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Department Overview

Multnomah County Health Department is the largest health department and safety net provider in Oregon. It acts as both the Local Public Health Authority (LPHA) and Local Mental Health Authority (LMHA)'s Community Mental Health Program, and operates the largest public-entity Federally Qualified Health Center (FQHC) in the state. It is also the statutory health provider for people living in carceral settings in the County. The Health Department is the only health entity that is responsible for the health of everyone who lives in (nearly 800,000 people) and visits Multnomah County at every stage in their lives.

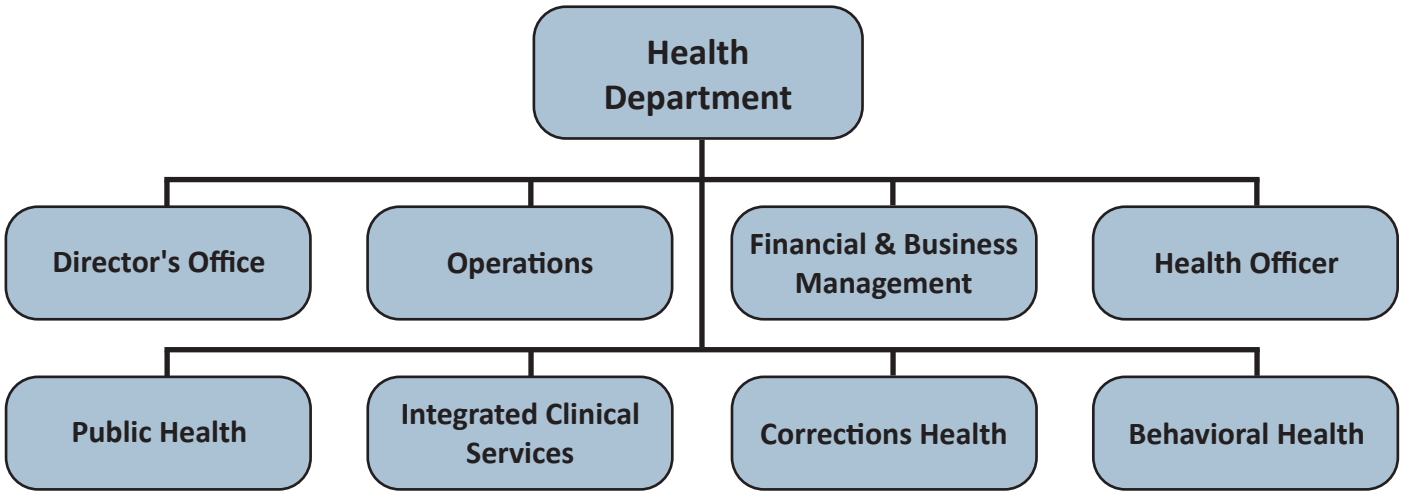
Department work is anchored in the vision of *"Thriving communities that nurture the health and resilience of all"* and the mission that *"We work with communities to advance health equity, protect the most vulnerable, and promote health and wellness for everyone."*

We advance our mission and vision by leading with an approach that is data-driven, community-centered, and equity-focused. 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 work prioritizes health equity across all service areas, and promotes the health and wellness of everyone in Multnomah County. 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.



Health Department

FY 2026 Proposed Budget

$523.7 million

Proposed Operating Budget

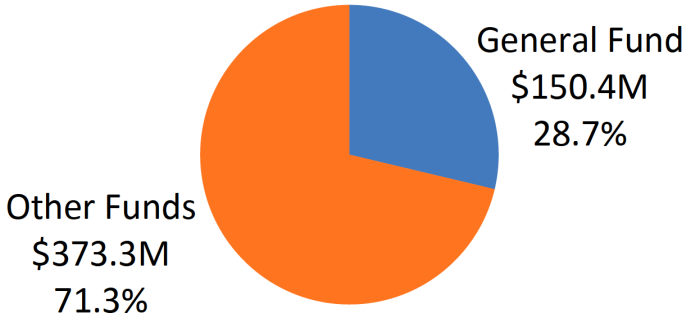
Excludes $100.2 million cash transfers, contingencies, and unappropriated balances.

