Multnomah County
FY 2026 Budget Work Session Follow Up

Public Health & Health Officer

May 21, 2025

Commissioner Moyer (District 1) - Please provide details of funding reductions for the STI clinic and the impact.

Response:

Prior to FY 2023, the program was 100% other funds (see chart below), in FY 2023 general fund was incorporated into the program. By FY 2026, the amount of other funding available declined so significantly that the program became unsustainable. Total other funds lost from FY 2025 to FY 2026 was $1.38 million. The biggest loss of funding over the past few fiscal years was the reduction in HIV Early Intervention and Outreach Services (EIOS). In FY 2022, there was $5.3 million in EIOS funding, this was reduced over time to $1.6 million in FY 2025. The table below shows how all the program's funding streams have declined since FY 2022.

	Adopted			Revised*	Estimated
STD Clinic Revenue by Fund	FY22	FY23	FY24	FY25	FY26
COVID-19 Federal CDC Health Disparities 93.391		$87,872		$240,000	$0
ELC Gonococcal		$10,500	$10,500	$20,000	$0
HIV EIOS	$5,318,701	$4,861,365	$1,894,286	$1,672,704	$1,672,704
ST:HIV Prev Block	$317,458	$369,138	$369,138	$393,338	
Sexually Transmitted Diseases Client Services	$588,731	$523,431	$324,500	$344,133	$0
Clackamas County EIOS			$115,000	$115,000	$0
HSO County Based Services			$39,700	$146,040	$146,040
Medicaid FFS	$185,857	$51,322	$170,599	$170,599	$170,599
Medicare	$15,774	$10,253	$3,753	$3,753	$3,753
Patient Fees	$137,438	$89,335	$68,965	$68,965	$68,965
Patient Fees-3rdPrty	$107,073	$69,597	$107,890	$107,890	$107,890
PH Modernization Local		$992,089	$732,318	$627,009	$504,123
SSuN grant	$260,332	$250,000	$250,000	$273,056	$0
General Fund		1443674	1796945	2234722	2234722
Total	$6,931,364	$8,758,576	$5,883,594	$6,417,209	$4,908,796

	Service/Staffing
What's Staying	**STI clinic open 4 days a week Monday-Thursday:** ● **Symptomatic visits** - Clinical visits for those experiencing signs or symptoms that could indicate an STI. Visits focus on diagnosis, treatment and care. ● **Exposure visits** (exposure to HIV, syphilis, chlamydia, gonorrhea) - Clinical visits for those who do not have symptoms but have had recent sexual exposure to someone who tested positive for an STI. These visits are critical for preventing the transmission of infections before symptoms develop. **Treatment:** ● **Oral PrEP** (Truvada and Descovy (if Truvada is not tolerated)) - a daily pill and highly effective way to prevent HIV. ● **Doxycycline PEP** (post-exposure prophylaxis) - antibiotic used to reduce the risk of acquiring bacterial STIs (syphilis, gonorrhea, chlamydia (after unprotected sex)).
What's Leaving	**One clinic day (5 to 4 clinic days) -** One less day means we are not able to provide express visits, and have few options for appointments. (loss of 1 clinician)

[redacted]

STI Express visits - early detection appointments for individuals without current symptoms or known recent exposures who want STI testing.

PrEP navigation - a service that guides people through the process of accessing and staying on PrEP leading to better HIV prevention outcomes. (loss of 1 FTE)

Injectable PrEP - a long-acting, highly effective, convenient and discreet HIV prevention option (does not require a daily pill).

nPEP - a medication used to greatly lower the chance of HIV infection after a non-work-related exposure.

Clinician and front office supports- Clinicians will be doing their own blood draws, pharmacy refill requests, medical inventory/ordering. There will be fewer support staff which could impact timely notification of test results, refill requests, and scheduling of appointments. (loss of 1 FTE- certified medical assistant and 1 FTE - office assistant 2)

As we plan for a change in service structure beginning July 1, we are also preparing for conversations with partners, clients, health care payors and service partners, to talk about what a sustainable STI clinic looks like in this county and region. In collaboration with our Health Officer team, we are learning more about other large city/county health department models for similar services (i.e. Seattle King County), and we are in the early stages of exploring how to best utilize the MCHD and OHSU/PSU School of Public Health Academic Health Department agreement.

