

TO: Chair Jessica Vega Pederson
Jenny Smith, Chief of Staff
Travis Graves, Interim Chief Operating Officer
Christian Elkin, Budget Director

FROM: Rachael Banks, Health Department Director

DATE: February 14, 2025

RE: FY 2026 Requested Budget Transmittal Letter

Department Overview

Multnomah County Health Department is the largest health department and safety net provider in Oregon. It acts as both the Local Public Health Authority (LPHA) and Local Mental Health Authority (LMHA)'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.

Health Department services are led by Director Rachael Banks and the departmental administrative functions that support the following divisions:

- Public Health and Health Officer
- Behavioral Health
- Integrated Clinical Services
- Corrections Health

Health Department work is anchored in the vision of *"Thriving communities that nurture the health and resilience of all"* and the mission that *"We work with communities to advance health equity, protect the most vulnerable, and promote health and wellness for everyone."*

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

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

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

Our core values affirm our commitment to serve with compassion and care, further connection and belonging, lead with integrity, uplift community-driven solutions, and accelerate our progress in eliminating racial inequities.

Our service areas align with the following long-term strategic goals:

- Deliver high-quality, accessible, and consumer-centered health care services.
- Develop and implement policies that improve health outcomes for all and eliminate health inequities.
- Monitor health data, analyze trends and advance holistic health programming.
- Implement risk communications that notify the public of health threats and address health needs.
- Foster a thriving, safe, inclusive, and desirable workplace that centers employees’ authentic selves and needs.
- Enhance foundational infrastructure to achieve resource stewardship and meet our community improvement mission.

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

Key Successes of FY 2025

Some key successes for the current fiscal year include:

- **Implementation of a successful one-department approach to overdose prevention and response.** Work outlined in the Health Department’s [Overdose and Prevention Response plan](#) continued in FY 2025. Most importantly, we have seen a hopeful [downward trend](#) in fentanyl-related overdose deaths locally over time. Though it’s difficult to attribute this decrease to any specific intervention, we’re confident that increased awareness, greater access to treatment, and increased naloxone availability has begun to mitigate the harrowing impact of this epidemic on our communities. Other notable successes include:
 - Increased distribution of lifesaving naloxone through partnerships with the Joint Office of Homeless Services, CareOregon, and community organizations. Since

July 2024, the program has distributed 16,179 naloxone kits (32,358 doses) of naloxone to community partners and County programs.

- Continued fentanyl awareness and addiction recovery campaigns begun in FY 2024. The Expect Fentanyl campaign had a total digital reach (TikTok, Instagram, SnapChat, digital video and audio ads) of 2.9M impressions from youth aged 13-20 and a general community reach of 4.3M for billboard and transit ads. That total reach continues to grow as youth encounter lingering fentanyl awareness messaging through organic digital content and in their high schools through information at nine Student Health Centers.
- Increased the public availability of overdose and overdose death data by publishing [Fentanyl Overdose Deaths: A Summary Report 2018-2023](#) and through continued maintenance of data on a public-facing dashboard (linked above).
- **Development of a field-based deflection program and opening of the Coordinated Care Pathway Center.** Beginning September 1, 2024, a law change made possession of a small amount of a controlled substance unlawful in Oregon. Community members stopped by law enforcement may now be eligible for deflection services to steer them toward recovery instead of facing arrest. In response to this law change, the Health Department developed a field-based deflection program with community partners and opened the Coordinated Care Pathway Center in October 2024. The services provided fill a critical need for law enforcement and for people with substance use challenges.
 - Since opening in October 2024, more than 141 people have engaged with deflection via the Pathway Center, and 221 referrals have been made to treatment, shelter and other services.
 - Coordination of services has improved the department's relationship with local law enforcement.
 - In late Spring 2025, the Pathway Center will expand hours to 24/7 operations and include sobering, adding critical capacity to our local substance use disorder services continuum.
- **Improving systems of care for people in carceral settings.** The Corrections Health Division hosted the tri-annual National Commission on Correctional Health Care (NCCHC) accreditation site visit in November 2024. The assessment was complimentary of the care provided, the staff, and the partnership with the Multnomah County Sheriff's Office (MCSO).

The preliminary report rated the division as 97% compliant and with only a few action items to receive full accreditation. Response to these action items is in progress. Some items are completed and some will take until the end of March to complete, at which point all will be submitted to NCCHC.

NCCHC accreditation is a strong indicator that the Health Department is providing high-quality, evidence-based services to our clients in carceral settings. Services include medical, dental and behavioral health services, as well as expanded medication supported recovery (MSR) support for people experiencing opioid use disorder, suicide

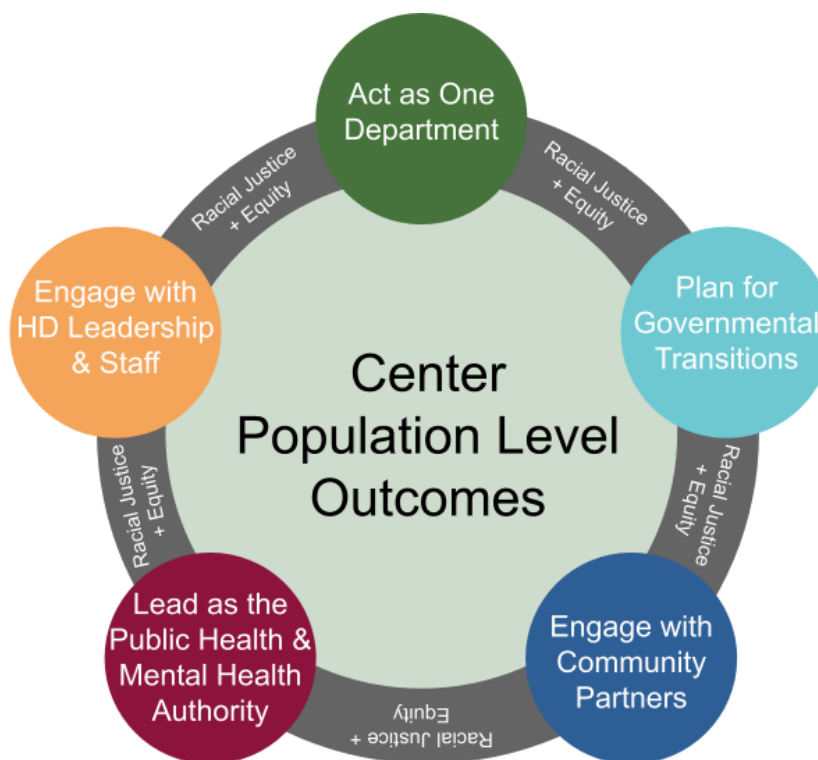
prevention efforts, and a robust transition services program to help coordinate care for those exiting jail.

- **Celebrating 50 years of service to our most vulnerable populations.** The Women Infants and Children Supplemental Nutrition Program (WIC) celebrated 50 years of providing nutrition counseling, breastfeeding support and referral services to parents, children and families. The County’s WIC program provided direct culturally appropriate and language-preferred services to more than 19,200 unique participants with more than 50,000 visits in 2024. In August, the program received the Premier Breastfeeding Program of Excellence Award from the U.S. Department of Agriculture and was the first agency in Oregon to do so.
- **Behavioral Health system transformation planning.** As part of developing an expanded Comprehensive Local Plan (CLP+) for behavioral health services, the Behavioral Health Division is planning a transformation of the behavioral health systems of care to move from a complex, siloed network of care providers and difficult to navigate referral paths to a coordinated, comprehensive system of care. Planning is based on careful assessment, data-driven decision making, and collaboration across systems. This work has included:
 - A review of 10 years of needs assessments to determine key themes.
 - A CAST assessment survey (a tool for assessing a community’s capacity for SUD care) that was sent to 89 providers of substance use services and achieved a 60% response rate. The survey showed about 1 in 5 people could need treatment services and that higher level recovery residences are what is needed most. Results from this survey were combined with results from a 2022 survey of an additional 21 providers to inform system changes.
 - Planning sessions with more than 20 behavioral health and SUD partners.
 - Development of a draft six-year plan for system improvements that include:
 - Incorporating high quality data into decision making around system needs, strategies, and evaluation.
 - Developing a robust workforce that strengthens the ability of providers and the system to maintain and improve service delivery.
 - Advancing an integrated approach to behavioral health that reduces health inequities and improves population health.
- **Expanding clinical services to better serve clients.** The Community 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 medical and dental patients) and the anticipated May opening of the Fernhill Health Center at NE 42nd Avenue in the Cully neighborhood in Portland. The clinic will also provide additional opportunities for workforce development through partnerships with Portland Community College and other educational programs.

FY 2026 Budget Priorities and Key Issues

Budget Strategy

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



This budget cycle, scenario planning for deep cuts required thinking more strategically as one department and concentrating on doing fewer things, but doing them better and more comprehensively. Priority was given to services that fulfill our statutory roles, that are not provided elsewhere in the community, and that make progress on achieving equitable health outcomes.

Budget decisions were evaluated and ranked keeping the following overarching goals in mind:

- Make the most impact by preventing the leading causes of death.
- Work to change our policies, systems and environments that create unfair inequities in health outcomes.

- Maximize our legal Local Public Health Authority and Local Mental Health Authority roles to benefit the whole community.
- Address community priorities.
- Maintain and support an engaged and expert workforce.
- Make sure all of our lines of business are operating optimally.
- Align with the Health Department’s vision, mission and values.

Ultimately, the Health Department will invest in a healthier community and environment for Multnomah County residents by:

- Providing high quality, low-barrier, and culturally responsive primary and behavioral health treatment and interventions.
- Reducing exposures to health risks and preventable hazards and diseases, especially for the highest burdened communities.
- Ensuring staff are highly trained and reflective of the community.
- Engaging the community through bi-directional transparent communications and decision making.
- Fulfilling our unique statutory obligations as Local Public Health Authority, Local Mental Health Authority and Community Mental Health Provider.
- Developing policy options that prioritize prevention and promote upstream solutions to improve health outcomes across the lifespan.

Budget Process

There was a change to the Health Department’s budget process this year. This year, the department’s budget started with the shared strategy outlined above. The department formed a budget team with representation from all divisions to oversee the budget development process and guide the work through the adoption of a final budget. To guide the budget team, the Health Department Leadership Team developed a budget prioritization tool based on the overarching strategy and health outcomes. The tool included the following criteria:

- **Strengthen** work to reduce preventable deaths where we can have the most impact.
- **Achieve** equitable health outcomes.
- **Apply** business best practices to support all work.
- **Hire and retain** an expert workforce.
- **Address** community priorities.
- **Preserve** our unique local governmental role and our statutory requirements.
- **Align** with the Health Department’s vision, mission and values.
- **Elevate** the Chair’s budget priorities and direction.

Each division was then asked to rank programs and services, set priorities, and develop constraint scenarios based on these criteria. Having all divisions participate in this constraint exercise resulted in identifying a range of potential scenarios that can also help budget and program planning in the future.

Divisions also identified sources of funding (other than CGF) that were going to be reduced or eliminated in the coming budget year. The loss of these funds (state, federal, health system, grant and other funding) compound the loss of County General Fund and create a stacked loss that in some cases, requires a reduction to or complete loss of services.

The Community Budget Advisory Committee (CBAC) is also part of the department's budget process. CBAC has a number of new members who received two briefings on the department's overall budget strategy, the budget tools used, and information on using racial justice and equity tools across the process, programs, and outcomes. The goal of continued CBAC engagement is to offer oversight and guidance, and to continue to hold the Health Department accountable to its overall budget goals and process.

In addition to the CBAC, the Community Health Center Board (CHCB) provides budgetary oversight and governance of the Community Health Center per Health Resources and Services Administration (HRSA) regulatory statute.

Budget priorities

Specific Health Department budget priorities for this year include protecting and planning for the sustainable support of our core services, and focusing on measurable deliverables that will achieve the equitable population health outcomes we seek, including:

- Protect core services, especially those that tie to the County's statutory roles as Local Public Health Authority and Local Mental Health Authority.
 - Track service volume, legal compliance, and outcomes.
- Continue to address the behavioral health and addiction crises and maintain progress on reducing overdose deaths.
 - Monitor rates of overdose deaths, SUD treatment and mental health service access, and use.
- Continue to address the physical and behavioral health needs of people experiencing homelessness.
 - Track access to direct health services and to social supports for healthier living.
 - Track rates of communicable disease, chronic disease, mental health issues, and substance abuse, as well as access to and use of healthcare services.
- Address preventable deaths, years of life lost, and the drivers of these inequities where we can see the most progress.
 - Analyze mortality data by age, race, gender, and socioeconomic status to identify gaps and inequities and target appropriate prevention and interventions.
- Address escalating health needs driven by climate change.
 - Track the incidence of heat/cold related illnesses and death, respiratory and vector-borne diseases, and develop plans to mitigate these risks.
- Protect the health and honor the basic humanity of community members impacted by changes at varying levels of government.

- Monitor changes in state and federal funding, regulations, and legislation that affect the health and well-being of vulnerable populations, and advocate for policies that protect their health and access to care.

