials & Supplies	\$0	\$0	\$0	\$14
Internal Services	\$0	\$0	\$0	\$18,790
Total GF/non-GF	\$0	\$8,577,626	\$0	\$9,001,750
Program Total:	\$8,577,626		\$9,001,750	
Program FTE	0.00	1.00	0.00	1.00

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

Explanation of Revenues

This program generates \$7,302 in indirect revenues.

Significant Program Changes

Last Year this program was: FY 2025: 25204 PEL - Program Quality: Coaching & Provider Supports

Increased nursing and coaching services to meet the needs of additional preschool locations. Adding contracts for curriculum and an early learning school district administrator.

Department: County Human Services **Program Contact:** Leslee Barnes
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 40099B, 72052A, 72052B, 78335, 10000A, 10007B
Program Characteristics:

Program Description

ISSUE: To achieve the goal of universal preschool by 2030, Preschool for All (PFA) needs strong partnerships with preschool providers. In the early years of implementation, the first providers are called Pilot Sites. Pilot Sites include child care centers, Head Start Programs, licensed family child care programs, and school districts. Pilot Sites work in close partnership with the Preschool and Early Learning (PEL) Division to refine program details.

PROGRAM GOAL: PFA was designed intentionally to grow over time and to increase the number of publicly funded preschool seats in Multnomah County each year. For FY 2026, the PFA seat goal is 3,000. Having a wide variety of locations and program types allows families to choose the preschool that is right for their child.

PROGRAM ACTIVITY: Pilot Sites offer preschool to children and their families. Each provider holds a contract for PFA seats and must follow the same program requirements. Pilot Sites must implement a curriculum aligned with Oregon's Early Learning and Kindergarten Guidelines, work to build positive relationships with families, and provide inclusive environments for children with developmental delays and disabilities. Pilot Sites work with PEL Division staff and partner organizations to improve their program and services.

In FY 2026, providers will receive \$17,532 for school day/school year seats and \$25,008 for full day/year-round seats. Pilot Sites also receive funding for start-up costs when joining the program or expanding their seats. PFA offers transportation funding to providers who transport children. PFA also offers inclusion support funding for providers serving children with developmental delays and disabilities. PFA expects to exceed the goal of 3,000 seats for FY 2026.

PROGRAM OUTPUTS:

- Funds free preschool seats for children in Multnomah County.
- Funds Pilot Sites to increase educator wages and offer benefits to their staff.
- Provides inclusion funds to Pilot Sites who are serving children with developmental delays and disabilities.
- Offers transportation funds for Pilot Sites who provide transportation to participating children.
- Assigns each provider support staff, including a Preschool Specialist and an Inclusion Coordinator from the PEL Division.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of Preschool for All seats	1,394	2,100	2,225	3,800
Output	Number of Preschool for All locations ¹	N/A	N/A	133	225

Performance Measures Descriptions

¹This is a new performance measure for FY 2026.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$1,629,351	\$0	\$2,629,414
Contractual Services	\$0	\$47,814,596	\$0	\$98,552,896
Materials & Supplies	\$0	\$0	\$0	\$229
Internal Services	\$0	\$0	\$0	\$299,383
Total GF/non-GF	\$0	\$49,443,947	\$0	\$101,481,922
Program Total:	\$49,443,947		\$101,481,922	
Program FTE	0.00	11.00	0.00	17.00

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

Explanation of Revenues

This program generates \$109,910 in indirect revenues.

Significant Program Changes

Last Year this program was: FY 2025: 25205 PEL - Preschool for All Pilot Sites

An additional 6.00 FTE have been added to support significant program growth: 2.00 FTE Program Specialist Seniors, 4.00 FTE Program Specialists.

Increased funding based on number of preschool seats growing from 2,225 in FY 2025 to 3,800 preschool seats in FY 2026.

Department: County Human Services **Program Contact:** Leslee Barnes

Program Offer Type: Operating **Program Offer Stage:** Adopted

Related Programs: 40099B, 72052A, 72052B, 78335, 10000A, 10007B

Program Characteristics:

Program Description

ISSUE: Multnomah County needs more qualified early childhood educators. Early childhood educators are essential to children's learning. Across the nation, early childhood educators are poorly paid and undervalued. Staffing shortages continue to be an issue for early childhood education programs in Multnomah County. In order to create universal preschool in Multnomah County, Preschool for All (PFA) must invest in early education workforce development.

PROGRAM GOAL: By investing in workforce development, PFA is helping to grow the overall number of qualified preschool teachers in Multnomah County. PFA is also helping current early childhood educators advance their career by offering professional development opportunities. Investments in programs that focus on Black, Indigenous, and educators of color help to ensure a diverse workforce. Increasing the number of early childhood educators will help additional preschool locations to open and support existing sites in maintaining consistent staffing levels.

PROGRAM ACTIVITY: Workforce development programs bring new people into early childhood education careers and provide foundational training to new educators. There are multiple ways to become a preschool teacher, so Preschool for All funds multiple strategies. These include career coaching, paid internships, career technical education at high schools, and on-the-job training.

Workforce development investments make higher education more accessible and affordable with bilingual community college navigators and financial assistance. Additional investments include educator recruitment, early childhood certifications, community-based training, and the Hadiyah Miller Scholarship Fund. These efforts help new and existing preschool staff to meet PFA educational requirements and advance their careers.

This program also supports educators to work with and advance on the Oregon Registry, which is the early education professional development system in Oregon.

PROGRAM OUTPUTS:

- Recruits and trains new preschool teachers.
- Offers scholarships and other assistance to enter or advance in the early childhood education field.
- Provides career readiness and Oregon Registry technical assistance.
- Provides multiple pathways to advance early childhood education careers through higher education and/or community-based training.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of early educators who are recruited and supported to enter and navigate the early learning field ^{1 2}	N/A	N/A	200	250
Output	Number of early educators receiving support for accessing higher education or community-based training ¹	N/A	N/A	300	390

Performance Measures Descriptions

¹This is a new performance measure for FY 2026.

²Individuals may access distinct services through separate organizations. In these instances, the overall count may be duplicated.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$159,094	\$0	\$169,839
Contractual Services	\$0	\$7,000,000	\$0	\$7,000,000
Materials & Supplies	\$0	\$0	\$0	\$14
Internal Services	\$0	\$0	\$0	\$18,587
Total GF/non-GF	\$0	\$7,159,094	\$0	\$7,188,440
Program Total:	\$7,159,094		\$7,188,440	
Program FTE	0.00	1.00	0.00	1.00

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

Explanation of Revenues

This program generates \$7,099 in indirect revenues.

Significant Program Changes

Last Year this program was: FY 2025: 25206 PEL - Early Educator Workforce Development

Department: County Human Services **Program Contact:** Leslee Barnes
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 40099B, 72052A, 72052B, 78335, 10000A, 10007B
Program Characteristics:

Program Description

ISSUE: Universal preschool can have negative impacts on infant and toddler care. Preschool expansions in communities outside Multnomah County have led to decreases in the availability of infant and toddler care. The cost of caring for babies and toddlers is much higher than providing care for 3- and 4-year olds. This is because the required ratio of teachers to children is higher for younger age groups. This higher cost can incentivize child care providers to reduce their infant and toddler seat numbers. Multnomah County is already considered a child care desert for infants and toddlers because there are more than three children for every infant and toddler child care seat.¹ Mitigating the potential negative impacts of preschool expansion was included in the original Preschool for All (PFA) planning.

PROGRAM GOAL: PFA will promote pay equity at participating sites with infant and toddler stabilization funding. With these dollars, providers are able to increase the wages and benefits of educators who work with infants and toddlers. This will increase stability across Multnomah County's early childhood landscape as PFA scales to full universality in 2030.

PROGRAM ACTIVITY: The Infant Toddler Stabilization Fund gives PFA providers additional funding to increase and support their infant/toddler educator wages and benefits. The allocated amount for each preschool provider is determined by their total number of infant and toddler seats. This funding is only available for contracted PFA sites. Sites must also meet wage requirements for preschool teachers and assistants, and they have specific limitations on how the stabilization funding can be used.

PROGRAM OUTPUTS:

- Funds PFA pilot sites to increase infant/toddler educator wages.
- Fosters the retention of infant/toddler seats at PFA Sites.

¹Oregon Child Care Research Partnership, Oregon State University.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total number of Preschool for All locations that offer infant/toddler care	N/A	66	78	130
Output	Total number of infant/toddler seats at Preschool for All locations ¹	N/A	N/A	813	1,500

Performance Measures Descriptions

¹This is a new performance measure for FY 2026.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$6,034,236	\$0	\$14,434,444
Total GF/non-GF	\$0	\$6,034,236	\$0	\$14,434,444
Program Total:	\$6,034,236		\$14,434,444	
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 2025: 25207 PEL - Preschool for All Infant Toddler Stabilization

Increased funding based on growth of preschool providers and locations.

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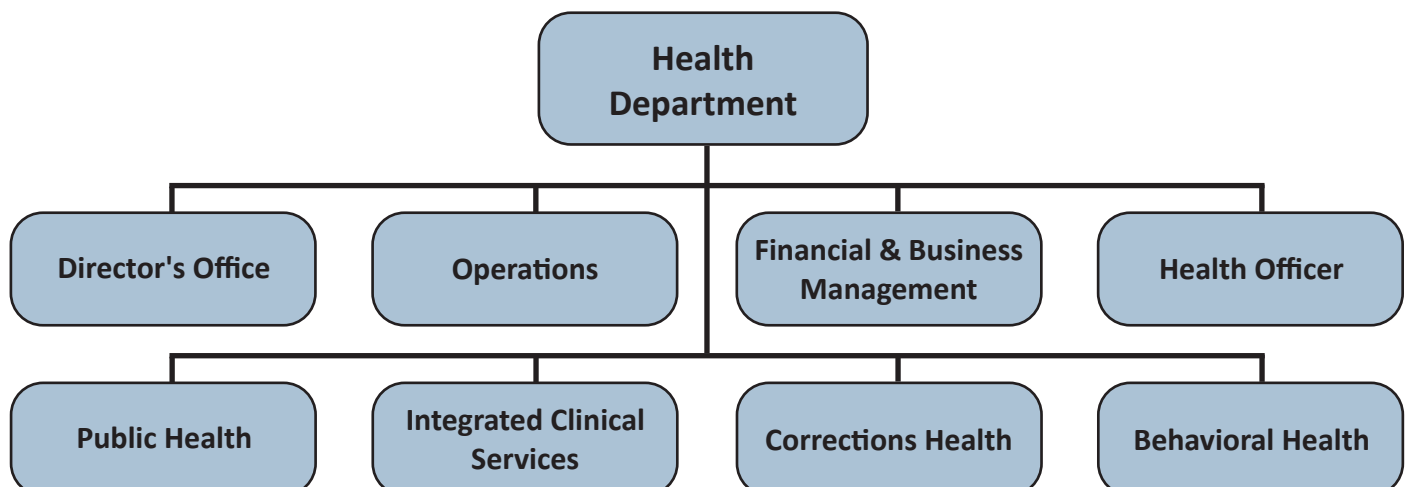
Department Overview

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)'s Community Mental Health Program, and operates the largest public-entity Federally Qualified Health Center (FQHC) 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 lives in (nearly 800,000 people) and visits Multnomah County at every stage in their lives.

We carry out our statutory duties as the LPHA, LMHA, operator of our County's FQHC, and health provider for people living in carceral settings by providing services to our community through many avenues, including:

- Providing primary care, dental care, behavioral health support, addictions care, and public health preventive services at locations across the County
- Ensuring the whole population of Multnomah County has access to clear air, water, and safe food
- Responding to reportable communicable disease outbreaks and communicating across the County around health threats, a responsibility that includes communicating across many languages (at times requiring messaging in excess of 20 different languages)
- Monitoring population health to understand and respond to disease patterns to plan community responses to mitigate impacts
- Standing up a crisis behavioral health system so anyone having a crisis can get help by calling or walking in.
- Monitoring and working to change health outcomes on matters impacting our entire community such as overdose and suicide
- Aiming to extend life expectancy and improve quality of life in Multnomah County

Racism and its systemic expressions cause, perpetuate, and widen health inequities and poorer health outcomes for all. Our Health Department acknowledges Oregon's history of colonialism and the pervasive impacts of racism on people across the County. We advance our mission and vision by leading with an approach that is driven by data, centered on community, and focused on equity. In these ways, we are able to improve health outcomes for everyone across Multnomah County, while still focusing on ending unfair inequities. 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 in, work in, and visit our County.



\$531.4 million

Adopted Operating Budget

Excludes \$94.2 million cash transfers, contingencies, and unappropriated balances.

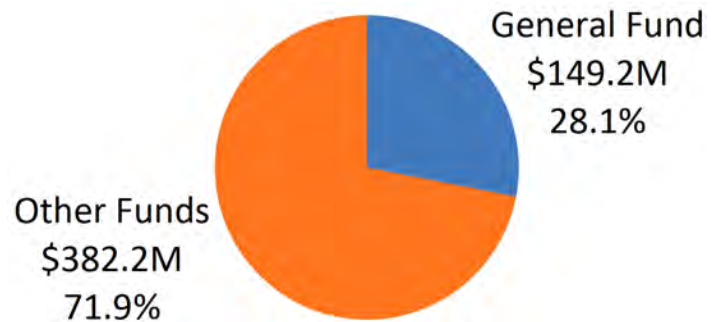
1,650.99 FTE

Total Adopted Staffing



-45.32 FTE

Decrease from
FY 2025 Adopted



(\$14.0) million



Operating Budget

Decrease from

FY 2025 Adopted

-3% decrease

General Fund

\$2.7 million

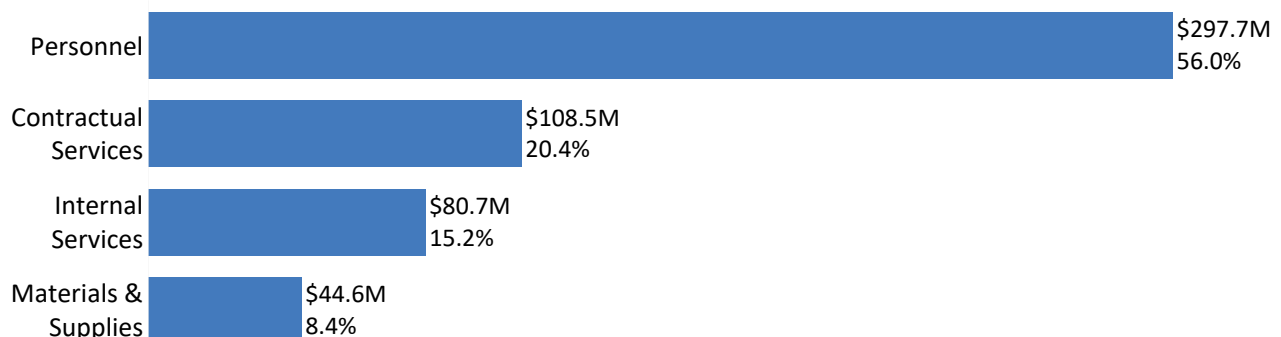
New **One-Time-Only** Investments

\$0.4 million

New/Backfill **Ongoing** Investments

Operating Budget by Category - \$531.4 million

Does not include cash transfers, contingencies, and unappropriated balances



Mission, Vision, and Values

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."

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 values are:

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

Diversity, Equity, and Inclusion

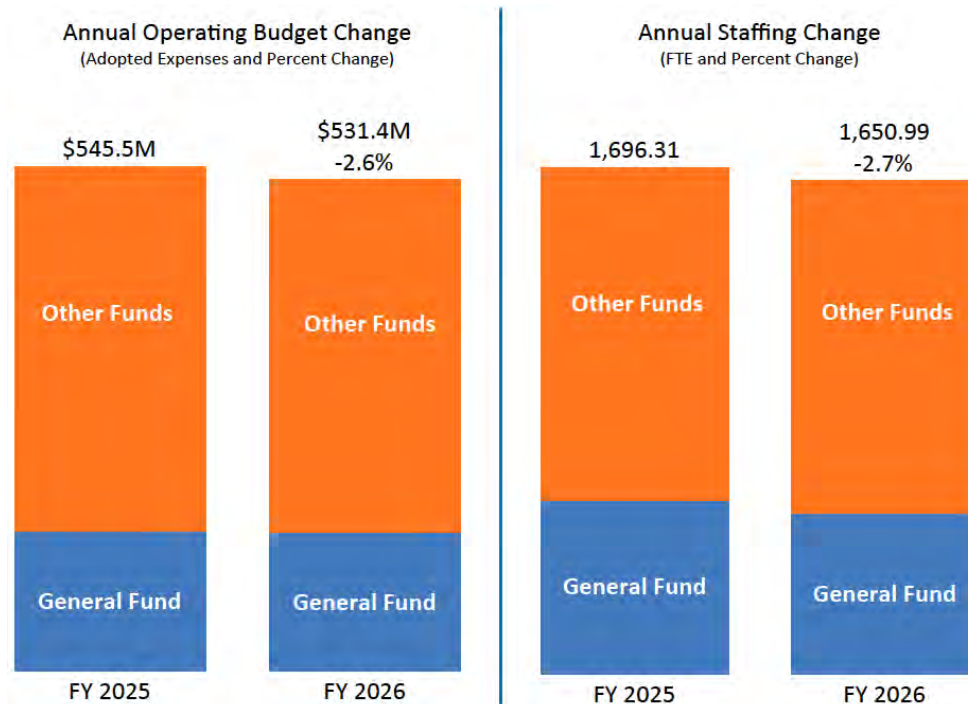
Equity is at the forefront of the Health Department's mission and is the foundation of its vision. Our values also speak to how we engage with our diverse communities and with one another. They set the intention for our organizational culture. As an embodiment of equity values, the Health Department implements many strategies and services to best meet people where they are. Some of these strategies and examples include:

- **Geographically meeting people where they are** – The Community Health Center mobile clinic van delivers health and dental services to people outside of standing clinic settings. Telehealth services bring care to patients who are unable to come into a clinic. Virtual care is available in a variety of settings, including those in Student Health Centers. In addition to improving access through technology, the Health Center expanded integrated behavioral health across all primary care settings, including mobile. Across all settings, services and materials are provided in the many languages in which clients are most comfortable.
- **Serving those often overlooked** – The Health Department Encampments program was established to provide direct support, outreach, institutional collaboration, and subject matter expertise to enhance support of people experiencing homelessness and living in encampments. In the past year, the program facilitated nearly 1,500 outreach contacts and distributed essential supplies. Corrections Health 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.
- **Building community partnerships** – The Community Partnership and Capacity Building program continues to build connections to better serve the diverse communities who experience health inequities. Strategic community partnerships in FY 2025 contributed to the formation of the Alianza Latina coalition, support for the Coalition of Slavic & Eastern European Organizations mental health conference, the Native Data Sovereignty Project and Two Spirit Survivance Campaign, three climate resilience and emergency preparedness projects with Community Health Worker organizations, the formation of the African Farmers/Gardeners Collaboration Project and passage of the Native Hawaiian/Pacific Islander Student Success Plan in Oregon.
- **Involving the community in decision making** – Numerous community advisory boards and peer-led programming ensure community involvement in decision making. The Multnomah County Public Health Advisory Board, Behavioral Health Advisory Council, Community Health Center Board, HIV Services Planning Council, Food Service Advisory Committee, Student Health Action Councils and Community Budget Advisory Committee all participate in goal setting and service planning. The peer-led Behavioral Health Resource Center and the Office of Community Engagement ensure that community voices and experience are at the forefront.
- **Basing decision making on data and evidence-based practices** – By addressing the leading causes of premature death based on scientific and community-provided data and adopting evidence-based interventions and programming, the Health Department is inherently building equity into budget decisions.

These combined approaches help ensure the effective and equitable delivery of services that save money in the long run by preventing illness and promoting population health for everyone in Multnomah County.

Budget Overview

The FY 2026 Health Department operating budget is \$531.4 million, a \$14.0 million (-2.6%) decrease from the FY 2025 Adopted budget. These amounts exclude cash transfers, contingencies and unappropriated balances. The General Fund accounts for 28.1% of the budget, and General Fund expenses decreased by \$2.7 million (-1.8%). Other Funds decreased by \$11.3 million (-2.9%).



A full list of General Fund reductions can be found on the following page. The decrease in Other Funds is primarily due to the \$25 million for a deflection and sobering center that was included in the FY 2025 budget. In FY 2026, the remaining \$13.4 million is being cash transferred to the Department of County Assets, and therefore does not show up in the operating budget. Health-specific American Rescue Plan funding also ended in FY 2025, which led to a decrease of \$5.1 million in the Coronavirus (COVID-19) Response Fund in FY 2026. The Health Department's budget increased by \$5.2 million in Supportive Housing Services funding, primarily from carrying over funds from the Homeless Services Department for the Substance Use Disorder Stabilization Center (40113). The Health Department Federally Qualified Health Center (FQHC) fund increased by \$16.6 million.

Health Department

FY 2026 Adopted Budget

The following table shows the new ongoing and one-time-only programs, backfill, and reductions. This table, along with information on the Health Department's reallocations for FY 2026, can be found in the Overview of Additions, Reductions, and Reallocations section of the Budget Director's Message in Volume 1. In addition, the Budget Director's Message contains a list of one-time-only programs for all departments.

New Investments in Ongoing and One-Time-Only Programs

Prog. #	Program Offer Name	General Fund		
		Ongoing	OTO	FTE
40004B	Ambulance Service Plan Continuation		400,000	1.00
40044B	Supplemental Data Sets Partnership with DCA		400,000	
40104B	24/7 Sobering and Crisis Stabilization Center Implementation	<u>201,289</u>		<u>1.00</u>
Total		\$201,289	\$800,000	2.00

General Fund Backfill

The table below shows programs that received General Fund backfill after a reduction in Supportive Housing Services (SHS) Funds and State funds.

Prog. #	Program Offer Name	General Fund		
		Ongoing	OTO	FTE
40010D	Restore STI Clinic Capacity		328,756	2.00
40074B	Bridgeview		1,300,000	
40112	Shelter, Housing and Supports	<u>149,010</u>	<u>264,563</u>	
Total		\$149,010	1,893,319	2.00

Reductions

Prog. #	Program Offer Name or Reduction Description	General Fund Reductions	Internal Constraint GF Reductions	Other Fund Reductions (Not SHS)	SHS Reductions	Total Reductions	FTE Red.
40000A	Health Department Director's Office	(1,053,960)	(226,811)			(1,280,771)	(6.00)
40001	Public Health Administration and Quality Management		(320,648)	(65,411)		(386,059)	(3.30)
40002	Tri-County Health Officer		(164,197)			(164,197)	0.00
40003	Health Department Facilities, Safety, and Administrative Support	(270,746)				(270,746)	(2.00)

Health Department

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Prog. #	Program Offer Name or Reduction Description	General Fund Reductions	Internal Constraint GF Reductions	Other Fund Reductions (Not SHS)	SHS Reductions	Total Reductions	FTE Red.
40005	Public Health & Regional Health Systems Emergency Preparedness		(38,357)			(38,357)	0.00
40006/ 40060	Tobacco Prevention and Control/ Community & Adolescent Health		(420,750)			(420,750)	(3.00)
40008	Vector-Borne Disease Prevention and Code Enforcement	(116,078)				(116,078)	0.00
40010A	Communicable Disease Prevention and Control			(378,490)		(378,490)	(2.81)
40010B	STI Clinical and Community Services	(31,876)		(854,631)		(886,507)	(4.16)
40010C	Communicable Disease Community Immunization Program			(1,449,966)		(1,449,966)	(7.62)
40010D	Supportive Housing Services for Communicable Disease Clients - Supportive Housing Services				(308,100)	(308,100)	0.00
40037*	Environmental Health Community Programs			(778,551)		(778,551)	(2.54)
40037B	Gas Powered Leaf Blower Project	(219,628)				(219,628)	(0.80)
40039	Human Resources	(664,063)				(664,063)	(3.00)
40039B	Human Resources - ICS Recruitment		(178,928)			(178,928)	(1.00)
40040	Financial and Business Management Services	(695,719)	(291,182)			(986,901)	(4.00)
40042	Contracts & Procurement	(318,784)	(167,438)			(486,222)	(2.00)
40044A	Health Data and Analytic Team	(633,342)	(165,632)		(182,050)	(981,024)	(5.00)
40045	Corrections Health Operations	(41,103)				(41,103)	0.00
40046	Health Operations Administration		(217,866)			(217,866)	(1.00)
40048	Community Epidemiology	(15,591)		(1,743,468)		(1,759,059)	(6.20)
40053	Racial and Ethnic Approaches to Community Health			(479,976)		(479,976)	0.00

Health Department

FY 2026 Adopted Budget

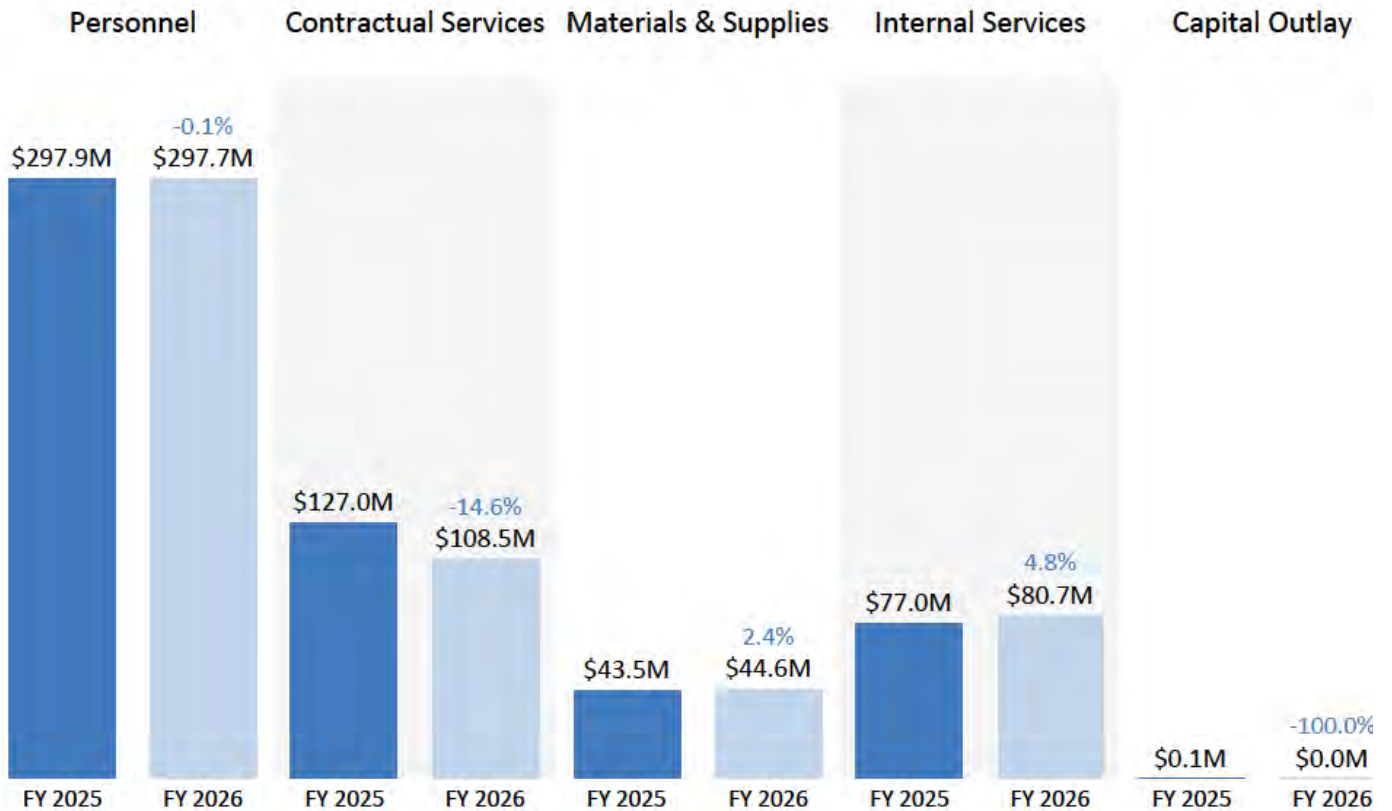
Prog. #	Program Offer Name or Reduction Description	General Fund Reductions	Internal Constraint GF Reductions	Other Fund Reductions (Not SHS)	SHS Reductions	Total Reductions	FTE Red.
40054*	Nurse Family Partnership	(1,165,085)	(821,743)			(1,986,828)	(6.00)
40055	Home and Community Based Consulting			(595,023)		(595,023)	(1.00)
40056	Healthy Families			(338,000)		(338,000)	0.00
40058	Healthy Birth Initiative			(112,500)		(112,500)	(0.50)
40060	Community & Adolescent Health			(381,999)		(381,999)	(3.40)
40061	Harm Reduction	(304,685)				(304,685)	(1.00)
40065	Behavioral Health Division Administration	(341,134)				(341,134)	(2.50)
40068	Behavioral Health Quality Management	(471,062)				(471,062)	(3.00)
40069	Behavioral Health Crisis Services				(1,930,360)	(1,930,360)	0.00
40070	Mental Health Crisis Assessment & Treatment Center (CATC)		(317,048)			(317,048)	0.00
40073*	Peer-Run Supported Employment Center		(128,215)			(128,215)	0.00
40074A	Mental Health Residential Services			(148,069)		(148,069)	(0.80)
40077	Mental Health Treatment & Medication for the Uninsured		(454,803)			(454,803)	0.00
40081	Multnomah County Care Coordination			(692,841)		(692,841)	(4.00)
40082	School Based Mental Health Services	(539,591)	(496,822)	(1,000,000)		(2,036,413)	(11.70)
40085	Adult Addictions Treatment Continuum				(500,000)	(500,000)	0.00
40096	Public Health Office of the Director	(291,177)	(618,711)	(800,617)		(1,710,505)	(3.70)
40101	Promoting Access To Hope (PATH) Care Coordination Continuum			(352,483)	(209,343)	(561,826)	(2.00)
Various	Administrative Reductions	(46,183)				(46,183)	
Total		(\$7,219,807)	(\$5,029,151)	(\$10,172,025)	(\$3,129,853)	(\$25,550,836)	(94.03)

*Program Eliminated

Health Department

FY 2026 Adopted Budget

The chart below provides a breakdown of the budget's expense categories from FY 2025 to FY 2026. Personnel is the largest component of the Health Department's budget, while Internal Services grew the most between FY 2025 and FY 2026.



Health Department

FY 2026 Adopted Budget

The Budget Trends table below details the changes in expense categories from FY 2024 Actual to FY 2026 Proposed.

FY 2026 Budget Trends: Health					
	FY 2024 Actual	FY 2025 Current Estimate	FY 2025 Adopted Budget	FY 2026 Adopted Budget	Difference
Staffing FTE	1,599.21	1,701.31	1,696.31	1,650.99	(45.32)
Personnel Services	237,516,125	262,857,140	297,885,231	297,716,844	(168,387)
Contractual Services	85,078,916	107,067,400	127,040,342	108,501,346	(18,538,996)
Materials & Supplies	39,696,083	44,169,570	43,493,177	44,550,525	1,057,348
Internal Services	60,771,054	85,534,790	76,996,274	80,671,464	3,675,190
Capital Outlay	<u>654,335</u>	<u>0</u>	<u>50,000</u>	<u>0</u>	<u>(50,000)</u>
Total Operating Budget	\$423,716,513	\$499,628,900	\$545,465,024	\$531,440,179	(\$14,024,845)
Contingency*	N/A	N/A	16,479,108	16,714,328	235,220
Internal Cash Transfers	0	10,332,343	2,502,343	13,400,000	10,897,657
Unappropriated Balances*	<u>N/A</u>	<u>N/A</u>	<u>47,578,020</u>	<u>64,081,549</u>	<u>16,503,529</u>
Total Budget	\$423,716,513	\$509,961,243	\$612,024,495	\$625,636,056	\$ 13,611,561

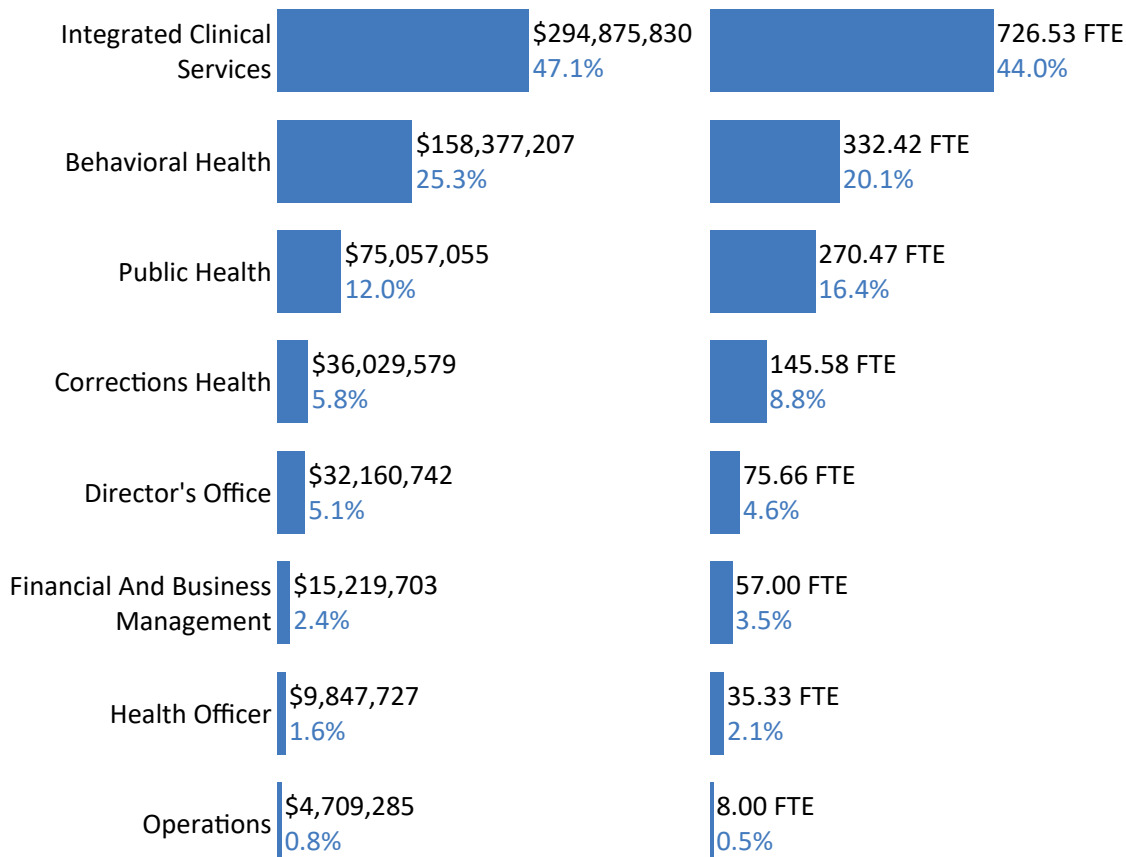
* In any given fiscal year, there is no spending of unappropriated balance; if contingency is spent, it will be reflected in the Operating expenditures.

Budget by Division

Division Name	General Fund	Other Funds	Total Division Cost	Total FTE
Director's Office	14,746,374	17,414,368	32,160,742	75.66
Operations	4,709,285	0	4,709,285	8.00
Financial And Business Management	15,219,703	0	15,219,703	57.00
Health Officer	7,603,284	2,244,443	9,847,727	35.33
Public Health	36,781,898	38,275,157	75,057,055	270.47
Integrated Clinical Services	0	294,875,830	294,875,830	726.53
Corrections Health	34,962,098	1,067,481	36,029,579	145.58
Behavioral Health	35,855,315	122,521,892	158,377,207	332.42
Vacancy Hiring Delay Savings	(641,072)	0	(641,072)	0.00
Total Health Department	\$149,236,885	\$476,399,171	\$625,636,056	1,650.99

Includes cash transfers, contingencies and unappropriated balances

The graphic below does not include (\$641,072) vacancy hiring delay savings; see Budget Director's Message for details.



Health Department

FY 2026 Adopted Budget

Table of All Program Offers

The following table shows the programs by division that make up the department's total budget. The individual programs follow, grouped by division.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Director's Office						
40000A	Health Department Director's Office		7,699,746	3,615,356	11,315,102	41.58
40000B	Overdose Prevention & Response		602,332	0	602,332	3.00
40000C	24/7 Sobering & Crisis Stabilization Center Capital Development		0	13,400,000	13,400,000	0.00
40000D	Behavioral Health CLP+ & System Transformation		661,682	0	661,682	3.20
40039	Human Resources		<u>5,782,614</u>	<u>399,012</u>	<u>6,181,626</u>	<u>27.88</u>
Total Director's Office			\$14,746,374	\$17,414,368	\$32,160,742	75.66
Operations						
40044A	Health Data and Analytic Team		3,058,082	0	3,058,082	2.00
40044B	Supplemental Data Sets Partnership with DCA	X	400,000	0	400,000	0.00
40046	Health Operations Administration		<u>1,251,203</u>	<u>0</u>	<u>1,251,203</u>	<u>6.00</u>
	Total Operations		\$4,709,285	\$0	\$4,709,285	8.00
Financial & Business Management						
40040	Financial and Business Management Services		10,357,645	0	10,357,645	33.00
40041	Medical Accounts Receivable		2,257,735	0	2,257,735	12.00
40042	Contracts & Procurement		<u>2,604,323</u>	<u>0</u>	<u>2,604,323</u>	<u>12.00</u>
Total Financial and Business Management			\$15,219,703	\$0	\$15,219,703	57.00
Health Officer						
40002	Tri-County Health Officer		844,174	435,800	1,279,974	1.94
40004A	Ambulance Services (Emergency Medical Services)		3,024,369	1,454,322	4,478,691	14.00
40004B	Ambulance Service Plan Continuation	X	400,000	0	400,000	1.00
40005	Public Health & Regional Health Systems Emergency Preparedness		50,796	354,321	405,117	1.39
40052	Medical Examiner		<u>3,283,945</u>	<u>0</u>	<u>3,283,945</u>	<u>17.00</u>
	Total Health Officer		\$7,603,284	\$2,244,443	\$9,847,727	35.33
Public Health						
40006	Tobacco Prevention and Control		987,842	704,516	1,692,358	7.05

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Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
40007	Health Inspections and Education		7,817,139	37,992	7,855,131	38.25
40008	Vector-Borne Disease Prevention and Code Enforcement		2,274,282	0	2,274,282	9.80
40009	Vital Records		151,390	996,000	1,147,390	5.32
40010A	Communicable Disease Prevention and Control		2,855,547	3,568,845	6,424,392	25.72
40010B	STI Clinical and Community Services		1,931,251	1,461,217	3,392,468	8.80
40010C	Communicable Disease Community Immunization Program		162,236	200,323	362,559	2.00
40010D	Restore STI Clinic Capacity	X	328,756	0	328,756	2.00
40011	Services for Persons Living with HIV - Regional Education and Outreach		143,674	6,379,650	6,523,324	6.25
40018	Women, Infants, and Children (WIC)		3,539,608	5,300,147	8,839,755	46.70
40037	Environmental Health Community Programs		1,034,816	2,395,919	3,430,735	13.58
40048	Community Epidemiology		1,620,990	2,084,784	3,705,774	12.39
40053	Racial and Ethnic Approaches to Community Health		962,695	1,412,260	2,374,955	8.26
40055	Home and Community Based Consulting		99,429	519,900	619,329	2.80
40056	Healthy Families		889,353	4,312,118	5,201,471	6.00
40058	Healthy Birth Initiative		2,046,209	3,341,918	5,388,127	17.70
40060	Community & Adolescent Health		1,869,782	786,775	2,656,557	11.34
40061	Harm Reduction		3,062,385	2,361,252	5,423,637	17.33
40096	Public Health Office of the Director		3,444,521	2,168,774	5,613,295	23.18
40097	Parent, Child, and Family Health Management		<u>1,559,993</u>	<u>242,767</u>	<u>1,802,760</u>	<u>6.00</u>
	Total Public Health		\$36,781,898	\$38,275,157	\$75,057,055	270.47
Integrated Clinical Services						
40012	FQHC-HIV Clinical Services		0	9,994,568	9,994,568	37.30
40016	FQHC-Medicaid/Medicare Eligibility		0	3,286,067	3,286,067	19.00
40017	FQHC-Dental Services		0	33,979,972	33,979,972	123.99
40019	FQHC-North Portland Health Clinic		0	7,731,576	7,731,576	29.90
40020	FQHC-Northeast Health Clinic		0	8,929,501	8,929,501	32.45
40022	FQHC-Mid County Health Clinic		0	17,275,206	17,275,206	62.30
40023	FQHC-East County Health Clinic		0	13,545,722	13,545,722	48.40

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Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
40024	FQHC-Student Health Centers		0	9,980,056	9,980,056	35.84
40026	FQHC-La Clinica de Buena Salud		0	4,215,739	4,215,739	14.50
40027	FQHC-Southeast Health Clinic		0	7,788,927	7,788,927	28.60
40029	FQHC-Rockwood Community Health Clinic		0	7,511,353	7,511,353	29.30
40030	FQHC-Medical Director		0	1,903,048	1,903,048	3.00
40031	FQHC-Pharmacy		0	43,086,956	43,086,956	56.50
40032	FQHC-Lab and Medical Records		0	4,718,564	4,718,564	23.80
40033	FQHC-Primary Care and Dental Access and Referral		0	9,905,070	9,905,070	56.80
40034A	FQHC-Administration and Operations		0	12,989,525	12,989,525	50.90
40034B	FQHC - Contingency and Reserves	X	0	77,641,217	77,641,217	0.00
40036	FQHC-Community Health Council and Civic Governance		0	462,029	462,029	1.00
40102	FQHC Allied Health		0	9,724,773	9,724,773	45.50
40103	FQHC-Quality Assurance		0	10,205,961	10,205,961	27.45
	Total Integrated Clinical Services		\$0	\$294,875,830	\$294,875,830	726.53
Corrections Health						
40043	Corrections Health Dental		707,372	0	707,372	2.00
40045	Corrections Health Operations		4,289,967	0	4,289,967	18.11
40047	Corrections Health Transition Services		2,428,072	1,067,481	3,495,553	19.27
40049	Corrections Health Juvenile Clinical Services		1,929,194	0	1,929,194	6.80
40050	Corrections Health Multnomah County Detention Center (MCDC) Clinical Services		11,212,628	0	11,212,628	42.60
40051	Corrections Health Inverness Jail (MCIJ) Clinical Services		9,746,000	0	9,746,000	35.85
40059	Corrections Health Behavioral Health Services		4,648,865	0	4,648,865	20.95
	Total Corrections Health		\$34,962,098	\$1,067,481	\$36,029,579	145.58
Behavioral Health						
40065	Behavioral Health Division Administration		2,289,292	4,740,642	7,029,934	12.58
40067	Medical Records for Behavioral Health Division		332,108	635,904	968,012	5.75
40068	Behavioral Health Quality Management		1,025,651	5,223,745	6,249,396	22.36
40069	Behavioral Health Crisis Services		1,638,934	18,633,850	20,272,784	38.85

Health Department

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Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
40070	Mental Health Crisis Assessment & Treatment Center (CATC)		0	317,047	317,047	0.00
40071	Behavioral Health Division Adult Protective Services		1,533,954	291,028	1,824,982	9.00
40072	Mental Health Commitment Services		2,206,161	3,750,934	5,957,095	26.80
40074A	Mental Health Residential Services		1,429,368	8,480,254	9,909,622	10.80
40074B	Bridgeview	X	1,300,000	0	1,300,000	0.00
40075	Choice Model		0	6,070,178	6,070,178	14.32
40077	Mental Health Treatment & Medication for the Uninsured		298,127	0	298,127	0.00
40078	Early Assessment & Support Alliance		608,809	2,639,596	3,248,405	14.40
40080	Community Based Mental Health Services for Children & Families		777,792	1,451,406	2,229,198	10.35
40081	Multnomah County Care Coordination		0	15,624,038	15,624,038	54.68
40082	School Based Mental Health Services		2,500,044	2,951,809	5,451,853	24.82
40083	Behavioral Health Promotion, Suicide Prevention and Postvention Services		315,433	336,684	652,117	3.30
40084A	Culturally Specific Mental Health Services		1,836,478	556,970	2,393,448	0.00
40084B	Culturally Specific Mobile Outreach and Stabilization Treatment Program		832,352	0	832,352	0.00
40085	Adult Addictions Treatment Continuum		2,465,088	10,271,254	12,736,342	5.40
40086	Addiction Services Gambling Treatment & Prevention		0	779,172	779,172	3.20
40087	Addiction Services Alcohol & Drug Prevention		0	1,487,308	1,487,308	1.50
40088	Coordinated Diversion for Justice Involved Individuals		1,351,761	6,601,754	7,953,515	30.20
40089	Addictions Detoxification & Post Detoxification Housing		1,515,449	803,995	2,319,444	1.50
40090	Family & Youth Addictions Treatment Continuum		94,789	160,054	254,843	0.00
40091	Family Involvement Team		33,935	331,995	365,930	0.00
40099A	Early Childhood Mental Health Program		1,772,062	1,001,791	2,773,853	13.18
40099B	Preschool For All Early Childhood Mental Health		0	2,016,968	2,016,968	10.73
40101	Promoting Access To Hope (PATH) Care Coordination Continuum		720,152	1,112,829	1,832,981	8.90

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Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
40104A	Deflection and Sobering Program		0	6,213,852	6,213,852	6.00
40104B	24/7 Sobering and Crisis Stabilization Center Implementation		201,289	0	201,289	1.00
40105A	Behavioral Health Resource Center (BHRC) - Day Center		3,327,933	2,457,023	5,784,956	1.80
40105B	Behavioral Health Resource Center (BHRC) - Shelter/Housing		3,002,764	1,113,935	4,116,699	0.00
40108	Stabilization and Integration Housing Services (formerly BHECN)		2,032,017	0	2,032,017	1.00
40112	Shelter, Housing and Supports		413,573	9,615,877	10,029,450	0.00
40113	Substance Use Disorder Stabilization Center		0	6,850,000	6,850,000	0.00
	Total Behavioral Health		\$35,855,315	\$122,521,892	\$158,377,207	332.42
Vacancy Hiring Delay Savings						
40999	HD Vacancy Hiring Delay Savings	X	(641,072)	0	(641,072)	0.00
	Total Vacancy Hiring Delay Savings		(\$641,072)	\$0	(\$641,072)	0.00
	Total Health Department¹		\$149,236,885	\$476,399,171	\$625,636,056	1,650.99

¹ Includes cash transfers, contingencies, and unappropriated balances.

Program #40999 - HD Vacancy Hiring Delay Savings
FY 2026 Adopted
Department: Health Department

Program Contact: Trista Zugel

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: New Request, One-Time-Only Request

Program Description

This program represents the expected General Fund savings from a hiring delay based on the estimated savings for the first quarter of FY 2026. However, departments have the entire fiscal year to generate the savings. The calculations were based on General Fund vacancies.

The following criteria were used to determine the calculations:

- Does not include the following positions:

Public safety (Sheriff's Office, Department of Community Justice, Corrections Health, District Attorney's Office)

Positions identified by the Chief Operating Officer's (COO) Office) as possible reductions

Positions which were filled since the original list was compiled

Positions used for layoff/bumping/Project Save

Positions leveraging Other Funds or fees

Positions which are filled with a work-out-of-class, temporary, contracted, or limited duration appointment

In addition, a 10% contingency was added to the total savings to account for changes. Across all departments, this hiring delay will generate \$1.2 million in one-time-only General Fund savings.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$0	(\$641,072)	\$0
Total GF/non-GF	\$0	\$0	(\$641,072)	\$0
Program Total:	\$0		(\$641,072)	
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:

This program offer was created by Board amendments 25 and 26.

Director's Office

The Health Department Director's Office provides executive leadership and strategic direction for the Department. The Director holds the statutory role of Local Public Health Authority, and supports Behavioral Health Division as the Community Mental Health Program, ensuring that the Department performs its unique governmental roles, achieves legal requirements, and advances equity. The Director's Office convenes the Department Leadership Team to meet strategic objectives and foster a culture that supports a diverse, qualified workforce; acts as a liaison to Federal, State, County and Local elected officials; collaborates with non-profits, health systems, and other agencies to provide and obtain funding for services to improve the county's health; and supports divisions in core capability areas such as equity, communications, policy, and partnerships.

Director's Office teams include:

- **The Director's team** implements department wide initiatives and 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.
- **The Strategy and Grant Development team** develops Department-wide funding strategies and secures resources to launch new initiatives and maintain long-standing programs, including statutory and workforce programs. The team uses equity-based, data-driven program development focused on reducing inequities and improving health outcomes for all.
- **The Communications and Marketing team** develops internal communication strategies to promote organizational cohesion, an engaged workforce, and a supportive workplace culture. They also provide external communications that promote essential health services and disseminate timely, accurate, trustworthy information to our diverse communities. This communication raises awareness of health harms and provides the public with information to protect their health. In collaboration with County and regional partners, they serve as Public Information Officers during an emergency or Incident Command Response. Communications is a unique public health competency in Oregon statute. Specialized communications are key to achieving health outcomes as the Health Department is the only health entity responsible for the Health of every single person in the county at every stage of their lives and in every setting they encounter.
- **Office of Health Equity (OHE) and Community Health** leads racial justice and equity work by aligning the Department with the Workforce Equity Strategic Plan, County initiatives, and County Office of Diversity and Equity. Community Partnerships & Capacity Building (CPCB) coordinates cross-departmental,

\$32.2 million

Director's Office

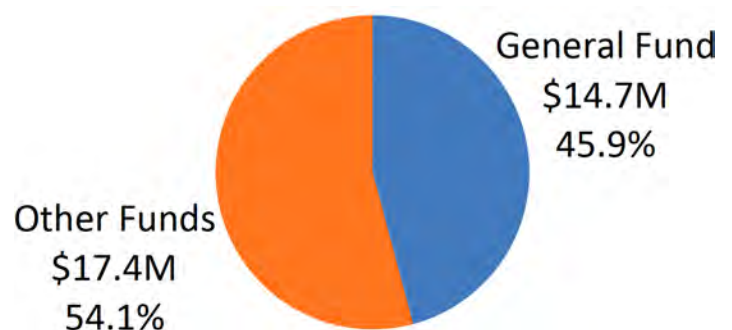
Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.



75.66 FTE

(full time equivalent)



culturally specific, and cross-cultural engagement and partnership strategies to address community and public health priorities, including providing critical liaison and communications support in emergencies. Culturally specific strategists representing nine diverse communities engage and build capacity with community leaders, Community Health Workers, organizations/groups, advisory committees, and boards to implement strategies to end health inequities.

- **Human Resources (HR)** provides expertise, leadership, and consultation for hiring, transfers, and promotions. This team supports all staff through the lifecycle of their tenure with the department in terms of pay, benefits, and other aspects of the employee experience.
- **Public Health Infrastructure Grant** supports HD workforce efforts in partnership with schools of public health and HR to address workforce pipeline issues and recruitment and retention efforts; updating the Community Health Improvement Plan; and building public health accreditation readiness and capacity to implement core capabilities.

The Health Department Director's Office ensures department-wide initiatives to support core capabilities that include:

- **Overdose Prevention & Response** - The Overdose Prevention and Response Plan directly addresses gaps in available prevention, harm reduction, treatment, recovery services, and infrastructure. It enhances existing bodies of work and identifies new strategies, engaging the full substance use and addiction service continuum to reduce overdoses, prevent initiation to substances, promote recovery, and prioritize people unfairly impacted by oppression and exclusion to achieve equitable outcomes.
- **Sobering and Crisis Stabilization Center Capital Development** - Multnomah County is taking action to address substance use and addiction in the community by implementing House Bill 4002. This bill made substantial changes to Measure 110 and allocated funding to counties for the establishment and implementation of deflection programs. In FY 2025, the County received \$25 million in state capital funding designated for the development of a 24/7 crisis stabilization center. In FY 2026, these funds will be cash transferred to the Department of County Assets for the development of the permanent facility.
- **Comprehensive Local Plan for Behavioral Health System Transformation** - The Health Department is committed to expanding this traditional compliance-based Comprehensive Local Plan (CLP) to include an expanded vision and action plan for an improved behavioral health system, referred to as the CLP+. This plan includes actions that build systems and structures needed for a collective impact model that will improve data, improve accessibility, expand the workforce, and create a continuum that provides the right services to the right people in the right place. The next steps for the CLP+ include incorporating feedback from the Board of County Commissioners, finalizing the plan, and continuing to convene key partners to implement system-level strategies to move from a siloed and difficult to navigate system to one that improves access to care through stronger collaboration, increased communications, transparent programming, and accountability.

Significant Division Changes

Four vacant FTE and 1.00 filled FTE positions were eliminated from the Director's Office to prioritize other departmental services. These positions were intended to perform comprehensive analysis of health policies and laws, track legislation and support the Health Department during legislative session, provide health systems planning and coordination, lead the planning and implementation of critical Department-wide projects, and provide support to the Office of Health Equity.

While there is a net increase in FTE in the Director's Office, it is the result of moving the **Communications & Marketing** team, the **Community Partnerships and Capacity Building** program (CPCB), and **Health Department Human Resources** from other divisions into the Office. Moving Communications & Marketing reflects the standing of communications as a public/governmental health core competency and better aligns the team

to support internal and external communications strategies. Merging CPCB into the Office of Health Equity and Community Health will foster a one-department approach to equity and more seamless departmental engagement of staff, external partners, and communities. Moving **Human Resources** reflects the structure of other departments and ensures high level support for HR functions.

Significant changes within department-wide initiatives include:

- **Overdose Prevention and Response (40000B)** - Data modernization activities, funding for prevention contracts, and 1.00 FTE were removed from this program offer in FY 2026. Data modernization has been integrated into other workflows and additional federal and state prevention funds were received in FY 2025 to cover the costs of contracts.
- **Deflection, Stabilization and Sobering Center (40000C)** - In FY 2026, funding from the State of Oregon Criminal Justice Commission and the City of Portland for operating expenses for deflection programming and sobering services are moved to 40104A - Deflection and Sobering Program. This Program Offer was renamed to reflect the change.

Table of Division Programs

The following table shows the programs that make up the division's budget, including cash transfers, contingencies, and unappropriated balances. The individual programs for this division follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Director's Office						
40000A	Health Department Director's Office		7,699,746	3,615,356	11,315,102	41.58
40000B	Overdose Prevention & Response		602,332	0	602,332	3.00
40000C	24/7 Sobering & Crisis Stabilization Center Capital Development		0	13,400,000	13,400,000	0.00
40000D	Behavioral Health CLP+ & System Transformation		661,682	0	661,682	3.20
40039	Human Resources		<u>5,782,614</u>	<u>399,012</u>	<u>6,181,626</u>	<u>27.88</u>
Total Director's Office			\$14,746,374	\$17,414,368	\$32,160,742	75.66

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Department: Health Department **Program Contact:** Rachael Banks

Program Offer Type: Administration **Program Offer Stage:** Adopted

Related Programs:

Program Characteristics:

Program Description

The Health Department (HD) Director's Office provides executive leadership and strategic direction for the Health Department. The Director holds the statutory role of Local Public Health Authority, and supports Behavioral Health Division as the Community Mental Health Program, to ensure the HD performs its unique governmental role, achieves legal requirements, and advances equity. The Office convenes the HD Leadership Team to meet strategic objectives and foster a culture that supports a diverse, qualified workforce in coordination with Human Resources (see program offer 40039); acts as a liaison to Federal, State, County and Local elected officials; collaborates with non-profits, health systems, and other agencies to provide and obtain funding for services to improve the county's health; and supports divisions in core capability areas such as equity, communications, policy, and partnerships. The Director is staffed by a team who serve administrative, systems and policy, strategic initiatives, and equity functions; and oversee HD-wide initiatives to support core capabilities.

HD's Office of Health Equity (OHE) and Community Health - leads racial justice and equity work by aligning the HD with the Workforce Equity Strategic Plan, County initiatives, and County Office of Diversity Equity. OHE's Community Partnerships & Capacity Building (CPCB) coordinates cross-departmental, culturally specific, and cross-cultural engagement and partnership strategies to address community and public health priorities, including critical liaison and communications support in emergencies. Culturally specific strategists representing nine diverse communities engage and build capacity with community leaders, Community Health Workers, organizations/groups, advisory committees, and boards to implement strategies to end health inequities.

Strategy and Grant Development - develops HD-wide funding strategies and secures resources to launch new initiatives and maintain long-standing programs, including statutory and workforce programs. The team uses equity-based, data driven program development to address inequities and improve health outcomes for all.

Public Health Infrastructure Grant - supports HD workforce efforts in partnership with schools of public health and Human Resources to address workforce pipeline issues and recruitment and retention efforts; updating the Community Health Improvement Plan; and building public health accreditation readiness and core capabilities capacity.

Communications & Marketing - develops internal communications strategies to promote organizational cohesion, an engaged workforce, and a supportive workplace culture. The team promotes essential health services and disseminates timely, accurate, trustworthy information to our diverse communities that raises awareness of health harms and provides the public with information to protect their health. They serve as Public Information Officers during emergencies or Incident Command Response in collaboration with County and regional partners.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Percentage of Health Department staff retained within a fiscal year	87%	N/A	87%	89%
Output	Annual Federal and State dollars leveraged for strategic investments (expressed in millions)	291	300	300	385
Output	# of culturally specific and multicultural community partners and events that promote health equity	152	152	160	160
Outcome	# of people who saw content from or about the Department web page including posts, stories, ads, etc.	1,000,000	1,000,000	1,500,000	1,250,000

Performance Measures Descriptions

Measure 1: The retention rate is based on the annual period of July 1 - June 30. This measure only includes regular represented and non-represented staff. It does not reflect reductions due to County General Fund constraints, which is tracked through a different metric.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$6,197,373	\$2,045,610	\$5,733,945	\$2,266,609
Contractual Services	\$1,253,420	\$712,801	\$1,113,113	\$886,390
Materials & Supplies	\$302,355	\$120,567	\$237,623	\$106,952
Internal Services	\$699,884	\$345,912	\$615,065	\$355,405
Total GF/non-GF	\$8,453,032	\$3,224,890	\$7,699,746	\$3,615,356
Program Total:	\$11,677,922		\$11,315,102	
Program FTE	32.77	12.93	28.98	12.60

Program Revenues				
Intergovernmental	\$0	\$3,224,890	\$0	\$3,615,356
Total Revenue	\$0	\$3,224,890	\$0	\$3,615,356

Explanation of Revenues

This program generates \$355,405 in indirect revenues.

\$ 1,469,101 - Strengthen Public Health Infrastructure & Workforce

\$ 567,737 - Strengthen Public Health Infrastructure Grant

\$ 559,067 - HSO COunty Based Services

\$ 869,449 - Modernization Local

\$ 75,978 - MCH Perinatal (ST)

\$74,024 - MCH-Peri GF

Significant Program Changes

Last Year this program was: FY 2025: 40000A Health Department Director's Office

Communications & Marketing is moving from 40046 - Health Operations Administration to the Director's Office. This move reflects communications' standing as a public/governmental health core competency and better aligns the team to support internal and external communications strategies. The CPCB program is moving from 40096 - Public Health Office of the Director to the OHE in the HD Director's Office. Merging CPCB and OHE will foster a one-department approach to equity and more seamless departmental engagement of staff, external partners, and communities. HD Human Resources is moving to the Director's Office to reflect the structure of other departments and to ensure high level support of HR functions. HR remains budgeted in Program Offer 40039.

Department: Health Department

Program Contact: Rachael Banks

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

The Health Department's Overdose Prevention and Response (OPR) 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 to achieve equity-focused outcomes. The OPR Plan was developed in FY 2024 to directly address gaps in available prevention, harm reduction, treatment, recovery services, and infrastructure. The plan will be updated for FY 2026 to integrate ongoing activities associated with the 2024 90-Day Fentanyl State of Emergency; deflection and sobering services; relevant Homelessness Response Action Plan activities; and other emerging priorities.

The goal of the OPR Plan is to slow the rate of death (and ultimately end preventable deaths) from overdose through: 1) preventing exposure to and/or initiation of opioids, fentanyl, and other illicit substance use; 2) reducing harms from use among people using substances, preventing deaths; and 3) increasing access to and utilization of treatment and recovery services.

This program offer maintains capacity for substance use prevention activities focused on youth and their families, and naloxone distribution and training.

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 supports staff and contracts in Behavioral Health and Public Health to expand partnerships with County leadership, multisectoral partners (including community and faith-based organizations), schools, community members, and people with lived experience; provide technical assistance, educational resources and toolkits to partners to implement prevention activities; and coordinate culturally specific forums and communications.

Naloxone distribution and training are critical to curbing and eventually ending overdose deaths. This program offer supports a naloxone distribution specialist who acts as a central Departmental resource for coordinating naloxone distribution and training within County and community sites, and the purchase of naloxone. The program increases distribution of lifesaving naloxone through partnerships with the Homeless Services Department and community organizations. Since July 2024, the program has distributed a total of 28,533 naloxone kits (57,066 doses of naloxone) to community partners and County programs.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of new partners who implement prevention initiatives	N/A	6	6	6
Output	Number of substance use prevention training/technical assistance sessions conducted	N/A	10	10	10
Output	Number of naloxone kits distributed through County General Fund	N/A	3,500	3,500	3,750

Performance Measures Descriptions

Measure 2: this measure includes naloxone trainings, as well as community forums, presentations, etc.

Measure 3: the Department distributes over 60,000 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$423,435	\$0	\$452,332	\$0
Contractual Services	\$150,000	\$0	\$0	\$0
Materials & Supplies	\$0	\$0	\$150,000	\$0
Total GF/non-GF	\$573,435	\$0	\$602,332	\$0
Program Total:	\$573,435		\$602,332	
Program FTE	3.00	0.00	3.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Data modernization activities, funding for prevention contracts, and 1.00 FTE were removed from this program offer in FY 2026. Data modernization has been integrated into workflows and additional federal and state prevention funds were received in FY 2025 to cover the costs of contracts.

Department: Health Department

Program Contact: Rachael Banks

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

Multnomah County is taking action to address substance use and addiction in the community by implementing House Bill 4002. This bill made substantial changes to Measure 110 and allocated funding to counties for the establishment and implementation of deflection programs. In FY 2025, the County received \$25 million in State capital funding designated for the development of a 24/7 drop-off receiving and sobering center. Additionally, the County is convening a leadership team per the FY 2025 budget note (see Program Offer 40104B). To date, capital funds were utilized to develop the Coordinated Care Pathway Center (a temporary location for deflection and sobering services) and acquire property for a permanent facility referred to as the 24/7 Sobering & Crisis Stabilization Center. The Department of County Assets will use the remaining funds to renovate an existing building for the permanent facility. This will create approximately 25,000 square feet of space for deflection, sobering, medication assisted treatment, and withdrawal management services. The renovation project will encompass all building systems, including structural, electrical, plumbing, mechanical, facade, and site improvements.

The 24/7 Sobering & Crisis Stabilization Center will have up to 50 beds (split between sobering and withdrawal management) for individuals seeking services, along with a fully functional kitchen, showers, restroom, and laundry facilities. The facility will be operated by the Health Department's Behavioral Health Division and a contracted provider. Law enforcement and first responders (through referrals or drop offs) will have priority and additional referral pathways will be built out. The aim is to provide a safe and supportive environment for individuals to begin their journey toward recovery. Proposed Timeline: 1) Design and Permitting - This phase began in early 2025 and will continue through Fiscal Year 2026. This includes all phases of programming and design and acquiring necessary building permits. 2) Construction and Move-In: The construction and move-in date schedule will be established in late FY 2025 with a goal of project completion in calendar year 2027. This phase encompasses the renovation of the facility, followed by the move-in of equipment, staff, and resources.

The County is dedicated to enhancing public safety and health outcomes while diminishing overdoses. In alignment with the Oregon Legislature, the County offers deflection, sobering, and other essential services, recognizing that treatment is the most effective path to recovery for those grappling with addiction. See Program Offers 40104A/B for details on program operations.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Provide Board with quarterly updates on facility progress	N/A	4	4	4
Output	Complete design and begin construction	N/A	N/A	N/A	100%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$2,196,389	\$0	\$0
Contractual Services	\$0	\$28,232,634	\$0	\$0
Internal Services	\$0	\$236,129	\$0	\$0
Cash Transfers	\$0	\$0	\$0	\$13,400,000
Total GF/non-GF	\$0	\$30,665,152	\$0	\$13,400,000
Program Total:	\$30,665,152		\$13,400,000	
Program FTE	0.00	2.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$30,665,152	\$0	\$13,400,000
Total Revenue	\$0	\$30,665,152	\$0	\$13,400,000

Explanation of Revenues

\$13.4 million - Intergovernmental, Direct State (Deflection Center Construction)

Significant Program Changes

Last Year this program was: FY 2025: 40000C Deflection Program

In FY 2026, funding from the State of Oregon Criminal Justice Commission for deflection programming and the City of Portland for sobering services were moved to 40104A - Deflection and Sobering Program. This Program Offer was renamed to reflect the change.

Department: Health Department

Program Contact: Rachael Banks

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

The Health Department (HD) Director's Office provides executive leadership and strategic direction in service to the Health Department. The Director holds the statutory role of Local Public Health Authority, and supports Behavioral Health Division (BHD) as the Community Mental Health Program, to ensure the HD performs its unique governmental role, achieves legal requirements, and advances equity. As CMHP, Behavioral Health Division (BHD) supports the Board of County Commissioners as the Local Mental Health Authority (LMHA). One CMHP responsibility is to have a Comprehensive Local Plan (CLP) to deliver and determine the need for local behavioral health services.

An interim CLP was drafted in 2024 prior to OHA determining that a new CLP format would be forthcoming. The HD committed to expand from a traditional compliance-based CLP to include an expanded vision and action plan for an improved behavioral health (BH) system, referred to as the CLP+. This plan includes actions that build systems and structures needed for a collective impact model that will improve data, accessibility, expand the workforce, and create a continuum that provides the right services to the right people in the right place.

In partnership with the Board, the HD began this work by conducting an updated and localized Calculating Adequate Systems Tool (CAST) survey of substance use disorder (SUD) providers in Multnomah County. It also synthesized an array of available evaluations and assessments of BH needs spanning the previous 10 years, including the Blueprint for Better Behavioral Health. The HD built on that foundational data by holding convenings with SUD providers, mental health providers, and BH system partners in fall 2024 to understand their priorities and validate the findings of the data analyses. This resulted in issuing a matrix of key priorities to improve the BH system. Using these tools, the HD developed a draft CLP+/Systems Transformation Plan (STP) and presented this work over a series of Board briefings in December 2024. The next steps for the CLP+/STP include receiving the final template and expectations from OHA incorporating feedback from the Board, finalizing the plan, and continuing to convene key partners to gain commitments for achieving the goals laid out in the plan. Commitments will include making data more accessible across the system; establishing strategies to increase the BH workforce; and transforming a system from one that is siloed and difficult to navigate to one that collaborates across organizations, improves access to care through stronger communications and transparent programming, and meets the needs of consumers in real time. The CLP +/STP spans the next three biennium and will be iterative as goals and objectives are met and new ones are identified.

This program offer provides capacity to finalize the first iteration of the 6-year CLP+/STP, as well as ongoing and new epidemiological, data analysis, and evaluation work that identifies needs, sets targets, evaluates trends and tracks progress toward equity-focused outcomes that improve the behavioral health system. It also includes facilitation and project management and the data infrastructure necessary to achieve CLP+/STP goals.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# population-based measures for behavioral health that are tracked and reported	N/A	N/A	N/A	15
Output	# of planning/implementation sessions with behavioral health entities	N/A	5	5	5
Output	# of updates to BOCC	N/A	3	5	4
Outcome	CLP adopted by the Board	N/A	N/A	N/A	1

Performance Measures Descriptions

Outcome 1 was changed for FY26. In FY25, it was CLP submitted to OHA in December 2024. The FY26 outcome better reflects the intent of CLP+/System Transformation work over the coming fiscal year.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$311,339	\$345,903	\$661,682	\$0
Total GF/non-GF	\$311,339	\$345,903	\$661,682	\$0
Program Total:	\$657,242		\$661,682	
Program FTE	1.80	2.00	3.20	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 40000D Behavioral Health System Transformation - Comprehensive Local Plan

In FY 2025, this program offer funded contracts to provide guidance for the CLP process. FY 2026 enacts the findings by supporting project management, facilitation, epidemiology, and evaluation capacity.

Department: Health Department

Program Contact: Susan Yee

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

Health Department Human Resources (HR) provides expertise, consultation, and leadership to ensure a highly skilled workforce reflective of the communities served is hired and retained while upholding the department's core values of non-discrimination and valuing varied lived experiences and perspectives, managing the compliance of personnel rules and legal requirements, and developing and maintaining partnerships with labor unions and community stakeholders. The HR team is staffed with individuals of diverse educational, professional, cultural, and lived backgrounds in order to offer a high level of expertise and competency to support a well-rounded and effective workforce.

The program consists of critical functions that support the Health Department's HR 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 HR operations areas include Workday (employee enterprise system) implementation, Leave Coordination, ADA Coordination, 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. Additionally, our Employee Relations team offers comprehensive support to managers and employees including team development, employee and supervisor performance management and coaching, and corrective action and discipline. This work also involves partnering with union staff representing AFSCME Local 88, Dentists, Physicians and Psychiatrists, Pharmacists, and Oregon Nurses Association; collective bargaining agreements to resolve grievances; and proactively collaborating on resolving concerns as they arise. 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. 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.

Outcomes include:

- Sustained improvement in average days to hire for active recruitments;
- Sustaining a workforce that reflects the community we serve, with a focus on diversity in recruitment and supporting our clients.
- Elevation of supportive internal services for our managers and staff in regards to operations and Employee Relations by reducing elevation of grievances to step 3 or arbitration by 2027.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	% increase in diversity of workforce	1%	2%	2%	2.5%
Outcome	% increase in diversity of hires through the increased focus on diversity in recruitment strategies	1%	2%	2%	2.5%
Output	Average # of days to fill active recruitments	N/A	90	75	70

Performance Measures Descriptions

Measure 1 helps assess the richness and broad range of employee experiences, perspectives, and talents. Measure 2 helps assess the rate of new richness being added to the organization via new recruitments. The third measure assesses the speed of higher for Health Department recruitments.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$5,828,380	\$473,522	\$5,356,382	\$120,851
Contractual Services	\$19,446	\$0	\$12,060	\$0
Materials & Supplies	\$119,174	\$40,756	\$41,271	\$41,066
Internal Services	\$614,225	\$377,227	\$372,901	\$237,095
Total GF/non-GF	\$6,581,225	\$891,505	\$5,782,614	\$399,012
Program Total:	\$7,472,730		\$6,181,626	
Program FTE	31.88	2.00	27.88	0.00

Program Revenues				
Intergovernmental	\$0	\$891,505	\$0	\$399,012
Total Revenue	\$0	\$891,505	\$0	\$399,012

Explanation of Revenues

\$124,766 - Operations - Public Health Infrastructure
 \$112,639 - Federal Strengthening Public Health Infrastructure & Workforce 93.967
 \$161,607 - State BH Workforce Initiative (BHWI) - Human Resources

Significant Program Changes

Last Year this program was: FY 2025: 40039A Human Resources

Reductions in FY 2026 include 2.00 FTE funded by Other Funds: funding from the Public Health Infrastructure Grant (PHIG) that was in PO 40039 in FY 2025 was repurposed within the Directors Office Division as part of the grant administration process. 4.00 FTE funded by the County General Fund: 1.00 FTE reduction was a position from scaled offer 40039B-FY25 that was not carried forward as a request in FY 2026 due to changing Departmental needs; other three positions reduced were in Learning and Development, which reduces department specific onboarding, education and coaching capabilities.

Operations

The core work of Operations and the goals for community change include Response and Recovery functions, continuity of operations (CoOP), security, and Data Governance and Quality. Operations teams include the following:

- **Data Governance and Quality Management** pursues departmental excellence through the quality and compliance program and promoting adherence to regulations. Through a commitment to continuous improvement, these programs spearhead planning and administrative controls. These programs' collaboration across all Health Department divisions is vital and consistently delivers positive impacts on quality control/quality improvement findings throughout the Health Department's programs.
- **Response and Recovery:** Coordinate and champion Health Department Response & Recovery functions in the event of an emergency, large disease outbreak, severe weather, or other crises/situations that affect normal department operations or demand expanded service models.
- **Continuity of Operations (CoOP)** is essential to the County Health Department's mission to safeguard public health, particularly in the event of loss of staff, systems, and facilities. By ensuring continuity, regulatory compliance, and community trust, this singular role provides significant value and critical contributions with measurable impact.

\$4.7 million

Operations

Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.



8.00 FTE

(full time equivalent)

General Fund

\$4.7M

100.0%

Significant Division Changes

The Health Department Human Resources team moved to the Health Department Director's Office to reflect the structure of other departments and to ensure high level support of HR functions. Additionally, the Learning and Development team will be significantly reduced due to budget reductions. This team is a core function and has responsibility to implement the Workforce Equity Strategic Plan (WESP), improve employee retention, increase staff satisfaction and support accreditation and training. It is anticipated the loss of this resource may slow implementation of key initiatives and may negatively impact employee satisfaction.

The Communications and Marketing team also moved to the Health Department Director's Office. This move reflects the standing of communications as a public/governmental health core competency and aligns it more closely with overall policy, strategy, and equity efforts. Communications is a unique public health competency in Oregon statute. Specialized communications are key to achieving health outcomes as the Health Department is the only health entity responsible for the Health of every single person in the county at every stage of their lives and in every setting they encounter. The shift also better aligns the teams to support internal communications strategies to promote organizational cohesion, an engaged workforce, and a supportive workplace culture.

The Data Governance & Quality team experienced reduced capacity of the Health Data Analytics Team and the loss of the service alignment specialist who formerly led the Service Coordination Portal Engine (SCoPE) program. As a result, the Divisions will be increasingly reliant on data support and decision-making from Divisional staff, the Clinical Support Intelligence (CSI) team, and County IT. The SCoPE program will still exist, but the management and auditing of the service coordination tool will be different.

Table of Division Programs

The following table shows the programs that make up the division's budget, including cash transfers, contingencies, and unappropriated balances. The individual programs for this division follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Operations						
40044A	Health Data and Analytic Team		3,058,082	0	3,058,082	2.00
40044B	Supplemental Data Sets Partnership with DCA	X	400,000	0	400,000	0.00
40046	Health Operations Administration		<u>1,251,203</u>	<u>0</u>	<u>1,251,203</u>	<u>6.00</u>
Total Operations			\$4,709,285	\$0	\$4,709,285	8.00

Department: Health Department

Program Contact: Patch Perryman

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

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.

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 ongoing business intelligence needs. A portion of costs in this program offer is comprised of 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. HDAT is committed to centering equity in policy and practice to ensure protocols do not create or reinforce discrimination or unjust benefits to some people and not others. The team will support the disaggregation of data and advocate for reports and dashboards that allow for a more complete and comprehensive analysis of health, recruiting, hiring, and retention outcomes and help identify operational metrics that evaluate the impacts of department policies and practices. The department initiatives focused on IT prioritization and data governance center activities that advance health equity outcomes.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of reports and/or requests created	420	450	450	460
Outcome	% of repeat customers seeking assistance with data & business intelligence	49%	52%	52%	60%

Performance Measures Descriptions

Measure 1 assesses the productivity of the Health Data Analytics Team (HDAT). Measure 2 assess the quality of these reports as assess by ongoing demand and repeat business intelligence customers across the Department.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,098,910	\$170,970	\$410,514	\$0
Contractual Services	\$315,767	\$0	\$245,559	\$0
Materials & Supplies	\$1,936,526	\$0	\$1,988,892	\$0
Internal Services	\$175,806	\$28,911	\$413,117	\$0
Total GF/non-GF	\$3,527,009	\$199,881	\$3,058,082	\$0
Program Total:	\$3,726,890		\$3,058,082	
Program FTE	6.00	1.00	2.00	0.00

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

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2025: 40044A Health Data and Analytic Team

In FY 2026 the HDAT is reduced significantly by 5.00 FTE (1.00 FTE due to the loss of Supportive Housing Services funds, 4.00 FTE County General Fund reduction).

Department: Health Department **Program Contact:** Kathryn McKelvey
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 78334
Program Characteristics: One-Time-Only Request

Program Description

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.

This program offer funds 1.0 FTE IT Business Systems Analyst Senior and two IT Developer Analyst Senior positions. These roles will focus on Health Department and Integrated Clinical Services (ICS) operational data, reporting automation, and metrics projects. Their work will streamline data analysis, as well as supporting key divisional business goals. Health and ICS Department data analysis is critical for advancing equity and racial justice, revealing disparities in health outcomes, informing targeted interventions and operational decision making. A backlog of prioritized data projects, ranked by criteria including racial equality and public health response, will also be addressed. Examples include:

- Automating Public Health's access to new datasets from OHA, ORPHEUS, CareWare, and morbidity/mortality data for public dashboards.
- Automating ICS access to datasets supporting their Value Based Care and Shared Accountability Model with CCOs and OHA, distinct from CEDARS Project (78330), for clinical, operational, and financial decision-making.
- Completing planned database maintenance and ORPHEUS Re-Architecture for the Health Department.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Health Department prioritized data project requests completed within three months	50%	75%	50%	75%
	Percent of Project Time on these supplemental datasets for these staff members.	50%	55%	55%	55%

Performance Measures Descriptions

Data projects are ranked and prioritized using racial equity and public health response criteria.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
	2025	2025	2026	2026
Program Expenses				
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: FY 2025: 40044B Supplemental Data Sets Partnership with DCA

This program funds internal services expenses that fund services in Department of County Assets program offer 78334 Health - Supplemental Datasets for Analytics and Reporting. This is the fourth year of funding for this program.

Department: Health Department

Program Contact: Valdez Bravo

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

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.

The Deputy Director of Operations serves as the coordinator and executive champion of Health Department Response & Recovery functions in the event of an emergency, severe weather, or other crises/situations that affect normal department operations. In support of this role is a Response & Recovery Project Manager and a Continuity of Operations (CoOP) coordinator. The CoOP Coordinator position is essential to the Health Department's mission to safeguard public health, particularly in the event of loss of staff, systems, and facilities. By ensuring continuity, regulatory compliance, and community trust, this singular role provides significant value and critical contributions with measurable impact.

This program offer includes the Data Governance & Quality (DGQ) unit and Communications and Marketing. DGQ, which includes a DGQ manager; a nurse policy consultant; a privacy and public records manager, and the service alignment coordinator, oversees data governance and quality management issues at the department level.

Ongoing internal outputs:

CoOP monthly meetings and program planning; ongoing web updates and content audits

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of Health Department programs with an active CoOP plan	20	25	25	26
Outcome	# of department-wide CoOP exercises	1	1	1	1
Outcome	Continuity Capability Score	3.40	6.05	6.05	6.30

Performance Measures Descriptions

Measure 1 assesses the Health Department's readiness of the number of programs ready to react to emergency event response by having an active Continuity of Operations (CoOP) plan. Measure 2 assess the Health Department's readiness of being compliant with our goal to have an annual Department-wide CoOP exercise. Measure 3 assess the Health Department's CoOP readiness.

Legal / Contractual Obligation

n/a

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,191,688	\$0	\$1,251,203	\$0
Total GF/non-GF	\$1,191,688	\$0	\$1,251,203	\$0
Program Total:	\$1,191,688		\$1,251,203	
Program FTE	6.00	0.00	6.00	0.00

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

Explanation of Revenues**Significant Program Changes**

Last Year this program was: FY 2025: 40046 Health Operations Administration

The Communications & Marketing Team is moving from 40046 - Health Operations Administration to the Director's Office. This move reflects communications' standing as a public/governmental health core competency and aligns it more closely with overall policy, strategy, and equity efforts. It also better aligns the team to support internal communications strategies to promote organizational cohesion, an engaged workforce, and a supportive workplace culture.

Financial and Business Management

The Financial and Business Management (FBM) Division provides the infrastructure necessary for the Health Department to manage the County’s largest and most complex financial operation. The Financial and Business Management Division helps the department achieve its mission by providing accounting, financial reporting, budget development and monitoring, compliance, medical billing, procurement and contract services. To effectively manage these vital services, teams collaborate with community based organizations and other vendors, the Department of County Management, County’s Budget and Central Finance Offices, the County Attorney, the Department of County Assets and the Workplace Security Program. The Division processed over 16,000 invoices, over 1,100 contract actions, and over 250,000 medical claims totaling over \$75 million in revenue during FY 2024.

The Division is committed to centering equity in policy and practice in service to the Health Department’s value of racial equity and its mission to eliminate health inequities and achieve optimal health for all. To achieve this, Financial and Business Management prioritizes hiring and retaining diverse staff in support of the County’s Workforce Equity Strategic Plan (WESP). This Division has one of the most diverse staff, with 64% of employees identifying as Black, Indigenous, and People of Color or more than one race. The Division continues to break down internal and external structures (i.e., administrative, financial, and contracting policies and procedures) that contribute to inequities, and ultimately unjust health outcomes.

\$15.2 million

**Financial and Business
Management**

Total Adopted Budget

Including cash transfers, contingencies, and
unappropriated balances.



57.00 FTE

(full time equivalent)

General Fund

\$15.2M

100.0%

Significant Division Changes

The Financial and Business Management Division maintained core operations and strengthened collaborations with Division partners by improving communications and offering multiple trainings on fiscal processes and best practices, despite staff transitions in critical positions.

In response to the General Fund shortfall, the Division reduced personnel by 9.00 FTE in the areas of contract and financial management. It will continue the critical functions required to manage the \$531 million Health Department operation, but these deep cuts, in addition to the ever increasing complexities of the financial portfolio, may impact timely processing of vendor payments, contract execution, and accounts receivable processing.

Table of Division Programs

The following table shows the programs that make up the division's budget, including cash transfers, contingencies, and unappropriated balances. The individual programs for this division follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Financial and Business Management						
40040	Financial and Business Management Services		10,357,645	0	10,357,645	33.00
40041	Medical Accounts Receivable		2,257,735	0	2,257,735	12.00
40042	Contracts & Procurement		<u>2,604,323</u>	<u>0</u>	<u>2,604,323</u>	<u>12.00</u>
Total Financial and Business Management			\$15,219,703	\$0	\$15,219,703	57.00

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

Program Description

This program offer supports the essential financial and business management services of the Health Department. Services include 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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of Invoices Processed	16,177	14,000	17,000	14,000
Outcome	Yearly average % of all cash receipts recorded in the month in which they were received	98%	95%	98%	100%
Quality	Number of audit findings in County's annual financial audit	No Findings	No Findings	No Findings	No Findings

Performance Measures Descriptions

Measure 1 - lower for FY 2026 assuming fewer contracts. Measure 2 - '# of invoices processed' measures output for the accounts payable unit. Measure 3 - '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. 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$6,632,145	\$0	\$6,253,175	\$0
Contractual Services	\$62,361	\$0	\$34,186	\$0
Materials & Supplies	\$411,229	\$0	\$106,556	\$0
Internal Services	\$3,955,940	\$0	\$3,963,728	\$0
Total GF/non-GF	\$11,061,675	\$0	\$10,357,645	\$0
Program Total:	\$11,061,675		\$10,357,645	
Program FTE	37.00	0.00	33.00	0.00

Program Revenues				
Other / Miscellaneous	\$22,091,393	\$0	\$20,306,624	\$0
Total Revenue	\$22,091,393	\$0	\$20,306,624	\$0

Explanation of Revenues

Department Indirect: \$20,306,624

Significant Program Changes

Last Year this program was: FY 2025: 40040 Financial and Business Management Services

FBM was reduced by 4.00 FTE due to budget constraints from FY 2025 to FY 2026. This reduction results in the team doing critical work with significantly reduced resources. Reduction in investment in these critical financial administrative staffing resources further increases the risk of delayed revenue recognition, delayed payments to vendors, and increased contract and procurement timelines, reduced financial reporting accuracy, and increased risk of audit findings. This program was adjusted by Board Amendments 17 & 31 to reduce 1.00 FTE.

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

Program Description

The Medical Accounts Receivable Team is responsible for billing and collecting over \$80 million in annual revenue for the Health Department. The program manages billing, collections, cash handling and reconciliation for Multnomah County's Primary Care, Dental, School Health centers and Public Health clinics, as well as ancillary services (lab and pharmacy), community-based care (Parent Child Family Health) and behavioral health. The program processes and reconciles claims for more than 200 insurance carriers, including Health Share of Oregon CCO and other Medicaid plans, in addition to Medicare, and various commercial medical and dental plans. Additionally, the program facilitates Medicaid and Medicare enrollment for providers and clinics ensuring continued access to care for the communities we serve.

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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of encounters (processed for payment)	236,060	210,000	236,000	259,000
Outcome	Percent of receivables over 90-days (excludes self-pay)	16%	33%	25%	33%
Quality	Average days in Accounts Receivable (excludes self-pay)	21	32	26	32

Performance Measures Descriptions

The number of encounters demonstrates the volume of work. Percent of receivables older than 90 days – is the % of account receivables that has been unpaid for more than 90 days (excluding self-pay balances). This metric measures the timely submission and efficient collection of payments on older accumulating balances. A lower rate is financially healthy. The Average Days in Accounts Receivable (excluding self-pay balances) measures the average number of days it takes to collect payments after a service is provided. This metric assesses operational efficiency.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,834,752	\$0	\$1,890,990	\$0
Materials & Supplies	\$110,722	\$0	\$113,694	\$0
Internal Services	\$269,479	\$0	\$253,051	\$0
Total GF/non-GF	\$2,214,953	\$0	\$2,257,735	\$0
Program Total:	\$2,214,953		\$2,257,735	
Program FTE	12.00	0.00	12.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 40041 Medical Accounts Receivable

In FY 2025, The Medical Billing team collaborated with the Behavioral Health and CSI teams and provided technical and billing expertise, supporting the transition of Behavioral Health billing from Evolv to EPIC resolute. This move will position Behavioral Health to maximize revenue through improved denial management, expanded payor billing capabilities, stronger clinical documentation and advanced data analytics.

The program also partnered with Public Health and CSI to transition the Parent Child Family Health program to electronic charting in EPIC, streamlining billing. Lastly, the ICS division withdrew from the Reproductive Health program on 12/31/24, requiring EPIC builds adjustments. Patients will continue to receive services through ICS or other clinics.

Department: Health Department

Program Contact: Jammel Rose

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs: 40040

Program Characteristics:
Program Description

Health Department Contracts and Procurement prepares and processes all contracts, intergovernmental and professional service agreements for the HD. The program also provides purchasing support for a wide array of products, goods and services. This program processes more than 1100 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 that reduce the spread and severity of disease.

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 inequities. 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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of Action Request Forms Submitted	1,123	1,200	1,200	1,200
Quality	Contract Cycle Time Report (days)	55.31	65	60	65
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 and includes the average time it takes from when the contract shell is created to contract execution. "MMP Item Purchasing" is a monetary measure of program goods requests. The industry standard for complex contracts that require legal review and or negotiation is 90-120 Days, The County standard is 60-90 Days.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$2,567,866	\$0	\$2,222,913	\$0
Internal Services	\$448,150	\$0	\$381,410	\$0
Total GF/non-GF	\$3,016,016	\$0	\$2,604,323	\$0
Program Total:	\$3,016,016		\$2,604,323	
Program FTE	15.00	0.00	12.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 40042 Contracts & Procurement

The Contracts and Procurement team has improved its contracting process with an equity-focused approach, ensuring fairness and addressing biases. This has resulted in high-quality products and services, and an increase in complex contracts requiring collaboration with Risk Management, Fiscal Compliance, and the County Attorney's Office. The team processed over 1,100 action requests this fiscal year, including complex procurement and contract requests. The HD uniquely uses the 'Item not Found Form' for specialized orders outside the Multnomah Marketplace. These requests require purchasing professionals to find alternative suppliers. The total number of these transactions increased from 1,400 to over 1,550 from FY 2025. This program reduced 3.00 Contract Specialist Seniors in FY 2026

Health Officer

The Health Officer Division includes the regional Health Officer, Medical Examiner's Office, Ambulance Services Emergency Medical Services (EMS), and Regional Health Systems Emergency Preparedness and Response programs. These programs provide vital services 24 hours per day, 7 days per week, 365 days per year.

The regional **Health Officer program** provides statutorily-required public health physician consultation, technical direction, and leadership to support public health response activities across the Portland metro tri-county region. Through a combination of EMS franchise fees and County General Fund, the regional Multnomah County Health Officer supervises the other health officers in the region and serves as the physician link to health systems and underserved communities.

The **Medical Examiner's Office** operates 24/7/365 providing death investigations to determine the cause and manner for approximately 1 in 3 deaths in Multnomah County. Investigations are required by statute for deaths including homicides, suicides, overdoses, and accidental deaths.

The **EMS program** includes the EMS Medical Director and EMS Administration which includes the Tri-County 911 (TC911) social worker intensive case management program for high utilizers of 911 and emergency departments. EMS services are almost exclusively funded by franchise fees paid by a contractor, with TC911 drawing all of its funding from a Health Share Oregon grant in FY 2026.

The **Regional Health Systems Emergency Preparedness and Response program** is funded by federal grants passed through the State. The program works to improve response readiness by maintaining emergency plans, operations, and public health response capabilities. The staff of this program are also responsible for management of the Medical Reserve Corps volunteer program. The Medical Reserve Corps organizes local volunteers who hold appropriate medical licenses/certifications to donate their time and expertise to prepare for and respond to emergencies and support ongoing preparedness initiatives.

The Health Officer Division's programs are critical to the County's public health emergency response. Our functions support the entire public health system to respond to all types of crises, including surges of

\$9.8 million

Health Officer

Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.



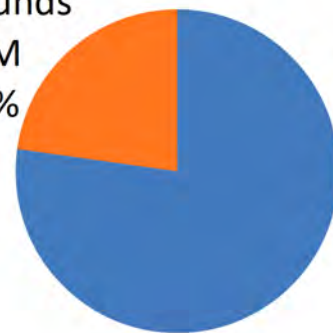
35.33 FTE

(full time equivalent)

Other Funds

\$2.2M

22.8%



General Fund

\$7.6M

77.2%

communicable diseases, new threats such as mpox, H5N1 bird flu, and the current epidemic levels of substance use disorder and fatal fentanyl overdoses.

The Health Officer also plays a critical role in the Health Department-wide Overdose Prevention & Response Plan in the Health Department Director's Office, efforts and added capacity to support tracking the plan's implementation, convening community partners, and implementing data modernization strategies.

Division Outcomes

- Medical coordination for communicable disease infections through the tri-county region will be increased and more consistent through coordinated response, consistent messaging, and collaboration across health systems in Clackamas, Multnomah, and Washington Counties.
- Relying on the current level of medicolegal death investigators, high quality death investigations will be maintained at the highest quality possible regardless of the volume of decedents in the County.
- People in Multnomah County can expect timely and maintained ambulance response times that are monitored regularly and published on public facing dashboards.
- People in Multnomah County will receive the benefit of continued emergency response preparedness through a maintained Public Health Emergency Preparedness plan that is compliant with Oregon Health Authority.

Significant Division Changes

The Health Officer division budget includes funding for an early reassessment and possible revision of the Ambulance Service Plan (40004B), which by statute details how the contract specifics should be operationalized (e.g., staffing ratios on ambulances).

Table of Division Programs

The following table shows the programs that make up the division's budget, including cash transfers, contingencies, and unappropriated balances. The individual programs for this division follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Health Officer						
40002	Tri-County Health Officer		844,174	435,800	1,279,974	1.94
40004A	Ambulance Services (Emergency Medical Services)		3,024,369	1,454,322	4,478,691	14.00
40004B	Ambulance Service Plan Continuation	X	400,000	0	400,000	1.00
40005	Public Health & Regional Health Systems Emergency Preparedness		50,796	354,321	405,117	1.39
40052	Medical Examiner		<u>3,283,945</u>	<u>0</u>	<u>3,283,945</u>	<u>17.00</u>
Total Health Officer			\$7,603,284	\$2,244,443	\$9,847,727	35.33

Department: Health Department

Program Contact: Richard Bruno

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

The Multnomah County Health Officer is the lead Health Officer and supervises a Multnomah County Deputy Health Officer and the Washington County Health Officer, and several on-call Deputy Health Officers. They work under the authority of the Local Public Health Administrator for the Local Public Health Authority. The program has agreements with Washington County and Clackamas County for the coordination of Health Officer activities across County borders, and use of the Tri-County Health Officer title when representing that cross jurisdictional coordinated work. The Health Officers provide physician authorization and clinical oversight for the full scope of Communicable Disease Services, including medical direction for the Sexually Transmitted Disease Clinic, Harm Reduction Clinic, tuberculosis program, Environmental Health Food Service programs, and are a key physician subject matter expert spokespeople for the County. They close gaps in services, recent examples include H5N1 highly pathogenic avian influenza testing and prophylaxis, expanding naloxone availability, and rapid HIV testing. The Health Officers work alongside health department/county programs, leadership and community to assure resources are focused on addressing preventable deaths and disease in communities that experience the most protracted impact. They also offer a valuable perspective in the realm of local and state health policy that is prevention-focused and equity-based.

As a “physician ambassador” for the health department, the Health Officers play a key role—in coordination with the Health Department Director and Public Health Division Director—with media and regional communications about major public health concerns or initiatives. The health officer team convenes interest holders in areas of EMS (recently as part of the Ambulance Service Plan reassessment), opioid prevention & response (hosting the biannual Fentanyl Summit), regional respiratory pathogen coordination (monthly Health Systems calls with infectious disease and infection prevention & control staff), and emergency preparedness (annual Medical Reserve Corps conference).

Broadly speaking, the Health Officers (1) participate in enforcement of public health laws; (2) supervise select public health programs; (3) work with department staff, other county agencies, and community partners to manage critical public health problems; and (4) participate in department leadership team.

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.

The program supports Multnomah County Health Department's goals by providing effective and accountable local public health practice leadership and medical direction that results in quality clinical and health promotion programs. The health officer program staff provides leadership on chronic disease prevention programs, addresses issues of communicable disease control, leads the regional opiate safety coalition, leads the regional response to Emergency Department and Emergency Medical System overload that occurs nearly every winter, provides technical support for board presentations on Emergency Medical Systems and other topics.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Contract deliverables are met by the end of fiscal year.	90%	90%	90%	90%
Outcome	County interest holders express satisfaction in program delivery and results	N/A	100%	100%	100%

Performance Measures Descriptions

The Tri-County Health Officer team is made up of health officers from Clackamas, Washington, and Multnomah Counties, and is aligned by the contracts held between each county. Those contract deliverables will be met by the end of FY26, resulting in satisfaction among county interest holders. Multnomah County will implement a survey of participants and planners of regional calls to measure satisfaction, with a goal of an average of 4 out of 5 points on a Likert scale.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$724,371	\$345,737	\$685,278	\$367,818
Materials & Supplies	\$48,446	\$10,308	\$49,754	\$10,308
Internal Services	\$103,139	\$51,499	\$109,142	\$57,674
Total GF/non-GF	\$875,956	\$407,544	\$844,174	\$435,800
Program Total:	\$1,283,500		\$1,279,974	
Program FTE	1.07	0.87	1.07	0.87

Program Revenues				
Intergovernmental	\$0	\$407,544	\$0	\$435,800
Total Revenue	\$0	\$407,544	\$0	\$435,800

Explanation of Revenues

This program generates \$57,674 in indirect revenues.

Washington county meets their ORS 431.418 requirements for health officer services through intergovernmental agreement (IGA) with Multnomah County that they pay our actual expenses for those services. The Multnomah County Health Officer, and Deputy Health Officer are funded by Multnomah County general funds.

\$435,800 - Tri-County Health Officer Washington County

Significant Program Changes

Last Year this program was: FY 2025: 40002 Tri-County Health Officer

Department: Health Department

Program Contact: Aaron Monnig

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

The Multnomah County Emergency Medical Services (MCEMS) Program includes all of the functions related to the regulation, coordination, operational and clinical oversight required of a County by ORS 682.062, OAR 333-260, County Ordinance 1238, and County Code 21.400. The program carries out the enforcement of County Code 21.400 and implementation of the County's Ambulance Service Plan Ordinance 1238.

The Program inspects and licenses all ambulances doing business in the County. This includes inspections and for cause investigations related to the care and services performed by Ambulance agencies and EMS Providers. The County EMS Medical Director provides Medical Direction to all EMS Providers in the County. The Program administers contracts related to components of the Ambulance Service Plan including: administration of the contract for on-line medical control with OHSU, providing medical consultation to EMS Providers and managing patient distribution when the system's hospitals are stressed, and during multicasualty emergencies and disaster; two contracts that provide general fiscal support of 911 medical first response in the areas of the County without fire department coverage. The EMS Program also operates a number of Quality Assurance groups to perform these functions. Program staff work with a number of entities who provide the EMS system services: the City of Portland Bureaus of Emergency Communications (BOEC) who is the Primary Public Safety Answering Point for the geographic County, and serves as a consolidated communications center that triages, and dispatches all resources to all 911 requests; the Port of Portland as the Secondary Public Safety Answer Point; Portland Fire and Rescue; Gresham Fire Department; Port of Portland Fire; Corbett Fire; Sauvie Island Fire; Scappoose; and Cascade Locks. All of these agencies provide 911 medical first response as well as other services as jurisdictional partners. There is close coordination with the bordering Counties who have similar functions and services.

The County receives 911 ambulance response services through an exclusive contract, which was awarded through a Competitive RFP process. The County operates a non-subsidized EMS system meaning the costs for the services and system are paid for through fees for services. The contracted ambulance provider pays franchise fees equal to the County's cost of performing the functions of administration and system coordination, administrative oversight, medical direction, and training expenses, as listed above. In addition to these statutorily required services, MCEMS has a program to work with frequent utilizers of the system to provide short term intensive case management and, when appropriate, connect these frequent 911 medical utilizers with more appropriate service through the Tri-County 911 Service Coordination Program (TC911). This is a codified service included in the Ambulance Service Plan Ordinance 1238 and provided through a contract with Health Share. Licensed clinicians help connect people to medical, behavioral health, housing, long term care, and other services.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Outcome	Perform Ambulance License inspections within 30 days	100%	100%	100%	100%
Efficiency	Respond to and open for cause investigations with 72 hours of initial complaint.	N/A	N/A	100%	100%
Output	Post Ambulance contract response time compliance within 48 hours of the monthly compliance final closing.	N/A	N/A	N/A	100%

Performance Measures Descriptions

For #3, response time contract compliance has a series of appeals, and following the final finding, the final compliance will be posted to a publicly available dashboard.

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 ordinance 1238, and County Code 21.400-21.433; County rules, medical policies, procedures, protocols, the exclusive ambulance franchise agreement with ambulance contractor, contracts with OHSU, and intergovernmental agreements with local fire and rescue jurisdictions.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,769,757	\$1,007,665	\$2,234,513	\$1,094,233
Contractual Services	\$545,858	\$18,700	\$481,401	\$29,643
Materials & Supplies	\$77,458	\$6,277	\$101,715	\$6,433
Internal Services	\$197,337	\$321,853	\$206,740	\$324,013
Total GF/non-GF	\$2,590,410	\$1,354,495	\$3,024,369	\$1,454,322
Program Total:	\$3,944,905		\$4,478,691	
Program FTE	7.87	5.93	7.87	6.13

Program Revenues				
Fees, Permits & Charges	\$2,368,865	\$0	\$3,029,606	\$0
Other / Miscellaneous	\$0	\$1,354,495	\$0	\$1,454,322
Total Revenue	\$2,368,865	\$1,354,495	\$3,029,606	\$1,454,322

Explanation of Revenues

This program generates \$168,721 in indirect revenues.

Lic. fees, the ambulance franchise fee, and first responder medical direction contracts and ambulance medical direction 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 difference. The County's exclusive ambulance services contract and MCC 21.400 provide authority for MCEMS to levy fines for substandard performance. Fines collected pay for EMS system enhancements. The County pays two fire first response agencies in eastern Multnomah County 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, 2027 to serve Medicaid members.

TC 911 HealthShare Grant - GY04 - \$1,454,322

Medical Svcs, Fees, Medical Supervision, Training(50220 - License & Fees) \$3,029,606

Significant Program Changes

Last Year this program was: FY 2025: 40004 Ambulance Services (Emergency Medical Services)

County General Funds for TC911 Program are reduced by \$116,995 for FY 2026. This reduces TC911 to Health Share contract funding and will result in only Health Share clients being served. EMS Administration is continuing to address Ambulance provider performance deficiencies with increased work associated with the Settlement agreement signed in FY 2025. Increase EMS Medical Supervision change of one on call Associate EMS Medical Director to a Permanent 0.50 FTE EMS Medical Director to account for credentialing and contract quality assurance and improvement workload. EMS Data Analysis from a 0.80 FTE to 1.00 FTE. Changes in FTE are funded by ambulance franchise fees, and medical direction fees paid for those services.