We need to be forthcoming with ourselves, our clients, and our partners in the region about what is possible and what is not possible. We need to recognize that in the next couple of years how we do business may look very different. We provide a unique and critical service that saves lives and saves money.

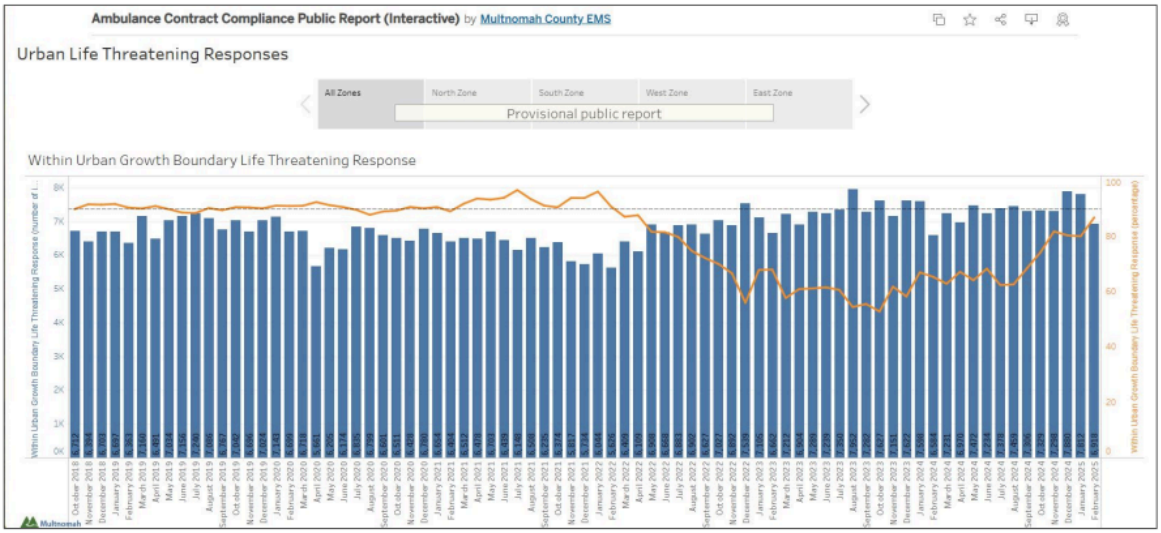
Commissioner Singleton (District 2) - What is the cost of the Prep navigator in the STI clinic that was reduced?

Response:

PrEP Navigator (CHS2) cost: $107,284
What it buys: Adding an nPEP/PrEP navigator to an STI clinic significantly bolsters HIV prevention efforts. This dedicated role streamlines access for roughly 450 PrEP clients and those needing nPEP services. The navigator identifies at-risk individuals and provides comprehensive support, which includes overcoming barriers like insurance navigation, appointment scheduling, and adherence counseling. The clinic can also expand the types of PrEP offered, with a specific focus on incorporating and managing access to Apretude, a long-acting injectable PrEP. The expansion of PrEP options and personalized approach from a PrEP navigator will improve PrEP uptake and retention, ultimately reducing HIV incidence.

Commissioner Brim-Edwards (District 3) - Can you provide the ambulance data on slide 31 by geographic location?

Health Officer: Strategic Goals/Outcomes



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Response:

Here is the ambulance response time dashboard for life-threatening responses in urban areas that can be viewed by zone.

Commissioner Moyer (District 1) - Are we tracking responses for cardiac arrest and other outcomes? Are there improvements?

Response:

We just hired a new medical director that is helping to evaluate that data.

Commissioner Moyer (District 1) - Can you publicly post what the requirements are to pass inspection, specifically for lodging?