Overall, these priorities can be measured using a variety of data sources, including vital statistics, health surveys, administrative records, and program evaluations. By tracking progress on key indicators like the leading causes of premature death, the Health Department can ensure that it is effectively addressing the most pressing health needs and achieving its goals for equitable population health outcomes.

Issues and Challenges Spanning Multiple Budget Years

All Health Department service areas address complex needs with a focus on transformational, long-term change, improved health outcomes, and the elimination of health inequities. Because of the complexity of this work, many of the Health Department's primary priorities span multiple budget years. This work requires ongoing commitment and, simply put, it takes time.

This budget concentrates on strategic programs and initiatives that directly support or closely align with the Health Department and the Chair's priorities. These efforts include enhancing community safety and wellness, meeting acute behavioral health needs in our community, and addressing the overdose crisis.

The following Health Department priorities span multiple budget years:

OVERDOSE PREVENTION AND RESPONSE

A continued focus of the Health Department's budget is the work to prevent and respond to overdoses and overdose deaths and the larger addiction crisis that drives them. The Health Department continues to build on its [Overdose Prevention and Response Plan](#) to address gaps in available prevention, harm reduction, treatment, recovery services and infrastructure. The FY 2026 budget continues this effort through additional investments in deflection, sobering and stabilization, prevention, naloxone supply and distribution, expanded medical and behavioral health supports for people in carceral settings, and continued data improvement.

INVESTMENTS IN BEHAVIORAL HEALTH SYSTEM TRANSFORMATION

The department is also focusing resources to ensure that people experiencing mental health and substance use crises can connect to the services they need to stabilize and get well. These efforts include expanding culturally-competent, peer-led, low-barrier behavioral health services to people living outside who are experiencing mental health and substance use challenges. In addition, this includes continuing to build capacity to provide specialized behavioral health services in Corrections Health and across Multnomah County communities as need continues to outpace current services and resources.

WORKING TOWARD EQUITABLE OUTCOMES

Another multi-year priority is to preserve work in primary prevention and chronic-disease interventions by using a racial equity lens and leading causes of preventable death data. Sustain community partner capacity especially among those who work with communities of color,

people who are experiencing or vulnerable to houselessness, or other groups who experience significant and persistent inequities in health outcomes.

RECOGNIZING, RECONCILING, AND RECTIFYING RACE-BASED INEQUITIES IN SERVICE DELIVERY

The department recognizes long-term impacts on health outcomes and health equity caused by colonialism and structural racism, disparities and inequities. We will continue to provide accessible, affordable and high quality medical and behavioral health care services to all Health Department clients, providing much-needed “safety net” services to vulnerable populations and combating inequitable outcomes.

DELIVERING HIGH-QUALITY HEALTH SUPPORTS IN CORRECTIONAL SETTINGS

Continuation of investments in improvement of medical and behavioral health services to people living in carceral settings. This includes support for people with substance use disorders as they enter, live in, and exit incarceration, as well as transition support for re-entering their communities.

CONTINUING EFFORTS TO STABILIZE THE WORKFORCE

Investing in workforce development opportunities to enhance skills, provide career advancement opportunities and improve staff retention rates. Continue to strengthen peer and culturally specific workers to meet the needs of distinct groups. Build equity capacity through organizational improvements.

Chair’s Priorities

The Health Department is committed to contributing to the development of *One County* solutions to address the complex challenges facing our communities, including the housing and homelessness crises, community safety, and the urgent need for increased behavioral health and substance abuse support. Our approach emphasizes collaboration with other County departments and using a holistic lens to streamline services and maximize impact.

RESPONSE TO OUR HOUSING AND HOMELESSNESS CRISES

- The Behavioral Health Resource Center (BHRC) program, consisting of a Day Center with transitional housing, a Referral Van, and Outreach Teams adds critical culturally appropriate capacity to our local service continuum to meet the needs of people experiencing homelessness. The Point In Time Count conducted in February 2024 noted a 29% increase in people experiencing homelessness in Multnomah County. The BHRC program directly addresses a critical gap in housing options and supports people in their journey toward stability. The Health Department and the BHRC work closely with contractors to provide coordinated entry and case management. (Program offers 40105A/B)
- Behavioral Health investments have added 250 new recovery, stabilization and transitional housing beds that are currently serving people in need. Nearly half of the new beds — 126 of the 256 — are designated for culturally specific recovery services. These beds are provided via community partners offering much needed culturally specific

support, addressing a vital need, and breaking down some of the barriers to accessing treatment. One particularly impactful program provides housing for fathers and children, directly at the intersection of addiction and parenting. This targeted intervention fills a gap in the local service continuum by providing housing for people experiencing addiction while also parenting and trying to care for their children. Investments in support for recovery will repay our community exponentially by contributing to intergenerationally improved health outcomes. (Program Offers 40069, 40084, 40085, 40101, 40112)

APPROACH TO COMMUNITY SAFETY

- The Coordinated Care Pathway Center exemplifies our *One County* approach to community safety. This center is an intensive collaboration between the Health Department, the Chair and the Board of County Commissioners, other County departments, local law enforcement, and a contracted service provider. The Pathway Center offers assessment, referral to treatment and other services, and case management services as an alternative to arrest. (See Key Successes section above for numbers of people served.) Behavioral Health best practice is to offer multiple opportunities and pathways to starting and maintaining recovery. Repeated attempts are often required. Deflection through the Pathway Center is focused on building relationships, providing options and offering many potential touch points. This initiative complements existing community safety strategies and aims to reduce reliance on the criminal justice system while prioritizing treatment and recovery. The Health Department works across County departments with the Sheriff's Office (MCSO) and the District Attorney's Office, and also partners with Portland Police Bureau and the Gresham Police Department, to ensure coordinated services. (Program Offers 40000C, 40104B)

NEED FOR INCREASED BEHAVIORAL HEALTH AND SUBSTANCE ABUSE SUPPORT

- The Health Department's Corrections Health Division has partnered with MCSO to coordinate initiation of Medications for Opioid Use Disorder (MOUD) for people exiting carceral care, through the Transitions Services Program. According to a 2023 study by the Oregon Health & Science University and Oregon State University, people recently released from jail are up to ten times more likely to overdose than the general population. Access to MOUD can reduce overdose rates and overdose deaths in this population and improve individual health outcomes. This coordinated approach supports initial recovery from substance use disorder, increases rates of successful reentry, and is an essential support for sustained recovery. (Program Offer 40047)
- Building upon the success of this program, the Health Department has expanded to include people *entering* carceral care with an active substance use disorder. This pilot program is in its planning phase now as the department coordinates with the Oregon State Opioid Treatment Authority. MOUD represents a crucial step in supporting treatment and recovery for this highly vulnerable population. This pilot program, expands services to people entering and currently living in carceral settings and is funded through September 2026. Expanding MOUD access across Health Department settings is

a key strategy toward expanding behavioral health services, access to different forms of medical treatment for addiction, and reducing the long-term impacts of the opioid crisis in our community. (Program Offers 40047, 40049, 40050, 40051)

- Within the Community Health Center, integrated behavioral health services have expanded substantially since 2024. Across clinical settings, more behavioral health providers (2.2 FTE) have been added, offering more robust direct services and transitional care services for patients with complex mental health needs. In FY 2026, the Community Health Center will continue expansion of services through focusing on transitional support for individuals being released from a mental health facility or jail to connect them to primary care and other services, as well as implementing integrated behavioral health into the mobile clinic van. (Program Offer 40102)

EMERGENCY PREPAREDNESS AND RESPONSE

- The Public Health and the Health Officer Divisions's Emergency Manager plays a vital role in ensuring the County's preparedness for and response to public health emergencies. This position collaborates closely with the County's Emergency Management team to plan and implement essential services, including severe weather shelter operations for both extreme heat and extreme cold. The Health Department's expertise is critical in these situations, ensuring the health and safety of vulnerable populations. Furthermore, the Emergency Manager supports the Health Department's response to disease outbreaks. Currently, the teams are actively preparing for the potential spread of avian influenza (H5N1 bird flu) and working to develop plans and protocols to protect our community. This collaboration between County Emergency Management and the Health Department is essential for a unified and effective response to any public health crisis. (Program Offers 40000, 40005)

Emerging Issues and Intensifying Challenges

The Multnomah County Health Department is facing a complex array of emerging and intensifying public health challenges including:

CHANGES IN THE ILLICIT DRUG SUPPLY

Having recently experienced the impacts of the fentanyl crisis that spread nationally concurrent with the COVID-19 pandemic, the Health Department recognizes the importance of being on the lookout for changes in the local drug supply.

Currently, Health Department leaders are acknowledging the growing impacts of increased methamphetamine use and the continued rise of polysubstance use. The complex issues pertaining to substance use and misuse pose a continuing threat to the community – to individuals, to families, to neighborhoods, and to community health and public safety.

The department continues to monitor the evolving landscape of the local drug supply and patterns of use and misuse so it can pivot as necessary to educate the public and plan primary

and secondary prevention efforts that dissuade drug use, promote recovery, and prevent death. (Program Offers 40000B, 40044, 40061, 40087)

CHANGES IN COMMUNICABLE DISEASE OUTBREAKS AND RESPONSE

Several ongoing factors affect the possible emergence or spread of new and existing communicable diseases. Increased vaccine hesitancy, the health effects of climate change, and unknown changes to federal health policy, research, and available data all threaten to reshape the communicable disease landscape.

- Public Health and the Health Officer teams are monitoring and managing the recent uptick in local and national cases of measles and pertussis. These increases are currently manageable, but concerning. In addition, the Health Department is tracking global, national, and state developments with avian influenza (H5N1 bird flu). Outbreaks in wild and domestic animals are concerning and cases of bird flu in humans are increasing. So far, most cases in humans can be traced to their contact with animals, but a jump to human-to-human transmission is an increasing possibility. The situation is volatile and requires consistent monitoring and planning for a larger outbreak. (Program Offers 40002, 40010A, 40010C)
- Climate change is responsible for the spread of vector-borne diseases that we haven't previously encountered in the Pacific Northwest – particularly mosquito-borne diseases. Southern mosquito species are already being found migrating northward into Oregon. There will be an increased need for the vector and communicable disease services the Health Department provides including mosquito monitoring, mitigation and control, public education, and data tracking. (Program Offer 40008)
- Finally, changes at the federal level threaten public health's ability to track and respond to various communicable diseases. Decreased support of governmental public health could affect surveillance data, research, tracking, and communication about outbreaks. This loss of information would hamper prevention efforts, increase disease spread, and threaten the health and safety of our communities. (Program Offers 40044A, 40048)

THE GROWING EFFECTS OF SEVERE WEATHER

Climate change is leading to more extreme weather events. From extreme heat, drought and wildfires to increasingly harsh winters, severe weather is impacting the public's health. Severe weather causes injury and even death, and the County's most vulnerable populations are disproportionately impacted. Emergency preparation, emergency shelter services, and crisis communications are all pathways the Health Department uses to prepare. The department must effectively allocate resources and develop comprehensive strategies to address these diverse and evolving threats. (Program Offers 40000, 40005)

A SERIOUS AND ONGOING WORKFORCE SHORTAGE

Like health organizations across the nation, the Health Department is facing a workforce shortage. This affects the department's ability to attract and retain staff to provide essential services, as all local providers are in competition for the same body of qualified workers. Due to

the results of the demanding COVID pandemic response – high workloads, high stress, emotionally taxing situations, and burnout – there was a 30% reduction in the public health workforce after 2020. The industry is still recovering from that loss of personnel. The behavioral health field faced a shortage of workers even before the pandemic. A lack of qualified candidates and a lack of parity with market compensation has made it particularly hard to hire Mental Health Consultants and Clinical Services Specialists. Governmental transitions and policy changes at the federal level present further challenges to our workforce shortage, as the role of public health is increasingly debated. (Program Offers 40000A, 40001, 40017, 40039, 40045)

INTENSIFYING BEHAVIORAL HEALTH NEEDS

Health Department leaders anticipate worsening behavioral health issues, especially in communities most affected by changes in federal policy and practices. Social isolation, a lack of safety, and economic hardship can increase feelings of isolation and loneliness, substance use, and deaths of despair. The behavioral health needs of Multnomah County residents are addressed through many diverse services supporting people across needs and demographics. (Program Offers 40065, 40067, 40068, 40069, 40070, 40071, 40074, 40077, 40078, 40080, 40081, 40083, 40084A/B, 40085, 40089, 40090, 40091, 40099A/B, 40101, 40108)

RACISM: A PUBLIC HEALTH CRISIS

As acknowledged in [Multnomah County Resolution 2021-017](#) which declared racism as a public health crisis, the complex impacts of racism's toxic stress exacerbate health challenges across the lifespan. The work to achieve health equity in the current political landscape is going to be increasingly complex. Communities of color are likely to disproportionately bear the effects of this changing landscape and decreased funding environment. The Health Department recognizes the unique strengths and resources within communities of color, and will continue to work with communities to mitigate the effects of racism on health outcomes, ensuring access to care for all people, and continuing to implement focused interventions that promote health equity. (Program Offers 40000A, 40053, 40055, 40056, 40058, 40097)

FY 2026 Equity in Budgeting

Implementing the Workforce Equity Strategic Plan (WESP)

Multnomah County Health Department is deeply committed to workplace equity and to the principles, benchmarks, and objectives of the [County's Workforce Equity Strategic Plan \(WESP\)](#). The WESP aims to create an inclusive environment where every employee feels valued and supported, with a particular focus on addressing the needs of historically marginalized groups and a focus on actions that further justice along racial, ability status, gender, and intersectional lines.