Program #40004B - Ambulance Service Plan Continuation
FY 2026 Adopted

Department: Health Department **Program Contact:** Aaron Monnig
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 40004
Program Characteristics: One-Time-Only Request

Program Description

State statute (ORS 682.062) directs counties to develop Ambulance Service Plans for all areas within their jurisdictional borders. An Ambulance Service Plan (ASP) specifies how the key features of the emergency medical services (EMS) system are structured within the county. Multnomah County is statutorily obligated to assess the County's ASP and, when significant changes occur, to revise the plan. This process of assessment, reviewing recommendations, and ultimately making revisions to the County ASP would result in a procurement for the services described in the plan.

Last reviewed and adopted in 2016, Multnomah County's ASP establishes that the County will have one contracted emergency ambulance service provider. In recent years, persistent issues with contract compliance, changes in the EMS landscape, and emerging proposals to alter fundamental elements of the County's ASP have given rise to a need to reassess our ASP.

In 2024, the County EMS Program recommended and began a comprehensive ASP assessment. This work requires both internal Health Department staff capacity, as well as an external consultant contractor with subject matter expertise in EMS systems. The assessment involves an in-depth review and recommendations by the external industry consultant, including stakeholder engagement with current jurisdictional partners, response agencies, healthcare partners, and existing ambulance service providers. This process is anticipated to result in policy recommendations delivered in early FY26 that will inform potential changes to current EMS system components. If revisions to the ASP are recommended, additional funding will be required in subsequent years to implement those changes.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	External consultant's written report on and recommendations for EMS service models	0	0	0	1
Outcome	Recommendations for maintaining, updating, editing, or revising the Multnomah County Ambulance Service Plan	0	0	0	1

Performance Measures Descriptions

The external consultant's report referenced in Measure 1 will be based on assessment, cost-benefit analysis, and feasibility assessment.

Legal / Contractual Obligation

ORS 682 requires counties to create ambulance service plans that meet the requirements of OAR 333-160. A contract with an external industry consultant was executed in 2024. Work includes all aspects of evaluation, recommendations, and assisting with implementation.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$0	\$192,000	\$0
Contractual Services	\$0	\$0	\$208,000	\$0
Total GF/non-GF	\$0	\$0	\$400,000	\$0
Program Total:	\$0		\$400,000	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 40004B Ambulance Service Plan

Based on work completed in FY 2025, and the contract with the external consulting firm, the expenses for the work in FY 2026 will cost less than the work completed in FY 2025.

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

Program Offer Type: Operating **Program Offer Stage:** Adopted

Related Programs:

Program Characteristics:

Program Description

Equitably responding to emergencies with severe health impacts such as natural disasters, severe epidemics/pandemics, terrorist attacks, and other incidents 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 specifically the ESF-8 Annex;
- 2) Training 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 and make informed decisions on culturally and linguistically appropriate responses for impacted communities).

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's staff member works 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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Public Health leadership and program representation in emergency activations and exercises 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
Outcome	Coordinate at least one Push Partner Registry call down exercise or activation notification	1	1	1	1

Performance Measures Descriptions

Legal / Contractual Obligation

County responsibilities for emergency preparedness and response (ORS 401, 431, 433) empower the Health Department to plan, coordinate, and operationally lead in matters related to preserving the life and health of the people within the County. Intergovernmental agreements with the Oregon Health Authority specifies requirements for two grants: the Public Health Emergency Preparedness Grant and the Cities Readiness Initiative Grant.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$24,649	\$274,412	\$24,593	\$301,539
Materials & Supplies	\$15,033	\$523	\$0	\$8
Internal Services	\$23,107	\$43,779	\$26,203	\$52,774
Total GF/non-GF	\$62,789	\$318,714	\$50,796	\$354,321
Program Total:	\$381,503		\$405,117	
Program FTE	0.08	1.31	0.08	1.31

Program Revenues				
Intergovernmental	\$0	\$318,714	\$0	\$354,321
Total Revenue	\$0	\$318,714	\$0	\$354,321

Explanation of Revenues

This program generates \$47,280 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 Health Authority.

Federal: PE-12 grant - Public Health Emergency Preparedness and Response (PHEPR) \$301,097

Federal: CRI grant - OHA Cities Readiness Initiative (CRI) \$53,224

Significant Program Changes

Last Year this program was: FY 2025: 40005 Public Health & Regional Health Systems Emergency Preparedness

Department: Health Department

Program Contact: Richard Bruno

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

The County is required to perform death investigations, and those services are housed within the Health Department. The State Medical Examiner's Office (SMEO) is the lead agency for death investigations in Oregon operating within the Oregon State Police. The County Medical Examiner's Office (MEO) is involved in all deaths in the county, 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 Medical Examiner (ME) are sudden and unexpected, the MEO is in a unique position to identify unusual and emerging causes of death and injury, and to contribute to preventive public health interventions. While the SMEO is part of the Oregon State Police in a legally focused investigative position, the County MEO is housed within the Health Department. This remains a close connection between public health, public safety and fatalities, and identification of the leading causes of death and prevention efforts.

ME staff work directly with community/family members to investigate deaths that fall under County jurisdiction to provide support and crucial information regarding the cause and manner of death. The MEO 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 all impacted communities. Frequently, these are underserved, underrepresented people that do not have direct connections to formal healthcare and those facing mental health crisis and addiction, as those individuals that die while under medical care are not typically investigated by the MEO. Investigations conducted by the MEO provide critical data trends that shape the Department's work in addressing health inequities in preventable causes of death. This provides information to inform and shape programs for those experiencing chronic medical illnesses, homelessness, addiction, mental health crisis, weather impacts like extreme heat and cold, gun violence, and traffic fatalities, among some of the more notably preventable causes of death.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	External examinations performed by County	450	400	400	500
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	66	85	85	80
Outcome	The number of in-person scene responses with a death investigator on scene	1,370	1,650	1,800	1,650

Performance Measures Descriptions

Measure 1: Number of on-scene medicolegal death examinations performed by Multnomah County. 2: Percentage of calls in which the Deputy Medical Examiner arrives on-scene within one hour. Measure 3: Number of investigations in which the death investigator is on-scene.

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 that limits the County's authority over operations, procedures, and technical functions.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$2,541,019	\$0	\$2,816,822	\$0
Contractual Services	\$118,526	\$0	\$94,627	\$0
Materials & Supplies	\$23,169	\$0	\$22,994	\$0
Internal Services	\$355,815	\$0	\$349,502	\$0
Total GF/non-GF	\$3,038,529	\$0	\$3,283,945	\$0
Program Total:	\$3,038,529		\$3,283,945	
Program FTE	17.00	0.00	17.00	0.00

Program Revenues				
Fees, Permits & Charges	\$0	\$0	\$0	\$0
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 40052 Medical Examiner

Significant changes are related to a fully realized increase in work load and decreased capacity. The Medical Examiners Office (MEO) has continued to have an increased volume of required scene death investigations. In FY 2025, there was an increased budget for 2.00 FTE of Mediolegal Death Investigators to account for both an expected continued increase in volume and a newly increased workload resulting from the State's shift of full death investigations from their responsibility to the County's, which was fully realized in FY 2025. Over the course of FY 2025, the impacts of higher volume and greater workload continued, and as a result, the County saw an increase in response times to arrive on-scene at death investigations. Additionally there was an increase in staffing leaves of absence, partially driven by the increased expectations and workload, further adding to the gap between demand and resources.

Public Health

The Health Department's Public Health Division (PHD) implements the unique governmental statutory responsibilities under Multnomah County's Local Public Health Authority. The Public Health Division protects the health of the public by investigating and responding to disease outbreaks, climate events, and other emergencies; partners with diverse communities to tailor community-specific responses to health inequities; addresses the leading causes of preventable death; and promotes health across the lifespan.

The division leads with race and works in partnership with the community across the following program areas:

- **Communicable Disease Services** prevents the spread of reportable contagious diseases through epidemiology, disease investigation, and case management for sexually transmitted infections (STIs), tuberculosis, H5N1, measles and other infectious diseases.
- **Community Epidemiology Services** collects and evaluates public health data to improve programs, inform community planning and support policy development.
- **Environmental Health Services** protects the safety of residents by inspecting licensed facilities, including restaurants; controlling disease vectors; and addressing lead poisoning, air and water quality, climate change, and neighborhood/transportation design.
- **HIV/STI Prevention and Harm Reduction** program provides culturally and community-specific clinical services for screening, testing, harm reduction and treatment services through community-based services, the STI clinic and through mobile outreach efforts; and administers state and federal funding for HIV services through community-based sub-contracts, program evaluation, and facilitation of the HIV Services Planning Council.
- **Parent, Child, and Family Health** improves the health of families and children by providing limited home visiting services, helping families navigate complicated healthcare systems, and providing support to pregnant Black and African American people through Healthy Birth Initiatives (HBI).
- **Prevention & Health Promotion** reduces the leading causes of preventable death by improving population health through partnerships, technical assistance, policy, and environmental strategies in Multnomah County. Initiatives focus on chronic disease and violence prevention, including promoting immunizations and monitoring Oregon's school exclusion law, enforcing tobacco regulations and

\$75.1 million

Public Health

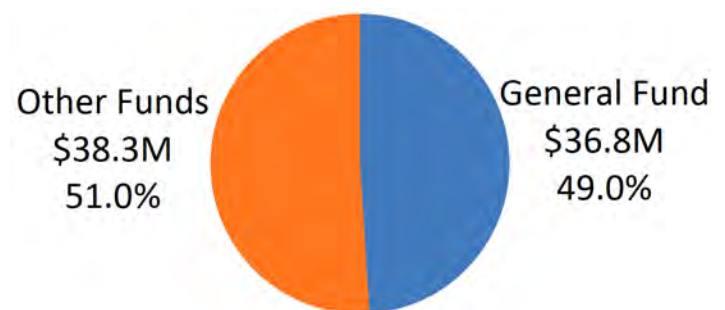
Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.



270.47 FTE

(full time equivalent)



preventing tobacco and substance use among youth, and contributing to the implementation of the Health Department's Overdose Prevention and Response Plan.

- **Women, Infants, and Children (WIC)** increases access to nutritious foods and improves health outcomes for families with children five years of age and younger.

Division Outcomes

- All Multnomah County residents will experience lower personal and community risk of infectious diseases, acute conditions, climate events, and other public health emergencies through a culturally responsive public health system that can respond quickly, assure treatment is available, and prevent or mitigate emerging threats.
- People who spend time in Multnomah County restaurants, retail establishments, schools, parks and homes will have lower likelihood of exposure to health hazards and infectious disease through inspections of licensed facilities, and alignment with best practices for disease prevention.
- Multnomah County communities will experience reduced inequities in health outcomes through access to culturally and linguistically responsive programming, collaborations, specialized communications, and best practice strategies.
- Multnomah County families will experience better health outcomes through policy, healthy neighborhoods, and support services to ensure the availability and accessibility of healthy foods, prenatal services, lactation support, and early childhood health education.

Significant Division Changes

This budget year will see significant changes in the Public Health Division. As a result of federal and state grant reductions, and a reduction in county general fund, PHD will no longer support and provide the following:

- Immunization services (vaccinations) for youth and adults;
- Home visiting services through Nurse Family Partnership;
- Adolescent health curriculum training and technical assistance for school districts; and
- Technical Assistance, education and communication to support compliance with the City of Portland's Gas Powered Leaf Blower ordinance.

Additionally, significant federal and state grant reductions will reduce the number of days the STI clinic will be open from 5 to 4. As a result the STI clinic will serve 300 fewer clients in FY 2026 than in FY 2025. The Board backfilled \$328,756 to partially restore STI clinic capacity with one-time-only funds (40010D).

Organizational shifts

Funds for disease investigation shifted from 40010B STI Clinical and Community Services to 40010A Communicable Disease Prevention and Control to balance management workload. This resulted in all PHD clinical services being in one program area (HIV/STI clinic/Harm Reduction), and all disease investigation services being in a different program area (communicable disease, TB and STI).

The Community Partnerships and Capacity Building team will move to the Health Department Directors Office, Office of Health Equity and Community Health. This will foster a one-department approach to equity and more seamless departmental engagement of staff, external partners, and communities. This team will continue to work closely with Public Health Division programs.

Table of Division Programs

The following table shows the programs that make up the division's budget, including cash transfers, contingencies, and unappropriated balances. The individual programs for this division follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Public Health						
40006	Tobacco Prevention and Control		987,842	704,516	1,692,358	7.05
40007	Health Inspections and Education		7,817,139	37,992	7,855,131	38.25
40008	Vector-Borne Disease Prevention and Code Enforcement		2,274,282	0	2,274,282	9.80
40009	Vital Records		151,390	996,000	1,147,390	5.32
40010A	Communicable Disease Prevention and Control		2,855,547	3,568,845	6,424,392	25.72
40010B	STI Clinical and Community Services		1,931,251	1,461,217	3,392,468	8.80
40010C	Communicable Disease Community Immunization Program		162,236	200,323	362,559	2.00
40010D	Restore STI Clinic Capacity	X	328,756	0	328,756	2.00
40011	Services for Persons Living with HIV - Regional Education and Outreach		143,674	6,379,650	6,523,324	6.25
40018	Women, Infants, and Children (WIC)		3,539,608	5,300,147	8,839,755	46.70
40037	Environmental Health Community Programs		1,034,816	2,395,919	3,430,735	13.58
40048	Community Epidemiology		1,620,990	2,084,784	3,705,774	12.39
40053	Racial and Ethnic Approaches to Community Health		962,695	1,412,260	2,374,955	8.26
40055	Home and Community Based Consulting		99,429	519,900	619,329	2.80
40056	Healthy Families		889,353	4,312,118	5,201,471	6.00
40058	Healthy Birth Initiative		2,046,209	3,341,918	5,388,127	17.70
40060	Community & Adolescent Health		1,869,782	786,775	2,656,557	11.34
40061	Harm Reduction		3,062,385	2,361,252	5,423,637	17.33
40096	Public Health Office of the Director		3,444,521	2,168,774	5,613,295	23.18
40097	Parent, Child, and Family Health Management		<u>1,559,993</u>	<u>242,767</u>	<u>1,802,760</u>	<u>6.00</u>
	Total Public Health		\$36,781,898	\$38,275,157	\$75,057,055	270.47

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Department: Health Department **Program Contact:** Charlene McGee
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 40053, 40060
Program Characteristics:

Program Description

ISSUE: Tobacco use is the single most preventable cause of disease, disability, and death in Multnomah County and across the nation. Although cigarette smoking has declined overall in Multnomah County, some groups defined by race, ethnicity, educational level, and socioeconomic status have higher rates of cigarette and other tobacco/nicotine use.

Research shows that these differences are preventable and due to systemic or societal causes, making them health disparities, and that addressing them will benefit the entire population. 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.

PROGRAM GOAL: The Program's goal is to prevent and reduce tobacco and nicotine use and exposure for all people in Multnomah County, with particular attention to reducing tobacco-related racial/ethnic and other disparities.

PROGRAM ACTIVITY: Short-term goals include preventing new and continued use of tobacco products disproportionately and specifically marketed to communities with the highest rates of use and related adverse health outcomes: youth, American Indians/Alaska Natives, Black/African Americans, and LGBTQI communities. 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 and restricting the sale of menthol and other flavored tobacco and nicotine products. Tobacco retail licensing includes several activities including annual compliance inspections, minimum legal sales age inspections, enforcement inspections, appeals, surveillance, monitoring, training, outreach, and consultation to increase retailer compliance with all laws related to the sale of tobacco and nicotine products.

Utilizing national, state, and county-level data on use and health impacts of tobacco products, programmatic activities are tailored to address racial disparities by creating prevention strategies to reach specific priority populations, ongoing evaluation of tobacco retail regulation, and employing language services to ensure access to all materials and services. Specific priority populations are engaged through partnerships (funded and unfunded) with community-based organizations serving those populations. Annually, the tobacco licensing system is evaluated for any disproportionate enforcement burden to ensure all businesses are treated fairly in policy enforcement.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of tobacco retail licenses issued	632	775	726	750
Outcome	Number of policies established to reduce tobacco use and exposure	1	1	0	1
Output	Number of retailer inspections	828	1,500	1,200	1,500
Output	Number of community partnerships	35	55	35	45

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 among communities, especially those experiencing the highest rates of tobacco use and related adverse health outcomes by race/ethnicity and other demographics

Legal / Contractual Obligation

Tobacco Prevention and Education Grant, funded by the Oregon Public Health Division, OHA. Local Public Health Authority 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$655,637	\$1,066,373	\$779,448	\$359,328
Contractual Services	\$16,333	\$102,752	\$8,776	\$195,404
Materials & Supplies	\$27,774	\$23,429	\$21,052	\$22,397
Internal Services	\$135,577	\$299,540	\$178,566	\$127,387
Total GF/non-GF	\$835,321	\$1,492,094	\$987,842	\$704,516
Program Total:	\$2,327,415		\$1,692,358	
Program FTE	4.20	6.98	4.90	2.15

Program Revenues				
Fees, Permits & Charges	\$738,588	\$0	\$738,588	\$0
Intergovernmental	\$0	\$1,492,094	\$0	\$535,612
Beginning Working Capital	\$0	\$0	\$0	\$168,904
Total Revenue	\$738,588	\$1,492,094	\$738,588	\$704,516

Explanation of Revenues

This program generates \$56,342 in indirect revenues.

Direct State - \$500,000 - Tobacco Prevention

HealthShare of Oregon - \$204,516 - Tobacco Prevention& Cessation

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

Significant Program Changes

Last Year this program was: FY 2025: 40006 Tobacco Prevention and Control

The number of partnerships has decreased as the \$1,000,725 funding for contracted projects has decreased and will end June 30, 2025. Legal challenges to the policy banning the sale of flavored tobacco and nicotine products in Multnomah County has halted the implementation process.

Department: Health Department

Program Contact: Jeff Martin

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs: 40008, 40010A

Program Characteristics:
Program Description

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. 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: 4,835 restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, vending machines, and jails; 457 pools/spas; 1,030 schools, childcare, adult foster care, and other service providers; and 50 small water systems (inspected every 3 to 5 years).

Foodborne Illness Outbreak Response and Complaints - Health inspectors investigate local foodborne illness in collaboration with Communicable Disease Services and are key participants in emergency response. HIE conducted 4 foodborne illnesses and 16 vibrio investigations in restaurants in the previous calendar year. In addition to those, the program tracked 189 reports of illness and 339 complaints.

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.

The Food Service Advisory Committee, 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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of licenses issued	6,648	7,343	6,916	7,611
Outcome	Number of violations per year	13,757	8,338	13,792	14,301
Output	Facility Inspections	12,258	14,968	12,251	17,378
Output	Total number of certified Food Workers licensed by Multnomah County	15,926	14,450	16,189	16,504

Performance Measures Descriptions

1) Measure excludes facilities inspected but not licensed. 2) Facility Violations (violations that will lead to a food borne illness or injury) are items noted during inspections that can directly affect the health of the consumer and require immediate correction. 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$5,534,384	\$28,745	\$5,982,673	\$31,472
Contractual Services	\$503,857	\$0	\$514,919	\$0
Materials & Supplies	\$162,577	\$1,213	\$147,337	\$1,585
Internal Services	\$1,059,406	\$5,015	\$1,172,210	\$4,935
Total GF/non-GF	\$7,260,224	\$34,973	\$7,817,139	\$37,992
Program Total:	\$7,295,197		\$7,855,131	
Program FTE	37.46	0.19	38.05	0.20

Program Revenues				
Fees, Permits & Charges	\$6,083,783	\$0	\$7,833,551	\$0
Intergovernmental	\$0	\$34,973	\$0	\$37,992
Total Revenue	\$6,083,783	\$34,973	\$7,833,551	\$37,992

Explanation of Revenues

This program generates \$4,935 in indirect revenues.

Multnomah County Environmental Health receives \$37,993 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.

\$37,992 Safe Drinking Water
\$159,925 HD Food Handlers
\$7,673,626 in Licensing Fees

Significant Program Changes

Last Year this program was: FY 2025: 40007A Health Inspections and Education

Historically, the program has been self-sustaining through licensing fees. During the COVID-19 pandemic, the County held fees steady to support impacted businesses by subsidizing the program with County General Fund dollars and American Rescue Plan Act (ARPA) funding. Since Fiscal Year 2021, over \$8 million in County General Funds and \$5.3 million in ARPA funds have subsidized the program. After five years of deferred license fee increases, in FY 2026 a fee increase of 33% will return the program to full cost recovery.

Also, we are moving 0.10 FTE of an Office Assistant 2 from a grant to HD Inspections to provide additional support for a total budget in HD Inspections of 0.60 FTE for this position.

Department: Health Department

Program Contact: Jeff Martin

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

The Vector Control and Code Enforcement program protects the public from vector-borne diseases through the collection, monitoring, and testing of mosquitoes, rats, birds, and other animals for pathogens harmful to humans. The program also works to enforce health-based nuisance codes like keeping of small livestock (chickens, pigs, bees), rodent harborages, and illegal dumping. Vector Control and Code Enforcement are core public health services that protect the public from diseases carried by and transmitted through contact with animals. ORS 431.141 stipulates that Environmental Public Health Programs must be included as a foundational program for a public health and safety program. Furthermore, ORS 431.143 (2) specifically mandates that an Environmental Public Health Program must protect the public from biotic and abiotic factors in the environment including but not limited to vector borne diseases. Additionally, ORS 452.240 provides additional measures to the county to perform the functions mandated. This is accomplished through:

Mosquito Control – Active suppression of mosquito populations to lower the risk of West Nile Virus and other mosquito-borne diseases, and increase community livability through the direct reduction of mosquitoes using an Integrated Pest Management (IPM) Program.

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

Rodent Inspections – Perform complaint-based inspections for property owners and businesses by providing onsite assessments, education, and free abatement materials.

Nuisance Code Enforcement - Addresses public health code violations, investigation and removal of illegal dumps, and enforcement of specific city codes regarding the keeping of livestock in the City of Portland.

Outreach and Education – Actively attend fairs, festivals, and community events throughout the county with a focus on events in areas that are in impacted neighborhoods and communities, with a focus of 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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of Rodent, Mosquito, and Code Inspections Conducted	1,140	1,700	1,750	1,500
Output	Number of Acres Treated for Mosquitoes	1,201	4,500	3,000	2,500
Output	Number of Mosquito Development Sites Treated	6,232	6,000	7,000	6,000
Output	Number of Individuals Reached during Outreach	1,314	0	5,000	3,000

Performance Measures Descriptions

- 1) Total number of rodent, mosquito, and code site inspections conducted.
- 2) Total number of acres treated for flood water species of mosquito.
- 3) Total number of individual treatments to point source mosquito development sites.
- 4) Total number of individuals reached during events (FY25 budgeted was zero as this is a new program function).

Legal / Contractual Obligation

Legal mandates are ORS 452 Vector Control, ORS 431 State and Local Administration and Enforcement of Public Health Laws, 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 13 Bees and Livestock, NPDES General Aquatic Permit for Mosquito Control 2300A

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,823,269	\$0	\$1,579,811	\$0
Contractual Services	\$79,009	\$0	\$84,434	\$0
Materials & Supplies	\$176,146	\$0	\$108,194	\$0
Internal Services	\$459,510	\$0	\$501,843	\$0
Total GF/non-GF	\$2,537,934	\$0	\$2,274,282	\$0
Program Total:	\$2,537,934		\$2,274,282	
Program FTE	12.10	0.00	9.80	0.00

Program Revenues				
Fees, Permits & Charges	\$343,441	\$0	\$0	\$0
Service Charges	\$0	\$0	\$343,441	\$0
Total Revenue	\$343,441	\$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 2025: 40008 Vector-Borne Disease Prevention and Code Enforcement

Ongoing issues with obtaining aerial application services resulted in another year with higher than anticipated adult mosquito abundances (3rd highest on record) and likely due to a lack of aerial support. Field staff were pulled from other projects to try and fill this gap in service. Outreach/comms was added to the program after an indefinite hiatus and has been well received by the community and other community-based organizations. Program made significant advancements in sustainability by converting tools to electric, purchase of e-bikes to reduce vehicle usage when practical, and through purchase of sUAS (drone) technology to decrease environmental impact and improve efficiency. In FY 2026 we will have fewer resources for vector mitigation. However, we will maintain our level of communication and education/outreach.

Department: Health Department

Program Contact: Jeff Martin

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

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.

The Vital Records Program issues birth and death certificates within the first six months after a birth or death, and within 24-hours of receipt of a request for certificate. The program assures accurate, timely, and confidential registration of birth and death events, minimizing the opportunity for identity theft, and assuring accurate record of important data such as cause of death and identification of birth parents. Death certificates can be issued to family members, legal representatives, governmental agencies, or to a person or agency with personal or property rights. Birth records can be released to immediate family including grandparents, parents, siblings, legal representatives, or governmental agencies. Employees working in this program must be registered with the state to assure competency.

Via OAR 333-011, Vital Records program provides reliable information for data analysis to inform public health decision-making, trends, health impacts and including the identification of racial health disparities. Multnomah county collaborates internally and externally over this data to inform health officials, researchers and policy makers to make informed decisions.

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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of birth and death certificates issued	42,300	35,471	43,075	39,840
Outcome	Average number of days to issue error free certificates	1	1	1	1

Performance Measures Descriptions

Output is the number of birth and death certificates issued by our Multnomah County Vital Records office for individuals requesting certificates within 6 months from the date of birth or death. We average a total of 1 certificate error made by our office, funeral homes, or medical errors that are voided and reported to the Oregon Health Authority.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$623,776	\$0	\$677,247
Contractual Services	\$0	\$39,857	\$0	\$39,857
Materials & Supplies	\$0	\$19,104	\$0	\$26,066
Internal Services	\$0	\$271,644	\$151,390	\$252,830
Total GF/non-GF	\$0	\$954,381	\$151,390	\$996,000
Program Total:	\$954,381		\$1,147,390	
Program FTE	0.00	5.22	0.00	5.32

Program Revenues				
Fees, Permits & Charges	\$0	\$954,381	\$0	\$996,000
Total Revenue	\$0	\$954,381	\$0	\$996,000

Explanation of Revenues

This program generates \$106,192 in indirect revenues.

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

Fees \$996,000 - Vital Stats Birth and Death Certificates

Significant Program Changes

Last Year this program was: FY 2025: 40009 Vital Records

An electronic birth and death data certification model was implemented requiring a significant increase in individual education with community partners.

Department: Health Department **Program Contact:** Sara McCall
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 4007A, 40010B, 40048
Program Characteristics:

Program Description

Communicable disease control is a foundational public health program that no other entity can carry out. Oregon law determines what diseases are reportable to governmental public health. Communicable Disease Services (CDS) receives these reports and implements state guidelines for response.

CDS aims to lessen the impact of communicable diseases in Multnomah County by reducing disease spread. CDS keeps people safe by using the statutory authority to collect and analyze data about communicable diseases, investigate outbreaks, and implement disease-specific interventions.

The Communicable Disease (CD) and Sexually Transmitted Infections (STI) teams investigate reportable communicable diseases, which is a core governmental public health function. Through individual interviews, teams determine illness causes and identify people and settings who may be exposed. Teams recommend interventions such as isolation and quarantine, infection control practices, health education and behavior changes to halt disease spread. The teams respond to disease outbreaks in settings such as restaurants, long term care facilities, schools/daycares, and shelters. The STI team provides partner notification services as recommended by the Oregon Health Authority (OHA).

The Tuberculosis (TB) case management team investigates possible TB infections in the community and ensures people diagnosed with TB disease adhere to their treatment plan, another core governmental public health function. Per OHA guidelines, they test contacts to TB clients and offer treatment for latent TB infection (LTBI) if needed. The team also evaluates TB in newly arrived refugees, which is required of local public health by OHA and the Centers for Disease Control and Prevention (CDC).

CDS contributes data to an international disease surveillance system, sharing crucial information with OHA and CDC for tracking communicable disease threats. CDS is the only entity in Multnomah County that can provide this data.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of disease report responses (CD, TB, STI)	5,065	4,750	4,538	14,000
Output	Percentage of syphilis and HIV cases investigated	76%	85%	70%	70%
Quality	Percent of tuberculosis (TB) clients completing treatment within 12 months	100%	96%	100%	96%
Quality	Percent of work/daycare/school-restrictable diseases with complete occupation and attendance information	n/a	80%	99%	99%

Performance Measures Descriptions

1) Historically only reported on CD disease responses; the higher FY26 target reflects the addition of STI, LTBI, and TB data for FY26. 2) All TB patients, for whom 12 months of treatment or less is recommended, alive at diagnosis, initiated treatment with one or more drugs, and counted. 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. 4) These diseases include diphtheria, measles, mumps, Salmonella Typhi, shigellosis, STEC, hepatitis A & E, pertussis, and rubella.

Legal / Contractual Obligation

ORS Chapters 433.OAR 333, Divisions 17, 18, 19. OHA ACDP Investigative Guidelines, per OAR 333, Div. 19. OHA Program Elements 01, 03, 07, 10, 25, 43, 51, 73. OHA and CLHO Assurances.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,748,646	\$1,673,640	\$2,423,893	\$1,933,009
Contractual Services	\$55,110	\$18,180	\$47,627	\$208,534
Materials & Supplies	\$87,129	\$37,361	\$52,176	\$86,493
Internal Services	\$182,759	\$1,219,764	\$331,851	\$1,340,809
Total GF/non-GF	\$2,073,644	\$2,948,945	\$2,855,547	\$3,568,845
Program Total:	\$5,022,589		\$6,424,392	
Program FTE	9.11	8.99	13.73	11.99

Program Revenues				
Intergovernmental	\$0	\$2,678,004	\$0	\$3,288,222
Other / Miscellaneous	\$0	\$245,941	\$0	\$255,623
Service Charges	\$0	\$25,000	\$0	\$25,000
Total Revenue	\$0	\$2,948,945	\$0	\$3,568,845

Explanation of Revenues

This program generates \$269,039 in indirect revenues.

\$13,180 - Intergovernmental, \$255,623 -Occupational Health Fees, \$331,500 - PHM Regional - CDS, \$196,004 - Metro Are Pertussis Surveillance, \$270,090 - HIV/STI Statewide Services(HSSS) Federal, \$629,229 - HIV/STI Statewide Services (HSSS) State, \$25,000 - CD-OHS/CDC HepB Perinatal Case Mgt, \$480,356 - PHN Local - CDS, \$999,047 - State Support for Public Health - CD, \$148,427 - TB Case Management, \$144,259 - TB Treatment and Case Management, \$76,130 for JYNNEOS Vaccine Efficacy

Significant Program Changes

Last Year this program was: FY 2025: 40010A Communicable Disease Prevention and Control

FY 2026 FTE changes: 6.00 FTE Disease Intervention Specialists (DIS) and 1.00 Program Supervisor moved from PO 40010B to 40010A.

Changes to existing structures/teams: Added 1.00 Program Supervisor to Management

CD: Removed 2.00 FTE CHN, 1.00 Epidemiologist, 1.00 Program Tech (LD) and added 3.00 DIS; STI: 1.00 DIS (vacant); TB: Removed 0.80 FTE CHN, 1.00 Nursing supervisor, 1.00 CHS2

Funding: EISO/HSSS: \$0 in FY 2025; \$900,300 in FY 2026 (added to cover FTE moved from 40010B to 40010A); General Fund: \$1,930,576 in FY 2025; \$2,936,110 in FY 2026; PHM Local: \$1,033,913 in FY 2025; \$480,356 in FY 2026; PHM Regional: \$301,015 in FY 2025; \$0 in FY 2026 (moved to 40048)

Department: Health Department

Program Contact: Kirsten Aird

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs: 40010A

Program Characteristics:
Program Description

The HIV/Sexually Transmitted Infections (STIs) program is a foundational public health program. The STI Clinic provides culturally competent STI testing and disease reduction measures.

STI Clinical Services provides sexual health services, community testing, and access to treatment, particularly for underserved and marginalized populations. It provides low barrier, stigma-free services to people who may not otherwise have access to services or who are hesitant to access their typical provider. Preventing and treating STIs early improves long-term health outcomes and prevents chronic diseases, such as HIV and liver disease. It also prevents the spread of infections like syphilis to unborn children, preventing disability and even death in infants. The STI Clinic works closely with the Disease Intervention Team and Community Epidemiology Services to collaborate on data related to STI trends and spread of disease.

The clinic provides services to a diverse population, with a significant portion of visits from marginalized communities. In FY24 49% of reported race/ethnicity reflects individuals identifying as non-white, with notable representation from Hispanic/Latino/a/x and Black/African American individuals, and 64% of visits were from individuals identifying as LGBTQ+ (including lesbian, gay, bisexual, queer, pansexual, and transgender). The program also serves as a center of excellence, supporting other internal and external partners who seek expert consultation from the clinic. Providers can call and consult with subject matter experts at the STI clinic to guide their own assessments and treatments, serving as a vital support system for providers who may encounter complex STI cases or require specialized guidance.

The program's goal is to reduce STI incidence and prevalence, eliminate inequities in health outcomes, and increase access to testing and treatment. This includes oral pre-exposure prophylaxis (PrEP) and doxycycline post-exposure prophylaxis (doxy-PEP) services to reduce the risk of chlamydia, gonorrhea, syphilis (including congenital syphilis), and HIV infections, preventing chronic disease in individuals and the spread of infection across the population

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of clients provided culturally sensitive services for STI screening and treatment	4,400	4,400	4,600	3,300
Outcome	Percentage of all county gonorrhea/syphilis/HIV cases diagnosed through this program	12%	15%	12%	12%
Output	Number of patients initiated on prevention medication (PrEP)	450	450	600	340
Output	New: Number of infections (including presumptive) treated for STIs (chlamydia, gonorrhea, syphilis)	N/A	N/A	1,400	1,100

Performance Measures Descriptions

1: Includes STI and outreach testing. FY26 target is lower due to one fewer day per week of clinic operations and increased access to at-home test kits. 2: Shows program's impact in finding, diagnosing, and treating a significant portion of reportable STIs relative to the entire health care system (e.g., 20% of all new HIV cases in the county in FY24). 3: Decrease from 600 to 340 due to FY25's one-time general fund investment to provide asymptomatic prophylaxis. What will remain is services for contact and symptomatic prophylaxis. Measure 4 is new for FY26.

Legal / Contractual Obligation

ORS 433 mandates disease prevention and 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,325,403	\$2,608,128	\$426,976	\$1,242,323
Contractual Services	\$146,959	\$395,184	\$184,203	\$4,815
Materials & Supplies	\$25,733	\$363,661	\$117,902	\$19,282
Internal Services	\$732,282	\$815,514	\$1,202,170	\$194,797
Total GF/non-GF	\$2,230,377	\$4,182,487	\$1,931,251	\$1,461,217
Program Total:	\$6,412,864		\$3,392,468	
Program FTE	6.88	18.19	2.00	6.80

Program Revenues				
Intergovernmental	\$0	\$3,831,280	\$0	\$815,017
Other / Miscellaneous	\$0	\$0	\$0	\$200,000
Service Charges	\$0	\$351,207	\$0	\$446,200
Total Revenue	\$0	\$4,182,487	\$0	\$1,461,217

Explanation of Revenues

This program generates \$194,797 in indirect revenues.

\$161,958 - HIV/STI Services

\$653,059 - HIV/STI Statewide Services (HSSS) Federal (199K) State (454K)

\$200,000 - STD Program Pt Fee 3rd party

\$330,200 - STD Program Mcaid FFS

\$25,000 - STD Program Mcare

\$91,000 - STD Program Pt Fees

Significant Program Changes

Last Year this program was: FY 2025: 40010B Communicable Disease Clinical and Community Services

Due to the loss of federal SSuN and GISP grants and County General Fund limitations, the clinic will be open 4 days a week instead of 5. With the restructuring of state EISO/HSSS (HIV/STI prevention, investigation, testing, treatment funding) and syphilis funding resulted in the loss of nPrep/Prep navigator and express services. However, backfill funding in 40010D continues STI express services, providing asymptomatic screening and treatment, and provision of oral and injectable PrEP and non-occupational post-exposure prophylaxis (nPEP) four days a week. The full set of services is in 40010D. To maximize economies of scale under funding constraints, the Public Health Division brought the STI disease investigation staff and communicable disease investigation staff under the Communicable Disease Service Team, shifting 7.00 FTE (1 program supervisor and 6 disease investigation specialists) from the STI clinic from this program offer to 40010A.

Department: Health Department

Program Contact: Neisha Saxena

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

The Community Immunization Program (CIP) works to be a trusted community resource for culturally competent information about vaccine-preventable communicable diseases. 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 learn. As the Local Public Health Authority the County is required to provide access to vaccines, particularly for children in school and childcare settings. This is also a core principle of Public Health Modernization, and is achieved in the program through key areas of work in assisting schools and childcare entities with immunization law requirements, and providing community partners and stakeholders with information and educational materials to promote vaccines.

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 communities of color and other underserved communities to address health and vaccine access related inequities that can result in poor outcomes from vaccine preventable diseases. The immunization program does this by promoting vaccines and access to vaccines, and by conducting health education events aimed at addressing vaccine hesitancy and keeping children in school. In FY26 CIP will assist over 600 facilities in complying with State mandates.

CIP collaborates with Public Health programs and community based organizations to support outreach activities. The program also collaborates with the healthcare system as a whole to support access to vaccination across the system. Education and outreach is intended to improve vaccine access and reduce vaccine hesitancy, with a focus on communities of color and other underserved communities.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of schools and childcare entities assisted with immunization law requirements.	536	450	536	500
Output	New: number of community partners and stakeholders provided with information	78	75	80	10
Outcome	New: Percentage of community engagement activities focused on BIPOC vaccine access	N/A	N/A	N/A	50%

Performance Measures Descriptions

Performance measures for direct vaccine administration have been replaced in FY26 to reflect program focus on childhood vaccinations, compliance with Local Public Health Authority Program Element 43 and the vaccine for children program (VFC), school reporting and access to vaccines for school aged children. Measure 2 reduced as CIP will no longer have the staffing capabilities to complete this task on the same scale as in FY 25 and FY 24 following the loss of federal CARES grant at the end of FY 25. Measure 3 includes the Slavic community.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$1,382,022	\$162,236	\$138,801
Contractual Services	\$0	\$36,300	\$0	\$28,533
Materials & Supplies	\$0	\$35,922	\$0	\$7,240
Internal Services	\$0	\$374,273	\$0	\$25,749
Total GF/non-GF	\$0	\$1,828,517	\$162,236	\$200,323
Program Total:	\$1,828,517		\$362,559	
Program FTE	0.00	8.62	1.00	1.00

Program Revenues				
Intergovernmental	\$0	\$1,812,047	\$0	\$200,323
Service Charges	\$0	\$16,470	\$0	\$0
Total Revenue	\$0	\$1,828,517	\$0	\$200,323

Explanation of Revenues

This program generates \$21,764 in indirect revenues.
Immunization Special Payments - Federal \$ 101,142
Immunization Special Payments - State \$99,181

Significant Program Changes

Last Year this program was: FY 2025: 40010C Communicable Disease Community Immunization Program

COVID-19 Federal Immunization funding expiring in FY 2025 significantly impacts CIP, resulting in reduced capacity for direct vaccine administration. In FY 2026, the focus of this offer will be around school reporting and administering VFC, and activities required in LPHA Program Element 43 rules.

Department: Health Department **Program Contact:** Jessica Guernsey
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 40010B
Program Characteristics: Backfill Other Funds, One-Time-Only Request

Program Description

HIV/STI is a foundational public health program that protects the health of the community. The STI Clinical Services component focuses on providing sexual health services and community testing/prevention outreach to prevent STD and HIV transmission and ensure access to treatment, particularly for underserved and minority populations. 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) and doxyPEP 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.

The main program offer for clinical services is PO 40010B. This additional program was created to restore staffing and clinical services to the community. This includes the continuation of STI express services providing asymptomatic screening and treatment to our community. It also includes the continuation of both oral and injectable PrEP, as well as non-occupational post-exposure prophylaxis (nPEP) services. With regard to staffing modifications, renewed funding will allow for the reinstatement of the following positions: 1.0 FTE Certified Medical Assistant (CMA), a 1.0 FTE PrEP Navigator, and a 1.0 FTE Office Assistant (OA2).

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of clients provided culturally sensitive services for STI screening and/or treatment	N/A	4,400	4,400	3,800
Outcome	Percentage of all County gonorrhea/syphilis/HIV cases diagnosed through this program	N/A	12%	15%	12%
Output	Number of patients initiated on prevention medication (PrEP, nPEP)	N/A	450	450	450
Output	New: Number of infections (including presumptive) treated for STIs (chlamydia, gonorrhea, syphilis)	N/A	N/A	N/A	1,100

Performance Measures Descriptions

Measure 1: Delivering STI Services. This includes both comprehensive STI evaluations and streamlined express services.
 Measure 2: Driving Significant STI Outcomes.
 Measure 3: Sustaining HIV Prevention Efforts. the program will maintain its provision of oral and injectable PrEP, as well as nPEP services, delivering essential immediate HIV prevention strategies to at-risk communities. Measure 4: New for FY26.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$0	\$328,756	\$0
Total GF/non-GF	\$0	\$0	\$328,756	\$0
Program Total:	\$0		\$328,756	
Program FTE	0.00	0.00	2.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 40010E Restore STD Clinic Services

During Fiscal Year 2025, the one-time funding allocated to the STI clinic facilitated the successful reestablishment of STI express services. Through this initiative, STI clinic was able to deliver over 1,000 asymptomatic screening services. These funds also supported the expansion of our PrEP offerings to include injectable PrEP and enabled the launch of nPEP services aimed at supporting at-risk populations. Despite these notable achievements, the clinic encountered budgetary limitations that unfortunately prevented the recruitment of a 0.6 FTE clinician. Consequently, this position has been lost moving into Fiscal Year 2026, which will regrettably impact our overall capacity to provide services.

This program was added by Board Amendments 32 & 46.

Department: Health Department **Program Contact:** Neisha Saxena

Program Offer Type: Operating **Program Offer Stage:** Adopted

Related Programs:

Program Characteristics:

Program Description

ISSUE: With access to appropriate medical care and supportive services, people living with HIV can achieve viral suppression, where the amount of virus in their system is significantly reduced and there is virtually no risk of transmission to other people, and live long, healthy lives. However, low income and a variety of other factors, including but not limited to homelessness/unstable housing and cultural needs not met by typically provided services, can inhibit access to treatment and achievement of viral suppression.

PROGRAM GOAL: The goal of the HIV Grant Administration Program (HGAP) 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. By statute, the program serves people living on low incomes (locally, about half of all people living with HIV), and HGAP works with partners to address lower viral suppression rates that exist for Blacks/African Americans, injection drug users, and youth/young adults ages 13-29, as well as people who are houseless/unstably housed.

PROGRAM ACTIVITY: HGAP coordinates a regional six-county system that achieves these goals by promoting access to high quality HIV services through contracts with local health departments and community organizations to fund the following services: Peer Support and 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 and manage 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 also analyzes health outcomes (viral suppression, new diagnoses, linkage to care) and data on access to services by race, ethnicity, and other demographics 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 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 Black, Indigenous, and other People of Color (BIPOC)-focused consumer data review group meets to improve the use and presentation of BIPOC data.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of unduplicated HGAP clients served (all service types/whole 6-county system)	3,028	3,100	3,203	3,100
Outcome	Percent of HGAP clients (all 6 counties) who are virally suppressed	91%	91%	91%	91%
Outcome	Percent Black/African American clients who are virally suppressed	88%	90%	90%	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. If someone is virally suppressed, they will not transmit HIV to partners through sex or other transmission routes.

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) A community-based Planning Council; 3) A 10% cap on planning and 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$1,002,898	\$32,885	\$1,067,218
Contractual Services	\$6,741	\$5,004,234	\$2,918	\$5,067,056
Materials & Supplies	\$544	\$40,331	\$556	\$33,082
Internal Services	\$102,532	\$205,201	\$107,315	\$212,294
Total GF/non-GF	\$109,817	\$6,252,664	\$143,674	\$6,379,650
Program Total:	\$6,362,481		\$6,523,324	
Program FTE	0.00	5.80	0.20	6.05

Program Revenues				
Intergovernmental	\$0	\$6,252,664	\$0	\$6,379,650
Total Revenue	\$0	\$6,252,664	\$0	\$6,379,650

Explanation of Revenues

This program generates \$125,722 in indirect revenues.

Direct Federal: \$2,628,343 - Ryan White Part A funds for 25-26: Medical, Case management, Non-medical case management, and Housing(Admin, QM, Services)

Direct State: \$3,751,307 - Oregon Health Authority Ryan White(Admin, QM, Services)

Significant Program Changes

Last Year this program was: FY 2025: 40011 Services for Persons Living with HIV - Regional Education and Outreach

Increased revenue was from reallocated County General Fund dollars from the Public Health Director's Office to HGAP to make staff whole.

Department: Health Department

Program Contact: Sabrina Villemenay

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

The Women, Infants and Children (WIC) program 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, Supplemental Nutrition Assistance Program (SNAP) and other food assistance, and other County programs, such as home visiting services. WIC is a leader in innovation, and a regional partner for cross-cutting health programming and equity expertise. In 2024, WIC served approximately 19,202 unique clients with over 50,380 visits. Participants received healthy foods totaling \$8.7 million supporting both nutrition and food security. WIC services have continued to be provided in person across all 4 clinics locations as well as at some various partner locations.

As part of the national WIC program, WIC serves income-eligible families to help ensure essential developmental nutrition needs are met. Multnomah County's WIC program follows this approach to reach those most in need of services to have the greatest impact on the community's overall health and uses nutrition science research and program data to inform services. In addition to poorer health outcomes associated with low income, data indicate nutrition-related health disparities among people of color, especially Black and Indigenous women, infants and children, and program data indicate high demand among families that speak languages other than English. Thirty percent (30%) of WIC clients identify as Black, Indigenous, and other People of Color, and 34% prefer communication in languages other than English. WIC responds through posting signage in multiple languages, employing staff that are fluent in multiple languages and cultures, interpretation services contracts, and technology to improve access. Eighty-six percent (86%) of WIC staff have language and/or cultural Knowledge, Skills and Abilities (KSA) or are immigrants or refugees (up from 77% in 2020 and 45% in 2016), enabling WIC to reach populations most disparately impacted by food/nutrition insecurity. WIC also surveys clients about their needs and works with community partners to respond, like partnering with the Racial and Ethnic Approaches to Community Health (REACH) program to provide culturally specific cooking and nutrition classes for our Black/African American/African Immigrant communities to help them make use of their WIC food benefits. WIC and REACH also hosted a third virtual Town Hall breastfeeding and maternal health conference, attended by people around the country, with Time Magazine's 2022 Women of the Year awardee Dr. Jennifer Joseph, who presented on an evidence-based, maternity care model for eliminating persistently poorer maternal health outcomes among communities of color to 269 healthcare providers, community members, County staff and medical professionals. Our Breastfeeding Peer Counseling (BFPC) program continues to be a popular nutrition support among clients and experienced a 63% increase in caseload over the past 12 months serving 1,158 participants monthly. In addition, our International Board Certified Lactation Consultants provide in-clinic support, including culturally specific lactation promotion, across many County programs and with external partners to ensure all eligible people can access this service.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of WIC clients in one year who receive healthful foods	19,202	19,500	19,500	19,500
Outcome	% of WIC clients initiating breastfeeding	96%	93%	93%	93%
Output	# of nutrition education contacts with WIC families	50,380	57,000	57,000	57,000
Quality	% of clients served per month in languages other than English	34.5%	26%	26%	26%

Performance Measures Descriptions

1. The number of individual clients within the year who received supplemental food benefits through the WIC program. 2. The percentage of clients that gave birth within the year who initiated breastfeeding with their newborn(s). 3. The total number of client encounters provided during the year in which nutrition education was provided. 4. The percentage of clients each month who received WIC services in a language other than English.

Legal / Contractual Obligation

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$2,294,571	\$3,787,877	\$2,571,830	\$3,443,838
Contractual Services	\$61,526	\$2,495	\$50,774	\$48,322
Materials & Supplies	\$162,818	\$206	\$117,027	\$319,325
Internal Services	\$1,020,128	\$770,766	\$799,977	\$1,488,662
Total GF/non-GF	\$3,539,043	\$4,561,344	\$3,539,608	\$5,300,147
Program Total:	\$8,100,387		\$8,839,755	
Program FTE	17.86	29.94	20.33	26.37

Program Revenues				
Intergovernmental	\$0	\$4,561,344	\$0	\$4,688,819
Beginning Working Capital	\$0	\$0	\$0	\$611,328
Total Revenue	\$0	\$4,561,344	\$0	\$5,300,147

Explanation of Revenues

This program generates \$536,677 in indirect revenues.

WIC Perinatal Continuum Care - \$790,040

Fed Thru State \$75,000 - State Maternal & Child Health (Title V) grant

WIC Administration - \$258,675

Fed thru State - WIC Breast Feeding - \$409,321

Fed thru State - WIC East Cty Clinic - \$879,162

Fed thru State - WIC Gateway Clinic - \$1,713,796

Fed thru State-WIC North East Clinic - \$355,573

Beginning Working Capital - \$611,328

Federal through Other - WIC Community Innovation and Outreach - \$207,252

Significant Program Changes

Last Year this program was: FY 2025: 40018 Women, Infants, and Children (WIC)

In FY 2026 the Gateway WIC clinic will move from their current location to a new location in Rockwood. Most federal funds will be used to support the move, and some general fund support noted in the PHD Director's Office budget will also support the move.

This budget adds \$207,252 to The FY26 WIC budget for mobile clinical and outreach work. This adds 1.00 FTE, Clinical supplies and pass-through funding for our Rockwood CDC partners. This will allow us to provide services in communities with our clients live, work, play, and pray.

Department: Health Department

Program Contact: Jeff Martin

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Environmental health hazards affect all Multnomah County residents, and when they persistently are more severely present for groups that already have fewer resources to mitigate them, they become environmental justice concerns and have the greatest potential to negatively impact health. These concerns include exposure to lead, air pollution, contaminated sites, health harms from climate change, and inadequate access to health-supportive resources like parks, nutritious food retail, and opportunities for physical activity. Environmental Health Community Programs (EHCP) works to decrease harms caused by environmental health hazards for all people living in Multnomah County, focusing first on communities experiencing the most environmental justice concerns, and, therefore, at highest risk for negative health impacts, such as youth, elders, low-income communities, and communities of color.

PROGRAM GOAL: EHCP is a team of subject matter experts applying environmental justice principles to provide a continuum of services that ensure all county residents have access to neighborhood environments that support health and wellbeing. These services include: policy and decision support, emergency response, data analysis, public messaging, and intervention design and implementation.

PROGRAM ACTIVITY: EHCP engages communities to integrate their concerns, expertise, and proposed solutions into the following program areas:

Community Environments: works closely with the Racial and Ethnic Approaches to Community Health (REACH) program to ensure safe and healthy neighborhoods through participation in local land use and transportation planning efforts, data analysis, and technical assistance.

Healthy Housing: upholds County regulations on habitability and provides technical assistance and decision support relating to encampments, energy efficiency upgrades, and household toxics. Implements healthy housing interventions.

Toxics Reduction: identifies exposure risks to contaminated land, air, water, consumer goods, and industrial production, and makes technical information accessible to empower community advocacy.

Air Quality: implements County Ordinance 1253, curtailing wood burning on days with high air pollution through air quality forecasts, complaint investigation, outreach, and community collaboration. Responds to adverse air quality events such as industrial accidents and wildfires. Implements City of Portland leaf blower ordinance.

Climate Change: works to understand and address emerging health issues related to climate change. Responds to climate emergencies like extreme heat.

List of outputs: Monitor and report on health conditions related to environmental hazards, such as climate impacts, traffic crash injuries, lead poisoning, and adverse birth outcomes. Work with community partners to deploy evidence-based interventions for climate resilience. Collaborate with agency partners to analyze health impacts of infrastructure investments.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Reach and impressions of community members receiving information on environmental threats	22,883,630	7,500,000	7,500,000	7,500,000
Outcome	Number of children with reduced Elevated Blood Lead Level (EBLL) as a result of environmental investigations	114	65	100	70
Outcome	Number of policies adopted that include health and health justice-based recommendations	15	15	17	15
Outcome	Proportion of people aware of and complying with the woodsmoke curtailment ordinance	91%	80%	86%	86%

Performance Measures Descriptions

1) Counts “reach” (unique number of people receiving content) or “impressions” (total number of views) as appropriate of all program mailings, events, direct staff contacts, websites/social media, and media campaigns. This number is influenced by climate events and may vary across years. FY25 decrease reflects a reduced communications budget. 2) This number varies based on the number of refugee arrivals each year. 4) Measured by a biannual survey. Compliance defined as respondents reporting burning wood only on “no restriction days” or not at all.

Legal / Contractual Obligation

City of Portland Titles 17 and 29, and Multnomah County Housing Code 21.800; Multnomah County Code Chapter 21.450 . Contracts: US EPA for Superfund Site Outreach; Port of Portland and Dept of Environmental Quality for Columbia Slough outreach; US EPA for climate resilience projects in Rockwood; HealthShare of Oregon for climate resilience; Oregon Health Authority for healthy housing interventions.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$732,375	\$1,173,515	\$940,861	\$1,426,419
Contractual Services	\$22,063	\$539,505	\$19,334	\$650,285
Materials & Supplies	\$71,760	\$222,360	\$73,723	\$48,173
Internal Services	\$670	\$271,325	\$898	\$271,042
Total GF/non-GF	\$826,868	\$2,206,705	\$1,034,816	\$2,395,919
Program Total:	\$3,033,573		\$3,430,735	
Program FTE	4.05	7.53	5.38	8.20

Program Revenues				
Intergovernmental	\$0	\$2,206,705	\$0	\$2,395,919
Total Revenue	\$0	\$2,206,705	\$0	\$2,395,919

Explanation of Revenues

This program generates \$223,563 in indirect revenues.

\$970,991 - Modernization Local-State

\$510,700 - EPA Fish Advisory

\$455,075 - EPA Environmental Justice

\$89,111 - HealthShare of Oregon

\$65,000 - Columbia Slough Fish Consumption - Port

\$50,000 - Columbia Slough - DEQ

\$255,042 - Healthy Homes Grant Program

Significant Program Changes

Last Year this program was: FY 2025: 40037 Environmental Health Community Programs

In FY 2026 we are expanding our work on Columbia Slough with new funding from DEQ, and we are launching a healthy homes intervention program in collaboration with DCHS weatherization staff with new funding from OHA.

The start of clean-up at the superfund site is delayed by a year or more. In response, EPA asked Environmental Health to postpone our planned increase in outreach and education, and to restructure our grant budget to maintain baseline services over a longer period of time. We moved 0.10 FTE Office Assistant off the grant, and we are no longer budgeting a new 0.80 FTE program specialist position.

Department: Health Department

Program Contact: Dr. Julie Maher

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

ISSUE: Data on the health of our county and the impact of public health interventions are needed to inform public health decision making. Program Design and Evaluation Services (PDES) -- a unit shared between the Public Health Division (PHD) and the Oregon Health Authority -- addresses this need by serving the foundational public health role of assessment, epidemiology, evaluation, and research.

PROGRAM GOAL: PDES's goal is to collaborate with partners to ensure that public health programs and policies are responsive to community needs and priorities, improve community health outcomes, and reduce preventable differences in health outcomes within the broad population.

PROGRAM ACTIVITY: PDES includes PHD's Community Epidemiology Services (CES) team. CES fulfills a unique and required governmental public health role by compiling and analyzing population health data to promote and protect the health of county residents. CES provides assessment and epidemiological services across PHD, including in chronic disease, injury, family and child health, and social determinants of health (SDOH). CES works particularly closely with the Communicable Disease Services program to provide outbreak response through data analysis. Key CES functions include: 1) monitoring and reporting of population-based health-related measures in the county; 2) collaborating with program and community partners in using data to assess preventable differences in health outcomes for groups of people by race/ethnicity and other demographics and make meaning of these data; and 3) disseminating analytic findings to leadership, programs, and community partners for program development, strategic planning, resource allocation, and decision-making. In addition to this work of the CES team, the broader PDES unit secures about \$6 million annually in grants and contracts to provide program and policy evaluation services to the County PHD, Oregon Health Authority (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).

This program offer: (1) Generates collaboration with community partners in data collection, analyses, meaning making of results, and dissemination of results; (2) Produces health data reports (including publications, web pages, and other public-facing data provision) for public health leaders, policymakers, and community partners; (3) Provides routine surveillance, survey analysis, and reporting on many diseases, conditions, risk behaviors, and SDOH in the county; (4) Performs program and policy evaluations for government agencies and other organizations; and (5) Generates products with evaluation and research findings in various formats (presentations, briefs, reports, manuscripts) for diverse audiences, including leaders, programs, and community partners.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of community engagement sessions and collaborations*	N/A	10	15	12
Output	Number of health data reports**	N/A	9	9	6
Output	Number of diseases, conditions, or risk behaviors for which routine surveillance or analysis was conducted	N/A	40	56	56
Output	Number of dissemination products created for PDES evaluation contracts and research grants***	34	30	51	35

Performance Measures Descriptions

Three performance measures were added for FY25 to better reflect the work of CES; therefore, FY24 actual data are N/A

*Includes presentations, listening sessions, briefings, media interviews, and community-led work

**Includes publications, web pages, and other public-facing data provision

***Includes presentations, briefs, reports, and manuscripts

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,213,760	\$2,524,240	\$1,367,292	\$1,262,115
Contractual Services	\$0	\$837,880	\$40,000	\$524,358
Materials & Supplies	\$36,490	\$115,674	\$71,064	\$36,534
Internal Services	\$123,365	\$540,559	\$142,634	\$261,777
Total GF/non-GF	\$1,373,615	\$4,018,353	\$1,620,990	\$2,084,784
Program Total:	\$5,391,968		\$3,705,774	
Program FTE	5.65	13.31	6.13	6.26

Program Revenues				
Intergovernmental	\$0	\$4,288,278	\$0	\$1,655,784
Beginning Working Capital	\$0	\$0	\$0	\$429,000
Total Revenue	\$0	\$4,288,278	\$0	\$2,084,784

Explanation of Revenues

This program generates \$196,223 in indirect revenues.

\$715,005 State PE19, \$95,000 BWC

\$150,000 Alaska Tobacco Prevention BWC, \$250,000 Tobacco Prevention Grant

\$68,612 Rand NIJ Award, \$330,663 Public Health Modernization - Community Epidemiology

\$60,000 NIH Marijuana Legalization, \$30,000 Chronic Disease - Cancer Program

\$34,000 Alaska Chronic Disease BWC, \$72,500 Alaska Obesity Intergovernmental

\$150,000 Personnel BWC, \$50,000 Alaska Program Evaluation

\$79,004 Federal Strategic Prevention Framework Project Grant

Significant Program Changes

Last Year this program was: FY 2025: 40048 Community Epidemiology

In FY 2026 the Community Epidemiology program will experience significant reductions in federal funding totaling nearly \$2M. Both the CDC Health Disparities grant from the COVID 19 American Rescue Plan Act (ARPA) and an NIH Grant will end in June 2025.

Department: Health Department **Program Contact:** Charlene McGee
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 40006, 40060, 40037
Program Characteristics:

Program Description

ISSUE: Addressing persistent differences in health outcomes experienced by subpopulations improves the overall health of the entire population, bringing about economic, social, and direct health benefits to the community. Health disparities are differences in health outcomes that have systemic and societal contributors and, therefore, are preventable. In Multnomah County and many parts of the country, the Black/African American population experiences some of the most numerous and severe health disparities, including the highest mortality rates compared to other racial/ethnic subpopulations for many of the leading chronic diseases contributing to deaths, including heart disease, Alzheimer's disease, diabetes, and essential hypertension and hypertensive renal disease. Furthermore, there are identifiable systemic and environmental root causes of these health outcomes. Culturally specific approaches are often effective at addressing health disparities because broad one-size-fits all approaches may be culturally incongruent or ignore specific needs. The Racial and Ethnic Approaches to Community Health (REACH) program uses population-level, culturally specific, and cross-cultural approaches that blend community-identified priorities with nationally recognized strategies focused on reducing chronic diseases in local Black/African American communities, including African immigrants and refugees. REACH is a core element of the Public Health Division's commitment to improving health for all by addressing how societal conditions, the built environment, and systems and policies contribute to health disparities among racial and ethnic populations.

GOAL: The REACH program aims to reduce chronic disease and other health disparities, increase community capacity to address these issues, improve health behaviors, and foster culturally responsive solutions for Multnomah County's Black/African American communities, including Black immigrants and refugees.

PROGRAM ACTIVITY: REACH focuses on four strategic areas: nutrition, physical activity, breastfeeding, and vaccinations. REACH uses data on social determinants of health (SDOH), health behaviors, disease prevalence, mortality rates, and other metrics to track chronic disease disparities among Black/African American/Black immigrant and refugee communities and develop responsive strategies. The program is guided by the multi-sectoral community advisory committee, the ACHIEVE Coalition.

Key components of REACH include:

Community Engagement: Continuous collaboration with the ACHIEVE Coalition and other community partners to ensure program activities are culturally relevant and responsive to community needs.

Data Collection and Evaluation: Ongoing collection and analysis of data to monitor progress and assess impact.

Culturally Specific and Cross-Cultural Approaches: Strategies that honor cultural diversity while ensuring specific needs voiced by the Black/African American community are met.

Sustainability: Efforts to develop sustainable funding and partnership models for long-term program success.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of policy, systems, and environment strategies identified and/or implemented	11	25	20	20
Outcome	Number of people impacted by policies established to promote health, safety & address SDOH	15,000	20,000	15,000	15,000
Output	Number of communication campaigns	30	25	30	30
Output	Number of outreach/capacity building community partnerships	40	35	35	35

Performance Measures Descriptions

Performance Measure #3 includes all communications campaigns, including social media, media spots, and health promotion webinars, and REACH newsletter. #4 includes partnerships around health promotion education and awareness raising initiatives (i.e., health hubs, wellness clinics, cooking demos).

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$831,997	\$595,135	\$690,120	\$722,882
Contractual Services	\$71,561	\$1,366,709	\$57,553	\$533,842
Materials & Supplies	\$35,454	\$56,754	\$15,642	\$42,189
Internal Services	\$185,792	\$103,848	\$199,380	\$113,347
Total GF/non-GF	\$1,124,804	\$2,122,446	\$962,695	\$1,412,260
Program Total:	\$3,247,250		\$2,374,955	
Program FTE	5.12	2.80	4.56	3.70

Program Revenues				
Intergovernmental	\$0	\$2,141,440	\$0	\$1,412,260
Total Revenue	\$0	\$2,141,440	\$0	\$1,412,260

Explanation of Revenues

This program generates \$113,347 in indirect revenues.
 \$495,000 ACTION - Grant
 \$15,000 Direct State Community Chronic Disease Prevention
 \$680,038 REACH GY25
 \$222,222 REACH Vaccinations

Significant Program Changes

Last Year this program was: FY 2025: 40053 Racial and Ethnic Approaches to Community Health

In FY 2024 (project period 2023-2028), the CDC awarded the Multnomah County REACH Program \$1,021,898, which is \$468,718 less than requested. This reduction continues to impact the Chronic Disease Prevention and Health Promotion Unit (CDPHP) and the REACH Program heading into FY 2026, 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 the 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.

Department: Health Department **Program Contact:** Veronica Lopez Ericksen
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 40054, 40056, 40058, 40097
Program Characteristics:

Program Description

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 with early childhood CHW support and advocacy.

Issue: Research shows the conditions of early life have a profound impact on long-term health and life stability. Ensuring optimal conditions in early childhood is especially challenging for families with children who have a chronic health condition or other factors presenting obstacles to healthy development. MECP (Multnomah Early Childhood Program) provides Early Intervention and special education services for families who are parenting children with health and developmental conditions. PCFH provides home- and community-based services to help these families overcome associated difficulties and access appropriate services and supports. Based on the demographics of families needing MECP services and the experiences of these clients, MECP determined that typically available services struggle to meet the needs of African American, Latino, and Vietnamese families and that these families would be better served with culturally specific services. In 2025, MECP asked PCFH to support Early Intervention providers with culturally specific services for these communities.

Goal: PCFH CHN and CHW consulting improves engagement of individual families and cultural communities with Early Intervention services at DDSD MECP.

Activity: DDSD pays for the full cost of the staffing of this program, which is currently 1 FTE Nurse and 2 FTE CHWs serving African American, Latino, and Vietnamese families. 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.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of families receiving nursing/CHW consultation and support	300	300	275	250
Output	Percent of staff that reflects the cultural communities served	100%	100%	100%	100%

Performance Measures Descriptions

1) This measure will reflect staffing levels. New full staffing for FY 26 is a decrease from previous years, due to budget constraints at MECP, at 2.0 FTE of CHW and 0.8 FTE of CHN. 2) Based on client information given by CHN and CHWs regarding families served via their work with providers and teacher staff at MECP (all information is in the Early Childhood web system that we do not have access to for HIPAA and FERPA confidentiality reasons).

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$492,004	\$0	\$406,430
Materials & Supplies	\$0	\$15,786	\$98	\$15,880
Internal Services	\$117,685	\$87,233	\$99,331	\$97,590
Total GF/non-GF	\$117,685	\$595,023	\$99,429	\$519,900
Program Total:	\$712,708		\$619,329	
Program FTE	0.00	3.80	0.00	2.80

Program Revenues				
Intergovernmental	\$0	\$595,023	\$0	\$519,900
Total Revenue	\$0	\$595,023	\$0	\$519,900

Explanation of Revenues

This program generates \$63,728 in indirect revenues.

David Douglas School District (DDSD) Nurse consultation and Community Health Worker services are fully funded by DDSD.

\$ 519,900 - David Douglas School District

Significant Program Changes

Last Year this program was: FY 2025: 40055 Home and Community Based Consulting

Due to budget constraints at MECP, DDSD reduced CHW support for families served from 3.00 to 2.00 FTE in FY 2025, which will continue to be reflected in FY 2026.

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

Program Description

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

Research shows the conditions of early life have a profound impact on long-term health and life stability. The stress of adjusting to parenting a new baby can make it difficult to ensure these conditions are the best possible. Additional life stressors and circumstances, such as being low income, having substance use/mental health challenges, language barriers, and cultural incongruence with typically available support services, compound these challenges. HFMC works to support parents, especially those experiencing factors that inhibit infant bonding and early development, in providing positive relationships and environments for their young children, thereby reducing child abuse and neglect, improving school readiness, and promoting healthy growth and development for young children up to age three.

The goal of HFMC is to promote child and family wellbeing through long-term (3 years) family-centered, culturally responsive, and strengths-based support. Families who qualify for services are offered voluntary home visits shown to reduce child abuse and neglect, improve parent-child attachment, reduce parent stressors, and support parents' ability to ensure children meet developmental milestones.

HFMC has two primary components: 1) Eligibility screening/referral coordination for pregnant and newly delivered parents and 2) home visiting and supportive social services, including mental health supports and system advocacy/navigation, delivered by teams (30 total Home Visitors) at four community-based organizations. Home visiting and supportive services are available to all families in Multnomah County. To address many of the most common experiences compounding parenting challenges and to ensure these services are accessible to and effective for all, HFMC community-based organizations are experienced at meeting the needs of specific populations and communities including African American, Immigrant/Refugee (multiple cultural and linguistic groups), Latinx/e, teens and parents with significant substance use or trauma histories. In FY 24, 88% of HFMC families were Black, Latinx/e, Asian, Indigenous or other People of Color, and 95% were low income. HFMC takes a data-driven approach to planning. A regular continuous quality improvement (CQI) process examines rates of engagement and retention by contractor, age, race/ethnicity and language. HFMC also reviews community data to determine if there are service gaps or the need to add new culturally specific teams. HFMC has an advisory group with majority consumer members who are reflective of the HFMC program. Members evaluate data and guide program practices. In response to these inputs, in 2024, Spanish language access was increased and an increased focus on substance use disorder and mental health impacted families were developed.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of families served with home visiting	488	500	500	525
Output	Percent of families remaining in intensive services for 12 months or longer	55%	70%	60%	70%
Outcome	Percent of families served are BIPOC and/or low income	95%	95%	95%	95%
Outcome	Percent of BIPOC Families matched with direct service staff sharing cultural attributes and preferred language	90% and 88%	85% and 85%	90% and 88%	90% and 85%

Performance Measures Descriptions

1) Number of families enrolled and receiving home visits; 2) Percent retention of families at 12 mo. based on prior year enrollments. 3) In 2024 FY 90% of families served were low income (on OHP) and 88% identified as Black, Latinx/e, Asian, Indigenous or other People of Color. 4) Allows consistent provider matching by cultural factors and language needs along with intersectional factors.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$548,915	\$359,820	\$546,377	\$418,425
Contractual Services	\$386,406	\$3,108,800	\$134,388	\$3,803,429
Materials & Supplies	\$7,064	\$43,180	\$36,535	\$28,174
Internal Services	\$158,580	\$60,845	\$172,053	\$62,090
Total GF/non-GF	\$1,100,965	\$3,572,645	\$889,353	\$4,312,118
Program Total:	\$4,673,610		\$5,201,471	
Program FTE	3.72	2.28	3.63	2.37

Program Revenues				
Intergovernmental	\$0	\$3,572,645	\$0	\$4,312,118
Total Revenue	\$0	\$3,572,645	\$0	\$4,312,118

Explanation of Revenues

This program generates \$62,090 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. NOTE: DELIC has not yet informed County of the budget for FY 2026:

-DELIC Healthy Families grant: \$3,337,241

-DELIC ELA grant: \$203,342

-OHA MIECHV grant: \$80,000 (internal funds) + \$500,896 (pass through)

-Federal MAC allowance: \$ 190,639 HF staff complete regular time studies to leverage funds.

Significant Program Changes

Last Year this program was: FY 2025: 40056 Healthy Families

In FY 2025, \$338,000 was directed, through Healthy Families, to a contracted service provider for culturally specific early childhood services. This one-time investment is not renewed for FY 2026. The contractor has secured federal funding to support the home visiting component of their programming and has applied for other City and County funding. Starting 10/2024, \$500,000 was added to the Healthy Families budget from OHA to a sub-contract to provide federal Maternal Infant Early Childhood Home Visiting (MIECHV) Healthy Families services to culturally diverse teen parents. There is no impact to program capacity as this is a rerouting of funds, not new funding. This 2 year contract consolidates MIECHV staff and funding from two OHA contractors to one.

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

Program Description

Issue: The Black/African American community experiences the highest rates in Multnomah County of poor outcomes across the spectrum of perinatal health, including infant mortality, low birthweight, and preterm birth. The latter two are also linked to poorer health later in life, and correspondingly, Multnomah County's Black/African American population experiences the highest mortality rates compared to other racial/ethnic subpopulations for many of the leading chronic diseases contributing to deaths, including heart disease, Alzheimer's disease, diabetes, and essential hypertension and hypertensive renal disease. These poorer health outcomes are preventable, and addressing their root causes improves the overall health of the entire population, bringing about economic, social and direct health benefits to the community. For over 25 years, HBI has helped improve birth outcomes in the Black/African American community using a culturally responsive 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 engagement in early prenatal care compared to Black/African Americans not enrolled in the program. HBI also focuses on the importance of father involvement in achieving better outcomes.

Goal: HBI's core goal is to improve health outcomes before, during, and after pregnancy and eliminate the disparities experienced by the local Black/African American community in infant death and adverse perinatal outcomes. Long-term benefits of the program include increased parent advocacy skills; healthy children who are ready to learn; a healthier workforce; decreased costs across health and social service systems; and gains in equity for the county's Black/African American community.

Activities: HBI provides case management/home visiting, health education, and support groups using a family-centered approach that engages parents and other caretakers in supporting a child's development. HBI services are available throughout pregnancy and for the baby's first two years of life. Additional components of HBI include community engagement, service coordination, and consumer, partner and community engagement through the Community Consortium whose members work together to implement community-identified strategies. 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. The Community Consortium also 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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of families served in HBI program	275	320	366	366
Output	Number of billable visits in Targeted Case Management (TCM) for HBI enrolled families	1,609	2,340	1,968	3,420
Quality	Percent of participants who remain in program at least until child reaches 18 months of age	75%	70%	75%	75%
Quality	Percent of participants who express satisfaction with cultural specificity of program	90%	99%	87%	90%

Performance Measures Descriptions

1) Families who participate in HBI typically show improved outcomes in maternal/infant mortality and morbidity. 2) HBI strives to serve the African American community regardless of income and type of insurance. Meaning not all visits will be eligible for TCM billing. However, the addition of 3 new staff creates more capacity for visiting more families in FY26. 3) Case closure report indicates timeframe when families disenroll or disengages from the program. 4) Participants are asked to complete program evaluations to measure satisfaction and progress.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,277,231	\$1,466,290	\$1,090,214	\$2,057,898
Contractual Services	\$541,962	\$186,064	\$860,700	\$307,760
Materials & Supplies	\$64,168	\$71,536	\$95,295	\$204,786
Internal Services	\$0	\$652,433	\$0	\$771,474
Total GF/non-GF	\$1,883,361	\$2,376,323	\$2,046,209	\$3,341,918
Program Total:	\$4,259,684		\$5,388,127	
Program FTE	8.00	8.25	6.50	11.20

Program Revenues				
Intergovernmental	\$0	\$1,338,572	\$0	\$1,342,394
Other / Miscellaneous	\$0	\$25,092	\$0	\$25,092
Beginning Working Capital	\$0	\$0	\$0	\$400,000
Service Charges	\$0	\$1,012,659	\$0	\$1,574,432
Total Revenue	\$0	\$2,376,323	\$0	\$3,341,918

Explanation of Revenues

This program generates \$322,676 in indirect revenues.

HBI grant = \$1,100,000 (with 12% of grant award to be allocated to mental health supports)

TCM revenue = \$1,574,432

HBI Regional Perinatal Continuity of Care = \$529,894 (Grant for HBI programming for Tri-County area)

HBI Reproductive Health Program = \$112,500 (Grant funding from HSO to create culturally specific Repro Health Planning curriculum)

HBI Misc Charges/Recoveries = \$25,092

Significant Program Changes

Last Year this program was: FY 2025: 40058 Healthy Birth Initiative

In 2024, HBI was awarded the Healthy Start grant from HRSA for its core program funding for the current 5-year period, and has been receiving this funding since 1997. HBI also transitioned from paper charting to Epic Electronic Health Records to streamline data collection and increase efficiency. Service expansion continues with the addition of a partnership with Adventist Hospital and MCHD primary care clinics. HBI hired a part time Certified Nurse Midwife, as required by our HRSA grant, to implement the Centering Pregnancy model and had Increased revenue due to HBI filling vacancies and recalculating revenues.

Department: Health Department **Program Contact:** Charlene McGee
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 40007, 40053, 40060
Program Characteristics:

Program Description

Adolescence is a particularly formative time in the life course; the experiences during this time can have lasting impacts that shape a variety of health outcomes. As such, communities and the adolescents living within them are intrinsically linked in that the community environment shapes the experiences, health, and life course trajectory for its adolescent residents and these adolescents grow into the next generation leading and shaping the community. The Community and Adolescent Health (CAH) program collaborates with community members, families, community-based organizations, schools, and youth-serving professionals to ensure all young people have supportive and trusted adults in their lives, education and learning opportunities that help them develop and make healthy decisions, and safe environments in which to live and develop into adults.

CAH's goal is to ensure all adolescents in Multnomah County have the knowledge, safe support systems, and resources to thrive, be healthy, and have the opportunities they need to realize their full potential.

CAH activities emphasize four main functions:

Providing training and support: Through outreach, toolkits and training, CAH helps schools, educational and system partners, adults, and community groups create safer spaces where young people can learn, grow, and thrive.

Connecting youth with caring adults: We help young people build strong relationships with mentors and role models.

Preventing violence: We work to stop violence and create safer communities for everyone.

Giving youth a voice: We make sure young people have a say in the decisions that affect their lives.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of youth, community members and partners including schools/school districts staff engaged in health	16,111	4,250	4,894	2,500
Output	Number of policies, health promotion and education, technical assistance and outreach activities conducted	739	50	308	50
Output	Number of community partners (schools and organizations) involved in health promotion and prevention	21	23	22	15
Outcome	Percentage of adults who attended trainings and feel confident in discussing adolescent related-issues	99%	85%	85%	85%

Performance Measures Descriptions

1. Engagement includes through health promotion and prevention activities through coalitions, meetings, presentations, training (virtual and in-person). 2. Policies, technical assistance, and outreach activities included are provided or advanced by CAH and support adolescent and population health across the life span. 3. Community partners included schools, youth-serving organizations, and community-based organizations. 4. Adolescent-related issues include violence[CN1] prevention, substance use and positive youth development.

Legal / Contractual Obligation

OAR Rule 581-022-1440 State of Oregon's Human Sexuality Education Administrative Rule: Local public health authorities support school districts, as needed, who are legally obligated to meet this statute which also includes Oregon's SB 856, also known as Erin's Law. Erin's Law which requires the development and adoption of child sexual abuse prevention programs for students in kindergarten through 12th grade in all Oregon public schools. CAH provides this support as needed for Multnomah County Health Department.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,266,315	\$1,093,192	\$1,330,215	\$496,182
Contractual Services	\$3,545	\$59,472	\$23,691	\$117,566
Materials & Supplies	\$115,165	\$14,750	\$52,107	\$83,338
Internal Services	\$431,918	\$207,575	\$463,769	\$89,689
Total GF/non-GF	\$1,816,943	\$1,374,989	\$1,869,782	\$786,775
Program Total:	\$3,191,932		\$2,656,557	
Program FTE	8.15	7.25	8.18	3.16

Program Revenues				
Intergovernmental	\$0	\$1,431,973	\$0	\$786,775
Total Revenue	\$0	\$1,431,973	\$0	\$786,775

Explanation of Revenues

This program generates \$77,801 in indirect revenues.
\$348,463 - BJA STOP School Violence
\$188,312 - PHM Local - HPCDP
\$250,000 - Preventing Violence Affecting Young Lives

Significant Program Changes

Last Year this program was: FY 2025: 40060 Community & Adolescent Health

CAH's Office of Population Affairs Teen Pregnancy Prevention grant ended in FY 2025. Direct State - Public Health Modernization pass-through funding in the amount of \$400,739 ends June 30, 2025. As a result of these funding changes, the CAH program has ended the Adolescents and Communities Together (ACT) program, but has broadened its focus to address the myriad public health issues impacting youth. Some service levels will continue to sustain ACT program relationships with schools and community partners but with focus on shared risk and protective factors and policy, systems and environmental changes. CAH was awarded the 3-year BJA STOP School Violence Grant.

Department: Health Department

Program Contact: Neisha Saxena

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

Multnomah County continues to see high rates of negative health outcomes associated with substance use including substance misuse, wounds/abscesses, overdose, and death. People who inject drugs (PWID) are also at increased risk of HIV and Hepatitis C, especially if they do not have access to sterile injection supplies. Substance use is a complex issue that may be compounded by homelessness, mental illness, and other social determinants of health. Substance use behaviors and modalities change over time and are affected by external factors, including broad market supply, pharmacology, and community perceptions of risk. The rise of fentanyl, and the increase of smoking versus injecting, has required the program to increase street-based outreach to reach priority populations.

The program goal is to improve public health and the quality of life for people who use drugs by reducing the potential harms of drug use. 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. The program educates clients regarding one-time use of injection supplies, which is critical to reducing HCV, HIV, and bacterial transmission. The program distributes safer use supplies and offers used syringe takeback at field-based and clinical sites. Staff provide opioid overdose prevention education, and naloxone and fentanyl test strip distribution to clients and community partners to help reduce fatal overdoses. The program also subcontracts with a community based organization to provide these services at another clinic site.

The Harm Reduction Clinic (HRC) 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. HRC staff collaborate with Corrections Health to continue Medication Supported Recovery (MSR) services for inmates upon reentry. 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, facilitating local organizations to access free or discounted purchase of naloxone through internal and external partners.

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, and supports 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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of unique clients served	7,615	6,500	8,000	8,000
Outcome	Percentage of clients served that identify as BIPOC, a highly impacted community	33%	27%	34%	32%

Performance Measures Descriptions

All measures represent Multnomah County and subcontractor sites.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,707,234	\$607,600	\$1,790,840	\$918,184
Contractual Services	\$255,960	\$101,152	\$261,125	\$355,693
Materials & Supplies	\$637,461	\$2,234,966	\$620,453	\$913,852
Internal Services	\$373,173	\$98,203	\$389,967	\$173,523
Total GF/non-GF	\$2,973,828	\$3,041,921	\$3,062,385	\$2,361,252
Program Total:	\$6,015,749		\$5,423,637	
Program FTE	11.10	4.48	11.80	5.53

Program Revenues				
Intergovernmental	\$0	\$829,029	\$0	\$1,511,299
Other / Miscellaneous	\$0	\$2,212,892	\$0	\$849,953
Total Revenue	\$0	\$3,041,921	\$0	\$2,361,252

Explanation of Revenues

This program generates \$143,970 in indirect revenues.

\$255,505 - FEDERAL HIV/STI Statewide Services(HSSS)

\$596,178-STATE HIV/STI Statewide Services(HSSS)

\$849,953 - Overdose Prevention and Naloxone Distribution

\$38,534 - Need Exchange (intergovernmental)

\$60,000 - HSO Wound Care(intergovernmental)

\$50,000 - Naloxone Project (intergovernmental)

\$159,603 - Public Health Modernization Local - Harm Reduction

\$177,479 - SUD Comprehensive Opioid, Stimulant, and Substance use Site-based Program (COSSUP)

\$174,000 - Wound Care Services

Significant Program Changes

Last Year this program was: FY 2025: 40061A Harm Reduction

-Increased FTE and dollars due to combining information from Program Offers 40061A, 40061B, and 40061C.

- This budget includes a reduction in Care Oregon Harm Reduction Program. The Overdose Prevention and Naloxone Distribution grant from Care Oregon will not be renewed for FY 2026. We will have some savings to rollover from the FY 2025, but may have to dial back partnership distribution in FY 2026 and beyond.

- This budget includes \$174,000 of additional revenue from Health Share of Oregon for regional wound care kits, and the output is expected to be 20,000 simple kits, 3,000 enhanced kits. 53% to Multnomah County, 27% to Washington County, 20% to Clackamas County

Department: Health Department

Program Contact: Kirsten Aird

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

The Office of the Director supports the Board of Health (BOH) to set health policy for Multnomah County and provides administrative support and project management to ensure that the Public Health Division (PHD) fully performs its unique governmental role and achieves legal requirements for Multnomah County's local public health (PH) authority. The PHD is responsible for systems that promote and protect the health of, and prevent disease for, diverse communities within Multnomah County. The PHD accomplishes this work through policy interventions; prevention initiatives; public education and communications; community partnerships; planning; and research, evaluation, and assessment. The main goal is to improve the health of the entire population and reduce inequities experienced by BIPOC communities, especially in chronic disease and injury, and to lower rates of the leading causes of preventable death. Activities include:

Leadership and Policy - assessment and implementation of PH system reform; leadership on coalitions/boards; convening the Multnomah County Public Health Advisory Board (MC-PHAB); and implementing PH education and communication campaigns.

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 PH 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; PH workforce development; informatics; project management for emerging issues with departmental and community significance (such as the opioid epidemic); and academic partnerships.

Address Inequities through Health Equity - analysis of various data to analyze racial differences. The Office works closely with BIPOC community members, partners, and coalitions to determine best approaches to address health inequities. MC-PHAB advises with a focus on ethics in PH 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 from the most impacted communities. Community based organizations also provide feedback to develop policy and system change.

PHD facility management will support the one time move of the Gateway WIC clinic to a new location in Rockwood.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of Multnomah County Public Health Advisory Board meetings	12	12	12	12
Output	# of quality and strategy projects identified	6	6	6	6
Outcome	% of identified projects successfully completed	90%	90%	90%	90%
Outcome	# of presentations to Board of Health about strategies that address health disparities or inequities within commu	7	7	7	7

Performance Measures Descriptions

1. MCPHAB meetings are scheduled monthly. 2. Number of quality and strategy projects identified using a community informed approach and in response to priorities identified by the MC-PHAB and the Community Health Improvement Plan (CHIP). 3. Percent of identified projects successfully completed for emerging public health issues that have departmental and community significance and have been identified by public health programs as a priority 4. 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$2,801,680	\$1,131,011	\$2,419,407	\$1,825,853
Contractual Services	\$203,735	\$73,555	\$156,242	\$2,206
Materials & Supplies	\$166,701	\$19,158	\$239,828	\$4,451
Internal Services	\$522,722	\$463,081	\$629,044	\$336,264
Total GF/non-GF	\$3,694,838	\$1,686,805	\$3,444,521	\$2,168,774
Program Total:	\$5,381,643		\$5,613,295	
Program FTE	15.90	6.50	13.11	10.07

Program Revenues				
Intergovernmental	\$0	\$1,686,805	\$0	\$2,168,774
Total Revenue	\$0	\$1,686,805	\$0	\$2,168,774

Explanation of Revenues

This program generates \$255,955 in indirect revenues.
\$1,274,069 - Public Health Infrastructure Grant(A1)
\$684,794 - Public Health Infrastructure Grant(A2)
\$209,911 - State PR-62 Overdose Prevention-Counties

Significant Program Changes

Last Year this program was: FY 2025: 40096 Public Health Office of the Director

Due to budget constraints in the County General Fund, this FY 2026 Program Offer was reduced. Staff reductions include 1.00 FTE Administrative Analyst, 1.00 FTE Executive Specialist, and 2.00 FTE Project Manager Represented and 1.00 Finance Manager. Other changes in this program offer are due to organizational shifts and the movement of staff and associated funding. The Public Health Administration and Quality Management (40001) was moved to PH Office of the Director 40096. Community Partnership and Capacity Building activities were moved to the Health Department Directors Office 40000A. This program includes \$27,380 of one-time-only funding.

Department: Health Department **Program Contact:** Veronica Lopez Ericksen
Program Offer Type: Administration **Program Offer Stage:** Adopted
Related Programs: 40054, 40055, 40056, 40058
Program Characteristics:

Program Description

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.

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 inequities 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 most impacted communities (i.e., 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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Percent of contracts granted to vendors who represent and serve highly impacted communities	80%	80%	80%	80%
Output	Percent of electronic chart audits completed	N/A	N/A	N/A	90%

Performance Measures Descriptions

1. PCFH strives to reflect the communities we serve and through an equity and empowerment lens, we have been able to increase our highly impacted communities (i.e., BIPOC and low-income).
2. Client service records were created in a new Electronic Health Record (EHR) in FY25, eliminating paper charting. New protocols within the EHR will maximize billable claims, efficiency and accuracy, allowing more time for client support and programmatic deliverables.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$965,531	\$0	\$964,542	\$0
Contractual Services	\$11,000	\$133,000	\$77,063	\$133,000
Materials & Supplies	\$19,963	\$20,965	\$17,392	\$21,059
Internal Services	\$455,099	\$88,802	\$500,996	\$88,708
Total GF/non-GF	\$1,451,593	\$242,767	\$1,559,993	\$242,767
Program Total:	\$1,694,360		\$1,802,760	
Program FTE	6.00	0.00	6.00	0.00

Program Revenues				
Intergovernmental	\$0	\$153,965	\$0	\$153,965
Service Charges	\$0	\$88,802	\$0	\$88,802
Total Revenue	\$0	\$242,767	\$0	\$242,767

Explanation of Revenues

\$88,802 Maternal, Child and Adolescent Health Babies First
\$100,000 - TITLE V -IR
\$53,965 - TITLE V- Management

Significant Program Changes

Last Year this program was: FY 2025: 40097 Parent, Child, and Family Health Management

For FY 2026 this program anticipates the reduction of Nurse Family Partnership teams. We have begun our space consolidation and adjusted productivity expectations as the transition to EPIC EHR was successful. Quality assurance via real time data will improve work flows and alter some staff roles. PCFH continues to strategize how to adapt service delivery to meet the needs of the community, including interpretation services for any language spoken and planning for universal home visiting, a State mandated program that is expected to be implemented in FY 2026.

Integrated Clinical Services

The Integrated Clinical Services (ICS) Division is the largest Federally Qualified Health Center (FQHC) in Oregon. ICS provides high-quality, patient-centered health care and related services to communities across Multnomah County. It advances health equity outcomes and works to eliminate health inequities by providing integrated and collaborative healthcare to individuals, families, and communities.

Collectively, Integrated Clinical Services serves more than 54,000 unique clients each year with a focus on people who have limited access to healthcare. The Health Center's eight medical homes offer primary care clinics with integrated behavioral health, dental clinics, and onsite pharmacy services. Additionally, the Health Center operates nine Student Health Centers and one mobile unit. Health Center services include highly specialized care for persons living with HIV as well as for immigrant and refugee populations. As a Federally Qualified Health Center, the program must follow federal Health Resources and Services Administration (HRSA) regulatory requirements and specific governance, financial, operational, and clinical quality policies. The community is engaged in governance and decision making through the Community Health Center Board and clinic Client Advisory Committees.

The Health Center welcomes everyone in the County, regardless of insurance status, ability to pay, or documentation status. The Health Center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of patients identify as people of color, and more than 38% utilize interpretation with 59% of patients indicating they are best served in a language other than English. This includes more than 100 different languages. The majority of patients (93%) are covered by Medicaid, 5% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL).

Eight **dental clinics** offer comprehensive and urgent dental treatment for both Medicaid and self-pay patients. The dental program focuses on fostering a collaborative learning environment for oral health, with a special emphasis on individuals such as children or clients with diabetes. The dental program also manages a Baby Day program, focusing on treatment for children ages 0-36 months, as well as the School and Community Oral Health program, which provides dental education and sealant services directly in schools.

\$294.9 million

Integrated Clinical Services

Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.



726.53 FTE

(full time equivalent)

Other Funds

\$294.9M

100.0%

Primary care services include treatment of acute and chronic illnesses, behavioral health, drug and alcohol treatment, family planning, prenatal and preventive services (including well child and immunizations), and community health education. Within the **Health Services Center**, additional case management, screening, and education services are available for people living with HIV. All clinic primary care medical homes are designed to support patient care management, which includes:

- Refugee and asylee medical screenings in contract with Oregon Department of Human Services
- Limited specialty services including gynecology
- Pharmacy and lab services; and
- Enabling services including Medicaid eligibility screening, medical interpretation, transportation assistance, case management, and health education.

The **Patient Access Center** is the point of entry for scheduling new and established clients. The Center provides appointments, nurse triage, and referrals ensuring consistent patient information and tracking. They also help sign patients up to access their electronic medical record and provide annual screening and referral for food, housing, utility, and transportation insecurities.

Integrated Behavioral Health offers mental health assessment, diagnosis and brief evidence-based psychotherapy, behavioral 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, 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.

Community Health Workers work with clients on the Social Drivers of Health (SDoH) and Health Education/Promotion. In addition to direct client services, this work includes establishing partnerships in the community.

Health Center Pharmacies serve nearly 7,000 clients per month. Medications are primarily purchased through the 340B drug pricing program which is a 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, for Expedited Partner Therapy, and for naloxone to community partners and first responders. The **Clinical Pharmacy program** currently consists of 11 clinical pharmacists who are embedded in primary care clinics and the 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.

Division Outcomes

- Multnomah County residents living on low incomes will have increased access to a primary medical home that includes integrated behavioral health services and primary care services.
- Multnomah County community members that reflect the patient population, including current staff and patients, will have increased entry to Health Center workforce development programs to advance their careers and further their education in healthcare.
- Health Center patients will have increased access to affordable medications by filling at onsite pharmacies.
- Health Center patients will have increased support of wrap-around and navigation services, including insurance support, phone navigation, and intensive care management for patients at high and rising risk.

- Health Center patients and community members will have increased input and involvement in governance and compliance of Health Center services.

Significant Division Changes

The Health Center completed major service expansions in 2024 and 2025, including the full launch of the mobile medical clinic (serving seven community partner locations and providing nearly 700 service encounters for primary care, behavioral health, and dental patients) and the Fernhill Health Center which opened in May 2025 in Portland's Cully neighborhood. In FY 2026, our existing workforce development programs remain in place, including support for the Advanced Practice Fellowship, Expanded Function Dental Assistance training, Pharmacy Clerkship training, and Clinical Pharmacist training. Fernhill will also provide additional workforce development opportunities through partnerships with Portland Community College and other educational programs.

In FY 2026, the Health Center will continue to invest in service expansion and industry standard staffing capacities under the primary care medical home model. This includes implementing ratio-driven staffing for care teams which will support additional capacity for immunization access and STI testing for Health Center patients or those wishing to establish care and may be losing access due to other reductions in the County and community. The ratio-driven staffing model increases the medical assistant-to-provider ratio to 1.5:1.0 FTE and the medical assistant-to-clinical pharmacist and psychiatric mental health nurse practitioner ratio to 0.5:1.0 FTE. The ratio-driven staffing model enables increased clinical team access for timely preventative care visits such as blood pressure checks. The Health Center will also build additional behavioral health capacity for pediatric clients and for populations transitioning from carceral facilities through expanded HRSA grants intended for this purpose. The Patient Access Center will increase capacity in FY 2026 for nurse phone triage and patient referrals, including support for social drivers of health and medical equipment referrals.

Additional funding is allocated to support onboarding/education of four new board members from calendar year 2024 and ongoing training opportunities for the full Community Health Center Board to support compliance. The Health Center also allocated funds towards an upgrade of OCHIN Epic, the electronic health record business system that supports client care.

Table of Division Programs

The following table shows the programs that make up the division's budget, including cash transfers, contingencies, and unappropriated balances. The individual programs for this division follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Integrated Clinical Services						
40012	FQHC-HIV Clinical Services		0	9,994,568	9,994,568	37.30
40016	FQHC-Medicaid/Medicare Eligibility		0	3,286,067	3,286,067	19.00
40017	FQHC-Dental Services		0	33,979,972	33,979,972	123.99

Health Department

FY 2026 Adopted Budget

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
40019	FQHC-North Portland Health Clinic		0	7,731,576	7,731,576	29.90
40020	FQHC-Northeast Health Clinic		0	8,929,501	8,929,501	32.45
40022	FQHC-Mid County Health Clinic		0	17,275,206	17,275,206	62.30
40023	FQHC-East County Health Clinic		0	13,545,722	13,545,722	48.40
40024	FQHC-Student Health Centers		0	9,980,056	9,980,056	35.84
40026	FQHC-La Clinica de Buena Salud		0	4,215,739	4,215,739	14.50
40027	FQHC-Southeast Health Clinic		0	7,788,927	7,788,927	28.60
40029	FQHC-Rockwood Community Health Clinic		0	7,511,353	7,511,353	29.30
40030	FQHC-Medical Director		0	1,903,048	1,903,048	3.00
40031	FQHC-Pharmacy		0	43,086,956	43,086,956	56.50
40032	FQHC-Lab and Medical Records		0	4,718,564	4,718,564	23.80
40033	FQHC-Primary Care and Dental Access and Referral		0	9,905,070	9,905,070	56.80
40034A	FQHC-Administration and Operations		0	12,989,525	12,989,525	50.90
40034B	FQHC - Contingency and Reserves	X	0	77,641,217	77,641,217	0.00
40036	FQHC-Community Health Council and Civic Governance		0	462,029	462,029	1.00
40102	FQHC Allied Health		0	9,724,773	9,724,773	45.50
40103	FQHC-Quality Assurance		0	10,205,961	10,205,961	27.45
	Total Integrated Clinical Services		\$0	\$294,875,830	\$294,875,830	726.53

Department: Health Department

Program Contact: Nick Tipton

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

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 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

HIV Health Services Center (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, 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 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, and COVID-19 strategies in working with persons living with HIV.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of unduplicated HIV clinic patients	1,539	1,650	1,590	1,650
Outcome	Percent of patients whose last viral load test is below 200 copies	87%	90%	90%	91%

Performance Measures Descriptions

HIV viral load refers to the amount of human immunodeficiency virus (HIV) circulating in the bloodstream. Viral load tests are essential for monitoring the effectiveness of antiretroviral therapy (ART), medications used to suppress HIV replication. A low viral load indicates that ART is working well and suppressing the virus. In the management of HIV, the goal is for patients to have a viral load of less than 200 copies/milliliter of blood.

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. Part C requires serving clients from across the state of Oregon. Part D requires serving Women, Infants, Children and Youth (WICY) from across the state of Oregon. Compliance is required for all costs and revenues generated by the program.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$6,038,265	\$0	\$6,581,005
Contractual Services	\$0	\$139,317	\$0	\$269,318
Materials & Supplies	\$0	\$274,556	\$0	\$1,323,489
Internal Services	\$0	\$2,003,129	\$0	\$1,820,756
Total GF/non-GF	\$0	\$8,455,267	\$0	\$9,994,568
Program Total:	\$8,455,267		\$9,994,568	
Program FTE	0.00	34.05	0.00	37.30

Program Revenues				
Intergovernmental	\$0	\$3,228,402	\$0	\$3,316,998
Beginning Working Capital	\$0	\$1,263,809	\$0	\$1,739,492
Service Charges	\$0	\$3,963,056	\$0	\$4,938,078
Total Revenue	\$0	\$8,455,267	\$0	\$9,994,568

Explanation of Revenues

This program generates \$892,885 in indirect revenues.

HD FQHC AETC - AIDS Education & Training Center - EHE \$79,200, HD FQHC Hep C - medicaid Wrap \$212,131

HD FQHC Russell St HIV \$13,120, HD FQHC Hep C Mcaid CareOr FFS \$1,461,345

HD FQHC Ryan White Part C - Early Intervention to HIV GY33 \$777,541

HD FQHC Hep C Mcaid FFS \$141,923, HD FQHC Ryan White Title IV Part D GY25 \$574,930

HD FQHC Hep C Mcaid \$246,024, HD FQHC Ryan White Part A - GY30 - HHSC Clinical Service \$724,930

HD FQHC HIV Clinic Mcaid Wrap \$2,552,111, HD FQHC Ryan White Part A - GY30 - HHSC Case Management \$554,466

HD FQHC HIV Clinic Mcaid Wrap BWC \$1,739,492, HD FQHC OHA Ryan White - HIV Clinic - GY08 \$130,000

HD FQHC HIV Clinic 3rd Party \$322,326, HD FQHC OHA Ryan White - HHSC MCM - GY08 \$148,785

HD FQHC HIV Clinic Pt Fees \$2,218, HD FQHC OHA Ryan White HHSC Non-MCM - GY08 \$269,026

HD FQHC PC330 - Increase Access HIV Care & Treatment GY23 \$45,000

Significant Program Changes

Last Year this program was: FY 2025: 40012 FQHC-HIV Clinical Services

HIV Health Services Center has added 2.00 FTE medical assistants to this year's budget. This change is in alignment with the Health Center shift to a ratio-driven staffing model for clinical teams. The ratio-driven staffing model increases the medical assistant-to-provider ratio to 1.5:1.0 FTE and the medical assistant-to-clinical pharmacist and psych mental health nurse practitioner ratio to 0.5:1.0 FTE.

The previous medical assistant-to-primary care provider ratio of 1.0:0.8 FTE did not allow for adequate coverage for daily sick calls, leave of absences, increased support needed for a robust offering of immunization clinics, and medical assistant support for providers added for additional access.

Department: Health Department

Program Contact: Belma Nunez

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
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 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center 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 gain access to health services by providing registration, enrollment assistance and advocacy to families and children applying for state and federally provided Medical and Dental coverage as well as other types of medical assistance programs. Patients are also screened for sliding fee discounts for services received if they are unable to obtain other coverage. Last year, the program had 17,281 client contacts in person and by phone, and there were 2,012 projected enrollments into the Oregon Health Plan (OHP). Patient contacts include follow up on enrollments submitted, responding to insurance questions, assistance with securing the sliding fee scale for uninsured or underinsured patients, and assistance with data submission during the insurance redetermination period which had been postponed during the pandemic.