Response:

Lodging inspections are unscored inspections based on code from the Oregon Health Authority (OHA). Passing a lodging inspection would ensure all code is met during the unannounced inspection. During inspections, we talk to operators about what is needed to pass inspections. In order to provide information on our website, we would need to request that information from OHA. We will follow up with OHA.

Commissioner Moyer (District 1) - How is Multnomah County doing on vaccinations? Is that an issue we should be concerned about?

Response:

Youth vaccination rates in Multnomah County are reported on an annual basis by the Oregon Health Authority and can be found here. We, like many other public health agencies, are concerned about the uptick in non-medical exemptions for childhood vaccines. Fewer vaccinations, particularly among children, can lead to outbreaks of vaccine preventable illnesses. It was mentioned that a recent article in the Oregonian outlines more about the trends and concerns.

Commissioner Moyer (District 1) - Since 2024, what infectious diseases are we seeing in the STI clinic? What are the trends?

Response:

In 2024, Multnomah County had 1 presumptive and 8 confirmed cases of Mpox. Mpox is not currently a local concern. However, federal disinvestments in global public health work has impacted the international response to Mpox, this is concerning for local public health.

The STI clinic continues to manage prevalent infections like chlamydia, gonorrhea, and syphilis, with chlamydia remaining the most common and syphilis cases showing a concerning upward trend despite a recent slight dip in primary and secondary stages.

Commissioner Brim-Edwards (District 3) - For slides 25-32 please provide any data that helps us understand if we are achieving our goals, comparisons to benchmarks, the total population we are trying to serve, where we have gaps in services.

Response:

In addition to reduction in chronic diseased and unintentional injuries and increased life expectancy, Multnomah County's Five Priority Areas to reduce health inequities are derived from the 2022 Healthy Columbia Willamette Collaborative and the Multnomah County Health Department's 2022 Community Health Improvement Plan. These goal areas address concerns heard from the community. They focus efforts across the life span and aim toward what is most needed for optimal health.

- A Neighborhood for All: Access to safe and affordable neighborhoods and housing
- Essential Community Services and Resources: Access to education, employment, nutritious food and transportation
- Culturally and Linguistically-responsive Health Care: Access to care that aligns with their cultural, behavioral and communication needs.
- Support Family and Community Ways: Access to foods and healing medicines or practices specific to their communities of origin
- Transformative Change Towards Equity Empowerment: Multnomah County has a diverse workforce and leads with

racial equity strategies, programs and partnerships through investments reflected in their budget

The Multnomah County Health Department is finalizing a set of core health indicators that will be reported annually to track health measures across the County and to capture progress toward reducing inequities in health outcomes. This data will help the County make investment decisions to make the most impact in mitigating health inequities. The health indicators will reflect health across the lifespan, and will include data points required by OHA as part of our accountability metrics for public health, and will be in alignment with public health accreditation metrics. Examples of data indicators include:

- Demographics and social context (i.e. race, gender, housing status)
- Living conditions and institutional context (i.e. food security, discrimination during pregnancy)
- Risk behavior and exposures (i.e. substance use, immunization rate, physical activity)
- Disease, injury and mortality (i.e. leading causes of death)

Of note: The Healthy Willamette Columbia Collaborative has recently reconvened to update the Community Health Needs Assessment (CHNA) by the end of 2025. The Multnomah County Community Health Improvement Plan (CHIP) will be updated in the summer of 2026. The PH Indicator team is working with the data team for both the community health assessment and the health improvement plan so that data indicators are in alignment with future updates of the assessment and improvement plan.

Commissioner Singleton (District 2) - For the Nurse Family Partnership (NFP) program, what was the state of this body of work in FY 2025 (number of people served, demographics of people served, FTE budgeted, etc.) compared to FY 2026?

Response:

For FY 2026 budget development the Health Department used a decision making rubric that required us to carefully consider our statutory roles and required services, the equity impact of programs. We made some very difficult decisions.