The Health Department's ability to fulfill our mission is tied to attracting, retaining, and supporting the diverse workforce essential to advancing health equity across our communities. The Health Department applies an equity lens to staff-related processes, from hiring and recruitment to performance evaluations and promotions. This involves analyzing policies and practices to ensure they do not perpetuate disparities, cause inequities, or create barriers. By promoting multifaceted diversity at all levels and fostering a culture of inclusion, the department aims to improve employee morale, retention, and overall organizational effectiveness.

The WESP outlines specific strategies to address workplace inequities, including holding leadership accountable for progress, using data to inform interventions, and building opportunities for increased staff participation in professional development and wellness programs. The Health Department gathers data through exit interviews and stay interviews for teams experiencing leadership transitions, and also conducts monthly pulse surveys of staff. All of these inform programmatic advances and guide leadership.

Many Health Department staff are actively involved in the County-wide WESP Implementation Committee, as well as in the County's Employee Resource Groups. Staff engagement in WESP activities is supported by leaders at every level in the department.

The department's implementation of WESP objectives includes high levels of engagement with leadership training and mentoring programs. Investing in staff career journeys and providing continued specialized training, not only boosts employee retention efforts, but also builds staff cohesion and develops leadership from within. This investment in leadership development for staff at all levels of the organization supports good stewardship of our human resources investments. It represents one way we are working to maintain a qualified workforce to fill critical health needs across our community.

By actively implementing the WESP's strategies and continuously evaluating their impact, the Health Department is creating a work environment that reflects the diversity of the communities we serve and contributes to a healthier, more equitable Multnomah County.

Inclusively Leading with Race

The Health Department continues to lead with race in recognition that systematic racism and inequalities have had disproportionate health impacts on communities of color, including both clients and staff. Other groups of people also continue to be marginalized based on many categories including gender, sexual orientation, ability, age, and housing status to name a few. Because race intersects across all of these categories, centering race at the heart of our work enables the department to make improvements across intersectional identities.

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

Emphasis on racial and ethnic health inequities through data and disease response – In order to achieve desired population health outcomes, the department has focused on funding

work that explicitly addresses racial and ethnic health inequities in chronic disease, communicable disease, suicide, and overdose. The Health Department has a unique governmental public health role that requires it to monitor trends, assess the effectiveness of public health interventions and work at the population level to achieve desired health outcomes. To ensure this, the department is preserving work in epidemiology/population health analysis, communicable disease response, culturally-specific communications, harm reduction, chronic disease prevention interventions, and environmental health.

Fostering consumer engagement – The Office of Consumer Engagement (Program Offer 40065) centers the work of people with lived experience at the intersection of addiction, mental health challenges and houselessness. In addition, the Community Partnership and Capacity Building (CPCB) program (Program Offer 40096) fosters connections with many diverse communities through partnerships and a team of community-specific liaisons. These programs are a critical element supporting the development of services that effectively meet the needs of populations that are sometimes difficult to reach. By relying on the input of people with direct connections to the populations the department is trying to reach, it is better able to design and implement effective interventions.

Building an inside/outside equity strategy – The department’s new Deputy Director of Policy, Strategy and Equity position (Program Offer 40000A) is a manifestation of the department’s desire to employ an inside/outside equity strategy. This comprehensive approach to achieving equity will focus on both internal organizational practices and external community engagement and response.

Responsibilities of this position include examining and addressing internal and external policies and practices to ensure that everyone has equal opportunities to thrive, regardless of their background or identity. This position will be responsible for:

- Leading a process to design, create, and implement an internal equity strategy that builds upon on-going work while positioning the department for future growth and impact. This includes hiring and working with an Equity Manager.
- Working with staff, external partners and communities to implement policies and community-specific programs that help achieve equitable health outcomes and influence other sectors to do the same. This includes the Community Partnership and Capacity Building program and equity staff.

Equity in Budget Decision Making

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

The list of budget criteria described above in the budget process section was at the center of the department’s decision making process this year and includes these equity centered criteria:

- **Strengthen** work to reduce preventable deaths

- **Achieve** equitable health outcomes
- **Address** community priorities
- **Align** with Health Department vision, mission and values

Equity is at the forefront of the Health Department's mission and is the foundation of its vision. The department's values also speak to how it engages with its diverse communities and with one another. They set the intention for the organizational culture. Health Department values include:

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

The Health Department implements many strategies and services to best meet people where they are geographically, physically and psychologically. Some of these strategies include:

- **Geographically meeting people where they are** – The Health Department meets patients and clients where they are in many ways. The Community Health Center mobile clinic van delivers health and dental services to people outside of standing clinic settings. Telehealth services bring Community Health Center care to patients who are unable to come into a standing clinic. Options to utilize virtual care are available to all health center patients, 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 the most vulnerable** – The Health Department serves vulnerable populations across many program areas. For example, 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. This program focuses on supporting the health and well-being of people living in encampments. In the past year, the program facilitated nearly 1,500 outreach contacts and distributed essential supplies for health and welfare. Another avenue through which the Health Department serves vulnerable populations is through the Corrections Health program. 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 (CPCB) program continues to build connections to better serve the diverse communities living in Multnomah County 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** – Health Department leadership provided an orientation to the department, its budget criteria and priorities for FY 2026 planning with its Community Budget Advisory Committee (CBAC). The committee will use that information, along with their committee-identified values and knowledge of their communities to ensure budget decisions adhere to the identified criteria and priorities as the budget process continues.
- **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.

FY 2026 Equity Budget				
Offer Number	Program Name	Equity JCN & Position Title or Budget Category	Total Equity Funding*	FTE
40000A	Health Department Director, Office of Health Equity (Community Partnership and Capacity Building)	1.00 FTE Manager 1 4.90 FTE Program Specialist 5.88 FTE Program Specialist Sr. 1.00 FTE HR Manager 1 2.00 FTE HR Analyst Sr	\$2,716,831	14.78
Total			\$2,716,831	14.78

* Equity investment may only represent a portion of the total program offer budget.

Budget Overview - Base Budget

The forecast for FY 2026 projected a \$21.2 million deficit in the General Fund driven by slowing property tax revenue growth due to declining downtown property values and personnel cost increases that remain above sustainable levels. For the FY 2026 budget submission, departments were required to submit base budgets, along with a 12% General Fund reduction package in order to provide options to address the General Fund deficit while meeting the most critical needs of Multnomah County residents.

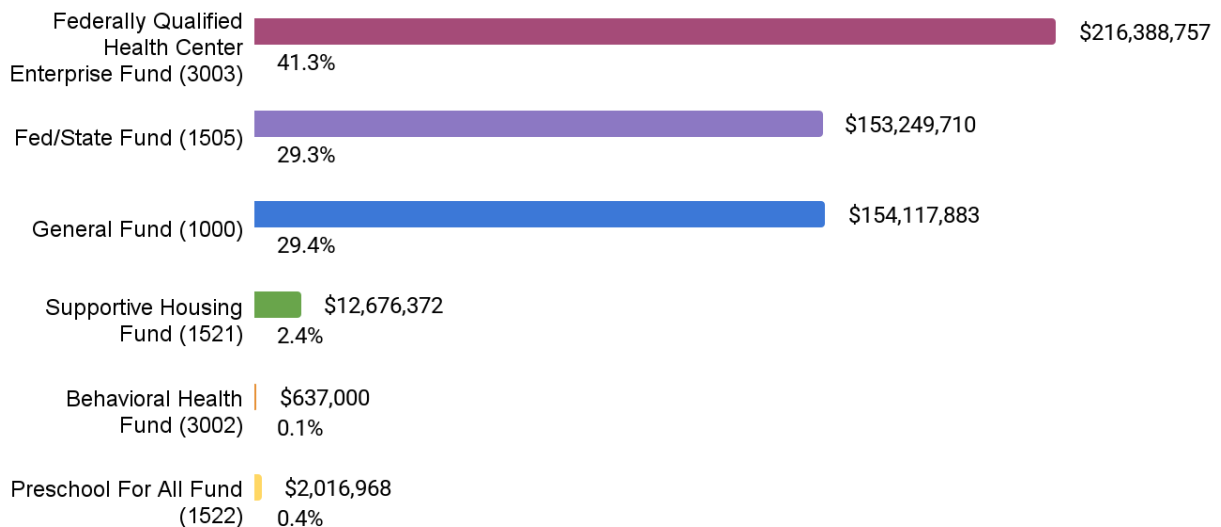
Maintaining the Health Department’s base budget would require \$539M and 1,675.46 FTE for FY 2026. This includes sufficient General Fund to maintain FY 2025 ongoing programs, as well as programs supported by Other Funds. In limited cases, departments were also allowed to submit Add packages for additional requests not funded within the department’s base budget. The submissions are detailed in the table below, which shows the total allocation at base budget level and the reduction package, but excludes Add packages.

The Health Department is primarily funded by the General Fund, Federal and State Grants, and Medicaid Revenue and Incentives for the Community Health Center. The bar chart below shows the budget by fund for **base budget programs**.

FY 2026 Health Department Budget Submission				
	FY 2026 General Fund	FY 2026 Other Funds*	Total Funds	Total FTE
Base Budget Programs	\$154,117,883	\$384,968,807	\$539,086,690	1,675.46
12% General Fund Reduction	(\$9,879,021)	(\$2,371,811)	(\$12,250,832)	(52.87)
Total Programs with a 12% General Fund Reduction	\$144,238,862	\$382,596,996	\$526,835,858	1,622.59

* The Other Funds amount excludes contingencies and unappropriated balances.

FY 2026 Base Budget by Fund \$539,086,690



Core Services

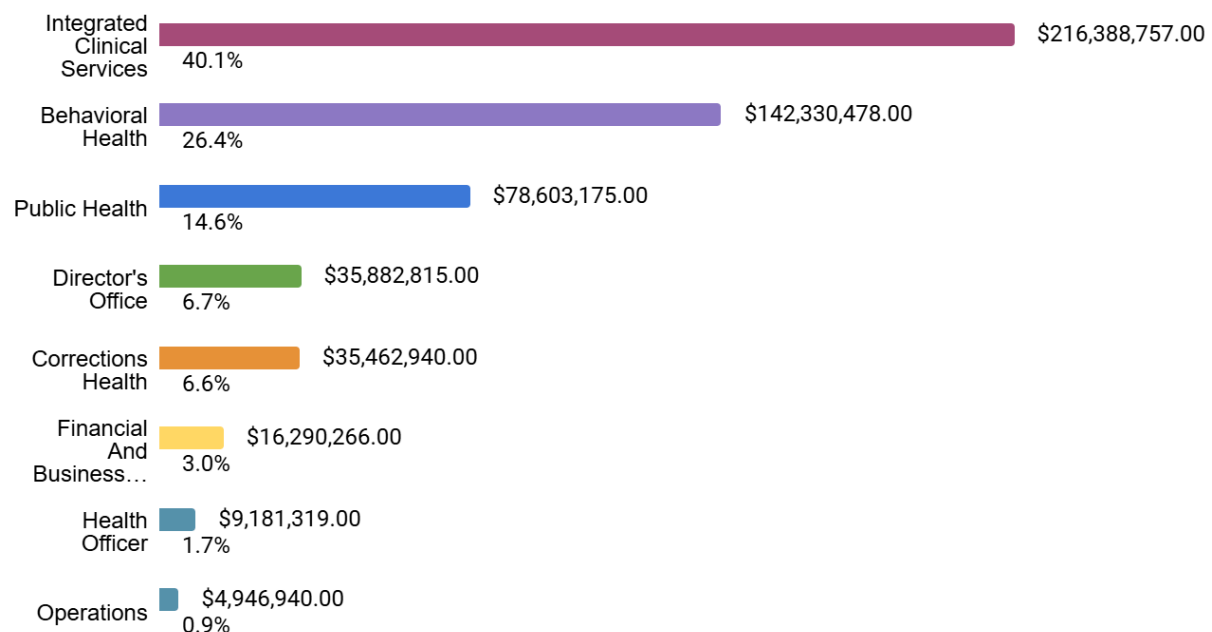
This budget maintains/supports the department's core work to:

- Investigate and respond to disease outbreaks.
- Partner with our diverse communities to tailor community-specific responses to health inequities.
- Provide strategic leadership and cross-departmental response to address overdoses and the opioid and fentanyl crisis.
- Deliver high-quality and comprehensive primary care, dental and pharmacy services through the many Community Health Center (Integrated Clinical Services Division) locations and programs.
- Provide culturally relevant medical, dental, and behavioral health care for people housed in the county's jails and juvenile detention facility.
- Ensure the accessibility of trauma-informed behavioral health services across the life span, and suicide prevention services.
- Manage specialized behavioral health care for people experiencing the effects of serious mental illness in day shelters, mobile crisis intervention, addictions recovery, and correctional settings.
- Provide medication supported recovery (MSR) for substance use disorder across a range of service provision points.
- Address health inequities in chronic disease prevention and management and leading causes of preventable death.
- Collect, analyze and report health and population data to inform the public, policy makers, and internal programs for decision making.