The Medicaid Enrollment program provides outreach and education efforts aimed at increasing the number of clients who complete the OHP enrollment process; access to health care services (particularly for pregnant people and children); and ensures continuity of coverage when recertification is due.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Annual number of patients screened	17,281	20,000	20,000	23,000
Outcome	% of Self Pay patients enrolled in care at the Health Center	4.9%	3.5%	5.2%	3.5%

Performance Measures Descriptions

The Output measures the number of clients served and visits during FY26 in comparison to previous years, while the outcome measures the level of success of self-pay patients.

Legal / Contractual Obligation

The Medicaid Enrollment Program is contracted by the State Division of Medical Assistance Program to provide application and enrollment assistance to all OHP/Medicaid eligible individuals and families including education regarding managed health care. Information includes establishing a Date of Request or effective date of coverage, navigating managed medical, dental, and mental health care, covered services (including preventive and emergent care), client rights and responsibilities, and the grievance and appeal process. Medical assistance is in the scope of the Primary Care 330 Grant.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$2,305,618	\$0	\$2,396,460
Contractual Services	\$0	\$18,000	\$0	\$18,000
Materials & Supplies	\$0	\$12,800	\$0	\$14,741
Internal Services	\$0	\$804,327	\$0	\$856,866
Total GF/non-GF	\$0	\$3,140,745	\$0	\$3,286,067
Program Total:	\$3,140,745		\$3,286,067	
Program FTE	0.00	19.00	0.00	19.00

Program Revenues				
Other / Miscellaneous	\$0	\$40,000	\$0	\$0
Service Charges	\$0	\$3,100,745	\$0	\$3,286,067
Total Revenue	\$0	\$3,140,745	\$0	\$3,286,067

Explanation of Revenues

This program generates \$375,765 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.

\$1,243,840 - Charges for Services, APM

\$2,042,227 - HD FQHC OHP Medicaid/Medicare Eligibility

Significant Program Changes

Last Year this program was: FY 2025: 40016 FQHC-Medicaid/Medicare Eligibility

Department: Health Department

Program Contact: Azma Ahmed

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

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 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

- 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. The dental program focuses on fostering a collaborative learning environment for oral health, with a special emphasis on individuals such as children or clients with diabetes.

- The School and Community Oral Health (SCO) 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 ensuring that families are part of the oral health treatment.

- The program is also heavily involved in 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 that is passionate about public healthcare. In FY 26, the dental program will persist in its internal workforce development initiative, encouraging and supporting individuals from the communities we serve to become dental assistants in our clinic system.

Dental services are a vital program addressing the needs of the poorest and most vulnerable in Multnomah County through education, prevention, and treatment. Our commitment to metrics benefits the community, ensures quality care, and maintains a sound financial outlook. The Dental program remains dedicated to finding efficient, evidence-based ways to deliver high-quality oral healthcare services to a broad audience.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total Patients Visits. This measure describes the number of patient visits within the fiscal year.	60,137	75,816	58,310	64,694
Outcome	Increase access to workforce program graduates from the community we serve	0	14	9	12

Performance Measures Descriptions

Output: Total Patients Visits. This measure describes the number of patient dental visits within the fiscal year. In addition to shoring up the financial viability of the dental program, increasing the number of encounters will be critical in light of the ongoing need to close race and ethnicity gaps in access to dental care.

Outcome: Dental assistant vacancies filled by workforce graduates following program completion.

Legal / Contractual Obligation

Dental services are a requirement of the Bureau of Primary Health Care 330 Grant. Dental complies with Coordinated Care Organizations (COO) contractual requirements as well as 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 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$22,485,698	\$0	\$23,300,959
Contractual Services	\$0	\$493,216	\$0	\$1,005,735
Materials & Supplies	\$0	\$2,171,922	\$0	\$1,939,290
Internal Services	\$0	\$7,472,419	\$0	\$7,733,988
Total GF/non-GF	\$0	\$32,623,255	\$0	\$33,979,972
Program Total:	\$32,623,255		\$33,979,972	
Program FTE	0.00	122.09	0.00	123.99

Program Revenues				
Intergovernmental	\$0	\$312,000	\$0	\$312,000
Other / Miscellaneous	\$0	\$3,640,582	\$0	\$2,541,371
Beginning Working Capital	\$0	\$2,237,133	\$0	\$6,080,499
Service Charges	\$0	\$26,433,540	\$0	\$25,046,102
Total Revenue	\$0	\$32,623,255	\$0	\$33,979,972

Explanation of Revenues

This program generates \$3,594,819 in indirect revenues.

The primary source of revenue is Medicaid payments and patient fees.

\$6,080,499 - FQHC - Dental Services BWC

\$ 25,046,102 - Dental Patient Fees

\$ 312,000 - Federal Primary Care (330) Grant

\$2,541,371 - Non-Governmental Grants

Significant Program Changes

Last Year this program was: FY 2025: 40017 FQHC-Dental Services

Dedicated FTE has been allocated for continuation of the workforce development program. Projected patient encounters have been carefully adjusted to 64,694 in FY 2026, reflecting anticipated demand, staffing levels, contractual obligations, and historical no-show rates. Positions added to support program objectives include the following: 1.00 FTE Dentist (East County Dental) & 1.00 FTE Program Supervisor (Workforce Development). Dental contractual services have increased due to the use of contracted staff, agency staff to backfill for staffing vacancies and to improve access. Internal services costs have increased due to increased IT cost and device inventory reconciliation. Supply costs decreased from FY 2025 as a result of supplies having been purchased in FY 2025 in preparation for the opening of the Fernhill Health Center in FY 2026.

Department: Health Department

Program Contact: Katie Thornton

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

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 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

North Portland Health Center (NPHC) 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; and
- Enabling services including 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 (27%). The remaining 15% of our patients identify as Asian, Native American and Pacific Islander.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Individual NPHC patients served	3,744	5,000	4,100	4,300
Output	Number of patient visits	12,045	13,000	13,500	14,648

Performance Measures Descriptions

Outputs measure the number of NPHC patients and visits during FY26 in comparison to previous years.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, Coordinated Care Organizations (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.

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$4,748,214	\$0	\$5,547,556
Contractual Services	\$0	\$122,693	\$0	\$122,693
Materials & Supplies	\$0	\$173,501	\$0	\$185,438
Internal Services	\$0	\$1,556,656	\$0	\$1,875,889
Total GF/non-GF	\$0	\$6,601,064	\$0	\$7,731,576
Program Total:	\$6,601,064		\$7,731,576	
Program FTE	0.00	27.10	0.00	29.90

Program Revenues				
Intergovernmental	\$0	\$673,377	\$0	\$673,895
Service Charges	\$0	\$5,927,687	\$0	\$7,057,681
Total Revenue	\$0	\$6,601,064	\$0	\$7,731,576

Explanation of Revenues

This program generates \$869,858 in indirect revenues.

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

\$112,510 - Medical Fees PT Fees

\$ 673,895 - Federal PC330/Homeless grant

\$ 6,945,171 - FQHC Medicaid Wraparound/Medicare

Significant Program Changes

Last Year this program was: FY 2025: 40019 FQHC-North Portland Health Clinic

The North Portland Health Center has added 2.00 FTE Medical Assistant Support. The previous medical assistant-to-primary care provider ratio of 1.0 :0.8 FTE did not allow for adequate coverage for daily sick calls, leave of absences, increased support needed for a robust offering of immunization clinics, and medical assistant support for providers added for additional access. Additionally, the previous ratio did not leave capacity for medical assistant support for patient visits with clinical pharmacists and psych mental health nurse practitioners, resulting in missed opportunities to complete preventative screenings, immunizations, and follow-up care. The North Portland Health Center has increased internal services charges due to increased IT cost and building security costs. The program also had increased revenue projected due to the 3.5% increased Alternative Payment Methodology rate which is a key revenue source for the Health Center.

Department: Health Department

Program Contact: Katie Thornton

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

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 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Northeast Health Center (NEHC) 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; and
- Enabling services including Medicaid eligibility screening, medical interpretation, transportation assistance, case management and health education

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 Latinx diaspora (35%), Black diaspora (28%), and white/non-Hispanic (25%). The remaining 12% of our patients identify as Asian, Native American and Pacific Islander.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of NEHC patients served	3,784	5,500	4,000	4,200
Output	Number of patient visits	12,529	16,000	13,000	16,000

Performance Measures Descriptions

Outputs measure the number of NEHC patients and visits during FY26 in comparison to previous years.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, Coordinated Care Organizations (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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$5,141,417	\$0	\$6,182,599
Contractual Services	\$0	\$143,286	\$0	\$143,286
Materials & Supplies	\$0	\$188,610	\$0	\$310,470
Internal Services	\$0	\$2,081,328	\$0	\$2,293,146
Total GF/non-GF	\$0	\$7,554,641	\$0	\$8,929,501
Program Total:	\$7,554,641		\$8,929,501	
Program FTE	0.00	29.30	0.00	32.45

Program Revenues				
Intergovernmental	\$0	\$983,466	\$0	\$985,060
Service Charges	\$0	\$6,571,175	\$0	\$7,944,441
Total Revenue	\$0	\$7,554,641	\$0	\$8,929,501

Explanation of Revenues

This program generates \$969,432 in indirect revenues.

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

Federal \$985,060 - Federal Primary Care (330) grant
Federal \$7,817,800 - FQHC Medicaid Wraparound/Mcare, FFS, FPEP
\$126,641 - Patient Fees

Significant Program Changes

Last Year this program was: FY 2025: 40020 FQHC-Northeast Health Clinic

The Northeast Health Center has added 3.00 FTE medical assistants to this year's budget. The previous medical assistant-to-primary care provider ratio of 1.0:0.8 FTE did not allow for adequate coverage for daily sick calls, leave of absences, increased support needed for a robust offering of immunization clinics, and medical assistant support for providers added for additional access. Additionally, the previous ratio did not leave capacity for medical assistant support for patient visits with clinical pharmacists and psych mental health nurse practitioners, resulting in missed opportunities to complete preventative screenings, immunizations, and follow-up care.

The Northeast Health Center added a 1.00 FTE Nurse Practitioner to provide culturally specific group visits focused on Black diaspora communities to help build trust in the healthcare system, engagement, and patient centered care.

Department: Health Department

Program Contact: Amaury Sarmiento

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

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 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Mid County Health Center (MCHC) 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; and
- Enabling services including Medicaid eligibility screening, medical interpretation, transportation, case management and health education

MCHC is tightly linked with refugee resettlement agencies, and the State of Oregon Self-Sufficiency Programs. 65% of MCHC clients are immigrants or were refugees from areas such as Ukraine, Afghanistan, Democratic Republic of Congo (DRC), Burman, Russia, Latin America, Kosovo.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of MCHC patients served	9,698	9,500	9,800	10,000
Output	Number of patient visits	28,227	33,958	29,500	29,966

Performance Measures Descriptions

Outputs measure the number of MCHC patients and visits during FY26 in comparison to previous years.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, Coordinated Care Organizations 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 (ODHS) to complete refugee and asylee medical screenings. All costs and revenues generated by this program must also comply with the HRSA FOHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$10,735,021	\$0	\$12,239,890
Contractual Services	\$0	\$117,357	\$0	\$664,621
Materials & Supplies	\$0	\$601,416	\$0	\$623,380
Internal Services	\$0	\$3,619,581	\$0	\$3,747,315
Total GF/non-GF	\$0	\$15,073,375	\$0	\$17,275,206
Program Total:	\$15,073,375		\$17,275,206	
Program FTE	0.00	59.15	0.00	62.30

Program Revenues				
Intergovernmental	\$0	\$928,950	\$0	\$1,466,185
Service Charges	\$0	\$14,144,425	\$0	\$15,809,021
Total Revenue	\$0	\$15,073,375	\$0	\$17,275,206

Explanation of Revenues

This program generates \$1,919,214 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 \$ 15,696,987 - FQHC Medicaid Wrap, Mcare, FFS, APM, FPEP
State \$ 537,235 - Intergovernmental, Direct State
\$ 112,034 - Patient Fees

Significant Program Changes

Last Year this program was: FY 2025: 40022 FQHC-Mid County Health Clinic

4.00 FTE medical assistants were added. The previous medical assistant-to-primary care provider ratio of 1.0:0.8 FTE did not allow for adequate coverage for daily sick calls, leave of absences, increased support needed for a robust offering of immunization clinics, and medical assistant support for providers added for additional access. The previous ratio did not leave capacity for medical assistant support for patient visits with clinical pharmacists and psych mental health nurse practitioners, resulting in missed opportunities to complete preventative screenings, immunizations, and follow-up care. A 1.00 FTE Peer Support Specialist was added to help improve the patient care experience for patients from communities with less established support systems. This is particularly important in the area of maternal and family care. Contractual Services for the Mid-County had been under budgeted in FY 2025 and has increased to accurately reflect consistent costs.

Department: Health Department

Program Contact: Lynne Wiley

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

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 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

East County Health Center (EHC) 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. EHC 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; and
- Enabling services including Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

EHC 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%), followed by white/non-Hispanic (45.7%), and the remaining (7%) of our patients identify as mostly Asian, Middle Eastern/North African, and Pacific Islander.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of EHC patients served	8,890	9,500	9,800	9,800
Output	Number of patient visits	26,477	27,706	28,408	28,430

Performance Measures Descriptions

Outputs measure the number of EHC patients and visits during FY26 in comparison to previous years.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, Coordinated Care Organizations (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 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$9,231,662	\$0	\$9,672,189
Contractual Services	\$0	\$318,224	\$0	\$379,928
Materials & Supplies	\$0	\$307,818	\$0	\$326,301
Internal Services	\$0	\$2,982,040	\$0	\$3,167,304
Total GF/non-GF	\$0	\$12,839,744	\$0	\$13,545,722
Program Total:	\$12,839,744		\$13,545,722	
Program FTE	0.00	49.90	0.00	48.40

Program Revenues				
Intergovernmental	\$0	\$1,085,315	\$0	\$1,085,315
Service Charges	\$0	\$11,754,429	\$0	\$12,460,407
Total Revenue	\$0	\$12,839,744	\$0	\$13,545,722

Explanation of Revenues

This program generates \$1,516,600 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 \$ 12,255,029	FQHC Medicaid Wrap, Care Or FFS, APM
\$ 205,378	Patient Fees

Significant Program Changes

Last Year this program was: FY 2025: 40023 FQHC-East County Health Clinic

The East County Primary Care program has added 2.00 FTE medical assistants to this year's budget. The previous medical assistant-to-primary care provider ratio of 1.0:0.8 FTE did not allow for adequate coverage for daily sick calls, leave of absences, increased support needed for a robust offering of immunization clinics, and medical assistant support for providers added for additional access. Additionally, the previous ratio did not leave capacity for medical assistant support for patient visits with clinical pharmacists and psych mental health nurse practitioners, resulting in missed opportunities to complete preventative screenings, immunizations, and follow-up care.

Department: Health Department

Program Contact: Alexandra Lowell

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

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 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center 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 Student Health Center (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 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, healthy lifestyle 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, and students experiencing homelessness. The SHCs provide culturally appropriate care to a diverse population with the largest groups served being those who identify as Latinx (35%), White (25%), Black (14%), and Asian (8%), and 4% of our patients identify as Pacific Islander, Native American, Native Alaskan or Native Hawaiian. Thirteen percent of clients services did not share or refused to share their race/ethnicity.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	% of patients with one or more visits with a health assessment in the last year	61%	70%	63%	65%
Output	Number of SHC visits	15,993	16,339	16,339	17,126
Output	Number of SHC patients served	6,789	N/A	6,700	6,700

Performance Measures Descriptions

Outputs measure the number of SHC patients and visits during FY26 in comparison to previous years and the percentage of patients that receive a health assessment/screening during a visit.

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 the Joint Commission and follows accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$6,161,331	\$0	\$6,719,341
Contractual Services	\$0	\$506,500	\$0	\$322,262
Materials & Supplies	\$0	\$527,311	\$0	\$563,507
Internal Services	\$0	\$2,100,518	\$0	\$2,374,946
Total GF/non-GF	\$0	\$9,295,660	\$0	\$9,980,056
Program Total:	\$9,295,660		\$9,980,056	
Program FTE	0.00	34.10	0.00	35.84

Program Revenues				
Intergovernmental	\$0	\$1,486,708	\$0	\$1,312,379
Other / Miscellaneous	\$0	\$45,000	\$0	\$306,319
Service Charges	\$0	\$7,763,952	\$0	\$8,361,358
Total Revenue	\$0	\$9,295,660	\$0	\$9,980,056

Explanation of Revenues

This program generates \$1,053,590 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 \$ 8,011,443 - Medical Fees, Wrap, APM, Mcare, Care FFS

State \$ 500,379 - State SBHC Grants

Federal \$ 812,000 - PC 330 Grant

3rd Party Fees \$349,915

Kaiser/Roots & Wings & CO OD Prevention \$306,319

Significant Program Changes

Last Year this program was: FY 2025: 40024 FQHC-Student Health Centers

Student Health Center program has added 2.00 FTE medical assistants. The previous medical assistant-to-primary care provider ratio across the Student Health Center sites did not allow for adequate coverage. A 0.80 FTE Registered Nurse was added to support the telemedicine pilot which aims at providing telemedicine services to students attending schools without co-located Student Health Centers in coordination with school nurses. Student Health Center internal services expenses have increased due to the increased IT cost and device inventory reconciliation which resulted in more computers having been moved into the budget. Service charges increase under revenue comes from 787 more projected visits for the program in FY 2026 resulting in increased visit revenue.

Department: Health Department

Program Contact: Amaury Sarmiento

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

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 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

La Clinica de Buena Salud (La Clinica) 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
- Dental services
- Enabling services including Medicaid eligibility screening, medical interpretation, transportation, case management and health education

Although initially La Clinica was initially served the Latinx 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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of La Clinica patients served	2,076	2,100	2,100	2,300
Output	Number of patient visits	7,300	7,400	7,300	7,620

Performance Measures Descriptions

Outputs measure the number of La Clinica patients and visits during FY26 in comparison to previous years.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, Coordinated Care Organizations (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 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$2,773,547	\$0	\$3,015,129
Contractual Services	\$0	\$898,318	\$0	\$59,650
Materials & Supplies	\$0	\$116,931	\$0	\$203,789
Internal Services	\$0	\$876,097	\$0	\$937,171
Total GF/non-GF	\$0	\$4,664,893	\$0	\$4,215,739
Program Total:	\$4,664,893		\$4,215,739	
Program FTE	0.00	14.50	0.00	14.50

Program Revenues				
Intergovernmental	\$0	\$826,068	\$0	\$826,068
Beginning Working Capital	\$0	\$750,000	\$0	\$0
Service Charges	\$0	\$3,088,825	\$0	\$3,389,671
Total Revenue	\$0	\$4,664,893	\$0	\$4,215,739

Explanation of Revenues

This program generates \$472,771 in indirect revenues.

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

Federal \$ 826,068 - Federal Primary Care/330 grant (Homeless - La Clinica)
Federal \$ 3,324,247 - FQHC Medicaid Wrap, Medicaid FFS, CareOR FFS, APM
 \$ 65,424 - Charges for Services -Patient Fees

Significant Program Changes

Last Year this program was: FY 2025: 40026 FQHC-La Clinica de Buena Salud

La Clinica will be relocating to a new location in May 2025. This move allows the health center to serve more community members and allows us to integrate our services offered by having a dental and pharmacy co-located in the same building. A 1.0 FTE Office Assistant was added to support the additional visits and phones having added dental services at its new location. La Clinica, soon to become Fernhill Primary Care program, has added 2.00 FTE medical assistants. The previous medical assistant-to-primary care provider ratio of 1.0:0.8 FTE did not allow for adequate coverage. In FY 2025, two budgets were created for the LaClinica the program offer due to the need to have an additional budget to cover Fernhill construction and supplies prior to revocation in FY 2026. The secondary budget was not necessary in FY 2026 thus decreasing the contractual services.

Department: Health Department

Program Contact: Nick Tipton

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

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 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Southeast Health Center (SEHC) is a Patient Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, medication assisted therapy 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; and
- Enabling services including Medicaid eligibility, interpretation, transportation, case management and health education.

A key population that SEHC serves is the homeless population that continues to grow in the SEHC region. We utilize wrap around services for our clients experiencing houselessness that include intensive case management/navigation services, addressing food insecurities (food banks, community supported agriculture partnerships for health with local farms), and referrals to community partnerships. In early 2024, the Medical Mobile Van was added to bring medical and dental services out into the community. The program largely served unstably housed community members or individuals and families with barriers to care. Behavioral Health and case management services were added to the program late 2024.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of SEHC patients served	3,761	3,600	3,900	3,900
Output	Number of SEHC patient visits	12,564	11,663	13,210	13,521
Output	Number of mobile clinic visits (medical and dental)	422	3,500	600	3,392

Performance Measures Descriptions

Outputs measure the number of SEHC patients and visits during FY26 in comparison to previous years. Outputs measure for the Mobile Van includes medical and dental visit numbers during FY26 in comparison to previous years. Previous years actual numbers for the Mobile Van are reflective of the unit being in the shop with frequency shortly after having launched the program and throughout the year as well as the program's inability to hire the Dental Hygienists position.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, Coordinated Care Organizations (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.

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$4,888,206	\$0	\$5,324,051
Contractual Services	\$0	\$82,314	\$0	\$424,083
Materials & Supplies	\$0	\$220,985	\$0	\$391,600
Internal Services	\$0	\$1,444,209	\$0	\$1,649,193
Total GF/non-GF	\$0	\$6,635,714	\$0	\$7,788,927
Program Total:	\$6,635,714		\$7,788,927	
Program FTE	0.00	29.20	0.00	28.60

Program Revenues				
Intergovernmental	\$0	\$1,362,679	\$0	\$1,366,158
Service Charges	\$0	\$5,273,035	\$0	\$6,422,769
Total Revenue	\$0	\$6,635,714	\$0	\$7,788,927

Explanation of Revenues

This program generates \$834,812 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: \$ 761,431 - Federal Primary Care/Homeless grant(330)

Federal: \$ 438,227 - Mobile Van Services(330)grant

\$ 127,154 - Charges for Services (Patient Fees)

\$ 6,295,615 - FQHC PC Mcaid/Mcare FFS, WRAP, APM

Significant Program Changes

Last Year this program was: FY 2025: 40027 FQHC-Southeast Health Clinic

The Southeast Health Center has added a 1.00 FTE medical assistant to this year's budget. The previous medical assistant-to-primary care provider ratio of 1.0:0.8 FTE did not allow for adequate coverage. A 1.00 FTE OA2 has been added to the budget due to increased patient volume and the need for additional work completed by the Office Assistants prior to the patient visit with insurance verification and registration. The Mobile Health Clinic is the recipient of a grant aimed at expanding behavioral health services and entry in to care for medication for opioid use disorder (MOUD) treatment. This adds a behavioral health provider and peer support specialist as well as case management staff to the program during the two year grant period. Southeast and the Mobile Van have an increased program revenue which reflects the increased visit numbers projected. Staffing and interpretation costs increased due to the usage of interpretive services on the mobile van.

Department: Health Department

Program Contact: Lynne Wiley

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs: 78237

Program Characteristics:
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 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Rockwood Community Health Clinic (RCHC) is designed as a Patient-Centered Medical Home. 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; and
- Enabling services including Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

RCHC plays a significant role in providing safety net medical care to the residents of the growing Gresham and East Portland communities. The Health Center provides culturally appropriate care to a diverse population with the largest group served being the Latinx diaspora at 43.7%. 5.9% of the Health Center patients have a refugee designation.

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). The repair work will continue through FY26 and may require additional funding due to inflation over the length of the project and additional necessary repairs having been identified.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of RCHC patients served	3,926	4,500	4,200	4,500
Output	Number of patient visits	13,754	12,025	13,532	14,318

Performance Measures Descriptions

Outputs measure the number of RCHC patients and visits during FY26 in comparison to previous years.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, Coordinated Care Organizations (COO) 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 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$4,755,567	\$0	\$5,303,026
Contractual Services	\$0	\$187,057	\$0	\$195,555
Materials & Supplies	\$0	\$190,357	\$0	\$206,356
Internal Services	\$0	\$1,530,630	\$0	\$1,806,416
Cash Transfers	\$0	\$1,970,000	\$0	\$0
Total GF/non-GF	\$0	\$8,633,611	\$0	\$7,511,353
Program Total:	\$8,633,611		\$7,511,353	
Program FTE	0.00	28.10	0.00	29.30

Program Revenues				
Intergovernmental	\$0	\$2,734,766	\$0	\$764,768
Service Charges	\$0	\$5,898,845	\$0	\$6,746,585
Total Revenue	\$0	\$8,633,611	\$0	\$7,511,353

Explanation of Revenues

This program generates \$831,515 in indirect revenues.

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

Charges for Svcs: \$ 82,852 - FQHC Rockwood Patient Fees

Federal: \$ 764,768 - Federal Primary Care (330) grant

Federal: \$ 6,663,733 - Medicaid/Medicare Charges for Svcs, CO; FFS; APM; WRAP; FPEP; APM

Significant Program Changes

Last Year this program was: FY 2025: 40029 FQHC-Rockwood Community Health Clinic

Rockwood Health Center has added a 1.00 FTE medical assistant to this year's budget. The previous medical assistant-to-primary care provider ratio of 1.0:0.8 FTE did not allow for adequate coverage for daily sick calls, leave of absences, increased support needed for a robust offering of immunization clinics, and medical assistant support for providers added for additional access. Additionally, a 1.00 FTE Peer Support Specialist and a 1.00 FTE Licensed Practical Nurse were added to help improve the patient care experience for patients from communities with less established support systems. This is particularly important in the area of maternal and family care. Rockwood Health Center has increased program revenue which reflects the increased visit numbers projected. Internal Services has decreased by \$1.9 million due to Federal funds that were included in the FY 2025 budget for construction.

Department: Health Department

Program Contact: Amy Henninger

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

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Primary functions of the medical director program include:

- Develop and oversee strategic initiatives to improve care quality, achieve health equity, safety, cost-effectiveness, and access; develop and implement patient care guidelines, policies, procedures; Represent and advocate for the care of the clients served by the Health Center 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; Recruit, and hire health care providers (physicians, nurse practitioners including psychiatric nurse practitioners, physician's assistants, ensures required credentials and monitors provider performance; oversee medical, nursing and integrated behavioral health and ensure 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 keeping Health Resources and Services Administration (HRSA) grant funding intact. Medical Directors are accountable for legal conformance, quality and safety of patient care, need-based and scientifically justified service design, and efficient use of public funds.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of health center patients seen in the next calendar year (unique patients)	53,000	55,000	54,171	55,000
Output	Maintain compliance with regulatory and licensing standards/boards	100%	100%	100%	100%
Output	Number of patients on Primary Care Provider panels seen in the past 12 months	33,500	55,000	34,000	35,000
Outcome	Improve percent of Health Center patients who have controlled diabetes defined as an A1C <9 (lab value)	72%	72%	72.7%	74%

Performance Measures Descriptions

Outputs include number of patient visits compared to previous years, successful maintenance of compliance with regulatory standards/licensing and number of patients with PCP (visits with their own provider) in the past 12 months. Outcomes include the % of patients with a diabetes diagnosis that their diabetes under control, compared to previous years.

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 Coordinated Care Organizations (COO) contractual obligations. All costs and revenues generated by this program must also comply with Health Resources and Services Administration (HRSA) Federally Qualified Health Center requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$1,374,020	\$0	\$1,252,239
Contractual Services	\$0	\$168,000	\$0	\$157,000
Materials & Supplies	\$0	\$111,718	\$0	\$123,052
Internal Services	\$0	\$372,041	\$0	\$370,757
Total GF/non-GF	\$0	\$2,025,779	\$0	\$1,903,048
Program Total:	\$2,025,779		\$1,903,048	
Program FTE	0.00	3.00	0.00	3.00

Program Revenues				
Intergovernmental	\$0	\$115,115	\$0	\$115,115
Other / Miscellaneous	\$0	\$610,534	\$0	\$1,547,451
Service Charges	\$0	\$1,300,130	\$0	\$240,482
Total Revenue	\$0	\$2,025,779	\$0	\$1,903,048

Explanation of Revenues

This program generates \$196,351 in indirect revenues.

PC3 Allocations; SAM Funds \$1,547,451
State Grant (RH Title X) \$ 115,115
Charges for Svcs (APM) \$ 240,482

Significant Program Changes

Last Year this program was: FY 2025: 40030 FQHC-Clinical Director

This year, the medical director's office supervises primary care and behavioral health. Pharmacy and Dental are supervised by ICS Director. A 1.00 FTE program specialist senior position was added for provider recruitment and assistance with the logistical planning for Nurse Practitioner fellows and clinical students with externships at the Health Center. Revenue support for the Medical Director's office comes from incentive and Alternative Payment Methodology (APM) funds. The allocation of these funds are applied based on program needs and services each year which resulted in decreased service changes and an increase under other/miscellaneous as a line item for FY 2026.

Department: Health Department

Program Contact: Michele Koder

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

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 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Health Center pharmacies serve nearly 7,000 clients per month. 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 voice enabled prescription labels, dual language labels, customized adherence packaging, and limited mail order services.

Revenue generated by the pharmacies is 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 services provided by the HIV Health Services Center.

The Clinical Pharmacy program currently consists of 11 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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Prescription Volume number	415,215	410,000	430,000	450,000
Outcome	Average Prescription Cost	\$36	\$37	\$37	\$36
Outcome	Capture Rate	56%	58%	56%	60%
Quality	Adherence Support	1,947	2,100	2,000	2,100

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 Health Resources and Services Administration (HRSA) Community Health Center Program operational and fiscal requirements. In addition, pharmacies must comply with all 340B Drug Pricing Program, Oregon Board of Pharmacy and Drug Enforcement Administration (DEA) regulations and are accredited by The Joint Commission.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$14,065,528	\$0	\$12,222,722
Contractual Services	\$0	\$643,450	\$0	\$178,924
Materials & Supplies	\$0	\$24,289,154	\$0	\$27,114,970
Internal Services	\$0	\$4,764,305	\$0	\$3,570,340
Total GF/non-GF	\$0	\$43,762,437	\$0	\$43,086,956
Program Total:	\$43,762,437		\$43,086,956	
Program FTE	0.00	62.73	0.00	56.50

Program Revenues				
Service Charges	\$0	\$43,762,437	\$0	\$43,086,956
Total Revenue	\$0	\$43,762,437	\$0	\$43,086,956

Explanation of Revenues

This program generates \$1,916,525 in indirect revenues.

Pharmacy is funded exclusively through prescription fees (third party reimbursements) and patient fees.

Federal \$ 42,790,359 - Intergovernmental (FFS Medicaid/Medicare)
\$ 296,597 - Patient Fees/Charges for services (Self-Pay, Health Center Fees)

Significant Program Changes

Last Year this program was: FY 2025: 40031 FQHC-Pharmacy

A post-graduate clinical pharmacy residency program beginning in FY 2026 is designed to increase access to and enhance clinical pharmacy services. A clinical pharmacist was added at Mid County to maintain FTE for direct patient care when an existing clinical pharmacist transitions to the residency program director/ manager role. A 1.00 FTE program specialist was added to oversee the contract pharmacy program. Pharmaceutical expenses and revenue generated by the program were moved from the Pharmacy to the HIV Health Services Center resulting in an increased usage of beginning working capital and revenue service charges. Pharmacy contractual services decreased due to a decreased use of agency staff. FTE decreased due to having moved clinical pharmacists to the health center program offers where services are being provided. Materials and services increased due to new expenses such as pharmaceuticals for the new Fernhill location.

Department: Health Department

Program Contact: Matt Hoffman

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
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 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The health center laboratories 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. 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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of records request completed.	12,874	13,000	12,500	13,000
Outcome	Lab proficiency assessments completed.	133	127	135	150

Performance Measures Descriptions

Performance measure 1 - Medical Records fulfills approximately 13,000 medical records requests per year.

Performance measure 2 - Laboratory personnel between primary care clinics and student health centers complete approximately 135 proficiency tests collectively per year to satisfy CLIA regulations.

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 and maintain CLIA (Clinical Laboratory Improvement Amendments) certificates to allow for point of care testing in Multnomah County clinics.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$2,914,287	\$0	\$3,228,322
Contractual Services	\$0	\$54,500	\$0	\$2,700
Materials & Supplies	\$0	\$784,606	\$0	\$193,032
Internal Services	\$0	\$1,249,397	\$0	\$1,294,510
Total GF/non-GF	\$0	\$5,002,790	\$0	\$4,718,564
Program Total:	\$5,002,790		\$4,718,564	
Program FTE	0.00	22.17	0.00	23.80

Program Revenues				
Beginning Working Capital	\$0	\$330,828	\$0	\$334,426
Service Charges	\$0	\$4,671,962	\$0	\$4,384,138
Total Revenue	\$0	\$5,002,790	\$0	\$4,718,564

Explanation of Revenues

This program generates \$506,201 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.

HD FQHC Clinical Lab Mcaid Mcare \$2,501,569

HD FQHC FQHC: Medical APM ICS Medical Records \$1,882,569

HD FQHC PCPM Funding - School Based Health Center \$334,426

Significant Program Changes

Last Year this program was: FY 2025: 40032 FQHC-Lab and Medical Records

Contractual Services for the lab had been over budgeted in FY 2025 and has decreased to accurately reflect actual cost.

Department: Health Department

Program Contact: Aaron Baeza

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

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 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center 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 Health Center 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 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 patients with limited English proficiency to receive culturally competent interpretation throughout all of the MCHD programs.

In primary care, the referral program plays a crucial role in coordinating access to specialty services for patients who have received a referral from their primary care provider. This work includes coordinating with insurance providers, selecting the most suitable specialist based on the patient's specific requirements, and maintaining effective communication between the primary care physician and the specialist to ensure a seamless referral experience. Each year the program handles over 60,000 referrals for our patients.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of calls answered	200,753	250,000	98,717	190,000
Outcome	Average telephone abandonment rate (goal: at or below 15%)	18%	15%	22%	15%

Performance Measures Descriptions

The output refers to sheer number of calls, while the outcomes reflects the % of calls that were abandoned before the service was complete.

Legal / Contractual Obligation

The Health Center complies with Coordinated Care Organizations (COO) contractual requirements as well as 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 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$4,147,404	\$0	\$7,359,950
Contractual Services	\$0	\$110,000	\$0	\$510,000
Materials & Supplies	\$0	\$38,774	\$0	\$169,465
Internal Services	\$0	\$1,291,923	\$0	\$1,865,655
Total GF/non-GF	\$0	\$5,588,101	\$0	\$9,905,070
Program Total:	\$5,588,101		\$9,905,070	
Program FTE	0.00	31.00	0.00	56.80

Program Revenues				
Intergovernmental	\$0	\$1,056,598	\$0	\$906,600
Other / Miscellaneous	\$0	\$1,035,731	\$0	\$2,440,000
Beginning Working Capital	\$0	\$244,309	\$0	\$569,548
Service Charges	\$0	\$3,251,463	\$0	\$5,988,922
Total Revenue	\$0	\$5,588,101	\$0	\$9,905,070

Explanation of Revenues

This program generates \$1,154,040 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.

HD FQHC Central Call Center APM \$5,988,922
HD FQHC PC330 - Clinic Support - Call Center GY25 \$906,600
HD FQHC PCPM - Call Center \$2,440,000
HD FQHC PCPM Funding BWC \$569,548

Significant Program Changes

Last Year this program was: FY 2025: 40033 FQHC-Primary Care and Dental Access and Referral

The Patient Access Center has added a 1.00 FTE registered nurse for phone triage and remove patient return call support, a 1.00 FTE community health specialist to process referrals for transportation assistance and generate referrals for housing and food insecurities as well as utility assistance. This team also outreaches to patients insured by Medicaid and assigned to the Health Center and have never established care. A 1.00 FTE referrals specialist was added to improve referral completion times and for the processing of medical equipment referrals. Referral Specialists were moved from individual clinics to this program offer, increasing associated costs such as contractual services due to language interpretation and internal services charges. Revenue has increased due to the need to move incentive and Alternative Payment Methodology (APM) funds from Health Center budgets to cover the cost of staff now centralized.

Department: Health Department

Program Contact: Jenna Green

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
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 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Health Center Administration and Operations 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.

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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Claims Accuracy: % of claims accepted by insurance partners	97%	95%	95%	99%
Output	Patient communication materials are developed in the top five patient languages	100%	100%	90%	100%
Output	Completion of annual strategic planning activities and 3-year plan in alignment with CHC Board's vision.	100%	100%	100%	100%

Performance Measures Descriptions

The output includes successfully completing the strategic plan, development of communication materials in the five top languages, and success of claims acceptance.

Legal / Contractual Obligation

The Health Center complies with Coordinated Care Organizations (COO) contractual requirements as well as 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 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$10,682,579	\$0	\$9,181,741
Contractual Services	\$0	\$506,472	\$0	\$500,000
Materials & Supplies	\$0	\$378,762	\$0	\$226,760
Internal Services	\$0	\$2,933,682	\$0	\$3,081,024
Total GF/non-GF	\$0	\$14,501,495	\$0	\$12,989,525
Program Total:	\$14,501,495		\$12,989,525	
Program FTE	0.00	55.40	0.00	50.90

Program Revenues				
Intergovernmental	\$0	\$1,225,755	\$0	\$1,225,755
Other / Miscellaneous	\$0	\$5,370,041	\$0	\$6,960,509
Beginning Working Capital	\$0	\$1,714,592	\$0	\$1,275,617
Service Charges	\$0	\$6,191,107	\$0	\$3,527,644
Total Revenue	\$0	\$14,501,495	\$0	\$12,989,525

Explanation of Revenues

This program generates \$1,439,697 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. HD FQHC Clinical Infrastructure APM - \$562,476, HD FQHC Clinical Support Mcaid Rx APM - \$750,000, HD FQHC FQHC: Medicaid APM Health Center Finance - \$1,749,256, HD FQHC FQHC: Medicaid APM ICS Admin - \$465,912, HD FQHC Health Center Finance-Mcaid Quality and Incentives - \$1,791,356, HD FQHC ICS Administration BWC - \$153,983 HD FQHC PC330 - Admin - Clinic Support & Development GY25 - \$651,322, HD FQHC PC330 - Admin GY25 - \$574,433 HD FQHC PCPM Funding - Admin Support - \$1,186,938, HD FQHC PCPM Funding - Support & Development - \$1,298,215 HD FQHC Shared Accountability Model - Clinical Support - \$1,000,000, HD FQHC Trillium Primary Care Capitation Services Incentives - Clinical Support and Development BWC - \$1,076,078, HD FQHC Trillium Primary Care Capitation Services Incentives - Support and Infrastructure - \$1,684,000, Beginning Working Capital - \$45,556

Significant Program Changes

Last Year this program was: FY 2025: 40034A FQHC-Administration and Operations

A 1.00 FTE finance supervisor position was added to oversee the work of the medical coders and to help with the volume of medical encounters requiring review for accuracy before moving to medical billing for the submission of the invoice to the insurance or patient. The volume and complexity of medical encounters requiring review has steadily increased over time resulting in the need for this position. FTE reductions in the Administration and Operations budget are a result of FTE removed to then be included in the Medical Records program and the movement of referral personnel to the Access and Referral budget. Alternative Payment Methodology (APM) revenue has moved to cover FTE costs where personnel costs have been moved resulting in a decrease in this program offer. One FTE has been cut due to the need to add FTE in direct patient care.

Department: Health Department **Program Contact:** Hasan Bader
Program Offer Type: Revenue/Fund Level/Tech **Program Offer Stage:** Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Program Description

ISSUE: Health Center revenue will fluctuate from year to year.

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

PROGRAM ACTIVITY: The 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. ICS main revenue source is visit or visit related revenue. Projected billable visits payer mix for FY26 reflects 85% Medicaid/Medicare visits for Primary Care, HIV Health Services Center (HHSC) and Student Health Center visits. Dental projected billable visits include 94% Medicaid visits.

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 the Health Center 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 the Health Center to address unforeseen future expenses with a goal of maintaining at least four months of operating costs (three months per policy).

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Outcome	Percent of reserve goal met (4 months operating expense)	100%	100%	100%	100%
Output	Compliance with all Health Resources and Services Administration (HRSA) 330 Grant financial requirements	100%	100%	100%	100%

Performance Measures Descriptions

The output includes successful compliance with grant requirements while the outcome reflects the percentage of times the reserve goal is met.

Legal / Contractual Obligation

The reserve and contingency funds are established based on Health Resources and Services Administration (HRSA) guidelines and recommendations. Legal and contractual obligations include greater than three months of reserve to cover operational stability in case of unexpected revenue or expense fluctuations.

The Health Center complies with Coordinated Care Organizations (CCO) contractual requirements as well as 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.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Unappropriated & Contingency	\$0	\$64,057,128	\$0	\$77,641,217
Total GF/non-GF	\$0	\$64,057,128	\$0	\$77,641,217
Program Total:	\$64,057,128		\$77,641,217	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$64,057,128	\$0	\$77,641,217
Total Revenue	\$0	\$64,057,128	\$0	\$77,641,217

Explanation of Revenues

\$77,641,217 of Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2025: 40034B FQHC - Contingency and Reserves

Reserve and contingency fund have increased because revenues exceeded expenditures in FY 2025.

Department: Health Department

Program Contact: Jenna Green

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
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 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center 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 Health Resources and Services Administration's 21 mandatory program requirements, including oversight of quality assurance, health center policies, patient satisfaction, health center executive director (ICS Director) accountability for the Health Center's compliance and operations. The CHCB must have a minimum of 51% Health Center consumer membership to meet federally mandated program requirements for Federally Qualified Health Centers (FQHC). 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 (Health Center Director) and the Board of County Commissioners to provide guidance and direction on programs and policies affecting patients of Multnomah County's Federally Qualified Health Center.

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. The Council is currently comprised of 9 members meeting the 51% consumer requirement and is a fair representation of the communities served by the Health Department's Health Center services.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of Public CHCB Meetings	12	12	12	12
Outcome	Percentage of consumer members engaged on the CHCB.	51%	51%	57%	51%

Performance Measures Descriptions

The output reflects number of meetings, while the outcome reflects the percentage of CHCB members that are consumers.

Legal / Contractual Obligation

HRSA's 21 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 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$127,249	\$0	\$159,973
Contractual Services	\$0	\$134,000	\$0	\$164,000
Materials & Supplies	\$0	\$184,124	\$0	\$47,014
Internal Services	\$0	\$58,771	\$0	\$91,042
Total GF/non-GF	\$0	\$504,144	\$0	\$462,029
Program Total:	\$504,144		\$462,029	
Program FTE	0.00	1.00	0.00	1.00

Program Revenues				
Other / Miscellaneous	\$0	\$504,144	\$0	\$462,029
Total Revenue	\$0	\$504,144	\$0	\$462,029

Explanation of Revenues

This program generates \$25,084 in indirect revenues.
HD FQHC PCPM Funding - Health Council \$462,029

Significant Program Changes

Last Year this program was: FY 2025: 40036 FQHC-Community Health Council and Civic Governance

\$40,000 has been allocated to support onboarding/education of four new board members from CY 2024 and ongoing training opportunities for the full Community Health Center Board to support compliance.

Department: Health Department

Program Contact: Kevin Minor

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

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 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare. In 2024, two of the top five primary diagnoses addressed within all patient visits were mental health diagnoses.

Programs are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare. The majority of Health Centers patients represent historically underserved populations including Black, Indigenous, People of Color (BIPOC) communities and other vulnerable populations with the goal of reducing gaps in care and prevention of adverse health outcomes that negatively impact lives and increase the cost of care. In order to serve clients where they are at both in a geographical sense and readiness, Allied Health (AH) teams reflect these populations, including a majority of staff who are bilingual, bicultural, and other relatable lived experiences.

Allied Health, the integration of Behavioral Health and Community Health Worker Services, is core to our program. AH-Integrated Behavioral Health (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 or office visits in coordination with 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, provide more personal information and express their needs. Our CHWs work with clients on the Social Drivers of Health (SDoH) and Health Education/Promotion. In addition to direct client services, SDoH work includes establishing partnerships in the community. CHWs serve as bridge-builders and liaisons with case managers and other client advocates and facilitate Health Education/Promotion and improve health and SDoH outcomes.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of patients served by Integrated Behavioral Health Providers.	4,876	6,680	6,680	6,800
Output	Number of Integrated Behavioral Health visits.	16,977	20,740	20,500	21,000
Output	Number of patients served by Community Health Workers.	4,263	6,500	5,570	6,500
Output	Total number of in person, telemedicine, and offsite visits as well as telephone encounters for CHWs.	9,508	12,450	10,206	13,000

Performance Measures Descriptions

Outputs measure the number of patients and visits during FY26 in comparison to previous years for IBH and CHW providers.

Legal / Contractual Obligation

The Health Center complies with Coordinated Care Organizations (COO) contractual requirements as well as 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 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$6,273,204	\$0	\$7,361,629
Contractual Services	\$0	\$163,491	\$0	\$117,502
Materials & Supplies	\$0	\$78,719	\$0	\$328,059
Internal Services	\$0	\$1,566,222	\$0	\$1,917,583
Total GF/non-GF	\$0	\$8,081,636	\$0	\$9,724,773
Program Total:	\$8,081,636		\$9,724,773	
Program FTE	0.00	44.47	0.00	45.50

Program Revenues				
Intergovernmental	\$0	\$253,318	\$0	\$1,458,651
Other / Miscellaneous	\$0	\$975,500	\$0	\$198,301
Beginning Working Capital	\$0	\$0	\$0	\$1,224,142
Service Charges	\$0	\$6,852,818	\$0	\$6,843,679
Total Revenue	\$0	\$8,081,636	\$0	\$9,724,773

Explanation of Revenues

This program generates \$1,154,304 in indirect revenues.

HD FQHC Behavioral Health Service Expansion - Community Health Center GY25 \$616,000

HD FQHC Community Health Workers APM \$2,853,481, HD FQHC Community Health Workers Mcaid Care OR FFS \$40,120, HD FQHC Community Health Workers Mcaid FFS \$27,973, HD FQHC Community Health Workers Mcaid Wrap \$40,121, HD FQHC Community Health Workers Medicare \$16,288, HD FQHC Community Health Workers Quality and Incentives BWC \$671,048, HD FQHC Integrated BH Admin APM \$1,108,033, HD FQHC Integrated BH Admin CO Total \$913,441, HD FQHC Integrated BH Admin Medicare \$484,458, HD FQHC Integrated BH Admin Patient Fees \$43,950, HD FQHC Integrated BH Admin, Private Ins \$158,564, HD FQHC Integrated BH Admin Wrap \$876,312, HD FQHC Integrated BH Care OR BWC \$553,094, HD FQHC Integrated BH Medicaid FFS \$280,938, HD FQHC Operational and Quality Incentive - Support and Infrastructure \$198,301, HD FQHC PC330 - Supplement IV - IBHS - Integrated Behavioral Health Services GY25 \$167,000, HD FQHC Quality Improvement Fund Justice Involved GY25 \$500,000, HD FQHC REACH CDC Sharing \$175,651

Significant Program Changes

Last Year this program was: FY 2025: 40102 FQHC Allied Health

Two HRSA grants aimed at providing more robust services have been awarded to the Health Center. The grants focus on providing transitional support for individuals being released from mental health facilities or Multnomah County Detention Centers and expanding behavioral health access, case management, and peer support on the Mobile Health van.

A 1.00 FTE Behavioral Health Provider was added to support pediatric clients at the Northeast and East County Health Centers. This is a shared position across two sites with pediatric large pediatric practices.

Department: Health Department

Program Contact: Brieshon D'Agostini

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
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 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Quality Assurance 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 Federally Qualified Health Centers (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 Coordinate Care Organization'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, Health Information Portability and Accountability Act (HIPAA), and patient safety processes are designed and implemented to meet accreditation standards.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Maintain accreditation with The Joint Commission, including the Patient Centered Medical Home standard	100%	100%	100%	100%
Output	Maintain compliance with the Bureau of Primary Health Care (BPHC) HRSA Health Center Program	100%	100%	100%	100%
Output	HRSA Community Health Center Program Grant renewed annually	100%	100%	100%	100%

Performance Measures Descriptions

Outputs include maintenance of all compliance requirements, accreditation, and the renewal of the Health Resources and Services Administration (HRSA) grant annually.

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 their 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$4,738,354	\$0	\$5,226,319
Contractual Services	\$0	\$670,319	\$0	\$2,705,000
Materials & Supplies	\$0	\$320,971	\$0	\$412,024
Internal Services	\$0	\$1,937,118	\$0	\$1,862,618
Total GF/non-GF	\$0	\$7,666,762	\$0	\$10,205,961
Program Total:	\$7,666,762		\$10,205,961	
Program FTE	0.00	26.40	0.00	27.45

Program Revenues				
Intergovernmental	\$0	\$150,000	\$0	\$150,000
Other / Miscellaneous	\$0	\$2,695,960	\$0	\$3,886,026
Beginning Working Capital	\$0	\$1,859,190	\$0	\$4,235,059
Service Charges	\$0	\$2,961,612	\$0	\$1,934,876
Total Revenue	\$0	\$7,666,762	\$0	\$10,205,961

Explanation of Revenues

This program generates \$819,486 in indirect revenues.

HD FQHC Health Center Information Systems and Technology Incentives BWC \$3,014,048

HD FQHC ICS Business Intelligence APM \$548,595

HD FQHC ICS EHR APM \$614,807

HD FQHC ICS Systems & Quality APM \$771,474

HD FQHC PC330 - Quality Improvement GY25 \$150,000

HD FQHC PCPM - Business Intelligence \$533,128

HD FQHC PCPM Funding - Business Intelligence \$940,182

HD FQHC Trillium Primary Care Capitation Services Incentives - Electronic Health Records \$1,480,057

HD FQHC Trillium Primary Care Capitation Services Incentives - Electronic Health Records BWC \$310,687

HD FQHC Trillium Primary Care Capitation Services Incentives - Quality Improvement Services \$1,465,787

HD FQHC Trillium Primary Care Capitation Services Incentives - Quality Improvement Services BWC \$377,196

Significant Program Changes

Last Year this program was: FY 2025: 40103 FQHC-Quality Assurance

The Health Center has not had a centralized trainer for the Office Assistants responsible for the detailed workflow from patient scheduling through the check-in process. To address this gap, 2.00 FTE Business Analysts have been added to support standard training and workforce development. A Manager position in Business Intelligence was added due to the success and impact on the Health Center's ability to obtain timely and relevant reports necessary to ensure data driven decision making and programming. A 1.00 FTE Equipment and Technology Business Analyst was added to have technical support with technology that is not supported by County IT after project implementation while also working to ensure Health Center equipment remains useful and relevant to current healthcare equipment used in practice. Funding is provided for an assessment of current electronic health records system to determine a potential path forward for technical upgrades.

Corrections Health

The Health Department's Corrections Health Division is legally mandated to ensure access to health care and safeguard the health of those detained at Multnomah County Detention Center, Multnomah County Inverness Jail, and the Donald E. Long Home for youth. The core responsibility of Corrections Health is to provide a community level of medical care, behavioral health including medication supported recovery (MSR) for substance use, and dental care to the individuals entrusted to our care. Communities of color and other populations experiencing marginalization in Multnomah County are disproportionately involved in the carceral system. The incarcerated population has higher rates of chronic illness, mental illness and substance use disorder. Corrections Health works to link those being served to the needed continuum of care and decrease health inequities for these populations, while also providing high quality care daily.

Corrections Health Division staff at the adult facilities provide around-the-clock evaluation, diagnosis, and treatment to roughly 14,000 individuals each year. Many have serious, unstable, or chronic health conditions, including major behavioral health issues. At the juvenile facility, licensed nursing staff, providers, and behavioral health consultants provide services 16 hours each day to over 600 youth each year. More than one third receive mental health treatment.

Because most individuals in custody return to their communities, health improvements made in detention (for example, treating communicable disease) benefit the overall health of their families and communities. By stabilizing substance use and behavioral health conditions, detainees can more fully participate in their legal cases, transition planning, and healthcare.

Division Outcomes

The mission of the Corrections Health Division is to improve lives by providing patient-centered healthcare and transitional services to those incarcerated in Multnomah County jails and those involved in the criminal legal system. Division outcomes include:

- Adults and youth in custody within the three carceral settings located within and operated by Multnomah County will have access to safe, timely, effective, equitable, efficient, patient-centered care.

\$36.0 million

Corrections Health

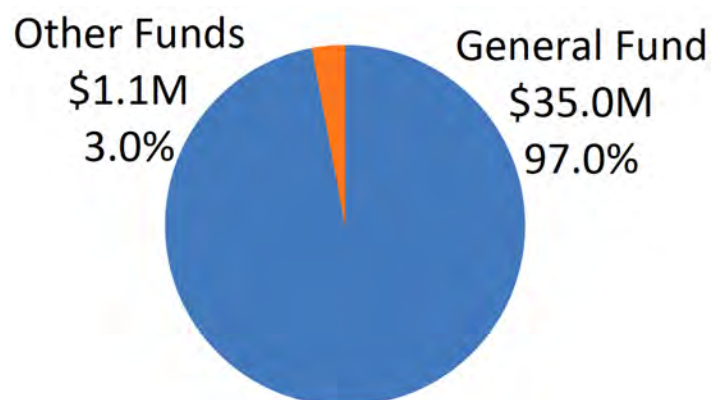
Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.



145.58 FTE

(full time equivalent)



- Individuals in custody and experiencing opioid addiction will have reduced overdose and withdrawal effects through the availability of multi-pronged medication supported recovery including expanded suboxone and methadone administration and long-acting injectables.
- Individuals transitioning out of custody will experience reduced recidivism due to comprehensive and wraparound transition planning that includes case management, MSR support, and links to health care.

Significant Division Changes

In order to enhance Medication Supported Recovery in carceral settings, Corrections Health reallocates resources to support the administration of suboxone to more adults in custody with active substance use disorder. This includes the reduction of 4.40 FTE Registered Nurses to fund the addition of 4.30 FTE Licensed Community Practical Nurses, 1.00 FTE Operations Supervisor, and 0.50 FTE Physician (totalling 5.80 FTE).

The Department is in the process of submitting its readiness assessment and request for one-time capacity-building funds in order for Corrections Health to begin billing Medicaid for eligible individuals once this part of Medicaid 1115 Waiver is implemented. We expect the waiver to go into effect no sooner than January 1, 2026. This is anticipated to impact up to 1,035 people who are in custody at any given time.

Clinical changes that enhance the Corrections Health Division's ability to expand capacity to incorporate long acting injectables medications buprenorphine and methadone will be a significant undertaking. The first phase of this process will be to continue clients on these medications when they come into custody and maintain them throughout their stay. Corrections Health is establishing solid pathways for clients also to continue these medications after they are released to the community. Funding will help hire, train, and onboard our Opioid Treatment Provider and Transition Services Program Registered Nurses dedicated to coordination of care. It will also pay for facility modifications to meet Drug Enforcement Administration (DEA) requirements.

Table of Division Programs

The following table shows the programs that make up the division's budget, including cash transfers, contingencies, and unappropriated balances. The individual programs for this division follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Corrections Health						
40043	Corrections Health Dental		707,372	0	707,372	2.00
40045	Corrections Health Operations		4,289,967	0	4,289,967	18.11
40047	Corrections Health Transition Services		2,428,072	1,067,481	3,495,553	19.27
40049	Corrections Health Juvenile Clinical Services		1,929,194	0	1,929,194	6.80
40050	Corrections Health Multnomah County Detention Center (MCDC) Clinical Services		11,212,628	0	11,212,628	42.60
40051	Corrections Health Inverness Jail (MCIJ) Clinical Services		9,746,000	0	9,746,000	35.85
40059	Corrections Health Behavioral Health Services		4,648,865	0	4,648,865	20.95
Total Corrections Health			\$34,962,098	\$1,067,481	\$36,029,579	145.58

Department: Health Department

Program Contact: Michael Crandell

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
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 in our care while incarcerated in the adult detention facilities as well as the Donald E. Long Detention Center, which houses youth. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted, including BIPOC populations that are disproportionately involved in the justice system. 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 FY26 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 the Multnomah County Detention Center (MCDC), Multnomah County Inverness Jail (MCIJ) and the Donald E. Long (DEL) juvenile detention home. 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 operator and given the low census, the current number of youth per month seen sits at approximately 10 per month. Providing dental care in Corrections Health facilities is essential for the health and wellness of incarcerated adults and youth, as they would otherwise be unable to access this critical service

Unlike most county dental correctional systems, Multnomah County Health Department (MCHD) is proud to provide dental care that includes cleanings, fillings in addition to urgent care. We emphasize preventative care for all, particularly our youth in custody by placing sealants and fluoride.

We have a referral network for patients needing complicated oral surgical procedures when unable to be performed in house.

We also provide a comprehensive screening to persons impacted, oral health education, and 24 hour emergency care as needed.

We are fortunate to have dental equipment that is safe, reliable, and provides care in a manner with community standards.

With a strong connection to on call dentists we are able to limit the days where we are not providing services

We also mentor OHSU 4th year dental students who provide care to the persons in custody encouraging the next generation of health care providers to work in the public health system.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of adults in custody seen by dental per year	900	900	900	900
Output	Number of youth in custody seen by dental per year	120	120	120	120

Performance Measures Descriptions

The "Number of adults in custody seen by dental per year" includes adults receiving dental care at MCDC and MCIJ.

The "Number of youth in custody seen by dental per year" includes youth receiving dental care at DEL.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$616,313	\$0	\$538,591	\$0
Materials & Supplies	\$22,360	\$0	\$103,212	\$0
Internal Services	\$59,600	\$0	\$65,569	\$0
Total GF/non-GF	\$698,273	\$0	\$707,372	\$0
Program Total:	\$698,273		\$707,372	
Program FTE	2.40	0.00	2.00	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:

Department: Health Department

Program Contact: Michael Crandell

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

Corrections Health (CH) at the Multnomah County Detention Center, Inverness Jail, and Juvenile Detention Home collectively houses over 1,000 adults and 80 juveniles. Each year, over 36,000 adult individuals and 2,500+ juveniles receive care. Over 40% of those juveniles have significant mental health conditions. 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.

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. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. That care is delivered to BIPOC populations that are disproportionately brought into the justice system. 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 FY26 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 three Corrections Health sites. Including the Multnomah County Detention Center (MCDC), Multnomah County Inverness Jail (MCIJ) and the Donald E. Long (DEL) juvenile detention home. These sites included 20 medical beds, two general and multiple mental health modules, three dental operatories, physical therapy, X-ray and lab services plus six 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. This program offer includes the Corrections Health Quality team which provides accreditation monitoring and support, to include policy creation, tracking, and recertification; as well as augmented data support and electronic medical record data support.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Efficiency	Ensure appropriate level of administrative staff support across all CH sites (output required)	1	1	1	1
Quality	Appropriate data entry in EMR systems to better bolster documentation and support of care provision	1	1	1	1

Performance Measures Descriptions

These performance measures articulate whether the requirement was met / whether the program was active and in place for the year. 1 indicates that it was, 0 indicates that it was not.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$3,323,274	\$0	\$3,541,244	\$0
Materials & Supplies	\$12,638	\$0	\$12,412	\$0
Internal Services	\$675,815	\$0	\$736,311	\$0
Total GF/non-GF	\$4,011,727	\$0	\$4,289,967	\$0
Program Total:	\$4,011,727		\$4,289,967	
Program FTE	17.23	0.00	18.11	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. Changes to the Medicaid 1115 waiver could allow for billing but no earlier than 1 January 2026 depending on implementation. 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:

Department: Health Department

Program Contact: Michael Crandell

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Corrections Health at the Multnomah County Detention Center, Inverness Jail, and Juvenile Detention Home collectively houses over 1,000 adults and 80 juveniles. Each year, over 36,000 adult individuals and 2,500+ juveniles receive care. Over 40% of those juveniles have significant mental health conditions. 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.

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. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. That care is delivered to BIPOC populations who are disproportionately involved in the justice system. 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 FY26 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, reducing disparities and ultimately, reducing recidivism.

Beginning in FY25, this program also expanded its role to provide expanded medication supported recovery (MSR) to more adults in custody than previously possible via the deployment of a dedicated MSR medication pass (Suboxone). This will enhance addiction support and recovery for those in the carceral settings and reduce the amount of overdoses in the settings.

This program also is leading the implementation of methadone in the adult jail sites via a pilot contracted opioid treatment program (OTP) partner. This program seeks to enhance the administration of MSR long-acting injectables for those exiting custody.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of referrals processed	2,000	2,500	2,500	2,750
Outcome	# of warm handoffs for adults in custody (AICs) leaving custody to community treatment	250	250	250	275

Performance Measures Descriptions

Presently, the sources of TSP referrals include: Internal CH Behavioral and Clinical Providers, MCSO, Forensic Community Partners, Department of Community Justice, Portland Police Bureau, and the AICs themselves self-referring. TSP will continue to refine the level of supportive services offered to AICs with a focus on addressing the social determinants of health. Our hope is to keep AICs linked with their community partners so as to not disrupt the course support or treatment plans when they return to the community.

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, 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,515,835	\$288,119	\$2,401,800	\$558,364
Contractual Services	\$0	\$0	\$0	\$265,136
Materials & Supplies	\$21,299	\$0	\$26,272	\$162,990
Internal Services	\$0	\$48,721	\$0	\$80,991
Total GF/non-GF	\$1,537,134	\$336,840	\$2,428,072	\$1,067,481
Program Total:	\$1,873,974		\$3,495,553	
Program FTE	10.40	3.00	16.28	2.99

Program Revenues				
Intergovernmental	\$0	\$336,840	\$0	\$1,067,481
Total Revenue	\$0	\$336,840	\$0	\$1,067,481

Explanation of Revenues

This program generates \$80,991 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.

SUD Comprehensive Opioid, Stimulant, and Substance Use Site-based Program (COSSUP) - \$403,571

CJC JMOUD Grant - \$663,910

Significant Program Changes

Last Year this program was: FY 2025: 40047 Corrections Health Transition Services

The Criminal Justice Commission - Jail Medication Opioid Use Disorder (CJC JMOUD) dollars are earmarked for expanding our substance use treatment offerings in the jail. This is a new grant. This includes expanding to (Long Acting Injectable) LAI Bupe and Methadone. The first phase will be to continue clients on these medications when they come into custody and maintaining them throughout their stay. The work continues as we are establishing solid pathways for clients to continue these medications after they are released to the community. The CJC JMOUD dollars will fund the Opioid Treatment Provider (OTP), Transition Services Program Registered Nurse (TSP RNs) dedicated to coordination of care and facility modifications to meet DEA requirements. - (CJC JMOUD Grant) - \$663,910

Department: Health Department

Program Contact: Michael Crandell

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Providing health care to detained youth is the responsibility of Corrections Health. Corrections Health personnel care for 40 detained youth at any one time (+1,500 per year) from Multnomah and Washington 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 and alleviate pain and suffering which is the constitutional measure of quality care. Stabilizing their health allows them to participate fully in their legal processes.

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. Health professionals at the Donald E. Long juvenile detention home (JDH) work 16 hours/day, seven days a week providing care for approximately 35 youth daily in 7 individual housing units in two 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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of client visits conducted by a CH nurse per year	1,500	1,500	1,500	1,500
Outcome	% of detained youth receiving mental health medications monthly	40%	50%	55%	60%

Performance Measures Descriptions

The first metric relates to the total number of youth in custody served by Corrections Health nursing staff. The second measure relates to the percentage of youth who are receiving medication support.

Legal / Contractual Obligation

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Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,998,344	\$0	\$1,654,594	\$0
Contractual Services	\$132,247	\$0	\$135,818	\$0
Materials & Supplies	\$80,922	\$0	\$84,526	\$0
Internal Services	\$63,166	\$0	\$54,256	\$0
Total GF/non-GF	\$2,274,679	\$0	\$1,929,194	\$0
Program Total:	\$2,274,679		\$1,929,194	
Program FTE	9.20	0.00	6.80	0.00

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

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. This will be the case until at least 1 January 2026. Corrections Health receives revenue that does not represent any direct client billing for services provided, rather payment to DCJ from Washington County 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 2025: 40049 Corrections Health Juvenile Clinical Services

Department: Health Department **Program Contact:** Michael Crandell

Program Offer Type: Operating **Program Offer Stage:** Adopted

Related Programs:
Program Characteristics:

Program Description

Corrections Health (CH) at Multnomah County Detention Center (MCDC) houses approximately 370 adults in custody and is composed of booking, 4th floor special housing consisting of the medical observation, mental health observation units, in addition to the four floors of remaining MCSO classification units. Approximately 100 US Marshalls (USM) incarcerated individuals are housed in the system daily. Over 36,000 incarcerated adults are cared for each year with over 50% having serious unstable and chronic health conditions, such as hypertension, diabetes, kidney failure, infections, alcohol and drug withdrawal, and major mental/behavioral illnesses.

This offer includes CH MCDC's basic administration, support, booking, medical and mental health care delivery programs. CH nurses are staffed 24 hours/7 days a week at the detention center. MCDC averages 40+ newly booked individuals each day. After establishing by the Multnomah County Sheriff's Office (MCSO) booking process that an individual is expected to remain in custody, CH nurses perform and document in an adult in custody's (AIC) electronic health record the entry progress form (EPF). This is a medical screening to identify urgent, chronic medical and mental health needs, medication needs, medicated supported recovery treatment, substance(s) use and withdrawal concerns, urine pregnancy testing, special health requirements, dietary needs, allergies, dentition status, current/recent/past communicable or infectious diseases or symptoms, or any other health problems specified by the AIC. Allowing for identification of immediate needs such as current suicidal ideation, pregnancy, and/or AICs who are pregnant with opiate use. As a result of those evaluations, treatments, medications, provider appointments, mental health referrals and housing decisions are made. In addition, CH nursing staff may assess individuals brought to the jail before being accepted into custody. That assessment ensures that any identified 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), and mental health consultants for evaluation, monitoring and treatment for those struggling or have been identified with mental health concerns. AICs also receive an initial health and physical (HP) assessment if they remain in custody within 14 days after time of incarceration by the CH nurse. These assessments allow for additional data to complete medical, dental and mental health histories, follow up abnormal findings obtained during the EPF and subsequent encounters, perform physical examinations, vital signs, oral screenings, and mental health screenings. Diagnostic, therapeutic plans for each problem are developed as clinically indicated and abnormal findings are referred to and reviewed by a provider.

This program offer seeks to improve medical and mental health care in our community by promoting and providing health care to our most vulnerable and underserved populations that are incarcerated and served by Corrections Health at MCDC.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Average # Entry Process Forms (EPFs) completed in one month	1,340	1,340	1,400	1,340
Outcome	% of positive screenings resulting in a referral to the mental health team per year	50	60	60	60
Outcome	Average # of 14 day Health and Physical assessments completed in one month	86	90	90	90
Outcome	Average # of Nursing encounters (in person assessments) completed in one month	103	100	100	100

Performance Measures Descriptions

CH Nurse Manager regularly performs audits on the completed EPFs to determine the safety and effectiveness of this process. CH leadership regularly performs reviews of the policies and protocols, ensuring best care practices, effective operations, and alignment with our accrediting and licensing bodies and partnerships (ex NCCHC, MCSO). The data metrics above are collected from electronic systems and reviewed by CH leadership interdisciplinary team (clinical, quality, operations, administrative) members.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$8,199,999	\$0	\$8,718,672	\$0
Contractual Services	\$1,221,415	\$0	\$1,254,393	\$0
Materials & Supplies	\$535,777	\$0	\$565,504	\$0
Internal Services	\$648,239	\$0	\$674,059	\$0
Total GF/non-GF	\$10,605,430	\$0	\$11,212,628	\$0
Program Total:	\$10,605,430		\$11,212,628	
Program FTE	41.70	0.00	42.60	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. Changes to the Medicaid 1115 waiver could allow billing but no earlier than 1 January 2026 depending on implementation. 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 2025: 40050 Corrections Health Multnomah County Detention Center (MCDC) Clinical

Department: Health Department

Program Contact: Michael Crandell

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Corrections Health at Multnomah County Inverness Jail (MCIJ) 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 US Marshall (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.

MCIJ health personnel care for all those detainees transferred from Multnomah County Detention Center (MCDC) to continue or begin treatment until disposition of their legal process is complete. Trained, skilled professional staff provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equivalent to other correctional facilities across the country. This offer represents MCIJ base and clinical services which includes administrative, support, diagnostic and clinical services. Triage nurses evaluate client care requests and refer to nurses, the mental health team, providers or dentists for care according to the medical need. Support services include X-ray, physical therapy 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 support groups to occur several times per week. In addition to groups, individual sessions and medication management occurs.

This program seeks to provide healthier and safer communities via the delivery of health care to adults in custody at MCIJ.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Average # of Adults in Custody (AIC) nursing assessments monthly	1,400	1,400	1,758	1,775
Outcome	# of 14-Day Health Assessments completed monthly	120	120	215	215

Performance Measures Descriptions

Adults in Custody (AIC) receive an Initial Health Assessment within 14 days of incarceration, following their intake screening. This assessment reviews medical history and identifies medical concerns, focusing on chronic disease management (asthma, diabetes, hypertension, seizures, etc.). Substance use and mental health screenings are also conducted to connect AICs with resources. Corrections Health aims for 100% compliance in offering these screenings within 14 days of incarceration.

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, 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$7,186,085	\$0	\$7,348,571	\$0
Contractual Services	\$1,221,415	\$0	\$1,254,393	\$0
Materials & Supplies	\$580,715	\$0	\$607,177	\$0
Internal Services	\$515,600	\$0	\$535,859	\$0
Total GF/non-GF	\$9,503,815	\$0	\$9,746,000	\$0
Program Total:	\$9,503,815		\$9,746,000	
Program FTE	37.05	0.00	35.85	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. Changes to the Medicaid 1115 waiver may allow billing no earlier than 1 January 2026. 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 2025: 40051 Corrections Health Inverness Jail (MCIJ) Clinical Services

Department: Health Department **Program Contact:** Michael Crandell
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs:
Program Characteristics:

Program Description

This offer represents the Mental Health Services provided to adults in custody at the Multnomah County Detention Center (MCDC), Multnomah County Inverness Jail (MCIJ), and youth in custody at the Donald E. Long Juvenile Detention Center (JDH). Approximately 400 adults are housed at MCDC, 600 at MCIJ, and 30 at JDH. Around 42% of the adults in custody, or 420 individuals, have a known mental health diagnosis, risk of mental health diagnosis, or substance use disorder. MCDC houses adults with severe mental illness and individuals assessed as requiring a higher level of security compared to MCIJ. All adults enter custody and are released from MCDC contributing to the high level of activity and need in this facility. Timely screening, diagnostic evaluation, risk assessment, and safety planning are essential for immediate safety, especially for clients presenting a risk of suicide or violence towards others. Treatment options at adult and youth facilities include psychotherapy, psycho-education, case management, care coordination, and group therapy. The majority of youth at JDH are engaged in mental health services. A Caseload Model of client assignment is used to support relationship building and continuity of care over the course of one's stay at every facility. Increased recruitment and retention of staff with culturally specific knowledge, skills and abilities (KSA), KSA Certified Alcohol and Drug Counselors (CADC) to support individuals with dual diagnoses, and further development of group programming are priorities across sites.

This program seeks to provide improved mental and behavioral health outcomes for adults and youth in custody.

Outputs include:

Average # mental health evaluations for suicide watch per month

Average # of evaluations performed by Mental Health Consultants for all CH sites per month.

Outcome: Average amount of Mental Health staff FTE with culturally specific KSA roles filled per month to support increased provision of needed specialized care. KSAs are for Black/African American, Latine, and LGBTQI+ communities.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Average # of mental health evaluations for suicide watch per month	250	250	250	260
Output	Average # of evaluations performed by Mental Health Consultants for all CH sites per month	1,000	1,100	1,100	1,150
Outcome	Average # of Mental Health FTE with KSA roles filled per month for increased provision of specialized care.	2.8	2.8	2.8	4.8

Performance Measures Descriptions

Average # monthly mental health evaluations for suicide watch includes: Individuals at risk for suicide can be placed on watch by Corrections Health or Sheriff's staff. Precautions include increased observation and item restriction. Placement prompts a Mental Health Clinician evaluation for care direction, follow-up, and safety planning for removing precautions. This output may increase with facility census and population symptom severity, indicating that at-risk client needs are met.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$4,150,760	\$0	\$3,752,749	\$0
Contractual Services	\$87,108	\$0	\$89,460	\$0
Materials & Supplies	\$376,567	\$0	\$400,627	\$0
Internal Services	\$390,116	\$0	\$406,029	\$0
Total GF/non-GF	\$5,004,551	\$0	\$4,648,865	\$0
Program Total:	\$5,004,551		\$4,648,865	
Program FTE	23.05	0.00	20.95	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. The earliest that Corrections Health would be able to bill Medicaid would be 1 January 2026. 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 2025: 40059A Corrections Health Behavioral Health Services

Behavioral Health

The Behavioral Health Division (BHD) ensures the local behavioral health continuums of care serve all of the County's residents, with special focus on those marginalized by historic racism and socioeconomic barriers. The Behavioral Health Division works to enhance and maintain high-quality, accessible, client-driven, culturally responsive and trauma-informed systems of care to promote wellness and recovery for children, youth, adults and older adults experiencing mental health or addiction challenges. Through direct client services and strategic contracting, services are provided in a variety of settings, such as day shelters, mobile crisis intervention, in/outpatient treatment, and deflection spaces. Using a consumer-driven approach, the Division manages specialized behavioral health care for people experiencing the effects of serious mental illness and addictions who may also endure chronic homelessness, abuse, carceral involvement, long-term poverty, and other challenges that compound their condition. The Division provides strategic planning, project management, and policy guidance, sitting at partner tables across the State and influencing legislative efforts to strengthen the system.

Budget decisions within the Division are predicated on our values of racial justice and equity, cultural humility, stewardship, transparency, and integrity. In FY 2026, the Behavioral Health Division will continue to focus on its goals to improve community health through system transformation, increased coordination and collaboration across the system to break down silos, to better use data for decision making, identification of innovative funding opportunities, and creative pathways to more integrated behavioral and physical health systems. The Division remains committed to supporting existing services and programs with proven effectiveness, and those at the crossroads of behavioral health and homelessness.

The Behavioral Health Division administers the **Multnomah County Community Mental Health Program (CMHP)** and works with the Board of County Commissioners, which serves as the Local Mental Health Authority. As the Community Mental Health Provider, the Division is statutorily required (subject to the availability of funds) to ensure that the most vulnerable and historically marginalized communities can access a broad array of "safety net" behavioral health services for children, families, adults and older adults within the County. Within its **Safety Net Services and Commitment and Diversion Services programs**, the Division administers a 24/7 crisis line, adult residential programs, aid and assist services, involuntary commitment,

\$158.4 million

Behavioral Health

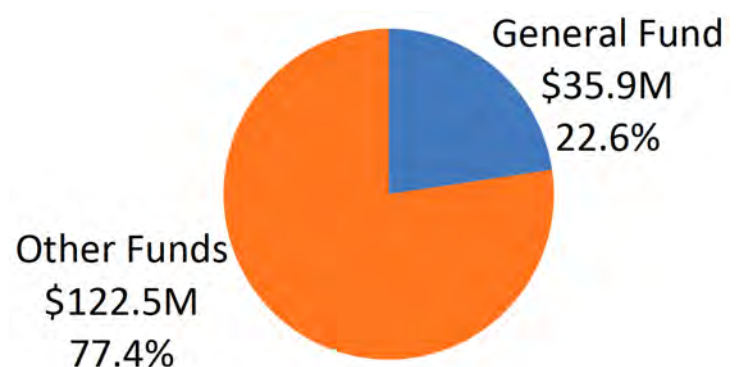
Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.



332.42 FTE

(full time equivalent)



adult protective services, mobile crisis response, older adult behavioral health services, and culturally specific programming to support jail diversion.

Care Coordination teams provide care coordination for all ages. The **Wraparound** and **Youth Intensive Care Coordination** teams 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 Intensive Care Coordination** and **Jail Care Coordination** provide integrated care coordination to adults with complex behavioral health needs to improve health outcomes and experience. The **Multnomah Intensive Treatment Team** provides short term care coordination and case management to support adults during and after a psychiatric hospitalization to connect to community-based services.

The **Direct Clinical Services unit** provides prevention and early intervention for children, youth and young adults aged zero to 25, including those impacted by gun violence and young adults experiencing initial episodes of psychosis. The **Addictions and Prevention teams** provide prevention services focused on substance use, suicide, and gambling; manage care coordination for chronically houseless individuals or those recently released from carceral settings who also struggle with substance use; and manage more than 100 contracts for prevention, recovery services and deflection programming.

Division Outcomes

- Individuals in need of behavioral health intervention and treatment experience a decreased delay in SUD and mental health treatment placements appropriate to their needs through a system that employs an integrated approach to the social determinants of health, prevention, harm reduction, treatment and recovery services.
- Multnomah County communities of color will experience increased access to culturally and linguistically specific behavioral health services as a result of workforce enhancement, training, and building capacity for culturally specific services.
- All individuals within Multnomah County, regardless of insurance or ability to pay, will have access to behavioral health and other services that address social determinants of health, thereby reducing the need for higher levels of care or contact with the criminal justice system.

Significant Division Changes

The **School Based Mental Health program** (40082) was offered as a reduction in the department's 12% reduction scenario. This reduction was partially restored in the adopted budget. In FY 2026, the program will include a team of Mental Health Consultants and the infrastructure required to develop a more sustainable productivity and revenue model that preserves clinical services and increases billable revenue for longer term sustainability.

Due to resource constraints in supportive housing funding, FY 2026 will see reductions in the Behavioral Health In-Reach Program (40069). This program provides services in three ways - shelter-based crisis response, shelter-based preventative services, and peer support for participants living in Multnomah County publicly funded shelters who are experiencing behavioral health challenges and have needs for community connection support. Due to the budget constraints, the Old Town In-Reach Program was eliminated. This budget does preserve a variety of beds and services to support those at the crossroads of behavioral health and homelessness.

This budget builds capacity for program and operations planning, leadership and Good Neighbor Advisory Group facilitation for the **24/7 Sobering and Crisis Stabilization Center** (40104B). Funding includes 1.00 FTE.

Health Department

FY 2026 Adopted Budget

Outreach worker capacity to engage with the neighborhood and offer client follow up services was not funded in this budget.

The **Comprehensive Local Plan Plus (CLP+)** is a plan to address gaps in the system so that all people who need them can access appropriate behavioral health services when they need them. Because of the department-wide impact, the CLP+ investments are also supported by the Director's office staff and are located in the Director's Office budget.

Table of Division Programs

The following table shows the programs that make up the division's budget, including cash transfers, contingencies, and unappropriated balances. The individual programs for this division follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Behavioral Health						
40065	Behavioral Health Division Administration		2,289,292	4,740,642	7,029,934	12.58
40067	Medical Records for Behavioral Health Division		332,108	635,904	968,012	5.75
40068	Behavioral Health Quality Management		1,025,651	5,223,745	6,249,396	22.36
40069	Behavioral Health Crisis Services		1,638,934	18,633,850	20,272,784	38.85
40070	Mental Health Crisis Assessment & Treatment Center (CATC)		0	317,047	317,047	0.00
40071	Behavioral Health Division Adult Protective Services		1,533,954	291,028	1,824,982	9.00
40072	Mental Health Commitment Services		2,206,161	3,750,934	5,957,095	26.80
40074A	Mental Health Residential Services		1,429,368	8,480,254	9,909,622	10.80
40074B	Bridgeview	X	1,300,000	0	1,300,000	0.00
40075	Choice Model		0	6,070,178	6,070,178	14.32
40077	Mental Health Treatment & Medication for the Uninsured		298,127	0	298,127	0.00
40078	Early Assessment & Support Alliance		608,809	2,639,596	3,248,405	14.40
40080	Community Based Mental Health Services for Children & Families		777,792	1,451,406	2,229,198	10.35
40081	Multnomah County Care Coordination		0	15,624,038	15,624,038	54.68
40082	School Based Mental Health Services		2,500,044	2,951,809	5,451,853	24.82

Health Department

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Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
40083	Behavioral Health Promotion, Suicide Prevention and Postvention Services		315,433	336,684	652,117	3.30
40084A	Culturally Specific Mental Health Services		1,836,478	556,970	2,393,448	0.00
40084B	Culturally Specific Mobile Outreach and Stabilization Treatment Program		832,352	0	832,352	0.00
40085	Adult Addictions Treatment Continuum		2,465,088	10,271,254	12,736,342	5.40
40086	Addiction Services Gambling Treatment & Prevention		0	779,172	779,172	3.20
40087	Addiction Services Alcohol & Drug Prevention		0	1,487,308	1,487,308	1.50
40088	Coordinated Diversion for Justice Involved Individuals		1,351,761	6,601,754	7,953,515	30.20
40089	Addictions Detoxification & Post Detoxification Housing		1,515,449	803,995	2,319,444	1.50
40090	Family & Youth Addictions Treatment Continuum		94,789	160,054	254,843	0.00
40091	Family Involvement Team		33,935	331,995	365,930	0.00
40099A	Early Childhood Mental Health Program		1,772,062	1,001,791	2,773,853	13.18
40099B	Preschool For All Early Childhood Mental Health		0	2,016,968	2,016,968	10.73
40101	Promoting Access To Hope (PATH) Care Coordination Continuum		720,152	1,112,829	1,832,981	8.90
40104A	Deflection and Sobering Program		0	6,213,852	6,213,852	6.00
40104B	24/7 Sobering and Crisis Stabilization Center Implementation		201,289	0	201,289	1.00
40105A	Behavioral Health Resource Center (BHRC) - Day Center		3,327,933	2,457,023	5,784,956	1.80
40105B	Behavioral Health Resource Center (BHRC) - Shelter/Housing		3,002,764	1,113,935	4,116,699	0.00
40108	Stabilization and Integration Housing Services (formerly BHECN)		2,032,017	0	2,032,017	1.00
40112	Shelter, Housing and Supports		413,573	9,615,877	10,029,450	0.00
40113	Substance Use Disorder Stabilization Center		0	6,850,000	6,850,000	0.00
Total Behavioral Health			\$35,855,315	\$122,521,892	\$158,377,207	332.42

Department: Health Department

Program Contact: Heather Mirasol

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs: 40067, 40068

Program Characteristics:
Program Description

Multnomah County's Behavioral Health Division (BHD) Administration provides leadership and oversight to a recovery-focused, comprehensive system of care. The division works to prevent, intervene in, and treat mental illness and addiction in both children and adults. The BHD is grounded in values of racial and social equity, consumer driven services and trauma informed principles. With culturally responsive and evidence-based practices, BHD serves underinsured, uninsured, and individuals who are experiencing homelessness. BHD is here to serve all of the over 800,000 county residents if they experience a behavioral health crisis.

The Board of County Commissioners serves as the statutory Local Mental Health Authority. The BHD operates as the Community Mental Health Program (CMHP) under that authority. As the CMHP, the BHD is required to maintain a Director and other leadership positions that have the credentials to complete the work the CMHP is responsible for. The CMHP is responsible for supporting a system of locally available, effective safety net services. Safety net services provide behavioral health care to people who might not otherwise have access to them. These services are intended to be accessible, coordinated, and effective. The administration works to assure that services are available to county residents, including those who are insured, underinsured, and uninsured. Required core services include screening, assessment, referrals to providers and community based organizations, and emergency or crisis services. The division both contracts for and directly provides services.

The BHD is organized into seven units; Safety Net Services, Commitment and Diversion Services, Direct Clinical Services, Addictions, Substance Use Disorder and Prevention Services, Care Coordination Services, Quality Management, and the Office of Consumer Engagement (OCE). The OCE is a team of individuals who have themselves experienced behavioral health issues. The team includes culturally specific engagement specialists who ensure that BHD programs and practices are consumer driven, trauma informed, and equitable. The OCE also oversees contracts for peer outreach through community providers. These partnerships improve relationships and services through engagement of culturally and population specific Peer Support and Peer Wellness Specialists and Certified Recovery Mentors.

BHD leadership 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. The BHD monitors contracts for regulatory and clinical compliance. BHD business and clinical decisions are reviewed regularly to ensure that finite resources serve the most vulnerable populations. BHD management works regularly to influence State policy to ensure the best outcomes for our community.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total Behavioral Health Advisory Meetings (1)	23	23	23	23
Outcome	Advisors report satisfaction with the work of the Behavioral Health Division	83%	85%	83%	85%

Performance Measures Descriptions

(1) Includes BHAC Council Meetings and the BHAC Community Workgroup Meetings. (2) OCE drafted a council assessment of satisfaction that was used to evaluate FY24.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,986,414	\$1,274,537	\$1,586,786	\$1,322,119
Contractual Services	\$343,266	\$170,049	\$384,579	\$0
Materials & Supplies	\$24,241	\$9,829	\$8,494	\$5,426
Internal Services	\$261,415	\$240,770	\$309,433	\$258,437
Unappropriated & Contingency	\$0	\$0	\$0	\$3,154,660
Total GF/non-GF	\$2,615,336	\$1,695,185	\$2,289,292	\$4,740,642
Program Total:	\$4,310,521		\$7,029,934	
Program FTE	10.60	4.98	7.60	4.98

Program Revenues				
Intergovernmental	\$0	\$931,036	\$0	\$983,638
Beginning Working Capital	\$0	\$764,149	\$0	\$3,757,004
Total Revenue	\$0	\$1,695,185	\$0	\$4,740,642

Explanation of Revenues

This program generates \$151,922 in indirect revenues.

State: \$387,865 - MHS-01: Division Administration CY25;

\$409,042 - CareOregon - Administrative Support

State: \$186,731 - OHA Behavioral Health Community Mental Health Programs & Capital - MH Admin

\$602,344 - MA Division Admin Beginning Working Capital

\$3,154,660 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2025: 40065 Behavioral Health Division Administration

The Behavioral Health Division added \$3,154,660 unappropriated Beginning Working Capital. In FY 2025 the Behavioral Health Division anticipates the receipt of roughly \$7 million in grant settlement funding from the Oregon Health Authority. Roughly half of that amount was budgeted in FY 2026. The division placed the remainder in beginning working capital for use in future fiscal years. Due to budget constraints BHD Administration was reduced by 1.0 FTE Executive Specialist and the Office of Consumer Engagement was reduced by .5 FTE Program Specialist.

This program was adjusted by Board Amendment 11, 17, and 26 to reduce 3.00 FTE.

Department: Health Department **Program Contact:** Sara Simmers
Program Offer Type: Administration **Program Offer Stage:** Adopted
Related Programs: 40065, 40068
Program Characteristics:

Program Description

As the Community Mental Health Program (CMHP), The Behavioral Health Division is responsible for maintaining client records per Oregon Administrative Rule (OAR) 309-014. The Medical Records Program is responsible for the legally required, internal management of all of the Behavioral Health Division's (BHD) clinical records. BHD staff provide services to over 20,000 clients annually. Each client has a clinical health record in the Electronic Health Record (EHR) system. The Records Team reviews all documents submitted to the EHR. This reduces the risk of privacy incidents and ensures accurate incorporation in the EHR for each of these clients.

This unit ensures that mental health, care coordination, protective services, commitment services, and alcohol and drug medical records are maintained in compliance with federal and state laws and regulations, as well as county and departmental rules, policies and procedures.

Program staff provide multiple record services including: document indexing, processing and release of records requests and subpoenas to clients and community partners, quality assurance, billing and administrative rule compliance auditing, data entry for reporting, archiving and retrieval of client records, forms design and management, notary services, maintaining the integrity of the EHR, reviewing requests for corrections or deletions in the EHR, privacy incident review and support, and health information management expertise. The team works collaboratively with the Evolv Support team and the Billing Team to maintain proper and correct client records in our EHR.

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 division began tracking client access to records. An outcome measure is listed in this program offer to monitor compliance. The Records team now also complies with a new HIPAA privacy rule passed in 2024. This rule ensures that Reproductive Healthcare records are fully protected and cannot be released in certain circumstances.

Records staff also provide training and support to BHD Clinicians with regards to all records needs, assist with locating documents in the client record, and review documents for needed corrections. Records works closely with the County Privacy Team to assist with the review of privacy incidents and support staff with necessary EHR cleanup to maintain the integrity of our health record.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Count of record items processed annually plus scanned document count	65,809	51,000	60,000	60,000
Outcome	Percent of client records requests provided to requestor within allowable timelines	100%	100%	100%	100%

Performance Measures Descriptions

The Records team continues to receive more work each year due to the growing Behavioral Health Division and its Records needs.

Legal / Contractual Obligation

The BHD uses the following guidelines 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", OARs, Oregon Revised Statutes, State Archiving rules, CFR 42 Public Health, Ch. 1 Pt. 2, Public Laws 94-142 & 99-57, State of Oregon

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$202,691	\$517,051	\$279,054	\$489,164
Materials & Supplies	\$0	\$5,549	\$0	\$87
Internal Services	\$54,359	\$132,639	\$53,054	\$146,653
Total GF/non-GF	\$257,050	\$655,239	\$332,108	\$635,904
Program Total:	\$912,289		\$968,012	
Program FTE	1.75	4.00	1.75	4.00

Program Revenues				
Intergovernmental	\$0	\$451,771	\$0	\$489,856
Beginning Working Capital	\$0	\$203,468	\$0	\$146,048
Total Revenue	\$0	\$655,239	\$0	\$635,904

Explanation of Revenues

This program generates \$58,427 in indirect revenues.

State:

\$ 120,977 - MHS-01: Medical Records CY25

\$ 368,879 - CareOregon - Medical Records

\$ 146,048 - Med Records BWC

Significant Program Changes

Last Year this program was: FY 2025: 40067 Medical Records for Behavioral Health Division

Department: Health Department **Program Contact:** Sara Simmers
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 40065, 40067
Program Characteristics:

Program Description

The Quality Management (QM) Unit provides critical infrastructure support for the entire Behavioral Health Division. QM includes five individual programs: Compliance, Evolv (Electronic Health Record (EHR) system), Records, Reporting, and Revenue. The teams work collaboratively to provide statutorily required, essential, functional, and safety services to the client-facing programs within the Division. 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 underserved populations.

The Compliance team ensures BHD is able to rapidly identify, prevent, and mitigate risk, and assures compliance with regulatory and policy requirements to improve the safety and wellbeing of clients and staff. The team conducts internal and external agency audits, facilitates comprehensive staff onboarding, develops and reviews BHD policies and procedures, and reviews contracts. The Compliance team works directly with BHD clients who submit complaints or grievances to address concerns and mitigate risk. Additional work includes completion of Critical Incident Reviews for high risk incidents involving clients. The team also assists the State with licensing visits and Oregon Administrative Rules compliance for residential treatment homes and facilities, among other investigative and monitoring functions.

The Reporting and Data Management team provides timely and meaningful data, allowing leadership to measure outcomes in order to demonstrate appropriate stewardship of public funds and inform program development. They work closely with the Data Governance program, Information Technology, and other Health Department reporting teams to allocate and share county resources. Programs depend on the reports for program planning and critical resource allocation.

The Evolv Team maintains, updates, and customizes the EHR to meet the needs of clinicians and assists in creating individualized forms to improve efficiencies and meet statutory requirements for clinician documentation. The team provides oversight and local administration of the Evolv EHR. They build custom forms and fields in the system for teams to collect data and perform ongoing upgrades and system maintenance to ensure system efficiencies.

The Revenue team helps maximize revenue for BHD by supporting clinical staff. This ensures that client treatment encounters are correctly and appropriately documented in the EHR. They work with all payors and track legislative changes that impact clinical billing codes. They monitor access and use of Community Integration Manager (CIM) and Maintenance Management Information System (MMIS) data platforms, ensuring controls on access. The team regularly updates fee schedules and facilitates changes in the EHR and BHD procedures to support clinical staff and maximize revenue.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of requests managed by Decision Support Unit	3,334	3,200	3,464	2,800
Outcome	Percent of incidents in residential programs mitigated through immediate safety implementations	99.2%	96%	99.4%	96%
Output	# of BHD policies reviewed and updated based on annual and legislative required changes	30	30	50	40

Performance Measures Descriptions

Number of Requests managed by Decision Support Unit: In FY 2026, the Division expects a decrease in Evolv Support tickets. This is due to Direct Clinical Services moving to Epic in waves beginning September 2025.

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. Rule citations include: OAR 309-014, OAR 309-019, Section 6401 of the Patient Protection and Affordable Care Act (PPACA), 42 C.F.R. §422.503 and 423.504

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,443,147	\$3,248,956	\$971,422	\$3,504,015
Contractual Services	\$0	\$518,702	\$0	\$186,301
Materials & Supplies	\$10,967	\$1,527,517	\$6,446	\$745,035
Internal Services	\$77,245	\$749,324	\$47,783	\$788,394
Total GF/non-GF	\$1,531,359	\$6,044,499	\$1,025,651	\$5,223,745
Program Total:	\$7,575,858		\$6,249,396	
Program FTE	8.32	16.50	5.12	17.24

Program Revenues				
Intergovernmental	\$0	\$4,841,071	\$0	\$3,154,848
Beginning Working Capital	\$0	\$1,203,428	\$0	\$2,068,897
Total Revenue	\$0	\$6,044,499	\$0	\$5,223,745

Explanation of Revenues

This program generates \$422,472 in indirect revenues.

\$ 2,068,897 - CFAA Settlement - Decision Support BWC and Quality Management BWC

\$ 1,242,526 - (BHWi)

\$ 89,241 - A&D Decision support

\$ 810,888 - CFAC SE 01

\$ 1,012,193 CareOregon Medicaid BH

Significant Program Changes

Last Year this program was: FY 2025: 40068 Behavioral Health Quality Management

Due to funding constraints and to better align program functions, BHD reduced 2.00 FTE and associated funding from this program that previously supported School Based Mental Health (40082) billing and reporting as part of program changes that will improve business rigor, revenue and sustainability over time. 1.00 FTE was reduced based on general funding constraints with impacts expected to be covered by PH employees as part of the CLP+ funding package. Additional impacts to Quality Management functions will be mitigated within the Division.

Department: Health Department

Program Contact: Barbara Snow

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

Individuals throughout Multnomah County, due to a variety of social determinants of health and behavioral health concerns, will experience a crisis that is not mitigated by traditional outpatient or community-based services. This program funds staff that respond to the person in need at their location, anywhere in the community, reducing the need for Law Enforcement (LE) intervention. Research shows that mobile crisis teams help prevent the criminalization of those in behavioral health crises. As the Community Mental Health Program (CMHP), which serves as the Local Mental Health Authority, the Behavioral Health Division is responsible for a 24/7 crisis system per OARs 309-019 and 309-072. The Multnomah County crisis system seeks to exceed OHA requirements and align with best practices outlined by SAMHSA's 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. The program uses principles of recovery orientation and trauma-informed care as well as recognition of systematic racism and oppression and their profound impact on communities. Services aim to respond while practicing cultural humility.

The Multnomah County Behavioral Health Call Center provides phone support for individuals in crisis 24/7/365. Services include assessing for risk and safety, crisis counseling provided in the caller's preferred language, developing safety plans, de-escalation, referral support, resource recommendations, and triage/dispatch of mobile crisis outreach. Dedicated warm transfer lines with 911 and 988 to improve coordination of care and reduce LEI. Mobile Crisis Intervention Teams provide teams of clinicians and peer support specialists to respond anywhere within the county to meet with individuals in crisis, perform in person risk assessment, and develop safety plans. Services are designed to provide follow-up and wrap-around support., thus reducing the potential need for higher levels of support. Teams prioritize response independent of LEI, however, when LEI is needed crisis teams work in tandem with LE to ensure that behavioral health remains the primary focus. The Urgent Walk-In Clinic (UWIC) provides immediate access to assessment and support from clinicians, Peer Support Specialists and licensed medical professionals in a clinic location. This program reduces utilization of emergency departments and provides immediate drop-off support for LE. The Disaster Response Team provides access to on-scene emotional and practical support to victims, families and friends of victims, and communities impacted by traumatic events.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total Crisis System Contracts	100,938	95,000	85,000	90,000
Outcome	% of Urgent Walk-In Clinic (UWIC) clients seen by the UWIC that did not need to be referred to an emergency d	91%	90%	90%	90%
Outcome	% of language services provided directly by Call Center staff when need is identified at time of call.	56%	50%	54%	50%
Outcome	% of mobile crisis contacts that did not result in individuals going to jail.	99%	98%	98%	98%

Performance Measures Descriptions

Tracks crisis system contacts through mobile crisis, call center calls and the Urgent Walk-In Clinic (UWIC).

Legal / Contractual Obligation

Crisis Lines services and Mobile Crisis Intervention Teams as well as post disaster response are contractually obligated by the state through MHS 25 and in line with OARs 309-019 and 309-072 Community Based Mobile Crisis Intervention Service. We not only meet the OHA requirements but strive to provide a more comprehensive and coordinated system. 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$377,663	\$5,949,900	\$407,567	\$6,856,229
Contractual Services	\$332,114	\$11,507,802	\$1,230,830	\$10,156,169
Materials & Supplies	\$12,481	\$64,138	\$537	\$63,211
Internal Services	\$11,380	\$1,492,159	\$0	\$1,558,241
Total GF/non-GF	\$733,638	\$19,013,999	\$1,638,934	\$18,633,850
Program Total:	\$19,747,637		\$20,272,784	
Program FTE	2.00	33.20	2.00	36.85

Program Revenues				
Intergovernmental	\$0	\$17,147,183	\$0	\$17,633,850
Beginning Working Capital	\$0	\$295,905	\$0	\$0
Total Revenue	\$0	\$17,443,088	\$0	\$17,633,850

Explanation of Revenues

This program generates \$553,103 in indirect revenues.

CareOregon Crisis Call Center - \$ 3,928,724

CareOregon Crisis Svcs Contract - \$ 4,198,659, Clackamas County Crisis Call Center Coordination - \$ 704,760

Community Mental Health Services Start Up GY25 - \$2,054,140, Crisis Call Center GY25 - \$1,011,108

Crisis Services GY25 - \$243,093, Crisis Wraparound Services GY25 - \$3,267,705, Trillium Call Center - \$713,456

Trillium Crisis Svcs - \$ 552,205, Local Washington County Crisis \$ 960,000

Behavioral Health Crisis Services - SHS - \$1,000,000, Supportive Housing Services Fund 1521. Tax revenues are budgeted in the Homeless Services Department program 30999.

Significant Program Changes

Last Year this program was: FY 2025: 40069A Behavioral Health Crisis Services

Program Offers 40069B and 40069C from FY 2025 were added to this program offer for FY 2026. The UWIC experienced a reduction in anticipated revenue for FY 2026 when CareOregon funding ended. This reduction will likely result in reduced hours of operation. SHS funds were reduced for Shelter Behavioral Health In-Reach in the amount of \$61,180. This will impact one shelter, reducing outreach to 11 shelters instead of 12. This reduction eliminates Old Town Inreach Program funding and services. The impacts of the elimination and reduction of these services will be mitigated through first responder agencies and mobile crisis service providers responding to incidents at shelters.

Department: Health Department

Program Contact: Barbara Snow

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

CATC Subacute is a 24-hour, 7 day a week, short-term stabilization program for individuals requiring a secure alternative to incarceration or hospitalization. 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 cannot exceed 30 days without a variance. Throughout their stay(s) individuals are connected to programmatic internal and external support they need in order to be discharged. The goal is to decrease the likelihood needing 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. This program offer aims to provide access to CATC service for the uninsured or underinsured.

Multnomah County crisis system strives to exceed OHA requirements, work in line with best practices as outlined by SAMHSA's 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care, the 2021 Roadmap to the Ideal Crisis System, and Crisis Now (utilized by OHA as model). The goal is 24/7 accessibility to the following three components: someone to contact, someone to respond, and somewhere to go. Sub-acute is a critical component in a full continuum of mental health services and provides a non-hospital based, secure environment for those at risk of harm to themselves or others. Utilizing principles of recovery orientation and trauma-informed care as well as the recognition of systematic racism and oppression. Service providers aim to be responsive and practice cultural humility. The ultimate goal of CATC services is reduced need for higher levels of care, including hospitalization or incarceration. This program offer seeks to increase access to these services for individuals regardless of insurance.

Access to 1 bed for sub-acute level of care for uninsured/underinsured individuals

Comprehensive wrap-around support include medication management and Peer Support services

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of admissions that are Non-HSO Members (Non-Medicaid members)	16	25	12	15
Outcome	Percentage of individuals discharged from CATC to a lower level of care	93%	95%	100%	95%
Outcome	Percentage of BIPOC community member access to Non-Medicaid "CMHP" admissions.	31%	20%	25%	20%

Performance Measures Descriptions

Output and outcome numbers are not being changed with the reduction of beds. Beds are being reduce proportionate to utilization so we do not expect output and outcomes to be impacted.