While NFP is a beloved program with good outcomes, NFP is not required by statute. The program has struggled to maintain consistent caseload and revenue. As a result, each year NFP requires more and more County General Fund. In a year with significantly less County General Fund and needing to do budget reduction scenarios, NFP was put forward as a reduction.

In FY 2025 NFP provided services to **207 clients.**
Population by Race (percentage does not add to 100% because of multiple answers) –

- American Indian or Alaskan Native: 1.45%
- Asian: 5.80%
- Black or African American: 20.29%
- Native Hawaiian or Other Pacific Islander: 1.45%
- Latinx/e: 50.72%
- White: 46.38%
- Multiracial: 1.45%
- Declined to self-identity: 21.74%

Additional demographics:

- 90.2% enrolled in Medicaid (due to HBI enrollment regardless of insurance type)
- 10.3% houseless or unstable housing (risk of homelessness)

In FY 2025 **NFP Staff** included:

- 9.4 FTE Community Health Nurses (12 CHNs total)
- 2.0 FTE Nurse Supervisor

FY 2025 **NFP funding** information:

- Total Budget $2,203,054
- CGF: $882,000
- Third Party Billable: FY25 revenue from TCM billing- $715,399
- State Match (one time only if SB 1033 does not pass): $265,167 (40% required of total revenue from HBI NFP in FY26)
- In FY 26 NFP will be part of the Healthy Birth Initiative, with two FTE Community Health Nurses at 0.5FTE providing NFP visits for up to 30 clients/month. This will result in billable revenue of $662,918.

FY 2026

We will retain the use of the Nurse Family Partnership Certification so that our four nurses with the Healthy Birth Initiative will be able to utilize the curriculum to support families and broaden our reach to serve more families. Each of the four trained NFP nurses also are trained in the Babies First curriculum and provide that program at a 0.50 FTE as well.

FY 2026 is also a year of reviewing the service model for home visiting in general. We are planning to implement a service gap analysis with our Epidemiology team to see how many home visiting services can continue serving our former Nurse Family Partnership families. In collaboration with CCOs, health care systems, and other community partners, we will assess how best to support families and refer families to programs that can best support their needs.

Commissioner Singleton (District 2) - Please provide the cost to keep two nurses certified in the Nurse Family Partnership program.

Response:

$60,000 is the annual fee for maintaining NFP certification of the HBI nurses.

Chair Vega Pederson - For the STI clinic, please provide numbers of people that come from outside Multnomah County.

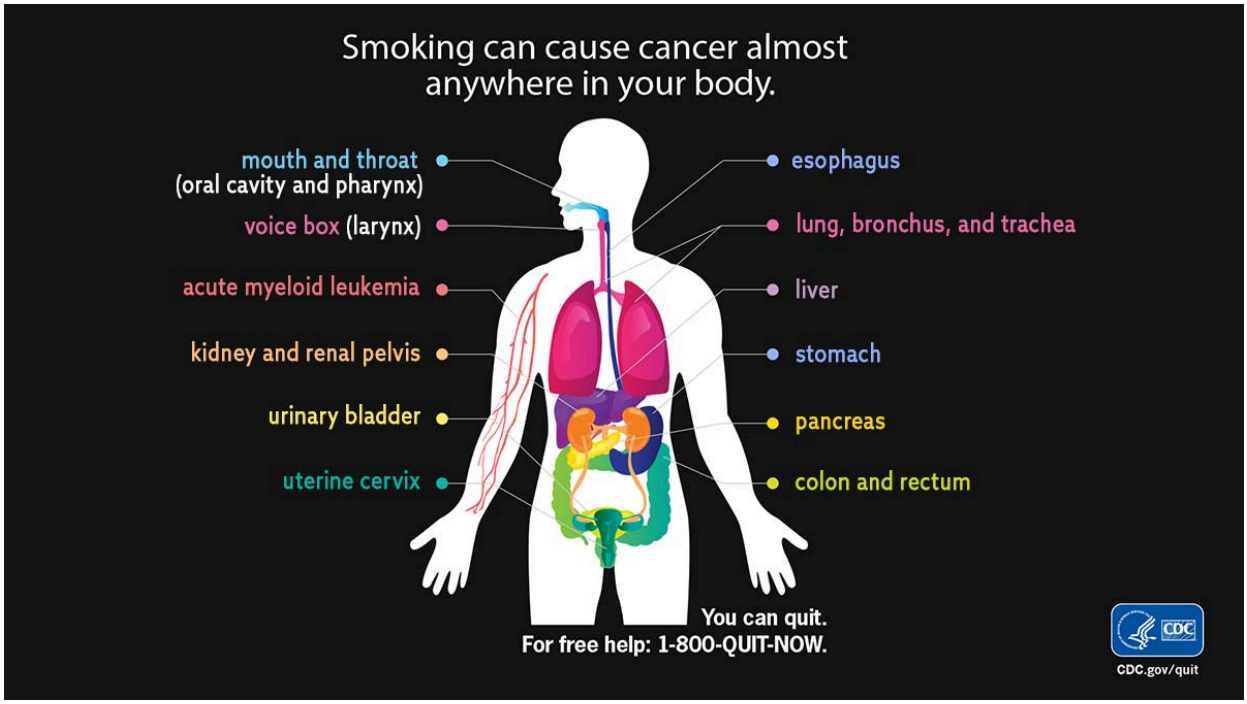
Response:

In FY 2025 approximately 20% (888) of the 4,435 people seen at the STI clinic were from outside Multnomah County. The geographic breakdown is available, with the largest numbers coming from Clackamas (216), Washington (361), Clark (93) and Marion (47) counties.

Commissioner Brim-Edwards (District 3) - Please provide more details on the leading causes of death, such as making the connections of how tobacco use shows up in the causes of death.

Response:

Smoking causes cancer in many parts of the body as shown in the picture below.In addition to cancer, smoking causes cardiovascular disease, with one in every four cardiovascular deaths nationally due to smoking (CDC: CVD and Smoking Reference).



Source: https://www.cdc.gov/tobacco/about/index.html

Many cancers, cardiovascular disease, and other chronic conditions are very costly, but preventable.[1] Tobacco use as well as physical inactivity, poor nutrition, alcohol use, and other substance use all contribute to these conditions.[2] [3] [4] Public health prevention focuses on addressing underlying causes of these risk behaviors, like tobacco-free settings, access to healthy food and nutrition, community-clinical linkages, social connectedness, economic stability, education, and addressing systemic racism. These political

[1] https://app.powerbigov.us/view?r=eyJrIjoiNTI2NjQwNzktNWQxNy00YjQzLWI5ZmEtMTBlZjczOWE0NWY3IiwidCI6IjY1OGU2M2U4LThkMzktNDk5Yy04ZjQ4LTEzYWRjOTQ1MmY0YyJ9

[2] https://www.cdc.gov/health-equity-chronic-disease/social-determinants-of-health-and-chronic-disease/index.html