- Partner in the development of policies and standards that address existing and emerging community health challenges.
- Support workforce resilience through recognition, recovery, and retention initiatives.
- Track the safety of our air, land, and water.
- Disseminate critical health alerts and warnings during public health emergencies.

Division Overview - Base Budget

FY 2026 Base Budget by Division All Funds \$539,086,690



The core work of the divisions and their goals for community change are below:

- **Behavioral Health Division** - Ensures the accessibility of trauma-informed behavioral health crisis services, early childhood, and suicide prevention services. Manages specialized behavioral health care for people experiencing the effects of serious mental illness and substance use disorder (SUD) in various settings, including day shelters, mobile crisis intervention, addictions recovery, and deflection settings. Fulfills the unique statutory role of the Local Mental Health Authority's Community Mental Health Program to ensure a system of care that meets community needs.

- People in need of behavioral health intervention and treatment will experience increased access to treatment for substance use disorder and other behavioral health needs.
- Multnomah County communities of color will have 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, physical health, and services that address social determinants of health thereby reducing the need for higher levels of care or contact with the criminal justice system.
- **Corrections Health Division** - Provides culturally relevant medical and behavioral health care for people housed in the county's jails, including medication supported recovery (MSR) for people with substance use disorder.
 - Adults and youth in custody in the three carceral settings located within and operated by Multnomah County will be served with safe, timely, effective, equitable, efficient, patient-centered care.
 - People in custody and experiencing opioid addiction will have reduced overdose and withdrawal effects by receiving multi-pronged support, including increased access to medication supported recovery (MSR) such as expanded suboxone and methadone administration, as well as long-acting injectable MSR.
 - People transitioning out of custody will have reduced recidivism due to comprehensive and wraparound transition planning that includes case management, MSR support, and links to ongoing health care.
- **Health Officer Division** - Disseminates critical health alerts and warnings during public health emergencies; partners in the development of policies and standards for existing and emerging community health challenges; and investigates deaths.
 - Relying on the funded level of medicolegal death investigators, death investigations will be maintained at the highest quality possible with responsiveness and speed impacted by both available resources and volume of decedent investigations.
 - Medical coordination for communicable disease infections throughout the tri-county region will be maintained through more coordinated response, consistent messaging, and collaboration across public health systems in Clackamas, Multnomah, and Washington Counties.
 - People in Multnomah County can expect timely and maintained ambulance response times that are monitored regularly, with statistics published on public facing dashboards ([life-threatening urban](#), [non-life-threatening urban](#), and [rural](#)).
 - People in Multnomah County will receive the benefit of continued emergency response preparedness through an up-to-date Public Health Emergency Preparedness plan that is compliant with Oregon Health Authority's requirements.

- **Integrated Clinical Services Division** - Delivers high-quality and comprehensive primary care, dental and pharmacy services through the many Community Health Center (CHC) locations and programs.
 - Low income Multnomah County residents 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 Community Health Center workforce development programs to advance careers and further their education in healthcare.
 - CHC patients will have increased access to affordable medications by filling prescriptions at CHC pharmacies.
 - CHC patients will have increased support through wrap-around and navigation services, including insurance support, phone navigation, intensive care management for patients at high and rising risk.
 - CHC patients and community members will have increased input and involvement in governance and compliance of CHC services through public governance meetings, increased board committee engagement, and client advisory council representation.

- **Public Health Division** - Investigates and responds to disease outbreaks, partners with our diverse communities to tailor community-specific responses to health inequities, and prevents chronic disease and other leading causes of preventable death.
 - People who spend time in Multnomah County restaurants and schools will have a lower likelihood of exposure to health hazards and infectious disease through effective inspections, licensing, and alignment with best practices for disease prevention.
 - Multnomah County communities of color will experience reduced inequities in health outcomes through access to culturally and linguistically responsive programming, collaborations, communications, and strategies.
 - Multnomah County families will experience better health outcomes through support services to ensure the availability and accessibility of healthy foods.

- **Financial and Business Management Division** - Provides business and finance support for all Health Department divisions. Financial and Business Management (FBM) supports the preservation of critical services and improved health outcomes by applying sound financial practices to department infrastructure. FBM provides services including: Accounts Payable, Budget, Cash Management and Accounts Receivable, Contracts and Procurement, Medical Accounts Receivable, Grants Management, finance services for Behavioral Health and Corrections Health Divisions, Financial Reporting, and Facilities and Safety.
 - Revenues from medical accounts receivable are processed and managed in a timely and accurate manner, including billing, collections, and cash handling.

- Provider and clinic enrollments for Medicaid and Medicare ensure continued access to care for the communities we serve.
 - Expenditures are incurred, recorded, and reported in accordance with County policies and procedures to ensure that the department is a good steward of taxpayer dollars.
 - Contracts with service providers are negotiated in accordance with County policies to ensure that they are paid accurately and in a timely manner.
 - A department budget is developed and maintained that meets all legal requirements and is in alignment with departmental values and policies.
- **Operations, Director's Office, and Department-wide Capabilities** - Supports the Health Department's effectiveness by setting departmental targets and developing strong leaders who foster a culture of safety, trust and belonging. 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. The Director's Office supports divisions in core capability areas such as communications, equity, policy, and partnerships.
 - The Health Department has a coordinated, effective Response and Recovery effort in the event of an emergency, severe weather, or other significant challenges.
 - Health Department critical services can continue through emergencies that diminish operational capacity. Continuity of Operations plans ensure continuity, regulatory compliance, and community connection during emergencies.
 - Decision making is driven by accurate and timely information which ensures Health Department programs and personnel are able to take an informed approach in delivering services and care to our community.
 - The Health Department educates and influences governing entities to consider and adopt policies that mitigate health risks and produce equitable health outcomes.
 - Information about Health Department Services, general health information and health emergencies is disseminated in a timely, accurate, and cultural/language-appropriate manner.
 - Culturally specific crisis and risk communications during an emergency declaration are focused on those most impacted by the emergency or public health crisis.

Key Behavioral Health Budget Changes

Implementing HB 4002

Multnomah County is implementing House Bill (HB) 4002, which made significant changes to

Measure 110 law. Per HB 4002, a deflection program is a collaborative program between law enforcement agencies and behavioral health entities intended to offer an alternative to the justice system for people experiencing substance use disorder. This program helps coordinate the many systems designed to address the region's drug and alcohol abuse crisis.

The State provided capital and operations funding to counties in FY 2025 to stand up and develop deflection programs. Ongoing investments by the State of Oregon Criminal Justice Commission (\$4.3M) and the City of Portland (\$1.9M) support operating expenses for deflection programming and sobering services (Program Offer 40000C, 40104A/B). This funding will support operating the deflection and sobering services at the temporary Pathway Center through FY 2026.

The County also received \$25M in FY 2025 from the legislature for the development of capital facilities to support this work. In FY 2025, \$9.8M of the \$25M capital funds will be used to develop the temporary deflection center site (\$3.8M) and purchase a permanent sobering and crisis stabilization site (\$6M). The remaining \$15.2M of capital funds will be budgeted in a Capital Fund in the Department of County Assets to develop the permanent facility. The permanent facility is expected to open after FY 2026.

Behavioral Health Allocations and Beginning Working Capital

In planning for their FY 2026 submission, the Behavioral Health Division took a close look at the use of ongoing County General Fund resources. Through that process, the division chose to prioritize two critical activities – the Behavioral Health Comprehensive Local Plan + and Overdose Prevention and Response (FY 2025 Program Offers 40000B and 40000D). Both activities were funded one-time-only in FY 2025.

Beginning Working Capital (BWC) funds provide critical, short-term support for the Behavioral Health Division as it works to build out programs that are sustainable over time. The Behavioral Health Division prioritized using BWC on one-time-only or shorter term projects. The BWC was used for infrastructure support and glidepath support to ramp down programs during the fiscal year.

In late FY 2025, the Behavioral Health Division expects to receive notice that roughly \$6.84M in County Financial Assistance Agreement (CFAA) will become available for use. The division proposes to use roughly half of that revenue as BWC in FY 2026, leaving the balance to use for divisional purposes in a future fiscal year. In addition, the division proposes to spend roughly \$637,000 in remaining BWC from the Behavioral Health Enterprise Fund (3002). The following table gives the proposed uses for these one-time-only funds.

FY 2026 Behavioral Health BWC				
Program Offer Number	Brief Description	CFAA BWC	3002 BWC	FTE
40065	Behavioral Health Administration Sustains Behavioral Health Administration FTE on BWC, so that the division can meet the requirements of its core functions and respond to the need for behavioral health service expansion and oversight.	\$602,344		2.33
40067	Medical Records for Behavioral Health Division Preserves the Health Information Technician position in Medical Records which processes client and system partner records requests. Timely access to records ensures clients receive necessary care that meets their needs.	\$146,048		1.00
40068	Behavioral Health Quality Management Sustains Quality Management FTE and the Netsmart Evolv, Electronic Health Record on BWC so that service programs are able to bill for services, access records, and meet reporting requirements.	\$1,919,221		8.54
40070	Mental Health Crisis Assessment & Treatment Center This funding preserves one bed of the two funded in FY 2025 to serve the uninsured or underinsured.	\$317,047		0.00
40105A	Downtown Addiction Services Pilot (Partnership with City of Portland Police) Partnership funded by the County, the City, and Oregon Health Authority. Addiction Recovery providers pair with law enforcement to do outreach and connect people to services.	\$228,000		0.00
40080B	Gun Violence Impacted Families Behavioral Health Team This will be a continuation of this program into at least one additional year. The team provides a range of culturally relevant, evidence-based mental health services for the impacted community. These trauma-informed services are provided to improve the social and emotional functioning of youth and families who are impacted by community and gang violence.	\$269,340	\$637,000	4.00
Total		\$3,482,000	\$637,000	15.87

Behavioral Health Administration (Program Offer 40065) will budget the remaining \$3,482,000 in unappropriated CFAA settlement funding for use in a future fiscal year.

Reallocations within the Base Budget

FY 2026 Significant Departmental Changes (Reallocations)			
Program Offer Number	Program Name	General Fund	FTE
Various	Corrections Health Clinical Services	(\$870,852)	(4.40)
40047	Corrections Health Transition Services	\$870,852	5.88
Total		\$0	1.48

The Corrections Health Division proposes the following permanent reallocations to enhance medication supported recovery (MSR) in carceral settings through administration of suboxone to more adults in custody with active substance use disorder.

Elimination of:

- 4.40 FTE Registered Nurses (\$870,852) from Juvenile Detention, Inverness, and MCDC Clinical Services

To fund:

- Reallocation to 5.80 FTE to enhance medication supported recovery (MSR) in carceral settings
 - 4.30 FTE Licensed Community Practical Nurse
 - 1.00 FTE Operations Supervisor
 - 0.50 FTE Physician

General Fund Reductions

For the FY 2026 budget submission, departments were asked to submit a Current Service Level (CSL) budget, which required a 3.8% reduction to address a decline in the department's indirect rate. Indirect revenue is a charge on all personnel paid for by non-General Fund revenues. This

includes grant revenue and medicaid revenue. Indirect revenue pays for services provided by the Health Department and County administrative services that support individual grant-funded activities.

Each year the County calculates a new indirect rate for each department. The rate is based on the total cost of providing indirect services such as Human Resources, Finance, Budget and overall leadership. In FY 2026, the Health Department’s indirect rate declined by 10 percent. This decline in revenue, in addition to the decline in indirect paying revenue sources, led to a multimillion dollar decrease in revenue for the department as a whole, meaning less revenue to cover the department’s current service level expenses. This decline necessitated a 3.8% reduction in General Fund expenses in all divisions. The only exception was Corrections Health, which was held harmless from these reductions.

