

**Health Department  
FY 2026 Approved Budget  
Public Health & Health Officer**

**Presented to the  
Board of County Commissioners**

**Multnomah County  
May 21, 2025**

Located at: [www.multco.us/budget](http://www.multco.us/budget)

# Agenda

- 1 Introduction and Vision
- 2 Program Successes
- 3 Who We Serve
- 4 Strategic Goals
- 5 Approved Budget
- 6 Budget Approach
- 7 Budget Reductions and Context
- 8 Questions

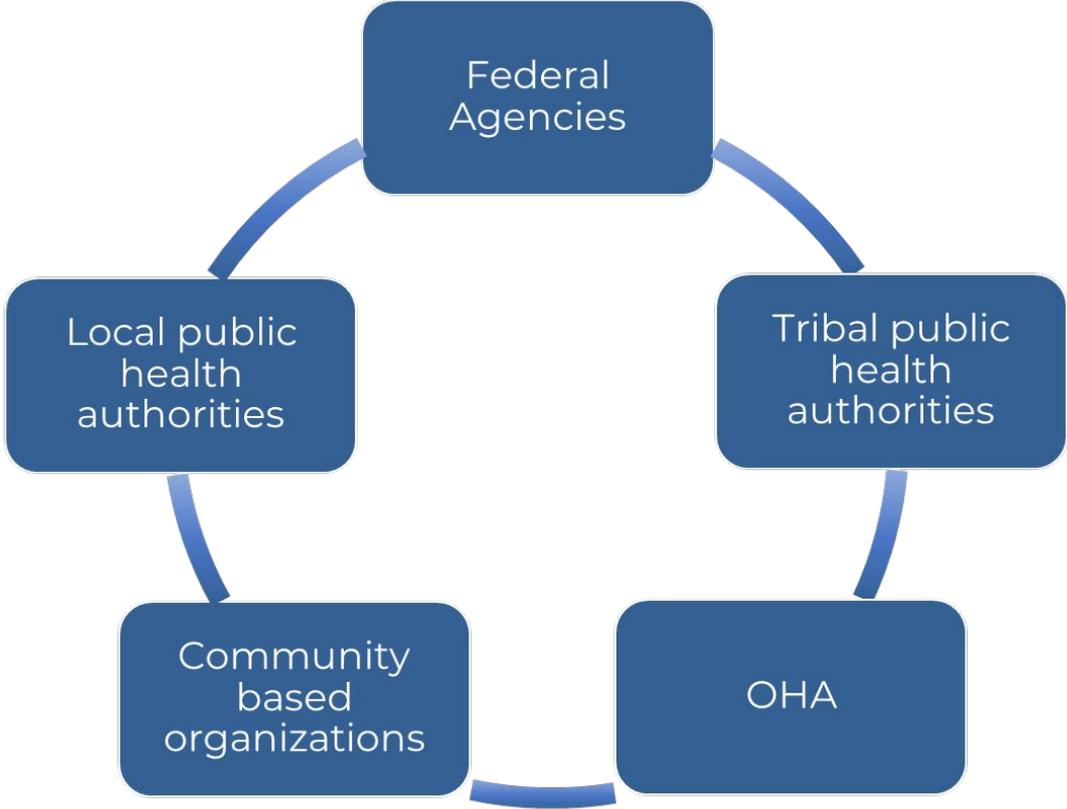
# Vision

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Promote and protect the health of people where they live, learn, work, worship and play.



# Public Health Ecosystem



# Local Public Health Authority & Administrator

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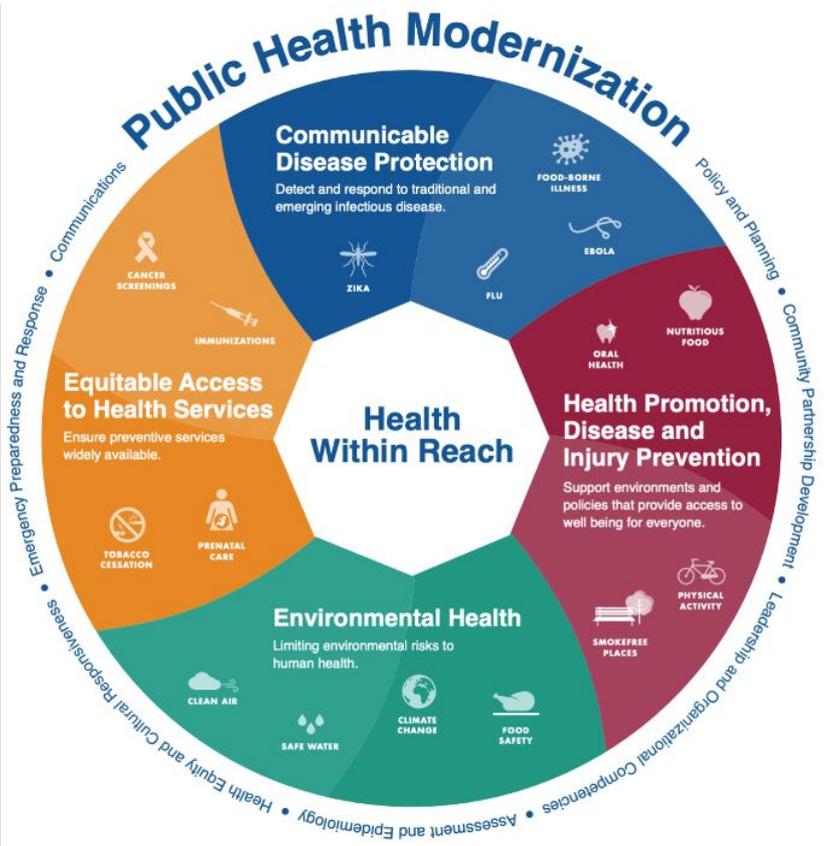
The Multnomah Board of County Commissioners serves as our **Local Public Health Authority (LPHA)**.

- LPHAs are governmental entities tasked with promoting health, preventing disease, and ensuring the protection of community health.

The Multnomah County Health Department serves as our **Local Public Health Administrator**.

- Local Public Health Administrators are appointed to manage and execute day-to-day operations under the LPHA's oversight.

# Public Health Modernization



*24 hours per day, 7 days per week, 365 days per year.*

# Tri-County Health Officer

The Tri-County Health Officer (TCHO) team, including Health Officers and Deputies, represents:

- Multnomah County
- Clackamas County
- Washington County

The TCHO team provides:

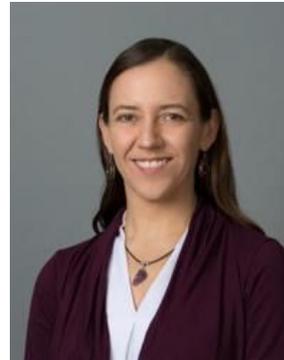
- Statutorily-required public health physician consultation
- Technical direction
- Leadership to support public health Planning and response activities
- Press availability and media
- Clinical care and medical direction



Richard Bruno, MD, MPH  
**Multnomah County**  
Health Officer



Teresa Everson, MD, MPH  
**Multnomah County**  
Deputy Health Officer



Sarah Present, MD, MPH  
**Clackamas County**  
Health Officer  
and TCHO Deputy



Christina Baumann, MD, MPH  
**Washington County**  
Health Officer  
and TCHO Deputy

# Regional Multnomah County Health Officer

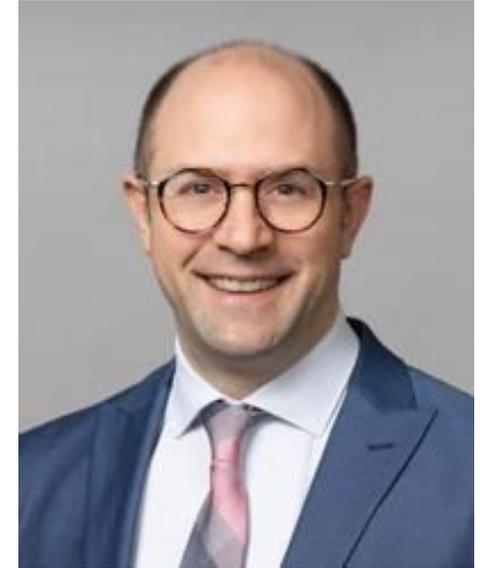
The Regional Multnomah County Health Officer serves as a **physician liaison to health systems and underserved communities.**

The Regional Multnomah County Health Officer supervises:

- 4 Health Officers
- 2 EMS Directors

This work is funded through:

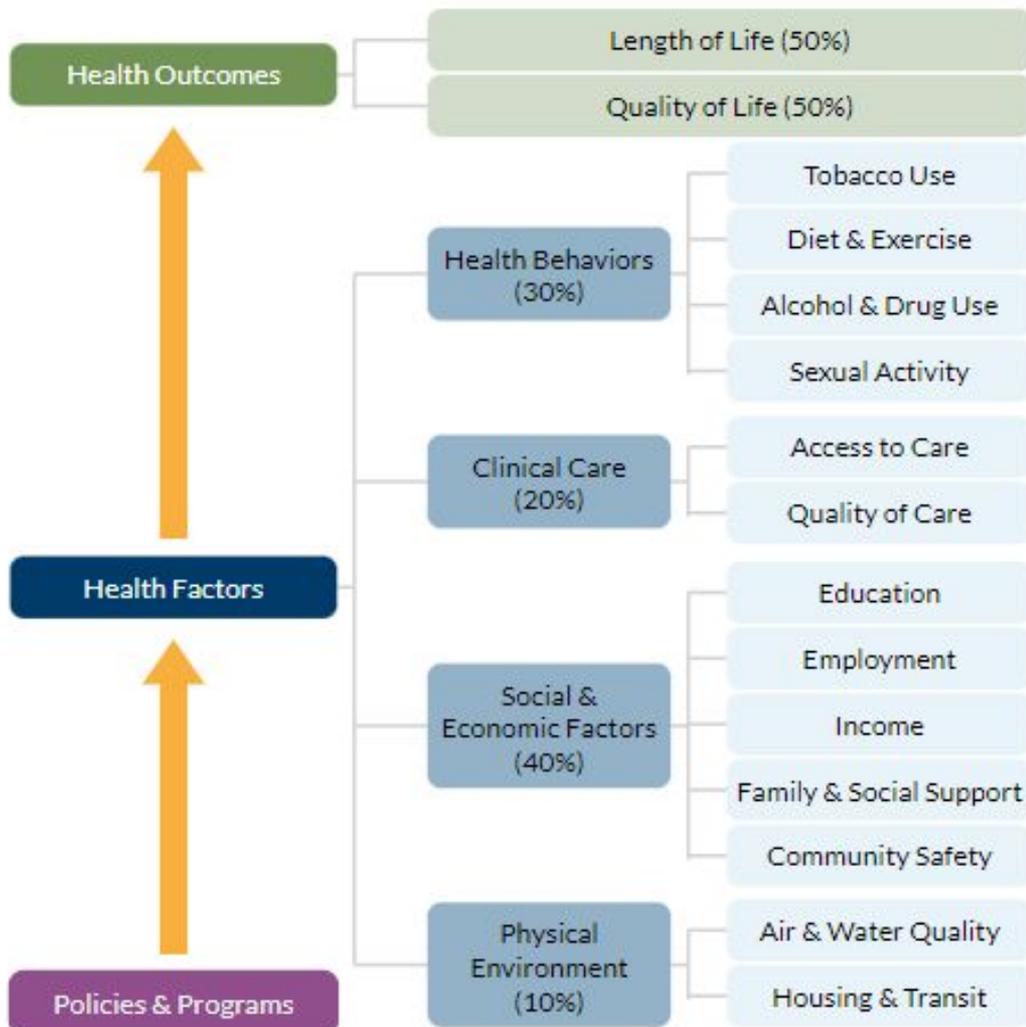
- EMS franchise fees
- County General Fund



Richard Bruno, MD, MPH  
Regional Multnomah County  
Health Officer

A photograph of a diverse group of women at a social gathering. In the foreground, a woman wearing a purple hijab and a patterned blue and black dress is smiling warmly. Behind her, several other women are visible, some in conversation and others looking towards the camera. The background is slightly blurred, showing more people and what appears to be an outdoor or semi-outdoor setting with a table covered in an orange cloth. A dark blue horizontal band is overlaid across the middle of the image, containing the text.