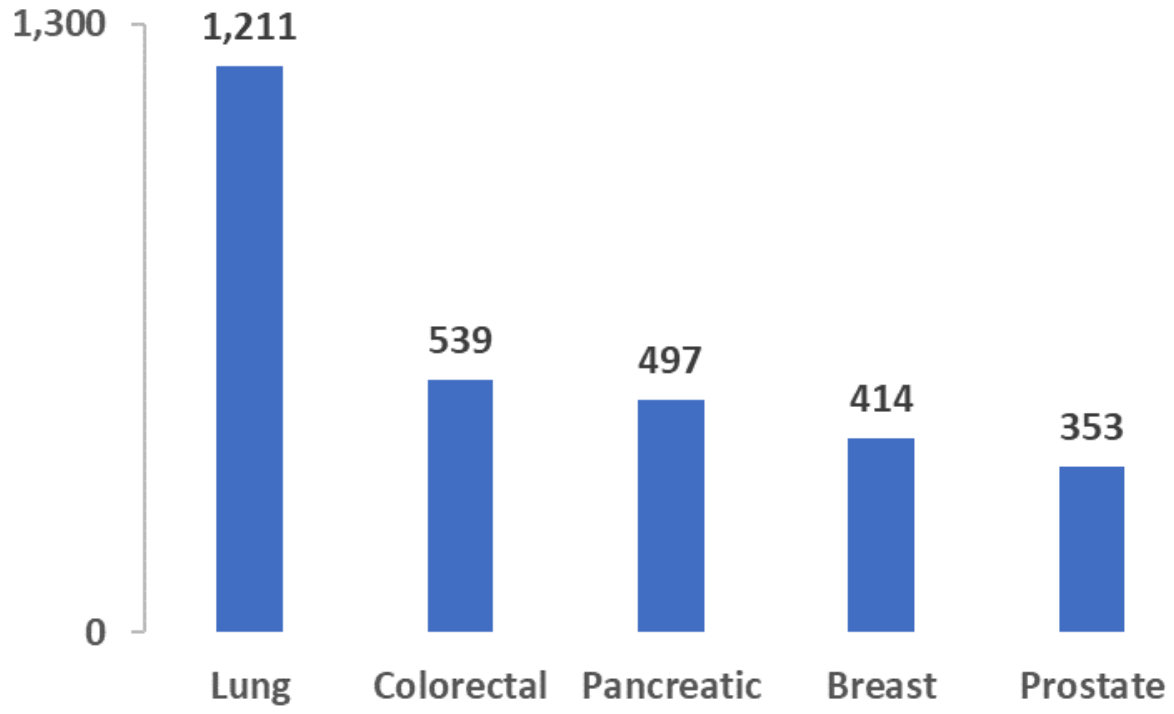
[3] https://www.cdc.gov/chronic-disease/about/index.html

[4] https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/addiction-health

and social determinants of health interact and have a major impact on quality of life, health and wellbeing. [5] [6] [7]

Number of cancer deaths by type in Multnomah County, 2019-2023

Rate per 100,000 population



From 2019 to 2023 in Multnomah County, lung cancer was the leading cause of cancer deaths, accounting for 1,211 fatalities, more than double the next most common type. Colorectal cancer was the second leading cause (539 deaths), followed closely by pancreatic cancer (497 deaths). Breast cancer (414 deaths) and prostate cancer (353 deaths) were also significant contributors to cancer mortality, ranking fourth and fifth respectively. Although these latter two

[5] https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/Documents/hpcdp-strategic-plan.pdf

[6] https://www.cdc.gov/nccdphp/impact/index.html

[7] https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

cancers caused fewer deaths overall than the top three, their mortality rates are notable due to their gender-specific impact.

Commissioner Moyer (District 1) - Is there data that shows young people use marijuana less if you increase the price like tobacco, or anything similar?

Response:

Both price and marketing restrictions have affected consumption of other products like tobacco and alcohol.

Price

Current research shows that increasing price lowers consumption of different substances (tobacco, alcohol). In fact, increasing the unit price of alcohol and tobacco is a prevention strategy recommended by the Community Preventive Services Task Force, which carefully reviews the evidence base for different policies and interventions.

While cannabis retail marketplaces are new and have not yet settled enough for conclusive evidence, early evidence suggests cannabis consumer responses to price will operate similarly as for alcohol and tobacco; pricing strategies are recommended by experts among strategies to achieve public health goals.

Marketing

In addition, restricting or eliminating marketing lowers consumption of different substances (tobacco, alcohol). Several scientific systematic reviews support advertising restrictions for reducing tobacco and alcohol use among adults and youth.

Again, while cannabis retail marketplaces are new and have not yet settled enough for conclusive evidence, early evidence suggests cannabis advertising and responses will operate similarly as they do for alcohol and tobacco. Advertising limitations are recommended by experts to achieve public health goals.