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.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$617,425	\$0	\$0	\$317,047
Total GF/non-GF	\$617,425	\$0	\$0	\$317,047
Program Total:	\$617,425		\$317,047	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$0	\$0	\$317,047
Total Revenue	\$0	\$0	\$0	\$317,047

Explanation of Revenues

\$ 317,047 - OHA CFAA Settlement

Significant Program Changes

Last Year this program was: FY 2025: 40070 Mental Health Crisis Assessment & Treatment Center (CATC)

This program was reduced from two beds, to one bed, for FY 2026. This reduction was due to utilization rates and demonstrated need in the community. This is a reduction of \$317,048. Remaining portion of the contract was moved to Beginning Working Capital for FY 2026.

Department: Health Department **Program Contact:** Barbara Snow

Program Offer Type: Operating **Program Offer Stage:** Adopted

Related Programs:

Program Characteristics:

Program Description

As the Community Mental Health Program (CMHP), The Behavioral Health Division is responsible for conducting abuse investigations and provision of protective services per OAR 419-110 and ORS 430.735 to 430.765.

ISSUE: Individuals over the age of 18, with mental health diagnoses and who are engaged in mental health services are at increased risk of abuse and/or neglect. Research consistently demonstrates that individuals suffering from mental health issues are not only at greater risk in the community for violent and non-violent crime and abuse but also rates are increased within the mental health system of care.

PROGRAM GOAL: Behavioral Health Division's (BHD) Adult Protective Services (APS) investigates abuse and neglect per ORS Chapter 419 with the goal of ensuring that those in care receive proper care and risk of abuse and neglect is mitigated. This program provides community education and training to internal and external partners. The program uses a cultural lens to open dialogue regarding culture, race, and protective services to increase identification and reporting of concerns.

ACTIVITY: APS protects adults with severe and persistent mental illness from abuse and victimization. Activities include the screening of abuse reports from mandatory reporters, community members and victims of abuse. Guidance comes from Oregon State's Office of Training, Investigations and Safety (OTIS) and includes information regarding the scope of the program's authority and the interpretation and application of the relevant state statutes. BHD 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 serves as an additional layer of support and connection for those with a mental health disability, substance use disorder, homelessness, or 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. This helps ensure a more robust culture of accountability among providers. The program also 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 for a client. This is done to determine if any abuse or neglect by the mental health provider played a role in the death. In FY 2023, the program completed 81 death reviews.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of screenings/investigations ¹	744	950	750	750
Outcome	# of death reviews	91	N/A	73	75
Output	# of overall calls received	1,774	N/A	1,690	1,700
Outcome	# Protective services screening referred to Risk Case Management ²	77	80	84	80

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

Required by OAR 419-110 and 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.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,365,963	\$249,544	\$1,324,583	\$261,435
Materials & Supplies	\$6,043	\$24	\$3,247	\$62
Internal Services	\$152,914	\$26,995	\$206,124	\$29,531
Total GF/non-GF	\$1,524,920	\$276,563	\$1,533,954	\$291,028
Program Total:	\$1,801,483		\$1,824,982	
Program FTE	8.49	1.51	7.49	1.51

Program Revenues				
Intergovernmental	\$0	\$276,563	\$0	\$291,028
Total Revenue	\$0	\$276,563	\$0	\$291,028

Explanation of Revenues

State \$ 291,028- State Mental Health Grant: MHS-01: Quality Mgt - Protective service

Significant Program Changes

Last Year this program was: FY 2025: 40071 Behavioral Health Division Adult Protective Services

Eliminated 1.00 FTE Peer Support Specialist. The position was vacant and not needed for FY 2026. No changes to program operations.

Department: Health Department **Program Contact:** Jay Auslander
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs:
Program Characteristics:

Program Description

As the Community Mental Health Program (CMHP), the County is obligated to perform various duties related to involuntary mental health treatment.

The Involuntary Commitment Program (ICP) is required to investigate and make recommendations to the court anytime an individual is involuntarily detained for mental health treatment. When a hearing is recommended, the county is required to submit a hearing report and provide a certified mental health examiner to assist in the evaluation of the person with an alleged mental illness. ICP employs certified commitment investigators to evaluate involuntarily detained individuals in hospitals. These individuals are alleged to be a danger to self/others or unable to provide for their basic personal needs due to a mental disorder.

The Oregon Health Authority also delegates the responsibility for the assignment and placement of civilly committed individuals to the CMHP. When a person is civilly committed they are assigned a commitment monitor who oversees their care and treatment. Commitment monitors meet with all committed patients in Multnomah County at various commitment sites to routinely assess mental status and progress towards discharge, and collaborate with inpatient and outpatient providers plus significant others to create treatment and support in the least restrictive environments.

When a civilly committed person is discharged to the community while remaining under committed status this is called a trial visit. When a person under civil commitment is released on trial visit or with other conditions made by the court, they are assigned a trial visit monitor who supports the individuals on conditional release to access care and remain safe in the community.

For every person placed under commitment or trial visit, a monitor conducts at minimum twice weekly visits to those in hospital settings under civil commitment, weekly visits to those in subacute care under civil commitment. These commitment services promote resilience, safety, and recovery in the community while reducing the need for unnecessary hospital interventions. Services apply an equity lens, utilizing culturally specific positions and culturally responsive ideals to protect the civil rights of vulnerable individuals and enhance outcomes for those individuals.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total number of notices of mental illness (NMIs) investigated	2,321	2,400	1,701	2,000
Outcome	% of investigated NMIs that did not go to court hearing	90%	80%	90%	80%
Outcome	% of investigated NMIs taken to court hearing that resulted in commitment	83%	80%	83%	80%
Output	# of commitments monitored annually	211	250	170	200

Performance Measures Descriptions

1. This includes hospital holds/ NMIs for residents regardless of without insurance and some residents with insurance. 2. Measure staff effectiveness in applying ORS 426 and reducing burden on the system. 3. The court finds clear and convincing evidence for continued commitment. 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,408,913	\$2,758,202	\$1,558,730	\$3,259,926
Contractual Services	\$122,504	\$277,733	\$136,070	\$327,733
Materials & Supplies	\$7,909	\$31,500	\$5,813	\$31,620
Internal Services	\$501,636	\$81,255	\$505,548	\$131,655
Total GF/non-GF	\$2,040,962	\$3,148,690	\$2,206,161	\$3,750,934
Program Total:	\$5,189,652		\$5,957,095	
Program FTE	8.50	16.10	8.80	18.00

Program Revenues				
Intergovernmental	\$0	\$3,148,690	\$0	\$3,750,934
Total Revenue	\$0	\$3,148,690	\$0	\$3,750,934

Explanation of Revenues

State \$ 3,750,934 - State Mental Health Grant: MHS 25: Acute & Intermdt Psych - Commit

Significant Program Changes

Last Year this program was: FY 2025: 40072 Mental Health Commitment Services

2.00 FTE added to ensure contract compliance with OHA funding requirements.

Department: Health Department **Program Contact:** Barbara Snow

Program Offer Type: Operating **Program Offer Stage:** Adopted

Related Programs:

Program Characteristics:

Program Description

As the Community Mental Health Program (CMHP), The Behavioral Health Division is responsible for oversight of residential programs per OAR 309-035.

ISSUE: There is a shortage of residential beds at all levels throughout the state. The Governor and OHA have pledged to increase the number of facilities. Multnomah County houses the greatest portion of all licensed residential programs in the State, with approximately 93 residential programs and approximately 651 beds. This includes Secure Residential Treatment Programs, Residential Treatment Homes/Facilities, Adult Care Homes (ACH), Crisis/Respite Programs, and Supportive Housing Programs.

PROGRAM GOAL: The Residential Services (RS) program provides mandated health and safety oversight and technical assistance to designated residential mental health programs. Work is governed by the 309-035 OARs. This work supports the ongoing need for additional licensed residential programs, ensuring that programs meet or exceed operating standards. Additionally, the services provided encourage stability, decreasing the likelihood that participants will need acute care services or become houseless.

ACTIVITY: The program provides services 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 and Quality Management (QM) staff also participate in audits and licensing reviews. The RS team participates in monthly diversity, equity and inclusion discussions to better understand and act against systemic racism, and how to support equitable outcomes for Black, Indigenous and People of Color (BIPOC) and other marginalized groups. RS oversees RS reviews and responds to ~25,000 incident reports annually. The program also partners with Quality Management to conduct Critical Incident Reviews and provide quality improvement recommendations as needed. RS supports the creation and development of new mental health residential placements. In FY 2024, RS bolstered the opening of 3 new residential programs totaling 27 new units. RS has also actively supported the development of 8 residential programs scheduled to open next year. RS service protect all those living in licensed facilities in Multnomah County regardless of County of origin.

The Bridgeview transitional housing site is also partially funded through this program offer, with the remainder of the funding in 40074B. It has 47 beds. They provide 3 meals per day, have 3 staff on site 24/7, nursing support and medication management on site. Without this program these individuals would likely return to houselessness and have difficulty qualifying for other levels of housing. This program has been instrumental in reducing hospitalizations and the need for higher levels of care for these individuals as well as ensuring that these individuals have stable housing.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of placements that receive health and safety oversight by Residential Services	651	700	675	700
Outcome	% of Non-Multnomah County Residents Placed in RTH/F and SRTF Housing	27%	27%	28%	27%
Output	# of CMHP referrals managed by Residential Services	38	25	38	25

Performance Measures Descriptions

The total number of residents who receive Residential Services placements and are provided health and safety oversight. Measure provides the cumulative percentage of individuals whose county of responsibility is not Multnomah County. The total number of referrals that are managed by the internal residential team.

Legal / Contractual Obligation

OAR 309-035 Residential Treatment Facilities

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,219,152	\$771,455	\$1,171,850	\$664,779
Contractual Services	\$0	\$7,545,939	\$0	\$7,700,691
Materials & Supplies	\$0	\$9,455	\$0	\$17,928
Internal Services	\$172,952	\$122,270	\$257,518	\$96,856
Total GF/non-GF	\$1,392,104	\$8,449,119	\$1,429,368	\$8,480,254
Program Total:	\$9,841,223		\$9,909,622	
Program FTE	7.25	4.85	6.75	4.05

Program Revenues				
Intergovernmental	\$0	\$8,449,119	\$0	\$8,480,254
Total Revenue	\$0	\$8,449,119	\$0	\$8,480,254

Explanation of Revenues

State - \$323,064 MHS-01

State - \$2,588,478 MHS-30 PSRB

State - \$473,263 MHS-20 Non-Res Services Managed Care

Fed thru State - \$854,004 Residential Svcs Managed Care - Block Grant

State - \$463,985 MHS-20 Residential Svcs Managed Care

State - \$2,857,482 MHS-17 Community and Residential Assistance Part C

State - \$560,092 MHS-35: Older Adult System Coordination

State - \$359,886 MHS-38: Supported Employment Services

Significant Program Changes

Last Year this program was: FY 2025: 40074A Mental Health Residential Services

FY 2025 Program Offer 40074B was rolled up to this program offer for FY 2026. The Bridgeview program was restored in the budget process, along with additional funding to bridge a deficit separate from SHS funding in 40074B.

Program #40074B - Bridgeview
FY 2026 Adopted

Department: Health Department **Program Contact:** Barbara Snow
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 40074
Program Characteristics: Backfill Other Funds, One-Time-Only Request

Program Description

The Bridgeview residential program provides essential housing and supportive services to individuals in downtown Portland. It fills an important role within transitional housing programs in the City of Portland and Multnomah County. It helps fill the gap that exists between independent living and residential treatment and provides a lower barrier opportunity for individuals exiting homelessness while experiencing behavioral health challenges to gain stability and begin to work toward their future goals, decreasing their utilization of services such as acute care hospitals.

This vital resource provides housing, pharmacy services, the ability to build rental history, 24/7 support from residential staff, and access to onsite clinical care including case management, individual therapy, skills training, and group engagement. Medical staff including a LMP and nurse are on site several days a month to provide medication management and additional nursing support. The building has 48 Single Room Occupancy rooms without kitchens, prompting the need to provide 3 meals per day to residents in the cafeteria. The program aims to increase housing retention, reduce hospitalizations and support mental health recovery for a population of individuals who are entering housing from homelessness.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of individuals served	53	75	88	75
Outcome	% of individuals who are willing to engage in a housing search, and are placed in permanent stabilized housing	74%	65%	66%	65%

Performance Measures Descriptions

Measures the number of people utilizing the beds at this site. It also measures the percentage of people who are successfully transitioned to permanent housing. Only those who are ready and willing to engage in transitioning are included in the outcome measure.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
	2025	2025	2026	2026
Program Expenses				
Contractual Services	\$0	\$0	\$1,300,000	\$0
Total GF/non-GF	\$0	\$0	\$1,300,000	\$0
Program Total:	\$0		\$1,300,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 40074B Mental Health Residential Services - Supportive Housing Services

Program was provided an additional \$1.3M of General Fund restoration funding to preserve the 48 beds after a Supportive Housing Services funding reduction.

Department: Health Department

Program Contact: Jessica Jacobsen

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

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 develops supports to maximize independent living; 701 individuals were served in fiscal year 2024, of whom 31.54% identified as Black, Indigenous or other People of Color (BIPOC). There are two culturally specific staff on the team that were recruited and retained to reflect the communities served. One LGBTQIA2+ clinician and one Black/African American Exceptional Needs Care Coordinator.

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, 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 (ENCC), 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; 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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of Clients Served in Choice (1)	701	675	695	700
Outcome	% of clients receiving direct client assistance to meet basic needs (2)	28%	25%	30%	30%

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$2,486,776	\$0	\$2,396,543
Contractual Services	\$0	\$2,362,522	\$0	\$3,086,499
Materials & Supplies	\$0	\$19,963	\$0	\$17,387
Internal Services	\$0	\$465,503	\$0	\$569,749
Total GF/non-GF	\$0	\$5,334,764	\$0	\$6,070,178
Program Total:	\$5,334,764		\$6,070,178	
Program FTE	0.00	15.32	0.00	14.32

Program Revenues				
Intergovernmental	\$0	\$5,334,764	\$0	\$6,070,178
Total Revenue	\$0	\$5,334,764	\$0	\$6,070,178

Explanation of Revenues

This program generates \$234,360 in indirect revenues.

Federal - \$2,019,246 - Unrestricted Medicaid fund through CareOregon (Choice)

State - \$3,778,411 - State Mental Health Grant: CHOICE Model based on 2021 IGA with State of Oregon

State - \$272,521 - Choice incentive payment and ongoing allocation through OHA (AdoptAmend-HD-023-26)

Significant Program Changes

Last Year this program was: FY 2025: 40075 Choice Model

CHOICE revenue for FY 2026 is projected to increase by \$272,521 for direct client assistance, including housing support, housing-related services, guardianship, and other essential needs for CHOICE clients.

Department: Health Department **Program Contact:** Barbara Snow

Program Offer Type: Operating **Program Offer Stage:** Adopted

Related Programs:

Program Characteristics:

Program Description

According to the Oregon Health Authority around 6% of Oregonians are uninsured and about 1 in 10 Oregonians experience a gap in coverage during the year. Without insurance individuals are not able to access outpatient behavioral health services. If they are enrolled and experience a gap in coverage they would immediately lose access to these services.

The Multnomah Treatment Fund (MTF) prioritizes community-based services to individuals who experience challenges associated with severe mental illness. MTF provides funds to outpatient behavioral health providers to ensure that those individuals who experience a gap in funding do not lose access to needed care and therefore prevent more drastic consequences including hospitalization, incarceration, loss of housing and other potential negative outcomes. 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. 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.

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. Providers 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. Clients are linked to other supports and acquire assistance in securing OHP benefits. The demand for services in this program has 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. 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.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total # of adults who received county-funded outpatient services or medication.	196	195	260	225
Outcome	Percentage of MTF clients that are hospitalized	6.1%	3.0%	5.0%	6.0%

Performance Measures Descriptions

1. This includes the total number of adults that are served by the MTF program for outpatient services with County contracted providers. 2. The percentage of individuals within this program that are hospitalized and are clients within these programs. Given the last two year trend that is expected to continue, the program expects to exceed the FY25 percentage of MTF clients that are hospitalized.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$733,984	\$0	\$298,127	\$0
Total GF/non-GF	\$733,984	\$0	\$298,127	\$0
Program Total:	\$733,984		\$298,127	
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 2025: 40077 Mental Health Treatment & Medication for the Uninsured

This contract was reduced by \$454,803 for FY 2026. This right-sizes the contract based on previous utilization. Outputs/Outcomes remain the same based on utilization.

Department: Health Department

Program Contact: Yolanda Gonzalez

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

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. As the Community Mental Health Program (CMHP), The Behavioral Health Division is responsible for ensuring EASA services are available in the county. 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 support in treatment. The program receives and screens approximately 200 referrals per year and provides services to over 100 enrolled individuals each year. In FY24, 53% of the enrolled EASA clients identified as people of color, 46% as white, and 3% as unknown or not provided.

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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total individuals enrolled in the EASA program receiving ongoing services.	126	120	125	120
Outcome	% reduction in hospitalization rate three months pre-enrollment and 6 months post-enrollment ¹	96%	90%	92%	90%
Output	Number of unduplicated individuals referred to the EASA program.	229	200	226	200

Performance Measures Descriptions

¹ This measure compares the hospitalization rate for the three months prior to services with the rate for the six 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$406,681	\$2,306,751	\$599,082	\$1,960,965
Contractual Services	\$9,415	\$179,633	\$9,640	\$179,633
Materials & Supplies	\$0	\$6,834	\$0	\$6,805
Internal Services	\$13,991	\$357,086	\$87	\$492,193
Cash Transfers	\$0	\$532,343	\$0	\$0
Total GF/non-GF	\$430,087	\$3,382,647	\$608,809	\$2,639,596
Program Total:	\$3,812,734		\$3,248,405	
Program FTE	2.17	14.23	3.23	11.17

Program Revenues				
Intergovernmental	\$0	\$2,725,982	\$0	\$1,911,588
Service Charges	\$0	\$656,665	\$0	\$728,008
Total Revenue	\$0	\$3,382,647	\$0	\$2,639,596

Explanation of Revenues

This program generates \$67,475 in indirect revenues.

\$ 718,008 - Fee For Service Insurance Receipts

\$ 10,000 - State Vocational Rehabilitation Award

State \$ 1,353,208 - State Mental Health Grant based on 2021 IGA with State of Oregon

State \$ 249,854 - SMHG MHS 38

Federal \$ 10,124 - MHS-26 EASA-MHBG

Care OR \$ 298,402 - EASA

Significant Program Changes

Last Year this program was: FY 2025: 40078A Early Assessment & Support Alliance

EASA is launching a new program called Stepdown. The goal of the Stepdown program is to provide clients with a bridge between the extensive services provided by the EASA program and independently managing their health.

Department: Health Department

Program Contact: Yolanda Gonzalez

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Community Based Mental Health for Children, Youth and Families provide critical safety net services 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.

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

Mental health providers in the community 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 NW 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 NW consultants represent the communities that we serve and have language and cultural Knowledge Skills and Abilities.

The Gun Violence Behavioral Health Response team provides a range of culturally relevant, evidence based mental health services for the African American community, a highly impacted community, for youth (age 10-25) and their families. Staff utilize lived experience and evidence based practices to provide culturally specific mental health prevention support, mental health treatment services, consultation, outreach and engagement. Staff collaborate 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.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total children who receive Mental Health or Family Support Services at CARES NW from Mult Co staff	136	100	118	100
Output	Total children who received Behavioral Health service through African American KSA	12	20	34	20
Output	Total # of children who received behavioral health services from the Gun Violence BH Response Team	83	40	85	85

Performance Measures Descriptions

CARES NW measure is the # of youth and families who receive direct family support services from our staff co-located at Legacy Site.

The Gun Violence measures include # of clients who received a mental health service by our specific African American KSA funded with this program offer and the program as a whole.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,372,636	\$238,045	\$731,873	\$1,041,853
Contractual Services	\$0	\$0	\$0	\$119,763
Materials & Supplies	\$16,723	\$799	\$1,342	\$206
Internal Services	\$43,693	\$104,318	\$44,577	\$289,584
Total GF/non-GF	\$1,433,052	\$343,162	\$777,792	\$1,451,406
Program Total:	\$1,776,214		\$2,229,198	
Program FTE	8.15	1.20	4.15	6.20

Program Revenues				
Intergovernmental	\$0	\$343,162	\$0	\$545,066
Beginning Working Capital	\$0	\$0	\$0	\$906,340
Total Revenue	\$0	\$343,162	\$0	\$1,451,406

Explanation of Revenues

This program generates \$131,927 in indirect revenues.
Headstart Revenue

David Douglas - \$40,000
 Portland Public - \$44,292
 Mt Hood Community College - \$40,000
 Albina - \$207,603
 Neighborhood hose - \$3,000
 OCDC - \$7,500
 City of Gresham - \$202,671
 OHA CFAA Settlement - \$906,340

Significant Program Changes

Last Year this program was: FY 2025: 40080 Community Based Mental Health Services for Children & Families

The Gun Violence Response team was funded by BWC for FY 2026 and is being moved from 40080B to 40080.

Department: Health Department

Program Contact: Jessica Jacobsen

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

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), Jail Care Coordination (JCC), & 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 and JCC 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.

Wraparound, Youth & Adult ICC, and JCC are funded by Oregon Health Plan via agreements 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, which is an established best practice for achieving equitable health outcomes. Peer Services are contracted out to qualified providers.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of unique children served in Youth Care Coordination.	382	350	374	375
Outcome	% score measuring family's satisfaction and progress in Wraparound. (1)	81.75%	85%	79.85%	85%
Output	Referrals processed in Youth Care Coordination.	407	350	397	395
Output	Total number of clients served in M-ITT. (2)	589	530	605	575

Performance Measures Descriptions

(1) Additional administrative support to increase WFI-EZ survey completion rates to help obtain a statistically significant response rate has continued to successfully increase response rates. Program caregiver satisfaction scores surpass the statewide average for Wraparound programs. (2) M-ITT continues to experience increased length of enrollment due to reduced system capacity. M-ITT has initiated a monitoring status to provide light care coordination support when most appropriate which will increase clients served in the future.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$9,610,498	\$0	\$9,570,438
Contractual Services	\$0	\$2,804,197	\$0	\$2,742,984
Materials & Supplies	\$0	\$143,346	\$0	\$139,483
Internal Services	\$0	\$2,884,852	\$0	\$3,171,133
Total GF/non-GF	\$0	\$15,442,893	\$0	\$15,624,038
Program Total:	\$15,442,893		\$15,624,038	
Program FTE	0.00	58.68	0.00	54.68

Program Revenues				
Intergovernmental	\$0	\$15,442,893	\$0	\$15,624,038
Total Revenue	\$0	\$15,442,893	\$0	\$15,624,038

Explanation of Revenues

This program generates \$1,466,927 in indirect revenues.

MHS-05 - Adult MH SVCS - \$355,333

Trillium Peer Svcs contract - \$115,696

Care Oregon Medicaid BH - \$14,201,146

Care Oregon - FY26 One-time carryforward funding - \$951,863

Significant Program Changes

Last Year this program was: FY 2025: 40081 Multnomah County Care Coordination

The Jail Care Coordination team is a new service. 4.00 positions in the American Society Addiction Medicine were eliminated because external funding was eliminated. These were vacant positions that had never been filled.

One time only carry forward funding adds one Limited Duration Mental Health Consultant position to support a higher volume of referrals to adult Care Coordination programs. It also allocates funds for direct client assistance across care.

Department: Health Department

Program Contact: Yolanda Gonzalez

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

Since 1969, Multnomah County has been a leader in the nation in providing access to mental health services in schools. School Based Mental Health Professionals serve children and teens with mental health needs in 34 elementary, middle and high schools across multiple districts in Multnomah County. 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. SBMH 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.

Multnomah County and School Districts collaborate to address the continuum of needs for students and their families; and to fulfill the School District's mandate to provide these services. School Based Mental Health Consultants provide treatment, prevention, education, consultation, and outreach to students, school staff, and families every school year.

In FY26, the program will operate under a model that improves business rigor, increases revenue through billable services, and seeks to build sustainability over time.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total unduplicated youth referred to SBMH for assessment and/or treatment services	737	750	676	725
Output	Total # of people served with prevention, educational, consultation and outreach activities/events in school com	N/A	N/A	2,286	2,000
Outcome	Percentage of youth enrolled in services who receive suicide screening	N/A	N/A	100%	100%
Output	# billable clinical services per year	N/A	N/A	N/A	3,300

Performance Measures Descriptions

Program is switching EHR's to EPIC which, due to training and transition time, will cause the team to lose a month of clinical service time, thus impacting potential billable clinical sessions for FY26

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$3,125,272	\$2,462,048	\$1,989,047	\$2,526,382
Contractual Services	\$0	\$8,000	\$75,000	\$7,870
Materials & Supplies	\$81,677	\$10,380	\$10,775	\$295
Internal Services	\$250,051	\$589,652	\$425,222	\$417,262
Total GF/non-GF	\$3,457,000	\$3,070,080	\$2,500,044	\$2,951,809
Program Total:	\$6,527,080		\$5,451,853	
Program FTE	20.26	13.48	10.61	14.21

Program Revenues				
Intergovernmental	\$0	\$2,520,080	\$0	\$1,636,336
Beginning Working Capital	\$0	\$0	\$0	\$177,664
Service Charges	\$0	\$550,000	\$0	\$1,137,809
Total Revenue	\$0	\$3,070,080	\$0	\$2,951,809

Explanation of Revenues

This program generates \$190,078 in indirect revenues.

\$845,125 - MHS-20: School-Based Mental Health - Block Grant - GY25

\$550,000 - SBMH Insurance

\$366,904 - MHS-20: School-Based Mental Health - GY25

\$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

\$177,664 - Beginning Working Capital

\$587,809 - Medicaid Revenue

Significant Program Changes

Last Year this program was: FY 2025: 40082 School Based Mental Health Services

In FY 2026, The School Based Mental Health (SBMH) program has several program changes that will improve business rigor, revenue and sustainability over time. The Clinical SBMH team was kept whole, allowing the program to maximize service delivery. Due to funding constraints, the K-12 case management services were fully eliminated. This resulted in the reduction of 9.15 FTE. BHD will work with School Districts and other partners to mitigate impacts of case management services on students.

This program was adjusted by Board Amendment 1 to restore 5.01 FTE and funding of \$834,122 (a combination of General Fund and new Medicaid revenue).

Department: Health Department **Program Contact:** Anthony Jordan

Program Offer Type: Operating **Program Offer Stage:** Adopted

Related Programs:

Program Characteristics:

Program Description

As the Community Mental Health Program (CMHP), The Behavioral Health Division is responsible for suicide prevention and postvention per Senate Bills 561/485/918 collectively. Multnomah County has the largest number of suicides by young people, ages 10-24, of any county in Oregon. The Behavioral Health Prevention Services program consists of health promotion, suicide prevention and postvention services that work to reduce these numbers. The program is designed to educate the community about mental health and suicide prevention, and provide postvention supports to communities in need. 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.

The behavioral health prevention element of the program provides the following trainings to County staff and community members through the tri-county collaborative, Get Trained To Help, a collaboration between Clackamas, Multnomah and Washington County Health Department Suicide Prevention Programs. The Get Trained To Help collaborative plays an important role in organizing, promoting and facilitating accessible resources and training to all residents in the Portland Metro. The training portal, gettrainedtohelp.com, allows the community to learn more and register for the following free trainings: Mental Health First Aid (MHFA), Sources of Strength, Applied Suicide Intervention Skills Training (ASIST), Counseling on Access to Lethal Means (CALM), SafeTALK and Question, Persuade and Refer (QPR), Assessing and Managing Suicide Risk (AMSAR), and Collaborative Assessment and Management of Suicidality (CAMS-Care).

The suicide prevention and postvention element of this program focuses on understanding the scope and depth of suicides deaths in the County by tracking and understanding trends that inform prevention, intervention, and postvention efforts. Oregon laws (SB561, SB918, and SB485) require local mental health authorities to communicate and collaborate with youth-serving entities after a suspected youth suicide death. Our Postvention Response Lead is responsible for coordinating county-wide youth suicide postvention supports, activities and initiatives after a youth suicide death, with the goal of decreasing the likelihood of suicide contagion. This looks like providing technical assistance and support to schools or other youth-serving entities across our county. As a secondary objective, this role also supports the suicide prevention activities by facilitating the trainings mentioned above.

In 2021, suicide was the third leading cause of death among Black youth ages 10-24 (nationally). As a result, our programming hired a Black Youth Suicide Prevention Coordinator in FY22. This position is leading a countywide youth suicide coalition (MYSPC), collaborates with a statewide Black youth suicide coalition (BYSPC), and leads our team's work to ensure that all of our prevention and postvention initiatives are also expanded to include culturally relevant and appropriate strategies for all youth. In FY24, MYSPC launched its first round of youth listening sessions to better understand the issues that contribute to suicide and poor mental health. This group will continue to grow and expand our initiatives based on the initial feedback provided by primarily BIPOC youth within our community.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of individuals trained in Mental Health First Aid, ASIST, QPR and/or CALM and safeTalk.	1,152	450	580	400
Outcome	% of individuals who report greater understanding of mental illness and/or suicide prevention.	91%	85%	85%	80%
Output	Number of Postvention training and technical assistance services offered annually	N/A	N/A	N/A	24
Outcome	% of Schools or CBO's receiving postvention supports from PSL after a youth suicide.	N/A	N/A	N/A	90%

Performance Measures Descriptions

Performance measure 1 is tracked via our internal tracking sheet, managed by our Suicide Prevention team. At the conclusion of each training offered, our internal team send out training certifications, verifying the number of participants trained. Performance measure 2 is tracked by internal surveys provided at the conclusion of trainings, and when providing certificates to participants. Measure's 3 and 4 are tracked via internal tracking sheet managed by our Postvention Support Lead.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$217,386	\$295,670	\$263,883	\$279,423
Contractual Services	\$35,000	\$6,562	\$0	\$0
Materials & Supplies	\$3,725	\$18,829	\$0	\$7,600
Internal Services	\$37,876	\$24,531	\$51,550	\$49,661
Total GF/non-GF	\$293,987	\$345,592	\$315,433	\$336,684
Program Total:	\$639,579		\$652,117	
Program FTE	1.30	2.00	1.54	1.76

Program Revenues				
Intergovernmental	\$0	\$345,592	\$0	\$336,684
Total Revenue	\$0	\$345,592	\$0	\$336,684

Explanation of Revenues

This program generates \$25,806 in indirect revenues.
State - \$84,000 - OHA Suicide Prevention
Federal - \$124,712 - Federal PE 60 Suicide Prevention
State - \$2,972 - 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 2025: 40083 Behavioral Health Prevention Services

Psychological are no longer be a requirement of this program. The data collected from the investigations has been utilized to inform our future work.

Department: Health Department

Program Contact: Barbara Snow

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

ISSUE: 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. Additionally, the immigrant and refugee community is at increased risk of lack of insurance and access to behavioral health options.

PROGRAM GOAL: 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.

ACTIVITY: 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.

OUTPUTS:

Direct outpatient services available to individuals without insurance

Culturally specific services available and enhanced

Reduce negative outcomes for those from culturally diverse populations

Increase supports for immigrant and refugee communities

Increase training and education opportunities for culturally specific providers

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total culturally diverse individuals receiving services ¹	1,074	900	1,329	900
Outcome	Culturally specific persons served per 1,000 culturally diverse in population ²	4.3	3.6	4.3	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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$2,162,817	\$542,325	\$1,836,478	\$556,970
Total GF/non-GF	\$2,162,817	\$542,325	\$1,836,478	\$556,970
Program Total:	\$2,705,142		\$2,393,448	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

\$556,970 - Culturally Specific Mobile Outreach and STP (MO&STP)- Supportive Housing Services Fund 1521. Tax revenues are budgeted in the Homeless Services Department program 30999.

Significant Program Changes

Last Year this program was: FY 2025: 40084A Culturally Specific Mental Health Services

Program #40084B - Culturally Specific Mobile Outreach and Stabilization Treatment Program

FY 2026 Adopted

Department: Health Department **Program Contact:** Barbara Snow
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs:
Program Characteristics:

Program Description

ISSUE: Behavioral health treatment that incorporates the culture, tradition, and values of the Black/African American community is limited. 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 continue to face stigma, discrimination, and overrepresentation in the criminal justice system. These negative experiences, combined with a lack of access to culturally-affirming and informed care, result in multiple health disparities for the population

PROGRAM GOAL: This offer is an enhancement to create African American culturally-specific capacity for the community. It provides 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.

ACTIVITY: 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. This program also supports Black/African American stabilization beds in the community. These beds provide short term supports and a pathway out of homelessness for individuals identified by the outreach and engagement team.

OUTPUTS:
 15 transitional housing beds
 Direct outreach and support in the community
 Coordination with other providers and systems of care
 Ongoing case management and support to culturally specific population

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total number of individuals served	119	50	103	100
Outcome	% of referrals accepted into the program	49%	80%	41%	50%

Performance Measures Descriptions

The total number of individuals served in this program. The percentage of actual acceptance based on referrals.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$815,908	\$0	\$832,352	\$0
Total GF/non-GF	\$815,908	\$0	\$832,352	\$0
Program Total:	\$815,908		\$832,352	
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 2025: 40084B Culturally Specific Mobile Outreach and Stabilization Treatment Program

Department: Health Department

Program Contact: Anthony Jordan

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

As the Community Mental Health Program (CMHP), we are responsible for supporting a system of locally available, effective safety net services. The Adult Addiction Treatment Continuum is part of those services and 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.

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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number served in treatment and recovery support services	2,899	4,200	2,943	3,000
Outcome	Percentage of clients who successfully complete outpatient treatment*	50%	45%	45%	50%

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$542,906	\$526,974	\$575,887	\$420,720
Contractual Services	\$1,709,839	\$10,919,932	\$1,731,384	\$9,813,044
Materials & Supplies	\$14,773	\$8,889	\$2,871	\$610
Internal Services	\$134,598	\$39,090	\$154,946	\$36,880
Total GF/non-GF	\$2,402,116	\$11,494,885	\$2,465,088	\$10,271,254
Program Total:	\$13,897,001		\$12,736,342	
Program FTE	3.00	3.40	3.00	2.40

Program Revenues				
Intergovernmental	\$0	\$9,236,196	\$0	\$8,255,389
Total Revenue	\$0	\$9,236,196	\$0	\$8,255,389

Explanation of Revenues

This program generates \$2,418 in indirect revenues.

Fed - OHA Ryan White - MH, \$178,100 Recovery Support - Local 2145 \$641,884

Fed - A&D-62 Drug Residential-Children \$305,812, Fed - A&D-66: Addic Outpat Serv-SAPT \$2,274,290 ,

A&D-67 Addictions Res \$1,265,400, A&D-66 Addictions/Opiate/Outpatient Tx \$2,188,483

A&D-63 Peer Delivered Svcs \$835,994, A&D-62 Drug Residential \$355,426

A&D-61 Adult SUD Res Tx \$210,000,

Adult Addictions Treatment Continuum (AATC)- SHS \$2,015,865. Supportive Housing Services Fund 1521. Tax revenues are budgeted in the Homeless Services Department in program 30999.

Significant Program Changes

Last Year this program was: FY 2025: 40085A Adult Addictions Treatment Continuum

Program Offer 40085B was added to this program offer for FY 2026. Due to SHS constraints, this program offer was reduced by \$500,000 for FY 2026. This reduction will not impact beds within the system. Impacts will be mitigated through increased billable revenue and updates to the contract.

Department: Health Department **Program Contact:** Anthony Jordan

Program Offer Type: Operating **Program Offer Stage:** Adopted

Related Programs:

Program Characteristics:

Program Description

Gambling addiction treatment uses evidence-based practices in an outpatient setting to provide treatment to persons diagnosed with mild, moderate, or severe gambling disorder. 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.

Multnomah County's Problem Gambling Services (PGS) are guided by a public health approach. A public health approach to problem gambling involves focusing on a holistic view of the issue, integrating biological, behavioral, and economic factors, with the goal of improving the well-being of individuals, families, and communities.

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 individual and their family with managing money/finances, rebuilding trust within the family, and maintaining recovery. The Multnomah County PGS team is focusing on outreach and treatment enrollments for culturally specific populations. Some of these populations include LGBTQIAS+, BIPOC, older adults, veterans, and college students. Focus is also on those experiencing co-occurring issues such as drugs and alcohol or mental health.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of gamblers and family members accessing treatment annually	52	180	88	N/A
Outcome	Successful treatment completion rate	35%	30%	30%	N/A
Outcome	% of clients receiving Care Coordination, successfully placed in gambling treatment or recovery support	88%	60%	70%	70%
Output	Number of problem gambling prevention activities delivered	38	22	30	25

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$509,356	\$0	\$528,432
Contractual Services	\$0	\$1,163,412	\$0	\$159,698
Materials & Supplies	\$0	\$14,548	\$0	\$14,644
Internal Services	\$0	\$64,028	\$0	\$76,398
Total GF/non-GF	\$0	\$1,751,344	\$0	\$779,172
Program Total:	\$1,751,344		\$779,172	
Program FTE	0.00	3.20	0.00	3.20

Program Revenues				
Intergovernmental	\$0	\$1,751,344	\$0	\$779,172
Total Revenue	\$0	\$1,751,344	\$0	\$779,172

Explanation of Revenues

State \$ 415,812 - State Mental Health Grant: Problem Gambling Treatment Services based on IGA with State of Oregon
State \$ 213,360 - State Mental Health Grant: Problem Gambling Prevention Services based on IGA with State of Oregon
State \$ 150,000 - State Mental Health Grant: Problem Gambling Pathways Outreach

Significant Program Changes

Last Year this program was: FY 2025: 40086 Addiction Services Gambling Treatment & Prevention

In FY 2026, OHA Problem Gambling Services made a change and will be directly contracting with treatment providers for problem gambling treatment. This will change our program and limit us to Outreach and Prevention programs. As a result we are closing out our first two performance measures. As we build up our outreach and care coordination efforts, we will look to expand the tracking of our program metrics.

Department: Health Department **Program Contact:** Anthony Jordan
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs:
Program Characteristics:

Program Description

The Addictions Services Alcohol and Drug Prevention program addresses risk and protective factors for substance use that can lead to alcohol, tobacco, and other drug addiction. Funding comes from a variety of state and federal grants to support: media campaigns, prevention education, youth leadership activities, policy development, and support for schools and parents. This 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.

This program includes: 1. The ADPEP program contracts out with local providers to offer programming to all Multnomah County school districts and any community based organization that is interested in receiving prevention education and information. A variety of activities are offered through our contracted providers including, but not limited to; youth-led media campaigns, youth leadership opportunities, evidence based prevention curriculum for local schools, and family engagement courses that educate on primary prevention strategies. 2. The Big Village Coalition is a community-based coalition that focuses on reducing underage drinking and marijuana use. This program focuses on parent education and youth leadership development. In FY24, the Big Village coalition partnered with Portland Public School district on an initiative to provide Deterra drug deactivation and disposal kits to every family. Kits were handed out at high school registrations at all of the 11 comprehensive high schools within PPS. Over 18,000 kits were purchased with most going directly to PPS and the rest being distributed through outreach events, sharing with community partners, and East Multnomah County schools.

In FY25, this program has expanded to include funding from SAMHSA and OHA, which will expand the above program components to include community-driven approaches to address opioid and illicit substances in our prevention programming. In addition, this program has received one-time funding from the Opioid Settlement Board. These funds will be utilized in FY26 to provide education to reduce stigma around opioids, illicit substances, and alcohol through public education campaigns, and culturally specific primary prevention activities. These funds will also enable Multnomah County to contract with local prevention partners who prioritize culturally specific prevention efforts. Funds will also support workforce development by providing specialized training for educators, healthcare providers, and community leaders on the latest substance use trends, recognizing early signs of substance misuse, reducing stigma, and offering resources for early intervention. The Health Department is engaged in opioid work, and this team will look for ways to connect the work. This integrated approach can help youth and adults understand the full spectrum of substance-related risks, thereby strengthening multifaceted prevention efforts across our county.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Adults and youth served by prevention services and programming	14,580	4,000	10,500	13,000
Outcome	Prevention activity participants with improved awareness and/or educational outcomes	90.7%	80%	85%	75%

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$92,454	\$0	\$242,484
Contractual Services	\$0	\$223,387	\$0	\$1,149,002
Materials & Supplies	\$0	\$58,322	\$0	\$34,607
Internal Services	\$0	\$32,588	\$0	\$61,215
Total GF/non-GF	\$0	\$406,751	\$0	\$1,487,308
Program Total:	\$406,751		\$1,487,308	
Program FTE	0.00	0.35	0.00	1.50

Program Revenues				
Intergovernmental	\$0	\$406,751	\$0	\$1,487,308
Total Revenue	\$0	\$406,751	\$0	\$1,487,308

Explanation of Revenues

This program generates \$35,629 in indirect revenues.

State \$ 41,667 - Oregon Alcohol and Drug Prevention Education Program (ADPEP)

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

\$ 636,398 - OPIOID

\$ 180,663 --OHASAMHSHA

Federal \$ 295,996 - Strategic Prevention Framework Project

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 2025: 40087 Addiction Services Alcohol & Drug Prevention

Estimates for FY25 and FY26 estimates are lower for two reasons: 1. We have not purchased additional drug deactivation kits yet, but are in the planning stages to launch a new campaign that will increase our numbers. 2. This program has an open procurement, RFPQ-89-2025 Substance Abuse and Problem Gambling Prevention, which may impact overall individuals served. Depending on the outcome of that procurement, contracts with providers may shift and new programs may be started, which may change the level of individuals reached. This is a conservative estimate.

Department: Health Department **Program Contact:** Jay Auslander
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs:
Program Characteristics:

Program Description

Individuals with unaddressed mental health needs and addictions are overrepresented in the criminal justice system. Coordinated Diversion services reduce criminal justice involvement for individuals with unmet behavioral health needs by intervening in the jail and with the court to create avenues to services in the community. These services minimize unnecessary use of jail detention, decrease future contacts with law enforcement, and reduce the number of individuals at the Oregon State Hospital. Coordinated Diversion services include mandated Aid & Assist monitoring, mandated Community Restoration, and the Adult Mental Health Court. These services are required of the Community Mental Health Program (CMHP) by Oregon Revised Statute Chapter 161 and Oregon Administrative Rules Chapter 309.

Coordinated Diversion services includes Aid & Assist Community Restoration services. In Oregon, a court is required to consult with the CMHP in all criminal cases where the court questions a defendant's understanding of the charges against them and being able to aid and assist in their own defense due to a mental health disorder. The Coordinated Diversion services team responds to court orders and works with the individual and the court to connect to supports and treatments in the community. When someone is found unable to aid and assist in their defense, they may be ordered to the Oregon State Hospital (OSH) for treatment or be released to the community and ordered to participate in competency restoration services in the community. Coordinated Diversion services provide monitoring, providing intensive case management, and frequent updates to the court for individuals in the community under community restoration orders. The CMHP is also responsible for discharge planning and care coordination while an individual is at OSH for competency restoration. Coordinated Diversion Services have regular and ongoing communication and collaboration with OSH to facilitate effective discharges to community-based levels of care for all patients placed under Aid & Assist orders. Coordinated Diversion services also includes the Adult Mental Health Court with the Multnomah County Circuit Court. This specialty court docket provides wrap-around support for individuals with acute behavioral health needs under formal court supervision who are at high risk to remain in the criminal justice system without intensive services. Coordinate Diversion services divert individuals from the criminal justice system and OSH into community restoration services whenever possible through person-centered engagement and coordination between the systems of the courts, jails, and community resources. Peer-delivered services are an essential part of all Coordinated Diversion services. Coordinated Diversion services are culturally responsive, trauma-informed, and they reduce the overrepresentation and overincarceration of persons with mental health needs in the criminal justice system. These services intervene at an individual level while also addressing larger systemic barriers that are root causes for individuals with mental health and other disabilities being overrepresented in the criminal justice system.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of Community Restoration Consult court orders received by Aid & Assist team	222	350	576	504
Outcome	% of Community Restoration Consult court orders responded to within five judicial days (1)	80%	100%	100%	100%
Output	# of orders to provide community restoration services in the community by Aid & Assist team	129	140	140	140
Output	average total daily caseload served in Mental Health Court	59	60	75	75

Performance Measures Descriptions

(1) Due to changes with the Mosman order, the team had difficulty managing workload and this outcome dropped for the year. More staff have been hired and all consults are being completed in the required timeline.

Legal / Contractual Obligation

ORS Chapter 161 requires the Community Mental Health Program (CMHP) to provide consultation services to the court in all criminal cases where a defendant's ability to "aid and assist" in their own defense due to a mental health disorder. Oregon Health Authority, Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

US Dept of Health & Human Services Substance Abuse & Mental Health Services Administration (SAMHSA) grant.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$894,287	\$3,912,196	\$805,358	\$4,153,335
Contractual Services	\$539,220	\$1,532,917	\$235,709	\$2,103,636
Materials & Supplies	\$1,861	\$96,505	\$5,493	\$47,031
Internal Services	\$205,924	\$429,979	\$305,201	\$297,752
Total GF/non-GF	\$1,641,292	\$5,971,597	\$1,351,761	\$6,601,754
Program Total:	\$7,612,889		\$7,953,515	
Program FTE	5.50	24.70	4.70	25.50

Program Revenues				
Intergovernmental	\$0	\$5,971,597	\$0	\$6,601,754
Total Revenue	\$0	\$5,971,597	\$0	\$6,601,754

Explanation of Revenues

This program generates \$108,058 in indirect revenues.

State \$ 1,248,281 - Jail Diversion GY25

State \$ 3,442,300 - State Mental Health Grant: MHS-04 Aid & Assist Client Svcs & MHS-09

State \$ 1,200,000 - Assist Population - Jail Diversion

State \$ 711,173 - State Improving People's Access to Community-based Treatment (IMPACT)

Significant Program Changes

Last Year this program was: FY 2025: 40088 Coordinated Diversion for Justice Involved Individuals

Department: Health Department

Program Contact: Anthony Jordan

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

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. Our contracted withdrawal management providers admit about 2,400 individuals annually, receiving Medicaid reimbursement for individuals covered by the Oregon Health Plan. As the Community Mental Health Program, the Behavioral Health Division's Addictions Detoxification program is responsible for providing withdrawal management services to the uninsured and underinsured populations, which total fewer individuals than those served by community providers and consist of people who struggle to receive services elsewhere. Funding for these SUD treatment services prioritizes individuals at/below 200% poverty who are uninsured or insured but face 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.

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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of unique indigent individuals receiving Withdrawal Management services annually (1)	93	180	100	105
Outcome	% of individuals served in Care Coordination, exiting withdrawal management & transitioning to another level	78%	80%	80%	80%
Output	Number of clients served in Care Coordination transition services (2)	2,368	2,700	2,284	2,300
Output	Number of individuals receiving supportive housing (3)	525	236	545	590

Performance Measures Descriptions

(1) Withdrawal Management: Includes the number of unique indigent individuals who may receive multiple admissions in the course of the year. (2) 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. (3) 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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$232,388	\$0	\$220,456
Contractual Services	\$1,539,894	\$907,535	\$1,515,449	\$577,559
Materials & Supplies	\$0	\$0	\$0	\$8
Internal Services	\$0	\$4,927	\$0	\$5,972
Total GF/non-GF	\$1,539,894	\$1,144,850	\$1,515,449	\$803,995
Program Total:	\$2,684,744		\$2,319,444	
Program FTE	0.00	1.65	0.00	1.50

Program Revenues				
Intergovernmental	\$0	\$1,144,850	\$0	\$803,995
Total Revenue	\$0	\$1,144,850	\$0	\$803,995

Explanation of Revenues

Federal \$ 274,292 - State Mental Health Grant: A&D Detoxification Housing Block Grant based on IGA with State of Oregon.

State \$ 529,703 - 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 2025: 40089 Addictions Detoxification & Post Detoxification Housing

Department: Health Department

Program Contact: Anthony Jordan

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

The Oregon Health Authority reports that most substance use disorders (SUD) begin before age 25. Evidence shows that early engagement through screenings and brief interventions are shown to reduce alcohol use disorders, with promising evidence they are effective with all substance use disorders. Our youth treatment continuum is a collaboration with community-based providers who work alongside schools, juvenile justice, and and recovery support providers. Providers offer a range of culturally-specific African American and Latino outreach/engagement services, outpatient treatment, and recovery support services for youth and families with an income at or less than 200% of Federal Poverty Level. Activities include:

Outreach and Engagement Services: Providers operate throughout Multnomah County, prioritizing East Multnomah County and other areas with high populations of Black, Indigenous, People Of Color youth. Activities include, but are not limited too; meeting with school staff from all area school districts to discuss the best referral pathways for individuals, attendance at provider network meetings with MCJDH, providing presentations or tabling at coalition and other networking meetings for community members with the goal of increasing the number of clients accessing outpatient treatment services.

Education Services: These activities include partnering with community groups and/or prevention partners to educate potentially high risk populations for developing alcohol/substance use disorders around treatment and recovery topics tailored to the individual groups' needs, in order to educate the broader community on these issues as well as begin the process of promoting potential initiation and engagement in treatment services within these populations.

Screening, Initiation and Engagement: Activities in this area promote initiation and engagement of individuals receiving services and supports, which may include but are not limited to: Brief screening and referral to treatment (assessments), motivational counseling, and supportive services that encourage participation in ongoing treatment and school participation.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of annual outreach and engagement events	206	100	260	150
Outcome	Number of unduplicated attendees at events.	1,372	500	1,342	300

Performance Measures Descriptions

Data is collected from the provider's monthly outreach services reports.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$122,850	\$157,795	\$94,789	\$157,795
Materials & Supplies	\$0	\$2,259	\$0	\$2,259
Total GF/non-GF	\$122,850	\$160,054	\$94,789	\$160,054
Program Total:	\$282,904		\$254,843	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$160,054	\$0	\$160,054
Total Revenue	\$0	\$160,054	\$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 2025: 40090 Family & Youth Addictions Treatment Continuum

Program anticipates a reduction in individuals served and outreach events due to a new procurement of services being opened in FY 2025 that impact this program offer, which may impact providers offering these services. If the providers qualified under our Substance Use Disorder Continuum of Services end up being different, there could be a reduction in clients served as new programming ramps up and new relationships are formed throughout our community.

Department: Health Department

Program Contact: Anthony Jordan

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

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 700 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 from individuals with lived experience with the Child Welfare system. This connection supports parents in accessing needed services and recovery, which makes family preservation and reunification possible.

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.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of FIT referrals per year	764	800	800	800
Outcome	% of FIT clients referred who enter treatment	45%	40%	45%	47%

Performance Measures Descriptions

1) The FIT program aims to streamline and support DHS Child Welfare clients' access to drug and alcohol treatment and recovery services, with a target of 800 referrals per year. 2) The percentage of Multnomah County/DHS Child Welfare-involved parents referred to alcohol and drug treatment, in order to prevent out of home placement of children and reduce the time children may be in out-of-home placement, and/or to reunite children with parents upon their engagement and transition to a recovery lifestyle.

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$36,968	\$328,062	\$33,935	\$331,995
Total GF/non-GF	\$36,968	\$328,062	\$33,935	\$331,995
Program Total:	\$365,030		\$365,930	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$328,062	\$0	\$331,995
Total Revenue	\$0	\$328,062	\$0	\$331,995

Explanation of Revenues

\$ 331,995 - 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 2025: 40091 Family Involvement Team

Department: Health Department

Program Contact: Yolanda Gonzalez

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

This program focuses on the healthy social/emotional development of children from birth to age six, through culturally, linguistically and trauma responsive prevention and treatment services. The Early Childhood program works collaboratively with Early Childhood programs and community partners, using an anti-racist equity lens, to ensure the success of children and to decrease school suspension and expulsion rates, alleviating the impacts of disparities. The program provides evidence-based services which include: early child mental health consultation, child and family mental health treatment services, parent groups, and care coordination services with culturally and linguistically responsive community support. These services have proven vital in contributing to retention of children in educational settings.

Early Childhood Mental Health Consultants provide a comprehensive continuum of culturally and linguistically responsive 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 consultants 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, Latine cultural staff, and Black/African American culturally responsive counseling and parent support services provided to families at Albina, Portland Public Schools, Migrant Seasonal, Neighborhood House, and Mt. Hood Community College Head Starts.

Community-based culturally responsive treatment services are specifically available for Latine and Black/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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total children receiving prevention services. ¹	5,535	4,700	5,535	5,000
Output	Total children receiving culturally specific treatment services ²	21	30	28	30

Performance Measures Descriptions

¹ All children enrolled at the Head Start sites we serve.

² A Clinician was on parental leave for part of the year which impacted FY24 clients served.

Legal / Contractual Obligation

Head Start Revenue Contracts

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,630,843	\$517,938	\$1,420,153	\$789,576
Contractual Services	\$188,094	\$613	\$192,608	\$1
Materials & Supplies	\$5,859	\$1,977	\$6,661	\$154
Internal Services	\$107,906	\$197,100	\$152,640	\$212,060
Total GF/non-GF	\$1,932,702	\$717,628	\$1,772,062	\$1,001,791
Program Total:	\$2,650,330		\$2,773,853	
Program FTE	9.77	3.24	8.47	4.71

Program Revenues				
Intergovernmental	\$0	\$431,904	\$0	\$716,067
Service Charges	\$0	\$285,724	\$0	\$285,724
Total Revenue	\$0	\$717,628	\$0	\$1,001,791

Explanation of Revenues

This program generates \$19,549 in indirect revenues.

\$144,616 - MHS-20: CBMH - Children & Fam. - EC - CY22

\$571,451 - MHS-20: Community Based Mental Health - Early Child & Family - Block Grant - GY25

\$285,724 - CBMH Child & Fam EC Ins

Significant Program Changes

Last Year this program was: FY 2025: 40099A Early Childhood Mental Health Program

1.47 FTE was moved from County General Fund to other funding, with no impact to services. 0.25 FTE Behavioral Health Manager reduced with no impact to services provided to clients.

Department: Health Department **Program Contact:** Yolanda Gonzalez
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 25200-25207, 72052A, 72052B, 78335, 10000A, 10007B
Program Characteristics:

Program Description

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.

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 Administrative Program specialist, and 7 Mental Health Clinicians. The COVID-19 pandemic continues to dramatically impact our entire community, including young children, making this investment incredibly urgent, now that babies born during the pandemic are now entering preschool. The prevention, treatment and early intervention services provided to young children and their families address mental health and developmental needs before they become escalated.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total children receiving prevention services. ¹	1,394	800	2,100	4,000
Output	Total children receiving culturally specific treatment services. ²	12	30	24	30

Performance Measures Descriptions

¹This number is the total number of Preschool for All seats as this prevention program works upstream to make an impact for all enrolled youth

² Since this a new program part of the year was training new clinicians which impacted enrollment at beginning of FY24

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$1,717,905	\$0	\$1,864,555
Materials & Supplies	\$0	\$4,514	\$0	\$5,700
Internal Services	\$0	\$122,746	\$0	\$146,713
Total GF/non-GF	\$0	\$1,845,165	\$0	\$2,016,968
Program Total:	\$1,845,165		\$2,016,968	
Program FTE	0.00	10.98	0.00	10.73

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

Explanation of Revenues

This program generates \$77,938 in indirect revenues.

\$ 2,016,968 - 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 2025: 40099B Preschool For All Early Childhood Mental Health

Department: Health Department **Program Contact:** Anthony Jordan
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 40085
Program Characteristics:

Program Description

Promoting Access To Hope (PATH) was developed jointly by the Behavioral Health Division (BHD), the Homeless Services Department, 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 Black, Indigenous, and People of Color who experience inequities. 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.

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.

PATH Services begin with completion of an individual needs assessment to develop a service plan specific to each unique individuals' needs and goals. Staff work with individuals to identify appropriate levels of SUD treatment and recovery support services, including: housing, physical health, mental health, employment, etc. Services are voluntary, person directed, and low barrier. 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. 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 established best practice that creates the best outcomes for marginalized and underrepresented communities that are seeking SUD treatment and recovery support services. These approaches include: 1) involvement in internal county equity initiatives; 2) recruit and hire Knowledge, Skills and, Abilities (KSA) and dual language positions; 3) work with community providers to develop and enhance culturally specific and responsive SUD services; 4) participate in community initiatives that amplify community voices and perspectives to improve service quality and address systemic racism in the service system overall; 5) work with culturally specific providers to ensure 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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of unique individuals served annually in PATH outreach and care coordination services	446	350	470	500
Outcome	Percentage of clients served annually in PATH Care Coordination that were successfully placed	49%	60%	65%	65%
Output	# of individuals housed by PATH team member	55	110	110	110

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.
- (3) The number of clients placed in sober living and/or additional housing opportunities

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	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$669,958	\$1,235,616	\$679,122	\$838,290
Contractual Services	\$5,065	\$125,602	\$4,108	\$104,004
Materials & Supplies	\$4,443	\$12,826	\$4,563	\$2,244
Internal Services	\$23,115	\$232,048	\$32,359	\$168,291
Total GF/non-GF	\$702,581	\$1,606,092	\$720,152	\$1,112,829
Program Total:	\$2,308,673		\$1,832,981	
Program FTE	4.20	8.70	4.08	4.82

Program Revenues				
Intergovernmental	\$0	\$594,503	\$0	\$561,662
Total Revenue	\$0	\$594,503	\$0	\$561,662

Explanation of Revenues

This program generates \$116,526 in indirect revenues.

Federal \$ 150,564 - Federal Ryan White Non Med Case Management

State \$ 38,159 - Local 2145 Beer and Wine Tax

State \$ 63,680 - State Mental Health Grant: A&D Peer Delivered Services based on IGA with State of Oregon.

\$ 309,259 CareOregon - Early Assessment and Support Alliance

Significant Program Changes

Last Year this program was: FY 2025: 40101A Promoting Access To Hope (PATH) Care Coordination Continuum

FY 2025 Program Offer 40101B was rolled up to this program offer for FY 2026. SHS funding was reduced by \$209,343 in FY 2026. As a result, one FTE was eliminated from this program offer.

Department: Health Department

Program Contact: Anthony Jordan

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

The Deflection and Sobering program is part of the Behavioral Health Division's (BHD) Addiction Services unit. Investments by the State of Oregon Criminal Justice Commission and the City of Portland support operating expenses for deflection programming and sobering services. Multnomah County is implementing House Bill (HB) 4002, which made significant changes to Measure 110 and provided funding to counties to start and implement deflection programs. Per HB 4002, a deflection program is a collaborative program between law enforcement agencies and behavioral health entities to keep individuals out of the justice system. The HB 4002 Leadership Team determines the program's eligibility and success criteria. This program aids in the coordination of the many systems designed to address the region's substance use crisis. The program goal is assisting individuals who may have substance use disorder, another behavioral health disorder or co occurring disorders to access community-based pathways to treatment, recovery support services, case management, housing, or other services outside of the justice system. The Deflection program includes center based and field based services. Center based services are housed at the Coordinated Care Pathway Center (PC), a temporary location. In Spring 2025, sobering services (13 recliners) were added at the PC for those deflected and the community at large. Services are provided through a contractor. Referral pathways for sobering will include law enforcement, first responders, and others. The program tracks and assesses the impacts of this new law on the community, with particular regard to racial inequities. The PC and field based deflection services happen through partnership with safety and law enforcement partners, behavioral health providers, peer organizations, other jurisdictional partners, and internal county departments. Deflection services at the PC include medical and behavioral health screenings, care coordination, referrals, and transportation (and access to sobering as appropriate). Field based services include screenings, care coordination, and referrals. Sobering services will allow for drop-off of acutely intoxicated individuals determined to be eligible and medically appropriate. Services include observation and stabilizing medication. Care plans, referrals, and transportation are provided once clients complete sobering. Law enforcement, first responder, and deflection referrals/drop-offs are prioritized. PC services will be moved to the permanent 24/7 Sobering & Crisis Stabilization Center when completed, which will offer sobering, withdrawal management, medication assisted treatment, deflection, and more. Program Offer 40000C has details on capital costs for the permanent facility; 40104B has operational planning details.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of HB4002 Leadership Team meetings attended	N/A	N/A	12	12
Output	Number of quarterly data reports	N/A	N/A	2	4
Outcome	% of individuals referred to deflection who access a service	N/A	N/A	25%	30%
Outcome	% of individuals engaged in sobering who access a referral post discharge	N/A	N/A	N/A	20%

Performance Measures Descriptions

Measure 3: The FY25 estimate is based on the deflection program's quarter 1 data (9/1/24-11/30/24).

Measures 3 and 4: This program offer contains new programming. It is anticipated that outcomes will increase in future years as program implementation and quality improvement activities are implemented.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$0	\$0	\$994,017
Contractual Services	\$0	\$1,900,000	\$0	\$4,354,704
Materials & Supplies	\$0	\$0	\$0	\$307
Internal Services	\$0	\$0	\$0	\$864,824
Total GF/non-GF	\$0	\$1,900,000	\$0	\$6,213,852
Program Total:	\$1,900,000		\$6,213,852	
Program FTE	0.00	0.00	0.00	6.00

Program Revenues				
Intergovernmental	\$0	\$1,900,000	\$0	\$6,213,852
Total Revenue	\$0	\$1,900,000	\$0	\$6,213,852

Explanation of Revenues

\$1.9 million - Intergovernmental, Direct Other from the City of Portland
 State: \$4,313,852 State Improving People's Access to Community-based Treatment (IMPACT)

Significant Program Changes

Last Year this program was:

This Program Offer is new for FY 2026. It includes State of Oregon Criminal Justice Commission and City of Portland funds that were in 40000C in FY 2025.

Department: Health Department **Program Contact:** Anthony Jordan
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 40104
Program Characteristics: New Request

Program Description

In FY 2025, the County received \$25 million in state capital funding designated for the development of a 24/7 drop-off receiving and sobering center. Multnomah County used a portion of the state capital funding to develop the Coordinated Care Pathway Center (PC). Program Offer 40000C gives FY 2026 details regarding capital costs for the permanent facility. The Department of County Assets (DCA) is leading facility planning and the Health Department is leading program and operations planning. The Behavioral Health Division's (BHD) Addiction Services unit is implementing the County's Deflection and Sobering program, along with planning for the transition of services to the permanent 24/7 Sobering & Crisis Stabilization Center (SCSC). Services will transition to the permanent 24/7 SCSC when construction is complete. This offer will provide capacity for program and operations planning and facilitating the Sobering Leadership Team and other advisory groups.

It includes 1.00 FTE to support planning activities, including policy/procedure drafting, licensure, compliance, safety, key performance indicators/goals/metrics, transportation, referral pathways, revenue planning/forecasting, contract management, and coordination with the facility operator and other key partners. Implementing evaluation of deflection and sobering in FY 2026 will enable the Department to improve programming, better understand the impacts of HB 4002; and utilize learnings to be set up for success when the 24/7 SCSC is operational. This capacity can also support convening a Good Neighbor Advisory Group and establishing a Good Neighbor Agreement.

The 24/7 SCSC will offer sobering, withdrawal management, medication assisted treatment, and deflection. It will include up to 50 sobering and withdrawal management stations. The Center will also have a fully functional kitchen, showers, restroom, and laundry facilities. BHD will operate deflection services at the SCSC and a contractor will provide sobering and crisis stabilization services.

The Health Department developed and implemented a governance structure in FY 2025 for all planning components. It includes a Leadership Team to provide oversight and direction to the creation of services at the 24/7 SCSC per a FY25 budget note. The Department began convening this team, which includes the District 3 Commissioner, the Chair's office, County leadership, City leadership, and internal County departments, in February 2025.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of Sobering and Crisis Stabilization Leadership Team meetings	N/A	N/A	4	12
Output	Provide Board with quarterly updates on operational planning and development progress	N/A	N/A	4	4
Outcome	% of individuals referred to deflection or sobering who engage with an outreach worker in post-care follow-up	N/A	N/A	N/A	40%

Performance Measures Descriptions

Measure 3: This program offer includes new programming (sobering). As implementation continues it is expected that outcomes will increase in future years.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$0	\$201,289	\$0
Contractual Services	\$0	\$0	\$0	\$0
Total GF/non-GF	\$0	\$0	\$201,289	\$0
Program Total:	\$0		\$201,289	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

This Program Offer is new for FY 2026. This program was adjusted by Board Amendments 1, 11, and 31 to reduce 4.00 FTE and contracted services.

Department: Health Department

Program Contact: Barbara Snow

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Multnomah County has experienced an increase in houseless individuals experiencing mental health and substance use challenges. The February 2024 Point In Time count of sheltered and unsheltered people experiencing homelessness showed an increase in unsheltered individuals within Multnomah County growing at a staggering 29% rate. Black, Indigenous, and People of Color (BIPOC) individuals experienced the greatest disparity in accessing services.

The Behavioral Health Resource Center (BHRC) Day Program consists of a Day Center, Referral Van, and Outreach Teams. Through these three components Peer Support Staff provide low-barrier connection and support, linking individuals to basic needs services onsite, offering connection, hope and direction through the sharing of their lived experience. The goals of peers are to reduce stigma and increase access to support and resources so that individuals can take the first step of moving towards housing stability. The BHRC Day Program is a unique peer-operated and trauma-informed space. It provides increased access to individuals most marginalized and vulnerable due to systemic oppression and historical trauma. The program also increases access to referrals and housing options (see BHRC Shelter and Bridge Housing program), provides access to medical services through partnerships with other Health Department programs, and operates during severe weather.

The Referral Van operates daily from 6am-2pm offering initial support and connection to over 250 people a day. Clients can access coffee, resources, and basic supplies as well as entry tickets to the Day Center. This connection increases treatment readiness and likelihood of engaging at the Day Center. The Day Center serves 100 individuals daily through a system that reduces competition for resources and supports engagement with peers. Offering an array of services, including access to showers, bathrooms, laundry, clothing, computers and printing, wifi and charging stations, mail service, snacks, coffee, activity space, and safe, calming spaces to relax and gain support from peer staff. The Outreach Team walks a 2-10 block radius around the facility to engage with individuals, inviting them back to the BHRC for services or referring them immediately to other community partners. This team successfully refers three people to detox a day, and dozens more to community services, including emergency beds onsite in the BHRC Shelter in coordination with Shelter staff.

Additional outreach services in this Program Offer pairs behavioral health providers and law enforcement to help people living outside with addiction and unmet behavioral health needs. Under this model, when law enforcement encounters someone using drugs in public, they offer them the opportunity to meet with a trained outreach worker. If the person agrees, an outreach team is deployed to their location within 10 minutes or less to help secure culturally competent services, treatment, and shelter in real time. If same-day care is not available, outreach workers maintain contact to support the person with their service plan, while also working to navigate wait lists and other barriers to get them access to care as quickly as possible.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of individuals receiving peer delivered services and access to basic needs daily	97	150	99	100
Outcome	Percent of participants that will have access to onsite supports, including basic needs and social connection.	99%	90%	99%	100%
Outcome	Percent of individuals served daily that will use onsite connection and/or community support.	63%	70%	66%	70%

Performance Measures Descriptions

Outputs reflect the number of individuals that access services (not unique individuals) since identification is not required. Van and outreach service activities will be added to performance measures in the future. An additional performance measure was added in FY26 for outreach services paired with law enforcement. FY25 was the first year services were offered and budgeted outputs were not calibrated to actual use by law enforcement; FY26 has been subsequently adjusted to reflect first year results.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$16,879	\$441,621	\$0	\$481,854
Contractual Services	\$2,065,857	\$1,571,107	\$2,180,248	\$1,771,907
Materials & Supplies	\$0	\$10,719	\$196	\$8,368
Internal Services	\$935,083	\$249,980	\$1,147,489	\$194,894
Total GF/non-GF	\$3,017,819	\$2,273,427	\$3,327,933	\$2,457,023
Program Total:	\$5,291,246		\$5,784,956	
Program FTE	0.00	1.50	0.00	1.80

Program Revenues				
Intergovernmental	\$0	\$873,427	\$0	\$791,223
Beginning Working Capital	\$0	\$0	\$0	\$228,000
Total Revenue	\$0	\$873,427	\$0	\$1,019,223

Explanation of Revenues

This program generates \$75,555 in indirect revenues.

Federal: \$ 520,000 - CareOregon - Behavioral Health Resource Center

Federal: \$ 79,620 - Trillium - Behavioral Health Resource Center (BHRC)

State: \$ 191,603 - OHA Behavioral Health Community Mental Health Programs & Capital - BHRC

\$ 228,000 OHA CFAA Settlement

\$1,437,800 Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Homeless Services Department program 30999 Supportive Housing Services Revenue for Other Departments.

Significant Program Changes

Last Year this program was: FY 2025: 40105A Behavioral Health Resource Center (BHRC) - Day Center

In FY 2026, this program also contains services from FY 2025 Program #40105C - Downtown Addiction Services Pilot.

Department: Health Department

Program Contact: Barbara Snow

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Multnomah County has experienced an increase in houseless individuals experiencing mental health and substance use challenges. The February 2024 Point In Time count of sheltered and unsheltered people experiencing homelessness showed an increase in unsheltered individuals within Multnomah County growing at a staggering 29% rate. Black, Indigenous, and People of Color (BIPOC) individuals experienced the greatest disparity in accessing services. The Homelessness Response Action Plan (HRAP) calls for placing 50% of those known to be experiencing homelessness into housing.

The Behavioral Health Resource Center (BHRC) Shelter and Bridge Housing aims to provide a pathway to end homelessness for those with behavioral health concerns. The programs coordinate with the BHRC Day Program to offer Peer Support and Clinical intervention to those in the programs as they transition from dorm style shelter to smaller room Bridge Housing and then to more permanent options. The Shelter also partners with outreach teams and first responders to offer immediate access to those in crisis on the street. The BHRC Housing Program is a unique peer operated and trauma informed space. It provides increased access to individuals most marginalized and vulnerable due to systemic oppression and historical trauma.

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 provides 19 beds, offers mixed gender housing, and the length of stay is 1-90 days. A contractor, staffed by peers and clinical professionals with lived experience, operates both programs and offers 24/7 support and connection to those in the program. Nearly every participant receives individualized case/care management, which includes support such as access to basic needs, bus fare, cell phones, clothing, employment services, food stamps, medical services, mental health services, and detox. Participants that exit early for any reason are able to access support in the future; staff maintain open communication and opportunities for re-engagement, ensuring critical longer-term support when needed. Participants have started a BHRC open forum and Alumni group. The Shelter program has served over 426 individuals since opening, and the Bridge program has served 136. Between the two programs, there have been over 138 successful transitional housing placements post utilization of onsite housing services. The Shelter and Bridge Housing are effective in bridging the gap between emergency shelter and permanent housing.

The program operates during severe weather and has a number of outputs including: providing immediate shelter and access to bridge housing; providing clinical support directly in the shelter and housing environment; increasing access to Peer Support; increasing coordination and pathways to housing in behavioral health continuum; and providing access to medical services through agreements with other Health Department programs.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of individuals served in Shelter and Bridge Housing programs	114	52	109	109
Outcome	% of participants using shelter beds will engage in service planning to address behavioral health & housing	86%	70%	85%	70%

Performance Measures Descriptions

This was the first year of full operation of the Shelter and Bridge Housing programs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$254,571	\$2,861,789	\$2,032,953	\$1,113,935
Internal Services	\$637,113	\$112,861	\$969,811	\$0
Total GF/non-GF	\$891,684	\$2,974,650	\$3,002,764	\$1,113,935
Program Total:	\$3,866,334		\$4,116,699	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,890,000	\$0	\$0
Total Revenue	\$0	\$1,890,000	\$0	\$0

Explanation of Revenues

\$1,113,935 Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Homeless Services Department program 30999 Supportive Housing Services Revenue for Other Departments.

Significant Program Changes

Last Year this program was: FY 2025: 40105B Behavioral Health Resource Center (BHRC) - Shelter/Housing

Department: Health Department

Program Contact: Heather Mirasol

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

This program offer reflects implementation of Opioid Settlement resources initially associated with the Behavioral Health Emergency Coordination Network (BHECN) initiative which has ended. The initial goal of BHECN was to develop/expand projects that support mental health and Substance Use Disorder (SUD) stabilization.

Program Offer includes support for a 6-month stabilization housing program for individuals transitioning from detoxification, residential treatment, and those facing the risk of houselessness. The program is divided into a stabilization phase (first 90 days) and a relapse prevention phase (next 90 days), both with supportive housing available. The last phase, beyond intensive outpatient treatment, offers tools and support for sustained sobriety and long-term stability.

A second program within this offer provides two levels of recovery support. The first - a stabilization model - provides a flexible 14-day need-based stabilization and evaluation service for individuals transitioning between withdrawal management and residential services. This program focuses high-acuity individuals with substance use disorder and/or co-occurring conditions, offering intensive peer support, onsite staff, and care coordination. The second level - an integration model - is intended for individuals who have completed residential services, providing 4–6 months of housing with a live-in house manager. This includes peer support, employment support, life-skills services, and case management.

These programs target the highest acuity individuals who are most vulnerable to relapse without appropriate options for step up/step down support in their recovery. The proximity and relationships of the program providers allow for building more direct referrals into the next appropriate level of support, depending on where an individual is in recovery.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of clients to successfully complete the 6-month program and transition into stable housing	N/A	N/A	N/A	70
Outcome	Percentage of individuals, after completing the stabilization phase, remain engaged in at least two treat	N/A	N/A	N/A	70%
Output	Number of participants in the stabilization housing program who successfully transition to residential care	N/A	N/A	N/A	180
Outcome	Percentage of participants who, after completing residential services, successfully maintain sobriety and c	N/A	N/A	N/A	75%

Performance Measures Descriptions

The performance measures reflect reasonable expectations for outcomes based on program activities and historical data for these types of programs. These programs are new and are expected to reach higher targets in future years.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$0	\$142,163	\$0
Contractual Services	\$2,050,000	\$0	\$1,889,854	\$0
Total GF/non-GF	\$2,050,000	\$0	\$2,032,017	\$0
Program Total:	\$2,050,000		\$2,032,017	
Program FTE	0.00	0.00	1.00	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 2025: 40108 BHECN - Behavioral Health Emergency Coordinating Network

This program offer reflects implementation of Opioid Settlement resources initially associated with the BHECN initiative which has ended. The initial goal of BHECN was to develop/expand projects that support mental health and SUD stabilization.

Department: Health Department

Program Contact: Jessica Jacobsen

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs: 30999

Program Characteristics:
Program Description

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 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.

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 inequities 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 Behavioral Health Division's programs. This will provide immediate safety off the streets for people living with severe behavioral health needs, while they transition to longer-term housing options. Cultivating Communities - up to 34 beds. Bridging Connections - up to 40 beds.

* 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 (30), Douglas Fir (15) and Meridian Gardens (65).

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of individuals placed into or retained in permanent housing	169	175	175	200
Outcome	Number of participants served in motel-based emergency shelter	181	115	181	130

Performance Measures Descriptions

Number of individuals placed or retained in permanent supportive housing accounts for the individuals served in two site based programs: Douglas Fir and Cedar Commons and through Regional Long Term Rent Assistance vouchers paired with Assertive Community Treatment (ACT) providers and Intensive Case Management (ICM) providers. Number of participants served in motel-based emergency shelter represents individuals served through Bridging Connections (two sites).

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$7,723,540	\$413,573	\$9,615,877
Total GF/non-GF	\$0	\$7,723,540	\$413,573	\$9,615,877
Program Total:	\$7,723,540		\$10,029,450	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

\$9,615,877 - Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Homeless Services Department program 30999 Supportive Housing Services Revenue for Other Departments.

Significant Program Changes

Last Year this program was: FY 2025: 40112 Shelter and Housing - Supportive Housing Services

The Cultivating Community Shelter site is funded with a combination of Supportive Housing Services funding, ongoing General Fund, and \$264,563 of one-time-only General Fund.

Department: Health Department **Program Contact:** Anthony Jordan
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs:
Program Characteristics: New Request

Program Description

The Substance Use Disorder (SUD) Stabilization Center is supported by a one-time capital investment opportunity of \$6.85 million from the Metro Supportive Housing Services (SHS) Program for establishing a facility. Funding will be utilized to purchase land and construct a stabilization center featuring 46 beds for SUD recovery and treatment housing. The facility aims to provide stabilization for individuals transitioning from acute care settings. The stabilization facility project's land transaction was delayed due to its complexity and pending City of Portland approval of the Property Line Adjustment application. All associated legal documentation and contracting with the County is anticipated to be finalized by fall 2025. The project remains on track for occupancy in fall 2026 (FY 2027). In FY 2027, the expectation is that 60 unique individuals will be served, reflecting a partial year of operations. Future service levels depend on ongoing utilization trends, average length of stay and client turnover rates

A contractor will construct a new 20,000-square-foot stabilization center facility designed to serve up to 46 individuals transitioning from residential substance use disorder treatment programs. This facility will be built on an empty lot adjacent to the contractor's current location on the OHSU Adventist Health campus, with the land being purchased from Adventist. The contractor has secured full funding. Services are projected to commence in fall 2026, following the completion of construction activities.

The stabilization center will primarily serve individuals who have completed residential treatment for substance use disorder, with a specific focus on those experiencing homelessness, those with high acuity needs, and individuals from diverse cultural backgrounds, including Latinx, Black/African American, and Indigenous communities. Prioritization will be given to houseless patients admitted to the contractor's Intensive Outpatient program. Residents will receive no-cost housing for up to six months, integrated support services, and ongoing outpatient therapy. The facility will also connect patients to essential resources like job skills training, employment connections, and permanent housing assistance.

This stabilization center project is distinct from a sobering center. A sobering center typically provides a safe, short-term alternative for individuals experiencing acute intoxication from alcohol or drugs, offering a supervised environment for stabilization and initial assessment. In contrast, the contractor's stabilization center is a long-term, structured program designed for individuals after they have completed residential treatment. It focuses on providing a supportive, sober living environment with comprehensive programming and wrap-around services to help residents maintain sobriety, develop life skills, secure employment, save for permanent housing, and reintegrate into the community. While a sobering center addresses the immediate crisis, stabilization center addresses the critical post-treatment phase, fostering long-term recovery and reducing chronic homelessness through sustained support and community integration.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	% of operational planning documents completed (e.g., staffing model, service protocols)	N/A	N/A	N/A	80%
Output	% of pre-operational and construction milestones completed on schedule	N/A	N/A	N/A	90%

Performance Measures Descriptions

FY26 outcomes are related to key capital milestones and programmatic readiness to support the successful launch of the stabilization center and its 46 recovery beds in fall 2026. Direct service outcomes will be reported as of Q2 in fiscal year 2027.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$0	\$0	\$6,850,000
Total GF/non-GF	\$0	\$0	\$0	\$6,850,000
Program Total:	\$0		\$6,850,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

\$6,850,000 - Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Homeless Services Department program 30999 Supportive Housing Services Revenue for Other Departments.

Significant Program Changes

Last Year this program was:

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Department Overview

The Homeless Services Department seeks to create an equitable community in which all people have safe, affordable, and accessible housing. It does this by working with community based organizations and governmental entities to provide participant-driven, coordinated, and equitable services focused on those who are experiencing, or at risk of, homelessness.

The department carries out this mission through five primary functions: Contracting and overseeing local, State and Federal funds to nonprofit providers delivering a continuum of homelessness and housing services to adults, veterans, youth, families with children, and survivors of domestic and sexual violence; overseeing the development and operations of the community's emergency and alternative shelter system; leading Multnomah County's planning and implementation of programming funded by the Metro Supportive Housing Services Measure; serving as the U.S. Department of Housing and Urban Development Continuum of Care "Lead Agency"; and supporting the involvement of community stakeholders in the development and implementation of policies and programs that help address and end homelessness. Homeless Services has five operating divisions that carry out core bodies of work that are essential in the deployment of the County's vision as a safety net organization: The Director's Office/Administration & Operations; System Support, Access & Coordination; Safety Off and On the Streets; Housing Placement and Retention; and Supportive Housing.

The services are based on the Housing First approach. Through this lens, and with years of participant-driven planning that includes the creation and implementation of the Multnomah County Local Implementation Plan (LIP) and the Homelessness Response Action Plan, the department has followed a clear road map that expands and builds upon services that reduce chronic and episodic homelessness. All work throughout the department is informed by strategies aimed at eliminating racial disparities while ending homelessness for individuals and families.

In FY 2026, the department will continue to realize the promise of the Supportive Housing Services Measure, serving even more people with the stabilization services they need to end their homelessness once and for all. We will be working closely with our County partners to achieve this success, building and leveraging behavioral health, justice and anti-poverty programs in a One County approach under the Homelessness Response Action Plan.



\$310.2 million

Total Adopted Operating Budget

Excludes cash transfers, contingencies, and unappropriated balances.

114.00 FTE

Total Adopted Staffing



(8.00) FTE

Decrease from
FY 2025 Adopted

Other Funds

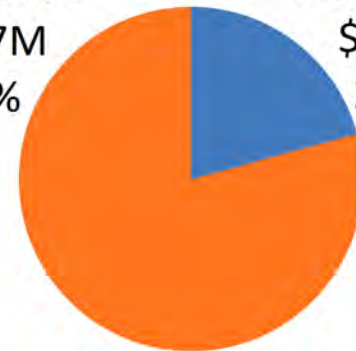
\$245.7M

79.2%

General Fund

\$64.5M

20.8%



(\$32.3) million



Operating Budget
decrease from
FY 2025 Adopted

(9.4%) Decrease

General Fund

\$10.0 million

New **One-Time-Only** Programs

\$15.0 million

New **Ongoing/Backfill** Programs

Operating Budget by Category - \$310.2 million

Does not include cash transfers, contingencies, and unappropriated balances



Mission, Vision, and Values

Homeless Service Department (HSD) mission to create an equitable community in which all people have safe, affordable, and accessible housing is driven by the Multnomah County Local Implementation Plan (LIP) for the Metro Supportive Housing Services Measure. In FY 2026, the HSD will continue to be guided by the Homelessness Response Action Plan (HRAP). Guided by the LIP and the HRAP, HSD has and will continue to follow a clear road map that expands and builds upon services that reduce chronic and episodic homelessness. The 10-year plan outlined in the LIP and the two year HRAP include an array of supports including emergency shelters; rent assistance; housing placement supports; outreach and navigation services; and benefits assistance to help people achieve and keep permanent housing. .

Our guiding values are collaboration, equity, inclusion, integrity, creativity and quality.

- **Collaboration:** We recognize our interdependence as individuals and as an organization, and approach our work with a spirit of partnership and shared power with those experiencing homelessness and other stakeholders.
- **Equity:** We commit to achieving equity for all individuals. We acknowledge the existence of structural racism and develop, implement, and evaluate policies and practices that achieve equitable outcomes with a focus on eliminating the disparities that people of color experience. We believe that focusing on racial equity will allow us to more effectively serve all communities.
- **Inclusion:** We foster within our office and within the community that we serve a culture of safety and belonging that ensures that the voices of people who have been historically excluded, including people of color, women, people with disabilities and LGBTQIA2S+ people, are truly heard and shape the direction of our work.
- **Integrity:** We strive to be humble, honest and fair in our roles, function and actions. We are open and accountable to each other and to the community that we serve.
- **Creativity:** We are always open to approaching problems and solutions in new ways, taking calculated risks, and testing innovative ideas.
- **Quality:** We commit to doing the highest quality work, and to continuously evaluating and improving our internal operations, contracting and community planning efforts. We recognize that it is our responsibility to be good stewards of the public resources entrusted to us and to ensure that those resources achieve the best possible outcomes for our community.

Diversity, Equity, and Inclusion

Equity and inclusion are two of the guiding values of HSD, as noted in the Mission, Vision, and Values. The HSD Equity Team is committed to ensuring equitable, anti-racist, gender-affirming and culturally responsive systems for our partners, workforce and community. The Equity Team supports the implementation of equity in our department through:

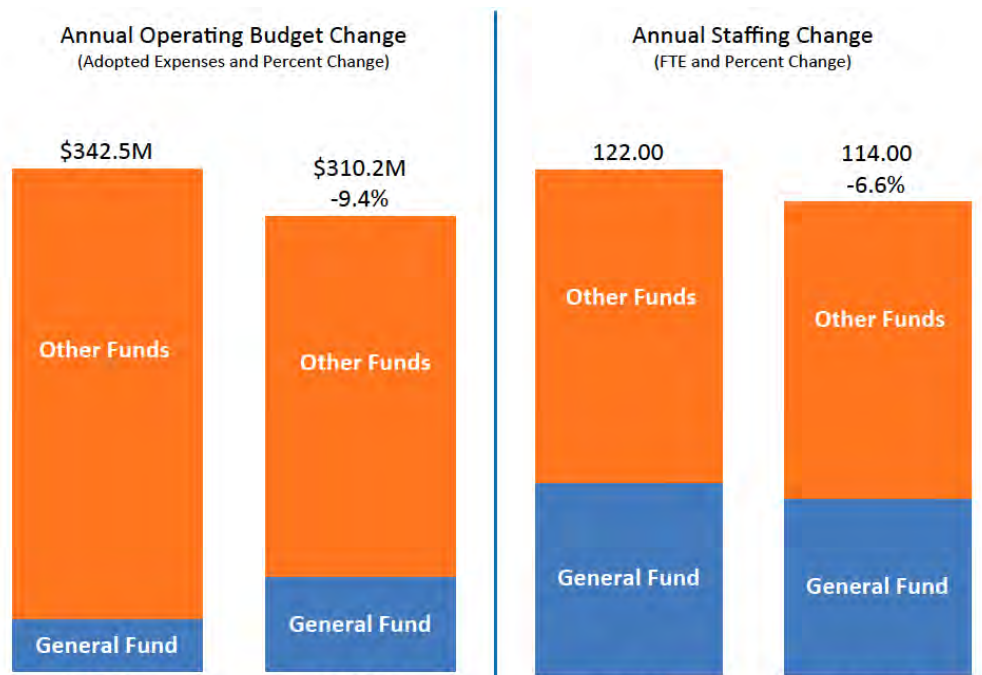
- monitoring and reviewing policies, practices and work plans;
- providing collaboration, project partnership and subject matter expertise to teams and processes across the department;
- coordinating training and tools internally and externally with our provider partners;
- managing all aspects of the department Workforce Equity Strategic Plan (WESP);
- facilitating the Equity Steering Committee;
- engaging community partners through training sessions and initiatives; providing capacity-building technical assistance to new and emerging culturally specific providers; and facilitating the Equity Advisory Committee.

Because so much of HSD's work is supporting contracted service providers, and because we are committed to inclusively leading with race in our work toward equity for people experiencing homelessness, much of the capacity of the HSD Equity Team supports our work with partners and the community. HSD requires contracted providers to submit equity work plans as part of the contracting process. The HSD Equity Team provides support, tools and technical assistance to providers as requested, and to our contract managers who are responsible to monitor equity work plans. In FY 2024, the HSD Equity Manager led a process engagement with contracted providers and internal staff to improve HSD's expectations and monitoring of provider equity work plans, hoping to increase support and resources in the coming fiscal year.

The HSD Equity Team also includes positions focused on equity internal to HSD. The Equity Manager sits on the executive team and provides subject matter expertise and support in the application of an equity lens to leadership decisions and processes. The Equity Manager partners with the Human Resources manager regarding all employee relations issues to ensure equitable process and consideration of cultural awareness. Further, in alignment with our guiding values, the expectation is that all decision-making in the HSD incorporates an equity lens. HSD also has an Equity Steering Committee (ESC) that is composed of representatives from every team/division of the Department. The ESC provides policy review and recommendations and acts as equity ambassadors on their team as a communication and collaboration channel between the Equity Team, Leadership and the divisions of the Department.

Budget Overview

The FY 2026 Homeless Services Department (HSD) Adopted operating budget is \$310.2 million a \$32.3 million decrease from the FY 2025 Adopted budget. Metro Supportive Housing Fund (SHS) \$153.5 million accounts for 49% of the total budget, County General Fund accounts for 21%, City of Portland General Fund 10% and Federal/State Fund accounts for 19%. The operating budget excludes cash transfers, contingency, and unappropriated balance.



Total Metro Supportive Housing revenue for Multnomah County is \$192.4 million of which \$136.6 million is ongoing revenue (based on Metro's most recent forecast) and \$55.8 million of beginning working capital (BWC). The \$192.4 million figure includes contingency, stabilization reserves in program 30006A and the regional strategies implementation fund (program 30006B).

The County budget includes \$34.8 million of Metro Supportive Housing allocated to other County departments:

- Community Justice - \$1,361,752 (program 50034),
- County Human Services - \$6,022,715 (programs 25011, 25012, 25029A, 25050, 25131C, 25139, 25160),
- County Management - \$203,058 (program 72012B)
- Health - \$23,141,614 (programs 40069, 40084A, 40085, 40101, 40105A/B, 40112, 40113), and
- Nondepartmental - \$4,050,870 (programs 10000B, 10012B/C/D).

For additional information around Metro Supportive Housing funding and Homeless Services, please see the department transmittal letter.

The budget assumes the City of Portland is committed to continue to fund HSD services and includes \$29.6 million of City of Portland General Fund (reflects a 5% citywide constraint of \$1.6 million). The majority of the funding is for Safety off the Streets short term shelter options like Rosewood, Bud Clark Commons, navigation

Homeless Services Department

FY 2026 Adopted Budget

services and supportive housing services such as service coordination teams. The list below shows the City investments by division.

• System Support, Access, & Coordination	589,785
• Safety off and on the Streets	22,607,492
• Housing Placement & Retention	1,379,040
• Supportive Housing	<u>5,051,260</u>
Total	\$29,627,577

The following tables shows the new ongoing and one-time-only programs and programs that received General Fund backfill. This table, along with information on Homeless Services for FY 2026 can be found in the Overview of Additions, Reductions, and Reallocations section of the Budget Director's Message in Volume 1. In addition, the Budget Director's Message contains a list of one-time-only programs for all departments.

New Ongoing and One-Time-Only Programs

Prog. #	Program Offer Name	General Fund		
		Ongoing	OTO	FTE
30202C	Safety off the Streets - City of Portland Alternative Shelter Sites	<u>0</u>	<u>10,000,000</u>	<u>0.00</u>
Total		\$0	\$10,000,000	0.00

General Fund Backfill

Prog. #	Program Offer Name or Description	General Fund Backfill	Backfill One-time-only
		Ongoing	General Fund
30200A	Safety off the Streets - Adult Shelter	1,825,162	
30200B*	Safety off the Streets - Partially Sustaining Adult Shelter	4,403,645	
30203B	Safety off the Streets - Family Shelter Expansion	1,013,640	
30302	Housing Placement & Retention - Placement out of Shelter	654,092	
30304	Housing Placement & Retention - Emergency Rent Assistance		1,925,142
30309	Housing Placement & Retention - Primary Leasing	845,310	
30406	Supportive Housing - Frequent Users Systems Engagement	325,035	200,000
30600*	Employment Programs	<u>1,374,786</u>	<u>2,448,828</u>
Total		\$10,441,670	\$4,573,970

* includes video lottery funding

Homeless Services Department

FY 2026 Adopted Budget

Metro SHS Reductions

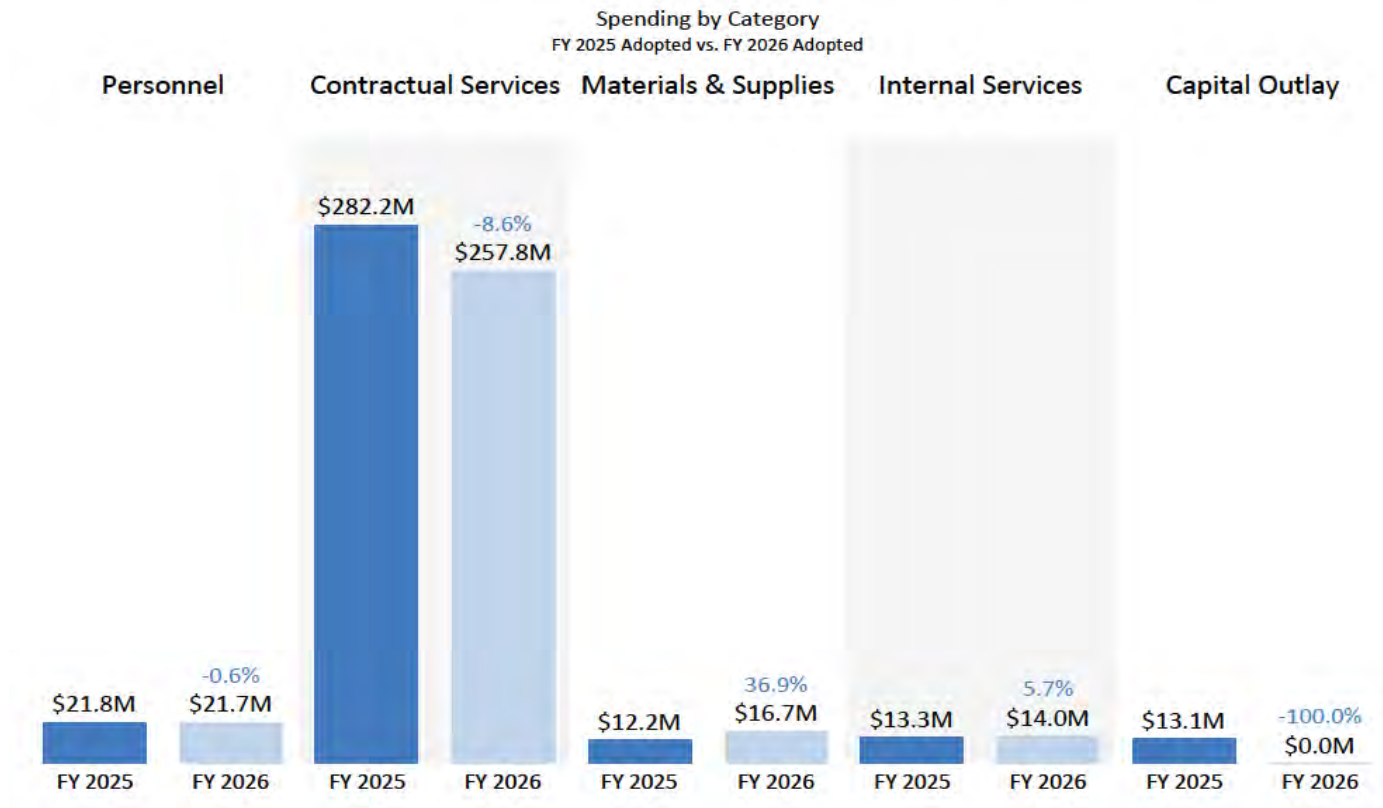
The following table shows the reduction for reserves & contingency and operating programs due to the decline in estimated carryover and Metro's updated forecast. Some reductions were backfilled with General Fund, see page 8 for complete list.

Prog. #	Program Name	SHS Fund	FTE	GF Backfill
Reserves and Contingency				
30006A	Regional Coordination - Reserve and Contingency	(17,195,030)		
30006B	Regional Coordination - Regional Strategies Implementation Fund	<u>(12,194,310)</u>		
	Total Reserves and Contingency	(\$29,389,340)		
Operating				
30000	Director Office, Administration and Operations	(177,994)	(1.00)	
30004	Policy & Planning	(156,905)	(1.00)	
30005	Equity-Focused System Development & Capacity Building	(1,145,760)		
30006C	Regional Coordination - Homeless Management Information System	(169,105)	(1.00)	
30100	System Access, Assessment, & Navigation	(1,766,200)		
30200A	Safety off the Streets - Adult Shelter	(1,661,235)		X
30202A	Safety off the Streets - Alternative Shelter for Adults	(165,146)	(1.00)	
30210A	Safety on the Streets	(1,961,926)		
30210B	Safety on the Streets - Navigation & Service Coordination	(697,754)		
30302	Housing Placement & Retention - Placement out of Shelter	(1,170,345)		X
30309	Housing Placement & Retention - Primary Leasing	(429,660)		X
30400A	Supportive Housing	(1,013,005)		
30400C	Supportive Housing - Local Bond Units and Site-Based Commitments	(4,117,650)		
30403	Supportive Housing - Families	(2,267,225)		
30404	Supportive Housing - Youth	(462,150)		
30406	Supportive Housing - Frequent Users Systems Engagement	(992,890)		X
30600	Employment Programs	(809,915)		X
30999	SHS Revenue for Other Departments	(9,751,972)		
	Supply Center (formerly program offer 30211)	<u>(215,459)</u>	<u>(2.00)</u>	
	Total Operating Reductions	(\$29,132,296)	(6.00)	
	Total Reserves and Operating Reductions	(\$58,521,636)	(6.00)	

Homeless Services Department

FY 2026 Adopted Budget

The chart below provides a breakdown of the budget's expense categories from FY 2025 to FY 2026. Contractual Services is the largest component of the HSD budget for FY 2025 and FY 2026. The overall decrease in contractual services is driven by the reduction in Metro Supportive Housing revenue, while materials & supplies grew the most between FY 2025 and FY 2026.,driven by rental expense.



Homeless Services Department

FY 2026 Adopted Budget

The Budget Trends table below details the changes in expense categories from FY 2024 Actual to FY 2026 Adopted. Contractual services decreased due to the reduction in Metro SHS resources.

FY 2026 Budget Trends: Homeless Services					
	FY 2024 Actual	FY 2025 Current Estimate	FY 2025 Adopted Budget	FY 2026 Adopted Budget	Difference
Staffing FTE	101.75	121.25	122.00	114.00	(8.00)
Personnel Services	19,510,653	19,268,859	21,808,147	21,684,053	(124,094)
Contractual Services	246,968,478	252,177,130	282,152,587	257,787,626	(24,364,961)
Materials & Supplies	8,387,469	12,141,052	12,193,241	16,687,890	4,494,649
Internal Services	11,410,313	13,422,224	13,286,132	14,042,844	756,712
Capital Outlay	<u>0</u>	<u>0</u>	<u>13,050,000</u>	<u>0</u>	<u>(13,050,000)</u>
Total Operating Budget	\$286,276,913	\$297,009,265	\$342,490,107	\$310,202,413	(\$32,287,694)
Contingency*	N/A	N/A	33,286,856	4,165,730	(29,121,126)
Internal Cash Transfers	3,808,611	19,500,000	19,500,000	0	(19,500,000)
Unappropriated Balances*	<u>N/A</u>	<u>N/A</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Budget	\$290,085,524	\$316,509,265	\$395,276,963	\$314,368,143	(\$80,908,820)

* In any given fiscal year, there is no spending of unappropriated balance; if contingency is spent, it will be reflected in the Operating expenditures.

Homeless Services Department

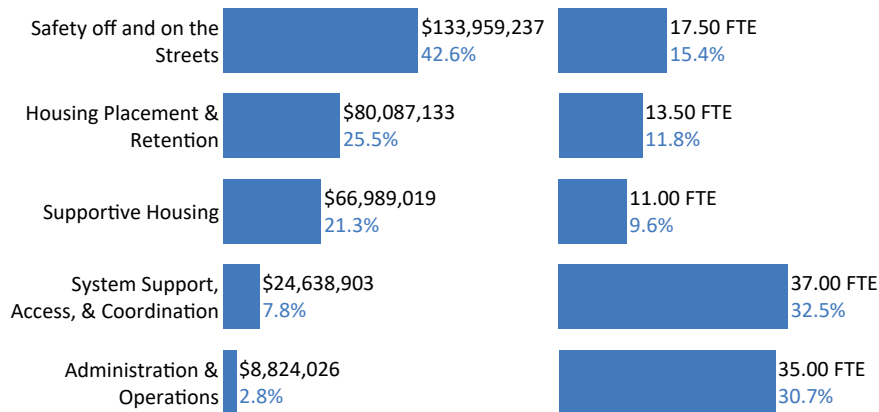
FY 2026 Adopted Budget

Budget by Division

Division Name	General Fund	Other Funds	Total Division Cost	Total FTE
Administration and Operations	8,495,576	328,450	8,824,026	35.00
System Support, Access, and Coordination	3,357,098	21,281,805	24,638,903	37.00
Safety off and on the Streets	27,104,298	106,854,939	133,959,237	17.50
Housing Placement & Retention	21,637,463	58,449,670	80,087,133	13.50
Supportive Housing	4,073,380	62,915,639	66,989,019	11.00
Vacancy Hiring Delay Savings	(130,175)	0	(130,175)	0.00
Total Homeless Services Department	\$64,537,640	\$249,830,503	\$314,368,143	114.00

Includes cash transfers, contingencies and unappropriated balances

The table below does not include \$130,175 Vacancy Hiring Delay Savings, see Budget Director's message for more details.