# Why We Do This Work

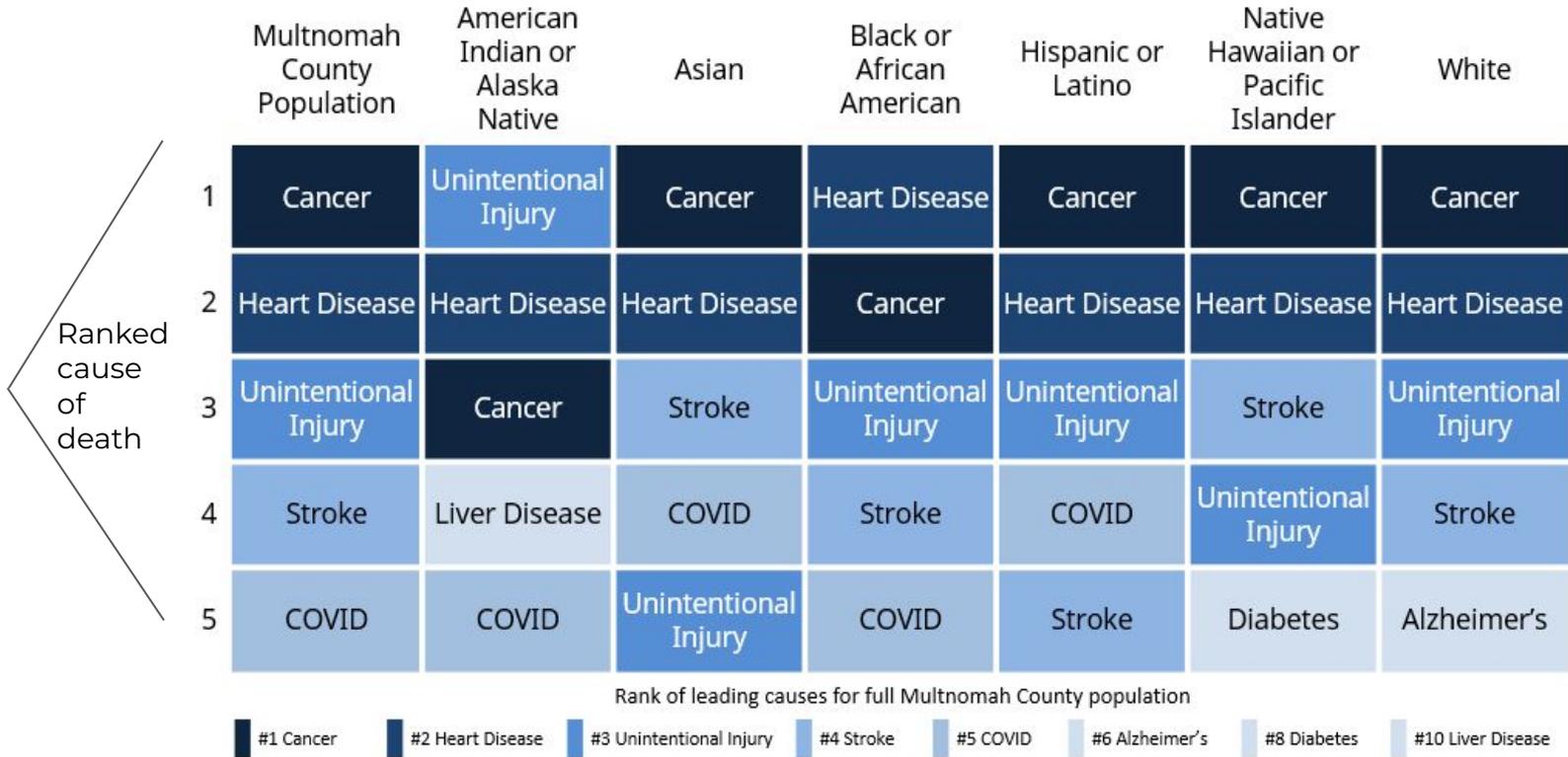


County Health Rankings model © 2014 UWPHI

**Public Health  
determines  
80% of  
someone's  
overall health**

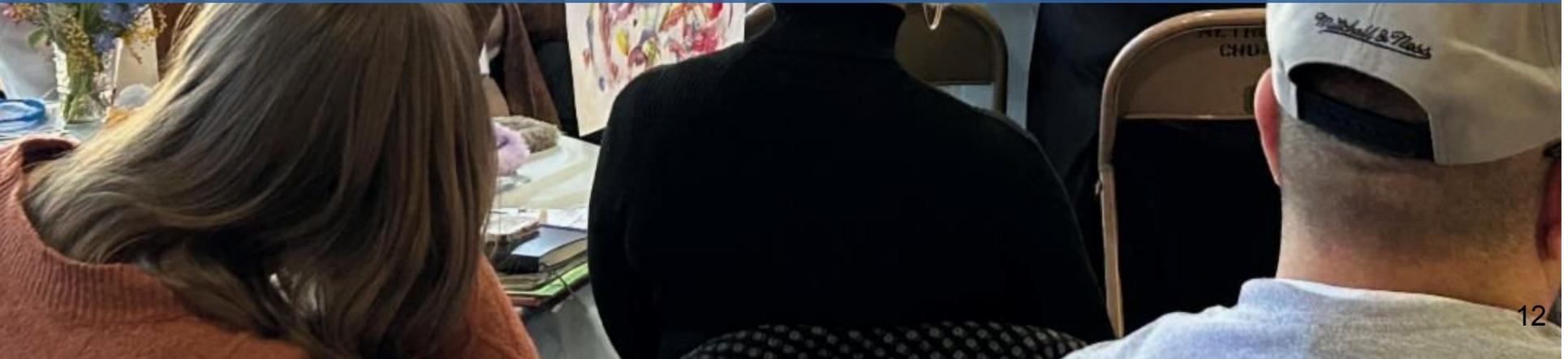
# Using Data to Guide Budget Decisions

The top five causes of death differed by race and ethnicity (Multnomah County, 2019-2023).





# What We Do





**11,718**  
communicable  
disease  
investigations,  
**589** were  
pertussis

**11,596**  
vital records  
processed

**150**  
Childhood  
Lead  
Exposures  
investigated

**12,469**  
food, lodging  
and pool  
inspections  
conducted

**18,699**  
School-aged  
youth  
supported  
through health  
education

**4-7-25**  
first Covid  
free day on  
the CD  
books in 5  
years

**900**  
vaccine doses  
administered in  
February to  
keep kids in  
school

**1098**  
families served  
through nurse  
home visiting  
programs

**350**  
participants at  
the first two  
Fentanyl  
Summits

Supported  
**20,000**  
families with  
WIC  
vouchers

**70**  
Community  
based  
organizations  
funded



# Public Health: Prevention and Health Promotion

## The **People's Farmers Market-Rockwood** Neighborhood

- **20** glorious summer weeks
- **10,000** unique visitors
- **1,000** Community Supported Agriculture (CSA) shares
- **35,000** pounds of produce

(Summer 2024 data)

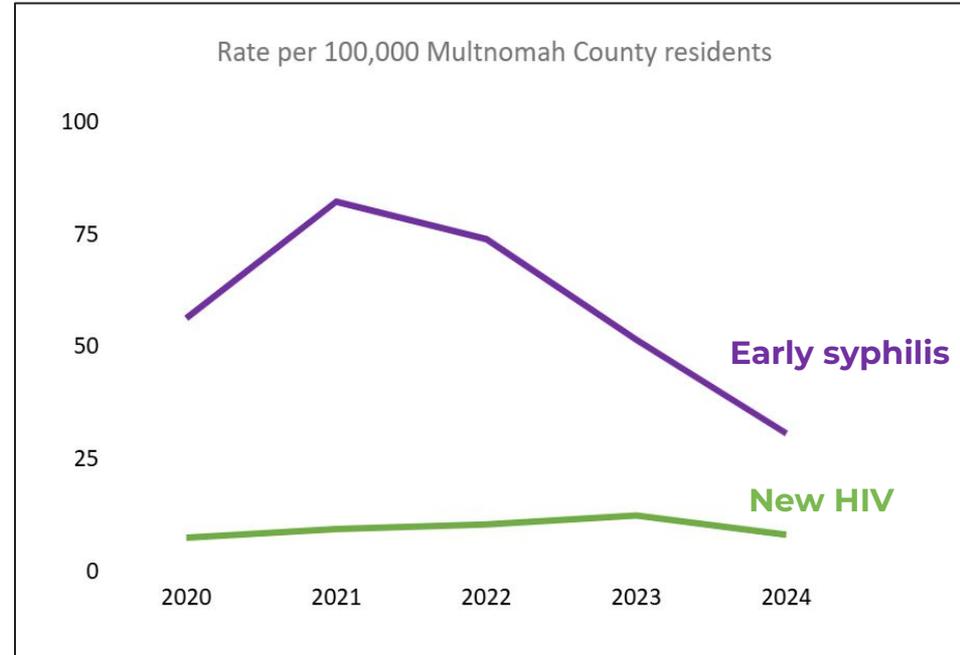


# Public Health: Clinical Preventive Services

## Sexually Transmitted Infections (STI) Clinic

- **2,964** Individual Clients
- **4,915** visits
- **25,000** lab tests processed
- Identified **13%** of all gonorrhea and syphilis cases in the county
- Identified **20%** of all new HIV cases in the county

(FY 2024 data)



# Public Health - Environmental Health

- 150 in-home investigations were conducted for **elevated lead levels in children**
- Typical sources of lead exposure include:
  - Older homes
  - Lead-based paint
  - Contaminated soil
- In 2024, investigations revealed unexpected sources of lead exposure
- These cases were approached with:
  - Cultural humility
  - Collaborative inquiry and investigation
  - Strong partnerships between public health and health care professionals



# Public Health - Communicable Disease Prevention

## Preventing communicable diseases with modernization funding

2025 Budget Request: \$25M (OHA POP 410: \$5 million)



### Portland man free of tuberculosis thanks to public health

For six months in 2022 Jorge was coughing up blood and mucus, losing weight and suffering from night sweats and a fever. At the first hospital he visited he was told he likely had pneumonia and was sent home with an antibiotic. At the second hospital, he got a chest x-ray, the same diagnosis and another antibiotic.