Proposal for Reductions to Meet 3.8% FY 2026 Current Service Level Departmental Allocation			
Program Offer	Brief Description	General Fund Reduction	FTE
40073	Peer Run Supported Employment Contract - Shift to State funding	(128,215)	0.00
40070	Mental Health Crisis Assessment & Treatment Center (CATC) - Reduction to match utilization	(317,048)	0.00
40077	Mental Health Treatment & Medication for the Uninsured - Reduction to match utilization	(454,803)	0.00
40082	School Based Mental Health Services - Case management reduction	(496,822)	(4.00)
40000	Health Department Directors Office - Supplies	(75,000)	0.00
40040	Financial & Business Management - Reduced temporary staffing	(79,765)	0.00
40041	Medical Accounts Receivable - Staff reduction	(156,418)	(1.00)
40040	Financial and Business Management Services - Behavioral Health and Corrections Health Finance Budget Analyst & Management Analyst	(374,248)	(2.00)

Proposal for Reductions to Meet 3.8% FY 2026 Current Service Level Departmental Allocation			
Program Offer	Brief Description	General Fund Reduction	FTE
40002	Tri-County Health Officer - Reduced Health Officer capacity	(164,197)	0.10
40005	Public Health and Regional Health Systems Emergency Preparedness and Response - Health Officer capacity	(38,357)	(0.10)
40039B	Human Resources - Recruitment - Shift of activities to Integrated Clinical Services - no impact	(178,928)	(1.00)
40046	Health Operations Administration - Learning and Development accreditation & training	(217,866)	(1.00)
40044	Health Data and Analytic Team - Project management	(165,632)	(1.00)
40096	Community Partnerships and Capacity Building - Shift contract to other funding	(618,711)	(1.00)
40001	Public Health Administration and Quality Mgmt./ Public Health Office of the Director - Administrative capacity	(320,648)	(1.90)
40006/40060	Community and Adolescent Health - Adolescent Sexual Health elimination	(420,750)	(3.00)
Total		(\$4,207,408)	(15.90)

The items above with impact to staff or services are described below:

Mental Health Crisis and Treatment Center (\$317,048, 0.00 FTE) & Mental Health Treatment & Medication for the Uninsured (\$454,803, 0.00 FTE): These programs provide a Mental Health Crisis bed and medication for the uninsured. Both programs were reduced to the level of recent utilization (utilization was below the budgeted amount). No impacts expected.

School Based Mental Health Services, Program Offer 40082 (\$496,882, 4.00 FTE): This reduction eliminates 4.00 FTE Case Managers. This would not impact any of the clients receiving outpatient mental health treatment services at the schools, but would reduce the provision of case management that connects youth to services. We can sustain the School Based Mental Health Services program as a whole with this level of cuts.

Medical Accounts Receivable, Program Offer 40041, (\$156,418 1.00 FTE): Eliminates a vacant position. This will reduce capacity to address medical billing, cash collection, and patient account services for the Health Department's primary care, dental, specialty clinics, pharmacy, lab, behavioral health, and community-based health services. This will impact the division's ability to collect medical revenue in a timely and accurate manner.

Financial & Business Management, Program Offer 40040 (\$374,248, 2.00 FTE) - Budget Analyst & Management Analyst positions. Reduction of the Budget analyst impacts the Behavioral Health and Corrections Health Divisions' ability to provide accurate budgeting, financial analysis, monitoring, and reporting. This position is critical to ensuring that these divisions are making sound and astute financial decisions about their budgets. Reduction of the Management Analyst position impacts the divisions' ability to implement and evaluate quality improvement projects. Eliminating this position diminishes our structural equity assets. These vacant positions play a key role in developing the departmental budget and advancing racial equity.

Tri-County Health Officer, Program Offer 40002 (\$164,197, 0.10 FTE): This removes the on-call funding newly added to the Health Officer Program in FY 2025. Impacts will be in the availability of Deputy Health Officers for unplanned activities, investigations, and clinical consultations. Will have impacts for Health Officer, and Deputy Health Officer time off backfill, vacation, and sick time.

Public Health and Regional Health Systems Emergency Preparedness and Response, Program Offer 40005, (\$38,357, 0.10 FTE): The Health Officer will no longer be funded for Emergency Preparedness work specifically. Will have impacts on emergency preparedness planning activities.

Health Operations Administration - Learning and Development Accreditation & Training (\$217,866, 1.00 FTE) This position provides accreditation support and learning module design and training video support to Health HR and is not as critical to HDHR operations as other positions on the team or in Health HR. These functions will be absorbed by other divisions in the department.

Community Partnerships and Capacity Building (CPCB) (618,711, 1.00 FTE) - This reduction eliminates a vacant 1.00 Manager in CPCB but the remaining funds were backfilled by grant funding.

Public Health Administration and Quality Management (\$320,648, 1.90 FTE) These positions provide a go-between for Public Health and Financial and Business Management to ensure that procedures are followed and that Public Health staff know how to engage with procedures they use infrequently. Cutting these positions at the same time as we lose staff at the department will magnify the impact. These positions also work to ensure that community partners get appropriate support as they navigate our processes.

Community and Adolescent Health, Program Offers 40006 & 40060, (\$420,750, 3.00 FTE) This reduction will eliminate the department's Adolescent Sexual Health program. In this program

health educators help schools and students understand and take action on a range of adolescent health issues, including sexual health and tobacco use.

12% Reduction Scenarios

Separately, divisions engaged in 12% reduction scenarios to provide options to cover the County’s forecasted deficit, while meeting the most critical needs of Multnomah County residents. The Health Department’s proposed reductions were selected based on a concerted effort to protect services tied closely to these budget goals:

- Protect core services, especially those that tie to the County’s statutory roles as Local Public Health Authority and Local Mental Health Authority.
- Continue to address the behavioral health and addiction crises and maintain progress on reducing overdose deaths.
- Continue to address the physical and behavioral health needs of people experiencing homelessness.
- Address preventable deaths, years of life lost, and the drivers of these inequities where we can see the most progress.
- Address escalating health needs driven by climate change.
- Protect the health and honor the basic humanity of community members impacted by changes at varying levels of government.

The reduction packages are listed in order of the department’s priority for restoration (so Package 1 would be the first package the department would want restored). Packages with a “0” priority are reductions that the department will make, and are not prioritizing. Below are the details.

Proposal for Reductions to Meet 12% FY 2026 General Fund Target Allocation					
Reduction Package in Priority Order for Restoration	Brief Description and Program Offers	General Fund Reduction	General Fund FTE Reduction	Other Fund Reduction	Other Fund FTE Reduction
1	Sexually Transmitted Infections (STI) Clinic	(\$1,407,016)	(2.00)	(\$808,158)	(3.73)
2	School Based Mental Health Services & Associated Behavioral Health Quality Management	(\$3,536,512)	(18.58)	(\$741,910)	(3.76)
3	Medical Examiner	(\$270,411)	(2.00)	\$0	0.00

Proposal for Reductions to Meet 12% FY 2026 General Fund Target Allocation					
Reduction Package in Priority Order for Restoration	Brief Description and Program Offers	General Fund Reduction	General Fund FTE Reduction	Other Fund Reduction	Other Fund FTE Reduction
4	Vector Supplies and Harm Reduction Pharmaceuticals, and WIC Gateway Clinic	(\$417,695)	(1.00)	\$0	0.00
5	Financial and Business Management Services	(\$291,968)	(2.00)	\$0	0.00
6	Health Department Directors Office	(\$569,530)	(3.00)	\$0	0.00
7	Health Department Facilities, Safety and Administrative Support	(\$270,746)	(2.00)	\$0	0.00
8	Health Data and Analytic Team	(\$628,714)	(3.00)	\$0	0.00
9	Health Operations Administration	(\$660,853)	(3.00)	\$0	0.00
10	Nurse Family Partnership	(\$1,165,085)	(4.12)	(\$821,743)	(1.88)
0	Financial and Business Management Services, Contracts and Procurement, and Gas Powered Leaf Blower	(\$660,491)	(2.80)	\$0	0.00
Total		(\$9,879,021)	(43.50)	(\$2,371,811)	(9.37)

Major Program Reductions or Eliminations

Reduction 0: Combined reductions (\$660,491, 2.80 FTE)

- 40040 - **Financial and Business Management Services:** Supplies & Overtime - No significant impact.
- 40042 - **Contracts and Procurement:** These two vacant positions are intended to provide technical support to community based organizations, ensuring they can focus on their core missions while meeting all necessary administrative and compliance standards, including clarify invoicing requirements, contract and fiscal compliance, and expectations of federal/state subrecipients. (2.00 FTE)
- 40037B - **Gas Powered Leaf Blowers:** The City of Portland voted to phase out the use of all gas-powered leaf blowers beginning January 2026. The goal of this project is to

increase awareness and compliance with the City's phaseout ordinance and engage community and small businesses with enhanced education and outreach, marketing and communications. In 2028, all gas-powered blowers will be banned. The County committed to enforcing the ordinance, acting as the City's Health Officer. (0.80 FTE)

Reduction 1: Sexually Transmitted Infections Clinic Elimination, Program Offer 40010B (CGF \$1,407,016, 2.00 FTE and Other Funds \$808,158 and 3.73 FTE) - The STI clinic 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. Clients would experience reduced access to testing and treatment, or delays in care because they would have to seek services elsewhere. This could worsen health outcomes or undiagnosed cases. The community as a whole may face higher STI transmission rates, particularly among the highest impacted communities (i.e., low income, youth and young adults, men who have sex with men, LGBTQ+, BIPOC, and other communities). Over time, this would potentially increase long-term healthcare costs. This reduction will create a loss of revenue from Medicaid, Medicare, patient fees and third party billing of approximately \$491,000. It is important to note that this clinic service is not mandated under our role as Local Public Health Authority and these services can be accessed through other providers.

Reduction 2: School Based Mental Health and Associated Quality Management, Program Offers 40082 & 40068 (CGF \$3,536,512 18.58 FTE Other Funds \$741,910, 3.76 FTE) - There are no statutes that mandate this to be provided by Community Mental Health Providers (CMHPs). The mandate by the state is directed to School Districts (per ORS 329.095). Schools regularly contract with many providers for this service including CMHPs, School Based Health Centers, as well as private and non-profit mental health agencies. As the CMHP, we receive funding to offer School Based Mental Health Services per our county financial agreement with the state, but the state funding doesn't cover the cost of providing the service requiring General Funds to support the program. The elimination of administrative/quality management functions will result in the loss of critical clinical supervision, administrative support for intakes and other workflows, and associated support services. This loss will result in a complete loss of SBMH services due to these additional eliminations. Eliminating the School Based Mental Health Program would lead to the loss of \$550,000 in billing revenue, and potentially \$1M in state revenue.

Reduction 3: Medical Examiner, Program Offer 40052 (\$270,411 2.00 FTE) - This is the only area that can be reduced without eliminating legally required services. To meet the constraint Medicolegal Death Investigation will be reduced by 2.0 FTE. These reductions will result in unmet community needs, and may result in unmet statutory timeline requirements.

This reduction will have significant impacts to capacity for Medicolegal Death investigations. It will impact the speed of response, as well as the number of scenes the team is able to respond to and the speed of completion to the cases the office investigates. This will have widespread impacts on investigation timelines, responsiveness to the families impacted by the death, and analysis/reporting of the data collected during the investigations. There will be a countywide population level impact to the resources available for death investigations. Because Medical Examiner services are only called in for those deaths that occur outside of care provided by a regular healthcare provider, this reduction will disproportionately impact underserved and

underrepresented communities within Multnomah County, particularly individuals who may not have equitable access to ongoing healthcare.

Reduction 4: PH Admin and Quality Management, Harm Reduction and Vector-Borne Disease Prevention, and Code Enforcement (\$417,695 1.00 FTE) - Vector control supply budget ensures that we can respond to larger than typical mosquito hatchings, preventing mosquito borne illnesses from spreading within our county and beyond. Harm Reduction Staff and Pharmaceuticals allow us to provide supplies through the outreach program to prevent the spread of bloodborne illnesses among some of the county's most vulnerable populations. Reduction to the supply Budget in WIC Gateway may delay our move to the Oregon Clinic building while we look for saving or to secure additional funds

Reduction 5: Financial & Business Management Program Offers 40040 (\$291,968, 2.00 FTE)

- 40040: One position is part of the core Business Operations functions in the **Accounts Payable** area and is responsible for timely processing of invoices. This senior staff person is responsible for investigating delays and responding to payable inquiries. The second position is part of the core Business Operations functions in the **Cash Management** area and is responsible for timely and accurate revenue recognition and reconciliation.

Reduction 6: Health Department Director's Office, Program Offer 40000A (\$569,530, 3.00 FTE) The Director's Office needs the capacity of all eliminated positions to move departmental strategies forward, but these positions are vacant. These positions are intended to perform:

- Comprehensive analysis of health policies and laws in support of the development and implementation of department and communitywide health agendas; creating policy briefs, position statements, and related documents, and:
 - Provide support to department management in recommending and implementing policies, guidelines, and procedures; performing complex research and analysis of new or proposed public policies, proposed legislation, federal or state guidelines, taxes, services, and regulations in order to determine short- and long-term impacts to department and countywide priorities, programs, and resources; developing guidelines and standards, and preparing opinions to forecast trends, guide decision-making, guide resource allocations, and formulate policy.
 - Lead the planning and implementation of critical department-wide/county-wide projects including developing project plans, deliverables, identifying risks, developing contingency plans, managing project budgets and associated communications plans. Provides strategic analysis and support to management in recommending and implementing policies, guidelines, and procedures; developing and conducting surveys for process improvement and other department issues; analyzing and reviewing federal, state, and local laws, regulations, policies, and procedures in order to ensure compliance; conducting analysis on best practices and trends; reviewing, editing and distributing department position papers.

- Provide support to the Health Equity Office by using descriptive statistics to analyze data for a variety of situations, problems and studies; using analytical data to answer specific questions or make appropriate changes to a system; gathering and compiling raw data from a variety of sources; conducting surveys and analyzing results.