Homeless Services Department

FY 2026 Adopted Budget

Table of All Program Offers

The following table shows the programs by division that make up the department's total budget. The individual programs follow, grouped by division.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Administration and Operations						
30000	Director Office, Administration and Operations		4,147,251	328,450	4,475,701	12.00
30001	Business Services		3,552,463	0	3,552,463	19.00
30002	Human Resources		<u>795,862</u>	<u>0</u>	<u>795,862</u>	<u>4.00</u>
Total Administration and Operations			\$8,495,576	\$328,450	\$8,824,026	35.00
System Support, Access, and Coordination						
30003	Data, Research, & Evaluation		392,795	3,221,796	3,614,591	10.50
30004	Policy & Planning		746,790	2,884,135	3,630,925	10.50
30005	Equity-Focused System Development & Capacity Building		0	976,030	976,030	4.00
30006A	Regional Coordination - Reserve and Contingency	X	0	3,914,304	3,914,304	0.00
30006B	Regional Coordination - Regional Strategies Implementation Fund	X	0	3,024,104	3,024,104	2.00
30006C	Regional Coordination - Homeless Management Information System		69,880	3,934,272	4,004,152	3.00
30006D	Regional Coordination - DCA IT HMIS Administration and Developer	X	0	734,207	734,207	0.00
30100	System Access, Assessment, & Navigation		<u>2,147,633</u>	<u>2,592,957</u>	<u>4,740,590</u>	<u>7.00</u>
Total System Support, Access, Coordination			\$3,357,098	\$21,281,805	\$24,638,903	37.00
Safety off and on the Streets						
30200A	Safety off the Streets - Adult Shelter		7,117,933	53,950,935	61,068,868	6.50
30200B	Safety off the Streets - Partially Sustaining Adult Shelter		4,046,584	526,061	4,572,645	0.00
30201	Safety off the Streets - Women's Shelter		208,063	3,143,150	3,351,213	0.00
30202A	Safety off the Streets - Alternative Shelter for Adults		0	8,224,715	8,224,715	5.00
30202B	Safety off the Streets - Outdoor Physical Distancing Shelters & Safe Rest Villages	X	0	13,361,365	13,361,365	0.00
30202C	Safety off the Streets - City of Portland Alternative Shelter Sites	X	10,000,000	3,417,500	13,417,500	0.00
30203A	Safety off the Streets - Family Shelter		1,305,388	8,828,242	10,133,630	1.00

Homeless Services Department

FY 2026 Adopted Budget

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
30203B	Safety off the Streets - Family Shelter Expansion		1,013,640	0	1,013,640	0.00
30204	Safety off the Streets - Domestic Violence Shelter		1,205,390	7,441,525	8,646,915	0.50
30205	Safety off the Streets - Youth Shelter		1,388,100	2,611,387	3,999,487	0.50
30206	Safety off the Streets - Winter Shelter & Severe Weather		819,200	117,785	936,985	0.00
30207	Safety off the Streets - Bridge Housing		0	2,974,280	2,974,280	0.00
30210A	Safety on the Streets		0	1,751,853	1,751,853	2.00
30210B	Safety on the Streets - Navigation & Service Coordination		0	506,141	506,141	2.00
Total Safety off and on the Streets			\$27,104,298	\$106,854,939	\$133,959,237	17.50
Housing Placement and Retention						
30300	Housing Placement & Retention - Adults & Women Households		3,125,029	9,792,869	12,917,898	6.50
30301	Housing Placement & Retention - Families		6,098,806	7,284,437	13,383,243	3.00
30302	Housing Placement & Retention - Placement out of Shelter		654,092	17,301,838	17,955,930	0.00
30303	Housing Placement & Retention - Domestic Violence		2,653,450	5,481,372	8,134,822	2.00
30304	Housing Placement & Retention - Emergency Rent Assistance	X	1,925,142	993,663	2,918,805	0.00
30305	Housing Placement & Retention - Medical/ Aging		0	823,105	823,105	0.00
30306	Housing Placement & Retention - Youth Services		4,219,505	3,491,015	7,710,520	2.00
30307	Housing Placement & Retention - Veterans		565,785	391,649	957,434	0.00
30308A	Housing Placement & Retention - Gresham Homeless Services		0	188,491	188,491	0.00
30308B	Housing Placement & Retention - East County Homeless Services		0	124,000	124,000	0.00
30309	Housing Placement & Retention - Primary Leasing		1,305,310	1,273,195	2,578,505	0.00
30311	Housing Placement & Retention - State Rapid Rehousing Initiatives		0	6,740,576	6,740,576	0.00

Homeless Services Department

FY 2026 Adopted Budget

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
30600	Employment Programs		<u>1,090,344</u>	<u>4,563,460</u>	<u>5,653,804</u>	<u>0.00</u>
	Total Housing Placement and Retention		\$21,637,463	\$58,449,670	\$80,087,133	13.50
Supportive Housing						
30400A	Supportive Housing		657,140	15,165,355	15,822,495	10.00
30400C	Supportive Housing - Local Bond Units and Site-Based Commitments		0	14,790,640	14,790,640	0.00
30400D	Supportive Housing - Tenant-Based Commitments		0	14,866,965	14,866,965	0.00
30400E	Supportive Housing - System Support		0	2,175,425	2,175,425	0.00
30400F	Supportive Housing - Local Bond Units and Site-Based Commitments - SHS Expansion		0	1,862,360	1,862,360	0.00
30400G	Supportive Housing - PSH Expansion		1,693,215	0	1,693,215	0.00
30401A	Supportive Housing - Behavioral Health/Medical Housing		0	4,373,750	4,373,750	0.00
30401B	Supportive Housing - Behavioral Health/Medical Housing - Service Coordination Team		0	2,652,550	2,652,550	0.00
30402	Supportive Housing - Local Long Term Rental Vouchers		383,480	836,275	1,219,755	0.00
30403	Supportive Housing - Families		814,510	2,549,794	3,364,304	1.00
30404	Supportive Housing - Youth		0	1,648,465	1,648,465	0.00
30405	Supportive Housing - Domestic Violence		0	1,286,685	1,286,685	0.00
30406	Supportive Housing - Frequent Users Systems Engagement		525,035	707,375	1,232,410	0.00
30999	Supportive Housing Services Revenue for Other Departments		<u>0</u>	<u>0</u>	<u>0</u>	<u>0.00</u>
	Total Supportive Housing		\$4,073,380	\$62,915,639	\$66,989,019	11.00
30998	HSD Vacancy Hiring Delay Savings	X	<u>(130,715)</u>	<u>0</u>	<u>(130,175)</u>	<u>0.00</u>
	Total Homeless Services Department¹		\$64,537,640	\$249,830,503	\$314,368,143	114.00

¹ Includes cash transfers, contingencies, and unappropriated balances.

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Program #30998 - HSD Vacancy Hiring Delay Savings
FY 2026 Adopted

Department: Homeless Services Department **Program Contact:** Antoinette Payne
Program Offer Type: Administration **Program Offer Stage:** Adopted
Related Programs:
Program Characteristics: New Request, One-Time-Only Request

Program Description

This program represents the expected General Fund savings from a hiring delay based on the estimated savings for the first quarter of FY 2026. However, departments have the entire fiscal year to generate the savings. The calculations were based on General Fund vacancies.

The following criteria were used to determine the calculations:

- Does not include the following positions:

Public safety (Sheriff's Office, Department of Community Justice, Corrections Health, District Attorney's Office)

Positions identified by the Chief Operating Officer's (COO) Office) as possible reductions

Positions which were filled since the original list was compiled

Positions used for layoff/bumping/Project Save

Positions leveraging Other Funds or fees

Positions which are filled with a work-out-of-class, temporary, contracted, or limited duration appointment

In addition, a 10% contingency was added to the total savings to account for changes. Across all departments, this hiring delay will generate \$1.2 million in one-time-only General Fund savings.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$0	(\$130,175)	\$0
Total GF/non-GF	\$0	\$0	(\$130,175)	\$0
Program Total:	\$0		(\$130,175)	
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:

This program offer was created by Board amendments 25 and 26.

Administration and Operations

The Administration and Operations division is responsible for providing strategic direction for the Homeless Services Department. Working with elected leaders, community-based organizations, advisory bodies and stakeholders, this division develops, implements and supports the delivery of homeless services. The key components of the Administration and Operations division include:

- **Equity-Focused Executive Leadership:** This unit provides strategic direction for the department's programs and services with a focus on ensuring equity and inclusivity.
- **Fiscal Business Services:** This unit is responsible for the development, management and administration of the annual budget. This team also manages local, state and federal funding, and the procurement and contracting process. Additionally, the team handles the processing of invoices from and payments to contracted service providers.
- **Facilities & Operational Services:** This group supports administrative and in-office operations and oversees facilities asset planning, management and development to ensure smooth operations.
- **Human Resources:** This team conducts internal and external recruitments and provides a structured onboarding process for new employees. It also supports employee retention through training, employee relations, professional development, and ensuring a safe and inclusive work environment for all staff.
- **Communications:** This team manages both internal and external communications for the department. The Communications team utilizes various channels, including email, newsletters, social media, multimedia (audio and video) storytelling, and community outreach and engagement to communicate the work, success and challenges of the department and to provide informative content about the issue of homelessness. Additionally, this team supports the Director with departmental communications, reports and updates. It also coordinates with the County Central Communications team to ensure consistent messaging and framing when engaging with the public and the media.

The Administration and Operations division plays a crucial role in providing leadership, managing finances, maintaining facilities, supporting staff and facilitating effective communication within the department

\$8.8 million

Administration and Operations

Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.



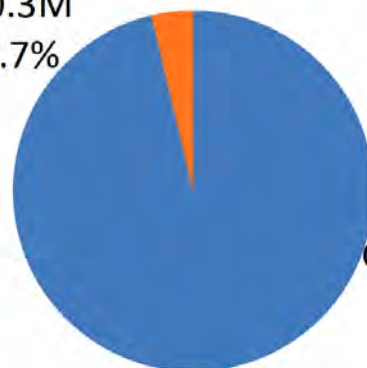
35.00 FTE

(full time equivalent)

Other Funds

\$0.3M

3.7%



General Fund

\$8.5M

96.3%

Significant Division Changes

After a review of the Administration and Operations Division it was determined to eliminate the position of Shelter Strategy and Operations Manager Sr. This position oversaw two main bodies of work; the Supply Center and the Shelter Development Team. The Supply Center team is moving to Emergency Management (EM) and they will be merging the two warehouses of EM and HSD. The Shelter Development Team will move to the Program Division which will allow for closer alignment of the current body of work

Table of Division Programs

The following table shows the programs that make up the division's budget, including cash transfers, contingencies, and unappropriated balances. The individual programs for this division follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Administration and Operations						
30000	Director Office, Administration and Operations		4,147,251	328,450	4,475,701	12.00
30001	Business Services		3,552,463	0	3,552,463	19.00
30002	Human Resources		<u>795,862</u>	<u>0</u>	<u>795,862</u>	<u>4.00</u>
Total Administration and Operations			\$8,495,576	\$328,450	\$8,824,026	35.00

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

This program offer funds the Director's Office, administrative operations and the communications team, and partially funds the equity team for the Homeless Services Department (HSD). The department is the backbone supporting a collective impact approach to preventing and ending homelessness in the City of Portland and Multnomah County. The HSD manages resources from Multnomah County, the City of Portland, the regional Supportive Housing Services measure administered by Metro, the State of Oregon, and the U.S. Department of Housing and Urban Development (HUD) to fund community initiatives and programs to make homelessness a rare and brief experience.

Homelessness is an ongoing crisis in the City of Portland and Multnomah County. In the last several years, the community has come together and responded in unprecedented ways. The HSD represents a shared commitment between multiple local jurisdictions to expand, improve, and simplify access to the range of services needed to address homelessness in the community. The department administers contracts for homeless services, plans and manages systems of care, oversees system reporting and evaluation, conducts unsheltered homeless counts, and writes proposals to and monitors funds issued by HUD. These operations affect the lives of thousands of homeless individuals, youth, families, and survivors of domestic violence in the community. Through the HSD, funds are contracted to more than 70 nonprofit and public agencies to provide a comprehensive range of services to assist people experiencing or at-risk of homelessness. The department receives funding and policy direction from the Metro Supportive Housing Services Measure passed by the voters of the region, the State of Oregon, the City of Portland, and Multnomah County as well as the City of Gresham and Home Forward.

The Director's office is responsible for ensuring that the department meets its strategic objectives while furthering a culture that supports a diverse and qualified workforce. The office is a primary liaison to Federal, State, County, and local elected officials. The Director works with other County departments and community partners to further innovation in homeless services. The director also works with a wide range of local organizations, provider systems and other counties to implement homeless services across the region.

The Director's Office convenes the department's leaders 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	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Lead community-based budget recommendation development	1	1	1	1
Output	Present Community Budget Advisory Committee budget recommendations	1	1	1	1

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$2,280,232	\$436,144	\$2,228,125	\$146,207
Contractual Services	\$0	\$108,465	\$0	\$111,070
Materials & Supplies	\$161,757	\$202,563	\$159,863	\$0
Internal Services	\$1,465,497	\$132,335	\$1,759,263	\$71,173
Total GF/non-GF	\$3,907,486	\$879,507	\$4,147,251	\$328,450
Program Total:	\$4,786,993		\$4,475,701	
Program FTE	12.00	2.00	11.00	1.00

Program Revenues				
Intergovernmental	\$0	\$603,689	\$0	\$328,450
Other / Miscellaneous	\$3,846,146	\$0	\$2,233,942	\$0
Beginning Working Capital	\$0	\$142,568	\$0	\$0
Total Revenue	\$3,846,146	\$746,257	\$2,233,942	\$328,450

Explanation of Revenues

This program generates \$71,173 in indirect revenues.
 \$328,450 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30000 Director Office, Administration and Operations

Per the organizational review, this program offer will include an additional 1.00 FTE Administrative Analyst, reorganization of 2.00 FTE (1.00 Executive Specialist, 1.00 Staff Assistant) which were moved to other program offers to better align with departmental and organizational goals, and a reduction of 3.00 FTE (1.00 FTE Office Assistant 2, 1.00 FTE Shelter Strategy and Operations Manager Senior, and 1.00 FTE Public Relations Coordinator).

Department: Homeless Services Department **Program Contact:** Antoinette Payne
Program Offer Type: Administration **Program Offer Stage:** Adopted
Related Programs:
Program Characteristics:

Program Description

The Homeless Services Department (HSD) Business Services is responsible for the development, management, and administration of the annual budget; management of local, State, and Federal funding; procuring and contracting homeless services; and processing invoices from and payments to contracted service providers. The HSD participates in the annual budget process for both the City of Portland and Multnomah County. Business Services prepares annual budgets for both jurisdictions and completes related fiscal reporting throughout the year to ensure that spending occurs within the designated authority limits.

Business Services manages local, Federal, and State funding streams. This includes grant monitoring, reporting, and fiscal compliance. These services include procurement and managing contracts. Contracts staff support the initial development, mid-year updates and annual renewals. The department maintains more than 100 contracts with more than 70 community-based organizations. Business Services supports contract budget development. It processes more than 1,600 invoices each year totaling more than \$250 million.

Business Services prioritizes equity by supporting low-barrier procurements and contracting activities, being responsive to the cash management needs and providing financial technical assistance and grants management support to small and culturally specific organizations. It supports the program teams in the provision of services that prioritize Black, Indigenous, and other People of Color and the HSD commitment to eliminating racial disparities among people at risk of or experiencing homelessness.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of contracts managed, including culturally-specific organizations	116	100	120	115
Output	Number of invoices processed	1,625	1,500	1,782	1,600
Output	Funding passed to community-based organizations, including culturally-specific organizations	\$186.9 million	\$150.0 million	\$233.0 million	\$163.0 million
Output	Percent of financial reports submitted to the satisfaction of the grantor	90%	99%	99%	100%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$3,277,411	\$0	\$3,552,463	\$0
Materials & Supplies	\$68,205	\$0	\$0	\$0
Total GF/non-GF	\$3,345,616	\$0	\$3,552,463	\$0
Program Total:	\$3,345,616		\$3,552,463	
Program FTE	18.00	0.00	19.00	0.00

Program Revenues				
Other / Miscellaneous	\$2,107,581	\$0	\$2,970,803	\$0
Beginning Working Capital	\$0	\$1,092,238	\$0	\$0
Total Revenue	\$2,107,581	\$1,092,238	\$2,970,803	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 30001 Business Services

This program offer contains an additional 1.00 FTE Procurement and Contracts Supervisor that will support the growth of the finance team's obligations. As well as the reorganization of 1.00 FTE Executive Specialist which was moved from another program offer to better align with departmental and organizational goals, and a reduction of 1.00 Limited Duration Assignment SHS Finance Project Manager.

Department: Homeless Services Department **Program Contact:** Shannon Goulter

Program Offer Type: Administration **Program Offer Stage:** Adopted

Related Programs:

Program Characteristics:

Program Description

The Human Resources team provides the department with internal expertise, support, guidance, and leadership on all human resources functions, with a focus on equitable and inclusive practices.

The Homeless Services Department (HSD) workforce has grown from 32.00 FTE in FY 2022 to over 120.00 FTE in FY 2026. This growth requires human resources leadership and strategic organizational planning and development of staffing and recruitment plans. In partnership with the HSD Equity Committee and Equity Manager, the Human Resources team provides guidance on workforce diversity, equity, and inclusion to ensure fidelity to the department's equity values and the County's Workforce Equity Strategic Plan (WESP). The Human Resources team leads efforts to create safety, trust, and belonging for all staff.

The HR team serves represented, non-represented, limited-duration, and on-call employees. Support includes:

- conducting internal and external recruitments,
- providing a structured and engaging onboarding process, and
- supporting employee retention through training, employee relations, and professional development.

Other services include: position description development, position management, timekeeping, and data systems maintenance. This team interprets and ensures compliance with County Personnel Rules and Collective Bargaining Agreements.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Percent of recruitments that are successful	93%	90%	95%	100%
Output	Number of regular employees provided full range of HR services	127	120	137	130
Outcome	Percent of total recruitments that include candidates who identify as a person of color	100%	100%	100%	100%
Outcome	Percent of JOHS staff negatively impacted by avoidable Workday errors	3%	15%	10%	12%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$938,793	\$0	\$795,862	\$0
Total GF/non-GF	\$938,793	\$0	\$795,862	\$0
Program Total:	\$938,793		\$795,862	
Program FTE	5.00	0.00	4.00	0.00

Program Revenues				
Other / Miscellaneous	\$941,852	\$0	\$797,930	\$0
Total Revenue	\$941,852	\$0	\$797,930	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 30002 Human Resources

Per the organizational review this offer will include the reduction of 1.00 FTE Human Resources Analyst 2.

System Support, Access, and Coordination

The System Support, Access & Coordination division of the Homeless Service Department is responsible for providing various types of support to ensure the effective delivery of services and promote equity-focused practices in addressing homelessness. The division consists of several teams with specific roles and responsibilities:

- **Data, Research, and Evaluation:** This team oversees the collection and quality assurance of data from contracted service providers. Additionally, the team develops and implements ongoing outcome reporting, and responds to requests for quantitative information from jurisdictional and community partners. This team also conducts evaluations of specific programs, strategies and systems of care.
- **Policy, Planning, and Regional Coordination:** This team supports community-led policy and planning initiatives, including the implementation of the Metro Supportive Housing Services (SHS) Measure. The team works closely with regional planning bodies associated with the SHS Measure and with Community Advisory Bodies including the Continuum of Care, Lived Experience Advisory Committee, and Equity Advisory Committee. The focus of these committees is to incorporate the perspectives of people with lived experience of homelessness, particularly from Black, Indigenous and People of Color (BIPOC) communities, in the development of policy recommendations.
- **Equity-Focused System Development:** This team ensures that community-based organizations, especially emerging and culturally specific organizations, have equitable opportunities to contract with the department and access critical resources for their work in the community. The goal is to support organizations that deliver services in an equitable manner and to expand the culturally-specific and culturally-responsive capacity of each system of care.
- **Access to Homeless and Housing Services:** This work includes various items aimed at improving access to homeless and housing services. This includes the Coordinated Access staff, who lead the development and implementation of processes for assessing and prioritizing individuals and families for Permanent Supportive Housing and certain rapid rehousing resources. This team also includes contracts for navigation support to services. Additionally, it provides vital civil legal services that help remove barriers to housing access for people.

\$24.6 million

System Support, Access, and Coordination

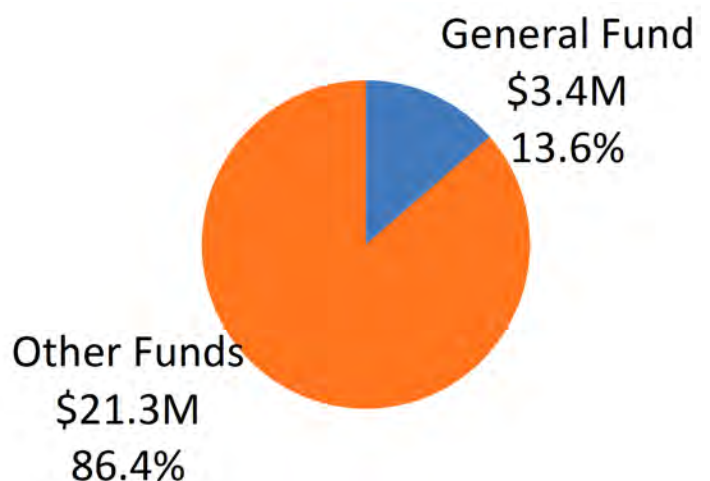
Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.



37.00 FTE

(full time equivalent)



Homeless Services Department

FY 2026 Adopted Budget

Division Outcomes

In FY 2026, the teams within this division will support the implementation of the Homelessness Response System that is creating a co-governance and accountability structure to effectively set goals and reach outcomes.

Significant Division Changes

In FY 2024 the department assumed all Homeless Management Information System (HMIS) leadership responsibilities in the Continuum of Care, transferred from the Portland Housing Bureau. This transfer was delayed from the original intended transfer date in FY 2023. As part of this change, in FY 2026 Homeless Services will continue to lead, in partnership with the Department of County Assets, the implementation of HMIS for the tri-county region of Multnomah, Clackamas and Washington counties in keeping with the regional focus of the SHS Measure. This division includes the Regional Strategies Implementation Fund, which is the allocation of SHS Measure funding that supports the Tri-County Planning Body's regional plan. The FY 2026 Adopted budget restores legal services that were reduced in the FY 2026 Chair's Proposed Budget.

Table of Division Programs

The following table shows the programs that make up the division's budget, including cash transfers, contingencies, and unappropriated balances. The individual programs for this division follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
System Support, Access, and Coordination						
30003	Data, Research, & Evaluation		392,795	3,221,796	3,614,591	10.50
30004	Policy & Planning		746,790	2,884,135	3,630,925	10.50
30005	Equity-Focused System Development & Capacity Building		0	976,030	976,030	4.00
30006A	Regional Coordination - Reserve and Contingency	X	0	3,914,304	3,914,304	0.00
30006B	Regional Coordination - Regional Strategies Implementation Fund	X	0	3,024,104	3,024,104	2.00
30006C	Regional Coordination - Homeless Management Information System		69,880	3,934,272	4,004,152	3.00
30006D	Regional Coordination - DCA IT HMIS Administration and Developer	X	0	734,207	734,207	0.00
30100	System Access, Assessment, & Navigation		<u>2,147,633</u>	<u>2,592,957</u>	<u>4,740,590</u>	<u>7.00</u>
	Total System Support, Access, and Coordination		\$3,357,098	\$21,281,805	\$24,638,903	37.00

Department: Homeless Services Department

Program Contact: Lori Kelley

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

The Data, Research, and Evaluation data team is responsible for data management and analytics. The team produces useful information for internal and external stakeholders. Reports and analyses show how the system and programs are performing and promote transparency and accountability. Research and evaluation projects also help advance racial equity and inform policy and budget decisions.

The team provides quarterly and annual system performance reports and supports dynamic dashboard development for the Homeless Services Department as well as Homelessness Response Action Plan. The team also leads the biannual reporting process for the Point-in-Time (PIT) Count of Homelessness.

The data team builds and maintains data sets which are used to create and update reports showing baseline data on homelessness. The team also builds and maintains systems to collect data during outreach and improve how people find shelter. In addition to these products, the team develops and manages a variety of analytic tools. These are shared and informed by community engagement. These tools promote and track goals toward racial and demographic equity as well as inform community leaders about program and system outcomes.

The team includes research and evaluation specialists who support outcomes-oriented projects. This includes a research repository and shelter evaluation activities. Team project managers lead collaborations such as Built for Zero, Frequent Users Systems Engagement and Medical Case Conferencing. The program also funds pilot cross-disciplinary (healthcare) case conferencing and outreach data collection projects.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of end-user trainings	237	450	918	450
Output	Number of ad hoc data requests completed	44	40	40	40
Output	Number of outcomes-related presentations delivered	12	8	8	8
Output	Number of quarterly reports that disaggregate system performance by race and ethnicity	4	4	4	4

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$367,586	\$1,688,561	\$392,795	\$1,821,288
Contractual Services	\$0	\$1,312,945	\$0	\$513,906
Internal Services	\$0	\$839,730	\$0	\$886,602
Total GF/non-GF	\$367,586	\$3,841,236	\$392,795	\$3,221,796
Program Total:	\$4,208,822		\$3,614,591	
Program FTE	2.00	9.00	2.00	8.50

Program Revenues				
Intergovernmental	\$0	\$1,794,580	\$0	\$2,313,853
Beginning Working Capital	\$0	\$1,644,836	\$0	\$907,943
Total Revenue	\$0	\$3,439,416	\$0	\$3,221,796

Explanation of Revenues

This program generates \$886,602 in indirect revenues.

\$907,943 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$1,724,068 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$589,785 City of Portland General Fund allocation through Multnomah County's IGA with the City of Portland (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30003 Data, Research, & Evaluation

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

This funding supports staffing dedicated to developing system-wide policy. Staff also engage the community in planning through the Homeless Services Department's established advisory structure. The department is dedicated to reducing homelessness through strategies focused on racial equity. The policy and planning work prioritizes structures and processes that maximize the participation of Black, Indigenous, and other People of Color, LGBTQIA2S+ people, and those with lived experience of homelessness, behavioral health challenges, disabling conditions, and other intersecting marginalized identities.

The department supports homeless system governance and planning as the lead agency for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC). A CoC includes a local planning body which develops and oversees a community plan. The plan describes housing and services to meet the specific needs of the community. Multnomah County's plan is maintained by the department in collaboration with its jurisdictional and community-based partners. Each year, the department coordinates an application to HUD that results in over \$37 million in annual funding to the system of care. The department convenes and staffs the oversight bodies for each population-specific system of care: domestic violence, youth, adults, families with children, and veterans.

The County's Local Implementation Plan (LIP) for the Supportive Housing Services (SHS) 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. This offer supports the policy and planning work to: (1) facilitate the department's community advisory structure, including the local and regional Measure advisory bodies; (2) represent the department in regional Measure advisory structure development efforts; (3) organize and lead community-engaged planning in areas identified in the LIP and elsewhere as needed; and (4) ensure that Measure-related planning aligns with planning efforts underway with HUD, the State of Oregon, other county departments, and in each of the population-specific systems of care.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Lead biannual Continuum of Care (CoC) application, facilitate CoC Board, and oversee HUD funding	1	1	1	N/A
Output	Secure CoC funding from the U.S. Department of Housing and Urban Development	\$31 million	\$35 million	\$35 million	\$37 million
Outcome	Lead advisory structure for ending homelessness initiatives and Measure implementation	1	1	1	1

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$318,966	\$1,487,879	\$329,175	\$1,904,473
Contractual Services	\$256,035	\$600,000	\$368,372	\$0
Materials & Supplies	\$43,170	\$3,854	\$4,779	\$52,561
Internal Services	\$0	\$763,804	\$44,464	\$927,101
Total GF/non-GF	\$618,171	\$2,855,537	\$746,790	\$2,884,135
Program Total:	\$3,473,708		\$3,630,925	
Program FTE	1.50	7.50	0.50	10.00

Program Revenues				
Intergovernmental	\$0	\$1,621,983	\$0	\$2,055,684
Beginning Working Capital	\$0	\$1,302,435	\$0	\$828,451
Total Revenue	\$0	\$2,924,418	\$0	\$2,884,135

Explanation of Revenues

This program generates \$927,101 in indirect revenues.

\$828,451 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$1,431,315 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$624,369 of HUD Continuum of Care (CoC) Program awarded to Multnomah County. The CoC Program requires a 25 percent match of the awarded grant amount, which is met with County General Fund (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 30004 Policy & Planning

This offer will include the reorganization of 2.00 FTE Community Engagement Program Specialist Seniors, including an East County Liaison position, and 2.00 limited duration assignment Homelessness Response System positions.

This program was impacted by the following Board amendments:

BCC Amendment 40 - increasing by \$240,000

BCC Amendment 11 - decreasing by \$52,596

Department: Homeless Services Department **Program Contact:** Emily Nelson

Program Offer Type: Operating **Program Offer Stage:** Adopted

Related Programs:

Program Characteristics:

Program Description

The Multnomah County Local Implementation Plan (LIP) for the Metro's Supportive Housing Services (SHS) 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, with a focus on disproportionately impacted Black, Indigenous, and other People of Color (BIPOC). The LIP specifically prioritizes expanding the network of culturally specific providers and culturally specific services. The Homeless Services Department (HSD) recognizes that homelessness is caused and exacerbated by structural and systemic inequities for BIPOC communities, LGBTQIA2S+ communities, and other communities experiencing historic and current marginalization. Marginalized communities continue to be over-represented in populations of people experiencing homelessness. Equity is a core value of the HSD and a necessary tool to meaningfully address our homelessness crisis.

Training, technical assistance, and capacity building are key supports the HSD provides to support the culturally responsive and culturally specific capacity of the homeless services system. This program offer funds capacity dedicated to coordinating, developing, and delivering equity-focused training to contracted provider agencies and to HSD staff. Through this capacity, HSD partners with the Department of County Human Services to deliver Assertive Engagement training to providers. Assertive Engagement (AE) is a social service approach that recognizes individuals as experts in their own lives, applicable across all levels of a system. It integrates person centered practices, equity frameworks, and diverse liberatory approaches to navigate power dynamics and foster empathy. The HSD also develops, delivers, and coordinates access to training for racial equity, culturally responsive and specific practices, trauma informed care, de-escalation, and other areas, with the goal of creating ongoing communities of practice among contracted agencies.

This program offer works to support an increase in the number of culturally specific providers, and the range of culturally specific supportive housing services offered in the homeless response system, by (1) developing and administering training opportunities and technical assistance that builds racial equity competencies; (2) organizing and leading community-engaged planning efforts to expand the network of culturally specific organizations providing supportive housing services, including identifying capacity-building and organizational development needs of those organizations; (3) liaising between the HSD and the network of culturally specific providers regarding matters related to services planning, policy development, organizational capacity building and trainings.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Outcome	Percentage of trainees reporting increased understanding in best practice training areas	89%	75%	90%	75%
Output	Number of trainings delivered to providers and partners	72	74	115	129
Output	Number of engaged culturally-specific, not yet JOHS contracted providers	38	25	25	25

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$155,198	\$615,070	\$0	\$656,461
Contractual Services	\$0	\$1,115,640	\$0	\$0
Internal Services	\$0	\$268,724	\$0	\$319,569
Total GF/non-GF	\$155,198	\$1,999,434	\$0	\$976,030
Program Total:	\$2,154,632		\$976,030	
Program FTE	1.00	4.00	0.00	4.00

Program Revenues				
Intergovernmental	\$0	\$883,794	\$0	\$272,951
Beginning Working Capital	\$0	\$1,115,640	\$0	\$703,079
Total Revenue	\$0	\$1,999,434	\$0	\$976,030

Explanation of Revenues

This program generates \$319,569 in indirect revenues.

\$703,079 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$272,951 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30005A Equity-Focused System Development & Capacity Building

The year-over-year decrease in funding is the result of a reduction in one-time funds for system development grants to new and emerging culturally specific providers. Additionally, this offer reflects a reduction of 1.00 FTE Program Specialist.

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Revenue/Fund Level/Tech

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: One-Time-Only Request

Program Description

The Supportive Housing Services (SHS) program and the intergovernmental agreement (IGA) that governs SHS Measure funding require each county to contribute to a stabilization reserve. The aim is to maintain the growth of these reserved funds.

The reserve is a protective measure against financial instability, shielding programs and their objectives from significant fluctuations in revenue. In particular, this protects the historically overrepresented communities that the measure was designed to serve, from being more severely and negatively impacted. The target reserve level is set at 10% of the budgeted program funds for a given fiscal year.

In addition, the Contingency account provides resources for emergency situations or unplanned expenditures that, if left unaddressed, could have a negative impact on service delivery. The contingency account is equivalent to 5% of the budgeted program funds for a given fiscal year.

Due to significant reductions in SHS tax collections (revenue) in both FY 2025 and FY 2026, the department will be using the 15% of funds typically budgeted in this program offer to mitigate reductions in services described in other program offers. In FY 2026, the department will have 3% of Stabilization Reserve.

This program offer now includes an investment toward a rent guarantee for a 15-unit site-based supportive housing unit project. This guarantee will provide an additional layer of security for the property owner, ensuring consistent rental income and facilitating the creation of much-needed supportive housing units.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Outcome	Percent of Stabilization Reserve fund met	100%	100%	0%	19.5%
Output	Percent of Contingency Fund met	100%	100%	0%	0%

Performance Measures Descriptions

Legal / Contractual Obligation

The Supportive Housing Services Intergovernmental Agreement (IGA) made by and between Multnomah County, a political subdivision of the state of Oregon, and Metro Regional Government, a municipal corporation of the state of Oregon.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Unappropriated & Contingency	\$0	\$23,942,304	\$0	\$3,914,304
Total GF/non-GF	\$0	\$23,942,304	\$0	\$3,914,304
Program Total:	\$23,942,304		\$3,914,304	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$23,476,045	\$0	\$3,914,304
Total Revenue	\$0	\$23,476,045	\$0	\$3,914,304

Explanation of Revenues

Carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30006A Regional Coordination - Reserve and Contingency

The year-over-year decrease in funding is the result of partially the SHS 3% Stabilization Reserve and not funding 5% Contingency Fund. Due to significant reductions in SHS tax collections (revenue) in both FY 2025 and FY 2026, the department will be using the 15% of funds typically budgeted in this program offer to mitigate reductions in services described in other program offers.

Department: Homeless Services Department **Program Contact:** Daniel Field
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 30005, 30006A, 30006C
Program Characteristics: One-Time-Only Request

Program Description

The Supportive Housing Services (SHS) measure and the intergovernmental agreement (IGA) that governs SHS Measure funding require that each county contributes to a regional strategy implementation fund.

Each county contributes not less than 5% of program funds to the Regional Strategies Implementation Fund (RSIF). Funding is used to achieve regional investment strategies. The Measure's Tri-County Planning Body (TCPB) is tasked with strengthening coordination among the counties and Metro in addressing homelessness in the region. The TCPB identifies regional goals, strategies, and outcome metrics in a work plan. The TCPB prioritizes the use of RSIF funds. In accordance with the IGA and following guidance from the TCPB, these funds are used to address goals in the following categories:

(1) Coordinated Entry (2) Regional Landlord Recruitment (3) Healthcare System Alignment (4) Training (5) Technical Assistance, and (6) Employee Recruitment and Retention

In FY 2026, this program addresses the critical shortage of affordable housing for individuals and families experiencing or at risk of homelessness. Some landlords are hesitant to rent to this population due to perceived financial risks, including property damage and unpaid rent. This reluctance limits housing options and perpetuates cycles of homelessness. The program can incentivize landlord participation by mitigating these financial risks, thereby increasing the availability of safe and affordable housing.

The program's goal is to expand housing opportunities for individuals and families experiencing or at risk of homelessness by reducing the financial risks faced by partnering landlords. Expected outcomes include:

- Increased landlord participation in programs serving individuals experiencing homelessness.
- Expanded housing options for vulnerable populations.
- Reduced returns to homelessness.
- Improved housing stability.
- Demonstrated cost-effectiveness compared to emergency interventions.

The program will achieve these goals through the following activities:

- Landlord Recruitment and Outreach: Targeted outreach to recruit landlords, highlighting program benefits.
- Application and Screening: A clear application process and screening to ensure suitable landlords and housing.
- Risk Mitigation Reimbursement: Timely reimbursement for eligible expenses

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Work w/Tri-County Planning Body to identify investment priorities for Regional Strategies Implementation Fund	1	2	4	6
Output	Percent of Regional Strategies Implementation Fund met	100%	100%	100%	100%

Performance Measures Descriptions

Legal / Contractual Obligation

The Supportive Housing Services Intergovernmental Agreement (IGA) made by and between Multnomah County, a political subdivision of the state of Oregon, and Metro Regional Government, a municipal corporation of the state of Oregon.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$302,166	\$0	\$308,979
Contractual Services	\$0	\$14,062,945	\$0	\$2,313,288
Internal Services	\$0	\$132,017	\$0	\$150,411
Unappropriated & Contingency	\$0	\$9,344,552	\$0	\$251,426
Total GF/non-GF	\$0	\$23,841,680	\$0	\$3,024,104
Program Total:	\$23,841,680		\$3,024,104	
Program FTE	0.00	2.00	0.00	2.00

Program Revenues				
Intergovernmental	\$0	\$7,166,488	\$0	\$0
Beginning Working Capital	\$0	\$16,675,192	\$0	\$3,024,104
Total Revenue	\$0	\$23,841,680	\$0	\$3,024,104

Explanation of Revenues

This program generates \$150,411 in indirect revenues.

\$3,024,104 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30006B Regional Coordination - Regional Strategies Implementation Fund

The year-over-year change in funding is due to a reduction in landlord recruitment programming and organizational health grants in this offer, and moving portions of the Regional Strategies Implementation Fund to program offers 30005, 30006A and 30006C to fund FTE and the Homeless Management Information System replacement project.

Department: Homeless Services Department **Program Contact:** Lori Kelley
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 30004
Program Characteristics:

Program Description

The U.S. Department of Housing and Urban Development (HUD) requires all recipients of Continuum of Care (CoC) funding to have a Homeless Management Information System (HMIS). All recipients of CoC funding are required to record data related to certain system performance measures in HMIS, so that the outputs and outcomes of those investments can be reported on at the system level.

Multnomah, Clackamas and Washington Counties have agreed to a tri-county HMIS implementation led by Multnomah County. This will allow local oversight over data collection and reporting standards, and help ensure alignment with emerging regional and local metrics. In FY 2026, all three Counties are partnering to procure a new HMIS system, a key aspect of ongoing data modernization efforts within the HSD.

Federal grant funds cover a portion of the costs associated with HMIS, including licensing, professional services, and conference attendance.

This program also supports the administration of HMIS and the development and maintenance of infrastructure supported by the Department of County Assets (DCA). This includes the secure transmission of data and the build and maintenance of a data mart. This effort will increase the ability to provide useful analytics to internal, cross-department, external partners, and to the tri-county community at large. This program offer also supports the development of technology-based modules that will support increased program coordination across systems.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Administer Homeless Management Information System (HMIS) for Multnomah County (OR-501)	1	1	1	1
Output	Finalize procurement and begin implementation of new HMIS for Multnomah County*	N/A	N/A	N/A	1

Performance Measures Descriptions

*This is a new measure in FY 2026.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$65,508	\$809,353	\$69,880	\$859,045
Contractual Services	\$0	\$75,000	\$0	\$1,223,125
Materials & Supplies	\$57,560	\$297,417	\$0	\$372,932
Internal Services	\$660,320	\$459,323	\$0	\$1,479,170
Capital Outlay	\$0	\$0	\$0	\$0
Cash Transfers	\$0	\$2,000,000	\$0	\$0
Total GF/non-GF	\$783,388	\$3,641,093	\$69,880	\$3,934,272
Program Total:	\$4,424,481		\$4,004,152	
Program FTE	0.50	2.50	0.50	2.50

Program Revenues				
Intergovernmental	\$0	\$529,010	\$0	\$1,453,916
Beginning Working Capital	\$0	\$3,354,050	\$0	\$2,480,356
Total Revenue	\$0	\$3,883,060	\$0	\$3,934,272

Explanation of Revenues

This program generates \$418,186 in indirect revenues.

\$2,480,356 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$1,189,882 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$264,034 of HUD Continuum of Care (CoC) Program awarded to Multnomah County. The CoC Program requires a 25 percent match of the awarded grant amount, which is met with Metro Supportive Services (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 30006C Regional Coordination - Homeless Management Information System

This program offer will include an additional 1.00 FTE Program Specialist, and reorganization of 1.00 FTE Program Specialist and 1.00 FTE Data Analyst. This offer also reflects a reduction of 1.00 FTE Program Specialist.

Department: Homeless Services Department **Program Contact:** Lori Kelley
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs:
Program Characteristics: One-Time-Only Request

Program Description

The Department of County Assets Information Technology (IT) Division provides overall support for the Homeless Management Information System (HMIS) software, infrastructure, and integrated technologies for the Tri-Counties (Multnomah, Clackamas, and Washington). Through a contractual agreement between the three Counties, Multnomah County IT staffs the Primary System Administrator role which ensures overall HMIS system integrity. Program staff lead projects, changes, system evaluation, security, and governance.

The Senior Business Intelligence Development Analyst position supports the long term need to enhance the reporting and analytics infrastructure of the department, which includes extracting data from the HMIS, building supporting databases, and enabling the integration of data with other systems of care such as Behavioral and physical health. This position also supports the data mart infrastructure that allows greater analytics and reporting capabilities. Staff provide the technical coding, development, design and support to the cloud infrastructure. This effort will increase the ability to provide useful analytics to internal, cross-department, external partners, and to the tri-county community at large.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Outcome	Number of Homeless Management Information System (HMIS) procurement completed	N/A	1 to 5	0	1
Outcome	Number of new reports developed in datamart tool*	N/A	N/A	N/A	4

Performance Measures Descriptions

*This is a new measure in FY 2026.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$458,528	\$0	\$493,817
Internal Services	\$0	\$0	\$0	\$240,390
Total GF/non-GF	\$0	\$458,528	\$0	\$734,207
Program Total:	\$458,528		\$734,207	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$0	\$0	\$734,207
Total Revenue	\$0	\$0	\$0	\$734,207

Explanation of Revenues

This program generates \$240,390 in indirect revenues.

\$734,207 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30006D Regional Coordination - DCA IT HMIS Administration and Developer

Department: Homeless Services Department **Program Contact:** Anna Plumb
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 30210A, 30210B
Program Characteristics:

Program Description

This program offer funds support for system access and needs assessment. The goal is to make critical homeless services equitably accessible to the communities experiencing homelessness in Multnomah County. Ensuring system coordination and access is a core strategy to connect people to shelter, long-term housing, and other critical services.

This program offer funds information and referral resources as well as legal support services for barrier mitigation and eviction prevention efforts.

This program offer funds the Coordinated Access system, which works to identify, assess, and prioritize households experiencing homelessness and connect them to shelter, housing, and support services. The goal of Coordinated Access is to provide streamlined and equitable access to housing interventions.

The offer includes culturally-specific mobile supportive housing assessment services. Services connect people experiencing chronic homelessness with supportive housing opportunities. Additionally, it provides vital housing problem-solving resources.

Ending homelessness is a community-wide effort. This requires partnerships that leverage resources in other systems of care and in the private sector. The program develops partnerships including recruiting and supporting landlords. Landlords provide housing units for households exiting homelessness.

The program also includes Coordinated Access (CA) for adults and families. The redesigned process incorporates housing problem solving into the CA process. System resources are limited and the majority of households will not receive CA resources. Housing problem solving ensures all households have in-depth problem-solving conversations. A trained assessor explores personal and community housing solutions that might be available. Assistance may include coaching, conflict resolution, mediation, connections to mainstream services, and housing search and planning. Limited financial assistance may be provided for immediate needs.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Outcome	Number of participants placed in housing	484	350	532	200
Outcome	Number of unduplicated participants assessed for Coordinated Access*	4,853	2,500	5,005	1,500
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless population	2	Yes**	1	2

Performance Measures Descriptions

*Measure wording changed from "Number of unsheltered people served with system navigation", to clarify the measure includes all participants assessed for coordinated access, and not just unsheltered participants.

**Measure methodology changed from "BIPOC assessed at rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being accessed equitably.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$113,657	\$956,551	\$221,477	\$899,455
Contractual Services	\$1,663,565	\$6,080,980	\$1,926,156	\$1,238,476
Materials & Supplies	\$14,390	\$15,595	\$0	\$17,171
Internal Services	\$0	\$432,367	\$0	\$437,855
Total GF/non-GF	\$1,791,612	\$7,485,493	\$2,147,633	\$2,592,957
Program Total:	\$9,277,105		\$4,740,590	
Program FTE	0.70	6.30	1.40	5.60

Program Revenues				
Intergovernmental	\$0	\$5,263,139	\$0	\$2,467,624
Beginning Working Capital	\$0	\$2,038,950	\$0	\$125,333
Total Revenue	\$0	\$7,302,089	\$0	\$2,592,957

Explanation of Revenues

This program generates \$437,855 in indirect revenues.

\$125,333 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$1,981,791 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$485,833 of HUD Continuum of Care (CoC) Program awarded to Multnomah County. The CoC Program requires a 25 percent match of the awarded grant amount, which is met with Metro Supportive Services and County General Fund (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 30100 System Access, Assessment, & Navigation

The year-over-year decrease is the result of a reduction in information and referral resources, and navigation teams with outreach workers to assist people experiencing homelessness in navigating to a range of services, including shelter, substance use and addiction services, primary medical care, and permanent housing. As well as a reduction of civil legal services that help remove barriers to housing access for people who are currently living unsheltered, in shelter, or are otherwise experiencing homelessness.

This program offer will include a reorganization of 1.00 FTE Program Specialist.

This program was impacted by the following Board amendments:

BCC Amendment 34 - increasing by \$647,832

Safety off and on the Streets

The Safety off and on the Streets division works to provide short-term shelter options for those experiencing homelessness, as well as services to support basic survival and service access for people living outside, helping to fill the gap between unsheltered homelessness and permanent housing. This division funds 2,913 units of shelter that will serve over 9,700 people in FY 2026.

Safety on the streets encompasses various types of shelters, such as year-round 24/7 facilities, severe weather shelters, alternative shelters including “village-style” shelters, and daytime resource centers. Emergency shelters play a vital role in safeguarding the basic health and safety of individuals who are experiencing homelessness, with a particular focus on those with disabilities, veterans, women, survivors of domestic and sexual violence, youth, and older adults.

Alternative and other non-congregate shelters offer a secure place to sleep and access to resources for individuals who are not currently served by traditional emergency shelters. Daytime resource centers provide essential safety off the streets, along with hygiene services, temporary storage, and access to a range of basic services during daytime hours for individuals who do not use 24/7 emergency shelters.

Safety on the street includes outreach and engagement efforts to people living outside. These efforts are coordinated, person-centered, and directly connect people experiencing homelessness with shelter, housing placement and other support services. This includes addressing basic needs, connecting individuals and families to housing placement and retention services, providing mental health outreach for those with severe and persistent mental illness, offering substance use screening and assessment, delivering culturally-specific outreach services, and providing assistance with housing readiness.

Division Outcomes

The FY 2026 budget funds 2,913 shelter units, including, 50 new shelter units will be funded by HSD specifically for LGBTQIA2S+ adults as part of the Community Sheltering Strategy. This initiative fulfills a commitment of the Community Sheltering Strategy and addresses a gap in the current system for communities experiencing disparities. Of these units, 230 congregate units are funded through March 2026, when they are slated to close for facility-related reasons.

\$134.0 million

Safety off and on the Streets

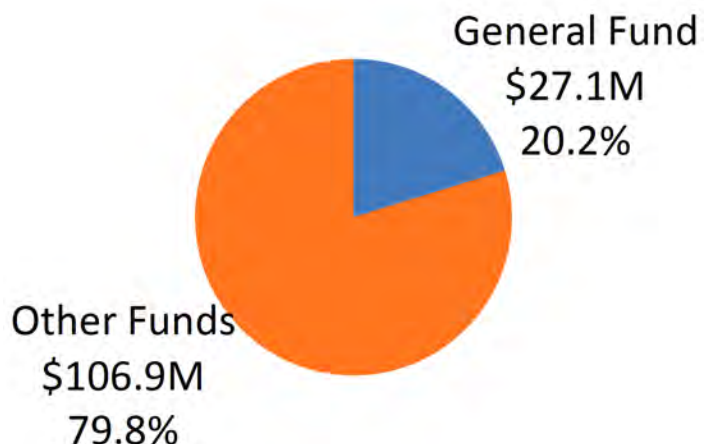
Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.



17.50 FTE

(full time equivalent)



Homeless Services Department

FY 2026 Adopted Budget

Significant Division Changes

Due to current funding constraints, the system cannot currently support both a major increase in shelter units and adequate funding for the continuum of services and rent assistance that are essential for transitioning people from homelessness into permanent housing. Therefore, in FY 2026 the HSD is focusing on maintaining existing shelter units and ensuring that these units are effective pathways to housing

Table of Division Programs

The following table shows the programs that make up the division's budget, including cash transfers, contingencies, and unappropriated balances. The individual programs for this division follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Safety off and on the Streets						
30200A	Safety off the Streets - Adult Shelter		7,117,933	53,950,935	61,068,868	6.50
30200B	Safety off the Streets - Partially Sustaining Adult Shelter		4,046,584	526,061	4,572,645	0.00
30201	Safety off the Streets - Women's Shelter		208,063	3,143,150	3,351,213	0.00
30202A	Safety off the Streets - Alternative Shelter for Adults		0	8,224,715	8,224,715	5.00
30202B	Safety off the Streets - Outdoor Physical Distancing Shelters & Safe Rest Villages	X	0	13,361,365	13,361,365	0.00
30202C	Safety off the Streets - City of Portland Alternative Shelter Sites	X	10,000,000	3,417,500	13,417,500	0.00
30203A	Safety off the Streets - Family Shelter		1,305,388	8,828,242	10,133,630	1.00
30203B	Safety off the Streets - Family Shelter Expansion		1,013,640	0	1,013,640	0.00
30204	Safety off the Streets - Domestic Violence Shelter		1,205,390	7,441,525	8,646,915	0.50
30205	Safety off the Streets - Youth Shelter		1,388,100	2,611,387	3,999,487	0.50
30206	Safety off the Streets - Winter Shelter & Severe Weather		819,200	117,785	936,985	0.00
30207	Safety off the Streets - Bridge Housing		0	2,974,280	2,974,280	0.00
30210A	Safety on the Streets		0	1,751,853	1,751,853	2.00
30210B	Safety on the Streets - Navigation & Service Coordination		0	506,141	506,141	2.00
	Total Safety off and on the Streets		\$27,104,298	\$106,854,939	\$133,959,237	17.50

Department: Homeless Services Department

Program Contact: Anna Plumb

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs: 30200B

Program Characteristics: Backfill Other Funds

Program Description

Emergency shelter and associated emergency services are vital to protecting the basic health and safety of individuals experiencing homelessness, particularly older adults and those with disabling conditions. In addition to providing a safe place to stay, these shelters are essential locations for people to learn about and access services. Services may include finding permanent housing, acquiring an income, and receiving healthcare. Contracted providers center equitable service delivery using principles of assertive engagement and trauma-informed care.

Achieving racial equity is a core goal. Programming is designed to end disparate rates of homelessness on the basis of race and ethnicity. All shelters, regardless of size and configuration, must provide trauma-informed, racially equitable, and culturally responsive or specific programming. Many adult shelters have priority access for women, veterans, those with disabilities and those ages 55 and older.

This program offer includes the following:

- **Emergency shelter:** Provides programs for women, men, all-gender and couples (including veteran-specific or veteran-prioritized programming). Shelters are low-barrier and operate year-round. Funds are contracted to nonprofit providers to pay the operating expenses for shelter, including maintenance, staffing, supplies, and on-site services. This shelter type includes congregate shelter and non-congregate motel shelter sites.
- **Day Centers:** Day centers serve a dual purpose of providing a safe place to be out of the elements during the day and a vital point of access to the services needed to enter stable housing. Day centers function as resource centers. They bring together many providers at one location who offer a variety of services. Service can include employment, healthcare, education and more.
- **Recuperative Care shelter beds:** Offers care and support to people who are sick or recovering from illness or injury. Participants need ongoing care after exiting hospitals or other medical settings. Funds support on-site services and staffing.
- **Shelter beds with enhanced behavioral health supports:** Shelter space and programming for 30 short-term shelter beds for individuals regularly accessing other crisis mental health services in the community. Connecting these individuals to appropriate shelter will provide a safe space to maintain psychiatric stability through mental health support services and a transition to ongoing behavioral health treatment and other essential services and supports. Funds help cover shelter operating expenses including rent, staffing, materials/supplies, and on-site services.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of emergency shelter units	1,378	1,373	1,378	1,402
Outcome	Number of unduplicated participants served	3,966	3,920	4,000	4,100
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless population	1	Yes*	0	5
Output	Percentage of exits to permanent housing	17%	N/A**	12%	30%

Performance Measures Descriptions

*Measure methodology changed from "BIPOC served in emergency shelter at rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being accessed equitably.

**This is a new measure in FY 2026

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$172,282	\$952,812	\$88,995	\$1,013,181
Contractual Services	\$459,785	\$52,863,853	\$5,313,095	\$38,405,052
Materials & Supplies	\$280,990	\$9,024,910	\$0	\$12,500,111
Internal Services	\$1,558,882	\$2,803,142	\$1,715,843	\$2,032,591
Total GF/non-GF	\$2,471,939	\$65,644,717	\$7,117,933	\$53,950,935
Program Total:	\$68,116,656		\$61,068,868	
Program FTE	1.00	6.00	0.50	6.00

Program Revenues				
Intergovernmental	\$0	\$43,313,278	\$0	\$46,452,591
Beginning Working Capital	\$0	\$25,704,653	\$0	\$7,498,344
Total Revenue	\$0	\$69,017,931	\$0	\$53,950,935

Explanation of Revenues

This program generates \$493,218 in indirect revenues.

\$3,044,090 funding allocated through Oregon Housing and Community Services (OHCS) to maintain Oregon's statewide system of shelters, estimate based on receiving 20% of State funding which follows historical patterns (State)

\$7,498,344 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$23,726,187 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$858,710 State Housing Assistance Program (SHAP) allocated through the Oregon Housing and Community Services (OHCS) to provide operational support for emergency shelters and supportive services to shelter residents (State)

\$18,823,604 City of Portland General Fund allocation through Multnomah County's IGA with the City of Portland (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30200 Safety off the Streets - Adult Shelter

In FY 2026, this program offer reduced funding for day centers by half. In the FY 2025 Adopted budget, this program was funded across two program offers, Safety off the Streets - Adult Shelter (30200) and Safety off the Streets - Motel Shelters (30209). This program offer will include a reorganization of 1.00 FTE Program Specialist.

This program was impacted by the following Board amendments:

BCC Amendment 5 - decreasing by \$ \$6,096,860

Department: Homeless Services Department **Program Contact:** Anna Plumb
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 30200A
Program Characteristics: Backfill Other Funds

Program Description

Emergency shelter and associated emergency services are vital to protecting the basic health and safety of individuals experiencing homelessness, particularly older adults and those with disabling conditions. In addition to providing a safe place to stay, these shelters are essential locations for people to learn about and access services. Services may include finding permanent housing, acquiring an income, and receiving healthcare. Contracted providers center equitable service delivery using principles of assertive engagement and trauma-informed care.

Achieving racial equity is a core goal. Programming is designed to end disparate rates of homelessness on the basis of race and ethnicity. All shelters, regardless of size and configuration, must provide trauma-informed, racially equitable, and culturally responsive or specific programming. Many adult shelters have priority access for women, veterans, those with disabilities and those ages 55 and older. Shelters are low-barrier and operate year-round. Funds are contracted to nonprofit providers to pay the operating expenses for shelter, including maintenance, staffing, supplies, and on-site services.

This program offer funds 230 units of congregate shelter through March 31, 2026, then the facilities housing these units will cease to be available.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of emergency shelter units	230	230	230	230
Outcome	Number of unduplicated participants served	898	900	900	900
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless population	N/A	N/A	N/A	5
Output	Percentage of exits to permanent housing	N/A	N/A	N/A	30%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$360,495	\$5,593,470	\$4,046,584	\$526,061
Total GF/non-GF	\$360,495	\$5,593,470	\$4,046,584	\$526,061
Program Total:	\$5,953,965		\$4,572,645	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$169,000
Beginning Working Capital	\$0	\$1,940,020	\$0	\$0
Total Revenue	\$0	\$1,940,020	\$0	\$169,000

Explanation of Revenues

\$169,000 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)
 \$357,061 Video Lottery Fund allocated to Multnomah County to be used for the purpose of furthering economic development in accordance with ORS 461.512 (Local/State).

Significant Program Changes

Last Year this program was: FY 2025: 30200 Safety off the Streets - Adult Shelter

This program was impacted by the following Board amendments:
 BCC Amendment 5 - increasing by \$4,572,645

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Emergency shelter is vital to protecting the basic health and safety of individuals while they are experiencing homelessness. This program funds emergency shelter programs that are specifically designed to serve adults who identify as women. Funds are contracted to nonprofit providers to pay the operating expenses for shelter, including maintenance, staffing, materials and supplies, and on-site services.

In addition to providing a safe place to stay, these shelters are essential locations for women to learn about and access services. Services may include finding permanent housing, acquiring an income, and receiving healthcare. Contracted providers center equitable service delivery using principles of assertive engagement and trauma-informed care.

Achieving racial equity is a core goal. Programming is designed to end disparate rates of homelessness on the basis of race and ethnicity. All shelters, regardless of size and configuration, must provide trauma informed, racially equitable, and culturally responsive or specific programming.

The shelter units funded in this program offer includes one of only two publicly funded year-round shelters for adults in Gresham. The shelter is Domestic Violence (DV) informed and designed to ease pressure points in the DV system. This shelter partners with other organizations to screen for eligibility and coordinate intake.

A second shelter is funded in inner NE Portland. This shelter provides a more structured environment for women. It is a sober transitional living option for up to 60 women and offers both shared and semi-private units.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of emergency shelter units	150	150	150	154
Output	Number of unduplicated participants served	759	830	1,007	852
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless population	1	Yes*	1	5
Output	Percentage of exits to permanent housing	13%	N/A**	9%	30%

Performance Measures Descriptions

*Measure methodology changed from "BIPOC served in emergency shelter at rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being accessed equitably.

**This is a new measure in FY 2026

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$1,256,760	\$1,387,275	\$0	\$3,143,150
Internal Services	\$186,182	\$0	\$208,063	\$0
Total GF/non-GF	\$1,442,942	\$1,387,275	\$208,063	\$3,143,150
Program Total:	\$2,830,217		\$3,351,213	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,316,310	\$0	\$2,930,340
Beginning Working Capital	\$0	\$70,965	\$0	\$212,810
Total Revenue	\$0	\$1,387,275	\$0	\$3,143,150

Explanation of Revenues

\$1,582,440 funding allocated through Oregon Housing and Community Services (OHCS) to maintain Oregon's statewide system of shelters, estimate based on receiving 20% of State funding which follows historical patterns (State)
 \$212,810 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)
 \$1,347,900 City of Portland General Fund allocation through Multnomah County's IGA with the City of Portland (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30201 Safety off the Streets - Women's Shelter

The year-over-year increase for shelter operations previously budgeted in Safety off the Streets - Adult Shelter (30200). This change was made to allow for greater visibility into the investments being made in shelter operations specifically designed for women.

Department: Homeless Services Department

Program Contact: Anna Plumb

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

Alternative shelters are a small but growing component of the current emergency shelter system. Alternative shelters provide a safe environment for individuals who may not be able to access or thrive in traditional shelter settings. Achieving racial equity is a core goal. Programming is designed to end disparate rates of homelessness on the basis of race and ethnicity. Regardless of their size and configuration, all shelters must provide trauma-informed, racially equitable, and culturally responsive programming. Programs are designed to reduce barriers and focus on the immediate health and safety needs of participants. Alternative Shelters generally use individual shelter units in a village style setting rather than relying on a facility (either congregate or motel based) setting.

This program funds six currently operational programs currently serving up to 106 participants in pod shelters per night:

Two 10-unit sites for all adults

19 units for adult women prioritizing those experiencing long-term homelessness

19 units for adult men prioritizing Veterans.

10 units prioritizing adults who identify as LGBTQIA2S+

29 units prioritizing adults experiencing vehicular homelessness

This program offer includes one site in East Multnomah County which is scheduled to open in the spring of 2026.

This program offer funds department staffing to work with organizations who plan to provide alternative shelter. These organizations may have limited experience in service delivery or public contracting. Staff provide enhanced support including planning, site and program development, and contract management.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of emergency shelter units	70	235	70	164
Output	Percentage of exits to permanent housing	45%	50%*	34%	30%
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless population	0	Yes**	0	5
Outcome	Number of unduplicated participants served	101	N/A***	101	285

Performance Measures Descriptions

*Measure changed from "Percentage of people exiting alternative shelters to transitional and permanent housing" to indicate permanent housing as shelter program participants exit destination. **Measure methodology changed from "BIPOC served in emergency shelter at rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being accessed equitably. ***This is a new measure in FY 2026.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$914,713	\$0	\$782,498
Contractual Services	\$0	\$6,577,045	\$0	\$6,603,029
Materials & Supplies	\$0	\$0	\$0	\$163
Internal Services	\$0	\$662,232	\$0	\$839,025
Total GF/non-GF	\$0	\$8,153,990	\$0	\$8,224,715
Program Total:	\$8,153,990		\$8,224,715	
Program FTE	0.00	6.00	0.00	5.00

Program Revenues				
Intergovernmental	\$0	\$5,269,408	\$0	\$4,363,983
Beginning Working Capital	\$0	\$2,871,612	\$0	\$3,860,732
Total Revenue	\$0	\$8,141,020	\$0	\$8,224,715

Explanation of Revenues

This program generates \$380,920 in indirect revenues.

\$601,675 funding allocated through Oregon Housing and Community Services (OHCS) to maintain Oregon's statewide system of shelters, estimate based on receiving 20% of State funding which follows historical patterns (State)

\$3,860,732 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$1,868,670 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$1,893,638 City of Portland General Fund allocation through Multnomah County's IGA with the City of Portland (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30202 Safety off the Streets - Alternative Shelter for Adults

The year-over-year increase for shelter operations previously budgeted in Safety off the Streets - Motel Shelters (30209). This change was made to allow for greater visibility into the investments being made in shelter operations specifically designed for alternative shelter. Additionally, this offer reflects anticipated openings of new alternative shelter sites. This program offer will include a reorganization of 1.00 FTE Program Specialist Senior and 3.00 FTE Program Specialist. Additionally, this offer reflects a reduction of 1.00 FTE Program Specialist Senior.

This program was impacted by the following Board amendments:

BCC Amendment 9 - decreasing by \$188,491; BCC Amendment 8 - decreasing by \$124,000; BCC Amendment 40 - decreasing by \$240,000; BCC Amendment 5 - decreasing by \$44,472; BCC Amendment 11 - decreasing by \$235,528

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: One-Time-Only Request

Program Description

This program offer partially funds non-congregate shelter options for people experiencing homelessness. Initially sites were created in response to pandemic social-distancing requirements. These sites continue to serve as an alternative to congregate shelters. The sites are each outfitted with prefabricated, insulated hard wall shelters with beds, climate controls, safety features, and electricity. Sites provide guests each night with food, clean water, sanitation, social service navigation, mental health supports, and more. In the department's efforts to end disparities in homelessness, two sites are designed to specifically serve members of the LGBTQIA2S+ community and Black, Indigenous and People of Color (BIPOC).

This funding includes support for the operations of a few Safe Rest Villages (SRV) and Temporary Alternative Shelter Site (TASS). These shelters offer immediate safety off the streets for people living in encampments. Each SRV/TASS provides individual sleeping structures and common area structures for gathering, eating, and hygiene. SRVs provide wrap-around services to support transitions to permanent housing.

This program offer includes funding to support staff capacity to continue work on the expansion of alternative shelter options.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of emergency shelter units	222	208	222	185
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless population	1	N/A*	0	5
Output	Percentage of exits to permanent housing	33%	N/A**	19%	30%
Output	Number of unduplicated participants served	434	350	406	546

Performance Measures Descriptions

*Measure methodology changed from "Overrepresented BIPOC and LGBTQIA2S+ supported at a rate as high or higher than percent of population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being accessed equitably.

**This is a new measure in FY 2026

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$13,032,424	\$0	\$13,361,365
Total GF/non-GF	\$0	\$13,032,424	\$0	\$13,361,365
Program Total:	\$13,032,424		\$13,361,365	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$13,032,424	\$0	\$13,361,365
Total Revenue	\$0	\$13,032,424	\$0	\$13,361,365

Explanation of Revenues

\$13,361,365 funding allocated through Oregon Housing and Community Services (OHCS) to maintain Oregon's statewide system of shelters, estimate based on receiving 20% of State funding which follows historical patterns (State)

Significant Program Changes

Last Year this program was: FY 2025: 30905 ARP - COVID-19 Emergency Response - Outdoor Physical Distancing

This program offer previously included operations of Safe Rest Village funded through the City of Portland's American Rescue Plan Act (ARPA) funding. With the exhaustion of ARPA funding, Safe Rest Villages and TASS will be funded through State revenue.

Department: Homeless Services Department **Program Contact:** Anna Plumb
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 30202B
Program Characteristics: New Request, One-Time-Only Request

Program Description

As described in 30302A, alternative shelters are a small but growing component of the current emergency shelter system. Alternative shelters provide a safe environment for individuals who may not be able to access or thrive in traditional shelter settings.

This program partially funds non-congregate shelter options for people experiencing homelessness via the City of Portland's Alternative Shelter Sites. The sites are each outfitted with prefabricated, insulated hard wall shelters with beds, climate controls, safety features, and electricity. Sites provide guests each night with food, clean water, sanitation, social service navigation, mental health supports, and more. In the department's efforts to end disparities in homelessness, two sites are designed to specifically serve members of the LGBTQIA2S+ community and Black, Indigenous and People of Color (BIPOC).

This funding includes support for the operations of a few Safe Rest Villages (SRV) and Temporary Alternative Shelter Site (TASS). These shelters offer immediate safety off the streets for people living in encampments. Each SRV/TASS provides individual sleeping structures and common area structures for gathering, eating, and hygiene. SRVs provide wrap-around services to support transitions to permanent housing. This offer, when combined with 30202B, results in funding for approximately 50% of the City of Portland's Alternative Shelter sites.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of emergency shelter units	N/A	N/A	N/A	178
Outcome	Participant BIPOC groups (out of 5) proportionately >= to those among homeless population	N/A	N/A	N/A	5
Output	Number of unduplicated participants served	N/A	N/A	N/A	356
Output	Percentage of exits to permanent housing	N/A	N/A	N/A	30%

Performance Measures Descriptions

The number of units reflects 24% of the City Alternative Shelter units, due to this offer funding approximately one quarter of the cost of all existing units. The number of unduplicated participants served reflects a 2.0 annual unit turnover rate.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$0	\$10,000,000	\$3,417,500
Total GF/non-GF	\$0	\$0	\$10,000,000	\$3,417,500
Program Total:	\$0		\$13,417,500	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$0	\$0	\$3,417,500
Total Revenue	\$0	\$0	\$0	\$3,417,500

Explanation of Revenues

\$3,417,500 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30202 Safety off the Streets - Alternative Shelter for Adults

In FY 2024, HSD allocated \$16,000,000 to the City of Portland for TASS operations. Due to unspent funds by the City in FY 2024, only \$1,400,000 was spent. The remaining \$11,200,000 is budgeted for FY 2025, with the final \$3,400,000 budgeted in FY 2026, ensuring continued funding for TASS operations.

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Emergency shelter and associated emergency services are vital to protecting the basic health and safety of families experiencing homelessness. In addition to providing a safe place to stay, these shelters are essential locations for families to learn about and access services. This program funds three (3) family shelters in East Portland. This unit also funds approximately 50 units of new family motel shelter as part of the Community Shelter Strategy.

Achieving racial equity is a core goal. Programming is designed to end disparate rates of homelessness on the basis of race and ethnicity. All shelters, regardless of size and configuration, must provide trauma-informed, racially equitable, and culturally responsive or specific programming. Families from communities of color are served at a higher rate compared to their representation among homeless families.

Families in need of shelter are screened and referred through the Coordinated Access Shelter Intake Line. Families receive services to support their transition into permanent housing. These services include housing placement through the Homeless Family System of Care (HFSC) and resources to help families avoid entering homelessness.

Shelters are designed so that each family has its own room. The shelters are strategically located in areas where there is a high demand for shelter and where families have existing support networks.

These shelters are designed to create a stable environment for school-aged children. Transportation is provided to local schools. The program offers healthy and engaging activities both within the shelters and off-site during non-school hours, evenings, spring break, and summer break. This ensures that children have opportunities for growth and enrichment beyond their academic responsibilities.

The family shelter system leverages resources from the Federal, State, and local levels, as well as partnerships with faith-based organizations and nonprofits. Volunteers play a significant role in the shelters. They help expand activities for children and allow for culturally-specific services and neighborhood involvement.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of emergency shelter units	106	218	106	159
Output	Number of unduplicated participants served**	1,014	1,320	937	1,165
Output	Percentage of exits to permanent housing	68%	N/A*	76%	70%
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless population	2	Yes***	3	5

Performance Measures Descriptions

*This is a new measure in FY 2026. **The FY 2025 Estimate reflects a closure of temporary family units. ***Measure methodology changed from "BIPOC served in emergency shelter at rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being accessed equitably.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$355,956	\$164,396	\$191,766	\$186,924
Contractual Services	\$1,035,860	\$6,554,455	\$423,401	\$7,144,924
Materials & Supplies	\$14,390	\$0	\$0	\$1,405,400
Internal Services	\$637,690	\$71,825	\$690,221	\$90,994
Total GF/non-GF	\$2,043,896	\$6,790,676	\$1,305,388	\$8,828,242
Program Total:	\$8,834,572		\$10,133,630	
Program FTE	2.00	0.00	1.00	0.00

Program Revenues				
Intergovernmental	\$0	\$6,122,175	\$0	\$7,287,469
Beginning Working Capital	\$0	\$668,501	\$0	\$1,540,773
Total Revenue	\$0	\$6,790,676	\$0	\$8,828,242

Explanation of Revenues

This program generates \$90,994 in indirect revenues.

\$1,134,630 funding allocated through Oregon Housing and Community Services (OHCS) to maintain Oregon's statewide system of shelters, estimate based on receiving 20% of State funding which follows historical patterns (State)

\$1,540,773 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$5,057,760 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$974,293 of HUD Continuum of Care (CoC) Program awarded to Multnomah County. The CoC Program requires a 25 percent match of the awarded grant amount, which is met with County General Fund (Federal)

\$120,786 Emergency Solutions Grant (ESG) Program allocated through the Oregon Housing and Community Services (OHCS) to assist low or very-low income persons who are homeless or are unstably housed and at risk of becoming homeless. The ESG required match is 100% match per § 576.201, which is met with County General Fund (State)

Significant Program Changes

Last Year this program was: FY 2025: 30203 Safety off the Streets - Family Shelter

Department: Homeless Services Department **Program Contact:** Daniel Field
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 30203A
Program Characteristics: New Request, Backfill Other Funds

Program Description

Emergency shelters and the critical services they offer are essential for safeguarding the health and well-being of families experiencing homelessness. These shelters provide a safe environment and connect families with vital resources.

To expand these efforts, funding will be utilized to support 40 new family shelter units, aligning with the Homelessness Response Action Plan (HRAP) initiated in FY 2024 by Multnomah County and the City of Portland. The HRAP encompasses a Community Sheltering Strategy that seeks to add and replace emergency shelter units by the end of 2025. These additional units, along with 159 other family units funded in other offers, are part of a broader initiative to transform the publicly funded emergency shelter system, elevating the standard of care and providing crucial housing transition services.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of emergency shelter units	N/A	N/A	N/A	40
Output	Number of unduplicated participants served	N/A	N/A	N/A	295
Outcome	Participant BIPOC groups (out of 5) proportionately >= to those among homeless population	N/A	N/A	N/A	5

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$0	\$1,013,640	\$0
Total GF/non-GF	\$0	\$0	\$1,013,640	\$0
Program Total:	\$0		\$1,013,640	
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 2025: 30203 Safety off the Streets - Family Shelter

This program funds operations of approximately 40 of the 90 units of new family shelter as part of the Community Shelter Strategy that was funded in Safety off the Streets - Family Shelter (30203) in FY 2025. Services were previous funded with One-Time-Only Metro SHS funding are now funded with General Fund.

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

This program offer supports four (4) shelters serving survivors of domestic or sexual violence (DSV). The shelters use two models: facility-based emergency shelters and primary-leased units. Three facility-based shelters offer 24-hour security and staff support seven days a week. The fourth shelter utilizes scattered site primary-leased apartments. In primary-leased apartments, the organization is the official tenant. These scattered-site units allow multi-generational and larger families impacted by DSV to access services. All four shelters offer a 90-day length of stay, with the possibility of extension. These services are vital for protecting the health and safety of survivors. This program offer includes funding for an additional 45 units (beds) of shelter as part of the Community Shelter Strategy, originally funded in FY 2025 and continued into this fiscal year as the shelter is anticipated to open in late FY 2025 or early FY 2026.

To ensure that survivors in greater danger are prioritized for shelter beds, all shelters use a coordinated triage system and a locally-developed screening tool to articulate survivors' needs and match them with available shelter space. These services include intensive DSV advocacy and support, safety planning, provision of basic needs, co-advocacy within the DSV service provider network, and referrals to community-based services and housing programs.

Additionally, the program offer funds emergency motel vouchers to assist survivors in staying safe when shelter beds are full. These vouchers may also act as a bridge to housing for homeless survivors in the process of obtaining permanent housing. Furthermore, they provide respite for survivors and their dependents who cannot safely stay in shelters.

Achieving racial equity is a core goal. All shelters, regardless of size and configuration, must provide trauma-informed, racially equitable, and culturally responsive or specific programming. The department prioritizes equitable access to confidential emergency shelter services for vulnerable populations with a focus on eliminating disparate rates of homelessness, on the basis of race and ethnicity.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of emergency shelter units	140	185	185	185
Output	Number of unduplicated participants served	274	250	275	400
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless population	2	Yes*	1	5
Output	Percentage of exits to permanent housing	65%	N/A**	65%	65%

Performance Measures Descriptions

*Measure methodology changed from "BIPOC served in emergency shelter at rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being accessed equitably.

**This is a new measure in FY 2026

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$166,482	\$0	\$88,846
Contractual Services	\$1,378,645	\$5,421,820	\$1,205,390	\$6,285,428
Materials & Supplies	\$0	\$390	\$0	\$1,024,000
Internal Services	\$0	\$36,368	\$0	\$43,251
Total GF/non-GF	\$1,378,645	\$5,625,060	\$1,205,390	\$7,441,525
Program Total:	\$7,003,705		\$8,646,915	
Program FTE	0.00	1.00	0.00	0.50

Program Revenues				
Intergovernmental	\$0	\$2,122,274	\$0	\$6,118,330
Beginning Working Capital	\$0	\$3,324,220	\$0	\$1,323,195
Total Revenue	\$0	\$5,446,494	\$0	\$7,441,525

Explanation of Revenues

This program generates \$43,251 in indirect revenues.

\$622,405 funding allocated through Oregon Housing and Community Services (OHCS) to maintain Oregon's statewide system of shelters, estimate based on receiving 20% of State funding which follows historical patterns (State)

\$1,323,195 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$4,809,915 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$553,913 State Housing Assistance Program (SHAP) allocated through the Oregon Housing and Community Services (OHCS) to provide operational support for emergency shelters and supportive services to shelter residents (State)

\$132,097 in HUD Continuum of Care (CoC) Program awarded to Multnomah County. The CoC Program requires a 25 percent match of the awarded grant amount, which is met with County General Fund (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 30205 Safety off the Streets - Youth Shelter

The year-over-year increase is due to capturing estimated occupancy expenditures for 45 units (beds) of shelter as part of the Community Shelter Strategy.

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

The Homeless Youth Continuum (HYC) is a collaborative and coordinated system. It consists of nonprofit organizations including those who provide culturally specific services. Its goal is to provide a comprehensive range of services to youth up to age 25 who are experiencing homelessness. These services include screening, crisis intervention, safety services, shelter, engagement, housing, education, employment, behavioral health support, substance use disorder services and health services.

Homeless youth are especially vulnerable as they navigate the challenges of living on the streets. Many of them have had previous involvement with the Department of Human Services (DHS) or the Juvenile Justice system, and a significant number have experienced complex trauma. Additionally, around 40% of homeless youth identify as LGBTQIA2S+.

To ensure the well-being of these youth, it is vital to have a 24-hour safety net in place. The HYC provides a centralized Access Center where screening is conducted by mobile and stationary staff. These staff members determine eligibility and refer youth to appropriate HYC programs or other systems of care. Emergency shelter is available at a downtown facility. The facility can accommodate up to 60 individuals, with capacity increasing to 70 during the winter months. Youth in emergency shelters have access to meals, hygiene resources, information/referral services, and case management.

Day Programs are offered at three locations and provide safety off the streets. Services include meals, hygiene resources, computer access, transportation assistance, service needs assessment, and opportunities for further engagement with the system.

The HYC service model is based on assertive engagement and follows the principles of Positive Youth Development. It ensures that services are client-directed, strength-based, nonjudgmental, and provide relational continuity.

Achieving racial equity is a core goal. All shelters, regardless of size and configuration, must provide trauma-informed, racially equitable, and culturally responsive or specific programming. The department prioritizes equitable access to confidential emergency shelter services for vulnerable populations with a focus on eliminating disparate rates of homelessness, on the basis of race and ethnicity.

Services are integrated with public safety and other service systems to ensure joint planning and coordination in addressing the unique needs of homeless youth.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of youth screened via the Access Center	401	585	513	585
Output	Number of unduplicated participants served	679	505	539	530
Outcome	Number of emergency shelter units	60	85	60	85
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless population	1	Yes*	2	5

Performance Measures Descriptions

*Measure methodology changed from "BIPOC served in emergency shelter at rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being accessed equitably.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$184,494	\$0	\$95,592
Contractual Services	\$1,994,505	\$2,156,605	\$1,388,100	\$2,469,260
Materials & Supplies	\$0	\$390	\$0	\$0
Internal Services	\$0	\$40,303	\$0	\$46,535
Total GF/non-GF	\$1,994,505	\$2,381,792	\$1,388,100	\$2,611,387
Program Total:	\$4,376,297		\$3,999,487	
Program FTE	0.00	1.00	0.00	0.50

Program Revenues				
Intergovernmental	\$0	\$1,771,175	\$0	\$2,611,387
Beginning Working Capital	\$0	\$518,370	\$0	\$0
Total Revenue	\$0	\$2,289,545	\$0	\$2,611,387

Explanation of Revenues

This program generates \$46,535 in indirect revenues.

\$1,445,260 funding allocated through Oregon Housing and Community Services (OHCS) to maintain Oregon's statewide system of shelters, estimate based on receiving 20% of State funding which follows historical patterns (State)

\$1,024,000 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$142,127 in HUD Continuum of Care (CoC) Program awarded to Multnomah County. The CoC Program requires a 25 percent match of the awarded grant amount, which is met with County General Fund (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 30205 Safety off the Streets - Youth Shelter

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

This program provides funding for the department's Family Winter Shelter Strategy, and for coordination support during winter and severe weather.

The Homeless Services Department (HSD) family winter shelter strategy provides additional spaces for safety off the streets for families experiencing unsheltered homelessness from November to March each year. This offer funds temporary motel room block agreements for families in need of winter shelter during these months.

The HSD also funds a provider to help families access the motel program. During a declared severe weather emergency, this provider supports referrals and transportation to severe weather shelters, including the family program.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of families that receive the safety of shelter	292	100	100	100
Output	Percentage of those who seek shelter during a declared severe weather event that receive it	100%	100%	100%	100%
Output	Peak number of people accessing severe weather shelter per night	1,356	1,000	1,000	1,000

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$2,396,440	\$819,200	\$117,785
Total GF/non-GF	\$0	\$2,396,440	\$819,200	\$117,785
Program Total:	\$2,396,440		\$936,985	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$258,575	\$0	\$117,785
Beginning Working Capital	\$0	\$2,137,865	\$0	\$0
Total Revenue	\$0	\$2,396,440	\$0	\$117,785

Explanation of Revenues

\$7,850 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)
 \$109,935 City of Portland General Fund allocation through Multnomah County's IGA with the City of Portland (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30206 Safety off the Streets - Winter Shelter & Severe Weather

The year-over-year decrease is due to reduced funding for adult winter and severe weather shelter strategy that provided temporary shelter and essential services to mitigate the risks faced by individuals experiencing unsheltered homelessness during challenging weather conditions.

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

The Rockwood 8 Bridge Shelter, a 42-unit motel, provides a specialized function in the overall shelter system, providing bridge shelter beds for people who are prioritized for permanent supportive housing. These guests are waiting to move into their new homes. A bridge shelter, a nationally recognized best practice, is a supportive housing program connected with shelter. Households are prioritized based on factors such as behavioral health needs, disabling conditions, and length of homelessness.

The bridge shelter is a 24-hour, fully staffed shelter that assists in the safety and support of these highly vulnerable individuals. Many guests have experienced extended periods of homelessness and are living with significant disabling conditions.

This shelter prioritizes policies and practices designed to help people successfully remain in the shelter while they prepare to move into permanent housing.

This program model aligns with the goal of the Metro Supportive Housing Services measure to use 75% of SHS funds to serve Population A households.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of emergency shelter units	42	42	42	42
Output	Number of unduplicated participants served	233	150	273	250
Output	Percentage of exits to permanent housing	61%	80%	53%	75%
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless population	3	Yes*	1	5

Performance Measures Descriptions

*Measure methodology changed from "BIPOC served in Bridge Housing at rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being accessed equitably.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$1,780,635	\$0	\$1,823,370
Materials & Supplies	\$0	\$1,127,370	\$0	\$1,150,910
Total GF/non-GF	\$0	\$2,908,005	\$0	\$2,974,280
Program Total:	\$2,908,005		\$2,974,280	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,908,005	\$0	\$2,974,280
Total Revenue	\$0	\$2,908,005	\$0	\$2,974,280

Explanation of Revenues

\$2,974,280 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30207 Safety off the Streets - Bridge Housing

Program #30210A - Safety on the Streets
FY 2026 Adopted

Department: Homeless Services Department **Program Contact:** Anna Plumb
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 30100, 30210B
Program Characteristics:

Program Description

Individuals with lived experience of unsheltered homelessness have called out the importance of distinguishing “safety off the streets” shelter strategies from those activities that help people who remain unsheltered stay as safe as possible, known as Safety On the Streets. This program offer funds these Safety On the Streets strategies, including survival-focused street outreach, such as the distribution of essential gear, food, and water for people living in encampments.

This program offer requires outreach providers to use assertive engagement and trauma-informed care in identifying harm reduction strategies, and helping individuals living outside in accessing behavioral and mental health services, navigating primary and specialty healthcare clinics, and accessing survival gear, transportation vouchers and other needs as available and identified.

This program offer specifically supports: (1) outreach teams specific to East Multnomah County and Gresham, and (2) a program that provides culturally specific outreach services throughout the County.

This program offer, when considered in conjunction with its related program offers, represents a significant outreach and services system focused on assisting people who remain unsheltered to meet their basic needs and navigate to shelter and housing. The Safety on the Streets program is designed to reach folks who might not be accessing other services, and, as such, is intended to help reduce disparities in who is able to access homeless services.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Outcome	Number of unsheltered individuals engaged with health-related services through mobile medical team	13,090	2,200	4,872	1,540
Output	Number of people receiving culturally specific outreach assistance to access services	721	1,000	3,052	1,260

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$286,838	\$0	\$295,984
Contractual Services	\$0	\$2,558,005	\$0	\$1,311,784
Materials & Supplies	\$43,170	\$0	\$0	\$0
Internal Services	\$0	\$125,320	\$0	\$144,085
Total GF/non-GF	\$43,170	\$2,970,163	\$0	\$1,751,853
Program Total:	\$3,013,333		\$1,751,853	
Program FTE	0.00	2.00	0.00	2.00

Program Revenues				
Intergovernmental	\$0	\$822,238	\$0	\$872,484
Beginning Working Capital	\$0	\$2,147,925	\$0	\$879,369
Total Revenue	\$0	\$2,970,163	\$0	\$1,751,853

Explanation of Revenues

This program generates \$144,085 in indirect revenues.

\$879,369 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$440,069 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$432,415 City of Portland General Fund allocation through Multnomah County's IGA with the City of Portland (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30210A Safety on the Streets

Funding for this offer was reduced in FY 2026, resulting in a lower number of people reached by outreach services. However, an upcoming redesign of outreach services may limit impact on the number of participants served.

Program #30210B - Safety on the Streets - Navigation & Service Coordination
FY 2026 Adopted

Department: Homeless Services Department **Program Contact:** Anna Plumb
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 30100, 30210A, 30300
Program Characteristics:

Program Description

Multnomah County has a large number of people experiencing unsheltered homelessness who are living in places including vehicles, encampments and other places not meant for habitation. These individuals have lacked sufficient routine engagement with outreach workers to establish trust and become engaged in services they need to transition out of homelessness and back into permanent housing.

Program offers 30210A: Safety on the Streets - Navigation & Service Coordination and 30100: System Access, Assessment, & Navigation (30100) fund services focused on assisting people who remain unsheltered to meet their basic needs and navigate to shelter and housing. These programs are designed to reach folks who might not be accessing other services, and, as such, are intended to help reduce disparities in who is able to access homeless services. These programs include funding for outreach workers, who provide navigation and de-escalation services to people who are living unsheltered.

This program offer funds 2.00 FTE within the Homeless Services Department who provide contract management and Outreach Coordinated support. The Outreach Coordinator provides centralized coordination to outreach workers to support coordinated and equitable deployment of outreach across the County. The department Outreach Coordinator will work in partnership with the jurisdictional partners and nonprofit service providers, to help outreach workers better support people living in places including vehicles, encampments and other places not meant for habitation. In FY 2026, these two FTE will support a Countywide review of outreach services, as directed by the County Chief Operating Officer.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Expanded navigation outreach capacity	10	10	10	0
Output	BIPOC successfully referred to shelter at rates as high or higher than non-Hispanic whites	No	Yes	No	N/A

Performance Measures Descriptions

This offer previously funded 10 navigation workers who navigated people to shelter and other services. Funding for these navigation workers were removed in the FY 2026 budget. The 2.00 FTE in this offer supports the outcomes in offers 30100, 30210A, and 30300.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$324,148	\$0	\$340,424
Contractual Services	\$0	\$0	\$0	\$0
Internal Services	\$0	\$0	\$0	\$165,717
Total GF/non-GF	\$0	\$324,148	\$0	\$506,141
Program Total:	\$324,148		\$506,141	
Program FTE	0.00	2.00	0.00	2.00

Program Revenues				
Intergovernmental	\$0	\$465,768	\$0	\$506,141
Beginning Working Capital	\$0	\$0	\$0	\$0
Total Revenue	\$0	\$465,768	\$0	\$506,141

Explanation of Revenues

This program generates \$165,717 in indirect revenues.

\$506,141 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30210B Safety on the Streets - Navigation & Service Coordination

This offer previously funded 10 navigation workers who navigated people to shelter and other services. Funding for these navigation workers were removed in the FY 2026 budget due to funding constraints. This program was impacted by the following Board amendments:

BCC Amendment 34 - decreasing by \$540,491

Housing Placement and Retention

The Housing Placement and Retention Division funds services that assist individuals and families experiencing or at risk of homelessness in obtaining and maintaining housing stability. Services include housing placement and retention support, limited-duration rent assistance, and income acquisition support via employment services programs.

Rapid Rehousing (RRH) provides flexible short- and medium-term rental assistance. Funds may also cover move-in expenses and address other financial barriers. Participants may participate in housing case management. Case managers assist with housing searches and landlord negotiation. Post-placement stabilization services include a broad array of retention support, including support managing household finances, support addressing maintenance issues and help resolving landlord disputes. Participants may work with case managers to identify income opportunities and connect with education, job training and public benefits. This division also funds critical employment and housing initiatives, supporting economic opportunity for people experiencing or at risk of homelessness.

The division works closely with a network of community-based organizations, including those that serve specific communities such as Black, Indigenous and other People of Color (BIPOC) who are disproportionately represented in the homeless population.

Division Outcomes

Programs support the goals of the Metro Supportive Housing Services Measure Local Implementation Plan (LIP). This includes increasing the number of individuals placed into housing each year and facilitating placements out of shelter. In total, in FY 2026 the Housing Placement and Retention Division funds an estimated 2,295 people newly placed and 3,474 people sustained in housing. When combined with the Supportive Housing Division (433 people newly placed and 2,515 sustained), the full budget supports 2,728 people newly placed and 5,989 sustained in housing. Note, eviction prevention services are also provided by the Department of County Human Services.

\$80.1 million

Housing Placement and Retention

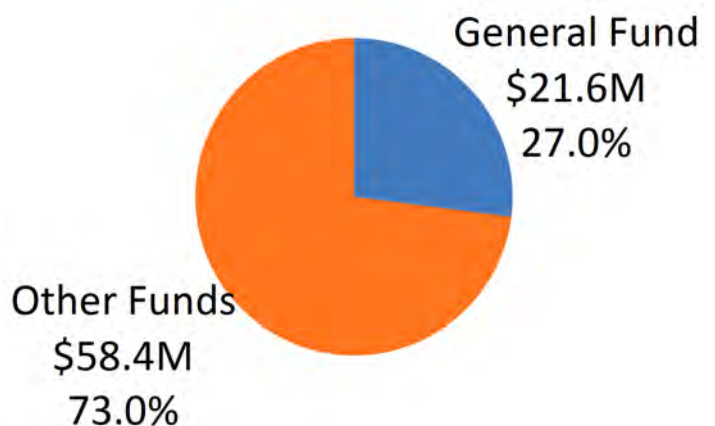
Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.



13.50 FTE

(full time equivalent)



Homeless Services Department

FY 2026 Adopted Budget

Significant Division Changes

In FY 2026, this division's budget preserved \$18M out of \$19.1M in funding for placement out of shelter as part of the Community Shelter Strategy. This includes placements across all systems of care (Adult, Youth, Families with Children, and Survivors of Domestic and Sexual Violence). The FY 2026 adopted budget restored some employment services that were reduced in the FY 2026 Chair's proposed budget.

Table of Division Programs

The following table shows the programs that make up the division's budget, including cash transfers, contingencies, and unappropriated balances. The individual programs for this division follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Housing Placement and Retention						
30300	Housing Placement & Retention - Adults & Women Households		3,125,029	9,792,869	12,917,898	6.50
30301	Housing Placement & Retention - Families		6,098,806	7,284,437	13,383,243	3.00
30302	Housing Placement & Retention - Placement out of Shelter		654,092	17,301,838	17,955,930	0.00
30303	Housing Placement & Retention - Domestic Violence		2,653,450	5,481,372	8,134,822	2.00
30304	Housing Placement & Retention - Emergency Rent Assistance	X	1,925,142	993,663	2,918,805	0.00
30305	Housing Placement & Retention - Medical/ Aging		0	823,105	823,105	0.00
30306	Housing Placement & Retention - Youth Services		4,219,505	3,491,015	7,710,520	2.00
30307	Housing Placement & Retention - Veterans		565,785	391,649	957,434	0.00
30308A	Housing Placement & Retention - Gresham Homeless Services		0	188,491	188,491	0.00
30308B	Housing Placement & Retention - East County Homeless Services		0	124,000	124,000	0.00
30309	Housing Placement & Retention - Primary Leasing	X	1,305,310	1,273,195	2,578,505	0.00
30311	Housing Placement & Retention - State Rapid Rehousing Initiatives		0	6,740,576	6,740,576	0.00
30600	Employment Programs		<u>1,090,344</u>	<u>4,563,460</u>	<u>5,653,804</u>	<u>0.00</u>
Total Housing Placement & Retention			\$21,637,463	\$58,449,670	\$80,087,133	13.50

Department: Homeless Services Department

Program Contact: Anna Plumb

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

This program offer funds housing placement and retention programs that help adult-only households return to permanent housing.

For many people experiencing homelessness, returning to permanent housing requires a combination of services. This includes limited duration flexible rent assistance, housing placement and retention support staffing, and flexible client assistance, and other case management services. This housing placement and retention strategy, often referred to as "rapid rehousing (RRH)", is a recognized best practice and critical element of the housing placement strategies. This offer funds rapid rehousing programs for adults, including programs specifically designed for women.

Services are delivered by skilled nonprofit partners including culturally-specific providers serving communities of color. This assistance is accessed via shelter programs, day centers, and street outreach programs, including targeted outreach in Gresham and East County. Programs emphasize strategies that reduce racial disparities.

The investments in this program offer leverage significant Federal, State and local resources. This offer includes the Short Term Rent Assistance (STRA) program that consolidates multiple Federal, State and local funding streams in a fund administered by Home Forward, which in turn contracts the funds to nearly 20 nonprofit partners who offer prevention and rapid rehousing programs throughout the County.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants newly placed in housing	345	N/A*	469	400
Outcome	Number of participants receiving ongoing retention support (sustained)	717	N/A*	638	650
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless services population	4	Yes**	3	5
Output	Percentage of participants retained in permanent housing 12 months post-subsidy	89%	90%	94%	90%

Performance Measures Descriptions

*These are new measures in FY 2026 to replace "Number of new and ongoing participants provided rent assistance (PH or HP) including STRA and non-STRA" to clearly differentiate between participants receiving ongoing subsidy (sustained) and those newly placed. **Measure methodology changed from "BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being accessed equitably.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$161,674	\$740,478	\$262,774	\$779,553
Contractual Services	\$1,964,022	\$13,201,822	\$2,862,255	\$8,633,830
Internal Services	\$0	\$0	\$0	\$379,486
Total GF/non-GF	\$2,125,696	\$13,942,300	\$3,125,029	\$9,792,869
Program Total:	\$16,067,996		\$12,917,898	
Program FTE	1.00	5.00	1.50	5.00

Program Revenues				
Intergovernmental	\$0	\$3,150,910	\$0	\$4,722,477
Beginning Working Capital	\$0	\$10,373,085	\$0	\$5,070,392
Total Revenue	\$0	\$13,523,995	\$0	\$9,792,869

Explanation of Revenues

This program generates \$379,486 in indirect revenues.

\$18,806 funding allocated through Oregon Housing and Community Services (OHCS) to maintain current efforts to transition Oregonians out of homelessness and into housing, estimate based on receiving 20% of State funding which follows historical patterns (State)

\$5,070,392 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$3,324,631 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$1,379,040 City of Portland General Fund allocation through Multnomah County's IGA with the City of Portland (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30300 Housing Placement & Retention - Adults & Women Households

This program offer includes a portion of provider rent assistance staffing previously budgeted in Housing Placement & Retention - Emergency Rent Assistance (30304), and housing placement, and stabilization, rent assistance programming previously budgeted in Supportive Housing (30400A). This change was made to allow for greater visibility into the investments being made in housing placement and retention specifically designed for adults. This program offer includes a reorganization of 3.00 FTE Program Specialist and 2.00 FTE Program Specialist Senior.

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

This program offer provides families with children with housing placement and retention services. This includes limited duration flexible rent assistance, housing placement and retention support staffing, and flexible client assistance, and other case management services. Eligible families may be living in shelter, doubled-up, experiencing domestic violence, living on the streets or in cars, or other places not meant for human habitation. A broader definition of homelessness allows the system to serve families that are most vulnerable in a variety of living situations. On average, 60% of the families served identify as being from communities of color, achieving the goal of improving access and outcomes for these communities.

Families experiencing homelessness access services through a Coordinated Access system. Families are screened for immediate safety and overall vulnerability. Because many more families are seeking housing assistance than can be provided, families are prioritized based on vulnerability, housing opportunity, and provider capacity.

The department convenes the Homeless Family System of Care, which collaborates as a leadership/direct service team to address the unique housing needs of homeless families throughout the County. The Homeless Family System of Care is the primary coordinated effort to assist families experiencing homelessness to make a rapid and sustainable transition back into permanent housing. It is a collaboration of agency leaders and direct service staff that practice leveraging of resources, shared accountability, case consultation, and ongoing process improvement. The system has shared values that include the practice of assertive engagement, using an equity lens to advance racial and social justice, and a shared commitment that all families should be housed. The majority of agencies in the collaborative are culturally-specific providers.

This program leverages Federal and State funding including U.S. Department of Housing and Urban Development grants.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants newly placed in housing	526	N/A*	383	385
Outcome	Number of participants receiving ongoing retention support (sustained)	1,318	N/A*	601	600
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless services population	4	Yes**	3	5
Output	Percentage of participants retained in permanent housing 12 months post-subsidy	87%	90%	89%	70%

Performance Measures Descriptions

*These are new measures in FY 2026 to replace "Number of participants (new and ongoing) provided rent assistance (PH or HP)" to clearly differentiate between participants receiving ongoing subsidy (sustained) and those newly placed.

**Measure methodology changed from "BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being accessed equitably.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$306,330	\$191,766	\$296,060
Contractual Services	\$2,699,808	\$8,784,802	\$5,907,040	\$6,844,255
Internal Services	\$0	\$71,176	\$0	\$144,122
Total GF/non-GF	\$2,699,808	\$9,162,308	\$6,098,806	\$7,284,437
Program Total:	\$11,862,116		\$13,383,243	
Program FTE	0.00	2.00	1.00	2.00

Program Revenues				
Intergovernmental	\$0	\$3,942,489	\$0	\$4,179,207
Beginning Working Capital	\$0	\$5,076,400	\$0	\$3,105,230
Total Revenue	\$0	\$9,018,889	\$0	\$7,284,437

Explanation of Revenues

This program generates \$144,122 in indirect revenues.

\$3,105,230 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$4,179,207 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30301A Housing Placement & Retention - Homeless Families

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: Backfill Other Funds

Program Description

This program offer funds housing placement and retention programs focused on helping adults and families with minor children exit shelter into housing. Strategies emphasize reducing racial disparities.

For many people experiencing homelessness, returning to permanent housing requires a combination of limited duration flexible rent assistance, case management focused on housing placement and retention, and access to income acquisition assistance. This housing placement and retention strategy, often referred to as "rapid rehousing (RRH)", is a recognized best practice and critical element of the housing placement strategies.

Prioritizing rapid rehousing resources to people in emergency shelters serves two critical purposes. First, it provides individuals and families in shelter the opportunity to end their homelessness by returning to permanent housing with the support needed to retain that housing. Second, each individual who moves out of a shelter unit and into permanent housing creates capacity in the shelter system to serve an additional individual or family who is still unsheltered.

Services funded through this program are delivered by highly skilled nonprofit partners. Services prioritize Communities of Color, women, families with minor children and other vulnerable adults experiencing homelessness accessing traditional and non-traditional shelter sites. The services include flexible rent assistance, staffing accessed through emergency shelters, day centers, and multi-agency mobile inreach teams that engage with people in shelters that do not have their own housing placement programs. The inreach teams include staff from culturally-specific, domestic violence and behavioral health providers to assist adults.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants newly placed in housing	1,050	N/A	747	1,050
Outcome	Number of participants receiving ongoing retention support (sustained)	474	N/A	400	611
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless services population	0	Yes**	0	5
Output	Percentage of participants retained in housing at 12 months	89%	85%	87%	90%

Performance Measures Descriptions

*These are new measures in FY 2026, to clearly differentiate between participants receiving ongoing subsidy (sustained) and those newly placed. **Measure methodology changed from "BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being accessed equitably.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$884,490	\$17,495,375	\$654,092	\$17,301,838
Total GF/non-GF	\$884,490	\$17,495,375	\$654,092	\$17,301,838
Program Total:	\$18,379,865		\$17,955,930	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$3,746,265	\$0	\$17,301,838
Beginning Working Capital	\$0	\$12,285,920	\$0	\$0
Total Revenue	\$0	\$16,032,185	\$0	\$17,301,838

Explanation of Revenues

\$17,301,838 funding allocated through Oregon Housing and Community Services (OHCS) to maintain current efforts to transition Oregonians out of homelessness and into housing, estimate based on receiving 20% of State funding which follows historical patterns (State),

Significant Program Changes

Last Year this program was: FY 2025: 30302 Housing Placement & Retention - Placement out of Adult Shelter

In FY 2025, placement out of shelter was expanded, and distributed across two program offers Housing Placement & Retention - Placement out of Adult Shelter (30302A) and Housing Placement & Retention - Placement out of Shelter (30302B). \$1,824,437 of services were previous funded with One-Time-Only Metro SHS funding are now funded with General Fund.