But his symptoms persisted and so did his chest pain. Finally, Jorge visited a third hospital where an MRI showed lesions in his lungs and a build-up of fluid. Doctors ordered some follow-up tests that confirmed Jorge had tuberculosis, a bacterial infection that kills more people worldwide than any other infectious disease.

Most people in the U.S. with TB don't die from it because public health tracks the infection closely and monitors treatment—which means either directly observing people taking several antibiotics every day for at least six months, or watching videos of them taking the medications.

For Jorge, it took nine months to eradicate the infection. At first, community health workers from Multnomah County visited his home daily to watch him take his medication. After a few months, he was able to return to work and he started recording and uploading videos for the nurses to watch.



“I am grateful to the nurses and community health workers who made sure I continued my treatment.”

~Jorge

# Community Epidemiology: Analyzing Data

Tracking data related to suspected fatal overdoses:

- **Provides** early awareness of trends
- **Illuminates** where interventions are needed
- **Determines** which supports are effective and which are not
- **Identifies** emerging substances of concern



Multnomah County Medical Examiner (Deaths)



Return to Data Sources

LAST UPDATE  
06MAY2025

### What is this?

These data show confirmed and suspected overdose deaths by month. The data show all drug overdose deaths, including from fentanyl and other opioids, stimulants like methamphetamine or cocaine, and benzodiazepines like xanax. You can select from the filter to make the data show only fentanyl-related deaths. The data in the most recent months will change as investigations are completed.

### Where do the data come from?

The Multnomah County Medical Examiner's Office investigates deaths that are sudden, unexpected, violent, or suspicious, including all suspected overdose deaths. Investigators determine how and why a person died and create a record of these investigations. These records are considered a good way to understand overdose deaths. After the cause of death is confirmed, the data are recorded in Vital Statistics, which is maintained by the Oregon Health Authority.

### What do "confirmed" and "suspected" mean?

A confirmed overdose death means that drugs directly caused or contributed to death. For the data here, a confirmed overdose death means the death certificate included opioids, stimulants, or benzodiazepines as one of the causes of death. This information comes from sources that include toxicology testing (testing for different kinds of drugs or other substances). Suspected overdose means that the results from the toxicology testing aren't final yet, but medical examiner investigators found other evidence that drugs may have been involved. The data in these graphs will change over time as suspected deaths are added or changed to confirmed.



# Health Officer Programs are Public Health

The Health Officer Division includes:

- Tri-County Health Officer team (TCHO)
- Medical Examiner's Office (MEO)
- Emergency Medical Services (EMS) Ambulance Services
- Public Health Emergency Preparedness and Response (PHEPR) program



*These programs provide vital services 24 hours per day, 7 days per week, 365 days per year.*

# Medical Examiner's Office

- **Operates** 24/7/365 to providing death investigations.
  - Investigations are statutorily required for deaths due homicide, suicide, overdose, and accidents.
- **Provides** data for us to learn about the leading causes of death and identify emerging issues.
- **Informs** the County's efforts to decrease the number of preventable deaths in our community.



# Health Officer: What We Do

We are **critical to the County's daily public health efforts** and **to both county and regional emergency response.**

- We **support the entire public health system**, responding to all types of crises, including:
  - Surges of communicable diseases across five counties
  - New threats such as mpox or H5N1 avian flu
  - The current epidemic levels of substance use disorder, and fatal fentanyl overdoses

# Health Officers: Connecting across the System

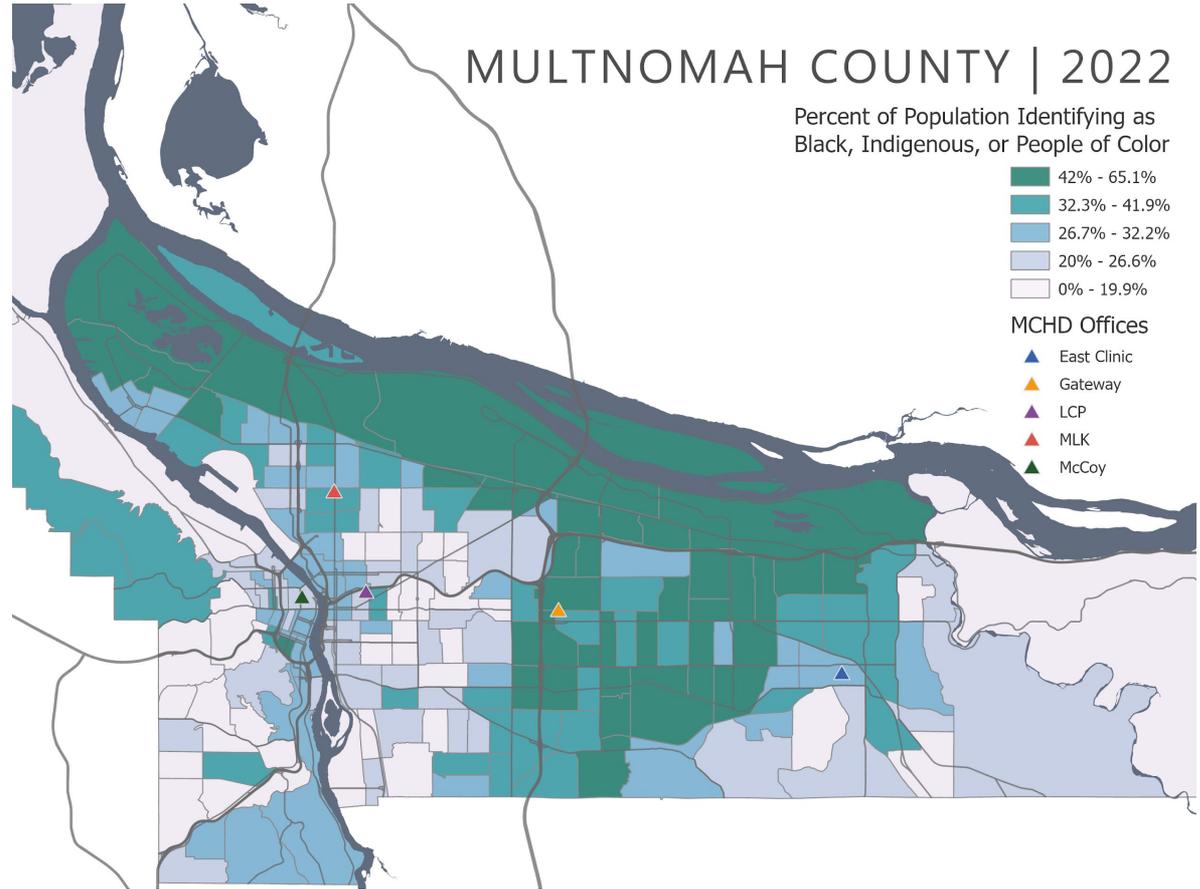
To support coordination across our County's response to the substance use crisis, we have hosted two fentanyl summits.

Our upcoming Fentanyl Summit (June 11) will focus on the **intersection of substance use disorder (SUD) and mental health challenges**. The Summit will bring together people with lived experience of SUD with regional behavioral health and medical care providers.



# Public Health: Where We Provide Services

- **8** School Districts
- **7** Neighborhood Hubs
- **5** WIC Clinics
- **8** community coalitions
- Mobile services
- High traffic corridors





# How We Do The Work



# Public Health: Strategic Goals/Outcomes

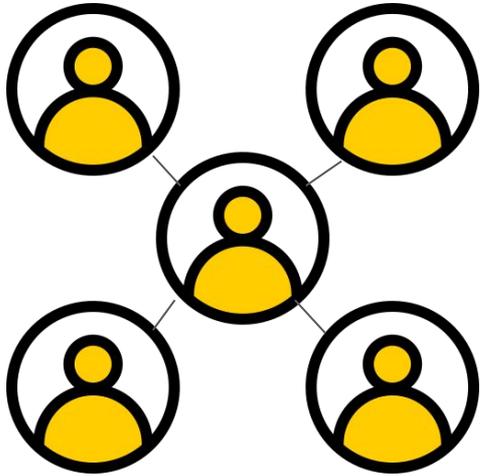
**Goal:** All Multnomah County residents will experience **lower** personal and community risk of **infectious diseases, acute conditions, climate events**, and other **public health emergencies**. This will be achieved through a culturally responsive public health system that can respond quickly, ensure treatment is available, and prevent or mitigate emerging threats.



**Strategy:** Communicable disease prevention and control will be achieved through timely investigation, community outreach and finding the source of the disease before it can spread further. We provide street outreach and wound care support, early diagnosis of HIV, supportive HIV clinical services, and community education on environmental threats.

Program offer #:40010A, 40010B, 40011, 40037,40061A, 40061B, 40061C, 40048

# Health Officer: Strategic Goals & Outcomes



**Goal:** Medical coordination for communicable disease infections will be achieved through the tri-county region. Key strategy points involve **coordinated responses, accurate messaging, and cross-system collaboration** in Clackamas, Multnomah, and Washington counties.

**Strategy:** Coordinate consistent messaging and collaboration across health systems to support better health outcomes, especially during crises.

Program Offer: 40002

# Public Health: Strategic Goals & Outcomes



**Goal:** People who spend time in **Multnomah County restaurants, retail establishments, schools, parks, and homes** will have a lower likelihood of exposure to health hazards and infectious diseases. This is accomplished by inspecting licensed facilities and aligning with best practices for disease prevention.

**Strategy:** Conduct tobacco retail compliance inspections, facility inspections, respond to foodborne illness outbreaks, and provide food handler training and certifications.

Program Offer #: 40006, 40007A, 40008, 40010C

# Public Health: Strategic Goals & Outcomes

**Goal:** Multnomah County communities will experience **reduced health inequities** through access to culturally and linguistically responsive programs, collaborative partnerships, effective communication, and evidence-based strategies.



**Strategy:** Provide reliable information to support data analysis and inform public health decision-making, including identifying health inequities related to race, ethnicity, and other factors. Participate in local planning efforts, conduct data analysis, and offer technical assistance to help communities understand environmental risks. Develop and implement decolonizing data methods. Increase the number of safe, accessible spaces for physical activity and improve access to healthy foods in the communities where people live.

Program offer #: 40009, 40037, 40048, 40053, 40060

# Health Officer: Strategic Goals & Outcomes



**Goal:** Maintain high-quality medicolegal death investigations using the current staffing levels, regardless of the volume of decedents in the County.