Reduction 7: Health Department Facilities, Safety and Administrative Support (\$270,746, 2.00 FTE) - These positions are responsible for supporting building operations at all Health Department worksites, which includes employee and public safety and security, strategic initiatives, internal and external operational communications, IT and facilities strategic planning and management. The second position is the last remaining administrative support position within FBM and is responsible for significant Division and Departmentwide day-to-day operations at the Gladys McCoy Building, Health Department headquarters.

Reduction 8: Health Data and Analytic Team (\$628,714, 3.00 FTE) The Health Data and Analytics Team supports data reporting and EPIC business processes, converting data into meaningful information, for the non-ICS divisions. The impact of this reduction will be felt primarily within FBM but also within Public Health, Corrections Health, Behavioral Health, and the Health Officers group; as well as during emergency response within the Operations Division.

Reduction 9: Health Operations Administration (\$660,853, 3.00 FTE) - These reductions eliminate the Health Department's internal Learning and Development team. This team is a core function and has responsibility to implement the WESP, but is the least critical core function within the department's Human Resources. In addition, there are countywide Learning & Development assets and services within Central HR.

Reduction 10: Elimination of the Nurse Family Partnership (NFP), Program Offer 40054 (CGF \$1,165,085, 4.12 FTE Other Funds \$821,743, 1.88 FTE) - Nurse Family Partnership (NFP) is a nurse home visiting program which offers services to first-time pregnant people living on low incomes to improve pregnancy outcomes. The goal of the program is to support healthy children, improve prenatal health, support parents, and improve school readiness. The program makes significant differences in the lives of families experiencing poverty, including decreased emergency room visits and decreased premature birth rates. NFP serves 200 new first-time pregnant families each year, initiating a relationship with families through the child's second birthday. As a result, 90% of participating children are up to date on their immunizations at 12 months. NFP limits support to first-time pregnant people, whereas other programs such as WIC, Healthy Families, and the Healthy Birth Initiative can serve pregnant people and families with subsequent pregnancies. Doing so increases program reach. Reducing support of NFP allows us to support WIC and other nurse home visiting programs serving 20,000 families a year.

Add Package Requests

Ongoing Requests

The following table lists the Health Department’s ongoing requests above the base budget in order of priority:

FY 2026 Add Package Requests (Ongoing)					
Add Package in Priority Order	Brief Description	General Fund	Other Funds	FTE	New/ Existing/Backfill
1	HB 4002 Implementation	\$891,203	\$0	5.00	New
Total		\$891,203	\$0	5.00	

Preparing for the permanent sobering/crisis stabilization center - This package includes a Project Manager - 1.00 FTE, Supervisor - 1.00 FTE, and carving out funds for pass through to support revenue planning, good neighbor agreement, and direct client assistance. The package adds three outreach workers (Community Health Specialist 2 - 3.00 FTE) to the Pathway Center in FY 2026 and pilots some of the sobering work.

One-Time-Only Requests

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

FY 2026 Add Package Requests (One-Time-Only)					
Add Package in Priority Order	Brief Description	General Fund	Other Funds	FTE	New / Existing / Backfill
1	Continuation of the Ambulance Service Plan assessment project that was initiated in 2024 and requested as a one-time out of target offer.	\$400,000	\$0	1.00	Existing

FY 2026 Add Package Requests (One-Time-Only)					
Add Package in Priority Order	Brief Description	General Fund	Other Funds	FTE	New / Existing / Backfill
2	Augmented IT support for high priority, strategic Health Department data projects and modernization.	\$400,000	\$0	0.00	Existing
Total		\$800,000	\$0	1.00	

Homelessness Response Action Plan (HRAP)

In FY 2024, Multnomah County and the City of Portland launched the Homelessness Response System (HRS) and the [Homelessness Response Action Plan](#) (HRAP), a strategic reset of the community’s response to homelessness. The collaborative work of the HRAP is organized under 9 primary goals areas, with 120 distinct action items, each with identified responsible parties and due dates designed to increase transparency of roles, clarity to support collaboration, and mutual accountability to progress. The following table lists the department’s HRAP-related program offers and funding:

FY 2026 HRAP-Related Program Offers and HRAP Funding					
Program Offer	Program Name	FY 2026 Base General Fund	FY 2026 Other Funds (not SHS)	FY 2026 SHS Funding	Total HRAP Related Funding*
40044	Health Data and Analytic Team	\$3,692,466			\$3,692,466
40047	Corrections Health Transition Services	\$2,434,012	\$403,571		\$2,837,583
40065	Behavioral Health Division Administration	\$2,636,490	\$5,067,982		\$7,704,472

FY 2026 HRAP-Related Program Offers and HRAP Funding					
Program Offer	Program Name	FY 2026 Base General Fund	FY 2026 Other Funds (not SHS)	FY 2026 SHS Funding	Total HRAP Related Funding*
40070	Mental Health Crisis Assessment & Treatment Center (CATC)		\$317,047		\$317,047
40077	Mental Health Treatment & Medication for the Uninsured	\$299,000			\$299,000
40081	Multnomah County Care Coordination		\$14,672,175		\$14,672,175
40084A	Culturally Specific Mental Health Services	\$1,841,858		\$398,512	\$2,240,370
40088	Coordinated Diversion for Justice Involved Individuals	\$1,353,811	\$6,601,754		\$7,955,565
40089	Addictions Detoxification & Post Detoxification Housing	\$1,519,889	\$803,995		\$2,323,884
40108	BHECN - Behavioral Health Emergency Coordinating Network	\$2,032,017			\$2,032,017
40112	Shelter and Housing - Supportive Housing Services			\$6,263,857	\$6,263,857
40000A	Health Department Director's Office	\$8,941,193	\$3,615,356		\$12,556,549
40000B	Overdose Prevention & Response	\$603,459			\$603,459
40000C	Deflection Program		\$15,200,000		\$15,200,000
40000D	Behavioral Health System Transformation - Comprehensive Local Plan	\$663,409			\$663,409

FY 2026 HRAP-Related Program Offers and HRAP Funding					
Program Offer	Program Name	FY 2026 Base General Fund	FY 2026 Other Funds (not SHS)	FY 2026 SHS Funding	Total HRAP Related Funding*
40059	Corrections Health Behavioral Health Services	\$4,648,231			\$4,648,231
40061	Harm Reduction	\$3,371,848	\$3,350,191		\$6,722,039
40069	Behavioral Health Crisis Services	\$1,643,600	\$17,633,850	\$1,719,784	\$20,997,234
40074	Mental Health Residential Services	\$1,432,329	\$8,480,254		\$9,912,583
40084B	Culturally Specific Mobile Outreach and Stabilization Treatment Program	\$834,791			\$834,791
40085	Adult Addictions Treatment Continuum	\$2,468,016	\$8,255,389	\$1,867,683	\$12,591,088
40101	Promoting Access To Hope (PATH) Care Coordination Continuum	\$721,823	\$561,662	\$551,167	\$1,834,652
40105A	Behavioral Health Resource Center (BHRC) - Day Center	\$3,334,320	\$1,019,223	\$1,059,134	\$5,412,677
40105B	Behavioral Health Resource Center (BHRC) - Shelter/Housing	\$3,007,887		\$816,235	\$3,824,122
Total		\$47,480,449	\$85,982,449	\$12,676,372	\$146,139,270

* HRAP investment may only represent a portion of the total program offer budget.

The Health Department continues to make progress on the goals and action items laid out in the HRAP. This work to date includes the following highlights (specific action items can be found in the [HRAP](#)):

Increase access to appropriate levels of behavioral health supports and reduce barriers to access.

- Behavioral Health Division senior management currently conducts recurring scans of behavioral health service capacity as part of a process that was developed in 2024 to look for opportunities to build overall capacity. Opportunities are tracked in a centralized

database managed by Health Share of Oregon and contributed to by local behavioral health system partners, including local Coordinated Care Organizations. This process will continue ongoing and serve as a resource for building capacity locally.

Establish rapid and long-term interventions aimed at preventing homelessness among specific populations

- The Integrated Behavioral Health program from the Integrated Clinical Services Division and Public Health Division's Harm Reduction program worked with Corrections Health to problem-solve barriers related to providing medications for Opioid use disorder (MOUD) to individuals in custody.
 - In 2024, Integrated Clinical Services was awarded a federal grant from the Health Resources and Services Administration to begin transition planning with people receiving MOUD with Corrections Health while in custody in order to continue their treatment at Multnomah County Community Health Centers after release. Workflows are currently being developed and staff are being hired. An anticipated 200-300 people annually will be served by this program.
 - Through a grant from the federal Bureau of Justice Assistance, the Harm Reduction Clinic provides MOUD to individuals who initiated treatment with Corrections Health while in custody. The same provider works with clients both in the corrections setting pre-release and at the Harm Reduction Clinic post-release in order to reduce the interruption of treatment for people exiting corrections. Forty people have been served since the program began in Oct. 2024.
- The department's Deflection Program is a member of the State of Oregon's community of practice Extension for Community Healthcare Outcomes (ECHO). This effort is led by OHSU and includes representation from community organizations and every other deflection program in the state. The Deflection Program is also connected to a number of national communities of practice, including Treatment Alternatives to Street Crime (TASC) and Police Treatment Community Collaborative (PTACC). All communities of practice are linked with other services essential to the needs of individuals in deflection, including, housing, behavioral health and substance use disorder treatment, and other social and medical services.
- 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 bill Medicaid for eligible individuals once this part of the Medicaid 1115 Waiver goes 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.
- Individuals served by the Corrections Health Transitions Services Program and Behavioral Health Division Forensic Diversion Team are provided complex case management to reduce recidivism and improve treatment outcomes. This serves about 50 people per week or 2,600 annually.

- The Transition Services Program has begun collaborating with the Behavioral Health Division's Care Coordination program around jail transition support. Discussions will include exploring access to short-term rent vouchers.

Improve data and analytics across the system to measure progress and enhance use of physical and financial resources.

- The Behavioral Health Division is bringing together CCOs, health systems, and behavioral health providers. One objective of this work is to identify a platform through which providers and consumers can see behavioral health system capacity at any given time, gain referrals, and locate other critical information to access services.
- Significant action items related to this goal for FY 2026 include mapping existing services and referral networks, preparing for a centralized, real-time data tracking platform, and building training for providers and consumers to use the platform.

Rework voucher and assistance programs.

- The program offers listed include funding for Assertive Community Treatment (ACT) teams. To date, no work has progressed to use rent assistance for people exiting Unity and Oregon State Hospital because these individuals are usually not ready to move directly into a rental unit. Increasing shelter capacity would more realistically meet the immediate housing need.

Health Department programs, activities, and staff may be associated in a supportive role with other HRAP work not listed here, because it is led by other departments or system partners.

Coordination with the Homeless Services Department (HSD)

Staff across the department work regularly with HSD staff. Behavioral Health dedicates staff to bridge shared program work as well as join monthly program meetings to troubleshoot and address needs. They work with HSD and other county programs to understand what the need is and how best to respond with services and the development of programs. The Communicable Disease program in the Public Health Division works with HSD on the short-term housing program to provide a safe place for people experiencing homelessness to recover from an infectious disease.

In addition, the Health Department Director and the Behavioral Health Division Director sit on the Homelessness Response System Implementation Committee with other County departments, the City of Portland, and other community organizations to ensure communication and coordination.

Voter Initiatives - (SHS, PFA, Library Bond)

FY 2026 Voter Initiatives - SHS				
Program Offer	Program Name	Initiative Funds	FTE	New or Existing
40112	Shelter and Housing - Supportive Housing Services	\$6,263,857	0.00	Existing
40069	Behavioral Health Crisis Services	\$1,719,784	1.00	Existing
40084A	Culturally Specific Mental Health Services	\$398,512	0.00	Existing
40085	Adult Addictions Treatment Continuum	\$1,867,683	0.00	Existing
40101	Promoting Access To Hope (PATH) Care Coordination Continuum	\$551,167	2.15	Existing
40105A	Behavioral Health Resource Center (BHRC) - Day Center	\$1,059,134	0.00	Existing
40105B	Behavioral Health Resource Center (BHRC) - Shelter/Housing	\$816,235	0.00	Existing
Total		\$12,676,372	3.15	

Shelter and Housing - Supportive Housing Services, Program Offer 40112 (\$6,263,857, 0 FTE)

- The Behavioral Health Division provides emergency shelter, case management and rental assistance for people experiencing homelessness concurrent with significant behavioral health challenges, including people living with severe and persistent mental illness.

Behavioral Health Crisis Services, Program Offer 40069 (\$1,719,784, 1.0 FTE)

- The Behavioral Health Division is an interconnected crisis system that addresses acute needs across the county. One (1.00) FTE funded by SHS, coordinates this work between HSD and the Behavioral Health Division.

Culturally Specific Mental Health Services, Program Offer 40084A (\$398,512, 0 FTE)

- Mental health services provide critical support for people across the County, especially for people at

risk of homelessness – a situation which is likely to significantly exacerbate any existing mental health challenges. Culturally specific mental health services, contracted through the Behavioral Health Division, help the County reach people who may otherwise not seek out care or may delay treatment as their behavioral health needs grow increasingly severe. These services are available to all clients, including those who are under- or uninsured and are provided care by culturally specific and culturally responsive practitioners.