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

This program offer funds housing and support services for survivors of domestic and sexual violence using a combination of flexible rent and client assistance and innovative, multi-agency case management focused on housing placement and retention, including culturally specific services. This program offer leverages State and Federal funding to support housing services for survivors of domestic and sexual violence.

Rapid rehousing (RRH) is a nationally recognized best practice model to address homelessness for individuals and families fleeing domestic violence, who are in need of financial assistance and support, the majority of whom identify as Black, Indigenous, and other People of Color (BIPOC). This program offer funds culturally responsive and culturally specific advocacy support and financial assistance rooted in racial equity to help survivors and their dependents quickly establish safe and permanent housing after fleeing domestic violence. Advancing racial equity is a core goal, and eliminating disparate rates of homelessness on the basis of race and ethnicity is a focus of all programming.

This program offer funds case management and supportive services for survivors of Domestic Violence (DV)/Sexual Violence (SV) and their children/dependents. Services include:

- HUD CoC Rapid Rehousing - Housing placements and support services, including advocacy, case management, client assistance, and rent assistance.
- Long-Term RRH - Supportive Services and Rental assistance to ensure housing placement/retention for up to 5 years, prioritizing immigrant and refugee survivors engaging in U-Visa or T-Visa processes.
- Emergency Housing Vouchers (EHV) - Case Management services supporting housing retention. The program operates in partnership with Home Forward and leverages EHV (HUD) Vouchers.
- DV Housing Advocates - culturally-specific DSV housing advocates, prioritizing services for Black, Latin, Native, and Immigrant & Refugee survivors.
- Shared Housing - Supportive Services for households living in democratically run "shared" homes.
- DSV In-Reach - DSV case management and housing placement services for DSV survivors in non-DSV emergency shelter, across all systems of care (Adult, Youth, and Family)
- Mobile DV Community Advocacy - Connects survivors in need of DV-specific services with safety planning, barrier removal, flexible client assistance, and referrals to DV housing programs and community resources.
- DSV Coordinated Access Navigation - Supports the rapid transition of survivors from homelessness to available shelter and housing resources.
- DSV Diversion - Diverts DSV survivors and their children from shelters and/or street homelessness through eviction prevention, housing placement, and support with Section-8 Violence Against Women Act (VAWA) Emergency Transfers.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants newly placed in housing	330	N/A*	300	300
Outcome	Number of participants receiving ongoing retention support (sustained)	531	N/A*	775	750
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless services population	4	Yes*	4	5
Output	Percentage of exits to permanent housing	89%	85%	90%	85%

Performance Measures Descriptions

*These are new measures in FY 2026 to replace "Number of households placed or retained in permanent housing" to clearly differentiate between participants receiving ongoing subsidy (sustained) and those newly placed.

**Measure methodology changed from "BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being accessed equitably.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$312,197	\$0	\$329,928
Contractual Services	\$1,750,667	\$5,767,531	\$2,653,450	\$4,990,834
Materials & Supplies	\$21,585	\$390	\$0	\$0
Internal Services	\$0	\$199,514	\$0	\$160,610
Total GF/non-GF	\$1,772,252	\$6,279,632	\$2,653,450	\$5,481,372
Program Total:	\$8,051,884		\$8,134,822	
Program FTE	0.00	2.00	0.00	2.00

Program Revenues				
Intergovernmental	\$0	\$4,382,893	\$0	\$4,161,307
Beginning Working Capital	\$0	\$2,164,985	\$0	\$1,320,065
Total Revenue	\$0	\$6,547,878	\$0	\$5,481,372

Explanation of Revenues

This program generates \$160,610 in indirect revenues.

\$1,320,065 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$1,493,106 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$2,668,201 of HUD Continuum of Care (CoC) Program awarded to Multnomah County. The CoC Program requires a 25 percent match of the awarded grant amount, which is met with County General Fund (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 30303A Housing Placement & Retention - Domestic Violence

Department: Homeless Services Department **Program Contact:** Anna Plumb

Program Offer Type: Operating **Program Offer Stage:** Adopted

Related Programs:

Program Characteristics: Backfill Other Funds, One-Time-Only Request

Program Description

This program offer funds rental assistance and staffing at culturally-specific community-based organizations. Rental assistance is provided to individuals and families who are at risk of eviction. These culturally-specific community-based organizations provide Black, Indigenous, and other People of Color (BIPOC) households vital emergency rental assistance resources. Focusing this funding on a network of community based organizations, especially culturally specific organizations, maintains the network of service providers and culturally specific service offerings in the County.

Many funding streams for Emergency Rent Assistance are too restrictive to allow community based-organizations, including culturally specific providers to meet the needs of those requesting support. The resources in this offer allow the Homeless Services Department (HSD) and the Department of County Human Services to address identified gaps and increases the amount of flexible rental assistance funding available to community based organizations serving BIPOC and other marginalized and hard to reach communities.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of households prevented from losing their housing	334	278	300	278
Outcome	Number of FTE in culturally specific organizations supported to distribute emergency rental assistance fund	15	15	15	15
Outcome	Participant BIPOC groups (out of 5) proportionately >= to those among low income population	2	Yes*	1	5

Performance Measures Descriptions

*Measure methodology changed from "BIPOC households served at rates as high or higher than their percentage of eligible households (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being accessed equitably.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$2,850,380	\$1,925,142	\$993,663
Total GF/non-GF	\$0	\$2,850,380	\$1,925,142	\$993,663
Program Total:	\$2,850,380		\$2,918,805	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$3,268,845	\$0	\$993,663
Total Revenue	\$0	\$3,268,845	\$0	\$993,663

Explanation of Revenues

\$993,663 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30304 Housing Placement & Retention - Emergency Rent Assistance

This program offer reflects a reduction in funding for provider eviction prevention program staffing.

This program was impacted by the following Board amendments:

BCC Amendment 34 - neutral fund switch

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

This program offer funds housing placement and retention strategies to meet the permanent housing needs of seniors. These targeted investments substantially leverage other Federal, State and local resources, including Medicaid, affordable housing units, and permanent rental subsidies to support the needs of seniors experiencing homelessness. Services are delivered by a nonprofit organization that specializes in serving the senior population.

People over the age of 55 make up one of the fastest growing segments of the population experiencing homelessness, and the most recent Point In Time Count (FY 2023) reflects an increase in the number of individuals 55+ years old who were experiencing homelessness. This program offer funds housing placement, retention support services and staffing, rental assistance, and benefits acquisition assistance.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants newly placed in housing	20	N/A*	29	25
Outcome	Number of participants receiving ongoing retention support (sustained)	211	N/A*	242	250
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless services population	0	Yes**	0	5
Output	Percentage of participants retained in permanent housing 12 months post-subsidy	98%	90%	100%	90%

Performance Measures Descriptions

*These are new measures in FY 2026, to clearly differentiate between participants receiving ongoing subsidy (sustained) and those newly placed. **Measure methodology changed from "BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being accessed equitably.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$728,165	\$0	\$823,105
Total GF/non-GF	\$0	\$728,165	\$0	\$823,105
Program Total:	\$728,165		\$823,105	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$77,465
Beginning Working Capital	\$0	\$728,165	\$0	\$745,640
Total Revenue	\$0	\$728,165	\$0	\$823,105

Explanation of Revenues

\$745,640 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)
 \$77,465 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30305 Housing Placement & Retention - Medical/Aging

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

The Homeless Youth Continuum (HYC) is a collaborative and coordinated system. It consists of nonprofit organizations including those who provide culturally specific services. Its goal is to provide a comprehensive range of services to youth up to age 25 who are experiencing homelessness. These services include screening, crisis intervention, safety services, shelter, engagement, housing, education, employment, behavioral health support, substance use disorder services and health services, including pregnancy and parenting support. This program offer maintains capacity to provide these essential housing and developmental supports for youth. With services both on-site and at mobile locations, HYC staff provide culturally responsive services to best meet the developmental needs of homeless youth throughout Multnomah County

This program offer leverages federal long-term rent assistance vouchers to support housing navigation, placement and retention services for 200 youth. To reduce racial disparities in the experience of homelessness, Black, Indigenous, and other People of Color (BIPOC) communities are prioritized.

This program offer funds:

- Case management that provides linkages to education, employment, health, behavioral health and substance use disorder treatment, housing services, and on-going housing stability supports. This program also funds education and resource access for pregnant and parenting youth.
- Behavioral health and substance use disorder services provided by certified staff and peer mentors who engage youth in recovery supports, conduct assessments, and connect youth to formal treatment programs, provide follow up care, on-going supports, and healthy recreation alternatives. Approximately 93% of youth served have substance use or behavioral health issues, with 53% reporting co-occurring issues.
- A range of developmentally appropriate housing options, which include onsite transitional housing with 24-hour staffing, scattered-site housing, rapid rehousing, and shared housing. Housing navigators assist youth to access the housing options that best fit the youth's needs and provide retention support.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of unduplicated participants served	300	N/A*	153	300
Output	Participant BIPOC groups (of 5) proportionately >= to those among youth homeless services population	3	Yes**	2	5
Outcome	Number of participants newly placed in housing	37	N/A*	14	40
Outcome	Number of participants receiving ongoing retention support (sustained)	228	N/A*	134	250

Performance Measures Descriptions

*These are new measures in FY 2026, to clearly differentiate between participants served, those receiving ongoing subsidy (sustained) and those newly placed.

**Measure methodology changed from "BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being accessed equitably.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$143,419	\$0	\$342,142
Contractual Services	\$2,683,221	\$3,978,270	\$4,219,505	\$2,982,318
Materials & Supplies	\$21,585	\$390	\$0	\$0
Internal Services	\$0	\$138,875	\$0	\$166,555
Total GF/non-GF	\$2,704,806	\$4,260,954	\$4,219,505	\$3,491,015
Program Total:	\$6,965,760		\$7,710,520	
Program FTE	0.00	1.00	0.00	2.00

Program Revenues				
Intergovernmental	\$0	\$3,651,535	\$0	\$3,010,218
Beginning Working Capital	\$0	\$783,865	\$0	\$480,797
Total Revenue	\$0	\$4,435,400	\$0	\$3,491,015

Explanation of Revenues

This program generates \$166,555 in indirect revenues.

\$480,7797 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$1,738,383 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$166,605 Emergency Housing Assistance (EHA) allocated through the Oregon Housing and Community Services (OHCS) to assist low or very-low income persons who are homeless or are unstably housed and at risk of becoming homeless (State)

\$1,105,230 of HUD Continuum of Care (CoC) Program awarded to Multnomah County. The CoC Program requires a 25 percent match of the awarded grant amount, which is met with County General Fund (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 30306 Housing Placement & Retention - Youth Services

This program offer includes transitional housing for youth previously budgeted in Safety off the Streets - Youth Shelter (30205). This change was made to allow for greater visibility into the investments being made in housing placement and retention specifically designed for youth.

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Many veterans experiencing or at risk of homelessness face significant barriers to securing stable housing. Although federal programs like Veterans Affairs Supportive Housing (VASH) and Supportive Services for Veteran Families (SSVF) are available, funding is restrictive. Barriers for veterans include lack of funds for security deposits, utilities, past property debts, legal fees, and moving costs. Federal funding also has limitations on eviction prevention assistance.

The program aims to reduce veteran homelessness by providing flexible financial assistance and culturally-specific support services that address the critical gaps not covered by existing federal programs. This will enable veterans to overcome barriers to securing and maintaining stable housing.

The program will provide funding to nonprofit organizations to deliver a range of housing services to veterans. These services include:

- Financial assistance for security deposits, utility payments, past property debts, legal fees, and moving expenses.
- Short-term rent assistance.
- Operational support for veteran engagement, assessment, and referral for housing services.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants newly placed in housing	5	N/A*	2	3
Outcome	Number of participants receiving ongoing retention support (sustained)	37	N/A*	58	50
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless services population	1	Yes**	1	5
Output	Percentage of participants retained in permanent housing 12 months post-subsidy	No data	N/A*	No data	90%

Performance Measures Descriptions

*These are new measures in FY 2026 to clearly differentiate between participants receiving ongoing subsidy (sustained) and those newly placed.

**Measure methodology changed from "BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being accessed equitably.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$348,850	\$506,810	\$565,785	\$391,649
Total GF/non-GF	\$348,850	\$506,810	\$565,785	\$391,649
Program Total:	\$855,660		\$957,434	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$303,135	\$0	\$304,609
Beginning Working Capital	\$0	\$203,675	\$0	\$87,040
Total Revenue	\$0	\$506,810	\$0	\$391,649

Explanation of Revenues

\$87,040 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$76,740 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$107,437 State Housing Assistance Program (SHAP) allocated through the Oregon Housing and Community Services (OHCS) to provide operational support for emergency shelters and supportive services to shelter residents (State)

\$120,432 Emergency Housing Assistance (EHA) for Veterans allocated through the Oregon Housing and Community Services (OHCS) to assist low or very-low income persons who are homeless or are unstably housed and at risk of becoming homeless (State)

Significant Program Changes

Last Year this program was: FY 2025: 30307 Housing Placement & Retention - Veterans

Program #30308A - Housing Placement & Retention - Gresham Homeless Services
FY 2026 Adopted
Department: Homeless Services Department

Program Contact: Anna Plumb

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

This program expands existing capacity in housing placement and retention programs focused in the City of Gresham. These programs help adult-only households return to permanent housing, with an emphasis on ensuring that those strategies are also reducing racial disparities.

This offer funds flexible rent assistance and flexible client assistance to support housing placement and retention and access to income acquisition assistance. These funds will support and expand the housing placement and retention strategy often referred to as “rapid rehousing,” which is a recognized best practice and critical element of the housing placement strategies. This assistance is accessed via shelter programs, day centers, and street outreach programs, in Gresham.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of new and ongoing participants provided rent assistance (PH or HP) including STRA and non-STRA	N/A	N/A	N/A	12
Output	Number of participants newly placed in PH or newly enrolled in HP (including STRA & non-STRA programs)	N/A	N/A	N/A	12
Outcome	BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population	N/A	Yes	Yes	Yes

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$0	\$0	\$188,491
Total GF/non-GF	\$0	\$0	\$0	\$188,491
Program Total:	\$0		\$188,491	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$0	\$0	\$188,491
Total Revenue	\$0	\$0	\$0	\$188,491

Explanation of Revenues

\$188,491 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30308A Housing Placement & Retention - Gresham Homeless Services

Outreach programs in FY 2025 associated with this program offer were moved to program offer 30210A in FY 2026. The SHS funding is one-time-only.

This program was impacted by the following Board amendments:

BCC Amendment 9 - increasing by \$188,491

Department: Homeless Services Department **Program Contact:** Anna Plumb

Program Offer Type: Operating **Program Offer Stage:** Adopted

Related Programs:

Program Characteristics:

Program Description

This program expands existing capacity in housing placement and retention programs focused in the East Multnomah County cities of Fairview, Wood Village, and Troutdale. These programs help adult-only households return to permanent housing, with an emphasis on ensuring that those strategies are also reducing racial disparities.

This offer funds flexible rent assistance and flexible client assistance to support housing placement and retention and access to income acquisition assistance. These funds will support and expand the housing placement and retention strategy often referred to as “rapid rehousing,” which is a recognized best practice and critical element of the housing placement strategies. This assistance is accessed via shelter programs, day centers, and street outreach programs, in the East County cities.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of new and ongoing participants provided rent assistance (PH or HP) including STRA and non-STR	N/A	N/A	N/A	8
Outcome	Number of participants newly placed in PH or newly enrolled in HP (including STRA & non-STR programs)	N/A	N/A	N/A	8
Outcome	BIPOC placed or retained in housing at rate as high or higher than percent of HUD homeless population	N/A	Yes	Yes	Yes

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$0	\$0	\$124,000
Total GF/non-GF	\$0	\$0	\$0	\$124,000
Program Total:	\$0		\$124,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$124,000
Total Revenue	\$0	\$0	\$0	\$124,000

Explanation of Revenues

\$124,000 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30308B Housing Placement & Retention - East County Homeless Services

Outreach programs in FY 2025 associated with this program offer were moved to program offer 30210A in FY 2026. This program was impacted by the following Board amendments:
BCC Amendment 8 - increasing by \$124,000

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: Backfill Other Funds

Program Description

This program addresses the significant challenge of limited access to private market housing for individuals experiencing homelessness, particularly those with significant barriers. These barriers often prevent them from securing housing independently, even with rental assistance. The existing housing market can be difficult to navigate, and landlords may be hesitant to rent to individuals with complex needs or histories of homelessness. This lack of access contributes to the ongoing problem of chronic and episodic homelessness.

This program offer funds agency leasing programs that increase access to private market units for households with significant barriers to housing. Agency leasing is a supportive housing strategy in which service providers lease housing units in the private rental market and then sublease those units to program participants. Agency leasing is efficient and effective because it quickly increases access to housing through the private rental market, minimizes barriers that typically prevent people from accessing those units, and helps people access housing units in their communities. This program offer funds scattered site and project-based agency leasing models, as well as shared housing models focused on serving youth and individuals seeking a recovery community.

The Multnomah County Supportive Housing Services (SHS) Local Implementation Plan (LIP) 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. In alignment with priorities outlined in the LIP, this program offer funds a range of agency leasing models by partnering with landlords and property managers to increase access to private market units for individuals experiencing homelessness who face significant barriers to housing, and provide those individuals with the necessary rental assistance and support services to retain their housing. This program offer also aligns with the Homelessness Response Action Plan (HRAP) action item to secure primary-leased units to support rapid rehousing placement.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants newly placed in housing	25	N/A*	38	5
Outcome	Number of participants receiving ongoing retention support (sustained)	0	N/A*	25	63
Output	Percentage of participants retained in permanent housing 12 months post-subsidy	No data	80%	100%	80%
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless services population	1	Yes**	1	5

Performance Measures Descriptions

*These are new measures in FY 2026 to replace "Number of people placed into or maintained housing through primary leasing program" to clearly differentiate between participants receiving ongoing subsidy (sustained) and those newly placed.**Measure methodology changed from "Overrepresented People of Color lease up successfully at rates as high or higher than all households (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being accessed equitably.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$2,967,805	\$1,305,310	\$1,273,195
Total GF/non-GF	\$0	\$2,967,805	\$1,305,310	\$1,273,195
Program Total:	\$2,967,805		\$2,578,505	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	\$0	\$2,967,805	\$0	\$1,273,195
Total Revenue	\$0	\$2,967,805	\$0	\$1,273,195

Explanation of Revenues

\$1,273,195 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30309 Housing Placement & Retention - Primary Leasing Program

This offer was reduced in FY 2026, resulting in fewer new placements.

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

The Oregon Governor's statewide emergency declaration and investments in shelter, rehousing, and homelessness prevention programs started in January 2023. The need for housing assistance for youth, families, and other vulnerable populations experiencing homelessness continues to exceed available resources. There is a gap in long-term rental assistance to ensure housing stability for those rehoused through these initial efforts, as well as a need to house additional households.

The program will reduce homelessness by providing additional rehousing opportunities for youth and families, and by offering long-term rental assistance to households already rehoused through the initial executive order.

The program will consist of two primary activities:

- Oregon Rehousing Initiative (ORI): This component will focus on the youth and families placed into permanent housing by June 30, 2025. Funding will be available through FY 2027 to provide up to 24 months of rental assistance per household.
- Long Term Rental Assistance (LTRA): This component will provide rental subsidies for up to 150 households that were rehoused as part of the initial executive order, but require ongoing support to maintain their housing.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Outcome	Participant BIPOC groups (out of 5) in proportions >= to those among homeless services population	1	Yes*	0	5
Outcome	Number of participants newly placed in housing**	351	286	436	0
Outcome	Number of participants receiving ongoing retention support (sustained)***	N/A	N/A	316	250
Output	Percentage of participants retained in permanent housing 12 months post-subsidy**	N/A	N/A	90%	70%

Performance Measures Descriptions

*Measure methodology changed from "BIPOC assessed at rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being equitably accessed. **FY 2024 Actual and FY 2025 Estimate reflect an increase in State funding after Adopted. FY 2026 Offer reflects be completed in FY 2025, and program shifts focus on retention of placed households. ***This is a new measure in FY 2026.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$9,318,022	\$0	\$6,740,576
Total GF/non-GF	\$0	\$9,318,022	\$0	\$6,740,576
Program Total:	\$9,318,022		\$6,740,576	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$9,318,022	\$0	\$6,740,576
Total Revenue	\$0	\$9,318,022	\$0	\$6,740,576

Explanation of Revenues

\$849,588 SB 5701 funding allocated through Oregon Housing and Community Services (OHCS) to provide continued support for rehousing initiatives through the Oregon Rehousing Initiative (ORI) in accordance with Executive Order (EO) 24-02 (State)

\$5,236,896 funding allocated through Oregon Housing and Community Services (OHCS) to maintain Long-Term Rental Assistance, estimate based on receiving 20% of State funding which follows historical patterns (State)

\$654,092 funding allocated through Oregon Housing and Community Services (OHCS) to maintain current efforts to transition Oregonians out of homelessness and into housing, estimate based on receiving 20% of State funding which follows historical patterns (State)

Significant Program Changes

Last Year this program was: FY 2025: 30311 Housing Placement & Retention - State Executive Order 24-02

The funding of this program offer is reduced due to the sunset of State funding for the Oregon All In (OAI) program. No new households will be placed in FY 2026. Funding in FY 2026 will be used to support households placed in FY 2025. As well as moving State funding for shelter operations to program offers 30200, 30201, 30202A, 30202B, 30203, 30204, and 30205.

Program #30600 - Employment Programs
FY 2026 Adopted
Department: Homeless Services Department

Program Contact: Anna Plumb

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: Backfill Other Funds

Program Description

People who experience homelessness or housing instability often face barriers to employment. There is a need for integrated programs that address both housing and employment needs simultaneously to promote long-term stability. This program addresses the intersection of these challenges. It combines housing assistance with culturally specific workforce development services. These programs prioritize populations facing racial disparities in housing and employment.

The program aims to stabilize housing and improve economic opportunities for families, youth, and Communities of Color experiencing or at risk of homelessness.

The program supports several interconnected initiatives, all focused on the integration of housing and employment services. This offer includes funding for community needs employment programs that provide entry-level employment opportunities that allow individuals experiencing or at risk of homelessness to earn income, develop work skills, and establish a work history. In some cases, these programs also include rent assistance for support with housing placement and/or eviction prevention. These programs are operated by nonprofit organizations and provide services to individuals accessing employment services.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of individuals receiving employment services and supports*	1,388	750	1,746	1,000
Output	Number of employment placements	599	360	572	400
Output	Number of households receiving rent assistance or eviction prevention	195	150	156	150
Output	BIPOC participate in program at rate as high or higher than percent of HUD homeless population	Yes	Yes	Yes	Yes

Performance Measures Descriptions

*FY 2025 Estimate is higher due to an enrollment increase reported in the first two quarters.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$5,628,070	\$1,090,344	\$4,563,460
Total GF/non-GF	\$0	\$5,628,070	\$1,090,344	\$4,563,460
Program Total:	\$5,628,070		\$5,653,804	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,830,190
Beginning Working Capital	\$0	\$3,408,970	\$0	\$0
Total Revenue	\$0	\$3,408,970	\$0	\$1,830,190

Explanation of Revenues

\$1,090,344 Ongoing General Fund (Local)
 \$284, 442 Ongoing Video Lottery(Local/State)
 \$1,830,190 Ongoing Supportive Housing (SHS)(Local/State)
 \$3,204,976 Total Ongoing revenues
 \$2,448,828 One time only Video Lottery (Local/State)
 \$5,653,804 Total Program Support

Significant Program Changes

Last Year this program was: FY 2025: 30600 Employment Programs

This program offer reflects a reduction in programs that provided economic opportunity to opportunities for families, youth, and Communities of Color experiencing or at risk of homelessness, while at the same time addressing community needs for trash collection, public space maintenance services and the provision of mobile hygiene services. These employment programs provided entry-level opportunities to earn income, develop various work skills and establish a recent work history. This program was impacted by the following Board amendments:
 BCC Amendment 11 - increasing by \$2,920,534

Supportive Housing

Supportive Housing (SH) is a program that aims to assist individuals with severe temporary or long-term disabilities who are experiencing long-term homelessness and have extremely low income. SH can take the form of both permanent supportive housing and recovery-oriented transitional housing.

Permanent Supportive Housing (PSH) is a type of deeply affordable permanent housing that provides supportive services to individuals with long-term disabilities, including chronic health conditions, mental illness and addictions. PSH is designed for those who have experienced or are at risk of long-term or cyclical homelessness. It combines long-term rent assistance with ongoing wrap-around support services, such as behavioral and physical health services, benefits and income-related services, and in-home housing retention support. These services are intensive, voluntary, individualized and aimed at helping participants achieve and maintain long-term housing stability. PSH can be provided in site-based buildings dedicated to Permanent Supportive Housing, clusters of units within a single building, or scattered across multiple sites. It can also be integrated into both private market and non-profit/publicly owned housing. Long-term supportive housing that is not considered PSH also combines long-term rent assistance with support services, but in these programs the supportive services may be less intensive, or relatively shorter-term.

Recovery-oriented transitional housing (TH) offers temporary housing and supportive services for individuals experiencing homelessness who have a substance use disorder and are seeking this type of program. The housing and services provided in TH are short-term, typically lasting 24 months or less, and are designed to support participants in transitioning to permanent housing through case management and life skills building.

Division Outcomes

In total, in FY 2026 the Supportive Housing Division funds an estimated 433 people newly placed and 2,515 people sustained in supportive housing. When combined with the Housing Placement and Retention Division (2,295 people newly placed and 3,474 sustained), the full budget supports 2,728 people newly placed and 5,989 sustained in housing.

\$67.0 million

Supportive Housing

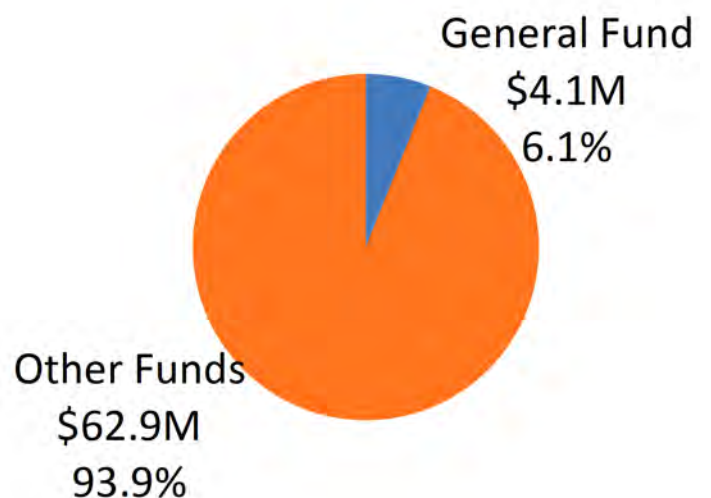
Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.



11.00 FTE

(full time equivalent)



Homeless Services Department

FY 2026 Adopted Budget

Significant Division Changes

The FY 2025 budget provided funding for 401 new Permanent Supportive Housing (PSH) units through the Supportive Housing Services (SHS) Measure. Of these, 200 were allocated to existing projects already underway, while the remaining 201 were left unassigned. In FY 2026, HSD will continue, without delay, funding the first 200 units committed to specific projects, as these projects rely on the PSH services and rent assistance. The 201 unassigned units will be funded on a delay, beginning in the last quarter of FY 2026.

Table of Division Programs

The following table shows the programs that make up the division's budget, including cash transfers, contingencies, and unappropriated balances. The individual programs for this division follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Supportive Housing						
30400A	Supportive Housing		657,140	15,165,355	15,822,495	10.00
30400C	Supportive Housing - Local Bond Units and Site-Based Commitments		0	14,790,640	14,790,640	0.00
30400D	Supportive Housing - Tenant-Based Commitments		0	14,866,965	14,866,965	0.00
30400E	Supportive Housing - System Support		0	2,175,425	2,175,425	0.00
30400F	Supportive Housing - Local Bond Units and Site-Based Commitments - SHS Expansion		0	1,862,360	1,862,360	0.00
30400G	Supportive Housing - PSH Expansion		1,693,215	0	1,693,215	0.00
30401A	Supportive Housing - Behavioral Health/ Medical Housing		0	4,373,750	4,373,750	0.00
30401B	Supportive Housing - Behavioral Health/ Medical Housing - Service Coordination Team		0	2,652,550	2,652,550	0.00
30402	Supportive Housing - Local Long Term Rental Vouchers		383,480	836,275	1,219,755	0.00
30403	Supportive Housing - Families		814,510	2,549,794	3,364,304	1.00
30404	Supportive Housing - Youth		0	1,648,465	1,648,465	0.00
30405	Supportive Housing - Domestic Violence		0	1,286,685	1,286,685	0.00
30406	Supportive Housing - Frequent Users Systems Engagement		525,035	707,375	1,232,410	0.00
30999	Supportive Housing Services Revenue for Other Departments		0	0	0	0.00
	Total Supportive Housing		\$4,073,380	\$62,915,639	\$66,989,019	11.00

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

This program addresses the critical need for supportive housing, particularly for individuals experiencing long-term or cyclical homelessness who also have long-term disabilities (including chronic health conditions, mental illness, and substance use disorders). It also addresses the need for transitional supportive housing for those in early recovery from a substance use disorder who are at high risk of chronic homelessness. The program specifically targets populations with disproportionately high rates of homelessness, including:

- Black, Indigenous, and other People of Color (BIPOC)
- People in recovery from a substance use disorder
- People with severe and persistent mental illness

The program provides supportive housing options in partnership with the Portland Housing Bureau and Home Forward. This includes permanent supportive housing for those with long-term disabilities and chronic homelessness, and recovery-oriented transitional supportive housing.

The "Moving On" program facilitates the transition of individuals from intensive supportive housing to more independent living while maintaining necessary rental assistance. This frees up capacity in intensive supportive housing programs for those with the highest needs.

Supportive housing is intended for those who would not be successful in their housing without supportive services, and for whom services would be less effective without stable housing. The goal of supportive housing services is to help individuals and families experiencing homelessness, particularly those with complex needs, achieve and maintain stable, permanent housing. Many people will need ongoing support to remain housed. Therefore, supportive housing combines affordable housing with a range of voluntary support services tailored to individual needs.

The program funds two primary types of supportive housing programs:

- Supportive Housing Programming: Provides permanent supportive housing for individuals with long-term disabilities and chronic homelessness, and recovery-oriented transitional supportive housing for those in early recovery from a substance use disorder. These programs offer a combination of stable housing and supportive services tailored to individual needs.
- "Moving On" Programming: Supports individuals who no longer require intensive supportive services to transition to more independent housing. This includes continued rental assistance and other support services as needed, facilitating a smooth transition and freeing up space in intensive supportive housing programs.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants newly placed in housing	95	N/A*	104	100
Output	Number of participants receiving ongoing retention support (sustained)	694	N/A*	704	900
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless services population	0	Yes**	0	5
Output	Percentage of participants retained in housing at 12 months	93%	85%	86%	85%

Performance Measures Descriptions

*These are new measures in FY 2026 to replace "Number of people newly placed into or retained in permanent housing or served in transitional housing" to clearly differentiate between participants receiving ongoing subsidy (sustained) and those newly placed. **Measure methodology changed from "BIPOC placed or retained rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being equitably accessed.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$1,604,302	\$0	\$1,700,567
Contractual Services	\$726,035	\$14,334,935	\$657,140	\$12,636,953
Materials & Supplies	\$43,170	\$0	\$0	\$0
Internal Services	\$0	\$965,608	\$0	\$827,835
Total GF/non-GF	\$769,205	\$16,904,845	\$657,140	\$15,165,355
Program Total:	\$17,674,050		\$15,822,495	
Program FTE	0.00	10.00	0.00	10.00

Program Revenues				
Intergovernmental	\$0	\$17,542,981	\$0	\$14,789,165
Beginning Working Capital	\$0	\$0	\$0	\$376,190
Total Revenue	\$0	\$17,542,981	\$0	\$15,165,355

Explanation of Revenues

This program generates \$827,835 in indirect revenues.

\$2,657,610 funding allocated through Oregon Housing and Community Services (OHCS) to maintain Long-Term Rental Assistance, estimate based on receiving 20% of State funding which follows historical patterns (State)

\$376,190 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$10,847,785 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

\$1,283,770 City of Portland General Fund allocation through Multnomah County's IGA with the City of Portland (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30400A Supportive Housing

The year-over-year reduction reflects housing placement, and stabilization, rent assistance programming previously budgeted in this offer to Housing Placement & Retention - Adults & Women Households (30300). This change was made to allow for greater visibility into the investments being made in housing placement and retention specifically designed for adults. This program offer includes a reorganization of 1.00 FTE Program Specialist Senior and 3.00 FTE Program Specialist to other program offers.

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

This program addresses the critical need for supportive housing in Multnomah County. This is described in the Local Implementation Plan (LIP) for Supportive Housing Services (SHS). Specifically, it targets the following issues:

- The overall shortage of permanent supportive housing for individuals experiencing or at risk of chronic and episodic homelessness. The LIP aims to create over 2,200 units in ten years.
- Racial disparities within the homeless population. The LIP prioritizes eliminating these disparities.
- The need for wrap-around services to support individuals in maintaining their housing and improving their well-being.

The program will increase the availability of site-based supportive housing units and associated services, with a focus on equity. In site-based supportive housing, the supportive services and rental assistance are connected to a particular building or complex. The units within that building are designated for supportive housing. This program's goal is to fund support services and rental subsidies for over 800 new supportive housing units and 50+ Homeless Preference Units within affordable housing projects. These units are intended for Metro priority populations, with a specific focus on Black, Indigenous, and other People of Color (BIPOC) households experiencing or at imminent risk of homelessness.

The intended outcomes include:

- Increased permanent housing options for chronically and episodically homeless individuals and families.
- Reduced racial disparities in homelessness.
- Improved housing stability and overall well-being for program participants through access to supportive services.

The program leverages various funding sources, including the Portland Housing Bond, Metro Housing Bond, and State of Oregon funding, to create project-based supportive housing.

The program provides:

- Funding for support services within newly developed supportive housing units.
- Rental subsidies
- On-site wellness and individualized retention services.
- Specialized services tailored to various subpopulations

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants newly placed in housing	266	N/A*	197	100
Outcome	Number of participants receiving ongoing retention support (sustained)	369	N/A*	500	700
Output	Percentage of participants retained in housing at 12 months	91%	85%	93%	85%
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless services population	2	Yes**	0	5

Performance Measures Descriptions

*These are new measures in FY 2026 to replace "Number of people newly placed or retained in permanent housing" to clearly differentiate between participants receiving ongoing subsidy (sustained) and those newly placed.

**Measure methodology changed from "BIPOC placed or retained rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being equitably accessed.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$14,260,195	\$0	\$14,790,640
Total GF/non-GF	\$0	\$14,260,195	\$0	\$14,790,640
Program Total:	\$14,260,195		\$14,790,640	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$15,482,135	\$0	\$14,790,640
Total Revenue	\$0	\$15,482,135	\$0	\$14,790,640

Explanation of Revenues

\$14,790,640 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30400C Supportive Housing - Local Bond Units and Site-Based Commitments

The year-over-year reduction reflects supportive housing programs managed by the Health Department previously budgeted in this offer to Supportive Housing Services Revenue for Other Departments (30999). This change was made to allow for greater visibility into the investments being made in supportive housing designed by the Health Department.

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

This program addresses the critical need for permanent supportive housing (PSH) in Multnomah County, as outlined in the Local Implementation Plan (LIP). Specifically, it targets:

- The overall shortage of permanent housing for individuals experiencing or at risk of chronic and episodic homelessness.
- The need for "wrap-around" supportive services to help individuals maintain housing stability.
- Barriers to accessing housing that are faced by specific populations. These populations often experience disproportionately high rates of homelessness and include Black, Indigenous, and other People of Color (BIPOC) communities, transgender and nonbinary individuals, people with significant health and/or behavioral health needs, and older adults.
- The limitations of existing programs like HUD's Section 8, which can screen out individuals with complex needs or histories.

The program increases access to tenant-based PSH and associated supportive services. With tenant-based supportive housing, the rental assistance is provided to the individual or family, not tied to a specific unit. This allows participants to search for housing in the private market. The goal is to fund over 400 new PSH opportunities designed to meet the specific needs of the targeted populations. The intended outcomes include:

- Increased permanent housing options for individuals experiencing or at risk of chronic and episodic homelessness.
- Improved housing stability and well-being for program participants through access to wrap-around services.
- Reduced homelessness among BIPOC communities, transgender and nonbinary individuals, people with significant health and/or behavioral health needs, and older adults.
- Increased access to affordable housing for individuals who may be screened out of other programs like Section 8.

The program provides:

- Tenant-based PSH: This includes rental assistance through the Regional Long-term Rent Assistance (RLRA) program, administered by Home Forward. Households pay approximately 30% of their income toward rent and utilities, and the housing authority covering the remainder. RLRA is designed to be low-barrier, serving individuals who may not qualify for Section 8.
- Wrap-around Supportive Services: These services are provided by nonprofit partners and are tailored to meet the needs of specific populations, including BIPOC communities, transgender and nonbinary individuals, people with significant health and/or behavioral health needs, and older adults. These services are "mobile," meaning they are brought to the individual in their housing.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants newly placed in housing	218	N/A*	50	50
Outcome	Number of participants receiving ongoing retention support (sustained)	211	N/A*	246	350
Output	Percentage of participants retained in housing at 12 months	92%	85%	94%	85%
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless services population	3	Yes**	1	5

Performance Measures Descriptions

*These are new measures in FY 2026 to replace "Number of people newly placed or retained in permanent housing" to clearly differentiate between participants receiving ongoing subsidy (sustained) and those newly placed.

**Measure methodology changed from "BIPOC placed or retained rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being equitably accessed.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$14,903,550	\$0	\$14,866,965
Total GF/non-GF	\$0	\$14,903,550	\$0	\$14,866,965
Program Total:	\$14,903,550		\$14,866,965	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$15,473,785	\$0	\$14,866,965
Total Revenue	\$0	\$15,473,785	\$0	\$14,866,965

Explanation of Revenues

\$2,624,610 funding allocated through Oregon Housing and Community Services (OHCS) to maintain Long-Term Rental Assistance, estimate based on receiving 20% of State funding which follows historical patterns (State)
 \$12,242,355 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30400D Supportive Housing - Tenant-Based Commitments

The year-over-year reduction reflects supportive housing programs managed by the Department of County Human Services (DCHS) previously budgeted in this offer to Supportive Housing Services Revenue for Other Departments (30999). This change was made to allow for greater visibility into the investments being made in supportive housing designed by (DCHS).

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

The Multnomah County Local Implementation Plan (LIP) for the Metro Supportive Housing Services Measure (SHS) 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. In alignment with priorities outlined in the LIP, this program offer funds critical infrastructure needed to support the expansion of supportive housing.

This program offer funds the staffing necessary to administer Multnomah County's local implementation of the Regional Long-term Rent Assistance (RLRA) program. RLRA was designed by Metro and the three counties, and builds on policies developed for a Multnomah County pilot program run by Home Forward. Through the RLRA program, Home Forward provides rental vouchers that are paired with services provided by a range of nonprofit partners. RLRA operates similarly to the U.S. Department of Housing and Urban Development's (HUD) Housing Choice Voucher (HCV) also known as Section 8 program—households pay about 30% of their income towards rent and utilities, and the housing authority pays the rest. RLRA was intentionally designed to be low barrier and serve people who are often screened out of HUD's HCV program.

The program offer also funds a landlord recruitment and retention team. The landlord team partners with private market landlords to create supportive housing opportunities for RLRA voucher holders who face high barriers to finding housing. This program is designed to expand and support landlord partnerships and support housing placement and retention for households exiting homelessness.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Outcome	Number of landlords engaged	252	200	200	200
Output	Number of ongoing landlord partnerships	4	40	20	20

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$1,997,780	\$0	\$2,175,425
Total GF/non-GF	\$0	\$1,997,780	\$0	\$2,175,425
Program Total:	\$1,997,780		\$2,175,425	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,997,780	\$0	\$2,175,425
Beginning Working Capital	\$0	\$466,259	\$0	\$0
Total Revenue	\$0	\$2,464,039	\$0	\$2,175,425

Explanation of Revenues

\$2,175,425 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30400E Supportive Housing - System Support

The year-over-year reduction reflects the rental guarantee previously budgeted in this offer to Regional Coordination - Reserve and Contingency (30006A).

Program #30400F - Supportive Housing - Local Bond Units and Site-Based Commitments - SHS Expansion

FY 2026 Adopted

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

This program addresses the critical need for supportive housing in Multnomah County. This is described in the Local Implementation Plan (LIP) for Supportive Housing Services (SHS). Specifically, it targets the following issues: The overall shortage of permanent supportive housing for individuals experiencing or at risk of chronic and episodic homelessness. The LIP aims to create over 2,235 units in ten years. Racial disparities within the homeless population. The LIP prioritizes eliminating these disparities. The need for wrap-around services to support individuals in maintaining their housing and improving their well-being.

The program will increase the availability of site-based supportive housing units and associated services, with a focus on equity. In site-based supportive housing, the supportive services and rental assistance are connected to a particular building or complex. The units within that building are designated for supportive housing. This program offer funds 47 new site-based supportive housing units within a new affordable housing project that will come online in FY 2026. These units are intended for Metro priority populations, with a specific focus on Black, Indigenous, and other People of Color (BIPOC) households experiencing or at imminent risk of homelessness.

The intended outcomes include:

- Increased permanent housing options for chronically and episodically homeless individuals and families.
- Reduced racial disparities in homelessness.
- Improved housing stability and overall well-being for program participants through access to supportive services.

The program leverages various funding sources, including the Portland Housing Bond, Metro Housing Bond, and State of Oregon funding, to create project-based supportive housing. In FY 2025, capital funding was awarded to Home Forward to purchase a market-rate building that can be quickly converted to affordable housing. This program funds the necessary support services and rental subsidies to create project-based supportive housing opportunities with on-site wellness and retention services.

The program provides:

- Funding for support services within newly developed supportive housing units.
- Rental subsidies
- On-site wellness and individualized retention services.
- Specialized services tailored to various subpopulations

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants newly placed in housing	N/A	N/A	N/A	37
Outcome	Number of participants receiving ongoing retention support (sustained)	N/A	N/A	N/A	0
Output	Percentage of participants retained in housing at 12 months	N/A	N/A	N/A	85%
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless services population	N/A	N/A	N/A	5

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$0	\$0	\$1,862,360
Total GF/non-GF	\$0	\$0	\$0	\$1,862,360
Program Total:	\$0		\$1,862,360	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,862,360
Total Revenue	\$0	\$0	\$0	\$1,862,360

Explanation of Revenues

\$1,862,360 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was:

Department: Homeless Services Department

Program Contact: Anna Plumb

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

This program addresses the critical need for supportive housing in Multnomah County. This is described in the Local Implementation Plan (LIP) for Supportive Housing Services (SHS). Specifically, it targets the following issues:

The overall shortage of permanent supportive housing for individuals experiencing or at risk of chronic and episodic homelessness. The LIP aims to create over 2,235 supportive housing units in ten years.

Racial disparities within the homeless population. The LIP prioritizes eliminating these disparities.

The need for wrap-around services to support individuals in maintaining their housing and improving their well-being.

This program offer funds the supportive services and long-term rental assistance needed to create 200 new supportive housing units. This will include a mix of site-based and tenant-based supportive housing. In site-based supportive housing, the supportive services and rental assistance are connected to a particular building or complex. In tenant-based supportive housing, the rental assistance is provided to the individual or family, not tied to a specific unit. This allows participants to search for housing in the private market. All 200 supportive housing units are intended for Metro priority populations, with a specific focus on Black, Indigenous, and other People of Color (BIPOC) households experiencing or at imminent risk of chronic homelessness.

The intended outcomes include:

Increased permanent housing options for chronically homeless individuals and families.

Reduced racial disparities in homelessness.

Improved housing stability and overall well-being for program participants through access to supportive services.

The program provides:

Funding for support services

Site-based and tenant-based rental subsidies

Specialized services tailored to various subpopulations

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants newly placed in housing	N/A	N/A	N/A	40
Output	Number of participants receiving ongoing retention support (sustained)	N/A	N/A	N/A	50
Outcome	Percentage of participants retained in housing at 12 months	N/A	N/A	N/A	N/A
Outcome	Participant BIPOC groups (out of 5) proportionately >= to those among homeless services population	N/A	N/A	N/A	5

Performance Measures Descriptions

The funding is prorated in FY 2026 to cover approximately a quarter of the annual cost of support services and rental assistance for 200 supportive housing units. FY 2026 placement outcomes are also adjusted to reflect this.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$1,775,060	\$1,693,215	\$0
Total GF/non-GF	\$0	\$1,775,060	\$1,693,215	\$0
Program Total:	\$1,775,060		\$1,693,215	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,775,060	\$0	\$0
Total Revenue	\$0	\$1,775,060	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:

This program was impacted by the following Board amendments:
BCC Amendment 5 - increasing by \$1,693,215

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

This program addresses chronic homelessness among adults, particularly those with complex co-occurring diagnoses including substance use disorder, mental illness, cognitive and/or physical disabilities, and/or chronic medical conditions.

It also addresses the need for cost-effective solutions to homelessness, recognizing that permanent supportive housing (PSH) is a proven approach. Furthermore, the program addresses the over-involvement of individuals with behavioral health conditions in the criminal justice system, aiming to divert them towards housing and treatment resources.

The program aims to end chronic homelessness for vulnerable adults through PSH. The expected outcomes include:

- Increased housing stability for chronically homeless adults.
- Reduced reliance on emergency services and costly interventions associated with homelessness.
- Improved health and well-being for participants through access to integrated support services.
- Diversion of individuals with behavioral health conditions from the criminal justice system.

Funding in this program offer integrates with other Federal, State, and local resources, including U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) programs, Medicaid, affordable housing units, and permanent rental subsidies. This includes providing match funding for HUD CoC grants.

The program provides the following:

- Permanent Supportive Housing: Offers a combination of affordable housing and ongoing support services.
- Rental Subsidies and Support Services: Funds long-term rental subsidies and mental health-focused housing placement, retention, and support services.
- Intensive Case Management and Support Services: Delivered by nonprofit partners, these services cater to chronically homeless adults with co-occurring diagnoses, including substance use disorder, mental illness, cognitive and/or physical disabilities, and/or chronic medical conditions.
- Street Engagement: Includes intensive street outreach to connect with and engage chronically homeless individuals. This includes staffing of mental health and culturally specific providers who partner with the Portland Police Bureau to provide housing placement and retention for people with mental illnesses and substance use disorder.
- Recovery-Focused Transitional Housing: Supports recovery journeys through transitional housing options.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants newly placed in housing	93	N/A*	34	40
Outcome	Number of participants receiving ongoing retention support (sustained)	101	N/A*	42	40
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless services population	0	Yes**	0	5
Output	Percentage of participants retained in housing at 12 months	92%	75%	98%	90%

Performance Measures Descriptions

*These are new measures in FY 2026 to replace "Number of people newly placed into or retained in permanent housing" to clearly differentiate between participants receiving ongoing subsidy (sustained) and those newly placed.

**Measure methodology changed from "BIPOC placed or retained rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being equitably accessed.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$4,170,165	\$0	\$4,373,750
Total GF/non-GF	\$0	\$4,170,165	\$0	\$4,373,750
Program Total:	\$4,170,165		\$4,373,750	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$4,302,920	\$0	\$4,373,750
Total Revenue	\$0	\$4,302,920	\$0	\$4,373,750

Explanation of Revenues

\$3,192,025 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)
 \$1,181,725 City of Portland General Fund allocation through Multnomah County's IGA with the City of Portland (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30401A Supportive Housing - Behavioral Health/Medical Housing

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

This program addresses issues contributing to chronic homelessness and the over-involvement of individuals with behavioral health conditions in the criminal justice system. Involvement in the justice system is often the result of lack of accessible and appropriate behavioral health resources, including mental health and substance use disorder treatment. This scarcity of resources leaves many individuals experiencing homelessness without the necessary support to manage their conditions. This may then lead to behaviors that result in contact with law enforcement. Compounding this issue is the criminalization of homelessness. Individuals may be penalized for activities related to survival in public spaces rather than being connected to services that could address the underlying causes of their homelessness. This program aims to disrupt this cycle by providing integrated housing and recovery support services. It recognizes that stable housing and access to behavioral health treatment are essential for breaking the cycle of homelessness and reducing contact with the criminal justice system. The program specifically targets the needs of chronically homeless individuals and those at risk of chronic homelessness, who often struggle with co-occurring mental health and substance use disorders, and who are disproportionately impacted by the lack of behavioral health resources and the criminalization of homelessness.

The program aims to reduce chronic homelessness and divert individuals with behavioral health conditions from the criminal justice system. It does this by providing access to a continuum of housing and recovery support services. Expected outcomes include:

- A significant reduction in chronic homelessness, aligning with city and regional strategic plans.
- Decreased contact between individuals with behavioral health conditions and the criminal justice system.
- Increased access to appropriate housing options, including short-term stabilization and permanent housing.
- Improved access to and engagement with behavioral health and addictions treatment.
- Enhanced housing stability and long-term recovery for program participants.

The program funds the Service Coordination Team (SCT) and related services, including:

- Service Coordination Team (SCT): A partnership between the Portland Police Bureau and community housing and social service providers that diverts individuals experiencing homelessness and living with behavioral health conditions from the criminal justice system by connecting them with supportive housing and treatment resources.
- Low-Barrier/Short-Term Stabilization Housing: Provides immediate access to housing and support services, including behavioral health and addictions treatment.
- Alcohol and Drug Free Housing: Offers case management services with client-driven, flexible approaches to support long-term recovery, intended to transition people into long-term recovery services.
- Home-Based Retention Services: For individuals who transition to permanent housing, these services

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants newly placed in housing	0	N/A*	0	5
Outcome	Number of participants receiving ongoing retention support (sustained)	177	N/A*	158	150
Output	Percentage of participants retained in housing at 12 months	No data	N/A**	No data	90%
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless services population	0	Yes***	0	5

Performance Measures Descriptions

*These are new measures in FY 2026 to replace "Number of individuals transitioned to permanent housing" to clearly differentiate between participants receiving ongoing subsidy (sustained) and those newly placed. **This is a new measure in FY 2026. ***Measure methodology changed from "BIPOC graduate from SCT at rates as high or higher than Non-Hispanic whites (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being equitably accessed.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$2,590,380	\$0	\$2,652,550
Total GF/non-GF	\$0	\$2,590,380	\$0	\$2,652,550
Program Total:	\$2,590,380		\$2,652,550	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,525,160	\$0	\$2,585,765
Beginning Working Capital	\$0	\$65,220	\$0	\$66,785
Total Revenue	\$0	\$2,590,380	\$0	\$2,652,550

Explanation of Revenues

\$66,785 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)
 \$2,585,765 City of Portland General Fund allocation through Multnomah County's IGA with the City of Portland (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30401B Supportive Housing - Behavioral Health/Medical Housing - Service

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

People over the age of 55 and people with significant disabilities are among the fastest growing populations of people experiencing homelessness. These populations often have fixed incomes well below 30% of the Area Median Income, putting market rate rental housing completely out of reach, and also foreclosing access to most publicly subsidized affordable housing, which rents at levels affordable for people making 60% of Area Median Income or above.

This program assists seniors and people living with disabilities who are on fixed incomes or at risk of homelessness due to being rent burdened (rent greater than 30% of household income). Program participants typically have less than \$800 per month income, and were either homeless or paying more than 70% of that income on rent prior to program subsidy. This program provides rent subsidies to participants so that they can afford the rent in Low Income Housing Tax Credit (LIHTC) units or other regulated affordable housing. While these units have restricted rent levels, the rent amounts are not tied to tenant income and are increasingly out of reach for the target group in this program. Some assisted households also reside in moderately-priced private market units. This program makes it possible for people in the target population to afford the rent (at 30% of their income).

The local long-term voucher functions more flexibly than other Federal voucher programs and provides similar long-term housing stability to a highly vulnerable population. The program is administered through Home Forward. This program provided the framework for the Metro SHS-funded Regional Long-term Rent Assistance Program.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants newly placed in housing	0	N/A*	0	4
Output	Number of participants receiving ongoing retention support (sustained)	53	N/A*	40	36
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless services population	0	Yes**	0	5
Output	Percentage of participants retained in housing at 12 months	No data	N/A	No data	85%

Performance Measures Descriptions

*These are new measures in FY 2026 to replace "Number of households newly placed into or retained in permanent housing" to clearly differentiate between participants receiving ongoing subsidy (sustained) and those newly placed.

**Measure methodology changed from "BIPOC served with vouchers at rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being equitably accessed.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$399,635	\$721,280	\$383,480	\$836,275
Total GF/non-GF	\$399,635	\$721,280	\$383,480	\$836,275
Program Total:	\$1,120,915		\$1,219,755	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$721,280	\$0	\$836,275
Total Revenue	\$0	\$721,280	\$0	\$836,275

Explanation of Revenues

\$836,275 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30402 Supportive Housing - Local Long Term Rental Vouchers

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

This program addresses the complex housing needs of families experiencing homelessness, recognizing that a "one-size-fits-all" approach is insufficient. Some families experience chronic or recurring homelessness, often due to significant disabling conditions within the household. These families require more intensive support than rapid rehousing alone can provide. This chronic homelessness manifests in the need for permanent supportive housing (PSH) to achieve long-term stability. Due to the disproportionate impact of homelessness on Black and Indigenous families and other families of color this program prioritizes culturally specific services.

The program aims to increase housing stability for families with children experiencing chronic homelessness, particularly Black and Indigenous families and other families of color. Expected outcomes include:

- Increased access to both site-based and tenant-based PSH for families with children.
- Improved long-term housing stability for families with disabling conditions.
- Reduced reliance on emergency shelter for families experiencing chronic homelessness.
- Increased availability of shelter beds for other families in need.
- Greater housing equity for Black and Indigenous families and other families of color.

Leveraging other resources, this program combines funds with other state and federal resources, including HUD-funded rental vouchers, to maximize impact.

The program funds several key activities:

- Permanent Supportive Housing (PSH): Provides both site-based and tenant-based PSH options for families with children, including rental assistance and supportive services.
- Culturally Specific Services: Integrates culturally specific services into many PSH units to better meet the needs of these families.
- Enhanced Rapid Rehousing: Offers a more robust rapid rehousing program for long-term shelter families. This includes up to 24 months of rental assistance and wraparound services, designed to transition families to permanent housing and free up shelter capacity. The extended subsidy period allows for progressive engagement strategies to help families transition off subsidies entirely or onto more permanent subsidy programs as needed.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants newly placed in housing	57	N/A*	70	N/A
Outcome	Number of participants receiving ongoing retention support (sustained)	365	N/A*	51	106
Output	Percentage of participants retained in housing at 12 months	98%	80%	100%	80%
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless services population	2	Yes**	3	5

Performance Measures Descriptions

*These are new measures in FY 2026 to replace "Number of families placed into or retained in permanent housing" to clearly differentiate between participants receiving ongoing subsidy (sustained) and those newly placed.

**Measure methodology changed from "BIPOC placed or retained rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being equitably accessed.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$101,379	\$43,592	\$0	\$147,726
Contractual Services	\$795,420	\$1,963,875	\$814,510	\$2,330,155
Internal Services	\$0	\$66,747	\$0	\$71,913
Total GF/non-GF	\$896,799	\$2,074,214	\$814,510	\$2,549,794
Program Total:	\$2,971,013		\$3,364,304	
Program FTE	0.70	0.30	0.00	1.00

Program Revenues				
Intergovernmental	\$0	\$2,183,395	\$0	\$2,549,794
Total Revenue	\$0	\$2,183,395	\$0	\$2,549,794

Explanation of Revenues

This program generates \$71,913 in indirect revenues.

\$2,549,794 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30403 Supportive Housing - Families

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

This program addresses the complex housing needs of youth experiencing or at risk of chronic homelessness, recognizing that stable housing and supportive services are crucial for long-term well-being. Some youth experience chronic homelessness due to significant disabilities, including chronic health conditions, mental illness, and substance use disorder, requiring more intensive support than housing alone can provide. Due to the disproportionate impact of homelessness on Black and Indigenous youth and other youth of color this program prioritizes their access to these resources in alignment with racial equity goals.

The program aims to increase housing stability and well-being for youth experiencing or at risk of chronic homelessness, with a focus on racial equity. Expected outcomes include:

- Increased access to tenant-based PSH for youth with disabilities.
- Improved long-term housing stability for youth experiencing or at risk of chronic homelessness.
- Reduced homelessness among Black and Indigenous youth and other youth of color
- Improved well-being for youth through access to wrap-around supportive services.

The program funds several key activities:

-Tenant-Based PSH: Provides tenant-based PSH opportunities for 30 homeless youth with extremely low incomes, serious disabling conditions, and experiencing or at risk of long-term homelessness. This includes rental assistance through the Regional Long-term Rent Assistance (RLRA) program, administered by Home Forward. RLRA is designed to be low-barrier and serves youth who are often screened out of HUD's Section 8 program.

-Wrap-Around Services: Offers wrap-around supportive services provided by a youth service organization to complement the rental assistance.

-Culturally Specific Services: Additional programming, leveraging federal funding, will support 24 chronically homeless youth with long-term rental assistance and wrap-around, culturally specific supportive services.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants newly placed in housing	6	N/A*	0	50
Outcome	Number of participants receiving ongoing retention support (sustained)	22	N/A*	40	90
Output	Percentage of participants retained in housing at 12 months	75%	80%	75%	80%
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless services population	4	Yes**	3	5

Performance Measures Descriptions

*These are new measures in FY 2026 to replace "Number of youth newly placed or retained in permanent housing" to clearly differentiate between participants receiving ongoing subsidy (sustained) and those newly placed.

**Measure methodology changed from "BIPOC placed or retained rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being equitably accessed.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$1,524,645	\$0	\$1,648,465
Total GF/non-GF	\$0	\$1,524,645	\$0	\$1,648,465
Program Total:	\$1,524,645		\$1,648,465	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,524,645	\$0	\$1,648,465
Total Revenue	\$0	\$1,524,645	\$0	\$1,648,465

Explanation of Revenues

\$1,648,465 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30404 Supportive Housing - Youth

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Domestic and sexual violence may lead to or exacerbate homelessness. This trauma is compounded by existing systemic inequities, disproportionately impacting Black, Indigenous and other people of color (BIPOC) communities. Survivors need more than just housing; they need specialized support services to heal from trauma, achieve self-sufficiency, and maintain housing stability. A lack of safe, affordable housing options, coupled with the often complex needs of survivors, creates a significant barrier to escaping violence and achieving long-term stability. Traditional housing assistance programs may not be equipped to address the specific needs and safety concerns of survivors.

The program aims to provide safe, stable housing and comprehensive support services to survivors of domestic/sexual violence and their children, prioritizing the needs of BIPOC communities. Expected outcomes include:

- Increased access to tenant-based PSH for survivors and their children.
- Improved long-term housing stability for survivors, reducing their risk of returning to unsafe situations or experiencing further homelessness.
- Enhanced safety and well-being for survivors and their children.
- Increased self-sufficiency and empowerment for survivors through access to support services.
- Greater housing equity for BIPOC survivors of domestic/sexual violence.

The program funds several key activities:

- Tenant-Based PSH: Provides 24 tenant-based PSH opportunities specifically for survivors and children fleeing domestic violence or experiencing homelessness as a result of an incident of domestic and/or sexual violence. This includes rental assistance through the Regional Long-term Rent Assistance (RLRA) program, administered by Home Forward.
- Specialized Support Services: Funds staff capacity at two domestic and sexual violence (DSV) housing providers to deliver critical support services tailored to the needs of survivors. One of the providers offers culturally specific services for Black/African American survivors.
- Low-Barrier Access: RLRA is designed to be low-barrier and serves people who are often screened out of HUD's Section 8 program, making it more accessible to survivors who may have barriers to traditional housing assistance.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants newly placed in housing	19	N/A*	40	N/A
Outcome	Number of participants receiving ongoing retention support (sustained)	0	N/A*	30	70
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless services population	3	Yes**	3	5
Output	Percentage of participants retained in housing at 12 months	0%	N/A***	90%	90%

Performance Measures Descriptions

*These are new measures in FY 2026 to replace "Number of people newly placed or retained in permanent housing" to clearly differentiate between participants receiving ongoing subsidy (sustained) and those newly placed.

**Measure methodology changed from "BIPOC placed or retained rate as high or higher than percent of HUD homeless population (Yes/No)" to disaggregate racial/ethnic groups, select a comparison group tailored to the equity metric, and reflect all program participants and whether services are being equitably accessed.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$925,635	\$0	\$1,286,685
Total GF/non-GF	\$0	\$925,635	\$0	\$1,286,685
Program Total:	\$925,635		\$1,286,685	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$925,635	\$0	\$1,286,685
Total Revenue	\$0	\$925,635	\$0	\$1,286,685

Explanation of Revenues

\$1,286,685 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30405 Supportive Housing - Domestic Violence

Department: Homeless Services Department

Program Contact: Daniel Field

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: Backfill Other Funds

Program Description

The Frequent Utilizer System Engagement (FUSE) program addresses the complex and costly problem of frequent utilization of homeless services, healthcare, and public safety systems by individuals experiencing chronic homelessness. A lack of stable housing and integrated support services leads to cyclical patterns of crisis and institutionalization. Symptoms of this unmet need include frequent contact with law enforcement, emergency medical services, and inpatient hospital care, often related to untreated or undertreated behavioral health conditions and other health issues exacerbated by homelessness. These individuals' complex needs are often not addressed by existing systems that are not designed to address the complex and interconnected nature of their challenges.

The FUSE program aims to break the cycle of chronic homelessness and reduce reliance on crisis-driven interventions by providing permanent supportive housing (PSH) and wrap-around services to the most frequent utilizers of public systems. Expected outcomes include:

- Reduced criminal justice involvement (e.g., arrests, jail time).
- Decreased utilization of crisis healthcare services (e.g., emergency room visits, hospitalizations).
- Improved housing stability for chronically homeless individuals.
- Improved health and well-being for program participants through access to integrated support services.
- More efficient and cost-effective use of public resources.

The FUSE program, a collaboration between the Department of County Human Services, the Health Department, the Department of Community Justice, the Homeless Services Department and a regional Coordinated Care Organization, provides:

- Identification of Frequent Utilizers: Uses data sharing agreements to identify individuals experiencing chronic homelessness who frequently engage with the criminal justice and healthcare systems.
- Permanent Supportive Housing: Provides PSH to up to 30 identified individuals.
- Long-Term Rental Subsidies: Offers locally funded long-term rental subsidies to ensure housing affordability.
- Wrap-Around Support Services: Delivers ongoing wrap-around services to promote housing stability and address individual needs.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of participants newly placed in housing	3	N/A*	20	7
Outcome	Number of participants receiving ongoing retention support (sustained)	4	N/A*	3	23
Output	Percentage of participants retained in housing at 12 months	No data	N/A**	No data	85%
Output	Participant BIPOC groups (out of 5) proportionately >= to those among homeless services population	2	N/A**	4	5

Performance Measures Descriptions

*These are new measures in FY 2026 to replace "Number of FUSE individuals placed or retained in permanent supportive housing" to clearly differentiate between participants receiving ongoing subsidy (sustained) and those newly placed.

**These are new measures in FY 2026.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$2,261,370	\$525,035	\$707,375
Total GF/non-GF	\$0	\$2,261,370	\$525,035	\$707,375
Program Total:	\$2,261,370		\$1,232,410	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$2,261,370	\$0	\$0
Beginning Working Capital	\$0	\$0	\$0	\$707,375
Total Revenue	\$0	\$2,261,370	\$0	\$707,375

Explanation of Revenues

Other funds are Metro Supportive Housing funds (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30406 Supportive Housing - Frequent Users Systems Engagement

Year-over-year reduction reflects a reduction in programming from serving up to 50 identified individuals to up to 30 identified individuals.

Department: Homeless Services Department **Program Contact:** Anna Plumb

Program Offer Type: Revenue/Fund Level/Tech **Program Offer Stage:** Adopted

Related Programs:

Program Characteristics:

Program Description

The Supportive Housing Services (SHS) Measure presented the Homeless Services Department (HSD) and the homeless systems of care with financial, programmatic and policy opportunities, and innovation for a ten year time span. This opportunity has strengthened local community partners and multi-jurisdictional relationships around a common vision in addressing the homelessness crisis.

Individuals experiencing or at risk of homelessness require a comprehensive network of support services to successfully transition into stable housing and maintain their well-being. These needs span emergency assistance, housing placement, financial aid, and specialized support in areas like mental health, addiction recovery, and employment. Without access to these integrated services, individuals often remain trapped in cycles of homelessness, facing barriers to self-sufficiency and overall health. Currently, access to these crucial services may be fragmented, leading to inefficiencies and gaps in care. This can result in extended periods of homelessness, increased reliance on emergency services, and poorer outcomes for vulnerable individuals.

A one-county approach to homeless attempts to address fragmentation. SHS funds are provided to other departments.

Expected outcomes include:

- Increased access to outreach and shelter services.
- Improved placement rates into transitional, permanent, and bridge housing.
- Enhanced utilization of emergency and long-term rent assistance.
- Stronger advocacy and case management support for individuals.
- Improved access to specialized services addressing mental health, physical health, language and culture needs, education, employment, addiction and recovery, and tenant rights.
- Increased housing retention rates.
- Reduced evictions.
- Increased successful entries into residential substance use disorder treatment and permanent housing.

This program offer is SHS revenue being utilized in other departments. A one-county approach to addressing homelessness requires collaboration and leveraging expertise and resources in the following departments: Department of County Human Services, Health Department, the Department of Community Justice and non-departmental offices who contribute to the goals in the County's Homeless Response Action Plan (HRAP).

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Outcome	N/A	N/A	N/A	N/A	N/A
Output	N/A	N/A	N/A	N/A	N/A

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$1,924,930	\$0	\$0
Capital Outlay	\$0	\$8,050,000	\$0	\$0
Total GF/non-GF	\$0	\$9,974,930	\$0	\$0
Program Total:	\$9,974,930		\$0	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$29,047,023	\$0	\$24,796,505
Beginning Working Capital	\$0	\$7,932,445	\$0	\$9,983,504
Total Revenue	\$0	\$36,979,468	\$0	\$34,780,009

Explanation of Revenues

\$9,983,504 carryover from the FY 2025 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)
 \$24,796,505 of the FY 2026 Supportive Housing Services (SHS) allocation to Multnomah County through the SHS Intergovernmental Agreement (IGA) with Oregon Metro Regional Government (Local)

Significant Program Changes

Last Year this program was: FY 2025: 30999 Supportive Housing Services Revenue for Other Departments

The Metro Supportive Housing Services adjusted forecast and continued spending of one-time-only funding has created a limitation of resources available for other departments.

This program was impacted by the following Board amendments:

BCC Amendment 48 - decreasing by \$993,663

BCC Amendment 11 - decreasing by \$1,594,662

BCC Amendment 34 - increasing by \$210,164

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Department Overview

A cherished institution for more than 160 years, Multnomah County Library (MCL) is a key community asset, meeting a complex set of evolving individual and community needs and demands.

The library is in a transitional period, implementing an ambitious voter-approved plan to expand and modernize library spaces, while also adopting new models of service and staffing across the organization. Concurrent with these changes, the library is responding to new fiscal pressures, as costs continue to rise against the backdrop of significantly slower property tax revenues. Current forecasts suggest that this trend will continue and will precipitate trade off discussions in the coming years as well.

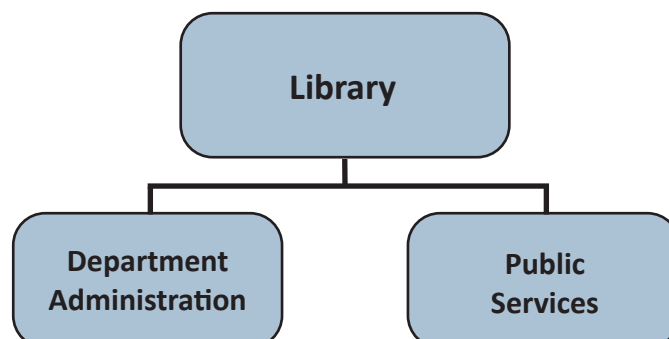
In Fiscal Year 2026 and in the coming years, the library will take steps to mitigate the impact of increased costs with fiscal restraint and by carefully aligning positions and services with community needs. MCL's Service Statement and Priorities informed the implementation of a new staffing plan and will launch fully in FY 2026 as the library clarifies new workflows and roles.

FY 2026 will be a year of progress and celebration for the library, as all 2020 capital bond projects are nearing completion. The Library will open several new and expanded locations in 2025 and 2026:

- Albina Library, with 30,000 square feet of space that preserves and expands the historic Carnegie building, will open in summer 2025.
- Northwest Library will open winter 2025-2026 with 11,000 square feet in a new location.
- Belmont Library is planned to open in summer 2026, expanding to 15,000 square feet while preserving the historic building.
- St. Johns Library will open in spring 2026, expanding to 8,500 square feet.
- Also in spring 2026, the 95,000 square foot East County Library will open. This new construction will be a regional asset comparable in size and offerings to Central Library.

In addition to these major construction projects, each library at MCL is receiving upgrades and renovations through the capital bond project, and several refresh projects were completed in FY 2025. In FY 2026 Hollywood, Kenton, Rockwood, Sellwood-Moreland and Woodstock libraries will all be refreshed with new paint, carpet, shelving, furnishings, and technology.

All of this work will modernize and transform library spaces, adding new spaces to meet, gather and relax; children's play and learning spaces; dedicated teen spaces with technology; flexible programming and community rooms; modern technology and internet; outdoor plazas, and new art that represents the community.



\$125.2 million

Total Adopted Operating Budget

Does not include cash transfers, contingencies, and unappropriated balances.

543.30 FTE

Total Adopted Staffing



4.05 FTE

Increase from
FY 2025 Adopted

Other Funds

\$125.2M

100.0%

\$6.5 million



Operating Budget
Increase from
FY 2025 Adopted

5.5% increase

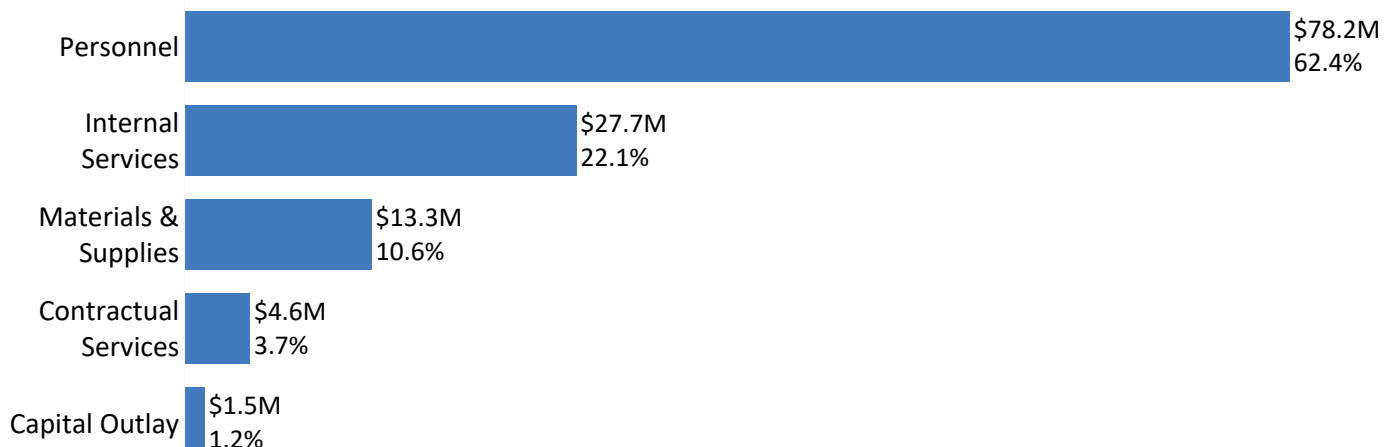
Library District Fund Balance

\$6.3 million

OTO Funds Supporting Continuity
of Operations, Pilot Projects, and
Programs to Evolve Library Services
to meet Community Needs.

Operating Budget by Category - \$125.2 million

Does not include cash transfers, contingencies, and unappropriated balances



Mission, Vision, and Values

Multnomah County Library serves our community based on a 2023–2025 strategic plan, Think MCL.

Values—The deeply held beliefs at the heart of the library

- The library works in relationship and partnership, centering communities furthest from opportunity in order to create equitable access to library resources and information.
- The library acknowledges and honors the resilience, wisdom and knowledge of our community members and staff most impacted by the living legacy of racism and oppression. The collective wisdom of these communities is at the heart of the library's journey toward a more equitable library system.
- To facilitate and inspire learning, the library invests in specialized, culturally and linguistically relevant expertise and support to build active, trusting relationships with learners of all ages, from birth through adulthood.
- The library serves as a leading advocate for reading in Multnomah County, centering communities that experience the greatest barriers in literacy support, in order to support lifelong learning for the entire community.

Goals—What we want to accomplish with focused effort

The library will:

- Create public, popular and personal opportunities and access to lifelong learning and contribute to improved learning outcomes for all communities.
- Adapt library services and materials so the organization can grow with, and be responsive to, our shared communities.
- Help people access and learn to use computers, internet and other technology to remove digital barriers.
- Create welcoming spaces that reflect our diverse and multicultural community.
- Support the practice of democracy and self-determination with services, spaces and resources.
- Ensure positive experiences for community members with library staff, spaces, materials and services.
- Collaborate with communities to create flexible buildings and spaces that can adapt to the changes in community needs and hopes.

The library finalized work on a new Service Statement and Priorities in FY 2025 to establish clear priorities for what services the library will provide, and to inform the library's updated staffing model. The library allocates staffing and funding resources to ensure the public can reliably access the four service areas below, listed in priority order.

1. Library spaces with accompanying collections, technology and direct customer service.
2. Information and referral services.
3. A library website and public access catalog.
4. Programs and activities that foster literacy development and interest; create awareness of library services or information resources; or that provide opportunities for creativity and learning.

Diversity, Equity, and Inclusion

Multnomah County Library is working to create a system that equitably nurtures, empowers, and lifts staff, patrons, and the community to their highest potential. Besides residency, there are no membership requirements; no annual fees; and no restrictions based on identity, age, income, gender, race or creed. Multnomah County Library is committed to the goals of equity and inclusion, and is sustaining a workforce that reflects and engages the community it serves.

FY 2026 will be the 10th year of the library's Equity and Inclusion program. Ongoing efforts include work to provide education and training; support for library staff and managers of color and culture; coordinated group meetings and activities; one-on-one support following racially motivated incidents; and follow-up support and coordination around Central Human Resources complaints or outcomes.

Of 615 budgeted staff members at the library, 170 or 27.6 percent have Knowledge, Skills, and Abilities (KSA) designations related to language or culture. In FY 2025, the library completed an assessment of its Language and Cultural KSA program, with the goal of identifying areas where improvements can be made going forward.

The library is engaging in activities and actions of the Workforce Equity Strategic Plan (WESP), which provides a foundation to support staff, management and senior leadership by educating and shifting practices. A new learning series is developed each year and meets the WESP requirement of four hours of manager training annually. Learning modules include Understanding Systems of Race and Racism; Confronting Anti-Blackness; Inclusively Leading with Race; Power, Privilege and Bias; Difficult Conversations; Microaggressions; Equity Lens Tools; and Cross Cultural Communication.

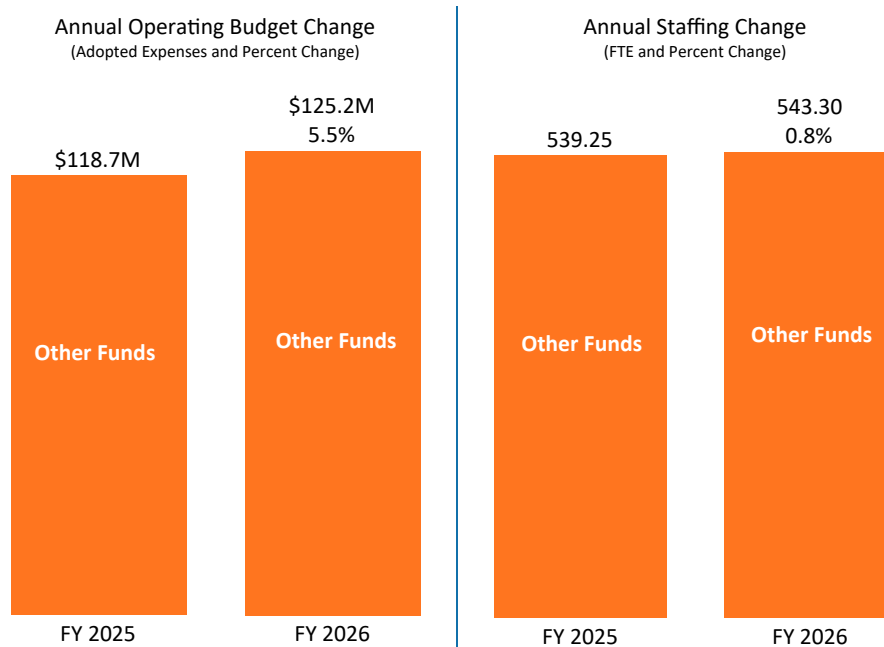
The library is implementing targeted universalism principles to intentionally develop all library services to be responsive to the individual needs of communities, particularly those who face significant barriers to access. This means designing services to be inclusive of cultural responsiveness, language accessibility, physical access, psychological and emotional safety, developmental needs and trauma-informed practices. While targeted universalism is a new concept at the library, the organization has long been committed to equitable service delivery.

The library applies the fundamentals of the equity lens in a variety of ways as it crafts its budget. The Equity and Inclusion team works with groups of managers and individuals to develop program goals that support equity with a focus on centering race and language. Each library manager is asked to evaluate their current service level funding for ways to improve equitable service provision within existing resources. In the context of budget changes (additions or reductions), the library has created internal budget proposal worksheets that assess how programs and services advance equity goals or would potentially have a negative impact on those experiencing the greatest barriers.

The Library Advisory Board functions as the library's Community Budget Advisory Committee and has an equity subcommittee, with staff support from the library. As it prepared to review the budget, the committee had full access to the library director, director of finance and facilities, and library budget analyst to discuss and answer questions about current library trends and the library budget.

Budget Overview

The Library FY 2026 Adopted budget is \$125.2 million, a \$6.5 million (5.5%) increase from the FY 2025 Adopted budget. Library operations are funded almost entirely through the independent Multnomah County Library District. In the thirteenth year of the Library District, the Library proposes to levy a rate of \$1.22 per \$1,000 of assessed value. This rate is unchanged from FY 2025 and is below the voter approved maximum of \$1.24 per \$1,000 of assessed value.



The most recent Library District forecast shows increasing deficits as assessed value growth slows significantly due to low levels of development and declining downtown property values. In November 2020, voters passed the Library General Obligation Bond (GO Bond) measure which will fund development or significant renovations at eight library branches, including a new East County Flagship branch, as well as a new sorting center (opened in FY 2024) and expansion of automated materials handling capabilities. The majority of funding from the bond is held in Department of County Assets (DCA) program offers 78228A-J, which also feature detailed updates on each bond project. The Library is currently working with DCA to estimate expected ongoing increases for facilities and IT costs when new spaces open.

Significant changes to the Library's budget for FY 2026 backfilling the Library's Library Peer Support Specialists in the Central Library which had previously been funded with Metro Supportive Housing Services resources. The FY 2026 budget also includes a variety of cuts (detailed below) in order to reallocate Library resources to supporting core services in newly opened bond expansion locations.

The following tables shows the Library's reductions and backfill. The backfill includes the Peer Support Specialists at the Central Library previously funded with Metro SHS Funds. This table can be found in the Overview of Additions, Reductions, Reallocations, and Backfill section of the Budget Director's Message in Volume 1. In addition, the Budget Director's Message contains a list of one-time-only programs for all departments.

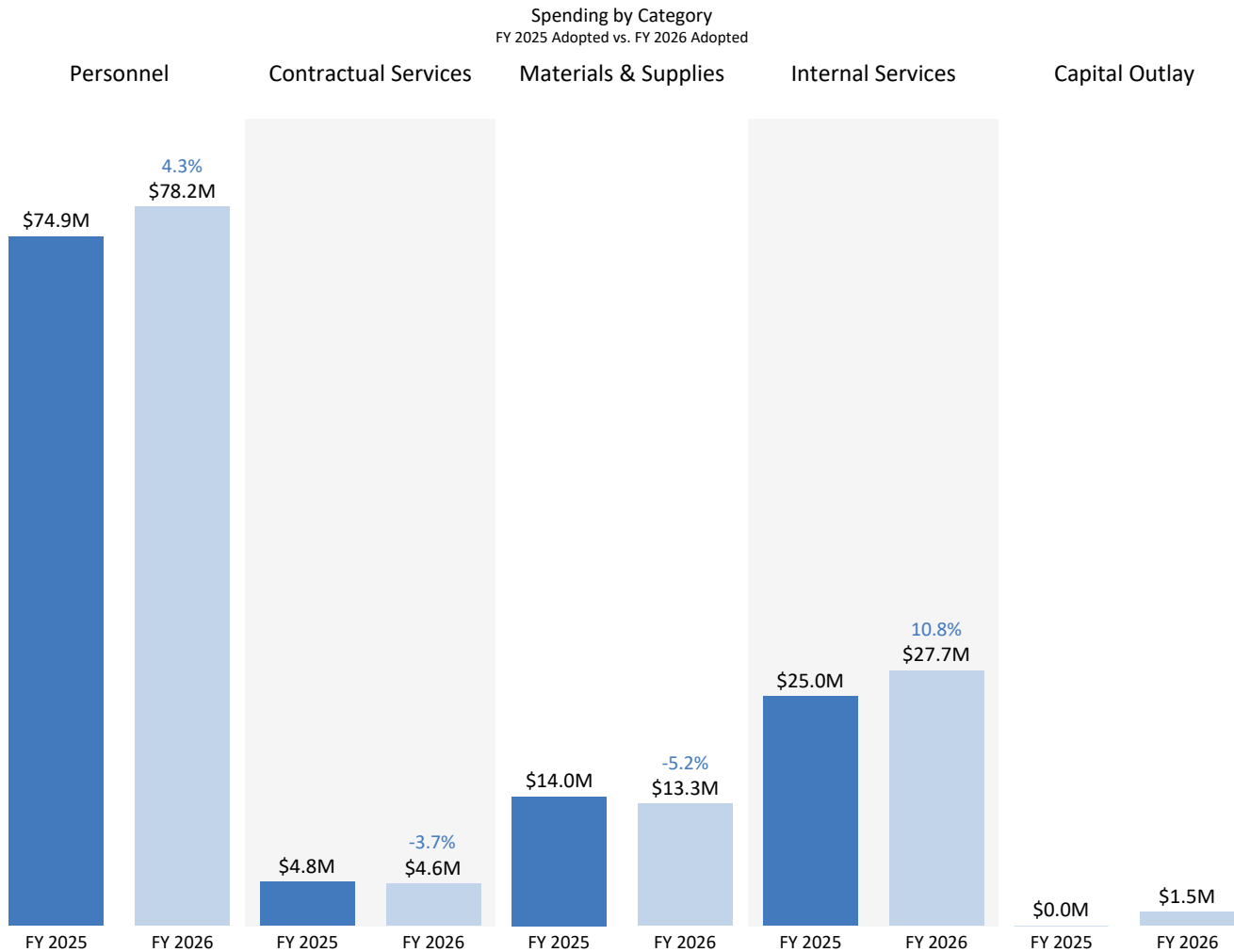
Reductions

Prog. #	Program Offer Name or Reduction Description	Other Fund Reductions (not SHS)	SHS Fund Reductions	Total Reductions	FTE Red.
80001	Central Library	(140,619)		(140,619)	
80017	Human Resources	(100,000)		(100,000)	
80022	Public Services Division Management	(97,636)		(97,636)	
80027	Library Peer Support Specialists - Supportive Housing Services		(191,000)	(191,000)	
Multiple	Reduce substitute staffing and funding for contractors	(551,591)		(551,591)	
Multiple	End some subscriptions and reduce maximum number of e-book holds	(410,200)		(410,200)	
Multiple	Reduce nightly cleaning hours	<u>(75,000)</u>		<u>(75,000)</u>	
Total		(\$1,375,046)	(\$191,000)	(\$1,566,046)	(0.00)

Backfill

Prog. #	Program Offer Name	Library Fund Backfill Ongoing	FTE Backfill
80001	Central Library	<u>191,000</u>	
Total		\$191,000	0.00

The chart below provides a breakdown of the budget's expense categories from FY 2025 to FY 2026. Personnel services is by far the biggest portion of the Library's budget. The 10.8% year-over-year increase in internal services is due to elevated inflation and the increase in square footage from the opening of Library bond projects.



The Budget Trends table below details the changes in expense categories from FY 2024 Actual to FY 2026 Proposed. The Library does have contingencies and reserves as part of their financial management strategy, but those resources are budgeted in the Library District. The Library Department budget reflects only the portion of the resources transferred to the County to operate the libraries.

FY 2026 Budget Trends: Library					
	FY 2024 Actual	FY 2025 Current Estimate	FY 2025 Adopted Budget	FY 2026 Adopted Budget	Difference
Staffing FTE	548.92	539.25	539.25	543.30	4.05
Personnel Services	60,828,948	68,387,059	74,928,868	78,183,942	3,255,074
Contractual Services	2,412,809	3,141,115	4,788,237	4,610,192	(178,045)
Materials & Supplies	12,754,932	12,964,166	13,999,520	13,271,399	(728,121)
Internal Services	21,097,695	24,276,328	24,991,290	27,690,556	2,699,266
Capital Outlay	<u>8,165</u>	<u>1,200,000</u>	<u>0</u>	<u>1,467,500</u>	<u>1,467,500</u>
Total Operating Budget	\$97,102,548	\$109,968,668	\$118,707,915	\$125,223,589	\$6,515,674
Contingency*	N/A	N/A	0	0	\$0
Internal Cash Transfers	0	0	0	0	\$0
Unappropriated Balances*	<u>N/A</u>	<u>N/A</u>	<u>0</u>	<u>0</u>	<u>\$0</u>
Total Budget	\$97,102,548	\$109,968,668	\$118,707,915	\$125,223,589	\$6,515,674

* In any given fiscal year, there is no spending of unappropriated balance; if contingency is spent, it will be reflected in the Operating expenditures.

Budget by Division

Division Name	General Fund	Other Funds	Total Division Cost	Total FTE
Department Administration	0	37,803,439	37,803,439	64.25
Public Services	<u>0</u>	<u>87,420,150</u>	<u>87,420,150</u>	<u>479.05</u>
Total Library	\$0	\$125,223,589	\$125,223,589	543.30

Includes cash transfers, contingencies and unappropriated balances

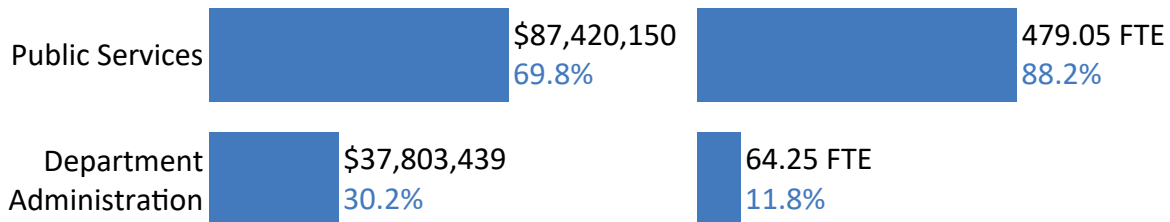


Table of All Program Offers

The following table shows the programs by division that make up the department's total budget. The individual programs follow, grouped by division.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Department Administration						
80010	Library Director's Office		0	1,585,272	1,585,272	6.00
80012	Business Services		0	3,287,492	3,287,492	8.00
80014	Facilities and Logistics		0	7,604,558	7,604,558	10.00
80017	Human Resources		0	3,739,519	3,739,519	17.75
80018	IT Services		0	12,909,744	12,909,744	5.00
80019	Marketing and Communications		0	2,380,556	2,380,556	11.50
80024	Library Building Bond Administration		0	0	0	6.00
80025	Library Special Projects	X	0	6,296,298	6,296,298	0.00
	Total Department Administration		\$0	\$37,803,439	\$37,803,439	64.25
Public Services						
80001	Central Library		0	9,890,917	9,890,917	59.50
80002	North and Northeast County Libraries		0	10,469,831	10,469,831	71.25
80003	West and South County Libraries		0	9,678,632	9,678,632	62.50
80004	Mid County Libraries		0	10,200,628	10,200,628	66.50
80005	East County Libraries		0	11,246,176	11,246,176	73.50
80006	Youth Development		0	1,855,355	1,855,355	7.75
80007	Community Information		0	1,983,627	1,983,627	14.50
80020	Integrated Library Services		0	16,758,802	16,758,802	52.75
80022	Public Services Division Management		0	9,618,527	9,618,527	43.25
80023	Community Engagement		0	2,707,988	2,707,988	13.00
80026	Library Events and Reader Services		0	3,009,667	3,009,667	14.55
	Total Public Services		\$0	\$87,420,150	\$87,420,150	479.05
	Total Library¹		\$0	\$125,223,589	\$123,223,589	543.30

¹ Includes cash transfers, contingencies, and unappropriated balances.

Department Administration

Department Administration provides executive leadership and strategic vision for the library system; connects the community with library materials and services; and develops and leads proactive equity and inclusion initiatives. The Library Director's Office works with elected leaders, stakeholders, residents, and staff to ensure that library services meet the needs of Multnomah County residents; develops policies and procedures to help people use library services; and ensures that the library provides relevant information and exceptional customer service to library users.

The library director serves as the library's budget officer in the annual public budgeting process. Equity and Inclusion leads the library's work to equitably nurture, empower, and lift staff, library users, and the community to their highest potential. Marketing and Communications maintains and evolves the library's public image, brand, social media presence, and informational resources to connect the community to library resources. Library Capital Bond Administration supports public investment in library spaces in collaboration with the Multnomah County Department of County Assets.

IT Services leads development and support for the library's technology strategy, ensuring innovative and sustainable IT for progressive service to a diverse community. IT Services supports staff computing and more than 1,000 computers and mobile devices for public use. Wired and wireless networking provides public access to the library catalog; databases; downloadable books and media; and websites for job hunting, continuing education and government services. Business Services manages the library's finance and budget operations; Facilities and Logistics coordinates buildings and grounds maintenance and the distribution of books and materials across the system; and Human Resources provides assistance with all aspects of the employment cycle, coordinates training for staff and library users, and recruits and places volunteers for all libraries.

The library continues to have a strong relationship with the community through its culturally relevant programming and services. The library has introduced new spaces that offer amenities and features requested by the community, such as children's play areas, teen rooms, flexible programming and meeting rooms, updated technology and outdoor plazas. The library also provides a wide range of programming for children,

\$37.8 million

Department Administration

Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.



64.25 FTE

(full time equivalent)

Other Funds

\$37.8M

100.0%

teens and families to support civic engagement, learning and creativity as well as language and culturally specific programs and activities.

Multnomah County Library has 240,000 active cardholders, representing 38 percent of households in the service area. In FY 2025, digital materials checkouts grew to 7.1 million, the fourth highest rate in the nation. Approximately 115,000 students in grades K–12 have access to library services through Library Connect. Door counts at the newly opened Holgate and Midland Libraries are above 5,000 patrons per location per week, exceeding expectations.

Bond-funded construction projects are moving forward as planned, making good on the library's commitment to the community, with the bond-funded projects nearing completion in FY 2026. New or expanded spaces opened in FY 2025 include Holgate, Midland, North Portland and several smaller library refresh projects, including Central Library. Projects underway in FY 2026 include design and construction of Albina, Belmont, Northwest, St. Johns and East County libraries, along with several library refreshes.

The 2024 patron survey received over 14,000 responses and included feedback on library services, spaces, staff and more. Of the patrons who responded to the survey:

- Most (91%) library patrons are satisfied with MCL
- 86% agree “When I use the library, I usually find what I need”
- 87% of all respondents are satisfied with the cleanliness of their primary library location
- 92% of all respondents agree staff are available to help them
- 71% of all respondents agree their culture and identity is represented in the library
- 89% of all respondents agree library help is available in their language

Significant Division Changes

Fiscal Year 2026 will be the first year of the library's future staffing plan in support of larger, modernized library spaces. This effort will help the library align staff resources with the spaces and services made possible by the 2020 Capital Bond. The library will continue to focus on people and groups that have been historically marginalized and will explore new ways of providing services.

Another area of sustained focus is a technology environment that includes rising costs and increased sophistication and specialization in the tools needed to deliver service. Of note are the systemwide implementation of automated materials handling (AMH) to move, sort and route materials; a new Intelligent Materials Movement System (IMMS) that will allow the library to maintain a collection of books and other materials at individual locations to maximize capacity while delivering materials that are of highest interest and use to individual communities (80018).

The library is also committing resources to implementing each of the recommendations offered in the December 2023 audit. Those include additional and continuing investments in security, technology, communications and staff engagement (various program offers).

The Library Special Project program offer (80025) continues to hold one-time funds for operational projects. New this year, all limited duration positions are budgeted in this program offer to better reflect their time-limited nature. In FY 2026, this is inclusive of 2.0 training and change management professionals, among others.

This program offer also includes resources for a temporary holds pick-up location in the St. Johns neighborhood to support continuity of library services during the bond-related closure.

Table of Division Programs

The following table shows the programs that make up the division's budget, including cash transfers, contingencies, and unappropriated balances. The individual programs for this division follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Department Administration						
80010	Library Director's Office		0	1,585,272	1,585,272	6.00
80012	Business Services		0	3,287,492	3,287,492	8.00
80014	Facilities and Logistics		0	7,604,558	7,604,558	10.00
80017	Human Resources		0	3,739,519	3,739,519	17.75
80018	IT Services		0	12,909,744	12,909,744	5.00
80019	Marketing and Communications		0	2,380,556	2,380,556	11.50
80024	Library Building Bond Administration		0	0	0	6.00
80025	Library Special Projects	X	<u>0</u>	<u>6,296,298</u>	<u>6,296,298</u>	<u>0.00</u>
	Total Department Administration		\$0	\$37,803,439	\$37,803,439	64.25

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Department: Library

Program Contact: Annie Lewis

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

The Library Director's Office provides executive leadership and strategic vision for the library system by working with elected leaders, advisory boards, community organizations and staff to ensure that library services are responsive to the evolving needs of residents over time. This work is informed by a commitment to serve and support those who have previously not had access or been welcomed to the library.

ISSUE: The Director's Office of the Library Department supports the work of two divisions, Public Services and Department Administration, to ensure that library services meet the evolving needs of the community over time.

PROGRAM GOAL: The Library Director's Office envisions the library's role and future in the community, then turns that vision into strategy and direction for the rest of the library.

PROGRAM ACTIVITY: In its work, the Director's Office partners with the Board of County Commissioners, the Multnomah County Library District Board, the Library Advisory Board and the community. This program represents Multnomah County Library across the region and the nation, working with other libraries and library organizations. The program also partners with The Library Foundation and Friends of the Library to improve public support and fundraising. As part of the Library Director's Office, the library's equity and inclusion manager provides equity leadership to the library.

RACIAL EQUITY ADVANCEMENT: The equity and inclusion manager represents the library on the County's Workforce Equity Strategic Plan committee and builds relationships with others both inside and outside of the library. This collaboration helps leverage resources, assess policies, consider library needs and uphold equity work. The manager creates and monitors metrics to keep track of the library's equity progress. This program develops training for staff around working in a culturally responsive way. The program also works to build shared language and understanding around diversity, equity and inclusion. This program will support all library programs in carrying out equity goals for the coming fiscal year. It will track the progress of those goals and provide guidance to program managers.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Library managers with at least four hours of equity and racially just leadership training or coaching	68	60	60	60
Outcome	Library user satisfaction with Multnomah County Library	97%	95%	91%	91%
Outcome	Recent library users who say they would recommend the library to others	N/A	88%	83%	83%
Outcome	Retention rate for employees of color	92.9%	90%	90%	90%

Performance Measures Descriptions

The measure "Recent library users who say they would recommend the library to others" is derived from the redesigned patron survey, which is why FY 2024 data is not available

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would...prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$1,336,313	\$0	\$1,397,289
Contractual Services	\$0	\$156,800	\$0	\$56,850
Materials & Supplies	\$0	\$77,698	\$0	\$54,800
Internal Services	\$0	\$89,613	\$0	\$76,333
Total GF/non-GF	\$0	\$1,660,424	\$0	\$1,585,272
Program Total:	\$1,660,424		\$1,585,272	
Program FTE	0.00	6.00	0.00	6.00

Program Revenues				
Intergovernmental	\$0	\$117,039,930	\$0	\$118,892,291
Other / Miscellaneous	\$0	\$35,000	\$0	\$35,000
Total Revenue	\$0	\$117,074,930	\$0	\$118,927,291

Explanation of Revenues

This program generates \$58,562 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.97%) and resources from the County's Library Fund (0.03%). It represents a prorated share of property taxes (98%), other revenues such as interest earnings, grants, and user charges for services provided to library patrons (2%).

Significant Program Changes

Last Year this program was: FY 2025: 80010 Library Director's Office

Department: Library

Program Contact: Johnny Fang

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Business Services manages the fiscal functions to support all library programs and operations. This program oversees the library's fiscal activities with integrity to ensure all legal and regulatory requirements are followed. The program manages and reports on all revenues and expenditures; it also oversees purchases, contracts, grants, travel and it helps with budget preparation.

ISSUE: Library Business Services manages all the fiscal functions to ensure the library system runs smoothly and within budget.

PROGRAM GOAL: This program ensures that library funds are budgeted, received, accounted for and allocated according to business services guidelines and as intended.

PROGRAM ACTIVITY: The library's Business Services program manages the preparation and submission of the annual budget. It monitors and adjusts the budget throughout the year. The program also manages contracts and purchases for the library and oversees all incoming and outgoing financial transactions. It oversees grants from federal, state, foundation and other nonprofit funding. Business Services also represents the library in many countywide groups and meetings related to finance. The program works closely with Multnomah County Central Finance and Central Purchasing.

RACIAL EQUITY ADVANCEMENT: Business Services focuses on equity by providing fiscal support to the library's patron-facing programs, including those focused on communities of color, for underserved communities. The program also works directly with minority and women suppliers and assists them in the process of registering as a County vendor.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of supplier invoices processed	7,610	6,000	6,500	6,500
Outcome	% of staff who participated in external trainings or conferences	43%	66%	71%	67%

Performance Measures Descriptions

In FY24, supplier invoice volume was affected by Opening Day Collections invoices. In FY25, summary invoices reduced those ODC invoices.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would...prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$2,032,611	\$0	\$2,796,778
Contractual Services	\$0	\$9,758	\$0	\$10,223
Materials & Supplies	\$0	\$98,260	\$0	\$204,091
Internal Services	\$0	\$229,895	\$0	\$276,400
Total GF/non-GF	\$0	\$2,370,524	\$0	\$3,287,492
Program Total:	\$2,370,524		\$3,287,492	
Program FTE	0.00	8.00	0.00	8.00

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

Explanation of Revenues

This program generates \$117,053 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.97%) and resources from the County's Library Fund (0.03%). It represents a prorated share of property taxes (98%), other revenues such as interest earnings, grants, and user charges for services provided to library patrons (2%).

Significant Program Changes

Last Year this program was: FY 2025: 80012 Business Services

The wage scales of a significant number of Library employees are currently under review as part of a Market Study. Although the Market Study will be finalized in Spring 2025, some wage increases have already been agreed to. The increase in personnel costs is related to these known system-wide personnel cost increases. This budget is held centrally until program level impacts are more fully defined, and it is anticipated that it will be incorporated at the program level later in the FY 2026 Budget development process.