**Strategy:** Work efficiently and effectively with available resources to address increasing caseloads and case complexity.

Program Offer: 40052

# Health Officer: Strategic Goals & Outcomes

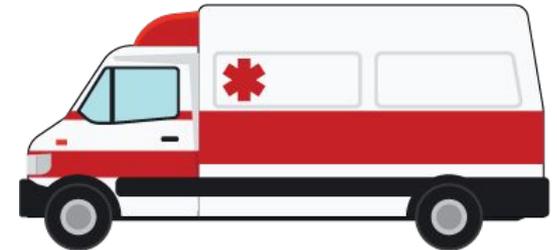
**Goal:** People in Multnomah County can **expect timely and consistent ambulance response times** that are regularly monitored and published on public-facing dashboards.

**Strategy:** Ensure transparency by regularly publishing data dashboards that track ambulance response times.

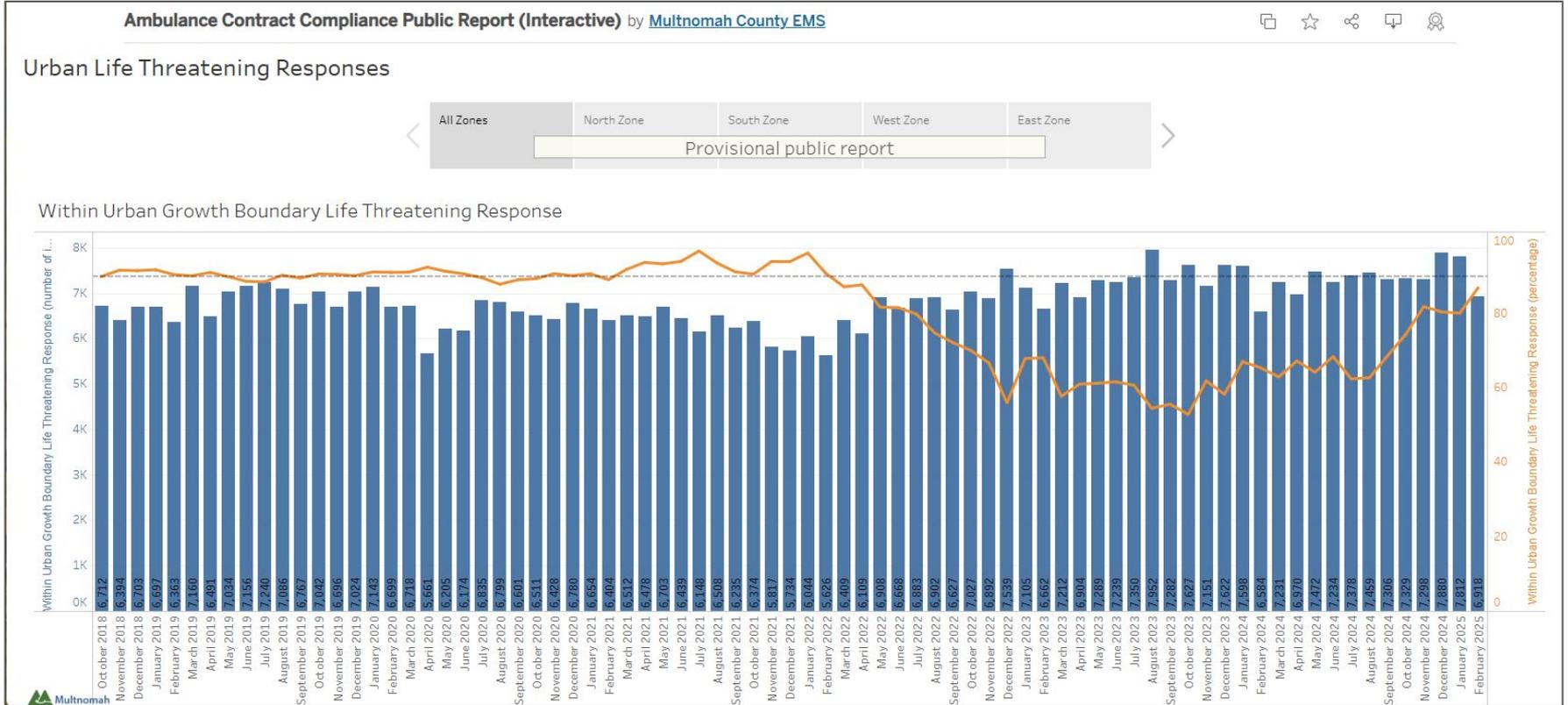
**Indicators:** Contractor's goals are to meet contract expectation of  $\geq 90\%$  compliance in all areas and in all types of severity levels.

Program Offer: 40004

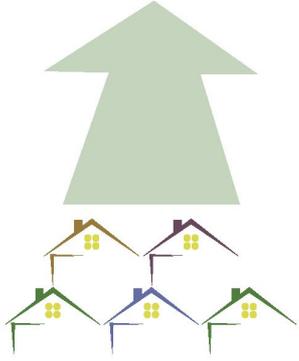
**Data on next slide.**



# Health Officer: Strategic Goals/Outcomes



# Public Health: Strategic Goals & Outcomes



**Goal:** Multnomah County families will experience better health outcomes through policy, **healthy neighborhoods**, and support services to ensure the **availability and accessibility of healthy foods, prenatal services, lactation support**, and early **childhood health education**.

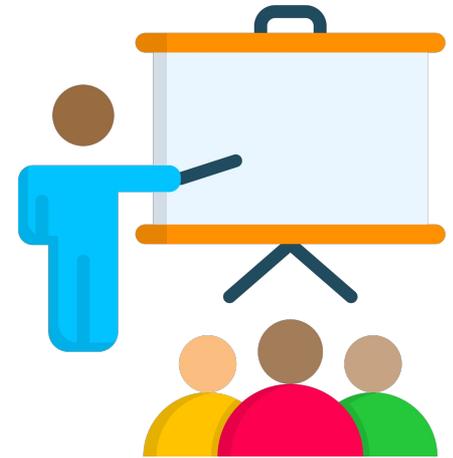
**Strategy:** Serve families in languages other than English, host breastfeeding clinics, and implement the Healthy Birth Initiative home visiting program among Black/African American communities to address adverse perinatal outcomes. Also support early intervention through a home nursing program for children with chronic health conditions.

Program offer #:40018, 40053, 40055, 40056, 40058

# Health Officer: Strategic Goals & Outcomes

**Goal:** People in Multnomah County will benefit from **sustained emergency response preparedness** through a maintained Public Health Emergency Preparedness plan compliant with Oregon Health Authority requirements.

**Strategy:** Maintain up-to-date emergency preparedness plans to ensure readiness for public health events.



Program Offer: 40005

# Public Health: How the Budget Delivers

The FY 2026 budget will:

- **Serve** 3,300 people in the STI health clinics, while providing trauma informed, compassionate, and anonymous services.
- **Provide** 20,000 families with WIC vouchers for food, nutrition services, and breastfeeding supports, and 50,000 families with various education services, referrals and supports in a given year.
- **Respond** to all ~ 101 reportable communicable diseases within the statutory guidelines to ensure proper treatment and spread prevention.
- **Reduce** opioid overdose incidence and fatalities by implementing the Overdose Prevention & Response Plan. Track overdoses with real time data monitoring and reporting for public transparency and system partnership communication.

# Health Officer: How the Budget Delivers

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The FY 2026 budget will:

- **Provide** statutorily-required, physician-level consultation by the Health Officers.
- **Continue** death investigations with the same level of personnel as FY25.
- **Provide** oversight of the EMS system, including system assessment, regulation, medical direction, and training coordination. Recommend and implement change when appropriate.
- **Maintain** the Public Health Emergency Preparedness and Response Plan for Multnomah County.

# Challenges: Federal Landscape

- The proposed federal budget complicates public health efforts.
- Shifts responsibility for public health to states and local jurisdictions.
- Cuts CDC funding by nearly 50%, retaining only limited core activities.
- Proposes establishing a new agency: Administration for a Healthy America.
- Allocates funding through block grants.
- Provides limited funding for emergency preparedness, including future pandemic response.

[President 2026 Budget Request](#)

# Challenges: Keeping the Public's Trust

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- Build messages with and for the community, rather than simply disseminating information.
- Meet people where they are with science, instead of talking over them with it.
- When we stay silent or preach, we lose credibility. Speak honestly and respond to questions with truth and empathy.
- [This poll](#), conducted among a national sample of U.S. adults found:
  - 44% of the public says having the new leaders in charge of federal public health agencies will make them trust health recommendations coming from these organizations [e.g., CDC/NIH/FDA] less than they used to.
  - 28% will trust recommendations more than they used to.

# Public Health: Local Challenges and Responses

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- Workforce retention, burnout, and stress; building the public health workforce of the future.
- Emerging health events
  - Climate
  - H5N1 or other novel influenza strains
  - Fentanyl and other novel substances
  - Cascadia Earthquake event
  - The next great unknown....