Adult Addictions Treatment Continuum, Program Offer 40085 (\$1,867,683, 0 FTE) - The overarching goal of substance use disorder (SUD) treatment and recovery support services is to establish a path to recovery and well-being for those experiencing SUD. SUD treatment and recovery supports also have broader impact across our County systems and services, including in criminal justice, child welfare, and healthcare. Positive impacts are experienced at the interpersonal, family, and community levels, such as reduced jail recidivism rates, reduced infectious disease transmission rates, reduced crisis system utilization, and strengthening of family bonds and reunification. SHS covers a 1.00 FTE Program Specialist Senior to handle a growing Addictions Supportive Housing Services related contracts portfolio. This position offers technical assistance and coordinates funding for community based organizations using Supportive Housing Services funds. It also negotiates, implements, and oversees the contracts and use of these funds.

Promoting Access to Hope (PATH) Care Coordination Continuum, Program Offer 40101 (\$551,167, 2.15 FTE) - Promoting Access To Hope (PATH) was developed as a joint effort by the Behavioral Health Division, Homeless Services Department, Department of Community Justice, and the Multnomah County Chair's Office. PATH conducts outreach to engage and connect eligible adults who are struggling with substance use disorder, homelessness, at risk of criminal justice involvement, with priority given to people from BIPOC communities. The Supportive Housing Services measure funds a 1.00 FTE Clinical Services Specialist on the PATH team to provide housing search and placement services. The team expects to serve more than 500 people this fiscal year.

Behavioral Health Resource Center Day Center, Program Offer 40105A (\$1,059,134, 0 FTE) - The Behavioral Health Resource Center (BHRC) is peer-led and is designed to support adults (18+) who are experiencing serious behavioral health challenges, trauma, and homelessness. The BHRC prioritizes meeting people's basic needs in the short term, while working with partners to improve program processes to allow for access to more stable support in the long term. Services are inclusive, low-barrier, safer, trauma-informed and culturally responsive. The Outreach Van serves approximately 250 people each day, providing basic supplies and handing out tickets to up to 100 people who are able to enter the Day Center to access additional services.

Behavioral Health Resource Center, Shelter/Housing, Program Offer 40105B (\$816,235, 0 FTE) - The BHRC Behavioral Health Shelter and Bridge Housing programs operate 24/7/365, by referral from the BHRC Day Center and community providers. The Shelter has a 30-day stay and

Bridge has a 90-day stay. During last fiscal year, 349 people were served in Shelter housing (33 beds) and 109 in Bridge housing (19 beds).

Impacts of SHS Fund Reductions for FY 2026

In total, FY 2026 SHS funds supporting the Health Department were reduced by more than \$6.0M from FY 2025 amounts. These reductions will have a significant impact on the Health Department's ability to provide critical data reporting to reflect local health outcomes, for instance data related to overdose and overdose fatalities.

These reductions will also increase the likelihood of disease spread and outbreak among people experiencing homelessness, as support is reduced to provide short-term housing for people who are experiencing homelessness while also sick with a communicable disease. While the numbers of people directly served in this program are relatively small, the impact of the service is many times larger by preventing the spread of disease among other people experiencing homelessness and the larger community.

Further impacts will be felt across the community from reduced support for mental health residential services. This impacts people in need of supportive housing who also experience persistent and severe mental health challenges. People in this group are disproportionately at greater risk of homelessness.

SPECIFIC REDUCTIONS

- 40112 - Shelter and Housing - Supportive Housing Services - \$2,113,573 - This eliminates the Cultivating Communities program that includes 30-36 shelter households with complex needs.
- 40069 - Behavioral Health Crisis Services - \$1,210,576 - The programs in this offer were expanded in FY 2025. This reduction returns both of them to the operating levels of FY 2024. These programs provide in-reach, engagement and de-escalation services at shelter settings. We anticipate approximately 150 fewer contacts annually as a result of this reduction (from 750 to 600 annually).
- 40084A - Culturally Specific Mental Health Services - \$158,458 - This reduction preserves 14 beds and eliminates outreach work.
- 40085 - Adult Addictions Treatment Continuum - \$648,182 - The contracts with two community based organizations will be reviewed and renegotiated. Billable and reimbursable services will be maximized. No reduction in services.
- 40101 - Promoting Access To Hope (PATH) Care Coordination Continuum - \$209,343 - This eliminates a position on the team that is currently vacant. No reduction in services. This position has been vacant for over a year.
- 40105A - Behavioral Health Resource Center (BHRC) - Day Center - \$378,666 - This will likely impact hours of operation, but specific service impacts are unknown at this time, pending coordination with the provider.
- 40105B - Behavioral Health Resource Center (BHRC) - Shelter/Housing - \$297,700 - This will reduce shelter or bridge bed capacity, and/or remove the behavioral health support for the shelter program participants, such that these beds would no longer be behavioral health shelter beds. Bridge bed capacity will be reduced by 19 beds or shelter beds will be reduced by up to 50%.
- 40010D - Communicable Disease Short Term Housing - \$308,100 - This will reduce this program back to very limited support, with a reduction in the length of hotel stays, and an elimination of food and hygiene support.
- 40044A - Health Data and Analytic Team Scope Analyst - \$182,050, 1.00 FTE - This is the elimination of the SCoPE specific data analyst.

FY 2026 Voter Initiatives - Preschool for All				
Offer Number	Program Name	Initiative Funds	FTE	New or Existing
40099B	Preschool for All Early Childhood Mental Health	\$2,016,968	10.98	Existing
Total		\$2,016,968	10.98	Existing

Community-based mental health 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. Early Childhood Mental Health Consultants provide a comprehensive continuum of culturally and linguistically responsive preventive mental health consultation that supports 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. 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.

State, Federal, and Other Funds

FY 2026 Significant Other Fund Changes				
Offer Number	Program Name	General Fund	Other Funds	FTE
40082	School Based Mental Health Outreach and Engagement (CareOregon)		(1,000,000)	(3.24)
40074	Mental Health Residential Services Peer Support Specialist for Community Mental Health (CareOregon)		(148,069)	(0.80)
40081	Care Coordination - American Society of Addiction Medicine Team (CareOregon)		(692,841)	(4.00)
40087	Addiction Services Alcohol & Drug Prevention (State Opioid Funds)		636,398	0.30

FY 2026 Significant Other Fund Changes				
Offer Number	Program Name	General Fund	Other Funds	FTE
40101	Projects for Assistance in Transition from Homelessness (PATH) Expansion (CareOregon)		(352,483)	(2.00)
40001	HD Public Health Operations (ARPA)		(65,411)	(1.40)
40037A	Environmental Health (ARPA)		(778,551)	(2.54)
40048	Community Epidemiology (ARPA)		(1,743,468)	(6.20)
40053	REACH (ARPA)		(\$479,976)	(0.00)
40055	Home and Community Based Services		(\$595,023)	(1.00)
40056	Healthy Families (ARPA)		(\$338,000)	(0.00)
40058	Healthy Birth Initiative		(112,500)	(0.50)
40060	Adolescent Health		(381,999)	(3.40)
40010A	Communicable Disease Services (ARPA)		(378,490)	(2.81)
40010B	STD HIV Services (Multiple Sources)	(350,000)*	(854,631)	(4.16)
40010C	Community Immunization Program (ARPA)		(1,449,966)	(6.62)
40010D	Supportive Housing (SHS)		(337,033)	(1.00)
40096A	Public Health Administration (ARPA)		(800,617)	(1.70)
Total		(\$350,000)	(\$10,515,665)	(34.57)

*Funding was one-time-only in FY 2025

The Health Department is not requesting County General Fund backfill for any of this lost revenue.

Public Health Division - \$8.3M

The Public Health Division will lose a total of 12 revenue sources due to the conclusion of some programs funded by federal grants, including fish advisory outreach and curriculum review and training to support comprehensive sexuality education in schools. Other programs will be eliminated or reduced due to the end of COVID-era American Rescue Plan Act (ARPA) funding. ARPA funding was used to support communicable disease services, health surveillance systems, community immunization services, culturally specific education and outreach supports, and general public health workforce infrastructure. Changes in state funding calculations will also reduce grant amounts by \$350,000 from the state, significantly impacting the breadth and ability for the Public Health Division to provide culturally relevant services to the public.

Behavioral Health Division - \$1.6M

These ongoing funds from CareOregon were allocated to expand existing services, and \$1.0M for outreach and engagement work in the School Based Mental Health program.

The County's constrained General Fund outlook is only one fiscal challenge impacting the people served by the Health Department. Compounding funding losses with *significant* impacts on the Health Department's budget include:

- CareOregon funds that have contracted School Based Mental Health Program outreach and engagement services resulting in a loss of funds for 3.24 FTE. This funding was for prevention, education and outreach to CareOregon members to engage in treatment services that are not billable. It included consultations with youth, non-youth, school/district staff, and groups/families.
- Care Coordination - The American Society of Addiction Medicine (ASAM) Team provides assessments for individuals who do not otherwise have access to this service, and for whom it is required to access the appropriate clinical level of care. The ASAM Team prioritizes HSO members and provides ASAM assessments to individuals who are not connected with a current provider and need this assessment to access appropriate care. The team provides in-reach to jail, acute care, and other settings where there are currently no resources available to provide an assessment.
- Mental Health Residential Services Peer Support Specialist for Community Mental Health - Funding supports Care Oregon members who are in residential treatment programs by expanding Multnomah County's Residential Services health and safety oversight services through the addition of peer delivered consultation and client advocacy.
- Projects for Assistance in Transition from Homelessness (PATH) Expansion (CareOregon) - Services include outreach and engagement, psychoeducation, connection to resources, and pro-social activities that support community wellness and healing.

Other Significant Program Changes.

The Health Department received \$636,398 in one-time-only State opioid settlement dollars to be used for primary prevention in our Alcohol & Other Drug Prevention Education Program (ADPEP) and intended to enhance current work. The ADPEP Program addresses risk and protective factors for youth substance use that can lead to alcohol, tobacco, and other drug addiction. These State funded efforts include media campaigns, prevention education, youth leadership activities, and support for schools and parents. In recent years, an emphasis on tobacco prevention and environmental strategies, such as media campaigns and policy development has been introduced. The settlement allocations need to be spent by June 30, 2027. The County will spend down the funds in FY 2026 and FY 2027 on personnel, contracts with community partners to build primary prevention capacity, especially among culturally specific organizations, communication campaigns, and evaluation.

Risks and Other Issues

The current climate of governmental transitions has increased uncertainty and compressed funding available from federal, state, and other grant sources. The Health Department anticipates the need for increased local support for people in need of assistance, including people experiencing homelessness, immigrants and refugees, and families who are under- or uninsured.

Division Level Organization Chart (Base Budget)

Organizational Changes

In FY 2026, the Health Department's major organizational structure will remain the same, but more functions will be fully operational. In FY 2026, the Deputy Director of Policy, Strategy and Equity will help build the structure and systems for a multi-faceted equity strategy. The infrastructure will support community partners externally working through Community Partnerships and Capacity Building and other programs. It will also support hiring an Equity Manager and building out the Health Equity Office to support WESP initiatives, department staff, and the overall work of the department.