Department: Library

Program Contact: Meg Matsushima

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs: 80025

Program Characteristics:
Program Description

The Facilities and Logistics program ensures that library buildings provide access for all, and creates safe and inclusive places for learning and reading. This program invests in quality buildings to reduce long-term operational costs and provide maximum flexibility for the future, allowing programs to deliver high-impact services to all patrons. In addition to managing more than 20 Multnomah County Library District buildings, Facilities and Logistics oversees the library's central stores, the fleet, the movement of materials and supplies between locations, and it supports the success of all library services.

ISSUE: Because the Multnomah County Library District owns the building assets for the library, it is ultimately accountable for the state of its buildings.

PROGRAM GOAL: Facilities and Logistics ensures that the upkeep and utilization of the library's long-term assets meet the library's mission and vision, both now and in the future.

PROGRAM ACTIVITY: The library's Facilities team provides oversight for repair and maintenance activities for all library locations. This includes coordinating with County staff, telecommunications, contractors, and vendors. It is also responsible for the development of the Library District's five-year plan and contributes to and approves the Department of County Asset's five-year Capital Improvement Plan for library buildings. It provides stakeholder-level input into criteria for projects, including new construction and major renovation. It serves all library staff and patrons as experts on ADA-compliant building access and ergonomics, and it provides support for secure building access. The library's Logistics team oversees deliveries that move materials between locations, enabling quick access to library materials throughout the county. The program operates daily, delivering to approximately 40 service points each weekday. Delivery includes all library books and materials, interoffice mail, U.S. Mail, library supplies and bank deposits. The team provides support to all library fleet vehicles to coordinate service, interface with the County fleet, and oversee vehicle replacement. It also manages central supply stores on behalf of the library system. This program manages risk and safety for the library along with the Security program, and contributes to security policy development and implementation.

RACIAL EQUITY ADVANCEMENT: Facilities and Logistics directly supports diversity, equity and inclusion by budgeting to upgrade facilities to better meet universal design standards and ADA requirements and to support equitable access for all with a prioritized focus on underserved communities. This program also promotes design justice, including trauma-informed design, sustainability, connection to nature and workforce equity within facilities projects.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Crates of books, mail and supplies moved annually	144,903	180,000	190,000	195,000
Outcome	% of patrons who are satisfied with the cleanliness of their primary library location	N/A	N/A	87%	87%

Performance Measures Descriptions

The measure "% of patrons who agree library spaces are safe and welcoming" was revised in the FY25 patron survey. The new measure is "% of patrons who are satisfied with the cleanliness of their primary library location."

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would...prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$1,520,654	\$0	\$1,537,513
Contractual Services	\$0	\$2,000	\$0	\$78,435
Materials & Supplies	\$0	\$54,646	\$0	\$33,899
Internal Services	\$0	\$3,644,361	\$0	\$5,954,711
Total GF/non-GF	\$0	\$5,221,661	\$0	\$7,604,558
Program Total:	\$5,221,661		\$7,604,558	
Program FTE	0.00	10.00	0.00	10.00

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

Explanation of Revenues

This program generates \$64,421 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.97%) and resources from the County's Library Fund (0.03%). It represents a prorated share of property taxes (98%), other revenues such as interest earnings, grants, and user charges for services provided to library patrons (2%).

Significant Program Changes

Last Year this program was: FY 2025: 80014 Facilities and Logistics

The change in internal services charges to this program is a result of consolidation Capital Plan Improvement contributions into the Facilities and Logistics program offer.

Department: Library

Program Contact: Johnette Easter

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

The Library Human Resources (HR) team facilitates effective resource management for a diverse and highly qualified workforce throughout all stages of employment. This encompasses recruitment, hiring, employee relations, professional development, training and retention in accordance with departmental and County equity and inclusion values. The Library HR program is staffed by a team of individuals with a high-level of expertise who come from diverse educational, professional and cultural backgrounds that reflect the library's core values.

ISSUE: HR leads the recruitment, retention and development of the library workforce and volunteers, allowing the library to fulfill its mission and provide service in accordance with library's values, priorities and strategies.

PROGRAM GOAL: HR includes the Learning and Organizational Development (L+OD) and Volunteer Services (VS) work groups. The overall program focuses on the library's strategic plan: HR and L+OD support the goal of committing resources and staffing to a vision of spaces that change to meet the needs of its community. VS supports the goal of community members having a positive experience with library staff, spaces, materials and services.

PROGRAM ACTIVITY: HR manages the employment life cycle to recruit and retain highly qualified, diverse staff. It consults with managers and employees across workforce topics including performance management, and it partners with the County's Central Human Resources and with Labor Relations to ensure the union contract and personnel rules are enforced appropriately. L+OD coordinates training and supports organizational growth through targeted development programs, workgroup planning and team-building. L+OD leads high-impact, cross-functional projects by providing change management and effectiveness strategies. VS oversees the life cycle and support of volunteers, including placement, policies and recognition. Library volunteers reflect the racial and ethnic diversity of the County. Volunteers range from elementary school students to octogenarians and they bring an array of skills, abilities and life experiences.

RACIAL EQUITY ADVANCEMENT: HR supports equity and inclusion in the library by developing tools and a framework for decision-making, and by training to meet strategic goals. The program will continue to recruit, hire and train qualified diverse applicants. VS implemented a volunteer satisfaction survey in FY 2024 and determined that no discrepancies were found between the experience of volunteers of color and white volunteers. VS will repeat the survey in FY 2026 to identify opportunities for equitably maintaining positive experiences through volunteer engagement. L+OD maintains robust travel and training line items to support culturally specific conference attendance.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Hours contributed by volunteers	24,503	21,000	21,200	22,000
Outcome	% of library staff who agree that they can make a difference by working here	85%	86%	85%	85%
Outcome	% of incoming staff participating in New Employee Orientation equity training	N/A	95%	95%	95%
Outcome	% of library staff who agree that they receive sufficient training and education to do their jobs effectively	73%	75%	73%	75%

Performance Measures Descriptions

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would...prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$3,521,215	\$0	\$3,306,276
Contractual Services	\$0	\$51,500	\$0	\$39,000
Materials & Supplies	\$0	\$351,919	\$0	\$239,522
Internal Services	\$0	\$158,046	\$0	\$154,721
Total GF/non-GF	\$0	\$4,082,680	\$0	\$3,739,519
Program Total:	\$4,082,680		\$3,739,519	
Program FTE	0.00	17.75	0.00	17.75

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

Explanation of Revenues

This program generates \$138,555 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.97%) and resources from the County's Library Fund (0.03%). It represents a prorated share of property taxes (98%), other revenues such as interest earnings, grants, and user charges for services provided to library patrons (2%).

Significant Program Changes

Last Year this program was: FY 2025: 80017 Human Resources

Department: Library

Program Contact: Jon Worona

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

IT Services provides leadership and resources for the library's technology vision, which ensures robust and sustainable technology. It supports innovative, inclusive service to diverse communities and staff. This program maintains computers, mobile devices, equipment, networking, applications integration, development and security. It also supports learning, creation and productivity for the public and staff.

ISSUE: The library is committed to digital equity and inclusion to increase access to equipment, the internet and tech help.

PROGRAM GOAL: Library IT Services defines and develops technology solutions that align with patron and staff needs and support library priorities.

PROGRAM ACTIVITY: IT Services partners with County IT to maintain more than 1,000 public computers and mobile devices, the library website, intranet, software, servers, internet access and Wi-Fi in library facilities. Library users can search the catalog; manage their accounts; download e-books; stream audio and video content; use electronic resources; and access the internet for educational, business and personal use. Children and adults use library computers and tablets to communicate, do research, complete homework, apply for jobs, find things to read and participate in social media. Public computers also provide office software to accomplish personal and business work as well as schoolwork. The library offers computers and software in community rooms for learning, for use in libraries or to take home. Many public computer users have no access to a computer or high-speed internet at home, so the library is their only window to technology, communication and information. IT Services also regularly maintains more than 700 computers, equipment and software for library staff, supporting office computing and systems such as the library catalog, patron database, circulation system, materials acquisition system, electronic resources, and other internal operations. Due to bond-related closures and openings in the coming year, IT Services will support the disconnection, move, storage, refresh, acquisition, configuration and installation of many of the public computers, staff computers and related equipment.

RACIAL EQUITY ADVANCEMENT: This program supports and is influenced by the Digital Equity and Inclusion Coordinator, and participates in the regional Coalition of Digital Equity (CODE). Library IT Services runs the Tech Lending program that provides digital literacy training and Chromebook loans. Tech Lending prioritizes BIPOC patrons. Most patrons are referred to the program through community partners or by staff specifically working with BIPOC communities.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of public computers	1,293	1,025	1,332	1,374
Outcome	% of patrons responding to Patron Survey who agree public computer availability meets their needs	N/A	N/A	52%	52%
Output	Number of public computer sessions	263,203	278,000	330,000	388,000
Output	Number of devices using library wi-fi	808,905	1,250,000	1,157,000	1,330,000

Performance Measures Descriptions

The measure “% of patrons responding to Patron Survey who agree public computer availability meets their needs” is slightly changed due a revision in the FY25 patron survey. The previous measure was “% of patrons satisfied with the availability of public computers & wi-fi.” The measure “number of devices using library wi-fi” is slightly changed due a revision in the FY25 patron survey. The previous measure was “number of public devices using Wi-Fi.”

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would...prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$1,114,630	\$0	\$1,161,720
Contractual Services	\$0	\$298,150	\$0	\$311,245
Materials & Supplies	\$0	\$1,867,434	\$0	\$1,784,231
Internal Services	\$0	\$8,817,259	\$0	\$9,652,548
Total GF/non-GF	\$0	\$12,097,473	\$0	\$12,909,744
Program Total:	\$12,097,473		\$12,909,744	
Program FTE	0.00	5.00	0.00	5.00

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

Explanation of Revenues

This program generates \$48,688 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.97%) and resources from the County's Library Fund (0.03%). It represents a prorated share of property taxes (98%), other revenues such as interest earnings, grants, and user charges for services provided to library patrons (2%).

Significant Program Changes

Last Year this program was: FY 2025: 80018 IT Services

Department: Library

Program Contact: Kim Sutton

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

The Marketing and Communications (Marcom) program leads comprehensive communication and marketing strategies that strengthen the library's public image, brand identity and community engagement. This program offers multilingual access across five languages and develops communications that connect diverse cultural groups with library resources, programs and collections. With a focus on historically underserved and oppressed communities, Marcom focuses its work on the library's commitment to equity in its service priorities. By effectively communicating the library's programs, resources and community impact, Marcom increases both participation in library membership and events and overall awareness of the library's essential role providing educational and cultural resources and programs that serve all members of our community.

ISSUE: Marcom provides essential communication services for the library, raising brand awareness and fostering engagement with the thousands of library users who visit online or in person daily.

PROGRAM GOAL: Marcom supports internal staff communication, external communications with patrons and the community and positions the library as a trusted brand that creates lasting, meaningful relationships with the community.

PROGRAM ACTIVITY: Marcom maintains an informative and engaging strategic online presence in social media and email marketing, overseeing the library's brand and identity. It develops strategies and resources to promote library use and creates mechanisms to gather library user feedback and input. Marcom provides critical guidance and input into systemwide strategic decisions, and it also provides clear, timely information to the public and the news media, including the coordination, application and translation of information to distinct cultural and language communities. Marcom provides fiscal accountability to the public, communicates about the evolution of library services and resources and advances the library's priorities with library staff and the community.

RACIAL EQUITY ADVANCEMENT: Marcom uses the County's Community Opportunity Map (layers of statistical demographic measures), Knowledge, Skills, and Abilities (KSA) staff allocation, and cultural- and language-specific resources to engage diverse communities of color in ways that are relevant—through language, design and platform. Marcom partners with KSA staff to understand and respond to specific community needs and connect people with library services and resources.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Active cardholders	237,909	230,000	249,776	240,000
Outcome	Market penetration (active cardholder households as a percentage of all households in the service area)	38%	38%	38%	38%

Performance Measures Descriptions

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would...prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$1,987,224	\$0	\$2,042,206
Contractual Services	\$0	\$75,000	\$0	\$100,006
Materials & Supplies	\$0	\$165,902	\$0	\$148,560
Internal Services	\$0	\$78,540	\$0	\$89,784
Total GF/non-GF	\$0	\$2,306,666	\$0	\$2,380,556
Program Total:	\$2,306,666		\$2,380,556	
Program FTE	0.00	11.50	0.00	11.50

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

Explanation of Revenues

This program generates \$85,582 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.97%) and resources from the County's Library Fund (0.03%). It represents a prorated share of property taxes (98%), other revenues such as interest earnings, grants, and user charges for services provided to library patrons (2%).

Significant Program Changes

Last Year this program was: FY 2025: 80019 Marketing and Communications

Sponsorship of the library's translation services program will move fully to the marketing and communications department. Beginning in FY26, translations will be prepared by freelance translators, and library assistants will move from community information to location services, retaining 0.30 FTE of their working time for translations editing and review.

Department: Library

Program Contact: Katie O'Dell

Program Offer Type: Administration

Program Offer Stage: Adopted

Related Programs: 78228A-J

Program Characteristics:
Program Description

With the passage of the Library Capital Construction Bond (Measure 26-211), the voters of Multnomah County approved the funding for all of the projects that are laid out as part of the bond plan. The Program Management Office (PMO) prioritizes accountability, equity, accessibility, flexibility, partnership, innovation, sustainability and public safety through each project. The Library Capital Bond Administration program consists of the library employees who are part of the Library Capital PMO. It includes the PMO deputy director and the positions responsible for communications, staff and community outreach, project coordination, and office administration—all which support the library's building program.

ISSUE: Funds from the 2020 Capital Bond measure will increase total library space in current library buildings by approximately 50 percent, offering Multnomah County residents the sizes and types of library spaces other communities enjoy.

PROGRAM GOAL: The Library Building Bond Administration supports the library's vision for capital construction projects through collaboration with bond program management staff and with community outreach and engagement. This program represents the library staff positions that support the Capital Bond program's administration in collaboration with the Department of County Assets (DCA). Most of the library bond expenses are budgeted in the DCA; these positions are funded by the Multnomah County Library Capital Construction Fund.

PROGRAM ACTIVITY: Each library project begins with a robust community engagement and input process to determine design and features. This program offer includes program staff who support this large-scale effort and the funds to build and purchase the necessary infrastructure to meet the expected bond-based timeline. The work also includes audits and public oversight. The following are projects within the overall program: build a new East County Library; rebuild and expand two destination libraries; renovate and expand five neighborhood libraries; increase efficiency and reduce handling costs by converting to an Automated Materials Handling system; connect all libraries to gigabit speed internet service; increase the number of accessible buildings, services, and technology for people with disabilities; and improve seismic readiness.

RACIAL EQUITY ADVANCEMENT: Diversity, equity and inclusion are key values of the library. All aspects of this work center diversity, equity and inclusion. The Library's Capital Planning Project Principles and Community Engagement Ethos emphasize hearing community voices and elevating the voices of those often left out of the conversation. Working closely with each project team, this group ensures parity in communications, language support at events and during community engagement, and documents the impact of community engagement on final projects.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of public presentations, community listening sessions and community events supporting current bond projects	41	30	30	10
Outcome	Community advocate satisfaction with their experience as paid grassroots community engagement members	4.8	4.0	4.0	4.0

Performance Measures Descriptions

There will be a reduction in presentations and events through FY26 as the PMO focuses on opening new libraries already in design. Community Design Advocates (CDAs) are paid community members doing grassroots community engagement as part of the bond program. These Community Design Advocates are surveyed on their experience and satisfaction with the CDA program overall, as a measurement of the bond program's commitment to community voice. Scale of 1 - 5, with 5 being the most satisfied.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would...prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$0	\$0	\$0
Internal Services	\$0	\$0	\$0	\$0
Total GF/non-GF	\$0	\$0	\$0	\$0
Program Total:	\$0		\$0	
Program FTE	0.00	6.00	0.00	6.00

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

Explanation of Revenues

Positions in this program offer are funded by the Multnomah County Library Capital Construction Fund (2517).

Significant Program Changes

Last Year this program was: FY 2025: 80024 Library Building Bond Administration

FY 2026 will be focused on opening new buildings rather than engaging the community in frequent design discussions. The overall number of individual events will be significantly reduced while the participation for each event will increase due to the scale of opening events.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would...prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$28,000	\$0	\$2,725,448
Contractual Services	\$0	\$171,583	\$0	\$544,602
Materials & Supplies	\$0	\$299,000	\$0	\$144,703
Internal Services	\$0	\$954,402	\$0	\$1,414,045
Capital Outlay	\$0	\$0	\$0	\$1,467,500
Total GF/non-GF	\$0	\$1,452,985	\$0	\$6,296,298
Program Total:	\$1,452,985		\$6,296,298	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$1,452,985	\$0	\$6,296,298
Total Revenue	\$0	\$1,452,985	\$0	\$6,296,298

Explanation of Revenues

This program generates \$113,924 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (100%). All revenues allocated to this program offer are one-time-only, sourced from available fund balance in the Library District. Revenues and expenses in this program offer are isolated in a sub-fund within the Library Fund.

Significant Program Changes

Last Year this program was: FY 2025: 80025 Library Special Projects

As of FY 2026, the library has shifted limited duration position costs to this program offer, rather than budgeting across multiple program offers in many divisions. The increase in contractual services is related to grant-funded play space equipment in production for several new library locations coming online in FY 2026.

Public Services

Multnomah County Library's Public Services division encompasses 19 neighborhood libraries and a Mobile Library. These libraries serve as hubs of community learning, providing welcoming environments where staff facilitate access to books, computers, internet, free programs and meeting spaces. The library system offers a vast collection of over two million physical and digital materials, offers in person and online reference services, and hosts diverse programs, including storytimes in multiple languages and technology assistance.

Other programs include Community Information, which serves library users via phone, email, text and chat. Library Events and Reader Services provides support for programming, reader services, adult literacy, digital literacy and technology classes, and creative learning spaces. Community Engagement focuses on service delivery to people with limited or no access to library services, including services to adults and youth in custody, elders, people who are homebound, and people with disabilities. Youth Development, which specializes in age-specific youth service subject matter expertise, supports summer reading, storytime coordination and training, Library Connect and other youth reader services.

Integrated Library Services buys, catalogs, digitizes, curates and processes print and electronic and digital resources. It manages interlibrary loans, nearly 10,000 physical and electronic periodical subscriptions, 120 databases and online resources (such as Libby and Hoopla), and supports the systemwide movement of library materials.

The Public Services division also provides project management, data management and analysis, and evaluation design for library projects and programs through the Office of Project Management and Evaluation, and oversees the library's security program.

\$87.4 million

Public Services

Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.



479.05 FTE

(full time equivalent)

Other Funds

\$87.4M

100.0%

Division Outcomes

In alignment with the library's strategic plan goals, the Public Services division:

- Fosters respectful and welcoming spaces for diverse communities.
- Ensure positive experiences for community members engaging with library staff, spaces, materials and services.
- Creates public, popular and personal intersections for lifelong learning and contributes to improved educational outcomes for learners of all ages.
- Builds capacity for all to be creators and users of technology in order to reduce structural barriers through technology access, assistance, computers, equipment and internet services.

Significant Division Changes

A new staffing plan will serve as the library's guide for ensuring adequate staffing and optimal library services for the new library spaces. The multiyear effort to update the staffing plan was supported by an external consultant and informed by the library's service statement and priorities as well as an updated methodology for estimating staff coverage by location. In summary, this plan adds four new positions to the library.

- The plan reassigns some staff who previously provided services in the community, outside of library spaces, into locations where their expertise and skills will continue to support the community. The plan also calls for some Location Services staff to move to new locations to support the opening of larger libraries: Albina Library (summer 2025); Belmont Library (summer 2026); and East County Library (spring 2026). The timing of the changes will depend on the location to which staff are assigned, with some assignments changing as early as February 2025 and others happening in mid-FY 2026.
- Several staff in Community Services will be reassigned to Location Services to better align service coordination within systemwide teams. The library also has proposed difficult choices to end some specialized outreach programs. These changes dissolve the Youth Learning team and reassign staff and subsequently end three programs at the end of FY 2025: School Corps, Books2U and Listos para el Kínder.
- The staffing plan also emphasises safety and security in library spaces, adding new location supervisors, bolstering support for the person-in-charge program and shifting fully to contracted security offers. Seven libraries will have new, permanent supervisor positions: Hollywood, Belmont, Northwest, East County, Rockwood, Midland and Holgate. These management roles provide additional support for PIC coverage in locations and offer another layer of support in challenging circumstances.
- In addition, the library will establish a pool of regular, represented staff who are available to cover last-minute absences and other needs, ensuring each location has adequate staffing every day.
- The library anticipates further adjustments, as the efficiencies gained from automated materials handling and a new materials management software come into clearer focus.

As part of an overall budget balancing strategy, the library will reduce e-book holds maximum from 20 to 10 to slow escalating e-book cost pressures. It will also reduce subscription services and other online databases that have low utilization rates.

The library system will continue experiencing multiple bond-related closures and reopenings over the next year, affecting many work groups within the Public Services division. Northwest, St. Johns and Belmont will be closed for much of FY 2026, reopening between fall 2025 and summer 2026, and East County Library will also open in 2026. Hollywood, Kenton, Rockwood, Sellwood-Moreland, and Woodstock libraries will be closed for part of FY 2026 to accommodate smaller refresh projects managed through the bond program.

The FY 2025 Adopted Budget allocated \$180,000 in ongoing Supportive Housing Service resources to establish a peer support specialist program at Central Library. Given the amount of time needed for program development, contract execution, hiring, and training of peers, peers only began working in Central Library as of February 2025. Due to an SHS Funding shortfall that required cuts to SHS-funded County programs, and the fact that the Central Library mental health support contract was partially reduced in FY 2026, the library department will repurpose the change in cost of living adjustment assumptions to continue the peer support program at the current level for another year (80001). The library will reassess continued funding with additional data and information on program efficacy heading into FY 2027.

Table of Division Programs

The following table shows the programs that make up the division's budget, including cash transfers, contingencies, and unappropriated balances. The individual programs for this division follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Public Services						
80001	Central Library		0	9,890,917	9,890,917	59.50
80002	North and Northeast County Libraries		0	10,469,831	10,469,831	71.25
80003	West and South County Libraries		0	9,678,632	9,678,632	62.50
80004	Mid County Libraries		0	10,200,628	10,200,628	66.50
80005	East County Libraries		0	11,246,176	11,246,176	73.50
80006	Youth Development		0	1,855,355	1,855,355	7.75
80007	Community Information		0	1,983,627	1,983,627	14.50
80020	Integrated Library Services		0	16,758,802	16,758,802	52.75
80022	Public Services Division Management		0	9,618,527	9,618,527	43.25
80023	Community Engagement		0	2,707,988	2,707,988	13.00
80026	Library Events and Reader Services		0	3,009,667	3,009,667	14.55
Total Public Services			\$0	\$87,420,150	\$87,420,150	479.05

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Department: Library

Program Contact: Shelly Jarman

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Central Library enacts Multnomah County Library values by leading with racial equity and inclusion to create spaces and services for all community members. This region, which covers downtown Portland, provides culturally relevant services to Black, Indigenous, LGBTQIA+, Chinese and Spanish-speaking library users and helps decrease the digital divide throughout Multnomah County.

ISSUE: Public spaces to access information, educational opportunities, technology and an area to connect with others are systemically lacking in Multnomah County. There are substantial limitations for no-charge, culturally specific community hubs that provide access to language learning, early literacy and learning, technology support and more.

PROGRAM GOAL: Central library's educational programs improve employment opportunities and quality of life for those with low English proficiency and limited resources. To support critical life skill development and digital literacy, library staff prioritize services such as tech access; one-on-one tech help; job search help, training and resources; literacy resources; and classes for youth and adults. Library crisis intervention services and peer support services perform both intervention and resource or service referrals for members of the public experiencing houselessness and other challenges.

PROGRAM ACTIVITY: Central Library continues to focus on strategies to best serve marginalized communities and advance equity. Outreach and programming decisions are informed using a community needs assessment and by prioritizing services based on these identified needs: technology access and assistance, collection access, information access, and dedicated hours for crisis intervention services. Library services are prioritized to serve those from underserved communities and provide a cultural- and/or language-specific lens. This includes storytimes, youth literacy programs, workshops for teens, virtual and in-person adult classes, one-on-one tech training, and job assistance training.

RACIAL EQUITY ADVANCEMENT: All library locations are actively engaging in equity work. The priority is open access without barriers to library spaces. The team dedicated to serving the Chinese speaking community expanded capacity with a change to higher classifications. Black, Indigenous, and People of Color are disproportionately impacted by houselessness and socioeconomic distress, and the Central Library will continue to add programming that offers resources and referrals to these communities.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of library visits	135,527	250,000	375,000	400,000
Outcome	% of patrons who usually find what they need	94%	92%	84%	100%

Performance Measures Descriptions

The measure "% of patrons who usually find what they need" is slightly changed due a revision in the FY25 patron survey. The previous measure was "% of library users who found books and items they wanted."

Central Library was closed for part of FY 2024 for renovations.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would...prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$7,450,575	\$0	\$7,481,762
Contractual Services	\$0	\$249,582	\$0	\$308,767
Materials & Supplies	\$0	\$64,727	\$0	\$77,296
Internal Services	\$0	\$3,185,525	\$0	\$2,023,092
Total GF/non-GF	\$0	\$10,950,409	\$0	\$9,890,917
Program Total:	\$10,950,409		\$9,890,917	
Program FTE	0.00	59.50	0.00	59.50

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

Explanation of Revenues

This program generates \$313,453 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.97%) and resources from the County's Library Fund (0.03%). It represents a prorated share of property taxes (98%), other revenues such as interest earnings, grants, and user charges for services provided to library patrons (2%).

Significant Program Changes

Last Year this program was: FY 2025: 80001 Central Library

A number of positions are reallocated from Central Library to other areas of the library system. These shifts are part of the library's efforts to realign staffing to meet changing operational needs as a result of the 2020 bond program. The change in internal services charges to this program is a result of consolidation Capital Plan Improvement contributions to Facilities and Logistics.

Shifts in contracted spending include a partial reduction to the library's contract for qualified mental health support at Central Library, as well as full program costs for a Peer Support Specialist pilot program. The peer program was fully funded by Supportive Housing Resources in the FY 2025 Adopted Budget.

Department: Library

Program Contact: Serenity McWilliams

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

North and Northeast County libraries (Albina, Hollywood, Kenton, North Portland, St. Johns) enact Multnomah County Library values by leading with racial equity and inclusion to create spaces and services for all community members. This region provides culturally relevant services to Black, Indigenous, LGBTQIA+, and Spanish-speaking library users and helps decrease the digital divide throughout Multnomah County.

ISSUE: Public spaces to access information, educational opportunities, technology, and an area to connect with others are systemically lacking in Multnomah County. There are substantial limitations for no-charge, culturally specific community hubs that provide access to language learning, early literacy and learning, technology support and more.

PROGRAM GOAL: North and Northeast County libraries' language learning and educational programs improve employment opportunities and quality of life for those with low English proficiency and limited resources. To support critical life skill development and digital literacy, library staff prioritize services such as tech access; one-on-one tech help; job search help, training and resources; literacy resources; and classes for youth and adults. In FY26, Albina Library will reopen and Hollywood and St Johns libraries will be refreshed and renovated through the Capital Bond Project to create more space for the community, support efficiency through Automated Materials Handling and add new furniture and layouts to support a variety of needs.

PROGRAM ACTIVITY: North and Northeast County libraries continue focusing on strategies to best serve marginalized communities and advance equity. Library services are prioritized to serve those from underserved communities and provide a cultural- and/or language-specific lens. This includes storytimes, youth literacy programs, virtual and in-person adult classes (ESL, citizenship, computer use, small business), one-on-one tech training, and job assistance training.

RACIAL EQUITY ADVANCEMENT: All library locations are actively engaging in equity work. Open access without barriers to library spaces continues to be the priority. In recent years libraries in this region have hired staff who are focused on serving the Indigenous community, and expanded the teams dedicated to serving the Black and Spanish-speaking communities.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of library visits	487,905	480,000	350,000	400,000
Output	% of patrons who usually find what they need	93%	93%	86%	86%

Performance Measures Descriptions

The measure "number of library visits" reflects building closures; some closure and opening dates are tentative. The measure "% of patrons who usually find what they need" is slightly changed due a revision in the FY25 patron survey. The previous measure was "% of library users who found books and items they wanted."

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would...prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$8,356,701	\$0	\$8,834,174
Contractual Services	\$0	\$2,644	\$0	\$1,703
Materials & Supplies	\$0	\$107,974	\$0	\$106,603
Internal Services	\$0	\$1,577,523	\$0	\$1,527,351
Total GF/non-GF	\$0	\$10,044,842	\$0	\$10,469,831
Program Total:	\$10,044,842		\$10,469,831	
Program FTE	0.00	69.25	0.00	71.25

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

Explanation of Revenues

This program generates \$370,111 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.97%) and resources from the County's Library Fund (0.03%). It represents a prorated share of property taxes (98%), other revenues such as interest earnings, grants, and user charges for services provided to library patrons (2%).

Significant Program Changes

Last Year this program was: FY 2025: 80002 North and Northeast County Libraries

During FY 2026, the Albina library and St. Johns library will reopen after major construction; Hollywood library will close and reopen after a smaller refresh project. The North Portland library reopened in February 2025, and the temporary services location at University of Oregon was closed in December 2024. The Continuity of Library Services work in the region will continue into FY 2026 prioritizing support for the St. Johns and Hollywood closures.

As part of the Future Staffing Plan implementation, a number of positions are reallocated to help provide library services in new, larger locations in the North and Northeast region. These shifts are part of the library's efforts to realign staffing to meet changing operational needs as a result of the 2020 bond program.

Department: Library

Program Contact: Martha Flotten

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

West and South County libraries (Belmont, Capitol Hill, Hillsdale, Northwest, and Sellwood-Moreland) enact Multnomah County Library values by leading with racial equity and inclusion to create spaces and services for all community members. This region provides culturally relevant services to Black, and Somali library users and helps decrease the digital divide throughout Multnomah County.

ISSUE: Public spaces to access information, educational opportunities, technology and connections with others are systemically lacking in Multnomah County. There are substantial limitations for no-charge, culturally specific community hubs that provide access to language learning, early literacy and learning, technology support and more.

PROGRAM GOAL: West and South County libraries' language learning and educational programs improve employment opportunities and quality of life for those with low English proficiency and limited resources. To support critical life skill development and digital literacy, library staff prioritize services such as tech access; one-on-one tech help; job search help, training and resources; literacy resources; and classes for youth and adults. In FY 26, Sellwood-Moreland Library will be refreshed and Belmont Library will be renovated; we opened a holds pickup location to serve the Belmont Library community during closure. Northwest Library will move into a new, custom-designed building. These projects will create more space for the community, support efficiency through Automated Materials Handling and add new furniture and layouts to support a variety of needs.

PROGRAM ACTIVITY: West and South County libraries continue focusing on strategies to best serve marginalized communities and advance equity. Outreach and programming decisions are made using a community needs assessment and by prioritizing services based on these identified needs: technology access and assistance, collection access, information access, and library materials pickup. Library services are prioritized to serve those from underserved communities and provide a cultural- and/or language-specific lens. This includes storytimes, youth literacy programs, teen classes, virtual and in-person adult classes (ESL, citizenship, computer use, small business), one-on-one tech training and job assistance training.

RACIAL EQUITY ADVANCEMENT: All library locations are actively engaging in equity work. Open access without barriers to library spaces is the priority. We plan to add additional staff focused on serving Spanish-speaking communities.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of library visits	531,185	540,000	425,000	400,000
Outcome	% of patrons who usually find what they need	94%	94%	85%	85%

Performance Measures Descriptions

The measure "number of library visits" reflects building closures; some closure and opening dates are tentative. The measure "% of patrons who usually find what they need" is slightly changed due a revision in the FY25 patron survey. The previous measure was "% of library users who found books and items they wanted."

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would...prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$7,752,431	\$0	\$7,863,162
Contractual Services	\$0	\$2,982	\$0	\$3,327
Materials & Supplies	\$0	\$80,355	\$0	\$82,546
Internal Services	\$0	\$1,678,395	\$0	\$1,729,597
Total GF/non-GF	\$0	\$9,514,163	\$0	\$9,678,632
Program Total:	\$9,514,163		\$9,678,632	
Program FTE	0.00	62.25	0.00	62.50

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

Explanation of Revenues

This program generates \$329,444 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.97%) and resources from the County's Library Fund (0.03%). It represents a prorated share of property taxes (98%), other revenues such as interest earnings, grants, and user charges for services provided to library patrons (2%).

Significant Program Changes

Last Year this program was: FY 2025: 80003 West and South County Libraries

Belmont Library is closed until spring 2026 for renovation funded by the Multnomah County Capital Bond, and a temporary holds location will remain open to continue support materials movement in the region. Northwest Library will move to a new location in winter 2026, with improved seating, study rooms and space for teens and children. Sellwood-Moreland Library will be refreshed and will reopen in fall 2025 with improved seating, sightlines and materials handling.

As part of the Future Staffing Plan implementation, a number of positions are reallocated from the West and South region to help provide library services in other locations, either directly or as part of a new substitute staffing team. These shifts are part of the library's efforts to realign staffing to meet changing operational needs as a result of the 2020 bond program.

Department: Library

Program Contact: Silvana Santana Gabriell

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Mid County libraries (Gregory Heights, Holgate, Midland, Woodstock) enact Multnomah County Library values by leading with racial equity and inclusion to create spaces and services for all community members. This region provides culturally relevant services to Black, Indigenous, Vietnamese, Chinese, Russian and Spanish-speaking library users and helps decrease the digital divide throughout Multnomah County.

ISSUE: Public spaces to access information, educational opportunities, technology and connections with others are systemically lacking in Multnomah County. There are substantial limitations for no-charge, culturally specific community hubs that provide access to language learning, early literacy and learning, technology support and more.

PROGRAM GOAL: Mid County libraries' language learning and educational programs improve employment opportunities and quality of life for those with low English proficiency and limited resources. To support critical life skill development and digital literacy, library staff prioritize services such as tech access; one-on-one tech help; job search help, training and resources; literacy resources; and classes for youth and adults. In FY 26, Woodstock Library will be the last location in the Mid County region to be refreshed through the Capital Bond project. This project will create more space for the community, support efficiency through Automated Materials Handling and add new furniture and layouts to support a variety of needs.

PROGRAM ACTIVITY: Mid County libraries continue to focus on strategies to best serve marginalized communities and advance racial equity. Outreach and programming decisions are made using a community needs assessment and by prioritizing services based on these identified needs: technology access and assistance, collection access, information access, and library materials pickup. We continue expanding in-person services and support patrons through virtual programs and services. Library services are prioritized to serve those from underserved communities and provide a cultural and/or language-specific lens. This includes storytimes, youth literacy programs and virtual and in-person adult classes (ESL, citizenship, computer use, small business and tech training).

RACIAL EQUITY ADVANCEMENT: All library locations are actively engaging in equity work. Open access without barriers to library spaces is the priority.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of library visits	229,124	475,000	540,000	600,000
Outcome	% of patrons who usually find what they need	93%	92%	87%	87%

Performance Measures Descriptions

The measure "number of library visits" reflects building closures; some closure and opening dates are tentative. The measure "% of patrons who usually find what they need" is slightly changed due a revision in the FY25 patron survey. The previous measure was "% of library users who found books and items they wanted."

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would...prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$8,539,337	\$0	\$8,533,448
Contractual Services	\$0	\$2,795	\$0	\$3,592
Materials & Supplies	\$0	\$92,502	\$0	\$98,892
Internal Services	\$0	\$2,096,091	\$0	\$1,564,696
Total GF/non-GF	\$0	\$10,730,725	\$0	\$10,200,628
Program Total:	\$10,730,725		\$10,200,628	
Program FTE	0.00	66.50	0.00	66.50

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

Explanation of Revenues

This program generates \$357,519 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.97%) and resources from the County's Library Fund (0.03%). It represents a prorated share of property taxes (98%), other revenues such as interest earnings, grants, and user charges for services provided to library patrons (2%).

Significant Program Changes

Last Year this program was: FY 2025: 80004 Mid County Libraries

Woodstock Library is closed for a building refresh from spring through summer 2025. During the closure, staff will be reassigned to support spillover locations and other library services. The Mid-County program will include two location supervisors at Holgate and Midland libraries to help support person-in-charge coverage, among other staffing shifts, in FY 2026. These staffing shifts are part of the library's efforts to realign staffing to meet changing operational needs, post-bond.

The change in internal services charges to this program is a result of consolidation Capital Plan Improvement contributions into the Facilities and Logistics program offer.

Department: Library

Program Contact: Angela Weyrens

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

East County libraries (Fairview-Columbia, Gresham, Rockwood, Troutdale, and the new East County Library) enact Multnomah County Library values by leading with racial equity and inclusion to create spaces and services for all community members. This region provides culturally relevant services to Black, Russian and Spanish-speaking library users and helps decrease the digital divide throughout Multnomah County.

ISSUE: Public spaces to access information, educational opportunities, technology and an area to connect with others are systemically lacking in Multnomah County. There are substantial limitations for no-charge, culturally specific community hubs that provide access to language learning, early literacy and learning, technology support and more.

PROGRAM GOAL: East County libraries' language learning and educational programs improve employment opportunities and quality of life for those with low English proficiency and limited resources. To support critical life skill development and digital literacy, library staff prioritize services such as tech access; one-on-one tech help; job search help, training and resources; literacy resources; and classes for youth and adults. The Rockwood Library will be refreshed through the Capital Bond project to create more space for the community, support efficiency through Automated Materials Handling, and add new furniture and layouts to support a variety of needs.

PROGRAM ACTIVITY: East County libraries continue to focus on strategies to best serve marginalized communities and advance racial equity. Outreach and programming decisions are informed using a community needs assessment and by prioritizing services based on these identified needs: technology access and assistance, collection access, information access and library materials pickup. Library services are prioritized to serve those from underserved communities and provide a cultural- and/or language-specific lens. This included storytimes, youth literacy programs, workshops for teens, virtual and in-person adult classes (ESL, citizenship, computer use, small business), one-on-one tech training, and job assistance training.

RACIAL EQUITY ADVANCEMENT: All library locations are actively engaging in equity work. Open access without barriers to library spaces is the priority. In recent years the library added additional staff focused on serving the Russian-language communities.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of library visits	372,307	310,000	345,000	210,000
Outcome	% of patrons who usually find what they need	91%	92%	85%	85%

Performance Measures Descriptions

The measure "number of library visits" reflects building closures; some closure and opening dates are tentative. The measure "% of patrons who usually find what they need" is slightly changed due a revision in the FY25 patron survey. The previous measure was "% of library users who found books and items they wanted."

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would...prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$9,035,899	\$0	\$9,430,920
Contractual Services	\$0	\$2,723	\$0	\$2,846
Materials & Supplies	\$0	\$91,289	\$0	\$121,413
Internal Services	\$0	\$1,372,583	\$0	\$1,690,997
Total GF/non-GF	\$0	\$10,502,494	\$0	\$11,246,176
Program Total:	\$10,502,494		\$11,246,176	
Program FTE	0.00	71.50	0.00	73.50

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

Explanation of Revenues

This program generates \$395,130 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.97%) and resources from the County's Library Fund (0.03%). It represents a prorated share of property taxes (98%), other revenues such as interest earnings, grants, and user charges for services provided to library patrons (2%).

Significant Program Changes

Last Year this program was: FY 2025: 80005 East County Libraries

Rockwood Library will be closed for a building refresh from spring through fall 2025. In spring 2026, current Gresham Library staff and services will shift to the new East County Library.

In addition to the transfer of Gresham staff, a number of positions from across the library system are reallocated to the East County region; these shifts are part of the library's efforts to realign staffing to meet changing operational needs as a result of the 2020 bond program. New and updated services and spaces in East County include access to a 220-seat auditorium, a dedicated teen room, indoor and outdoor kids spaces, an A/V studio, flex rooms, sensory spaces, a quiet reading area and large meeting rooms.

Department: Library

Program Contact: Danielle Jones

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: Measure 5 Education

Program Description

Youth Development provides leadership, strategic vision, training and support for Multnomah County Library youth and family initiatives and ensures youth have access to library resources and services. It coordinates and consults with location, regional and outreach staff to provide services and create partnerships that support youth ages 0–18. Services focus on brain development, literacy skills, school readiness, school support, life skills, teen leadership development, connected learning and reading for fun.

ISSUE: Youth Development works with parents, caregivers, educators and community partners to design and deliver robust services that foster early literacy and positive educational and social development. This is in alignment with the library's strategic goals to create public, popular and personal intersections for lifelong learning and to contribute to improved educational outcomes for learners of all ages.

PROGRAM GOAL: This program provides oversight to systemwide youth and teen services and uses targeted universalism to prioritize the needs of nondominant youth and families who are facing marginalization.

PROGRAM ACTIVITY: To remove barriers that prevent youth from accessing library resources, Youth Development partners with school districts across Multnomah County to connect students to library services using their student ID number. Youth Development staff are experts in early child development, brain development, and early reading research. They train library staff and community partners so adults can learn to read, talk, sing, play and rhyme with babies, toddlers and preschoolers to develop pre-reading skills needed before entering kindergarten. The program supports families, including emerging readers and tweens, with literacy programming, book groups, family newsletters and by connecting families with community resources. Youth Development supports teens' interests and leadership with strong engagement efforts and by connecting learning to personal interests, supportive relationships and opportunities. Youth Development management helps youth and teen librarians to provide location-specific direction as they serve youth.

RACIAL EQUITY ADVANCEMENT: Staff prioritize BIPOC youth and create pathways for teen voices to lead library programming and initiatives and be heard in library decision-making. Systemwide, Youth Development provides services to youth and families; advocates initiatives that address issues that youth and families face; and is committed to diversity, equity and inclusion.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of K–12 students who have access to library resources and services through Library Connect	126,774	110,000	115,000	115,000
Outcome	% of survey respondents who have participated in library services or events for kids	N/A	N/A	25%	25%
Outcome	Number of children and teens who participate in the Summer Reading Program	99,890	95,000	99,890	86,000

Performance Measures Descriptions

The measure regarding participation in service and events for kids is a new measure, introduced during the patron survey redesign.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would...prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$1,222,248	\$0	\$1,280,429
Contractual Services	\$0	\$1,101,000	\$0	\$119,000
Materials & Supplies	\$0	\$225,030	\$0	\$391,528
Internal Services	\$0	\$69,572	\$0	\$64,398
Total GF/non-GF	\$0	\$2,617,850	\$0	\$1,855,355
Program Total:	\$2,617,850		\$1,855,355	
Program FTE	0.00	7.75	0.00	7.75

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

Explanation of Revenues

This program generates \$53,627 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.97%) and resources from the County's Library Fund (0.03%). It represents a prorated share of property taxes (98%), other revenues such as interest earnings, grants, and user charges for services provided to library patrons (2%).

Significant Program Changes

Last Year this program was: FY 2025: 80006 Youth Development

As part of the overall realignment of staff to meet changing operational needs, post-bond, a number of positions shifted to the Youth Development team in order to consolidate and centralize coordination of services for youth, teens and families. As part of this reorganization, a specialized outreach program called Listos para el Kinder will end, and management of the youth and teen Summer Reading Program moved from Library Events and Reader Service to Youth Development. Several other positions were moved from Youth Development to other teams in the Public Services division.

The change in contractual services is related to grant-funded early learning play installations. In FY 2026, costs will be funded from the Library Special Projects program offer for better tracking of this multi-year capital equipment purchase.

Department: Library

Program Contact: Ama Bentley

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

This program serves community members of all ages through advanced account management, e-content platform connection and troubleshooting, and by providing answers to ready reference and quick facts questions. Community Information creates equitable access and removes barriers by connecting with communities in five languages and by being the place where patrons can receive service remotely.

ISSUE: Library users depend on quick, effective and accurate referrals to library services and information via phone, chat, and email. Patrons want access and connection to resources and services without being required to enter a physical library space.

PROGRAM GOAL: The goal of Community Information is to offer remote connection to the library for users who experience barriers to accessing our resources in person, because of reasons that include disability, homebound status, unreliable transportation, open hours that conflict with work or caregiving obligations, and incarceration. Community Information minimizes disparities by being available to converse in users' preferred languages of English, Spanish, Vietnamese, Chinese, and Russian.

PROGRAM ACTIVITY: Community Information provides answers to basic information needs, high-level account management, virtual tech support for library web and content applications, and referrals to library subject matter experts and community resources. It also provides backend support for both patrons and staff members for the library's systemwide platforms including Communico, Symphony and Knowledge Tracker.

RACIAL EQUITY ADVANCEMENT: This program connects with community members who face the greatest barriers to accessing library services in person, particularly communities living in isolation and poverty. Community Information continues to expand language services and has added Vietnamese, Russian and Chinese Knowledge, Skills and Abilities positions over the last two fiscal years.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of contacts (phone, chat, email, mail) answered by Community Information staff	99,642	125,000	99,200	100,000
Outcome	% of Community Information patrons who report that their information need was met	97%	95%	98%	96%

Performance Measures Descriptions

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would...prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$1,768,323	\$0	\$1,822,845
Materials & Supplies	\$0	\$12,059	\$0	\$12,979
Internal Services	\$0	\$136,677	\$0	\$147,803
Total GF/non-GF	\$0	\$1,917,059	\$0	\$1,983,627
Program Total:	\$1,917,059		\$1,983,627	
Program FTE	0.00	14.50	0.00	14.50

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

Explanation of Revenues

This program generates \$76,364 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.97%) and resources from the County's Library Fund (0.03%). It represents a prorated share of property taxes (98%), other revenues such as interest earnings, grants, and user charges for services provided to library patrons (2%).

Significant Program Changes

Last Year this program was: FY 2025: 80007 Community Information

Community Information previously had two subteams: the Contact Center and the Reference, Information, and Content (RIC) team. In FY 2026, the RIC team will be dissolved, and team members assigned to other work in library locations in response to changing operating needs. The RIC research, chat, and reference by mail functions will be distributed across Information Services staff throughout Multnomah County Library. The dedicated translation work will continue to be provided by the same staff members currently assigned, but they will be allocated to location services cost centers going forward. Contact Center team members will transition from fully remote to some in-person work at locations.

Department: Library

Program Contact: Dave Ratliff

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs: 80025

Program Characteristics:

Program Description

Integrated Library Services (INTS) provides equitable access to diverse, dynamic and relevant collections of physical books and digital information for all ages. This program honors the lived experience of all community members and the languages they speak. This informs the way that INTS selects, acquires, catalogs, processes and distributes library materials to ensure that library collections are responsive to our communities and that patrons have positive experiences with library materials. INTS also manages technical tasks and policies that allow patrons to use materials.

ISSUE: Public access to information, educational opportunities, technology and connection with others are systemically lacking in Multnomah County. There are substantial limitations for no-charge, culturally specific community hubs that provide access to language learning, early literacy, technology support and more.

PROGRAM GOAL: INTS ensures that the books, media and electronic resources that support these needs are available to the public.

PROGRAM ACTIVITY: INTS staff oversee all aspects of provision and access to the library's collection of materials. This includes selecting, purchasing and digitizing materials; maintaining an accurate catalog of materials; processing physical items for library use; evaluating collection usage and diversity; implementing equitable circulation policies; arranging timely distribution of materials throughout the library system; mailing holds and outreach items directly to patrons; coordinating borrowing with other libraries; and maintaining technical systems supporting this work. The library collects materials in various formats to serve patrons with visual or other disabilities. This program works to reduce barriers to access through policy changes and direct services, such as mailing holds to patrons who are unable to access them at a library location. Library users provide input for collection decisions by suggesting items for purchase or requesting materials through interlibrary loan.

RACIAL EQUITY ADVANCEMENT: INTS serves county residents of all ages, ethnicities and economic backgrounds, reducing barriers and providing a wide range of materials. The collection includes materials in English and five other languages (Spanish, Chinese, Vietnamese, Russian and Somali) as well as other world language collections, including Ukrainian. Overall budgets for related materials have more than doubled since 2017. This team includes speakers of multiple languages from multiple cultures and employees with specific cultural and language knowledge, skills and abilities who work for and with communities to create collections that meet community needs. INTS includes selectors for materials related to Black culture and a position dedicated to Indigenous cultures.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	% of patrons who usually find what they need	93%	93%	85%	85%
Outcome	% of the collection that supports diversity, equity and inclusion	24%	27%	27%	30%
Output	Number of items in the collection, physical and digital	2,918,820	2,500,000	2,500,000	2,500,000
Efficiency	Turnover rate, physical and digital content	5.8	6.0	5.5	5.5

Performance Measures Descriptions

The measure "% of patrons who usually find what they need" is slightly changed due a revision in the FY25 patron survey. The previous measure was "% of library users who found books and items they wanted." FY 2024 collection size is temporarily higher than usual, due to an influx of opening day collection materials for major bond locations.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would...prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$6,694,597	\$0	\$6,873,304
Contractual Services	\$0	\$496,250	\$0	\$455,360
Materials & Supplies	\$0	\$9,414,276	\$0	\$9,103,047
Internal Services	\$0	\$299,306	\$0	\$327,091
Total GF/non-GF	\$0	\$16,904,429	\$0	\$16,758,802
Program Total:	\$16,904,429		\$16,758,802	
Program FTE	0.00	51.75	0.00	52.75

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

Explanation of Revenues

This program generates \$287,986 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.97%) and resources from the County's Library Fund (0.03%). It represents a prorated share of property taxes (98%), other revenues such as interest earnings, grants, and user charges for services provided to library patrons (2%).

Significant Program Changes

Last Year this program was: FY 2025: 80020 Integrated Library Services

The new Library Operations Center opened with the library's largest automated materials handling (AMH) installation in FY 2024. Nearly 500,000 books are now housed at this facility, allowing public locations to have lower shelving and improved sight lines for staff and patron safety. Items on hold for patrons are transported to public library locations daily. Sixteen libraries will have their own smaller AMH systems by the end of FY 2026. Early in FY 2026, the new Intelligent Materials Management System will go live. It will automatically route newly returned materials to the location for which they are best suited, based on extensive mapping of all library shelving. As part of the library's future staffing planning, several positions were reassigned to INTS, and a new supervisor position was established to support the centralized sort center function. Shifts in the materials and supplies budget are primarily a result of changes to the book budget.

Department: Library

Program Contact: Dave Ratliff

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Public Services Division Management provides direction for the implementation of the library's values and strategic plan; is responsible for leadership and accountability for the library's direct service to the people of Multnomah County; and manages Security, Library Policy, Strategic Community Partnerships and the Office of Project Management and Evaluation.

ISSUE: Public Services Division Management provides direction, oversight and strategy for the Public Services Division of Multnomah County Library.

PROGRAM GOAL: Public Services Division Management's goals are to create and maintain cohesive organizational structures to enact the library's mission and to advance countywide principles identified in the Workforce Equity Strategic Plan. It also aims to create a responsive administration to improve patron outcomes while ensuring compliance and adherence to national and state library standards.

PROGRAM ACTIVITY: Public Services Division Management plans services; develops and coordinates programs and resources; and administers the budget for Location Services (including substitute staffing), Community Services, Integrated Library Services, Security and Community Partnerships. Public Services teams in Location Services, Community Services, and Integrated Services partner with community-based organizations, county departments, and other agencies in Multnomah County to provide services in library buildings and direct service through outreach programs.

RACIAL EQUITY ADVANCEMENT: Public Services Division Management provides leadership and accountability to advance racial equity through the use of tools, systems and expectations for Public Services and Security. Services are planned via a matrix that prioritizes racial equity. Beginning in FY26, the Public Services Division will introduce targeted universalism in program planning and prioritization.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Digital material checkouts	7,066,311	6,300,000	7,100,000	7,100,000
Outcome	% of library employee survey respondents who agree they are able to offer the best quality service	77%	78%	77%	77%
Outcome	% of library users who are satisfied with library staff assistance	98%	98%	91%	100%

Performance Measures Descriptions

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would...prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$7,714,035	\$0	\$6,593,292
Contractual Services	\$0	\$1,617,755	\$0	\$2,204,811
Materials & Supplies	\$0	\$90,600	\$0	\$60,075
Internal Services	\$0	\$269,163	\$0	\$760,349
Total GF/non-GF	\$0	\$9,691,553	\$0	\$9,618,527
Program Total:	\$9,691,553		\$9,618,527	
Program FTE	0.00	42.50	0.00	43.25

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

Explanation of Revenues

This program generates \$276,284 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.97%) and resources from the County's Library Fund (0.03%). It represents a prorated share of property taxes (98%), other revenues such as interest earnings, grants, and user charges for services provided to library patrons (2%).

Significant Program Changes

Last Year this program was: FY 2025: 80022 Public Services Division Management

In FY 2026, Public Services will implement a new staffing plan, developed in coordination with an external consultant, to prepare for newly expanded library spaces. Additionally, the library will continue to implement planned changes to Security and Public Services staffing and will continue to implement recommendations from the 2023 Library Audit Report.

Personnel cost changes are due to a change in the relative mix of staffing; this program now includes the location services substitute staffing team, and limited duration position costs have been moved to the Library Special Projects program offer. Safety liaison positions are converted to library assistants, and contracted security costs increased to offset this shift. A new program technician position is added to support the work of the Community Partnerships.

Department: Library

Program Contact: Eduardo Arizaga

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Community Engagement seeks to foster relationships and create space for underserved communities and provide meaningful input that influences the delivery of equitable services to communities. This program works as a catalyst for community input to inform the practice and services that we provide. It builds relationships, scales out services and guides implementation in collaboration with internal and external stakeholders. Additionally, Community Engagement provides services at the point of need to community members with significantly limited or no access to library spaces. This includes the delivery of materials, programs or other library services.

ISSUE: Disadvantaged and underserved communities do not have an avenue to participate in the development of nontraditional and direct library services for their community.

PROGRAM GOAL: Through relationships with community organizations, service providers and public partners, Community Engagement creates opportunities for community members to share with library staff the programs and services that are culturally and linguistically appropriate. This program expands and improves the reach of the library to new, former and nontraditional library users and informs them of services, programs and access to digital tools. This program also collaborates with the Office of Program Management and Evaluation to conduct a qualitative assessment that will help direct and support program goals.

PROGRAM ACTIVITY: This program provides direct leadership and support to culturally and linguistically diverse staff. Community Engagement coordinates, supports and delivers library service at the point of need within the community through outreach efforts. Staff provide materials, programs, and resources directly within the community, and in partnership with other organizations. This program prioritizes engagement with underserved communities and specifically reaches BIPOC communities, incarcerated community members and populations who have little or no access to library locations.

RACIAL EQUITY ADVANCEMENT: By engaging and elevating traditionally underserved voices and communities in the ideation, delivery and evaluation of library services, this program creates a space of social inclusion for BIPOC community members to be active participants in a community-led process to navigate library services from assumed needs to assessed needs.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of community listening sessions and community events	45	50	45	50
Outcome	% of community members who report that their voices and needs are meaningfully considered through events	75%	75%	75%	75%
Outcome	% of BIPOC survey respondents who report that they find their culture and identity represented in the library	N/A	75%	75%	75%

Performance Measures Descriptions

The measure “% of community members who report that their voices and needs are meaningfully considered through events” is slightly changed due a revision in the FY25 patron survey. The previous measure was “% of community members who report that their voices and needs are meaningfully considered.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would...prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$2,258,786	\$0	\$2,115,838
Contractual Services	\$0	\$23,000	\$0	\$3,000
Materials & Supplies	\$0	\$431,985	\$0	\$471,735
Internal Services	\$0	\$147,086	\$0	\$117,415
Total GF/non-GF	\$0	\$2,860,857	\$0	\$2,707,988
Program Total:	\$2,860,857		\$2,707,988	
Program FTE	0.00	14.00	0.00	13.00

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

Explanation of Revenues

This program generates \$88,653 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.97%) and resources from the County's Library Fund (0.03%). It represents a prorated share of property taxes (98%), other revenues such as interest earnings, grants, and user charges for services provided to library patrons (2%).

Significant Program Changes

Last Year this program was: FY 2025: 80023 Community Engagement

Community Engagement will move toward focused service delivery to people with limited or no access to library services. Library outreach specialists currently in Location Services and Youth Learning will be reassigned to Community Engagement so that all library outreach specialists are in one work unit.

These library outreach specialist positions will prioritize book and service delivery for adults and youth in custody, early childhood care providers, elders, people who are homebound and people with disabilities. The Mobile Library is supporting continuity of library services and will be managed within Community Engagement.

Department: Library

Program Contact: Alison Hallett

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Library Events and Reader Services (LERS) provides access to high-quality arts, culture and learning opportunities for Multnomah County residents of all ages and provides resources that support advocacy for readers. These offerings connect communities and provide opportunities for cultural enrichment and lifelong learning.

ISSUE: Patrons want to learn, connect and see their community reflected in informative, enriching events, but access to arts, culture and learning is inequitably distributed across Multnomah County.

PROGRAM GOAL: The goal of LERS is to connect those who face barriers with high-quality arts, culture and learning opportunities. We minimize disparities by offering free, culturally relevant programs. We work closely with the Community Engagement team and with community partners to produce events that center the needs of communities of color and culture.

PROGRAM ACTIVITY: The LERS team develops and delivers public events and resources that support advocacy for readers. We collaborate with the We Speak Your Language, Indigenous Community Services and Black Cultural Library Advocates teams to create culturally responsive events that are driven by the needs of the communities we serve. The Learning Team works with community partners and culturally specific staff teams to develop literacy, technology and STEAM programs for teens and adults. The Read 4 Life program encourages adults to develop regular reading habits.

RACIAL EQUITY ADVANCEMENT: The LERS program serves the public by delivering events, classes and performances that reflect the library's priority of leading with race, focusing on resources for historically underserved and marginalized communities. We Speak Your Language, Indigenous Community Services, and Black Cultural Library Advocates teams are critical partners to produce systemwide cultural events and ensure that programming is informed by and responsive to the needs of our served communities.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of attendees at Creative Learning events	2,215	N/A	2,800	3,500
Outcome	% of attendees at Library events who rate them as good or excellent	N/A	85%	98%	90%

Performance Measures Descriptions

Attendees at Creative Learning events is a new measure in FY 2026. In FY24, Creative Learning took place exclusively at Rockwood Makerspace; as additional library locations are built in FY25 and FY26, more Creative Learning locations will be added to this count. The Summer Reading output was removed due to organizational restructuring; this output is now a function of the Youth Development team.

Legal / Contractual Obligation

The budget reflects the passage of Measure 26-143: "Form Library District with permanent rate to fund library services," November 2012 General Election. The district summary states in pertinent part: "If approved, the Multnomah County Library District would be formed with a permanent rate dedicated to library services, operations, books, materials, programs, activities and oversight of the district. Formation of a District would...prevent reductions in services, programs and activities, and hours."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$2,452,054	\$0	\$2,387,538
Contractual Services	\$0	\$339,475	\$0	\$367,425
Materials & Supplies	\$0	\$279,599	\$0	\$135,479
Internal Services	\$0	\$89,050	\$0	\$119,225
Total GF/non-GF	\$0	\$3,160,178	\$0	\$3,009,667
Program Total:	\$3,160,178		\$3,009,667	
Program FTE	0.00	15.50	0.00	14.55

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

Explanation of Revenues

This program generates \$100,048 in indirect revenues.

The revenue allocated to this program offer reflects an intergovernmental service reimbursement from the Library District (99.97%) and resources from the County's Library Fund (0.03%). It represents a prorated share of property taxes (98%), other revenues such as interest earnings, grants, and user charges for services provided to library patrons (2%).

Significant Program Changes

Last Year this program was:

The primary changes are the introduction of the Learning Team, which focuses on creative learning and adult and technological literacy, and the removal of the Summer Reading Program, which moved to the Youth Development team. These shifts are part of the overall realignment of staff to meet changing operational needs as a result of the 2020 bond program.

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Department Overview

The Nondepartmental budget accounts for programs and countywide functions that do not belong to particular departments. Programs include the Board of County Commissioners and its Chair; the Auditor’s Office; the County Attorney’s Office; the Communications Office; the offices of Emergency Management, Sustainability, Diversity and Equity, and the Community Involvement Committee; independent County organizations such as the Local Public Safety Coordinating Council; non-County agencies such as the Oregon Historical Society; and entities that account for corporate debt service. Fund-level transactions are also budgeted here.

The Board of County Commissioners provides corporate leadership, policy direction, and strategic direction for Multnomah County. The elected Auditor and staff promote efficient, effective, accountable government. The County Attorney’s Office provides legal guidance, advice, and other services. The Communications Office provides information and access to County government for the news media and public. The Office of Emergency Management coordinates countywide emergency disaster preparedness, response, and mitigation activities. The Community Involvement Committee, an advisory body to the County, involves the community in County policy and decision-making processes. Several independent County agencies provide advice, oversight, analysis, and advocacy on behalf of the County and the community. The Local Public Safety Coordinating Council coordinates public safety plans, policies, operations, and strategies of local government agencies; and the Tax Supervising and Conservation Commission oversees budget and tax levy authority for taxing districts in the County.

\$239.1 million

Total Adopted Operating Budget

Excludes \$49.1 million cash transfers, contingencies, and unappropriated balances.

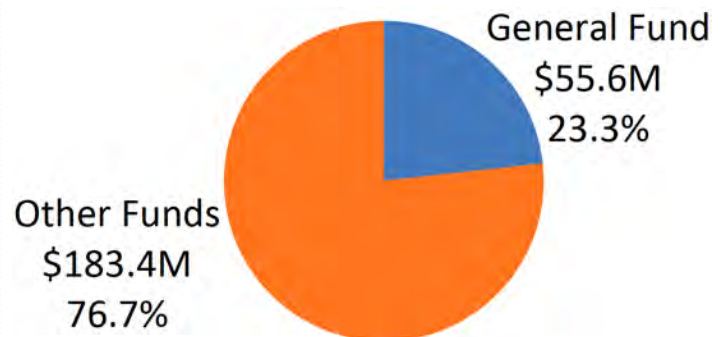
137.05 FTE

Total Adopted Staffing



(9.25) FTE

decrease from
FY 2025 Adopted



\$2.3 million

All Funds Increase from
FY 2025 Adopted



1.0% increase

General Fund

\$1.3 million

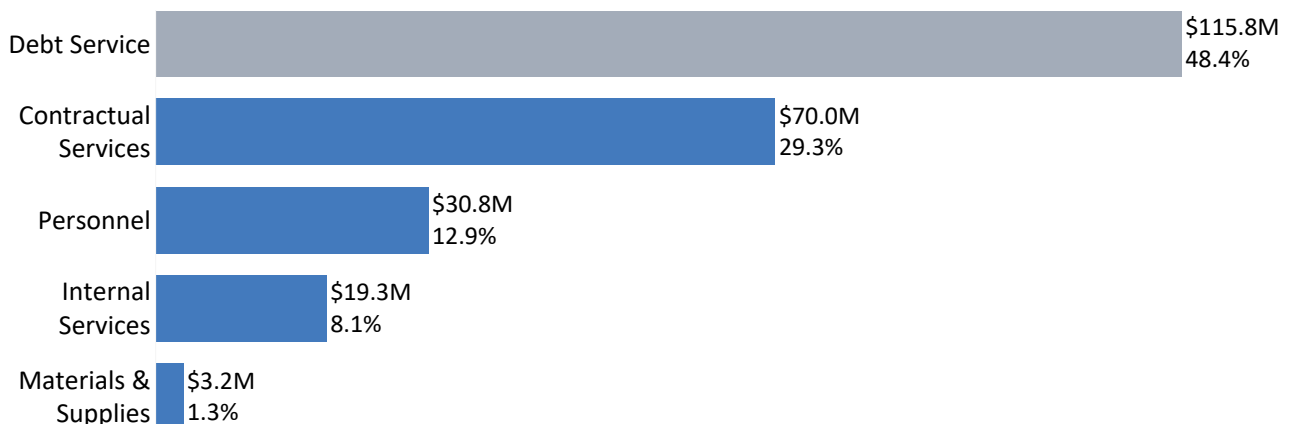
New **One-Time-Only** Investments

\$0.9 million

New/Backfill **Ongoing** Investments

Operating Budget by Category - \$239.1 million

Does not include cash transfers, contingencies, and unappropriated balances



Diversity, Equity, and Inclusion

As we move beyond our response to the global pandemic, the County's commitment to protect the health and safety of the community through equity-focused approaches is ongoing. Multnomah County has demonstrated a strong commitment to improving the well-being of its residents, including the prioritization of our Black, Indigenous and residents of color through various initiatives. Multnomah County is taking steps to address both public health concerns and the ongoing housing crisis.

The County's renewed focus on workforce equity aims to foster a more inclusive and fair work environment. After eight months of work sessions, engagement and refinement, the Office of Diversity and Equity (ODE) received unanimous approval from the Board of Commissioners for the County's 2024-2028 Workforce Equity Strategic Plan. The plan offers a roadmap for renewing and growing the organization's equity efforts over the next four years, which includes the continued use of initiatives from the original strategic plan. The County's embrace of a forward-looking strategy, to continue building a more equitable workplace environment and experience comes at a time when others are disinvesting in this kind of work.

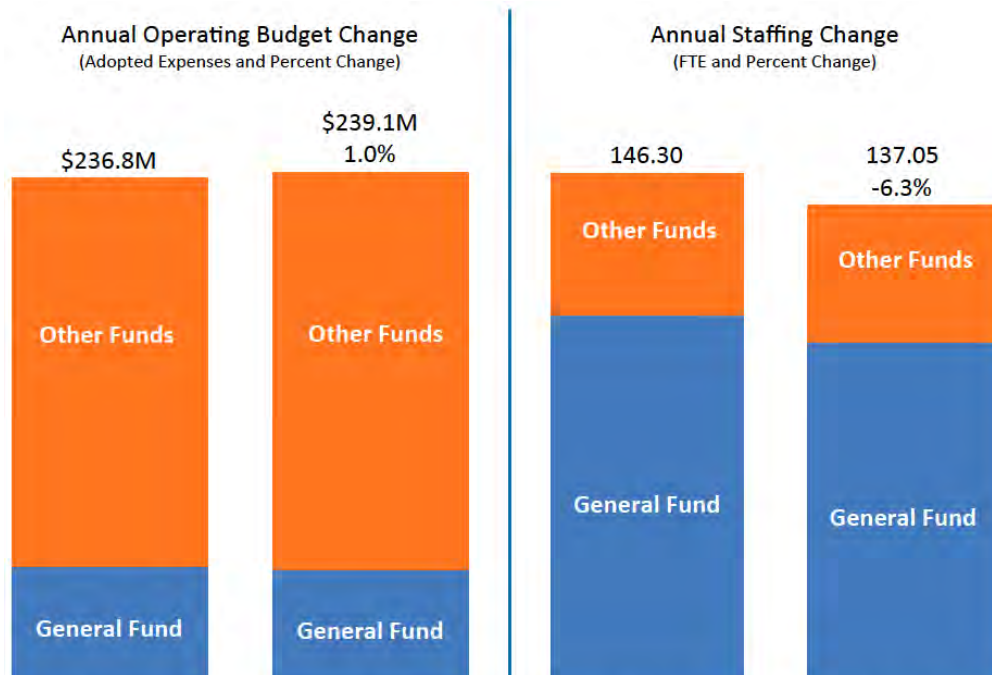
Nondepartmental offices continue to play a significant role in the way equity is built into programs, processes and policies across Multnomah County. This shows up through operationalizing the Equity and Empowerment Lens, the Government Relations team's efforts creating a meaningful and impactful equity journey with a clear focus on internal development and external implementation, and through the Office of Community Involvement's leadership around stakeholder engagement, which is a core component of our budget development and adoption. Amidst responding to and mitigating impacts from climate change the Office of Sustainability and the Office of Emergency Management have worked to reverse climate change and protect public health. This is accomplished by focusing on those most disproportionately affected and those most vulnerable. In addition, the Local Public Safety Coordinating Council is piloting the Justice Fellowship program that aims to empower justice-involved individuals by recognizing and incorporating their lived experiences to envision a more equitable justice system. Participants bring their expertise to spaces and organizations where they've traditionally been unheard, gaining insights into the criminal legal system's intricacies, organization and history, with the ultimate goal to integrate fellows into policy and program discussions.

As Nondepartmental continues to build programs, there is the intersectionality between the Office of Diversity and Equity's Digital Accessibility Program and IT's Public Website and Digital Services. These two initiatives are mutually supportive with individual goals. The Office of Diversity and Equity will ensure that employees have meaningful access to the tools they need to do their work, and residents have barrier-free access to county services. The program is also expected to set overall accessibility objectives and success criteria, assess accessibility measures and provide ongoing communication to employees and the communities we serve. This team will focus on partnerships; capacity building; knowledge testing; and more to understand what will work for the program and what will ensure benefit to all.

Multnomah County's FY 2026 budget builds on the work that has been done over the past fiscal year and reflects critical investments that support the ability of Nondepartmental offices to explore and implement policy approaches that improve the County's ability to respond to ongoing and emerging community issues.

Budget Overview

Nondepartmental contains County programs, independent County agencies, corporate functions, and payments to other entities that do not belong to County departments. The FY 2026 Nondepartmental operating budget is \$239.1 million, a \$2.3 million increase from the FY 2025 Adopted budget. These amounts exclude cash transfers, contingencies, and unappropriated balances. The General Fund has decreased by \$1.5 million (2.7%), while Other Funds (including Video Lottery) has increased by \$3.9 million (2.2%).



The increase in the FY 2026 budget includes \$0.4 million and 3.00 FTE in new ongoing General Fund in four programs. First, the Auditor's Office adds 1.00 FTE Intake Specialist to support the Ombudsperson (10005). Second, the Communications Office adds 1.00 FTE Communications Coordinator to provide marketing and branding to ensure visibility of County programs (10007B). The Oregon State University Extension program adds \$40,000 to restore and expand local programs in Multnomah County (10019). Lastly, 1.00 FTE Community Budget Advisory Committee (CBAC) Coordinator is added to support both the countywide and departments CBAC's (10010B). Additionally, 1.00 FTE Preschool for All Communications Coordinator is added to the Communications Office that is funded with Preschool for All funding (10007B).

In the General Fund personnel decreases by 13.25 FTE in Nondepartmental. The reductions are as follows:

- 1.00 FTE Senior Policy Advisor and 1.00 FTE Executive Assistant in The Chair's Office (10000A)
- 1.00 FTE Videographer in the Communications Office (10007A)
- 1.00 FTE Planner in the Office of Emergency Management (10012A)
- 1.00 FTE Senior Grants position in the Government Relations Office (10016)
- 1.00 FTE ADA Digital Accessibility position in the Office of Diversity and Equity (10017A)
- 1.00 FTE Climate Resilience Coordinator and 0.25 FTE Program Communications Specialist in the Office of Sustainability (10018)

- 6.00 FTE in the Complaints Investigation Unit (10040). This program is eliminated in FY 2026, however 3.00 FTE are moved to the Department of County Management (72016, 72017).

Additionally, the Homelessness Response System (HRS) and Action Plan program is reduced by 1.00 FTE HRS Advisor that was funded with Supportive Housing Services (SHS) funding (10000B).

Although the Logistics program is reduced by 5.00 FTE in Supportive Housing Services (SHS) funding, it is still able to maintain emergency severe weather shelter capacity for 1,300 people (10012B/E). To mitigate the reduction in SHS the FY 2026 budget backfills \$0.5 million and 3.00 FTE with General Fund, for a net decrease of 2.00 FTE in the program, (1.00 FTE Driver and 1.00 FTE Emergency Management Analyst).

In FY 2026, the Safety on the Streets – Supply Center program is moved from the Homeless Services Department to Nondepartmental (10012C) at \$1.4 million and 2.00 FTE, funded by Supportive Housing Services dollars.

The following tables shows the new or expanded ongoing and one-time-only programs, as well as reductions and backfill. These tables, along with information on the Nondepartmental reallocations, can be found in the Overview of Additions, Reductions, and Reallocations section of the Budget Director’s Message in Volume 1. In addition, the Budget Director’s Message contains a list of one-time-only programs for all departments.

New Ongoing and One-Time-Only Programs

Prog. #	Program Offer Name	General Fund		FTE
		Ongoing	OTO	
10005	Auditor’s Office	108,163		1.00
10007B	Expanded Communications Capacity	171,699		1.00
10009D	Summerworks Youth Program Expansion - One-Time-Only		285,000	
10010B	Community Budget Advisory Committee Coordinator	125,000		1.00
10019	Oregon State University Extension	40,000		
10031	Lone Fir Cemetery		<u>1,000,000</u>	
Total		\$444,862	\$1,285,000	3.00

Reductions and Backfill

Prog. #	Program Offer Name or Reduction Description	General Fund Reductions	General Fund Backfill	Supportive Housing Services Fund Reductions	Total Reductions	FTE Red.
10000A	Chair's Office	(320,999)			(320,999)	(2.00)
10000B	Homelessness Response System and Action Plan			(215,000)	(215,000)	(1.00)
10000C ^{1,2}	HB 4002 Implementation	(469,657)			(469,657)	
10007A	Communications Office	(166,297)			(166,297)	(1.00)
10009C ³	Youth Opportunity and Workforce Development	(79,810)			(79,810)	
10011	Office of the Board Clerk	(58,069)			(58,069)	
10012A	Office of Emergency Management	(275,314)			(275,314)	(1.00)
10012B/E ⁴	Logistics	(18,000)	489,456	(736,995)	(265,539)	(2.00)
10012D	Countywide Severe Weather Shelter			(1,171,046)	(1,171,046)	
10016	Government Relations Office	(202,699)			(202,699)	(1.00)
10017A	Office of Diversity and Equity	(171,034)			(171,034)	(1.00)
10018	Office of Sustainability	(257,195)			(257,195)	(1.25)
10020	Regional Arts & Culture Council	(300,000)			(300,000)	
10033 ^{2,3}	Economic Development for Spectator Activities and Events	(50,000)			(50,000)	
10040 ²	Complaints Investigation Unit	<u>(736,335)</u>			<u>(736,335)</u>	<u>(3.00)</u>
Total		(\$3,105,409)	\$489,456	(\$2,123,041)	(\$4,738,994)	(13.25)

¹ General Fund in this program was reallocated in support of countywide ongoing General Fund

² Program eliminated

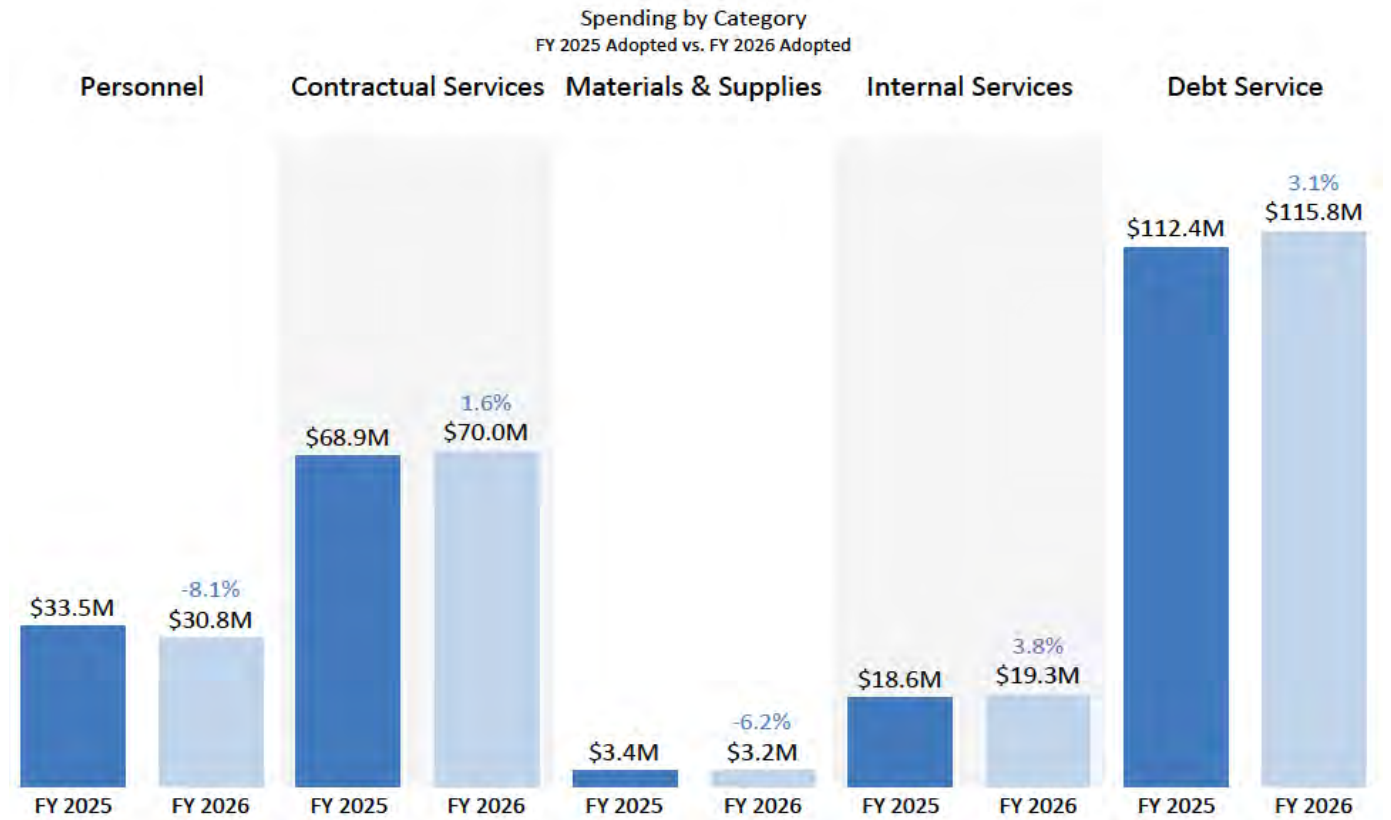
³ Funded by Video Lottery Fund

⁴ General Fund backfills Supportive Housing Services funding

Nondepartmental

FY 2026 Adopted Budget

The chart below provides a breakdown of the budget's expense categories from FY 2025 to FY 2026. Debt Service is the largest component of the Nondepartmental budget which includes the Capital Debt Retirement Fund at \$23.9 million (10026), Library GO Bond at \$57.1 million (10027), and PERS Pension Bond Sinking Fund at \$34.9 million (10028). Internal Services grew the most between FY 2025 and FY 2026, primarily in enhanced building services expenditures which includes building security and patrols costs.



Nondepartmental

FY 2026 Adopted Budget

The Budget Trends table below details the changes in expense categories from FY 2024 Actual to FY 2026 Adopted. The FY 2026 unappropriated balances include the Capital Debt Retirement Fund at \$1.1 million (10026), Library GO Bond at \$2.4 million (10027), and PERS Pension Bond Sinking Fund at \$45.6 million (10028).

FY 2026 Budget Trends: Nondepartmental					
	FY 2024 Actual	FY 2025 Current Estimate	FY 2025 Adopted Budget	FY 2026 Adopted Budget	Difference
Staffing FTE	128.80	146.30	146.30	137.05	(9.25)
Personnel Services	40,345,896	32,820,140	33,485,842	30,789,185	(2,696,657)
Contractual Services	68,003,981	67,588,812	68,915,255	70,002,958	1,087,703
Materials & Supplies	1,467,237	3,322,798	3,390,610	3,178,720	(211,890)
Internal Services	18,769,520	18,209,263	18,580,713	19,292,194	711,481
Capital Outlay	21,245	0	0	0	0
Debt Service	<u>115,837,044</u>	<u>110,131,889</u>	<u>112,379,479</u>	<u>115,829,905</u>	<u>3,450,426</u>
Total Operating Budget	\$244,444,923	\$232,072,902	\$236,751,899	\$239,092,962	\$2,341,063
Contingency*	N/A	N/A	0	0	0
Internal Cash Transfers	200,000	0	0	0	0
Unappropriated Balances*	<u>N/A</u>	<u>N/A</u>	<u>52,906,862</u>	<u>49,140,307</u>	<u>(3,766,555)</u>
Total Budget	\$244,644,923	\$232,072,902	\$289,658,761	\$288,233,269	(\$1,425,492)

* In any given fiscal year, there is no spending of unappropriated balance; if contingency is spent, it will be reflected in the Operating expenditures.

Table of All Program Offers

The following table shows the programs that make up the department's total budget. The individual programs follow in numerical order.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
10000A	Chair's Office		3,328,305	200,093	3,528,398	12.00
10000B	Homelessness Response System and Action Plan		0	707,122	707,122	2.00
10001	BCC District 1		943,283	0	943,283	4.00
10002	BCC District 2		943,283	0	943,283	4.00
10003	BCC District 3		943,283	0	943,283	4.00
10004	BCC District 4		943,283	0	943,283	4.00
10005	Auditor's Office		3,521,797	0	3,521,797	15.00
10006	Tax Supervising and Conservation Commission		539,532	0	539,532	2.00
10007A	Communications Office		3,037,659	0	3,037,659	14.00
10007B	Expanded Communications Capacity		171,699	176,549	348,248	2.00
10008	County Attorney's Office		0	8,776,000	8,776,000	25.00
10009A	Local Public Safety Coordinating Council		924,304	1,757,567	2,681,871	3.00
10009B	HB3194 Justice Reinvestment		0	634,238	634,238	0.80
10009C	Youth Opportunity and Workforce Development		0	585,275	585,275	0.00
10009D	Summerworks Youth Program Expansion - One-Time-Only	X	285,000	0	285,000	0.00
10010A	Office of Community Involvement		481,351	0	481,351	2.00
10010B	Community Budget Advisory Committee Coordinator		125,000	0	125,000	1.00
10011	Office of the Board Clerk		1,178,069	30,000	1,208,069	2.00
10012A	Office of Emergency Management		2,335,577	824,613	3,160,190	9.00
10012B	Logistics		443,871	1,093,051	1,536,922	5.00
10012C	Safety on the Streets - Supply Center		0	1,375,000	1,375,000	2.00
10012D	Countywide Severe Weather Response		0	875,697	875,697	0.00
10012E	Logistics - Severe Weather Shelter Capacity for 500 People Backfill		489,456	0	489,456	3.00
10016	Government Relations Office		1,483,358	0	1,483,358	5.00
10017A	Office of Diversity and Equity		2,591,485	0	2,591,485	10.00
10017B	Multnomah Youth Commission Support		286,071	0	286,071	1.50

Nondepartmental

FY 2026 Adopted Budget

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
10018	Office of Sustainability		936,692	49,693	986,385	4.75
10019	Oregon State University Extension		40,000	0	40,000	0.00
10021	State Mandated Expenses		14,072,560	1,739,697	15,812,257	0.00
10022	Pass-Through Payments to East County Cities		14,852,115	0	14,852,115	0.00
10023	OHS Local Option Levy		0	3,844,422	3,844,422	0.00
10024	County School Fund		0	70,025	70,025	0.00
10025	Convention Center Fund		0	44,421,215	44,421,215	0.00
10026	Capital Debt Retirement Fund		0	25,000,035	25,000,035	0.00
10027	Library GO Bond		0	59,462,586	59,462,586	0.00
10028	PERS Pension Bond Sinking Fund		0	80,961,291	80,961,291	0.00
10031	Lone Fir Cemetery	X	1,000,000	0	1,000,000	0.00
10999	NOND Vacancy Hiring Delay Savings	X	<u>(247,933)</u>	<u>0</u>	<u>(247,933)</u>	<u>0.00</u>
Total Nondepartmental¹			\$55,649,100	\$232,584,169	\$288,233,269	137.05

¹ Includes cash transfers, contingencies, and unappropriated balances.

Fund Level Programs

The following program offers account for General Fund revenues and other fund level transactions. General Fund expenditures are budgeted in departments

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
95000	Fund Level Transactions		\$114,111,428	\$119,276,934	\$233,388,362	0.00
	<i>This beginning fund balance is not shown in the Nondepartmental detail budget.</i>					
95001	General Fund Revenues		\$796,031,141	\$0	\$796,031,141	0.00
	<i>This program offer contains the budget for General Fund revenues. Expenses are budgeted in departments.</i>					

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Department: Nondepartmental

Program Contact: Jessica Vega Pederson

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

The Chair is the Chief Executive Officer of Multnomah County, leading the County's efforts to create a community where anyone who needs help can find it, everyone shares in opportunity and the most vulnerable among us are seen and supported. With both legislative and executive responsibilities, the Chair leads the strategic policy direction, priorities and budget aimed at serving the community equitably and effectively. The Chair works with the Board of Commissioners to implement policy, priorities and budget under the Home Rule Charter. All departments and Nondepartmental policy offices, report to the Chair. The Chair is a key stakeholder at national, state and regional tables, as a convener for community partnerships and as a spokesperson for the core mission, values, and initiatives critical to the County.

The Chair oversees a \$4.0 billion budget and over 6,000 employees. Responsibilities include: developing an executive budget, appointing department directors, overseeing contracts, presiding over Board meetings, executing policies and ordinances adopted by the Board, serving as the Chief Personnel Officer and maintaining strong ties and connections with Multnomah County residents and other regional leaders.

The County plays a critical role providing a wide range of safety net services, which strive to reduce the systemic inequities that disproportionately harm Black, Indigenous and other communities of color. Many of the Chair's priorities, including preventing and ending homelessness, deepening family safety and stability, providing accessible, whole-person healthcare to underserved populations, and reducing the use of incarceration while increasing the use of diversion programs, are aligned with the County's work to build a more equitable community.

During FY 2026, Chair Vega Pederson will maintain or increase focus on the following priorities:

- Addressing and preventing homelessness in our community.
- Addressing substance use and increasing access to recovery and mental health services.
- Collaboration with local and statewide housing partners to align and coordinate resources and workflows.
- Continued development and expansion of shelter and affordable housing capacity in the County, maximizing revenues from the Metro Supportive Housing Services (SHS) Measure.
- Sustained investment in child, youth and family supports, particularly through the Preschool for All (PFA) program.
- Championing County Strategic Planning and continued implementation of Workforce Equity Strategic Plan (WESP) strategies that move the County towards greater safety, trust & belonging in the workplace for all employees.
- Maintain focus on supporting the progress of the Multnomah County Library Capital Bond.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Ensure broad community input through surveys, meetings, and events.	30	30	30	30
Output	Meet with State/Fed officials and other stakeholders on issues critical to the region.	16	16	16	16
Output	Proactively communicate with residents through a regular community newsletter.	12	12	12	12

Performance Measures Descriptions

Chair Vega Pederson regularly seeks community input and feedback to make budget and policy decisions that best serve the public's interests and community values. The Chair also represents Multnomah County at national policy-making tables convened by Association of Oregon Counties, National Association of Counties and at the Large Urban County Caucus. In addition, she works with regional partners to address shared community challenges, learn and develop cross-jurisdictional solutions.

Legal / Contractual Obligation

The Multnomah County Chair and Commissioner offices are mandated by the Multnomah County Home Rule Charter, Chapter III, 3.10.(3)

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$2,704,304	\$99,524	\$2,574,630	\$192,065
Contractual Services	\$33,840	\$0	\$383,760	\$0
Materials & Supplies	\$109,927	\$0	\$105,109	\$0
Internal Services	\$266,734	\$0	\$264,806	\$8,028
Total GF/non-GF	\$3,114,805	\$99,524	\$3,328,305	\$200,093
Program Total:	\$3,214,329		\$3,528,398	
Program FTE	12.50	0.50	11.00	1.00

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

Explanation of Revenues

This program generates \$8,028 in indirect revenues.

Other Funds is Preschool for All (PFA) funding. Tax revenues for PFA are budgeted in program offer 25200A.

Significant Program Changes

Last Year this program was: FY 2025: 10000A Chair's Office

In FY 2026, a vacant 1.00 FTE Senior Policy Advisor is eliminated and 1.00 FTE Communications Coordinator is added for a net zero impact to FTE in this program. The increase in contractual services is to provide expanded security services for the Multnomah County Chair.

Board Amendment # 11 reduced this program by \$148,614 and 1.00 FTE Executive Assistant (Staff Assistant).

Department: Nondepartmental

Program Contact: Jillian Schoene

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

The Homelessness Response System (HRS) mobilizes various jurisdictions, departments, stakeholders and service providers around shared goals and objectives to reduce homelessness in Multnomah County. Reducing homelessness requires multi-pronged and multi-jurisdictional efforts, and HRS facilitates that work through the implementation of the Homelessness Response Action Plan, which identifies clear goals to achieve, policies to align and workgroups to resolve cross-jurisdictional issues, along with timelines, lead partners for action, and cost estimates to account for budgetary needs. HRS also convenes three new committees that further that work.

HRS is responsible for implementation of the Homelessness Response Action Plan, an ambitious, iterative, cross-jurisdictional approach to comprehensively align systems and services to reduce homelessness. The plan consists of five primary responsibilities:

1. Coordinating the establishment of numeric goals and policy objectives, and tracking the progress towards those objectives;
2. Organizing the cross-jurisdictional workgroups necessary to breakdown silos and improve outcomes across the homeless services continuum;
3. Facilitating and organizing one committee and two subcommittees within the Homelessness Response Plan:
 - Steering and Oversight Committee - which sets goals and strategies, and aligns budgets and programs accordingly;
 - Implementation Sub-Committee - which is responsible for the operationalization of the strategies identified to meet the established goals; and
 - Community Advisory Sub-Committee - which identifies emerging community needs and opportunities, provides input on strategies and tactics, and reviews goals and progress towards achieving them.
4. Identifying the budgetary needs between jurisdictions necessary to achieve the established goals and objectives; and
5. Improving transparency and accountability through coordinated communication, accurate dashboards and data, and a single website for updates and information.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Convenings of Steering and Oversight Committee	N/A	6	12	12
Output	Creation of dashboard to track primary numeric goals and policy objectives	N/A	1	1	1
Output	Coordinates the annual program and spending plans	N/A	1	2	2

Performance Measures Descriptions

This office will bring together the Steering and Oversight Committee for bi-monthly meetings; it will complete the publicly facing dashboard to track goals and objectives; and it will assist the city and county in identifying the budgetary needs necessary to meet the objectives of Homelessness Response Action Plan.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$689,970	\$0	\$514,696
Contractual Services	\$0	\$0	\$0	\$63,500
Materials & Supplies	\$0	\$10,030	\$0	\$35,347
Internal Services	\$0	\$28,358	\$0	\$93,579
Total GF/non-GF	\$0	\$728,358	\$0	\$707,122
Program Total:	\$728,358		\$707,122	
Program FTE	0.00	3.00	0.00	2.00

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

Explanation of Revenues

This program generates \$21,515 in indirect revenues.

\$707,122 Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Homeless Services Department (HSD) program 30999 Supportive Housing Services Revenue for Other Departments.

Significant Program Changes

Last Year this program was: FY 2025: 10000B Homelessness Response System - Supportive Housing Services

Board Amendment # 11 reduced this program by \$215,000 and 1.00 FTE Homelessness Response System Advisor (Staff Assistant).

Department: Nondepartmental

Program Contact: Meghan Moyer

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Commissioner Moyer serves as one of five elected members that make up the governing body of Multnomah County, representing District 1. District 1 includes areas west of the Willamette River, as well as the inner east side of Portland south of Interstate 84. Her responsibilities include adopting a balanced budget, setting and advancing policy priorities, and responding to the needs and concerns of her district. She works to make Multnomah County a place where everyone can thrive by supporting programs and policies that allow residents to be safe, healthy, and thrive.

Commissioner Moyer's priorities include: systems coordination and improvement in areas of behavioral health and addiction services, public safety and crisis response; reducing homelessness through supportive housing services from shelter through permanent housing; improving accountability and transparency of policy and budget making-decisions; improving county contracting systems to ensure transparency, oversight and accountability in County contracts with partner organizations as well as reducing unnecessary bureaucratic barriers; collaborating with her colleagues on construction and infrastructure projects in District 1; supporting children and families through affordable and accessible child care; mitigating the risks to human life and the environment in the CEI Hub located in District 1; engaging with advocates and individuals with lived experience to advance policies to address domestic violence and sex trafficking. Commissioner Moyer will advance and support policies that pay a living wage to frontline workers employed by community based organizations partnering with the County in health and human services.

Commissioner Moyer also advocates for effective legislation and adequate state and federal funding for local programs. She proactively engages with her District 1 constituents and strives for her office to respond to constituent inquiries and concerns in a timely manner. In the FY 2026 budget process, Commissioner Moyer will center the need to enact policies that address inequities and injustices experienced by traditionally marginalized communities. She will promote inclusive decision-making that centers those most impacted by policy and budget decisions.

Commissioner Moyer is the Board Liaison to the Aging Services Advisory Council, Disability Services Advisory Council, Domestic Violence Fatality Review Board, Gateway Center for Domestic Violence, Multnomah County Sex Trafficking Collaborative, Greater Portland Inc (alternate), Mt. Hood Cable Regulatory Commission, Portland Children's Levy.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Respond to constituent emails, phone calls and meeting requests timely and resolve constituent concerns	N/A	N/A	100%	100%
Output	Develop, evaluate and advocate for Multnomah County policies and budgets.	N/A	N/A	100%	100%
Output	Engage with stakeholders regarding policies and community issues.	N/A	N/A	100%	100%
Output	Attend community events and visit local service providers.	N/A	N/A	100%	100%

Performance Measures Descriptions

Commissioner Moyer will finish FY25,

1) Timely response is 5 business days. 2) Priority issues include the Homelessness, behavioral health & addiction services, child care, critical energy infrastructure. 4) Output includes neighborhood meetings, community events, and other in-district connections (including virtual), meetings with internal and external partners, briefings and proposals to board and staff.

Legal / Contractual Obligation

The Multnomah County Commissioners offices are mandated by the Multnomah County Home Rule Charter, Chapter III, 3.10.(3).

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$713,084	\$0	\$780,738	\$0
Contractual Services	\$24,597	\$0	\$0	\$0
Materials & Supplies	\$68,102	\$0	\$77,194	\$0
Internal Services	\$87,411	\$0	\$85,351	\$0
Total GF/non-GF	\$893,194	\$0	\$943,283	\$0
Program Total:	\$893,194		\$943,283	
Program FTE	4.00	0.00	4.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 10001 BCC District 1

Department: Nondepartmental

Program Contact: Shannon Singleton

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Commissioner Shannon Singleton serves as one of five elected officials tasked with developing policy, coordinating the development of Multnomah County's annual budget, and ensuring that policy and the budget support the work of County Departments. She serves District 2, which includes North, Northeast, and parts of East Portland. Commissioner Singleton is committed to ensuring racial equity, promoting effective evidence-driven programs and services, and engaging in community-driven policy. To learn more about Commissioner Singleton's office visit the website at <https://multco.us/elected/shannon-singleton>.

Commissioner Singleton was sworn in as the District 2 commissioner on December 3rd, 2024. She is eager to tackle the county's problems and offer meaningful solutions.

The county continues to grapple with the changing landscape after managing multiple public health crises over the last 5 years, and the FY 2026 budget needs flexibility for evolving public health needs while continuing the investments in robust services across the county. Many innovative and effective new projects started over the last few years due to investments from the Federal government, and our challenge will be how to continue rethinking our services in ways that will move us toward equity and justice with fiscal constraints.

Commissioner Singleton prioritizes efforts to address the economic and racial inequities that created the need for a robust safety net in Multnomah County, and focuses on economic justice; housing and homelessness; workforce development; and transportation. Specific efforts include leverage Medicaid funding for crisis mental health outreach and housing, expand workforce development programming and increase access to good paying jobs, seek opportunities to leverage transportation investments for community benefits.

During the FY 2026 budget process, she will prioritize programs and strategies that have the most impact for equity priority communities and District 2.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Community engagement and constituent outreach via meetings and events.	N/A	N/A	24	24
Outcome	Ongoing responsiveness to all County departments.	N/A	100%	100%	100%
Output	Respond to constituent emails, phone calls and meeting requests in a timely manner.	N/A	100%	100%	100%

Performance Measures Descriptions

- 1) Measured by the number of constituent coffees, neighborhood meetings and community events hosted, attended or led by the Commissioner either virtually or in person.
- 2) Measured by the percentage of department meetings, briefings and communication requested and completed.
- 3) A timely response is within 10 days.

Legal / Contractual Obligation

The Multnomah County Commissioners offices are mandated by the Multnomah County Home Rule Charter, Chapter III, 3.10.(3).

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$731,502	\$0	\$775,235	\$0
Contractual Services	\$15,560	\$0	\$20,037	\$0
Materials & Supplies	\$60,986	\$0	\$62,660	\$0
Internal Services	\$85,146	\$0	\$85,351	\$0
Total GF/non-GF	\$893,194	\$0	\$943,283	\$0
Program Total:	\$893,194		\$943,283	
Program FTE	4.00	0.00	4.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 10002 BCC District 2

Department: Nondepartmental

Program Contact: Julia Brim-Edwards

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Commissioner Julia Brim-Edwards is one of five elected officials who form the governing body of Multnomah County, representing District 3 that includes much of Southeast Portland and a portion of Northeast Portland. As a resident of East Portland for more than 50 years, Commissioner Brim-Edwards brings to this role a lifetime of public and private-sector service experience. She also embraces the County's mission, vision and values of equity, sustainability, inclusivity, social justice, health, public safety, integrity and innovation.

Commissioner Brim-Edwards is committed to addressing and taking action on urgent priorities that reflect concerns of neighbors, community groups, and local leaders. Priorities include taking bold action to dramatically address homelessness for those living on our streets without a path into housing; expanding access to addiction treatment and recovery services; improving the safety of our communities; creating a countywide economic empowerment and equitable recovery plan; and making the County more transparent, accessible and in alignment with more democratic practices.

Commissioner Brim-Edwards will also work with District 3 and East Portland residents on projects that promote economic empowerment, community, safety and neighborhood livability. These include supporting community services and organizations in District 3, such as Unite Oregon that includes services for culturally specific small business development; advocating for the Gateway Clean and Safe District; continuing support for library modernizations and improvements, including at the Belmont Library; and supporting the and Brentwood Darlington Community Center, as well as APANO and the Asian Health and Family Services Center.

Along with the Board and County staff, Commissioner Brim-Edwards will work alongside her colleagues to address these issues with an equity-focused lens to allocate resources and take actions that aim to serve all County residents, while addressing the most vulnerable neighborhoods that struggle with livability, public safety, and affordability. Given her focus on making Multnomah County a safe, affordable, thriving place to live, work and raise a family, Commissioner Brim-Edwards serves as liaison to Travel Portland and the Visitor Development Fund; the Local Public Safety Coordinating Council (LPSCC); the Regional Disaster Preparedness Organization; the 82nd Ave. Transit Advisory Committee; the Association of Oregon Counties, District 8 Chair and member of the Board and Legislative Committee; Multnomah County Audit Committee; and the Supportive Housing Services (SHS) Oversight Committee/Alternate, Tri-County Planning Committee/Alternate and Metro SHS Work Group. To learn more please visit <https://www.multco.us/commissioner-brim-edwards>.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Outcome	Ensure opening of County's temporary sobering beds; lead/support opening of 24/7 Sobering/Stabilization Ctr.	N/A	100%	Adopt/Implement	Adopt/Implement
Output	Ensure the Community Sheltering Plan goals are met, increase shelter beds and create accompanying GNAs	N/A	100%	100%	100%
Output	Develop an economic empowerment strategy; create framework to improve public safety coordination/funding	N/A	Adopt/Implement	Adopt/Implement	Adopt/Implement
Outcome	Regularly attend site visits/community meetings in District 3 and respond/share updates with constituents	N/A	N/A	100%	100%

Performance Measures Descriptions

FY 2026 measures reflect Commissioner Brim-Edwards' priorities to meaningfully address homelessness and include work to make more shelter beds available and expand access to addiction treatment and recovery services. This includes supporting the opening of temporary sobering beds, while ensuring the 2026 opening of the 24/7 Sobering and Crisis Stabilization Center. Developing a framework to improve community safety and creating a countywide economic empowerment strategy advance efforts to lift all those living, working and doing business in Multnomah County.

Legal / Contractual Obligation

The Multnomah County Commissioners offices are mandated by the Multnomah County Home Rule Charter, Chapter III, 3.10.(3).

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$744,861	\$0	\$791,591	\$0
Contractual Services	\$1,500	\$0	\$10,500	\$0
Materials & Supplies	\$61,569	\$0	\$55,841	\$0
Internal Services	\$85,264	\$0	\$85,351	\$0
Total GF/non-GF	\$893,194	\$0	\$943,283	\$0
Program Total:	\$893,194		\$943,283	
Program FTE	4.00	0.00	4.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 10003 BCC District 3

Department: Nondepartmental

Program Contact: Vince Jones-Dixon

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Commissioner Vincent Jones-Dixon is one of five elected members that comprise the governing body of Multnomah County, representing District 4 which includes the Cities of Fairview, Wood Village, Troutdale, Gresham, eastern portions of the City of Portland, and the unincorporated areas in East Multnomah County including the communities of Springdale, Corbett, Latourell and Bridal Veil. As a member of the Board of County Commissioners, Commissioner Jones-Dixon is responsible for adopting a balanced budget, setting policy, and effectively representing District 4.