**FY 2026 Approved  
Budget  
Overview**

# Public Health: Budget by the Numbers

**\$75.5 Million**

FY 2026 Approved Operating Budget

**-13.8%**  
**(\$12.0) Million**  
Decrease from FY 2025 Adopted Operating Budget

**267.97 FTE**

**(57.81)**  
Decrease from FY 2025 Adopted

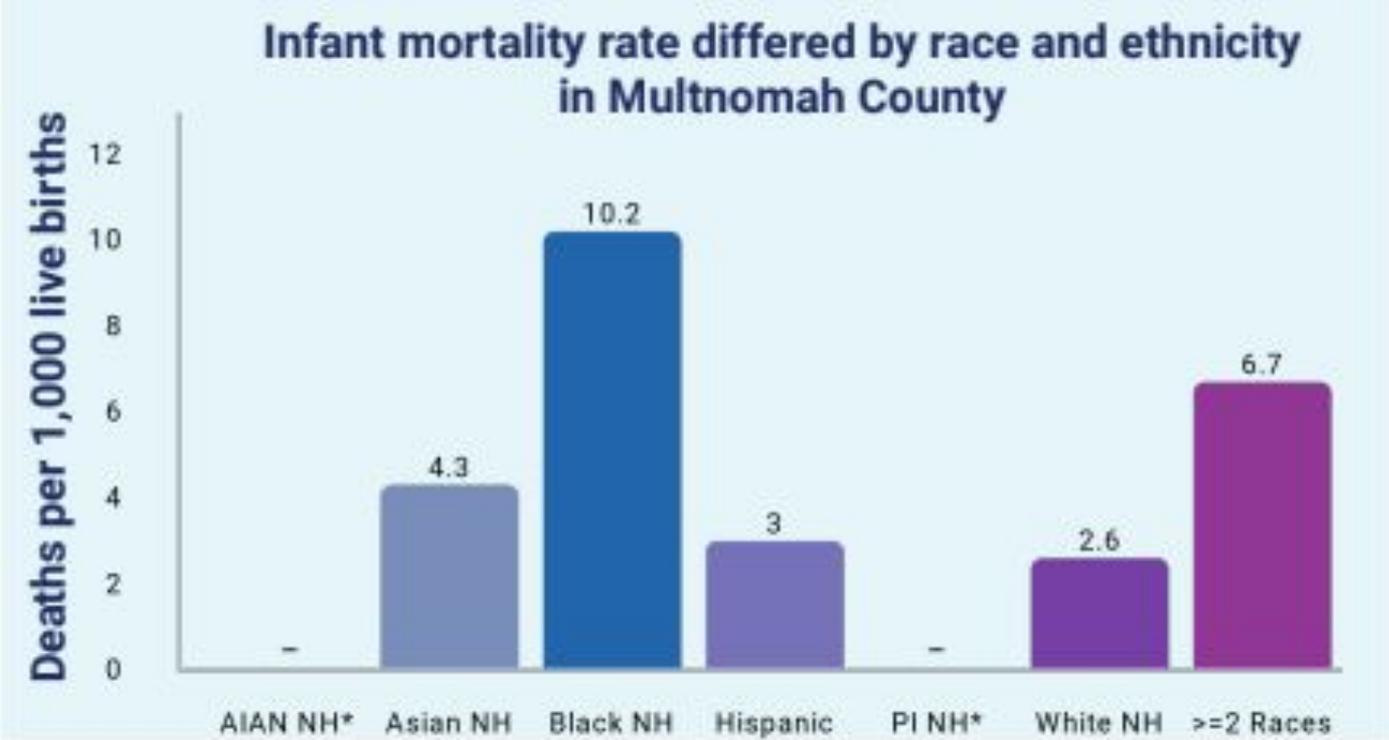
**\$75.5 Million Total Budget**  
(includes cash transfers, contingencies, and unappropriated balance)

Operating budgets exclude cash transfers, contingencies, and unappropriated balances

# FY 2026 Budget Decision Making

<b>FY 2026 Budget Rubric</b>	<b>Elevate</b>	the Chair's budget priorities and direction
	<b>Align</b>	with Health Dept. vision, mission, and values
	<b>Strengthen</b>	work to reduce preventable deaths
	<b>Achieve</b>	equitable health outcomes
	<b>Apply</b>	business best practices to support all work
	<b>Hire &amp; Retain</b>	an expert workforce
	<b>Address</b>	community priorities
	<b>Preserve</b>	our unique local governmental role

# Budget Approach: Equity



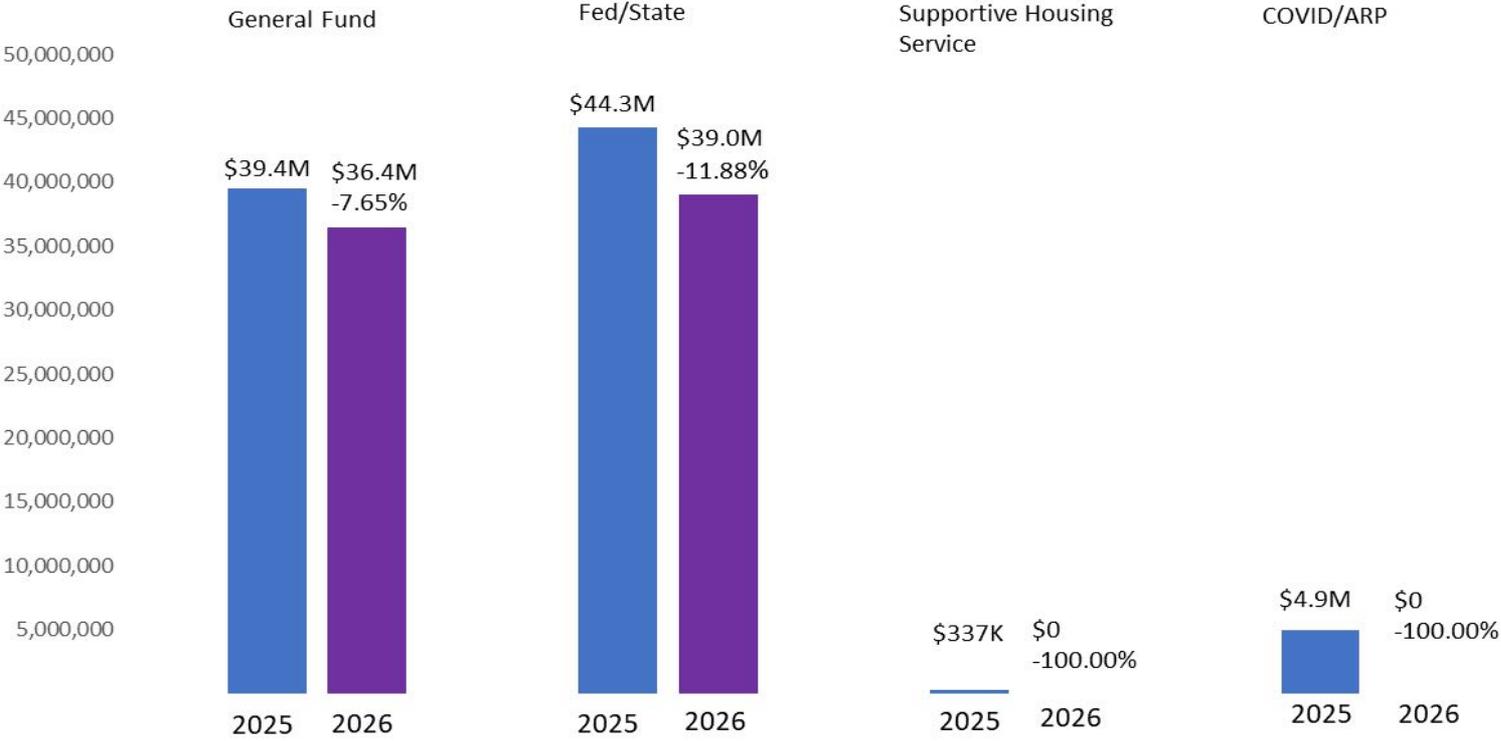
**Note:** Data for years 2018-2022. AIAN and PI had 5 or fewer events. Rates based on  $\leq 5$  events are unreliable and not reported.

# Budget Approach: Targeted Universalism

We prioritized keeping direct services focused on communities most impacted by health inequities.



# Operating Budget by Fund: \$75,501,991



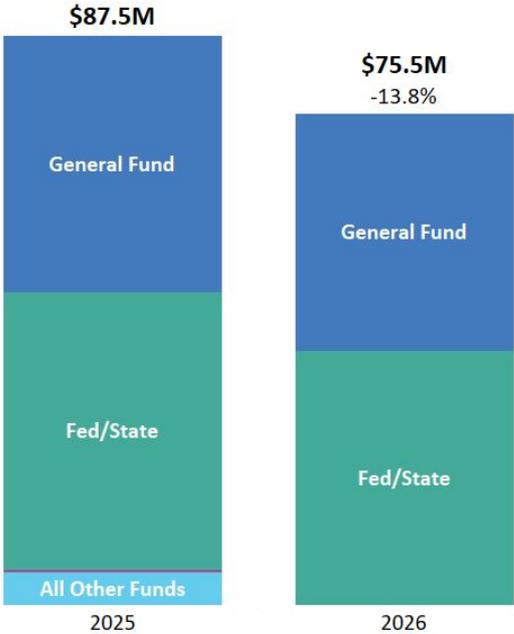
# Risks: FY 2026 Federal Funding is at Risk

Program Area	FY 2026 Revenue
Program Design and Evaluation Services	\$144,797
Public Health Operations	209,911
Communicable Disease Services	580,416
Environmental Health	1,156,521
Public Health Administration	1,958,863
Prevention & Health Promotion	1,995,723
Early Childhood Services	2,228,842
HIV/STD/ASH	3,310,306
Women, Infants and Children	3,691,527
<b>Total</b>	<b>\$15,276,906</b>

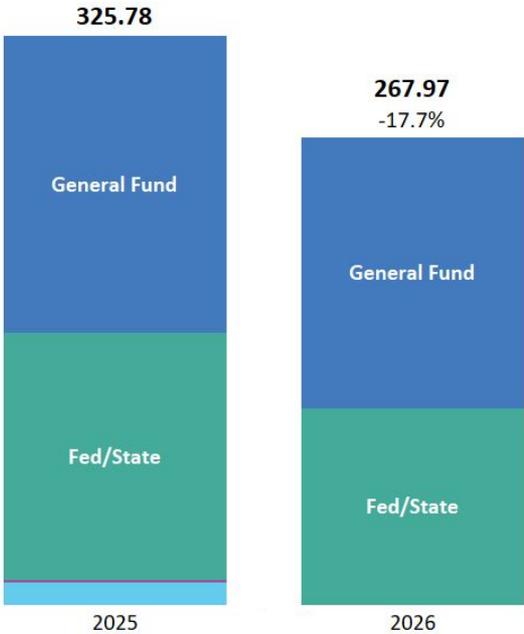
- **20%** of the Public Health Division's FY 2026 revenue
  - **43%** of WIC
  - **30%** of Prevention & Health Promotion
  - **20%** of HIV/STD/ASH
  - **15%** of Early Childhood Services

# Public Health: Operating Budget & FTE

Operating Budget



FTE



General Fund  
 Fed/State  
 Supportive Housing Services (SHS)  
 All Other Funds