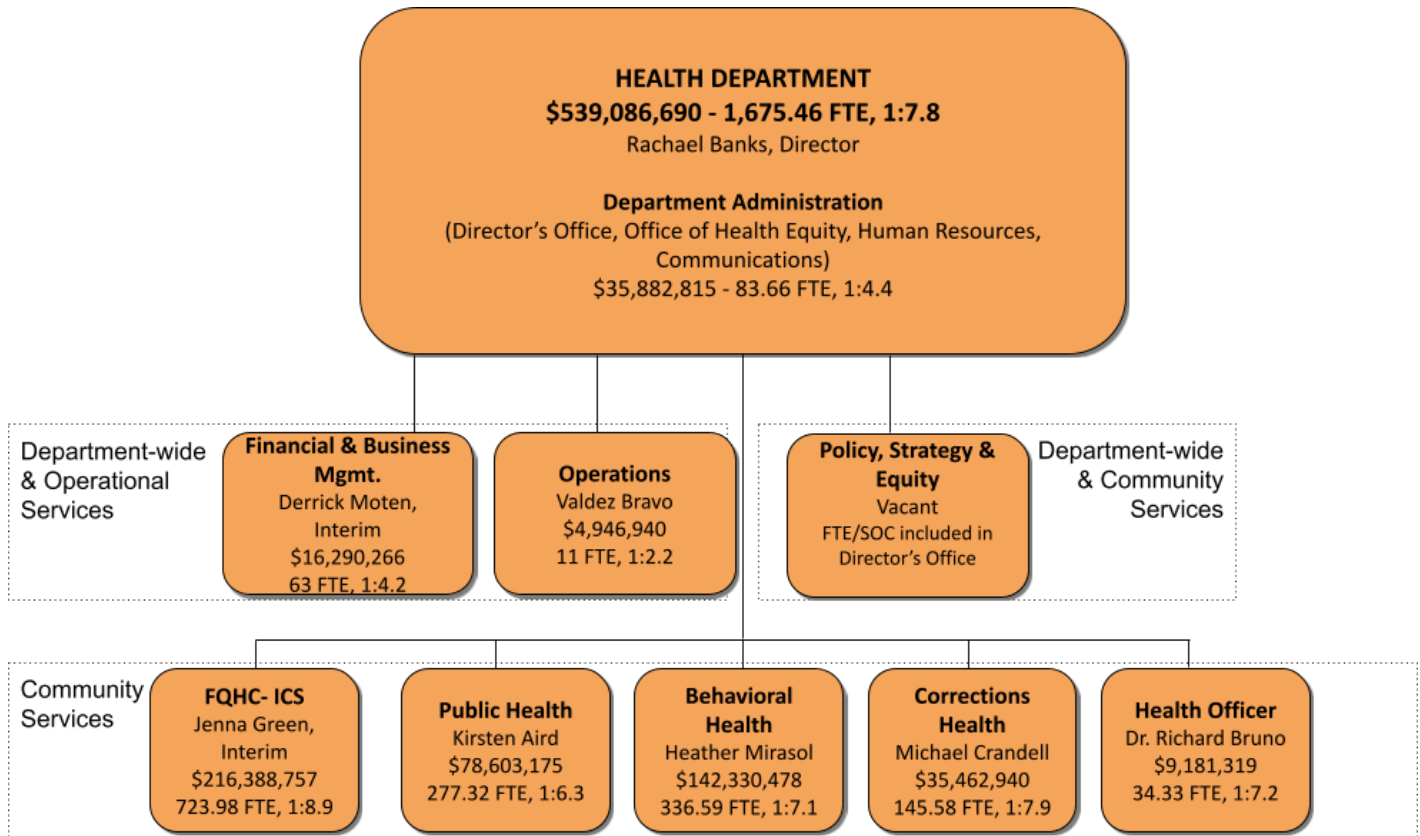
In addition, the Public Health Infrastructure Grant will continue to support workforce efforts across the department in partnership with local schools of public health to help address workforce pipeline issues and continue to build readiness towards public health accreditation.

We solidified critical infrastructure for the department through the following:

- Development of a new Deputy Director position to focus on strategy, policy, and equity both within the department and in our community-facing work.
- Department-wide operational services elevation and alignment with public health modernization goals, including:
 - Shifting the Health Department Human Resources team and functions (\$6.75M, 30.88) from the Operations Division to the Director's Office. Having HDHR more closely connected to the Director's Office facilitates better support for staff, more timely surfacing of issues, and better alignment of HR policies and practices with the mission and vision of the department.
 - Shifting the department's Communications & Marketing Team (\$2.1M and 10.80 FTE) to the Directors Office. This move reflects the standing of communications functions as a core competency of a modernized public Health Department. Communication is a key population health strategy and this shift will associate it more closely with overall policy, strategy, and equity efforts.

Span of control

The Health Department’s span of control has increased slightly. Department-wide for FY 2026 it is 1:7.8 (FY 2025 1:7.2).



Note: The budget in this organizational chart excludes all unappropriated balances and contingency.

List of Program Offers

The attached table lists the Health Department’s base budget program offers by division.

FY 2026 Health Department Program Offer List					
Prog. #	Program Name	General Fund	Other Funds	Total Cost	FTE
Behavioral Health					
40065	Behavioral Health Division Administration	\$2,636,490	\$5,067,982	\$7,704,472	15.08
40067	Medical Records for Behavioral Health Division	\$332,811	\$635,904	\$968,715	5.75
40068	Behavioral Health Quality Management	\$1,499,196	\$5,074,069	\$6,573,265	24.36
40069	Behavioral Health Crisis Services	\$1,643,600	\$19,353,634	\$20,997,234	38.85
40070	Mental Health Crisis Assessment & Treatment Center (CATC)	\$0	\$317,047	\$317,047	0.00
40071	Behavioral Health Division Adult Protective Services	\$1,537,333	\$291,028	\$1,828,361	9.00
40072	Mental Health Commitment Services	\$2,193,597	\$3,750,934	\$5,944,531	26.80
40074	Mental Health Residential Services	\$1,432,329	\$8,480,254	\$9,912,583	10.80
40075	Choice Model	\$0	\$5,797,657	\$5,797,657	14.32
40077	Mental Health Treatment & Medication for the Uninsured	\$299,000	\$0	\$299,000	0.00
40078	Early Assessment & Support Alliance	\$610,377	\$2,639,596	\$3,249,973	14.40
40080	Community Based Mental Health Services for Children & Families	\$779,591	\$1,451,406	\$2,230,997	10.35
40081	Multnomah County Care Coordination	\$0	\$14,672,175	\$14,672,175	54.68
40082	School Based Mental Health Services	\$3,188,960	\$2,186,336	\$5,375,296	25.24
40083	Behavioral Health Promotion, Suicide Prevention and Postvention Services	\$316,086	\$336,684	\$652,770	3.30
40084A	Culturally Specific Mental Health Services	\$1,841,858	\$398,512	\$2,240,370	0.00
40084B	Culturally Specific Mobile Outreach and Stabilization Treatment Program	\$834,791	\$0	\$834,791	0.00
40085	Adult Addictions Treatment Continuum	\$2,468,016	\$10,123,072	\$12,591,088	5.40
40086	Addiction Services Gambling Treatment & Prevention	\$0	\$779,172	\$779,172	3.20
40087	Addiction Services Alcohol & Drug Prevention	\$0	\$1,566,312	\$1,566,312	1.50
40088	Coordinated Diversion for Justice Involved Individuals	\$1,353,811	\$6,601,754	\$7,955,565	30.20
40089	Addictions Detoxification & Post Detoxification Housing	\$1,519,889	\$803,995	\$2,323,884	1.50
40090	Family & Youth Addictions Treatment Continuum	\$95,067	\$160,054	\$255,121	0.00
40091	Family Involvement Team	\$34,035	\$331,995	\$366,030	0.00
40099A	Early Childhood Mental Health Program	\$1,776,133	\$1,001,791	\$2,777,924	13.18
40099B	Preschool For All Early Childhood Mental Health	\$0	\$2,016,968	\$2,016,968	10.98
40101	Promoting Access To Hope (PATH) Care Coordination Continuum	\$721,823	\$1,112,829	\$1,834,652	8.90
40104	Deflection and Sobering Program	\$0	\$6,213,852	\$6,213,852	6.00
40105A	Behavioral Health Resource Center (BHRC) - Day Center	\$3,334,320	\$2,078,357	\$5,412,677	1.80
40105B	Behavioral Health Resource Center (BHRC) - Shelter/Housing	\$3,007,887	\$816,235	\$3,824,122	0.00

FY 2026 Health Department Program Offer List					
Prog. #	Program Name	General Fund	Other Funds	Total Cost	FTE
40108	Stabilization and Integration Housing Services (formerly BHECN)	\$2,032,017	\$0	\$2,032,017	1.00
40112	Shelter and Housing - Supportive Housing Services	\$0	\$6,263,857	\$6,263,857	0.00
	Total Behavioral Health	\$35,489,017	\$110,323,46	\$145,812,478	336.59
Corrections Health					
40043	Corrections Health Dental	\$708,689	\$0	\$708,689	2.00
40045	Corrections Health Operations	\$4,340,329	\$0	\$4,340,329	18.30
40047	Corrections Health Transition Services	\$2,434,012	\$403,571	\$2,837,583	19.08
40049	Corrections Health Juvenile Clinical Services	\$1,932,799	\$0	\$1,932,799	6.80
40050	Corrections Health Multnomah County Detention Center (MCDC) Clinical Services	\$11,232,759	\$0	\$11,232,759	42.60
40051	Corrections Health Inverness Jail (MCIJ) Clinical Services	\$9,762,550	\$0	\$9,762,550	35.85
40059	Corrections Health Behavioral Health Services	\$4,648,231	\$0	\$4,648,231	20.95
	Total Corrections Health	\$35,059,369	\$403,571	\$35,462,940	145.58
HD Director's Office					
40000A	Health Department Director's Office	\$8,941,193	\$3,615,356	\$12,556,549	46.58
40000B	Overdose Prevention & Response	\$603,459	\$0	\$603,459	3.00
40000C	24/7 Sobering & Crisis Stabilization Center Capital Development	\$0	\$15,200,000	\$15,200,000	0.00
40000D	Behavioral Health CLP+ & System Transformation	\$663,409	\$0	\$663,409	3.20
40039	Human Resources	\$6,460,386	\$399,012	\$6,859,398	30.88
	Total Director's Office	\$16,668,447	\$19,214,368	\$35,882,815	83.66
Financial and Business Management					
40003	Health Department Facilities, Safety and Administrative Support	\$349,681	\$0	\$349,681	2
40040	Financial and Business Management Services	\$10,738,662	\$0	\$10,738,662	35.00
40041	Medical Accounts Receivable	\$2,105,655	\$0	\$2,105,655	11.00
40042	Contracts & Procurement	\$3,096,268	\$0	\$3,096,268	15.00
	Total Financial and Business Management	\$16,290,266	\$0	\$16,290,266	63.00
Health Officer					
40002	Tri-County Health Officer	845,553	435,800	1,281,353	1.94
40004	Ambulance Services (Emergency Medical Services)	\$2,747,076	\$1,454,322	\$4,201,398	14.00
40005	Public Health & Regional Health Systems Emergency Preparedness	\$50,864	\$354,321	\$405,185	1.39
40052	Medical Examiner	\$3,293,383	\$0	\$3,293,383	17.00
	Total Health Officer	\$6,936,876	\$2,244,443	\$9,181,319	34.33
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

FY 2026 Health Department Program Offer List					
Prog. #	Program Name	General Fund	Other Funds	Total Cost	FTE
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	32.90
40022	FQHC-Mid County Health Clinic	\$0	\$17,155,206	\$17,155,206	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	\$4,392,971	\$4,392,971	20.80
40033	FQHC-Primary Care and Dental Access and Referral	\$0	\$9,905,070	\$9,905,070	56.80
40034A	FQHC-Administration and Operations	\$0	\$12,943,969	\$12,943,969	50.90
40034B	FQHC - Contingency and Reserves	\$0	\$84,041,480	\$84,041,480	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	\$9,851,254	\$9,851,254	27.45
Total Integrated Clinical Services		\$0	\$300,430,23	\$300,430,237	723.98
Operations					
40044	Health Data and Analytic Team	\$3,692,466	\$0	\$3,692,466	5.00
40046	Health Operations Administration	\$1,254,474	\$0	\$1,254,474	6.00
Total Operations		\$4,946,940	\$0	\$4,946,940	11.00
Public Health					
40006	Tobacco Prevention and Control	\$989,769	\$704,516	\$1,694,285	7.05
40007	Health Inspections and Education	\$7,833,551	\$37,992	\$7,871,543	38.15
40008	Vector-Borne Disease Prevention and Code Enforcement	\$2,274,781	\$0	\$2,274,781	9.80
40009	Vital Records	\$151,390	\$996,000	\$1,147,390	5.32
40010A	Communicable Disease Prevention and Control	\$2,862,402	\$3,492,715	\$6,355,117	25.72
40010B	STI Clinical and Community Services	\$1,963,993	\$1,461,217	\$3,425,210	8.80
40010C	Communicable Disease Community Immunization Program	\$162,631	\$200,323	\$362,954	2.00
40011	Services for Persons Living with HIV - Regional Education and Outreach	\$143,756	\$6,379,650	\$6,523,406	6.25
40018	Women, Infants, and Children (WIC)	\$3,546,259	\$5,092,895	\$8,639,154	45.70
40037A	Environmental Health Community Programs	\$1,040,813	\$2,548,673	\$3,589,486	14.48
40037B	Gas Powered Leaf Blower Project	\$220,835	\$0	\$220,835	0.80
40048	Community Epidemiology	\$1,640,154	\$2,005,780	\$3,645,934	12.09
40053	Racial and Ethnic Approaches to Community Health	\$964,760	\$1,412,260	\$2,377,020	8.26
40054	Nurse Family Partnership	\$1,165,085	\$821,743	\$1,986,828	6.00

FY 2026 Health Department Program Offer List					
Prog. #	Program Name	General Fund	Other Funds	Total Cost	FTE
40055	Home and Community Based Consulting	\$99,429	\$519,900	\$619,329	2.80
40056	Healthy Families	\$898,933	\$4,312,118	\$5,211,051	6.00
40058	Healthy Birth Initiative	\$2,168,228	\$3,341,918	\$5,510,146	18.25
40060	Community & Adolescent Health	\$1,885,945	\$786,775	\$2,672,720	11.34
40061	Harm Reduction	\$3,371,848	\$3,350,191	\$6,722,039	18.33
40096	Public Health Office of the Director	\$3,776,016	\$2,168,774	\$5,944,790	24.18
40097	Parent, Child, and Family Health Management	\$1,566,390	\$242,767	\$1,809,157	6.00
	Total Public Health	\$38,726,968	\$39,876,207	\$78,603,175	277.32
	Total Health Department	\$154,117,883	\$472,492,28	\$626,610,170	1675.46

*Includes cash transfers, contingencies, and unappropriated balances.