Commissioner Jones-Dixon's office focuses on the safety of the residents of East Multnomah County and efforts to increase economic opportunities. This vision will be guided with involvement and conversation with East County communities on how East County will grow and prosper. The core value of this is to mitigate the impacts of poverty and negative systemic interactions for all residents of East Multnomah County.

Commissioner Jones-Dixon is chair of the East Multnomah County Transportation Committee, and represents Multnomah County through leadership with Greater Portland, Inc., Workforce Development Board, Metro Planning Advisory Committee, Regional Arts and Culture Council, Regional Cultural Planning Project East Metro Economic Alliance, the Library Advisory Board, and the HB 2017 TriMet Advisory Committee.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Monitor and engage in the standing up of the East County Homeless Resource Center (ECHRC).	N/A	N/A	100%	100%
Outcome	Ensure facility is meeting needs of those experiencing homelessness while meeting community & livability goals	N/A	N/A	100%	100%
Output	Advance the conceptual planning effort for the 90 acre Vance Vision project in Gresham.	N/A	N/A	100%	100%
Outcome	City of Gresham & community partners engage/endorse planning process that leads to dvlpmnt & construction.	N/A	N/A	100%	100%

Performance Measures Descriptions

- 1) A successful opening of the ECHRC that meets the multiple goals of the county and the surrounding community.
- 2) The identification of or budgeted resources for the furtherance of the Vance Vision project.
- 3) The Vance Vision project will be a hub for economic development, recreation and housing.

Legal / Contractual Obligation

The Multnomah County Commissioners offices are mandated by the Multnomah County Home Rule Charter, Chapter III, 3.10.(3).

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$764,840	\$0	\$811,978	\$0
Materials & Supplies	\$44,642	\$0	\$45,954	\$0
Internal Services	\$83,712	\$0	\$85,351	\$0
Total GF/non-GF	\$893,194	\$0	\$943,283	\$0
Program Total:	\$893,194		\$943,283	
Program FTE	4.00	0.00	4.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 10004 BCC District 4

Department: Nondepartmental

Program Contact: Jennifer McGuirk

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

The Auditor is elected by voters countywide. The Auditor's Office's mission is to promote accountable and equitable county government. We independently examine county programs; receive and investigate reports of suspected fraud, waste, and abuse of position; and serve as an impartial resource to help people resolve issues with county programs. The Auditor's Office serves the public interest by finding out how well the county government is working, recommending improvements, and reporting to the public on our work. We adhere to high ethical standards; use an equity lens and a trauma-informed approach continually in our work; and value accountability, inclusion, and equity, particularly racial equity.

The County Charter directs the Auditor to conduct performance audits of all county operations and financial affairs, as well as studies to measure or improve the performance of county efforts. The Auditor prioritizes auditing programs that directly impact people's health and safety. Audits involve hundreds of hours of work, including research, interviews, onsite observations, community engagement, and data analysis. Based on sufficient, appropriate evidence, we develop recommendations for improving government. Through audits and follow-up efforts, auditors provide systems-level accountability to the public.

In 2022, the Charter established the County Ombudsperson in the Auditor's Office. The ombudsperson is a resource for people having trouble resolving problems with county programs. The ombudsperson can conduct impartial investigations into administrative acts of county programs, recommend changes, and make related reports to support high standards in the provision of county services.

County Code entrusts to the Auditor the operation of the Good Government Hotline, which the Auditor created in 2007 for employees and the public to confidentially report potential fraud, waste, or abuse of position in County government. The hotline is a critical function for ensuring that County government resources are used efficiently and ethically.

Also per County Code, the Auditor's Office provides technical and clerical support to the Audit Committee, which is a liaison to the Board of County Commissioners, management, and the external auditor for the external financial audits required under Oregon law.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Minimum number of reports (audits, follow-ups, ombudsperson, hotline, annual).	12	6	12	12
Outcome	For reports with recommendations, percent with at least one focused on supporting racial equity.	100%	100%	100%	100%
Outcome	Complaints to hotline and ombudsperson responded to within 2 business days.	100%	100%	95%	100%
Outcome	Recommendations in progress or implemented at time of evaluation in the FY.	89%	80%	90%	85%

Performance Measures Descriptions

The first measure includes reports on audits and recommendations, special studies, and reports on the hotline, ombudsperson function, and Auditor's Office. The outcomes measures ensure the office responds promptly to complaints to the hotline and ombudsperson, and support accountability on recommendations.

Legal / Contractual Obligation

The Auditor's responsibilities and powers are articulated in County Charter §3.15, §4.30, and §8.10, and County Code §25.910-25.940 and §3.501-3.505.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$2,683,294	\$0	\$2,950,586	\$0
Contractual Services	\$199,690	\$0	\$210,090	\$0
Materials & Supplies	\$114,042	\$0	\$115,475	\$0
Internal Services	\$231,999	\$0	\$245,646	\$0
Total GF/non-GF	\$3,229,025	\$0	\$3,521,797	\$0
Program Total:	\$3,229,025		\$3,521,797	
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 2025: 10005 Auditor's Office

In FY 2026 this program is increased by 1.00 FTE Intake Specialist to support the Ombudsperson.

Department: Nondepartmental

Program Contact: Allegra Willhite

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

The Tax Supervising and Conservation Commission (TSCC), established by ORS 294.605-710, is an independent and impartial panel of five governor-appointed citizen volunteers who review and monitor the financial affairs of local governments in Multnomah County. TSCC protects and represents the public interest, ensures local government compliance with local budget law, promotes economy and efficiency within those local governments, and provides budgetary advice and assistance. The Commission considers all community members to be its customers and seeks to make the financial affairs of local governments transparent and accountable. Oregon law describes the duties of the TSCC, including the following:

Advocacy and Public Information: TSCC holds public hearings on local government member budgets and tax measures to engage with elected officials and advocate for the public interest in the spending of taxpayer dollars. Guided by a commitment to equity, TSCC encourages members of the public from all corners of our community to attend and comment at these public hearings. Additionally, each year the TSCC publishes a comprehensive report on local government budgets, indebtedness, and property taxes. This report is the only one of its kind in the region. The report was revised in 2022 to improve accessibility through simplified language, improved graphics, and more relevant content. TSCC continues to solicit feedback on the report each year.

Budget Reviews/Certifications and Training: TSCC checks to see that budgets are balanced, property tax revenue projections are reasonable, and that the budget processes comply with State and local budget laws. TSCC staff works closely with the County Assessor's Office as a double check that the property tax levies are requested and calculated accurately. These efforts reduce violations of local budget law, especially if the error results in a property tax levy that exceeds authority. TSCC holds annual local budget law trainings and provides regular advice and consultation to local government staff to improve compliance with budget law.

TSCC funding comes from three sources per ORS 294.632: the County General Fund, member districts, and the State's County Assessment Function Funding Assistance grant. By law, the TSCC budget increases are set to 4% annually.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of public hearings on local government budgets and property tax ballot measures available to the public.	16	15	16	14
Output	# of budgets certified by Commission to improve budget law compliance.	30	33	30	30
Output	# of responses to local govt. staff questions on budget law and other issues.	85	50	75	75

Performance Measures Descriptions

Legal / Contractual Obligation

ORS 294.625 (1) The Commission has jurisdiction over all municipal corporations principally located in Multnomah County with populations exceeding 200,000 and that are subject to local budget law (13 large districts). ORS 294.625 (2) The Commission has jurisdiction over all municipal corporations principally located in Multnomah County with populations not exceeding 200,000 that are subject to local budget law and have not formally opted out of TSCC jurisdiction. (23 out of 30 small districts are members).

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$464,636	\$0	\$478,856	\$0
Contractual Services	\$6,810	\$0	\$12,000	\$0
Materials & Supplies	\$45,644	\$0	\$46,910	\$0
Internal Services	\$1,691	\$0	\$1,766	\$0
Total GF/non-GF	\$518,781	\$0	\$539,532	\$0
Program Total:	\$518,781		\$539,532	
Program FTE	2.00	0.00	2.00	0.00

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

Explanation of Revenues

Although not budgeted directly in TSCC, the program is supported by the following countywide revenue:

- \$195,497, Revenue from other member districts (local)
- \$59,759, Revenue from the County Assessment Function Funding Assistance (CAFFA) grant (state)

Significant Program Changes

Last Year this program was: FY 2025: 10006 Tax Supervising and Conservation Commission

Department: Nondepartmental

Program Contact: Julie Sullivan-Springhetti

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

The Communications Office produces the news of record, issues crisis communications and conducts media relations for Multnomah County. Staff create, curate and distribute accurate, timely information so community members can find and use County services. Staff help residents see and understand where tax dollars are being spent. Communications Office staff report and write press releases, talking points, and memos on County initiatives and developments. They write web articles on the work of the Chair, Commissioners and departments. They photograph employees and events, produce news and feature videos, and create graphics and social media to inform the public. They produce and review reports that provide the public with critical and transparent information about the efficacy of County programs and services. The Office seeks to work with culturally specific sources, media and community liaisons to reach residents who speak languages other than English. Staff publish materials on multco.us, as well as more than 20 webpages, and four County-wide social media platforms, including Spanish-language accounts and websites. They conduct media training for staff and elected officials. The Communications Office is working with IT to develop a new public records request center. The Communications Office, along with the County Attorney, reviews and helps fill most public records requests. Staff lead crisis communications during regional emergencies, while delivering lifesaving information 365 days a year. They plan County events, support community outreach and engagement projects, and produce public education campaigns to support leaders' goals. They connect the County's large and diverse workforce to one another through an employee newsletter, the Wednesday Wire. They advise and help County leaders communicate directly with staff. Throughout all of this work, they also support efforts to brand and promote the County and its services, and the impact those services have on thousands of people a year.

Goals for 2026 include:

- Fully implementing a universal public records request management system to support the County's accountability and transparency goals.
- Refining and growing the office's existing and ongoing work to provide branding and marketing for the County, increasing the visibility and transparency of County services.
- Expanding written, visual and graphic storytelling to increase public access to new and expanding County services including shelter, rent assistance, deflection, sobering, stabilization and Preschool for All.
- Activating a community of communicators in a crisis to better reach immigrant, refugee and other residents who speak languages other than English or have a disability.
- Increasing media training and communications onboarding for County leaders and staff.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of news stories generated by the office in all media -- TV, print, radio, County website and blogs.	3,340	2,550	3,340	3,400
Outcome	Number of multi-media videos/projects produced by the office that reach diverse audiences.	118	95	70	70
Outcome	Number of Instagram followers that signal public engagement particularly during an emergency.	14,300	14,500	15,185	15,500
Outcome	Number of Facebook and Condado De Multnomah followers that signal public engagement.	19,416	18,150	20,351	20,400

Performance Measures Descriptions

The performance measures capture social media reach including a new Spanish language Facebook audience. And, although the County maintains more than 50,000 followers on X, the audience is shifting to Instagram and Bluesky.

Legal / Contractual Obligation

Meet the spirit and intent of Oregon's public records law ORS 192.410 to 192.505, which governs public bodies and custodians of public records.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$2,738,230	\$0	\$2,714,061	\$0
Contractual Services	\$12,980	\$0	\$34,694	\$0
Materials & Supplies	\$93,198	\$0	\$94,589	\$0
Internal Services	\$185,364	\$0	\$194,315	\$0
Total GF/non-GF	\$3,029,772	\$0	\$3,037,659	\$0
Program Total:	\$3,029,772		\$3,037,659	
Program FTE	15.00	0.00	14.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 10007A Communications Office

- This program combines 10007A and 10007C Public Records Communications Position from FY 2025.
- In FY 2026 this program is reduced by 1.00 FTE Videographer (Multimedia/Video Production Specialist). Videos provide an essential way to reach low-literacy and non-English speakers during initiatives and emergencies. The videographer supports multiple departments staff and Board members' ability to communicate directly with audiences. This reduces video production by up to 50%.
- Board Amendment # 19 reassigns 1.00 FTE to provide marketing and branding to ensure visibility of County programs.

Department: Nondepartmental **Program Contact:** Julie Sullivan-Springhetti
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs: 25200-25207, 40099B, 72052A, 72052B, 78335, 10000A
Program Characteristics: New Request

Program Description

The Communications Office is managing a surge of media requests, resulting in a 60% increase in published stories since 2023 and a 900% increase since 2016. To address this critical growth and ensure the vital internal and external communications needs of the community are met, this program is expanding the Communications capacity by 2.00 FTE described below.

Adds 1.00 FTE Preschool for All Communications Coordinator funded with Preschool for All funds to meet rapidly expanding needs for public education, media relations and communications with parents, providers and taxpayers as the program scales to universality. The Department of County Human Services has identified Preschool for All as a priority communications need. This placement would replicate the Communications Office's successful integration with other departments (such as Transportation) to develop materials, implement initiatives and produce outcomes for a major County initiative in a timely manner.

Adds 1.00 FTE Marketing and Branding Communications Coordinator to help the Communications Office work with departments to ensure the visibility of County programs, including establishing opportunities for branding and marketing visibility for the County through departments, programs, and contracts. The Communications Office will work with the Chief Operating Officer's Office to implement this work and report back to the Board on progress in these efforts as well as the needs for both Communications and County departments to further this branding effort.

Overall, the contraction of the media market, including culturally specific media, has made the County's communications more essential for reaching underserved and diverse communities in a timely and appropriate fashion.

This program offer:

- Provides Preschool for All communications materials and support to parents, providers and public.
- Provides branding and marketing resources and leadership for the County, helping focus and grow existing branding and marketing efforts.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Communication campaigns for Preschool for All.	N/A	N/A	N/A	6
Output	Print and video stories and promotions.	N/A	N/A	N/A	24

Performance Measures Descriptions

- Communication campaigns to educate and engage public, prospective and current parents and providers around Preschool for All.
- Print and video content focused on Board priorities and initiatives, Emergency Management and other emergent issues.

Legal / Contractual Obligation

Fully comply with Oregon's public records law ORS 192.410 to 192.505, which governs public bodies and custodians of public records.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$0	\$169,466	\$169,466
Materials & Supplies	\$0	\$0	\$2,233	\$0
Internal Services	\$0	\$0	\$0	\$7,083
Total GF/non-GF	\$0	\$0	\$171,699	\$176,549
Program Total:	\$0		\$348,248	
Program FTE	0.00	0.00	1.00	1.00

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

Explanation of Revenues

This program generates \$7,083 in indirect revenues.
Other Funds is Preschool for All funding (PFA). PFA Tax revenues are budgeted in program offer 25200A.

Significant Program Changes

Last Year this program was:

This program adds 2.00 FTE Communications Coordinator (Public Affairs Coordinator). 1.00 FTE is funded with General Fund and the other 1.00 FTE is funded with Preschool for All funding.

Board Amendment # 19 assigns the 1.00 FTE funded with General Fund to provide marketing and branding to ensure visibility of County programs.

Department: Nondepartmental

Program Contact: Jenny Madkour

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

The mission of the Office of County Attorney is to provide the highest quality and cost effective legal advice and representation. The Office reviews and advises on the legal aspects of County government operation, defends claims against the County and employees acting in their official capacity, and assists with Federal, State, and County legal requirements. The Office houses the County's Privacy Officer and related Privacy Program. The County Attorney collaborates with Risk Management, provides legal training and advice before legal issues become legal problems.

The Office of County Attorney prepares and reviews legal documents including contracts, Ordinances, Resolutions, Board Orders, Executive Rules, Administrative Procedures, and other legal instruments. It provides legal advice and counsel to the Board of County Commissioners, County elected officials, County Departments and Offices, Advisory Boards, Districts, and Commissions. The Office of County Attorney prepares formal written opinions as deemed necessary by the County Attorney regarding significant interpretations of federal and state laws, the County Charter and Code, and other legal requirements. The Office controls and supervises all civil actions and legal proceedings where the County is a party or has a legal interest. The Office represents and defends any legal action, matter, or proceedings in any court or tribunal and as requested by the Board.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	County Attorney Direct Service Hours	26,914	25,000	25,000	25,500
Outcome	Percentage of County Attorney Time Dedicated to Direct Client Services	96%	95%	95%	95%
Input	Number of Tort Claims Received	202	190	190	195

Performance Measures Descriptions

Legal / Contractual Obligation

The role and duties of the County Attorney are set forth in Multnomah County Code Chapter 25.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$7,101,241	\$0	\$7,542,248
Contractual Services	\$0	\$323,790	\$0	\$332,540
Materials & Supplies	\$0	\$251,921	\$0	\$259,357
Internal Services	\$0	\$616,718	\$0	\$641,855
Total GF/non-GF	\$0	\$8,293,670	\$0	\$8,776,000
Program Total:	\$8,293,670		\$8,776,000	
Program FTE	0.00	25.00	0.00	25.00

Program Revenues				
Other / Miscellaneous	\$0	\$8,293,670	\$0	\$8,776,000
Total Revenue	\$0	\$8,293,670	\$0	\$8,776,000

Explanation of Revenues

Funding for the Office of County Attorney is generated through a portion of the liability insurance rate on County payroll expenses.

Significant Program Changes

Last Year this program was: FY 2025: 10008 County Attorney's Office

Department: Nondepartmental

Program Contact: Sarah Mullen

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

Senate Bill 1145 (1995) established LPSCCs in each of Oregon's 36 counties to "coordinate local criminal justice policy among affected criminal justice entities" (ORS 423.560). To carry out this mission, the Council meets monthly to share information, identify issues and problems affecting public safety, and oversee development of new plans, policies, and strategies. The LPSCC is led by County Chair Jessica Vega Pederson and County Commissioner Julia Brim-Edwards.

LPSCC and its partners collaborate on the development of:

- solutions to problems in the intergovernmental operations of the public safety systems;
- coordinated policies to improve those systems; and
- evidence-based strategies that address issues important to community safety.

The Council's Executive Committee directs the work of several subcommittees and workgroups focused on critical issues the justice system faces. Examples include:

- Oversight of the Justice Reinvestment Program;
- Pretrial system change; and
- Oversight of the operation of Decision Support System-Justice (DSS-J), the County's public safety data warehouse.

LPSCC program offers describe the funding to support FTE, resources, and projects in the LPSCC office. In FY 2026, LPSCC will fund an Executive Director, a Data/Policy Manager, and an Executive Assistant. In addition, to support implementation of the MacArthur Foundation's Safety + Justice Challenge (focused on overhauling the pretrial justice system and a Justice Fellowship project), LPSCC also funds two limited duration staff.

The Reimagining Justice in Cully federal grant project (program offer 10009C in FY 2025) aims to increase trust between law enforcement and Cully residents and to develop non law enforcement intervention to low level crime. The focus of FY 2026 (Year 2) will be implementation and community engagement. LPSCC staff, District 2, and NAYA staff will work with the project leadership team, Cully providers, and residents to:

- Implement place-based projects based on community needs and opportunities learned in Year 1
- Begin evaluating project impacts on perceptions of safety in the Cully neighborhood
- Continue community engagement strategies

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Percentage of policy discussions that focus on racial and ethnic disparities.	100%	100%	100%	100%
Output	% of new initiatives/projects that use an equity focus and inclusively lead with race.	100%	100%	100%	100%
Outcome	Percentage/number of policy-level projects that include voices of people with lived experiences.	100%	100%	100%	100%

Performance Measures Descriptions

Legal / Contractual Obligation

Senate Bill 1145 (1995) established LPSCCs in each of Oregon's 36 counties to "coordinate local criminal justice policy among affected criminal justice entities" (ORS 423.560). In FY 2010, Multnomah County's Board of Commissioners transferred responsibility for the administration of DSS-J to the County's LPSCC, which agreed to oversee the development and maintenance of DSS-J and ensure data accuracy and security through a Policy Committee.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$199,504	\$771,114	\$208,367	\$802,987
Contractual Services	\$0	\$698,478	\$0	\$828,086
Materials & Supplies	\$3,096	\$32,542	\$3,180	\$46,559
Internal Services	\$859,975	\$69,606	\$712,757	\$79,935
Total GF/non-GF	\$1,062,575	\$1,571,740	\$924,304	\$1,757,567
Program Total:	\$2,634,315		\$2,681,871	
Program FTE	1.00	2.00	1.00	2.00

Program Revenues				
Intergovernmental	\$0	\$1,131,740	\$0	\$1,256,067
Other / Miscellaneous	\$0	\$440,000	\$0	\$501,500
Total Revenue	\$0	\$1,571,740	\$0	\$1,757,567

Explanation of Revenues

This program generates \$33,565 in indirect revenues.

- \$742,780 - Department of Justice (DOJ), Bureau of Justice Assistance (BJA). Competitive award of \$2,000,000 over three years (October 1, 2023 - September 30, 2026) that funds the Cully Reimagining Justice Project. (Federal)
- \$513,287 - Department of Corrections through Senate Bill 1145. Formula funding based on a statewide allocation. This is Year 1 of the 2025-2027 biennium, which is 49% of the total award. (State)
- 431,500 - MacArthur Foundation Capstone Grant. Nongovernmental competitive award of \$500,000 over two years (July 1, 2024 - July 1, 2026). (Local)
- \$70,000 - MacArthur Foundation Sustainability Grant. Nongovernmental competitive award of \$1,160,000 that began January 1, 2022. FY 2026 will be the final year of spending from this grant. (Local)

Significant Program Changes

Last Year this program was: FY 2025: 10009A Local Public Safety Coordinating Council

This program combines 10009A with the Other Funds in 10009C Transforming Justice - Cully Reimagining Justice Project from FY 2025.

Board Amendment # 16 will adapt the staffing needs in LPSCC to reclassify 1.00 FTE Strategic Initiatives Manager to a Data/Policy Manager. It is proposed that this position focuses 50% of the work on data and analytical projects and 50% on performing policy analysis to reflect current staffing needs for the LPSCC. This position will be tasked with conducting a study of best practices in youth violence prevention in Multnomah County. The study should explore and report the characteristics of local collaboration models that drive successful youth empowerment and public safety outcomes.

Department: Nondepartmental

Program Contact: Sarah Mullen

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

Senate Bill 1145 (1995) established LPSCCs in each of Oregon's 36 counties to "coordinate local criminal justice policy among affected criminal justice entities" (ORS 423.560). To carry out this mission, LPSCC's Executive Committee meets monthly to share information, identify issues and problems affecting public safety and oversee development of new plans, policies, and strategies. The Executive Committee is led by County Chair Jessica Vega Pederson and County Commissioner Julia Brim Edwards.

LPSCC and its partners collaborate on the development of (a) solutions to problems in the intergovernmental operations of the public safety systems, (b) coordinated policies to improve those systems and (c) evidence-based strategies that address issues important to community safety. The LPSCC office prioritizes racial justice by ensuring leading with race is the lens through which policy development and evaluation occurs. With the help of data, the staff can also support policy efforts to reduce racial and ethnic disparities in the criminal legal system.

The Council directs the work of several subcommittees and smaller working groups that focus on the most critical issues within the justice system, including implementation of the Multnomah County Justice Reinvestment Program (prison diversion) and funding directed to agencies who serve victims of crime from underserved and Black Indigenous and People of Color communities.

This program offer includes the funding for victim's services contracts. House Bill 3194 established the Justice Reinvestment Grant Program, which requires 10% of funds be spent on victims services. House Bill 3078 added additional funds to be used for the same victims services programs. The 10% is administered by LPSCC to contract with community based victims services agencies. As indicated in the rules developed by the Criminal Justice Commission, County LPSCCs are responsible for choosing and contracting with victim's services agencies. This funding also supports a 0.80 FTE LPSCC Project Manager for the Multnomah County Justice Reinvestment Program.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of victims services contracted providers that aim to serve marginalized & underrepresented communities	3	3	3	3
Output	Percentage of MCJRP related analyses that included evaluation of racial and ethnic disparities	100%	100%	100%	100%
Output	Percentage of policy agreements made motivated by racial equity (i.e., eligibility)	100%	100%	100%	100%

Performance Measures Descriptions

Legal / Contractual Obligation

Senate Bill 1145 (1995) established LPSCCs in each of Oregon's 36 counties to "coordinate local criminal justice policy among affected criminal justice entities" (ORS 423.560). Per the Oregon Criminal Justice Commission, each county's LPSCC is required to be the grant applicant for justice reinvestment funds.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$182,895	\$0	\$194,527
Contractual Services	\$0	\$413,058	\$0	\$424,220
Materials & Supplies	\$0	\$7,156	\$0	\$7,360
Internal Services	\$0	\$7,517	\$0	\$8,131
Total GF/non-GF	\$0	\$610,626	\$0	\$634,238
Program Total:	\$610,626		\$634,238	
Program FTE	0.00	0.80	0.00	0.80

Program Revenues				
Intergovernmental	\$0	\$610,626	\$0	\$634,238
Total Revenue	\$0	\$610,626	\$0	\$634,238

Explanation of Revenues

This program generates \$8,131 in indirect revenues.

\$634,238 - Criminal Justice Commission (CJC) through House Bill 3194. This revenue includes formula funding based on a statewide allocation (\$584,278) and competitive funding (\$49,960) for this program. This is Year 1 of the 2025-2027 biennium, which assumes the funding continues at current service level from the prior biennium. (State)

Significant Program Changes

Last Year this program was: FY 2025: 10009B HB3194 Justice Reinvestment

Department: Nondepartmental

Program Contact: Sarah Mullen

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

Work experience is critical for marginalized youth to successfully transition into adulthood and toward economic self-sufficiency. In alignment with local violence prevention strategies and youth wellness efforts, this program ensures training, coaching, and job placement for youth who face barriers to employment.

The program supports key interventions to help stabilize vulnerable individuals, reduce recidivism rates, mitigate risk behavior, and create pro-social opportunities in the lives of low-income and disadvantaged youth by connecting them to supported learning experiences and paid work.

The program is coordinated with regional workforce partners and community-based organizations to create a community of practice that supports wellbeing and financial independence for young people. Partners assist in identifying, recruiting and enrolling youth as well as coaching and mentoring.

SummerWorks, a key component of this program, enables youth ages 16 to 24 to gain valuable work experience through paid training, virtual internships, traditional work experiences, and learning opportunities at Multnomah County or in partnership with external work sites that support the County's mission.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of youth served each year by SummerWorks programming.	563	200	285	150
Outcome	Percentage of youth who complete training and internship hours.	86%	80%	80%	80%

Performance Measures Descriptions

Measure 1 FY25 Estimate: 216 = SummerWorks (52 Work Based Experiences, 164 Learn & Earn); 69 = PDX Youth@Work Year-Round (12 Work Based Experiences, 57 Learn & Earn). FY26 reduced target due to reduction of \$79,810 in Learn & Earn spots.

Measure 1 FY24 Actual: Reflects ARPA funding that did not continue in FY 2025 (185 Work Based Experiences, 378 Learn & Earn)

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$647,600	\$0	\$585,275
Total GF/non-GF	\$0	\$647,600	\$0	\$585,275
Program Total:	\$647,600		\$585,275	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

\$585,275 - Video Lottery Fund

Significant Program Changes

Last Year this program was: FY 2025: 10009A Local Public Safety Coordinating Council

Contractual services reduced by \$79,810 in Learn & Earn spots.

Program #10009D - Summerworks Youth Program Expansion - One-Time-Only
FY 2026 Adopted
Department: Nondepartmental

Program Contact: Sarah Mullen

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: New Request, One-Time-Only Request

Program Description

SummerWorks, a key component of the Youth Opportunity and Workforce Development Program (10009C), enables youth ages 16 to 24 to gain valuable work experience through paid training, virtual internships, traditional work experiences, and learning opportunities at Multnomah County or in partnership with external work sites that support the County's mission. This program serves as a means for youth to gain access to employment and exposure to fields and professions across the spectrum. Youth employment also serves as a violence prevention activity.

This program offer expands the SummerWorks program capacity by \$285,000 in one-time-only General Fund and will add 57 youth participants.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of youth served by SummerWorks programming.	N/A	N/A	N/A	57
Outcome	Percentage of youth who complete training and internship hours.	N/A	N/A	N/A	80%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$0	\$285,000	\$0
Total GF/non-GF	\$0	\$0	\$285,000	\$0
Program Total:	\$0		\$285,000	
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:

Board Amendment # 33 added this program expansion, funded by one-time-only General Fund.

Department: Nondepartmental

Program Contact: Amara Perez

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

The Office of Community Involvement (OCI) provides support for healthy community engagement through our ongoing support for department staff/programs, management of central advisory bodies, and the creation of policy/tools that foster relationships. OCI coordinates programs and activities designed to engage people from Multnomah County's diverse communities and support the County's community involvement programs.

OCI provides support for departments by advising on community engagement activities and plans, assisting in recruitment and management of advisory bodies, and giving guidance on best practices. The office provides a single point of contact for community members interested in volunteering by maintaining lists of advisory committees and other volunteer opportunities, managing inquiry and application processes, referring inquiries from the public to appropriate opportunities and resources, and maintaining a database of active and potential volunteers. The office also hosts an annual volunteer recognition event for all county departments.

The office manages several central community advisory bodies which include the Community Involvement Committee (CIC), the Central Community Budget Advisory Committee, and Nondepartmental Community Budget Advisory Committee. OCI provides these bodies with meeting support, volunteer training, leading recruitment to fill vacancies, coordinating reporting, and serving as a resource for county staff.

With the creation of community engagement values, priorities, and beliefs, OCI also develops various tool kits, education material, and training activities that support community engagement efforts for county departments. These tools help create best practices for county staff and the community to engage on all programs and services.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Percentage of participants in activities who felt time was well spent	65%	87%	90%	100%
Outcome	Percentage of volunteer positions on CIC and CBACs filled	82%	90%	85%	100%
Outcome	Percentage of new CIC & CBAC members who have not previously served on County advisory group	81%	50%	45%	50%

Performance Measures Descriptions

Measure 1 is based on an annual survey of CIC and CBAC members. Measure 3 reflects the office's focus on engaging communities historically underrepresented in county decision-making and commitment to recruiting new community members to serve on advisory committees.

Legal / Contractual Obligation

Multnomah County Home Rule Charter Chapter 3.75; Resolution 95-245; Multnomah County Code 3.250-3.253, 3.300-3.306, 25.810-25.830. The County Charter states that the commission “shall appropriate sufficient funds for the operation of the office and the committee.”

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$313,963	\$0	\$365,008	\$0
Contractual Services	\$19,450	\$0	\$30,232	\$0
Materials & Supplies	\$38,475	\$0	\$40,048	\$0
Internal Services	\$37,762	\$0	\$46,063	\$0
Total GF/non-GF	\$409,650	\$0	\$481,351	\$0
Program Total:	\$409,650		\$481,351	
Program FTE	2.00	0.00	2.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 10010A Office of Community Involvement

Department: Nondepartmental

Program Contact: Amara Perez

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: New Request

Program Description

With the Office of Community Involvement (OCI) supporting Multnomah County's departments with community engagement efforts, this role of the Community Budget Advisory Committee (CBAC) Coordinator will aim to support: countywide CBAC engagement policy, training, and support systems; tools to support recruitment, on boarding, and selection criteria; and a consistent central curriculum and management process for all volunteers serving on CBAC advisory bodies.

The CBAC Coordinator will manage outreach and recruitment for all departmental CBACs; conduct an annual review to identify gaps in committee representation, propose recommendations to remove barriers to participation, develop culturally responsive outreach practices, and oversee the volunteer management software to track and assess CBAC participation data.

This position will develop and coordinate budget and county educational programs to support onboarding and training for CBAC community participants and will also provide staffing, technical and clerical support for CBACs as outlined in ordinance.

The CBAC Coordinator will advance the work to establish countywide CBAC policies and practices that aim to support inclusive engagement and work to identify ways to improve best practices in community feedback on the allocation of county budget resources.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Percentage of participants serving on departmental CBAC	N/A	N/A	N/A	95%
Outcome	Percentage of participants who felt CBAC onboarding, orientation and education prepared them for their role	N/A	N/A	N/A	100%
Output	Number of resources created and compiled to support CBAC engagement	N/A	N/A	N/A	5
Outcome	Recruitment and retention rates of diverse participants as outlined in CBAC ordinance	N/A	N/A	N/A	80%

Performance Measures Descriptions

The work of this role can be measured by diverse participation on departmental CBACs, participant satisfaction with budget and county education, and number of resources developed and compiled in a CBAC repository.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
	2025	2025	2026	2026
Program Expenses				
Personnel	\$0	\$0	\$120,314	\$0
Materials & Supplies	\$0	\$0	\$2,686	\$0
Internal Services	\$0	\$0	\$2,000	\$0
Total GF/non-GF	\$0	\$0	\$125,000	\$0
Program Total:	\$0		\$125,000	
Program FTE	0.00	0.00	1.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 10010B OCI - Policy & Training Coordinator

This program adds 1.00 FTE Community Budget Advisory Committee (CBAC) Coordinator (Staff Assistant)

Department: Nondepartmental

Program Contact: Marina Hovious

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

The Office of the Board Clerk supports the Board of County Commissioners by managing the Board meetings and providing information on items brought before the Board and the public. The Office is responsible for ensuring that notices of Board meetings, the agendas for the meetings, and any official actions taken are posted for the public. The Office is focused on making this information as accessible as possible.

The Office of the Board Clerk manages all Board meetings, agendas, records, indices, and schedules. It maintains and disseminates information pertaining to adopted resolutions, orders, ordinances and proclamations.

Board Clerks are responsible for the following:

- Notifying internal and external customers of scheduled meetings and cancellations
- Processing, posting, and distributing all agenda submissions and official documentation that result from Board action and directives
- Ensuring access for future internal and external inquiries
- Providing members of the public with agenda, notices of public hearings, and access to public records
- Preserving the official County records both electronically and on paper for perpetuity
- Providing information on upcoming Board items

The Office of the Board Clerk focuses on making the Board meetings and the information it provides accessible to as much of the public as possible. For example, during some public hearings, the Board Clerk ensures that translators are available for a variety of different languages so that members of the public can more easily communicate with the Board. The Office of the Board Clerk also provides live closed captioning during Board meetings and posts videos and transcripts after the meetings. During the COVID-19 pandemic, the Office adapted to provide virtual public testimony so that the public could still engage in the public hearings. By making the information more accessible, the goal is that the meetings will be more equitable for people who communicate in different ways.

The Office pays for the County's memberships in advocacy organizations including the National Association of Counties, Association of Oregon Counties, and Leader's Round Table.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total number of Board related documents processed (digital files).	4,836	4,000	4,000	4,000
Outcome	Board Meeting Minutes uploaded and available to the public within two weeks.	90%	90%	90%	90%
Outcome	Board adopted resolutions, proclamations, orders & ordinances available to public within 1 week.	100%	95%	100%	100%
Outcome	All Board events have accessibility tools-including captioning and interpretation-available to public*.	100%	100%	100%	100%

Performance Measures Descriptions

Board related documents include board packets, proclamations, resolutions, orders, & ordinances.

*A new outcome measure was added in FY 2021 to reflect the County's efforts and goal to ensure all members of our community have the tools to listen and engage with the County Board of Commissioners - amidst new virtual formats that have been adopted in light of the COVID-19 pandemic.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$334,161	\$0	\$353,871	\$0
Contractual Services	\$76,290	\$0	\$211,740	\$0
Materials & Supplies	\$311,902	\$30,000	\$322,660	\$30,000
Internal Services	\$300,930	\$0	\$289,798	\$0
Total GF/non-GF	\$1,023,283	\$30,000	\$1,178,069	\$30,000
Program Total:	\$1,053,283		\$1,208,069	
Program FTE	2.00	0.00	2.00	0.00

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

Explanation of Revenues

Video Lottery Fund - \$30,000

Significant Program Changes

Last Year this program was: FY 2025: 10011 Office of the Board Clerk

The increase in contractual services is for upgraded technology that moves to a cloud-based digital government. The estimated ongoing annual cost for this upgraded technology is \$179K. General Fund from another Nondepartmental program (10009A - LPSCC) is reallocated here so that The Board Clerk's base budget is able to absorb these ongoing costs. LPSCC had a reduction in internal services information technology costs for Decision Support System-Justice (DSS-J), which is the County's public safety data warehouse.

Department: Nondepartmental

Program Contact: Chris Voss

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

The Multnomah County Emergency Management (MCEM) program focus includes: 1) County preparedness, 2) Intergovernmental and regional preparedness, 3) Community preparedness and resilience, and 4) the County's ability to continue critical operations in an emergency situation. MCEM regularly collaborates with local jurisdictions, districts and agencies engaged in emergency planning. MCEM understands that a resilient community can potentially reduce the burden on limited emergency response capacity in a severe emergency. For that reason, MCEM works with businesses, non-governmental organizations, faith-based groups, volunteer organizations and directly with community members to encourage disaster resilience and create a coordinated response to disasters. MCEM fosters preparedness and community resilience through working relationships with a diverse group of community partner organizations.

Program activity is informed by the Emergency Management Performance Grant (EMPG) work agreement, which includes staff training plans, a rigorous disaster exercise schedule, disaster plan management and coordination with volunteer, State and Federal partners. During an emergency, MCEM activates and manages the County Emergency Operations Center (EOC) which is staffed by employees from various County departments to provide a single location where strategic direction, response coordination and resource support for incident response is carried out. In a disaster, Emergency Management functions as the state-mandated conduit for obtaining State and Federal resources to support local emergency response for the County, cities and districts, and it coordinates emergency and disaster declarations. After a disaster, Emergency Management coordinates with State and Federal agencies that provide post-disaster assistance and also guides the community recovery process. Annual exercise of Emergency Coordination Center and evaluation of performance of established objectives in an After Action Report (AAR).

MCEM can respond to requests from county and city public safety partners and can quickly set up an operations center to respond to county emergencies. MCEM also authors and updates several plans including the County Mitigation Plan and County Emergency Operations.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Annual exercise performance objectives successfully tested	100%	100%	100%	100%
Outcome	Oregon Emergency Management requirements met for annual performance grant	100%	100%	100%	100%

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,749,330	\$890,033	\$1,695,609	\$629,535
Contractual Services	\$154,640	\$50,000	\$75,650	\$75,000
Materials & Supplies	\$114,512	\$90,000	\$98,865	\$93,763
Internal Services	\$514,693	\$36,580	\$465,453	\$26,315
Total GF/non-GF	\$2,533,175	\$1,066,613	\$2,335,577	\$824,613
Program Total:	\$3,599,788		\$3,160,190	
Program FTE	9.26	0.74	8.26	0.74

Program Revenues				
Intergovernmental	\$0	\$1,066,613	\$0	\$824,613
Total Revenue	\$0	\$1,066,613	\$0	\$824,613

Explanation of Revenues

This program generates \$26,315 in indirect revenues.

\$180,063 - Emergency Management Performance Grant (EMPG). Competitive grant awarded through the State of Oregon, effective July 1, 2025 - June 30, 2026. (Federal)

\$344,550 - Urban Areas Security Initiative Grants. Competitive grants awarded through the City of Portland. (Federal)

\$300,000 - State Homeland Security Program. Competitive grant awarded through the State of Oregon. (Federal)

Significant Program Changes

Last Year this program was: FY 2025: 10012A Office of Emergency Management

In FY 2026 this program is reduced by 1.00 FTE vacant Planner position (Emergency Management Analyst Senior). In addition, contractual services and materials & supplies are reduced by \$102K.

Department: Nondepartmental

Program Contact: Chris Voss

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

ISSUE: Our houseless community is disproportionately impacted by disasters in the county. This is especially true during severe weather events such as excessive heat or extreme cold when the County opens, staffs and supplies emergency shelters to accommodate guests.

PROGRAM GOAL: Maintain a 16,000 square foot facility with warehouse and office space where there is \$6 million worth of inventory supporting emergency programs, the largest of which is our severe weather response/sheltering programs. This program provides and stores supplies to support facilities and supplies to quickly open facilities for 800 people when severe weather thresholds are met, develops exercises and implements corrective action programs for people experiencing homelessness during emergencies and coordinates logistics programs for emergency management. Combined with programs 10012D/E, the capacity to support and supply shelters for up to 1,300 people would be maintained.

PROGRAM ACTIVITY: Maintain core capabilities for the County's Emergency Management Logistics Team. Core capabilities include expertise in requesting, purchasing, storage of shelter supplies and personal protective equipment, organizing meals during activations, and an administration unit responsible for maintaining systems to support staff and partner recruitment during emergencies. This includes year round planning, training, exercise and corrective action capabilities. This program maintains a facilities program which identifies and creates agreements with community-based organizations and an incentive program to manage resources for the use of the locations during emergencies. This team supports key programs for severe weather including staff recruitment systems and management, the passenger transportation unit and the facility leasing program. The team also maintains the inventory tracking system, assisting the request and movement of 100s of pallets of supplies when needed.

This group will maintain the warehouse and a fleet of mobile trailers ready to respond to any emergency. The team will also maintain a reduced set of storage containers throughout the county as well as communication equipment for staff responding to the Emergency Operations Center. This group maintains the buying capacity for all severe weather shelter supplies, the safety on the streets program and personal protective equipment (PPE) provided to community based organizations and others that support our vulnerable populations. While Shelter activity is at its busiest during the winter and summer months, it is a year round activity that includes planning, training, exercises, contract negotiation, inventory management and system purchase and training.

PROGRAM OUTPUTS:

- Maintain inventory and warehouse to store emergency incident supplies and PPE such as masks, gloves, gowns, etc.
- Maintain vehicle fleet in order to deliver emergency incident supplies and PPE.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Maintain capability to provide supplies for 800 persons seeking sheltering from emergency incidents.	100%	100%	100%	100%
Output	Deliver requested & approved supplies to CBOs w/in 3 business days of request unless a later date is requested	100%	100%	100%	100%

Performance Measures Descriptions

Output #1: FY24 included 1,200 persons. In FY25 this was increased to 1,300 persons. In FY26 this is reduced to 800 persons.

Output #2: community-based organizations (CBOs)

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$293,362	\$1,173,862	\$215,424	\$681,789
Contractual Services	\$1,600	\$6,400	\$4,000	\$4,200
Materials & Supplies	\$4,292	\$38,508	\$21,400	\$8,406
Internal Services	\$88,570	\$381,186	\$203,047	\$398,656
Total GF/non-GF	\$387,824	\$1,599,956	\$443,871	\$1,093,051
Program Total:	\$1,987,780		\$1,536,922	
Program FTE	2.00	8.00	1.00	4.00

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

Explanation of Revenues

This program generates \$28,499 in indirect revenues.

\$1,093,051 Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Homeless Services Department (HSD) program 30999 Supportive Housing Services Revenue for Other Departments.

Significant Program Changes

Last Year this program was: FY 2025: 10012B Logistics

- This program combines 10012B & C Logistics - Supportive Housing Services from FY 2025.
- In the Supportive Housing Services (SHS) Fund, materials & supplies is reduced by \$286,137 in the Countywide Severe Weather Response program (10012D) and reallocated to this program in order to maintain 2.00 FTE and shelter capacity for 300 people.
- While this program maintains core functions, it is reduced by 5.00 FTE as follows; 3.00 FTE Emergency Management Analyst (6373), and 2.00 FTE Driver (6124). 1.00 FTE of the Emergency Management Analyst classification is vacant.
- In FY 2026, the Homeless Services Department warehouse and Emergency Management warehouse are being combined into one location that will serve both the Logistics Team and the Safety on the Streets - Supply Center program (10012C).

Department: Nondepartmental

Program Contact: Chris Voss

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

This program funds staffing, operations, and inventory procurement for a distribution warehouse that provides supplies to groups conducting outreach to people experiencing unsheltered homelessness. These supplies are intended to provide immediate harm reduction by providing items such as basic clothing, first aid supplies, and outdoor shelter essentials such as tents, tarps, and sleeping bags by providing supplies via outreach as a supplement to available shelters and by allocating supply appointments through an equitable process, this program supports equitable outcomes by reducing the harm experienced by those who have not yet accessed other forms of shelter.

This program funds the following elements essential for operating a supplies distribution warehouse:

Staffing;

This program funds positions designated as essential employees who during both normal operations and emergencies such as severe weather keep and manage the inventory, make it available to outreach providers through appointments, and track relevant data. Individual team members also perform supplies ordering of outreach supplies, organize warehouse operations, and maintain the inventory tracking system.

This program increases capacity for emergency and severe weather responses by making warehouse staff available to distribute items appropriate to the event as needed to support sheltering, on-street safety, outreach, and other activities in collaboration with the Homeless Services Department (HSD), County, and other emergency operations staff.

Operations;

This program funds operation of the warehouse itself, including the lease, facility maintenance and safety compliance, and maintenance of necessary equipment.

Partnership and Relationship-Building Opportunities;

This program's value exceeds the direct utility of the items distributed. It is the explicit goal of this outreach program to foster collaboration with stakeholders including other governmental organizations, non-profit, mutual aid, and outreach teams, and the public as a whole by providing a flexible, responsive, and proactive method for meeting material needs quickly. It is also a goal of this program to improve the success of efforts to connect unsheltered individuals to other services by building relationships and trust by providing items that increase their immediate safety and comfort.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of regular (non-emergency) supply appointments provided*	467	1,436	1,000	1,400
Outcome	Collaborations with external partners on specific initiatives or events**	2	4	2	2

Performance Measures Descriptions

*Each appointment represents a single group picking up outreach supplies; currently, most groups are offered one appointment each month.

**The responsive nature of the supply center's mission allows for collaborations to support initiatives as they arise, with the overall goal of increased safety for unsheltered individuals.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$239,647	\$0	\$253,057
Materials & Supplies	\$0	\$750,000	\$0	\$758,541
Internal Services	\$0	\$393,703	\$0	\$363,402
Total GF/non-GF	\$0	\$1,383,350	\$0	\$1,375,000
Program Total:	\$1,383,350		\$1,375,000	
Program FTE	0.00	2.00	0.00	2.00

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

Explanation of Revenues

This program generates \$10,577 in indirect revenues.
 \$1,375,000 Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Homeless Services Department (HSD) program 30999 Supportive Housing Services Revenue for Other Departments.

Significant Program Changes

Last Year this program was: FY 2025: 30211 Safety on the Streets - Supply Center

In FY 2025 this program was budgeted in the Joint Office of Homeless Services (Homeless Services Department). In FY 2026 this program, including 2.00 FTE is moved to the Nondepartmental budget.

Department: Nondepartmental

Program Contact: Chris Voss

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

ISSUE: Our houseless population outstrips our current sheltering capacity. During severe weather events such as excessive heat or extreme cold, the County opens, staffs and supplies emergency shelters to accommodate as many guests as possible. The programs are critical to providing the houseless community a safe place to stay during our most extreme weather.

PROGRAM GOAL: Provide supplies and funding for facility and contractor support for severe weather shelters when opened during the county's highest risk days for people experiencing houselessness.

PROGRAM ACTIVITY: Provides funding for all the supplies, facility costs and contractors necessary during a severe weather event. This program represents an over 50% reduction from the FY 2025 budget. Most of the budget savings will be from eliminating the county staff reimbursement program for staffing during severe weather and reducing supplies purchased in FY 2026 compared to FY 2025. Due to a slower FY 2025 severe weather season, Multnomah County Emergency Management anticipates starting FY 2026 with a well stocked warehouse. In the event of additional severe weather incidents in the remainder of FY 2025, or a busy FY 2026 severe weather season, additional funds may be needed to resupply the warehouse.

- **Supplies** - the County stores and supplies 1,000,000 individual items to shelters from sleeping mats, cots, blankets, wheelchairs, medical supplies, cleaning supplies and gear often provided to shelter guests exiting locations. A single shelter is often opened with approximately 40,000 items delivered by this team and those who take shifts in support of Logistics.
- **Food** - Delivery of meals, snacks and drinks to persons in severe weather shelters. While most meals are prepared by outside vendors and coordinated through this group; snacks and drinks are purchased, stored and delivered by this team.
- **Other costs** include facility costs, contracted costs for items including porta-potties, janitorial, biohazard cleanup, security, floor protection and cleanup crews as well as lighting and other safety items.

PROGRAM OUTPUTS:

1) Maintain good partnerships with community-based organizations who have agreed to lease their spaces for our sheltering needs in both winter and summer.

2) Be good stewards of the lease contracts and financial commitments to these organizations.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Maintain capability to provide supplies for 1,300 persons seeking winter weather sheltering with 72 hours' notice.	N/A	N/A	N/A	100%
Outcome	Ensure enough facilities are available to house 1,300 persons seeking winter weather sheltering.	N/A	N/A	N/A	100%

Performance Measures Descriptions

These are new performance measures in FY 2026.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$800,000	\$0	\$124,190
Contractual Services	\$0	\$500,000	\$0	\$250,000
Materials & Supplies	\$0	\$1,000,000	\$0	\$496,316
Internal Services	\$0	\$32,880	\$0	\$5,191
Total GF/non-GF	\$0	\$2,332,880	\$0	\$875,697
Program Total:	\$2,332,880		\$875,697	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

This program generates \$5,191 in indirect revenues.

\$875,697 Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Homeless Services Department (HSD) program 30999 Supportive Housing Services Revenue for Other Departments.

Significant Program Changes

Last Year this program was: FY 2025: 10012D Countywide Severe Weather Shelter - Supportive Housing Services

In FY 2026, this program does not include personnel costs for Countywide staff that sign up for shifts during severe weather shelter responses. The County departments will need to cover these expenses within their own budgets.

Materials & Supplies is reduced by \$286,137 in this program and reallocated to Logistics (10012B) in order to maintain 2.00 FTE and shelter capacity for 300 people.

**Program #10012E - Logistics - Severe Weather Shelter Capacity for 500 People
Backfill**

FY 2026 Adopted

Department: Nondepartmental **Program Contact:** Chris Voss
Program Offer Type: Operating **Program Offer Stage:** Adopted
Related Programs:
Program Characteristics: Backfill Other Funds

Program Description

This program backfills Supportive Housing Services (SHS) funding that supported the Emergency Management Logistics Team in FY 2025 and works in concert with program 10012B - Logistics to restore 3.00 FTE, bringing the total to 8.00 FTE in the Emergency Management Logistics team. While 8.00 FTE is shy of the program's 10.00 FTE in FY 2025, Multnomah County Emergency Management (MCEM) anticipates improvements in programs and a reduction in overall supplies to allow the county to be able to meet the previous year's shelter goal of 1,300 people with the combined program offers.

This program will add a 500 person per night capability to the 800 person per night capacity in program 10012B - Logistics to reach the 1,300 total. These staff also maintain the plans, initiate the training, develop and support the exercises, and implement the year round corrective action necessary to support programs during severe weather and other emergencies impacting the houseless community.

This program restores winter shelter facility rentals capacity, increases facility evaluations, maintains preparedness programs, improves equipment, planning, and processes, enhances the shelter inventory system, reduces reset time after activations, and coordinates response contracts.

Underserved populations are disproportionately impacted by emergencies and are the primary focus of plans, training and response efforts. The severe weather program is designed for and serves the houseless on the highest risk days.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Maintain capability to provide supplies for 500 persons seeking sheltering from emergency incidents.	100%	100%	100%	100%
Output	Deliver requested & approved supplies to CBOs w/in 3 business days of request unless a later date is requested	100%	100%	100%	100%

Performance Measures Descriptions

Output #1: FY24 included 1,200 persons. In FY25 this was increased to 1,300 persons. In FY26 program # 10012B includes 800 persons

Output #2: community-based organizations (CBOs)

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$0	\$413,453	\$0
Contractual Services	\$0	\$0	\$64,000	\$0
Internal Services	\$0	\$0	\$12,003	\$0
Total GF/non-GF	\$0	\$0	\$489,456	\$0
Program Total:	\$0		\$489,456	
Program FTE	0.00	0.00	3.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 10012C Logistics - Supportive Housing Services

This program restores 3.00 FTE with General Fund as follows: 2.00 FTE Emergency Management Analyst (6373) and 1.00 FTE Driver (6124).

Department: Nondepartmental

Program Contact: Stacy Cowan

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

The Government Relations Office serves as the primary representative for the County to Tribal, Federal, State, and Local Officials.

The Office of Government Relations works with the Board of Commissioners, County Departments, Regional Partners, and Community Groups to advance policy set by the Board of Commissioners at the Tribal, Federal, State, and Local Levels.

The Office of Government Relations, in partnership with County Departments, provides analysis and tracks the impacts that Federal and State Legislation would have on County programs and the people served by those programs.

The office also works with other local government partners in the metro region to align priorities and to give other local governments insight on Multnomah County operations and policy.

The Tribal Liaison position is the single point of contact for Oregon's nine federally recognized Tribal Governments, and works with County staff to establish processes and protocols for departments' interaction with Tribal Governments.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Develop and pass a comprehensive legislative and federal agenda	N/A	1	1	1
Outcome	Provide an annual report that details bill outcomes and progress on County priorities	N/A	1	1	1
Output	Number of trainings, planning groups, and presentations to increase countywide competitive grant capacity	N/A	40	40	0
Outcome	Develop engagement strategies with Tribal governments and local American Indian/Alaska Native communities	N/A	0	N/A	1

Performance Measures Descriptions

The adoption of the federal and state legislative agendas is the culmination of a broad process of consultation with departments, elected officials, and advocacy organizations. The Legislative report provides transparency and identifies both positive and negative results. The office also focuses on impacts of Legislation on communities in Multnomah County, not just County operations. A Tribal engagement plan will kick off the comprehensive approach to Tribal Governments.

Legal / Contractual Obligation

All government relations activities shall be consistent with federal laws and policies, State of Oregon statutes, the Multnomah County Home Rule Charter, and Multnomah County Laws.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,337,423	\$0	\$1,169,589	\$0
Contractual Services	\$124,000	\$0	\$180,743	\$0
Materials & Supplies	\$51,111	\$0	\$48,520	\$0
Internal Services	\$85,061	\$0	\$84,506	\$0
Total GF/non-GF	\$1,597,595	\$0	\$1,483,358	\$0
Program Total:	\$1,597,595		\$1,483,358	
Program FTE	6.00	0.00	5.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 10016 Government Relations Office

In FY 2026, 1.00 FTE Staff Assistant is eliminated. This is the Senior Grants position that works across departments and systems to increase the county's capacity to secure, track, and successfully implement competitive grants aligned with the County's mission and values.

Contractual services includes an increase for the federal contractor, recognizing the expected expansion of the scope of work given the new federal administration.

Department: Nondepartmental

Program Contact: Joy Fowler

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

The Office of Diversity and Equity (ODE) is a team of subject matter experts focusing on Multnomah County employees and residents affected by systemic racism, other identity based oppression and the impacts of both. ODE provides countywide leadership, consultation and advice while modeling best practices for equity analysis and development. We also conduct research and evaluation while partnering closely with Central HR and Department Equity Managers to create inclusive frameworks for practice, policy and program delivery.

ODE works across the organization, providing leadership, initiatives, piloting best practices, consulting, coordinating and collaborating to advance equity. Core to the work of ODE is a commitment to Inclusively Lead with Race and modeling intersectional approaches that recognize how multiple and compounding forms of marginalization impact communities, employee experience and wellbeing. ODE advances this work by providing countywide leadership as a multiracial, multi-identity, and diverse team of experts who are available to provide guidance and counsel across the organization, modeling best practices to inform and influence change. This offer funds the ongoing implementation of key pillars of ODE work:

- Workforce equity and the Workforce Equity Strategic Plan through partner engagement
- Developing communications strategies, and evaluating impacts as well as ensuring accountability to performance measures;
- Training and internal policy toward safety, trust and belonging for all employees;
- The equity policy team's work around disability equity and accommodations, policy development, and other initiatives that improve systems and structures;
- The consistent compliance reporting, research and evaluation,
- Stay interviews, the ongoing utilization, tools, frameworks and capacity building around the Equity and Empowerment Lens
- Racial Justice Focus; support, coordination and governance of Employee Resource Groups;
- Coordination of the Multnomah Youth Commission, representing Black, Indigenous, and People of Color communities, and utilizing youth-adult partnership to advance policies and practices that reflect the priorities of youth across Multnomah County;
- The digital accessibility team provides employees access to tools/resources needed to perform their work, and residents to have barrier-free access to county services. Will partner with the Department of Community Assets IT Team

ODE also convenes the Equity Core Team made up of equity managers across the organization and other key stakeholder groups around specific or emerging organizational equity issues.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Employee Resource Groups managed and coordinated.	11	11	11	11
Outcome	Implementation of WESP in alignment with a phased approach and based on approved recommendations.	75%	75%	75%	75%
Output	Number of guidance documents, evaluation reports or compliance reports completed.	5	5	5	5
Output	# of countywide workshops & technical asst. led by ODE (i.e. disability, LGBTQIA2+, Equity Lens, tribal).	15	15	25	20

Performance Measures Descriptions

ADA Digital Accessibility performance measures:

1. Outcome | Staff report high levels of satisfaction with access & utility of digital resources | N/A | N/A | 80% | 80%
2. Output | Create standards for forms and processes that require digitization | N/A | N/A | 1 Doc | 1 Doc
3. Output | Number of countywide staff trained as subject matter experts | N/A | N/A | 12 | 12
4. Output | Number of countywide content creators community of practice | N/A | N/A | 12 | 12

Legal / Contractual Obligation

ADA Title II Coordination, EEO Reporting

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$2,276,743	\$0	\$2,232,407	\$0
Contractual Services	\$60,110	\$0	\$61,740	\$0
Materials & Supplies	\$136,339	\$0	\$145,379	\$0
Internal Services	\$142,905	\$0	\$151,959	\$0
Total GF/non-GF	\$2,616,097	\$0	\$2,591,485	\$0
Program Total:	\$2,616,097		\$2,591,485	
Program FTE	11.00	0.00	10.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 10017A Office of Diversity and Equity

This program combines 10017A and 10017C ADA Digital Accessibility from FY 2025.

In FY 2026, a vacant 1.00 FTE Human Resources Analyst 2 is eliminated. This was a new position in FY 2025 dedicated to ADA digital accessibility work. There is still 1.00 FTE remaining in this program that is dedicated to this type of work.

Department: Nondepartmental

Program Contact: Joy Fowler

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

The Multnomah Youth Commission (MYC) is the official youth policy body for Multnomah County and the City of Portland. There are 30 young adults, ages 13- 21, from majority Black, Indigenous and People of Color Communities (BIPOC), that strive to amplify youth perspectives on policy impacting and relevant to youth, their families, peers, and community. In addition to its commission role within local government, the MYC works to improve the community through Social Justice projects, and by shifting negative community perceptions about youth. The work of MYC is guided by "Our Bill of Rights:

Children + Youth," the nation's first Bill of Rights written by and for young people and adopted by a local government.

The Multnomah Youth Commission advises and offers recommendations on policies and programs that impact youth through focused, issue-specific committee work, the Elected Official Liaison program, and training and technical assistance. MYC uses authentic youth engagement practices and tools to build the capacity of youth to participate in high-level policy advocacy to ensure that young people form relationships with caring adults, build skills, exercise leadership, and help their communities as they develop into healthy, productive adults. The MYC is a nationally recognized model using participatory action research, policy creation and advocacy, and Youth-Adult Partnership as its foundational underpinnings.

The MYC has made an intentional and sustained effort over time to ensure that a majority of youth commissioners come from BIPOC Communities and embed equity and social justice into all of the work. MYC's current policy focus areas are driven and led by youth and selected through youth outreach and engagement. These projects empower youth to take the lead and work together to address issues most important to their communities, while highlighting and sharing ideas and experiences to build youth-led solutions. This policy and project work includes the following:

- Transit Safety
- Transit Equity/TriMet Youth Pass for All - Oregon Transportation package advocacy
- Eliminating peer to peer, and home violence; curriculum to improve Erin's Law education/outreach
- Improving Youth/Police Relations
- Later High School Start Times To Combat Chronic Absenteeism
- Reducing Youth Sexual Assault and Harassment/Reporting in Schools
- Funding youth-led Environmental/Climate Justice Community Projects
- Voter Education/Outreach

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Youth Commission Meetings held	26	21	21	22
Outcome	Youth-led policies impacted and/or advocated for	9	8	8	8
Output	Number of partnerships established	15	14	14	15
Outcome	Number of Youth-led forums and/or events held	8	8	8	8

Performance Measures Descriptions

Output 1: Scholastic year allows 21 engagements with students; Outcome 1: Students will advocate for 2-3 policies per committee, totaling 8-9 impacted policies; Output 2: Students form relationships with other student groups and community organizations to advocate for youth-led policies from each committee; Outcome 2: Students host forums based on the policies they are advocating for to educate other youth, community members and elected officials.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$236,517	\$4,600	\$247,396	\$0
Contractual Services	\$0	\$2,000	\$0	\$0
Materials & Supplies	\$20,653	\$3,211	\$21,210	\$0
Internal Services	\$12,884	\$189	\$17,465	\$0
Total GF/non-GF	\$270,054	\$10,000	\$286,071	\$0
Program Total:	\$280,054		\$286,071	
Program FTE	1.50	0.00	1.50	0.00

Program Revenues				
Other / Miscellaneous	\$0	\$10,000	\$0	\$0
Total Revenue	\$0	\$10,000	\$0	\$0

Explanation of Revenues

Revenue from the Momentum Alliance for the Youth Equity Collaborative is not continuing in FY 2026 due to a MYC position going from temporary to regular part-time. In FY 2025 \$10,000 was budgeted. (Local)

Significant Program Changes

Last Year this program was: FY 2025: 10017B Multnomah Youth Commission Support

Department: Nondepartmental

Program Contact: John Wasiutynski

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

The Office of Sustainability works to create a just, equitable, livable, resilient, and low-carbon community by centering the priorities of frontline communities and advancing sustainability efforts within the County, region, and state. Our mission depends on collaboration with the community, elected officials, and departments. This collaborative approach is guiding the development of the County's first-ever Climate Justice Plan in FY 2025. A Steering Committee, comprised of diverse representatives from frontline communities and local government staff, has been co-creating the plan. Over the past year, staff engaged with over 250 community members through outreach events to gather input. The draft plan will be released to the public in FY 2025, with the final plan submitted to the Board for adoption in FY 2026.

The Office also leads and supports sustainability efforts within County departments and programs. Several examples of this collaboration occurred in FY 2025. The Office partnered with Facilities and Property Management to initiate the development of a fleet electrification strategy. In addition, the Office collaborated with Weatherization, the City of Wood Village, and Líderes Naturales to retrofit 36 homes with free, high-efficiency ductless mini-split heat pumps for heating and cooling. Twenty-eight homes in the Wood Village Green Mobile Home Park, an urban heat island, also received free portable AC units. Finally, the Office secured a grant from the Oregon Department of Energy to promote energy efficiency within culturally specific populations.

Furthermore, the Office works with County leadership to advance sustainability goals. This is demonstrated by their work with Commissioners to research and develop a Fuel Tank Financial Responsibility policy. This policy aims to mitigate potential financial losses from a catastrophic fuel release at the CEI Hub following a Cascadia Subduction Zone earthquake. The Office also planted 72 trees in remembrance of each person who died from excessive heat in 2021.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Outcome	Decrease in community wide greenhouse gas emissions over 1990 levels based on trend line analysis.	21%	22%	21%	25%
Output	Total number of advisory committee meeting volunteer hours.	137	200	200	200
Outcome	Percent of energy burdened households in Multnomah County.	27%	22%	27%	27%

Performance Measures Descriptions

PM1: % represent a decrease from the baseline year, not a year-over-year decrease. Greenhouse gas emissions data lag by two years, the most recent year for which data is available is 2022.

PM3: % represent total number of energy burdened households, not a year-over-year change. A household is considered to have an "energy burden" if they spend 6% or more of their income on energy costs. Data comes from the Oregon Dept. of Energy, biannual energy report. An increase in utility rates has resulted in more families experiencing energy burden.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,023,634	\$0	\$859,762	\$4,217
Contractual Services	\$17,392	\$340,000	\$3,734	\$45,300
Materials & Supplies	\$32,360	\$60,000	\$15,180	\$0
Internal Services	\$50,538	\$0	\$58,016	\$176
Total GF/non-GF	\$1,123,924	\$400,000	\$936,692	\$49,693
Program Total:	\$1,523,924		\$986,385	
Program FTE	6.00	0.00	4.75	0.00

Program Revenues				
Intergovernmental	\$0	\$400,000	\$0	\$49,693
Total Revenue	\$0	\$400,000	\$0	\$49,693

Explanation of Revenues

This program generates \$176 in indirect revenues.

\$49,693 - Energy Efficiency & Conservation Block Grant. Competitive award totaling \$99,386 over 21.5 months (8/16/24 - 5/30/26). (Federal)

Grant funding that supported the Wood Burning Exchange Program was fully spent in FY 2025. In FY 2025 it was budgeted at \$400,000. (Local)

Significant Program Changes

Last Year this program was: FY 2025: 10018A Office of Sustainability

- In FY 2026, 1.00 FTE Climate Resilience Coordinator (Program Specialist Senior) is cut. The impact of this reduction will be less focus on East County resilience outreach, including a cessation of participation in the East County Resilience Network, and reduced capacity for grant writing. In addition, there will be less capacity to engage with departments and the community to better understand and prepare for the impacts that climate change is having on our community.
- The decrease in Other Funds is \$400k in grant funds that supported the Wood Burning Exchange Program. It was fully spent in FY 2025.
- Board Amendment # 11 reduced this program by \$63,929 and 0.25 FTE Program Communications Specialist.
- Board Amendment # 31 reduced this program by \$50,320 in contractual services and materials & supplies.

Department: Nondepartmental

Program Contact: Christian Elkin

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: New Request

Program Description

Oregon State University (OSU) Extension Service will partner with Feed'em Freedom Foundation to deliver a "Reading the Farm and Food Hub" workshop in Gresham. This one-day, whole-farm assessment will bring together farmers, OSU Extension educators, and technical specialists to collaboratively design a long-term plan for the operational success and resilience of the site. The goal is to support sustainable food production, infrastructure development, and land stewardship practices that are community-informed and culturally relevant.

OSU Extension will also support the development and implementation of workforce training curricula that reflect community-identified priorities. Topics may include high tunnel construction, greenhouse operations, irrigation system design, and peer-led training models. Hands-on demonstrations, such as high tunnel assembly and irrigation layout that meets Natural Resources Conservation Service (NRCS) standards, will serve as pilot opportunities to develop toolkits and instructional materials for future use.

Additionally, OSU Extension will provide soil and water testing services at the site and collaborate with partners to interpret results and co-create a site preparation and improvement plan. These services may be offered to additional Multnomah County growers as capacity and resources allow. A strong emphasis will be placed on building inclusive and trust-based engagement with culturally specific and immigrant farmers.

Anticipated Outcomes

- A completed "Reading the Farm and Food Hub" whole-site assessment report and action plan
- Development of culturally responsive workforce training materials
- Demonstration installations of greenhouse and irrigation systems
- Delivery of at least one hands-on training workshop for local growers
- Technical guidance reports and instructional video content
- Strengthened partnerships with culturally specific farming and food systems organizations
- Baseline data on soil and water conditions for improved land management
- Inclusive participation of BIPOC and immigrant farmers

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Connections with farmers with specialists, arrange visits, support workshops	N/A	N/A	N/A	392 hours
Output	Plant tissue samples	N/A	N/A	N/A	50
Output	Soil testing and diagnosis	N/A	N/A	N/A	25

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$0	\$40,000	\$0
Total GF/non-GF	\$0	\$0	\$40,000	\$0
Program Total:	\$0		\$40,000	
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:

This program was added by Board Amendment # 21.

Program #10021 - State Mandated Expenses
FY 2026 Adopted
Department: Nondepartmental

Program Contact: Christian Elkin

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

ORS 1.185 requires that counties provide court space for the operation of the state circuit courts. Multnomah County operates courts at the downtown Courthouse, the Multnomah County Justice Center, the Donald E. Long Juvenile Justice Center, and at the East County Courthouse. County-provided courtroom space is a key resource in the County's criminal justice system. Multnomah County courts' central and eastside locations allow easy access to the court system, provide visibility into the public safety system at work.

The County's 17 story courthouse located at the west end of the Hawthorne Bridge which opened in 2020, houses 44 courtrooms and staff from the District Attorney's Office. The courthouse was built to acquire a Leadership in Energy and Environmental Design (LEED). LEED-Gold certification uses less water and energy and reduces greenhouse gas emissions.

The County's Facilities Division is responsible for operating and maintaining County courtrooms. The Facilities Division provides services ranging from planning, construction, and building operations and maintenance to cleaning the buildings and maintaining the grounds for courtrooms located in Multnomah County's owned and leased facilities.

This program also includes:

- A \$5,000 pass thru payment for the State Watermaster.
- Funding for the Law Library. The 2011 Legislature passed several bills that changed the way court fees are allocated among local programs. One local program, the Multnomah Law Library, is a recipient of an allocation of fees through Multnomah County to the Law Library. This allocation is monitored and updated to reflect changes made per the State biennium.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Percentage of preventive maintenance work order costs out of total maintenance work order costs	26%	45%	22%	30%
Output	Percentage of customer satisfaction surveys with a result of "very satisfied"	83%	90%	85%	87%

Performance Measures Descriptions

These measures are the same as those used for the County's other building operations, see program offer 78202.

PM #1 - Demonstrates the level of effort on proactive monitoring and maintenance of building systems. Focus on preventive maintenance maximizes life cycle and reduces cost of breakdown repair which demonstrates stewardship.

PM #2 - Demonstrates commitment to our "Think Yes" customer service principles.

Legal / Contractual Obligation

ORS 1.185 reads: "County to provide courtrooms, offices and jury rooms." (1) The county in which a circuit court is located or holds court shall: (a) Provide suitable and sufficient courtrooms, offices and jury rooms for the court, the judges, other officers and employees of the court and juries in attendance upon the court, and provide maintenance and utilities for those courtrooms, offices and jury rooms. (b) Pay expenses of the court in the county other than those expenses required by law to be paid by the state.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$1,153,000	\$0	\$1,154,440	\$0
Materials & Supplies	\$128,834	\$0	\$117,978	\$0
Internal Services	\$12,395,208	\$1,744,212	\$12,800,142	\$1,739,697
Total GF/non-GF	\$13,677,042	\$1,744,212	\$14,072,560	\$1,739,697
Program Total:	\$15,421,254		\$15,812,257	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Fees, Permits & Charges	\$1,100,000	\$0	\$1,100,000	\$0
Total Revenue	\$1,100,000	\$0	\$1,100,000	\$0

Explanation of Revenues

Operating courtrooms is a General Fund obligation of the County.

The Multnomah Law Library pass-through payment is fully supported by state-mandated court filing fees.

Debt service on the East County Courts is offset by a rebate received under the Build America Bonds program. Debt service costs were \$413,475 per year (net) from FY 2012 through FY 2020, and \$1.7 million per year from FY 2021 through FY 2030.

Significant Program Changes

Last Year this program was: FY 2025: 10021 State Mandated Expenses

Department: Nondepartmental

Program Contact: Jeff Renfro

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

The BIT is imposed on the net income derived from business activity within Multnomah County. The BIT was originally set at a rate of 0.6% of net income. In 1985, the tax was increased to 0.95%. In 1987, the tax was further increased to 1.46%. In 1993 the rate was reduced to 1.45% due to the consolidation of collections with the City of Portland's Business License Fee (BLF). The County entered into a tax sharing agreement with the four east county cities, in part to acknowledge the value of business income derived from those cities. The County acts as a fiduciary agent for the four east county cities.

In March 2020, the Board of County Commissioners increased the tax to 2.00%, and increased the owners compensation deduction and gross receipts adjustments. The percent of total collections passed-through was updated to dedicate a portion of the new revenue to East County Cities.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Regularly share updates on current collections with East County Cities.	6	6	7	6
		N/A	N/A	N/A	N/A

Performance Measures Descriptions

Measure refers to number of BIT revenue update emails sent to East County Cities.

Legal / Contractual Obligation

The program is mandated under terms of the IGAs with Gresham, Troutdale, Fairview, and Wood Village. The County is obligated to transfer 25% of the revenue associated with the first 0.68% BIT increment.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$13,744,500	\$0	\$14,852,115	\$0
Total GF/non-GF	\$13,744,500	\$0	\$14,852,115	\$0
Program Total:	\$13,744,500		\$14,852,115	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

The BIT pass-through is 25% of the first 0.68% of BIT collections.

Significant Program Changes

Last Year this program was: FY 2025: 10022 Pass-Through Payments to East County Cities

Department: Nondepartmental

Program Contact: Eric Arellano

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

The Oregon Historical Society (OHS) operates the Oregon Historical Society Museum, the Research Library, and educational programs for adults, families and school groups (and also serves as the Multnomah County history repository). After nearly a decade of cuts in appropriations, programs, and service hours, the levy funding (which started in 2011 and was overwhelmingly renewed by Multnomah County voters in 2016 and 2021) has provided basic operational support for our core programs, including our exhibit series; statewide education programs; public programs; Digital Collections website and online digital history resources like The Oregon Encyclopedia; research library services as well as funding to underwrite the improved hours of service in the library, free admission to residents of Multnomah County, improved collections development and care. OHS is committed to serving the diverse communities of Multnomah County and the State of Oregon, and it reflects that commitment in every aspect of its operations.

Four East Multnomah County historical societies-- East County Historical Organization, Gresham Historical Society, Troutdale Historical Society, and Crown Point Country Historical Society-- together now receive \$220,000 annually from the levy proceeds. These funds are critical to the continued operation of these four organizations. The levy allocates the balance, estimated at \$3.8 million in FY 2024-25 to the OHS for its programs and operations.

One of highlights of 2024 was the June opening of the new permanent exhibition, "Rivers, Roses, and Rip City: The Remarkable History of Portland." The exhibition has received very favorable reviews, and many Portland Public School classrooms are visiting. Attendance, school tours, educator training programs, and in-person lectures and events continue to increase from the 2020-2021 COVID years. Visits to OHS digital operations, which includes the Oregon Encyclopedia, now top over 1,000,000 annually. A record number of students participated in Oregon History Day. Legislation passed by the Oregon State Legislature assigned OHS the responsibility of planning for Oregon's recognition of the July 4, 2026, 250th signing of the Declaration of Independence.

In 2024, the OHS website (www.ohs.org), was visited by almost 300,000 viewers. Additionally, 1,900 educators around the state received our educator e-blasts, 22,000 subscribers received our weekly e-digests, and our social media pages were followed by over 48,880 followers. In addition to the 4,800 hard copies that were mailed to subscribers, the Oregon Historical Quarterly was available to countless students and patrons at public and academic libraries, as well as online. The Oregon Encyclopedia had 1,416,165 pageviews and based on user data, we estimate that a third are students and educators.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Multnomah County residents admitted free of charge	16,574	12,500	22,000	24,500
Outcome	Improved library hours per week	32	32	32	32
Output	Increased number of public programs	28	30	30	30
Quality	Care of Collections through additional curator/registrar	1.5	0	1.75	0

Performance Measures Descriptions

The 2024 OHS exhibition series was enjoyed by 37,529 visitors to our museum, up from 34,840 the previous year and rebounding substantially from 2021's 11,608 and 2022's 27,463 visitors. The theme of 2024's series was Oregonians as innovators and artists, portraying the diversity of places, people, and interests of Oregonians through various artistic mediums. Portland Past and Present (December 15, 2023–July 7, 2024): Through historical photographs from the OHS research library paired with contemporary photographs from Peter Marbach, explores how Portland has changed over time.

Legal / Contractual Obligation

Measure 26-174 provides the Oregon Historical Society with a five-year property tax levy at the rate of \$0.05 per thousand dollars of assessed value. Four east county historical societies (Fairview-Rockwood-Wilkes, Gresham, Troutdale, and Crown Point Country) will together receive \$220,000 per year from the levy proceeds.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$3,975,337	\$0	\$3,815,422
Internal Services	\$0	\$29,000	\$0	\$29,000
Total GF/non-GF	\$0	\$4,004,337	\$0	\$3,844,422
Program Total:	\$4,004,337		\$3,844,422	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$0	\$3,978,116	\$0	\$3,818,421
Interest	\$0	\$2,500	\$0	\$5,000
Beginning Working Capital	\$0	\$23,721	\$0	\$21,001
Total Revenue	\$0	\$4,004,337	\$0	\$3,844,422

Explanation of Revenues

This program generates \$29,000 in indirect revenues.

This is a dedicated local option property tax levy collected by Multnomah County on behalf of the Oregon Historical Society (OHS). OHS receives no other County funding.

Significant Program Changes

Last Year this program was: FY 2025: 10023 OHS Local Option Levy

Department: Nondepartmental

Program Contact: Jeff Renfro

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

Since 1908, all counties in Oregon had received payments from the US government from revenue generated by the sale of timber cut on federal forest lands. State law specified how the revenue was to be allocated.

The federal law authorizing federal timber payments to counties, PL 106-393, sunset as of September 30, 2006. It was reauthorized by Congress for one year in 2007, and was renewed in 2008 for a four-year period, during which time the amount received declined each year. FY 2012 was to have been the last year in this 4-year extension. Congress reauthorized this legislation for one year in FY 2013, and again in FY 2014.

In April of 2015, Congress once again reauthorized the Secure Rural Schools program, but for two years. Payments were retroactive for the County's FY 2015 budget and will provide funds in FY 2016.

The law was not reauthorized for FY 2017, and timber payments will be governed by the 1908 Act as amended. The law was not reauthorized for FY 2019, and our assumption is that it will not be reauthorized in the future.

The remaining revenue is from the County's portion of the ad valorem tax that is assessed on the value of rail cars as outlined by state statute.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
		N/A	N/A	N/A	N/A
		N/A	N/A	N/A	N/A

Performance Measures Descriptions

The County School Fund provides a very small amount of the total revenue available to schools in Multnomah County. Arguably, this amount is not large enough to contribute meaningfully toward student academic achievement.

Legal / Contractual Obligation

ORS 328.005-035 outlines the requirement to establish a County School Fund. The apportionment of revenue from the sale of timber on federal forest lands is described in ORS 294.060, which states: "...moneys received by each county...shall be divided 75 percent to the Road Fund and 25 percent to the school fund of the County."

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$70,025	\$0	\$70,025
Total GF/non-GF	\$0	\$70,025	\$0	\$70,025
Program Total:	\$70,025		\$70,025	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$25,000	\$0	\$25,000
Taxes	\$0	\$45,000	\$0	\$45,000
Beginning Working Capital	\$0	\$25	\$0	\$25
Total Revenue	\$0	\$70,025	\$0	\$70,025

Explanation of Revenues

The County School Fund is credited with 25% of the revenue received from the statewide assessment of railroad cars apportioned to each County.

Significant Program Changes

Last Year this program was: FY 2025: 10024 County School Fund

Department: Nondepartmental

Program Contact: Eric Arellano

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

This program accounts for a portion of taxes collected from area hotels, motels, and vehicle rental agencies. The Transient Lodging Tax has supported the Oregon Convention Center since 1986. The tax is set at 11.5% on all hotel and motel room rentals in Multnomah County. Cities retain 5% of the tax generated within their boundaries. Another 1% supports regional tourism promotion. The remaining 5.5% supports programs associated with the Oregon Convention Center, the Regional Arts & Culture Council (RACC), and the Visitors Development Board. The Motor Vehicle Rental Tax was increased by the Board of County Commissioners in April, 2000. This 2.5% increment is entirely dedicated to support the activities noted above.

This program supports the Oregon Convention Center which hosts programs, conferences, and events that bring visitors and business groups to Portland. The tourism and travel industry is among the leading private sector employers in Oregon. Large conventions generate significant activity for local hotels, restaurants, and retail establishments. It is estimated that Oregon Convention Center Visitors generated an economic impact exceeding \$700 million in fiscal year 2024.

The Visitors Facilities Intergovernmental Agreement (VFIGA) was amended in FY 2020. The VFIGA supports regional visitor facilities and visitor industry development in the Portland-Multnomah County area. The agreement is between the City of Portland, Multnomah County, and Metro. The amended agreement established the Multnomah County "Livability and Safety Support Services" allocation. The funding supports services and programs for people experiencing homelessness, or who are at risk of becoming homeless, and services and programs addressing the community livability and safety concerns associated with homelessness.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Impact (\$ in millions) of Convention Center Visitors to Multnomah County Economy	709	726	706	722
Outcome	Number of Employees in Travel/Tourism Industry (Est.)	7,546	6,279	7,817	8,013

Performance Measures Descriptions

The Oregon Convention Center (OCC) generates significant economic activity to metropolitan Portland and the State. Multnomah County accounts for more than 2/3rds of tourism related activity. Due to the COVID-19 pandemic, the Convention Center saw a reduction in event (cancelled or delayed) activity but has steadily recovered from fiscal year 2022-24

Legal / Contractual Obligation

This program is mandated by IGAs that dictate how the revenues received in the Special Excise Tax Fund are allocated. There is no discretion in allocating the revenue - all receipts are turned over per County Code and pursuant to terms specified in the IGAs.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$42,811,008	\$0	\$44,421,215
Total GF/non-GF	\$0	\$42,811,008	\$0	\$44,421,215
Program Total:	\$42,811,008		\$44,421,215	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$0	\$42,669,684	\$0	\$44,276,340
Interest	\$0	\$10,000	\$0	\$10,000
Beginning Working Capital	\$0	\$131,324	\$0	\$134,875
Total Revenue	\$0	\$42,811,008	\$0	\$44,421,215

Explanation of Revenues

The Transient Lodging Tax was originally established in 1972. A supplemental countywide tax of 3% was adopted in February 1986 and is dedicated primarily to operations of the Oregon Convention Center. The County adopted an additional tax of 2.5% that is dedicated to the Visitors Development Initiative.

The Motor Vehicle Rental Tax was originally established in 1976. The tax was increased to 12.5% in April 2000, with the additional 2.5% dedicated to the Visitors Development Initiative.

Significant Program Changes

Last Year this program was: FY 2025: 10025 Convention Center Fund

Department: Nondepartmental

Program Contact: Eric Arellano

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

Multnomah County is currently making debt payments on the following obligations:

Series 2010B (\$15 million) - Full Faith & Credit
 Oregon Transportation Investment Bank (OTIB) (\$3.2 million) - Intergovernmental Loan
 Series 2017 (\$164.1 million) - Full Faith & Credit
 Series 2019 (\$16.075 million) - Full Faith & Credit (Bank Placement Loan)
 Series 2021 (\$89.58 million) - Full Faith & Credit (Refunding - Sellwood Bridge Bonds)
 Series 2022 (\$25.095 million) - Full Faith & Credit (Bank Placement Loan)

The outstanding debt issues have funded a number of capital improvements and acquisitions. These include the construction of the East County Courthouse and the new downtown Multnomah County Courthouse, the Sellwood Bridge replacement project, the new Health Department Headquarters building, the implementation of a new Enterprise Resource Planning (ERP) system, and the NEPA/Design/Right of Way phases of the Earthquake Ready Burnside Bridge capital project. All binding obligations were approved by the Board of County Commissioners.

Multnomah County's credit is rated Aaa by Moody's Investors Services and AAA by Standard & Poor's - both represent the highest rating awarded for governmental debt. The firms cited Multnomah County's stable governing board, strong budget management, low debt levels, effective funding/management of long term liabilities, adequate reserves and large and stable tax base.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Moody's Rating of Aa1 or Better	1	1	1	1
Outcome	Debt Service Payments Made as Scheduled	100%	100%	100%	100%

Performance Measures Descriptions

Maintaining an investment grade bond rating limits the amount the County might otherwise have to pay towards annual debt service. In 2017, Moody's and Standard & Poor's upgraded all Multnomah County full faith and credit debt to Aaa and AAA, respectively. (1)-indicates Moody's Aa1 (or better) rating, (0)-represents a rating lower than Aa1. All principal and interest payments are made on time in order to maintain an investment grade rating on the bond issue. Multnomah County has never defaulted on a debt payment.

Legal / Contractual Obligation

Principal and interest on the full faith and credit obligations and intergovernmental agreements are a binding debt obligation of the County. All debt issues and refundings were approved by various resolutions adopted by the Board of County Commissioners.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$4,000	\$0	\$3,000
Debt Service	\$0	\$23,894,539	\$0	\$23,854,815
Unappropriated & Contingency	\$0	\$775,190	\$0	\$1,142,220
Total GF/non-GF	\$0	\$24,673,729	\$0	\$25,000,035
Program Total:	\$24,673,729		\$25,000,035	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$202,336	\$0	\$172,526
Other / Miscellaneous	\$0	\$23,695,203	\$0	\$23,684,289
Interest	\$0	\$40,000	\$0	\$40,000
Beginning Working Capital	\$0	\$736,190	\$0	\$1,103,220
Total Revenue	\$0	\$24,673,729	\$0	\$25,000,035

Explanation of Revenues

Debt service payments are collected from departments through internal service reimbursements and passed through to the Capital Debt Retirement Fund.

Per House Bill 4093, a District Court surcharge on certain traffic and parking fines will support the Central Courthouse capital construction project.

Significant Program Changes

Last Year this program was: FY 2025: 10026 Capital Debt Retirement Fund

Department: Nondepartmental

Program Contact: Eric Arellano

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

In November 2020, the voters of Multnomah County approved ballot measure 26-211 for a County Library Capital Construction Project. The measure authorized the County to issue General Obligation Bonds not to exceed \$387 million and will be payable from taxes on property or property ownership that are not subject to the limits of section 11 and 11b, Article XI of the Oregon Constitution. The County Library Project will enlarge and modernize eight libraries. Build a flagship library in East County, expand/renovate/or construct seven branches including Albina, Belmont, Holgate, Midland, North Portland, Northwest, and St. Johns, create a central materials handling and distribution center, and provide high speed internet to all libraries.

The County issued debt in January 2021 in two series (2021A & 2021B) totaling \$387 million. The Bonds were delivered on January 26, 2021 and will fully mature in fiscal year 2029. Revenue to pay debt is derived from property taxes and interest income. Bonds are double rated (Moody's - Aaa and S&P - AAA) and annual debt service began in December of 2021. The County has established a dedicated debt service fund (2003) to account for debt payments (principal and interest), all taxes levied, and accrued interest. The capital project is be managed in a separate capital fund (2517) in the Department of County Assets that accounts for bond proceeds, interest accrued on bond proceeds, and all capital expenditures.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Moody's Rating of Aa1 or Better	1	1	1	1
Outcome	Debt Service Payments Made as Scheduled	100%	100%	100%	100%

Performance Measures Descriptions

Maintaining an investment grade bond rating limits the amount the County might otherwise have to pay towards annual debt service. In 2021, Moody's and Standard & Poor's rated Library GO debt at Aaa and AAA, respectively. (1)-indicates Moody's Aa1 (or better) rating, (0)-represents a rating lower than Aa1. All principal and interest payments are made on time in order to maintain an investment grade rating on the bond issue. Multnomah County has never defaulted on a debt payment.

Legal / Contractual Obligation

The County is authorized by ORS 287A.100 to issue general obligation bonds to finance capital costs if such financing is approved by a majority of the governing body. Principal and interest on the voter approved General Obligation Bonds are a binding debt that the County must pay. The property tax levy used to pay the debt is outside of the property tax constitution limits imposed by State Ballot Measure #5 approved in 1990 and State Ballot Measure #50 approved in 1997.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Debt Service	\$0	\$55,424,940	\$0	\$57,090,090
Unappropriated & Contingency	\$0	\$1,953,207	\$0	\$2,372,496
Total GF/non-GF	\$0	\$57,378,147	\$0	\$59,462,586
Program Total:	\$57,378,147		\$59,462,586	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Taxes	\$0	\$52,424,940	\$0	\$56,590,090
Interest	\$0	\$300,000	\$0	\$300,000
Beginning Working Capital	\$0	\$4,653,207	\$0	\$2,572,496
Total Revenue	\$0	\$57,378,147	\$0	\$59,462,586

Explanation of Revenues

Revenues to pay the debt service is derived from property taxes and interest earned on the cash balances.

Significant Program Changes

Last Year this program was: FY 2025: 10027 Library GO Bond

Department: Nondepartmental

Program Contact: Eric Arellano

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:
Program Description

The County passed Resolution No. 99-218 on November 4, 1999 authorizing the issuance of up to \$200,000,000 of bond proceeds to finance the estimated unfunded accrued actuarial liability (UAL) of the County to the Oregon Public Employees Retirement System (PERS).

Senate Bill 198-B, effective October 23, 1999, authorized the County to pledge taxes that the County may levy within the limitations of sections 11 and 11b, Article XI of the Oregon Constitution not subject to annual appropriation. On December 1, 1999 the County issued \$184,548,160 in Pension Obligation Bonds to fund its PERS unfunded liability. The bonds have a final maturity date in fiscal year 2030.

Debt service payments are supported by a surcharge against payroll. The surcharge rate has fluctuated, on average, between 6% and 9% of payroll. A reserve has been established to support future escalating debt payments in order to maintain the surcharge at a constant level.

To mitigate rising PERS rates, the County Board approved the establishment of five PERS side accounts (\$25 million each) from fiscal year 2017-2023. Side accounts totaled \$125 million. Side accounts increase an employer's actuarial assets, reducing the difference between actuarial assets and actuarial liabilities, the PERS UAL. Side accounts reduce employer contributions/rates over time by paying down pension obligation. The County participated in the State of Oregon's SB 1049 PERS Employer Incentive Fund (EIF) match program, which provided for a 25% match on two qualifying side account (\$12.5 million). Though rate of relief can vary, the relief is estimated to be between .6%-.7% of payroll.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Moody's Rating of Aa1 or Better	1	1	1	1
Outcome	Debt Service Payments Made as Scheduled	100%	100%	100%	100%

Performance Measures Descriptions

Maintaining an investment grade bond rating limits the amount the County might otherwise have to pay towards annual debt service. (1)-indicates Moody's Aa1, (0)-represents a rating lower than Aa1. All principal and interest payments are made on time in order to maintain an investment grade rating on the bond issue. Multnomah County has never defaulted on a debt payment.

Legal / Contractual Obligation

Principal and interest on the PERS Pension Obligation Bond are a binding debt obligation. The County passed Resolution No. 99-218 on November 4, 1999 authorizing the issuance of up to \$200,000,000 of bonds as authorized by state statute.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Contractual Services	\$0	\$450,700	\$0	\$450,700
Debt Service	\$0	\$33,060,000	\$0	\$34,885,000
Unappropriated & Contingency	\$0	\$50,178,465	\$0	\$45,625,591
Total GF/non-GF	\$0	\$83,689,165	\$0	\$80,961,291
Program Total:	\$83,689,165		\$80,961,291	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Other / Miscellaneous	\$0	\$37,296,177	\$0	\$27,820,781
Interest	\$0	\$1,200,000	\$0	\$1,400,000
Beginning Working Capital	\$0	\$45,192,988	\$0	\$51,740,510
Total Revenue	\$0	\$83,689,165	\$0	\$80,961,291

Explanation of Revenues

Interest earnings on the fund balance and service charges are assessed to departments as a percentage of payroll. In FY 2026, departments will pay 4.85% of payroll costs toward the retirement of the Pension Obligation Bonds.

Significant Program Changes

Last Year this program was: FY 2025: 10028 PERS Pension Bond Sinking Fund

Department: Nondepartmental

Program Contact: Sara Ryan

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics: New Request, One-Time-Only Request

Program Description

More than 2,800 Chinese and Chinese American people were buried in Lone Fir Cemetery between the 1860s and the 1920s, the majority of them in Block 14. While many were exhumed and returned to China in accordance with their cultural practices, some of their bodies remain in the cemetery in unmarked graves. In the 1950s, Block 14 was paved over to build an office space for Multnomah County. That building has been torn down and the land has been reincorporated into the cemetery. Currently, the space that once held the Chinese section of the cemetery is a bare field.

Portland's Chinese American community has been deeply involved in the effort to acknowledge the history of this space and repair the harm at this site for two decades. Members of the Chinese Consolidated Benevolent Association and the local neighborhood association came forward to challenge Multnomah County's proposed sale of the Morrison Building and site to a developer in 2005 based on their knowledge that the site had been used as the primary burial ground for the Chinese community in the late 19th and early 20th century. Their efforts successfully halted the sale and resulted in the transfer of the property to Metro, who had assumed ownership and care of the historic cemeteries.

Metro is now in the process of developing a memorial that honors the unrecognized stories of the people who were buried at the site. The memorial is being shaped by input from the community and funded through the voter-approved 2019 parks and nature bond.

After project planning and design initiated in 2022, the community has been deeply involved throughout the process. Metro has led culturally specific focus groups, general public workshops and in-person events related to the on-going development of the project regularly for the past three years. Community helped to shape the initial conceptual design approaches and the preferred design refinements throughout the course of the project. Through these engagements, community requested that Multnomah County become involved in the effort to build the project and to issue an apology.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Payments made as scheduled	N/A	N/A	N/A	1
Output	Update provided on progress toward memorial goals	N/A	N/A	N/A	1

Performance Measures Descriptions

Making payments on time ensures access to funds when needed. 1=yes; 2=no

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
	2025	2025	2026	2026
Program Expenses				
Contractual Services	\$0	\$0	\$1,000,000	\$0
Total GF/non-GF	\$0	\$0	\$1,000,000	\$0
Program Total:	\$0		\$1,000,000	
Program FTE	0.00	0.00	0.00	0.00

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

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Program #10999 - NOND Vacancy Hiring Delay Savings
FY 2026 Adopted

Department: Nondepartmental **Program Contact:** Christian Elkin
Program Offer Type: Administration **Program Offer Stage:** Adopted
Related Programs:
Program Characteristics: New Request, One-Time-Only Request

Program Description

This program represents the expected General Fund savings from a hiring delay based on the estimated savings for the first quarter of FY 2026. However, departments have the entire fiscal year to generate the savings. The calculations were based on General Fund vacancies.

The following criteria were used to determine the calculations:

- Does not include the following positions:

Public safety (Sheriff's Office, Department of Community Justice, Corrections Health, District Attorney's Office)

Positions identified by the Chief Operating Officer's (COO) Office) as possible reductions

Positions which were filled since the original list was compiled

Positions used for layoff/bumping/Project Save

Positions leveraging Other Funds or fees

Positions which are filled with a work-out-of-class, temporary, contracted, or limited duration appointment

In addition, a 10% contingency was added to the total savings to account for changes. Across all departments, this hiring delay will generate \$1.2 million in one-time-only General Fund savings.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$0	(\$247,933)	\$0
Total GF/non-GF	\$0	\$0	(\$247,933)	\$0
Program Total:	\$0		(\$247,933)	
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:

This program offer was created by Board amendments 25 and 26.

Department: Overall County **Program Contact:** Jeff Renfro
Program Offer Type: Revenue/Fund Level/Tech **Program Offer Stage:** Adopted
Related Programs:
Program Characteristics:

Program Description

This offer includes the following cash transfers:

General Fund to Justice Center Capital Fund (Bus Duct Replacement) - \$3.3 million
 General Fund to Capital Improvement Fund (Walnut Park) - \$0.2 million
 General Fund to Capital Improvement Fund (Hansen Complex Deconstruction) - \$1.0 million
 General Fund to Asset Preservation Fund (Juvenile Justice Complex Security Foyer) - \$1.5 million
 General Fund to Capital Improvement Fund (Downtown Real Estate Space) - \$0.2 million
 General Fund to Capital Improvement Fund (Vance Pit Security Fence) - \$0.1 million
 General Fund to Capital Improvement Fund (DCJ East Campus Expansion) - \$1.0 million
 General Fund to Capital Improvement Fund (Prophet Center Relocation) - \$0.2 million
 General Fund to Capital Improvement Fund (Downtown Jail Site Replacement) - \$0.2 million
 General Fund to Information Technology Capital Fund (Public Website and Digital Services Transformation) - \$1.5 million
 Downtown Courthouse Capital Fund to General Fund (Remaining Courthouse Funds) - \$14,020

A full list of cash transfers in the County's budget can be found in the Summaries section of Volume 1 of the Budget.

This offer accounts for the General Fund contingency, which is established at \$2.0 million. The General Fund contingency also contains \$21.1 million for a Business Income Tax reserve set at 12% of anticipated revenues, and an Additional Contingency for Uncertainty at \$1.7 million.

This offer accounts for the 12% General Fund revenue reserve as described in the Financial & Budget Policies. The Risk Fund contingency (\$17.8 million) and unappropriated balance are recorded here.

Video Lottery Fund resources of \$6.7 million and contingency of \$0.7 million are recorded in this offer, while expenditures are reported in departmental program offers where they are spent.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	% of reserve goal met	100%	100%	100%	100%
Outcome	Moody's Bond Rating	0	0	0	0
Outcome	S&P Global Ratings	0	0	0	0

Performance Measures Descriptions

Change in bond rating: (0) = no change, (1) = upgraded rating, (-1) = downgraded rating. On November 17, 2017, S&P upgraded the County's rating from AA+ to AAA. Moody's currently rates the County debt as Aaa.

Legal / Contractual Obligation

Reserve and contingency accounts reflect prudent financial management of county resources. The reserve has been established at 10% - a level that Moody's Investors Service uses as a benchmark. The goal in developing the reserve policy was to shield the County from fluctuations in revenues available to fund ongoing programs. The policy articulates the conditions under which reserves will be used and outlines a process for replenishing them should they fall below the goal. The General Fund contingency cannot be accessed unless the Board takes affirmative action to transfer it. Conditions under which the the contingency can be used are limited. in most cases. to one-time-only expenditures.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Cash Transfers	\$11,483,321	\$65,000	\$9,311,335	\$14,520
Unappropriated & Contingency	\$98,486,809	\$111,561,328	\$104,800,093	\$119,262,414
Total GF/non-GF	\$109,970,130	\$111,626,328	\$114,111,428	\$119,276,934
Program Total:	\$221,596,458		\$233,388,362	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$6,508,750	\$0	\$6,671,469
Other / Miscellaneous	\$2,221	\$0	\$0	\$0
Financing Sources	\$170,382	\$0	\$5,907,848	\$0
Interest	\$0	\$3,000,000	\$0	\$3,500,000
Beginning Working Capital	\$3,425,421	\$112,144,726	\$95,000	\$121,866,220
Total Revenue	\$3,598,024	\$121,653,476	\$6,002,848	\$132,037,689

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 95000 Fund Level Transactions

Program #95001 - General Fund Revenues
FY 2026 Adopted

Department: Overall County **Program Contact:** Jeff Renfro
Program Offer Type: Revenue/Fund Level/Tech **Program Offer Stage:** Adopted
Related Programs:
Program Characteristics:

Program Description

For FY 2026, General Fund resources are estimated to be \$897.4 million, which includes \$140.6 million of beginning working capital. The revenues budgeted in this program offer represent approximately 85% of the total General Fund. The primary ongoing revenue sources are property taxes, business income taxes (BIT), and motor vehicle rental taxes (MVRT). The remaining General Fund revenues are budgeted within departmental program offers. This program offer also includes \$3.4 million of revenue from the County's Opioid Settlement.

Accurate revenue forecasting is crucial to the development of long range financial plans. It is the goal of the Budget Office to produce revenue estimates that fall within a range of (+/-) 2% of actual collections. The assumptions used to develop revenue forecasts should be clearly articulated to, and understood by, all decision makers in the budget process. The County's Financial & Budget Policies outline the forecast process.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output		N/A	N/A	N/A	N/A
Output		N/A	N/A	N/A	N/A

Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Total:	\$0		\$0	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$7,544,879	\$0	\$7,476,565	\$0
Taxes	\$604,118,091	\$0	\$630,646,350	\$0
Other / Miscellaneous	\$15,792,867	\$0	\$16,315,006	\$0
Interest	\$8,000,000	\$0	\$4,000,000	\$0
Beginning Working Capital	\$144,997,438	\$0	\$137,593,220	\$0
Total Revenue	\$780,453,275	\$0	\$796,031,141	\$0

Explanation of Revenues

A handful of revenues make up the bulk of the General Fund. These include (in order of size) - property tax, business income taxes, and motor vehicle rental taxes. The property tax is the single largest revenue in the General Fund at approximately two-thirds of ongoing revenue. It is governed by state statute and its' growth is limited by two constitutional measures which have been approved by the Oregon electorate. An explanation of the limitations imposed by Measure 5 and Measure 47/50 can be found in the Summaries section of Volume 1 of the budget document.

A more complete discussion of the forecast and assumptions can be found on the Budget Office website.

Significant Program Changes

Last Year this program was: FY 2025: 95001 General Fund Revenues