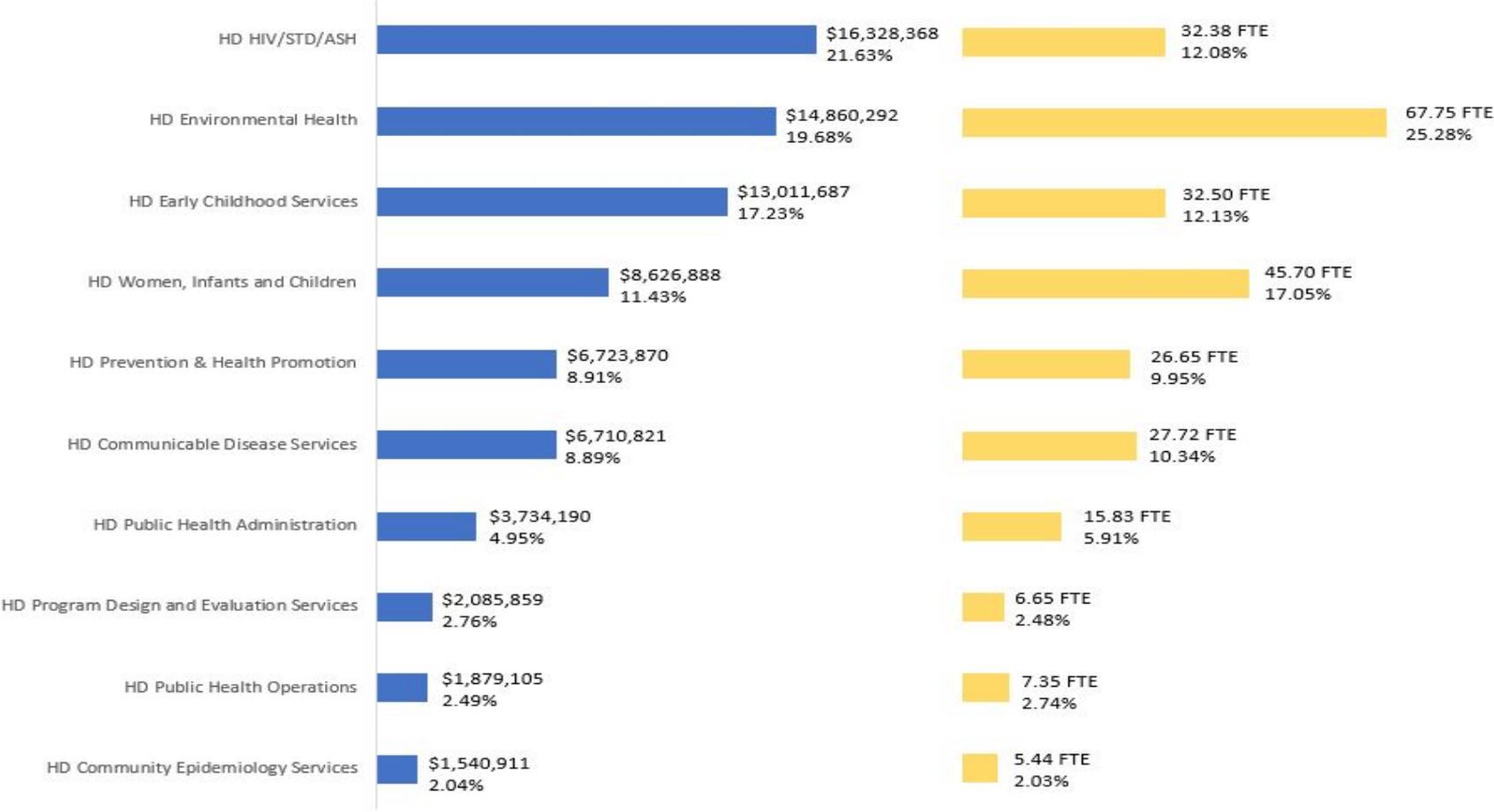
2025  
 \$39.5M  
 \$42.7M  
 \$0.3M  
 \$5.0M

2026  
 \$36.4M  
 \$39.1M

2025  
 170.20  
 141.53  
 1.00  
 13.05

2026  
 155.20  
 112.77

# PH Operating Budget by Program Area (\$75,501,991 & 267.97 FTE)





# Public Health

# Public Health: Reductions

PO #	Program Offer Name or Reduction Description	General Fund Reductions	Internal GF Reductions	Other Funds Reductions	Total Reductions	Total FTE Reductions
40001	Public Health Administration and Quality Management		(320,648)	(65,411)	(386,059)	(3.30)
40008	Vector-Borne Disease Prevention and Code Enforcement	(116,078)		(116,078)		0.00
40010A	Communicable Disease Prevention and Control			(378,490)	(378,490)	(2.81)
40010B	STI Clinical and Community Services	(31,876)		(854,631)	(886,507)	(4.16)
40010C	Communicable Disease Community Immunization Program			(1,449,966)	(1,449,966)	(7.62)
40010D	Supportive Housing Services for Communicable Disease Clients - Supportive Housing Services			(308,100)	(308,100)	0.00
40037	Environmental Health Community Programs			(778,551)	(778,551)	(2.54)

# Public Health: Reductions

PO #	Program Offer Name or Reduction Description	General Fund Reductions	Internal GF Reductions	Other Funds Reductions	Total Reductions	Total FTE Reductions
40037B	Gas Powered Leaf Blower Project	(219,628)			(219,628)	(0.80)
40048	Community Epidemiology	(15,591)		(1,743,468)	(1,759,059)	(6.20)
40053	Racial and Ethnic Approaches to Community Health			(479,976)	(479,976)	0.00
40054	Nurse Family Partnership	(1,165,085)		(1,643,486)	(1,165,085)	(6.00)
40055	Home and Community Based Consulting			(595,023)	(595,023)	(1.00)
40056	Healthy Families			(338,000)	(338,000)	0.00
40058	Healthy Birth Initiative			(112,500)	(112,500)	(0.50)
40060	Community & Adolescent Health			(381,999)	(381,999)	(3.40)
40061	Harm Reduction	(304,685)			(304,685)	(1.00)

# Public Health: Reductions

PO #	Program Offer Name or Reduction Description	General Fund Reductions	Internal GF Reductions	Other Funds Reductions	Total Reductions	Total FTE Reductions
40096	Public Health Office of the Director	(291,177)	(618,711)	(800,617)	(1,710,505)	(3.70)
40007	Health Inspections and Education	(1,992)			(1,992)	0.00
40018	Women, Infants, and Children (WIC)	(6,228)			(6,228)	0.00
40097	Parent, Child, and Family Health Management	(4,000)			(4,000)	0.00
40053	Racial and Ethnic Approaches to Community Health	(183)			(183)	0.00
40056	Healthy Families	(7,994)			(7,994)	0.00
40060	Community & Adolescent Health	(12,875)			(12,875)	0.00
40037	Environmental Health Community Programs	(4,800)			(4,800)	0.00

# Public Health: Reductions

PO #	Program Offer Name or Reduction Description	General Fund Reductions	Internal GF Reductions	Other Funds Reductions	Total Reductions	Total FTE Reductions
40010A	Communicable Disease Prevention and Control	(805)			(805)	0.00
	<b>Total</b>	<b>(2,182,997)</b>	<b>(939,359)</b>	<b>(10,046,296)</b>	<b>(11,409,088)</b>	<b>(43.03)</b>

# Reduction Impacts: Loss of Covid Era Funding

Program Area	FY 2025 Budget	FY 2025 FTE
Communicable Disease	\$1,689,966	7.55
Community Epidemiology	\$1,593,467	5.55
Environmental Health Community Programs	\$250,000	0.00
Healthy Families	\$338,000	0.00
Public Health Office of the Director	\$329,000	0.00
Racial and Ethnic Approaches to Community Health (REACH)	\$794,521	0.00
<b>Total</b>	<b>\$4,994,954</b>	<b>13.10</b>

# Reduction Impacts

**Nurse Family Partnership (NFP)** clients will need to transition to other services.

- One less home visiting curriculum available in Multnomah county.
- Referrals paused in February after transmittal letter was released. Fewer families will be impacted as a result.
- Families will continue to have breastfeeding and nutrition support through WIC, which is Multnomah County's largest footprint for parent and child support.



**WIC Serves**



# Reduction Impacts

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## Vector supplies

- Significant reduction in supplies from this year
- Increase in mosquito larva and increase in mosquitoes
- Will need to find resources to limit the spread of West Nile virus and Dengue fever

Note: Risk is based on weather.



**Health Officer**

# Health Officer: Budget by the Numbers

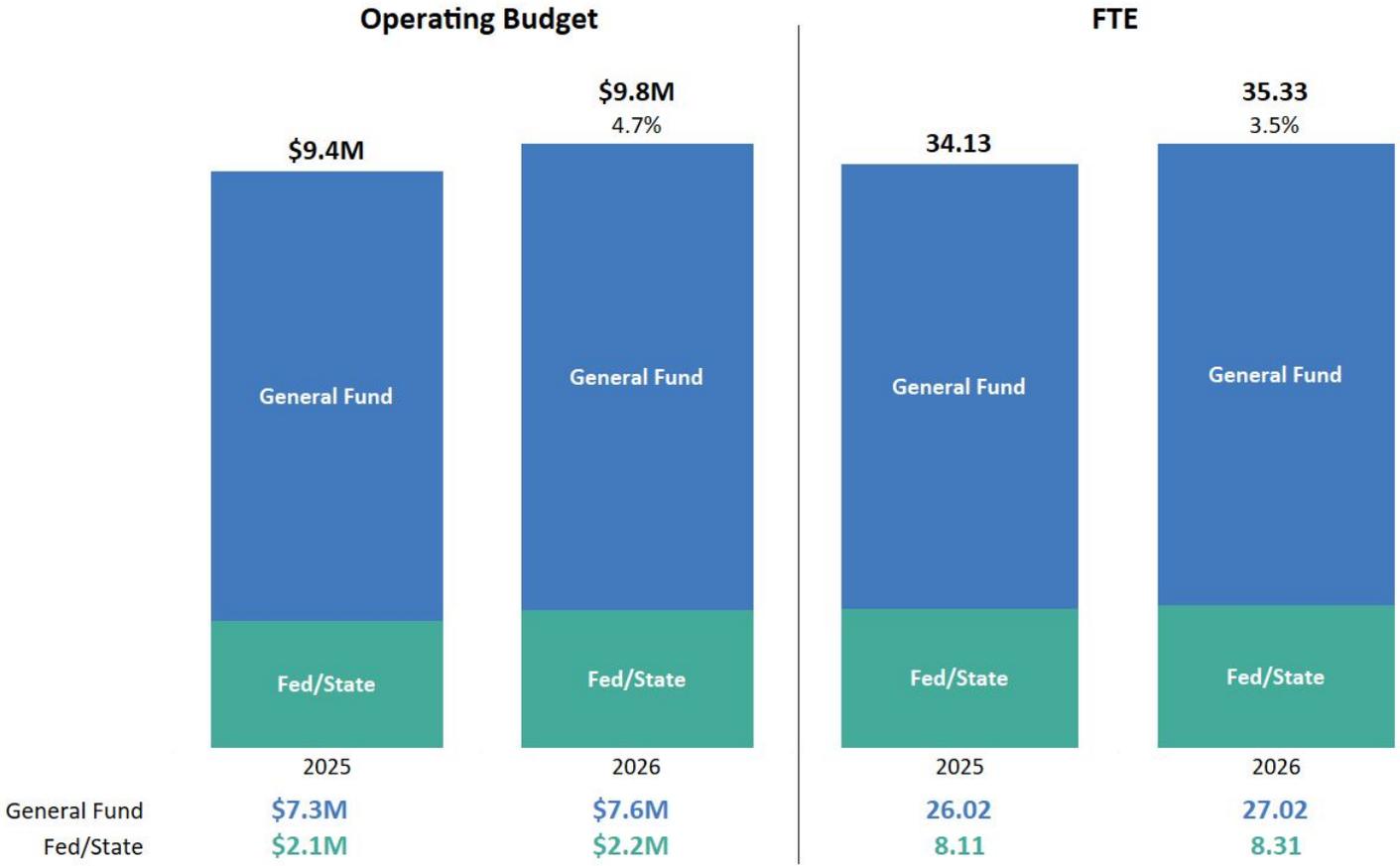
**\$9.8 Million**

FY 2026 Approved Operating Budget

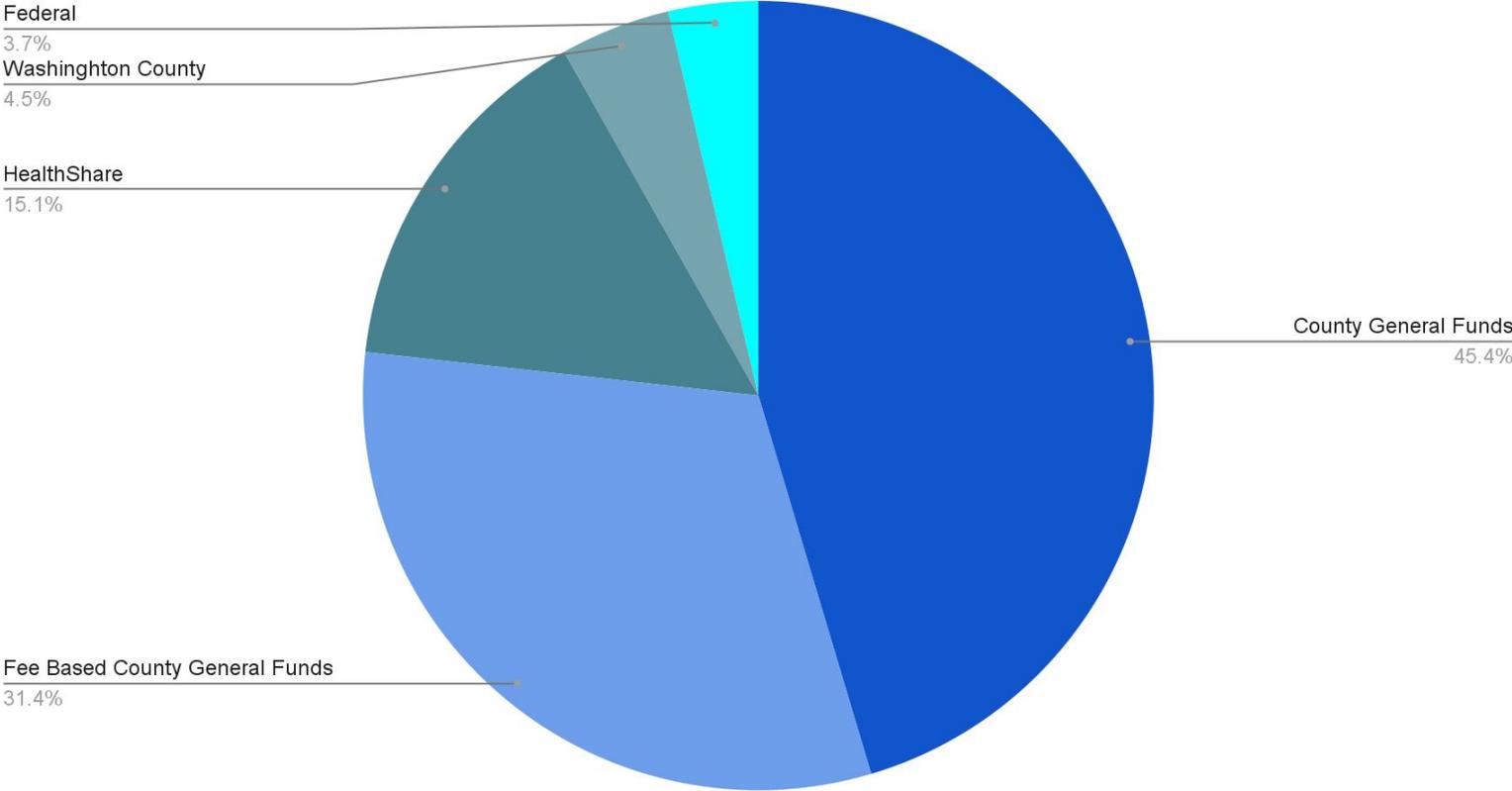


Operating budgets exclude cash transfers, contingencies, and unappropriated balances

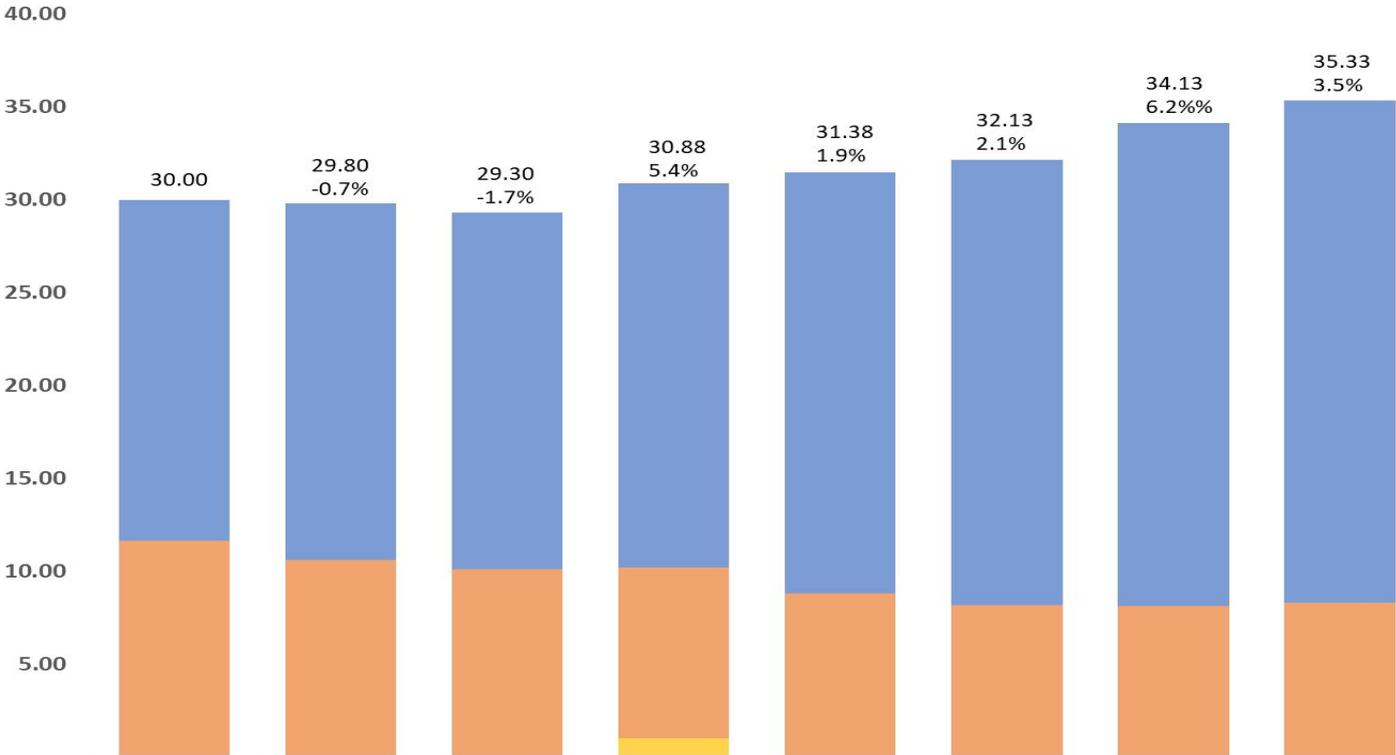
# Health Officer: Operating Budget & FTE



# FY 2026 Health Officer Operating Budget \$9.8M



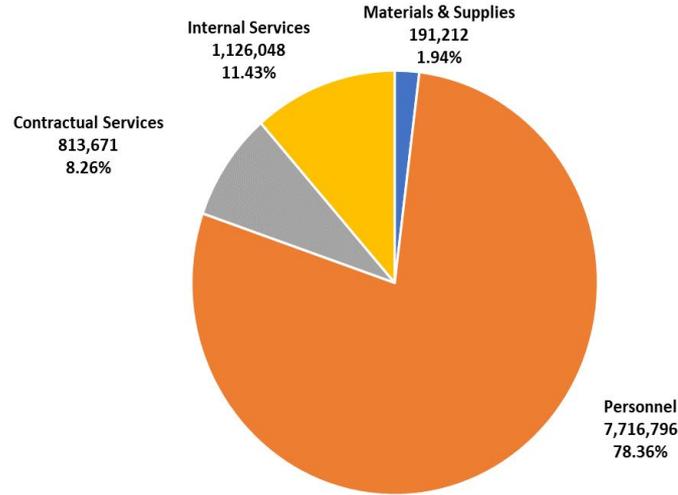
# Health Officer (HO) FTE Trend FY 2019-2026



	2019	2020	2021	2022	2023	2024	2025	2026
General Fund	18.35	19.20	19.21	20.69	22.68	23.94	26.02	27.02
Fed/State	11.65	10.60	10.09	9.19	8.80	8.19	8.11	8.31
COVID/ARP				1.00				

# HO Operating Budget by Category - \$9,847,727

FY2026 Proposed Expenditure & Percent of Total



FY2026 Proposed Expenditures & Annual Percent Change

	FY19 Adopted	FY20 Adopted	FY21 Adopted	FY22 Adopted	FY23 Adopted	FY24 Adopted	FY25 Adopted	FY26 Proposed
<b>Personnel</b>	6,020,398	4,809,218	4,802,290	5,365,135	5,858,277	5,913,331	7,144,378	7,716,796
		-20.12%	-0.14%	11.72%	9.19%	0.94%	20.82%	8.01%
<b>Contractual Services</b>	929,184	813,233	602,802	1,283,112	1,297,175	693,752	983,084	813,671
		-12.48%	-25.88%	112.86%	1.10%	-46.52%	41.71%	-17.23%
<b>Materials &amp; Supplies</b>	471,773	190,200	440,119	163,573	235,803	196,962	181,214	191,212
		-59.68%	131.40%	-62.83%	44.16%	-16.47%	-8.00%	5.52%
<b>Internal Services</b>	998,614	692,425	878,303	887,207	1,065,286	1,026,532	1,096,529	1,126,048
		-30.66%	26.84%	1.01%	20.07%	-3.64%	6.82%	2.69%

# Health Officer: Reductions

PO #	Program Offer Name or Reduction Description	General Fund Reductions	Internal GF Recutions	Other Funds Reductions	Total Reductions	Total FTE Reductions
40002	Tri-County Health Officer		(164,197)		(164,197)	0.00
40005	Public Health & Regional Health Systems Emergency Preparedness		(38,357)		(38,357)	0.00
40052	Medical Examiner	(3,574)			(3,574)	0.00
	<b>Total</b>	<b>(3,574)</b>	<b>(202,554)</b>		<b>(206,128)</b>	<b>0.00</b>

# Reduction Impacts

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- **Reduced capacity for local physicians to consult** with Health Officer.
- **Reduced capacity for TC911**
  - This program provides social work support for frequent utilizers of the 911 system to meet clients' needs outside of the emergency response system and reduce system strain.
  - TC911 will be solely funded through Health Share Oregon grant which will impact work with non-Health Share members.
- **Public Health Emergency Preparedness and Response** will be solely funded by at-risk CDC Federal grants.



# **Additional Issues**

# Oregon Legislature - Session Updates

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**HB 5025 includes a \$25M ask for PH modernization funding** (based on OHA Budget POP #410) for:

- Clean and safe food service and water systems
- Mitigating communicable diseases that increase health care costs
- Promoting and collaborating with communities to have access to affordable healthy foods
- Preparing for and responding to weather and natural disaster emergencies
- **Currently in the *Joint Committee on Ways & Means Subcommittee on Human Services***

# Oregon Legislature - Session Updates

## Flavored Tobacco Consolidation

[SB 702](#) restricts flavored tobacco sales to OLCC licensed stores, does not preempt local governments from enacting flavor bans or more stringent prohibitions on tobacco products and inhalant delivery systems.

- Does not cause any issue for Multnomah County's Tobacco Flavor Ban
- Referred to the *Senate Committee on Finance & Revenue* on April 14th
  - No meetings currently scheduled



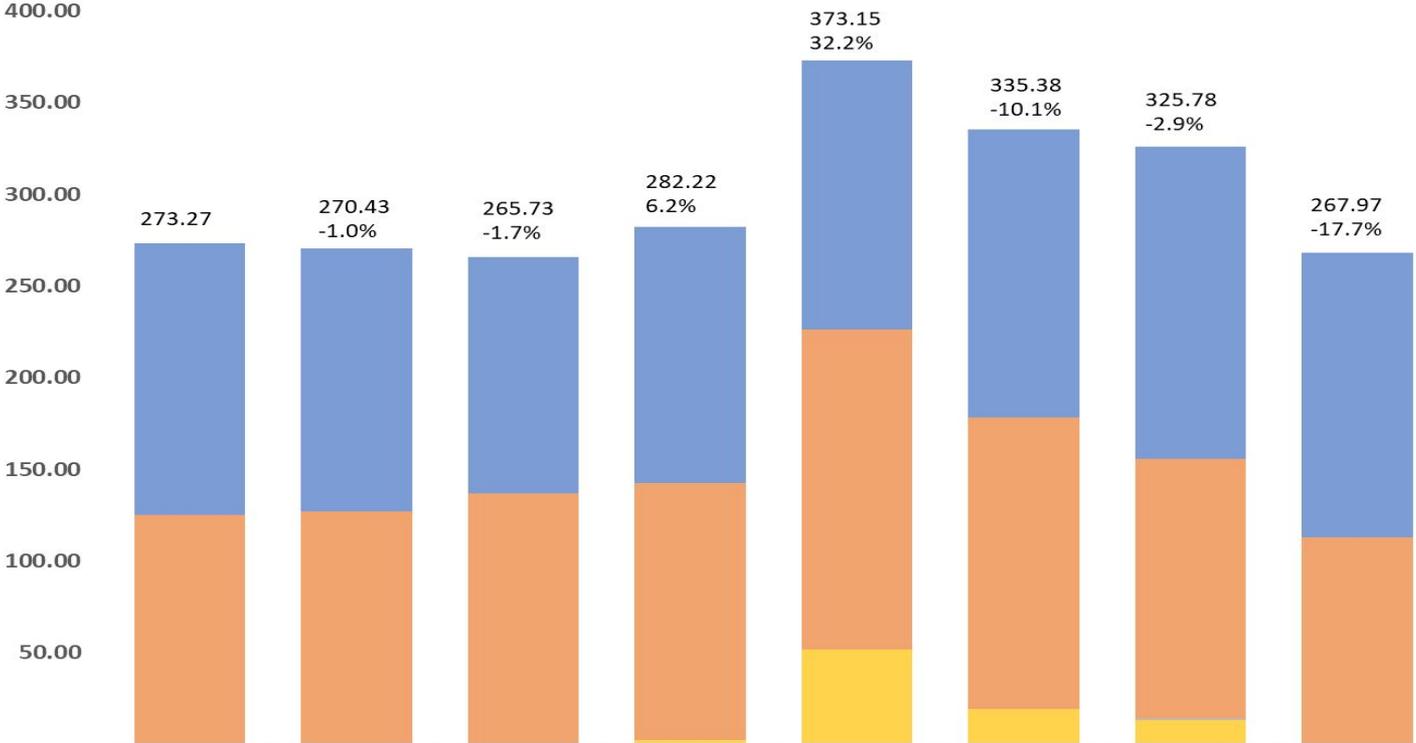
# Questions



# Appendices

The following slides are provided for reference.

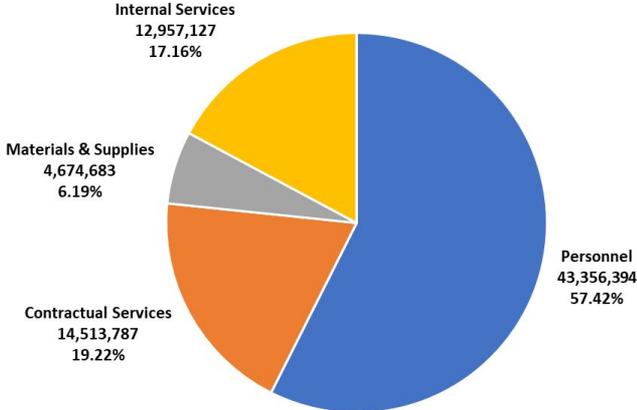
# FTE Trend FY 2019-2026



	2019	2020	2021	2022	2023	2024	2025	2026
■ General Fund	148.26	143.16	128.98	139.71	146.67	157.13	170.20	155.20
■ Fed/State	125.01	127.27	136.75	139.91	174.64	158.82	141.53	112.77
■ Supportive Housing Service							1.00	
■ COVID/ARP				2.60	51.83	19.43	13.05	

# Operating Budget by Category - \$75,501,991

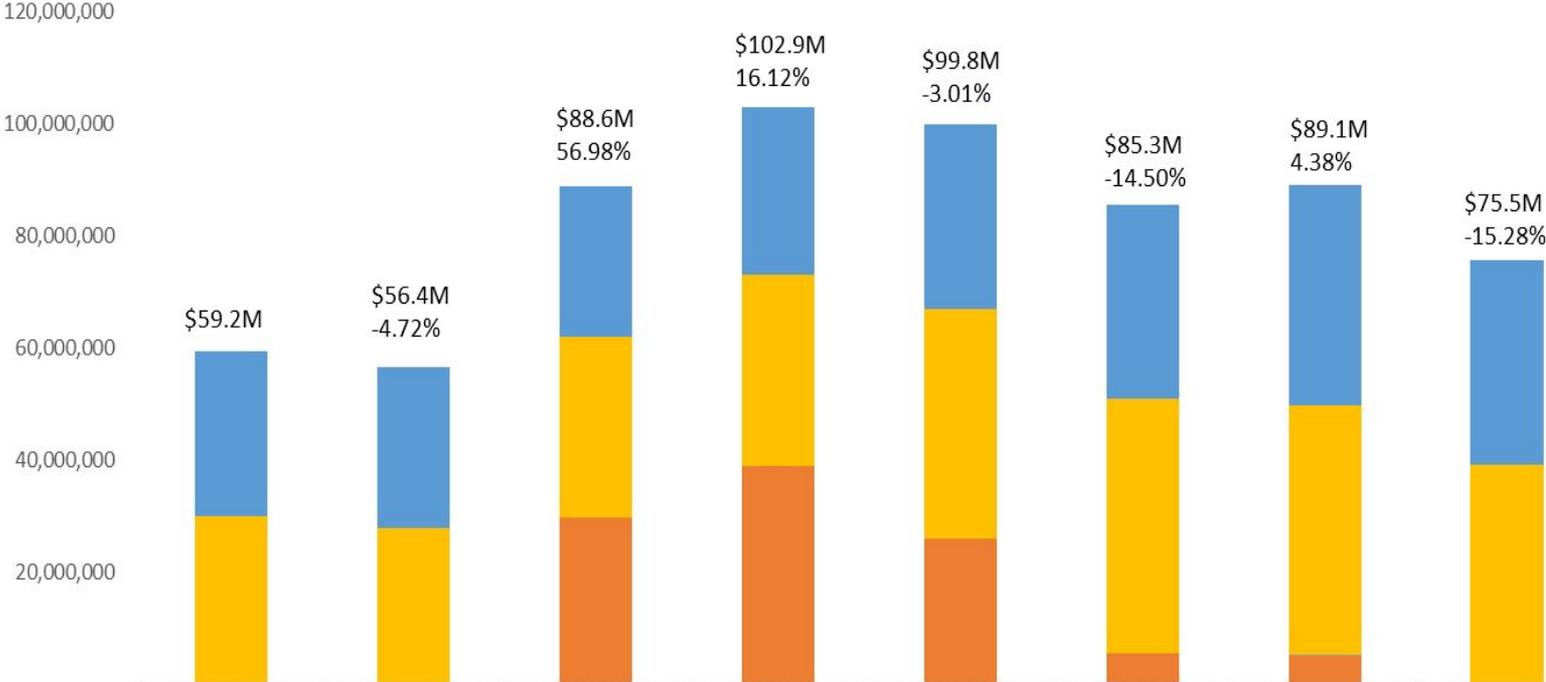
FY2026 Proposed Expenditure & Percent of Total



FY2026 Proposed Expenditures & Annual Percent Change

	FY19 Adopted	FY20 Adopted	FY21 Adopted	FY22 Adopted	FY23 Adopted	FY24 Adopted	FY25 Adopted	FY26 Proposed
<b>Personnel</b>	36,196,388	34,127,142	46,307,465	52,537,717	53,401,800	50,562,292	53,519,782	43,356,394
		-5.72%	35.69%	13.45%	1.64%	-5.32%	5.85%	-18.99%
<b>Contractual Services</b>	11,794,903	12,732,866	29,909,524	36,844,986	30,792,736	18,552,323	16,619,085	14,513,787
		7.95%	134.90%	23.19%	-16.43%	-39.75%	-10.42%	-12.67%
<b>Materials &amp; Supplies</b>	2,554,336	2,118,961	4,276,009	3,884,289	4,327,413	5,646,539	5,567,171	4,674,683
		-17.04%	101.80%	-9.16%	11.41%	30.48%	-1.41%	-16.03%
<b>Internal Services</b>	8,738,115	7,424,903	8,174,703	9,578,906	11,338,855	10,619,749	13,412,840	12,957,127
		-15.03%	10.10%	17.18%	18.37%	-6.34%	26.30%	-3.40%
<b>Capital Outlay</b>		80,000		111,928				
			-100.00%		-100.00%			

# Significant Public Health Operating Funds FY 2019-2026



	2019	2020	2021	2022	2023	2024	2025	2026
■ General Fund	29,392,325	28,621,362	26,805,494	29,919,874	33,030,492	34,403,472	39,468,127	36,447,527
■ Fed/State	29,891,417	27,862,510	32,232,957	34,035,468	40,921,662	45,362,183	44,318,764	39,054,464
■ Supportive Housing Service							337,033	
■ COVID/ARP			29,629,250	39,002,484	25,908,650	5,615,248	4,994,954	