1,647.98 FTE

Total Proposed Staffing

-48.33 FTE

Decrease from
FY 2025 Adopted



($21.8) million

Operating Budget
Decrease from
FY 2025 Adopted

-4% decrease

General Fund

$2.4 million

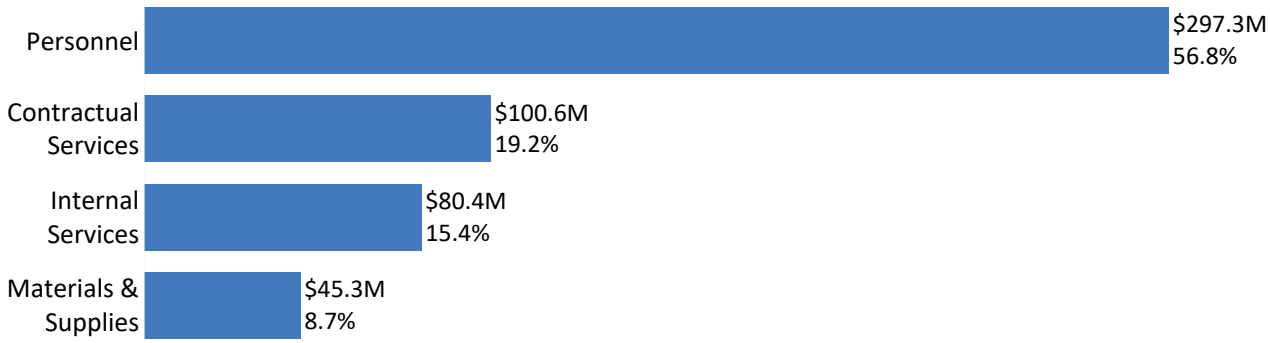
New **One-Time-Only** Investments

$1.0 million

New/Backfill **Ongoing** Investments

Operating Budget by Category - **$523.7 million**

Does not include cash transfers, contingencies, and unappropriated balances



Mission, Vision, and Values

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

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

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

Diversity, Equity, and Inclusion

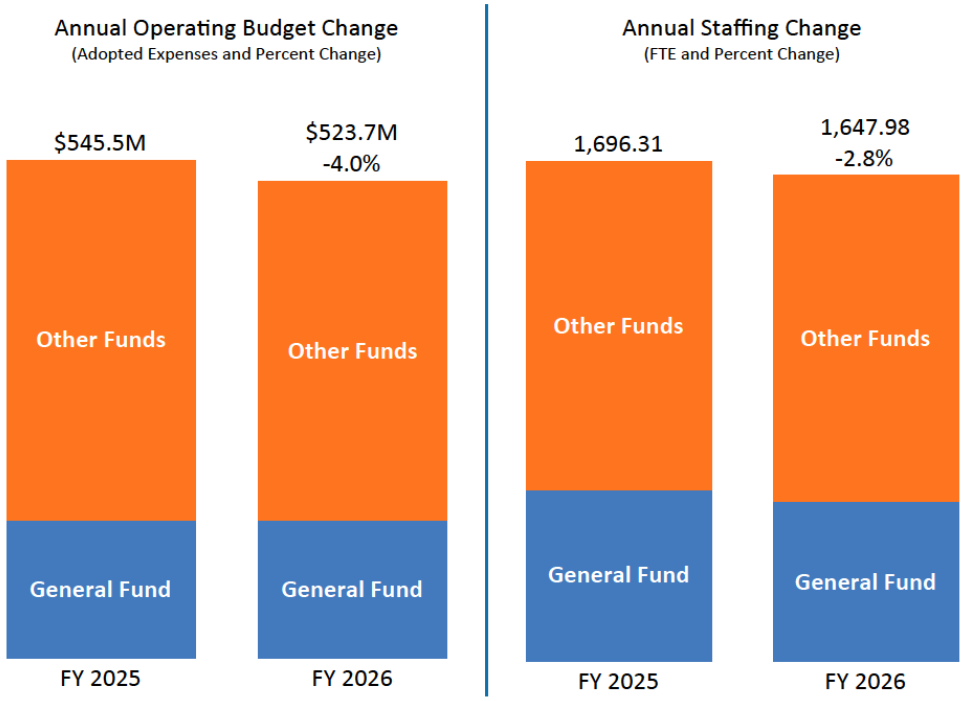
Equity is at the forefront of the Health Department's mission and is the foundation of its vision. Our values also speak to how we engage with our diverse communities and with one another. They set the intention for our organizational culture. As an embodiment of equity values, the Health Department implements many strategies and services to best meet people where they are. Some of these strategies and examples include:

- **Geographically meeting people where they are** – The Community Health Center mobile clinic van delivers health and dental services to people outside of standing clinic settings. Telehealth services bring care to patients who are unable to come into a clinic. Virtual care is available 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 Encampments program was established to provide direct support, outreach, institutional collaboration, and subject matter expertise to enhance support of people experiencing homelessness and living in encampments. In the past year, the program facilitated nearly 1,500 outreach contacts and distributed essential supplies. Corrections Health provides medical, dental and behavioral health services to more than 30,000 people in custody annually. A disproportionate percentage of Multnomah County's communities of color are incarcerated, underscoring the need for an equity lens to deliver Corrections Health services.
- **Building community partnerships** – The Community Partnership and Capacity Building program continues to build connections to better serve the diverse communities who experience health inequities. Strategic community partnerships in FY 2025 contributed to the formation of the Alianza Latina coalition, support for the Coalition of Slavic & Eastern European Organizations mental health conference, the Native Data Sovereignty Project and Two Spirit Survivance Campaign, three climate resilience and emergency preparedness projects with Community Health Worker organizations, the formation of the African Farmers/Gardeners Collaboration Project and passage of the Native Hawaiian/ Pacific Islander Student Success Plan in Oregon.
- **Involving the community in decision making –** Numerous community advisory boards and peer-led programming ensure community involvement in decision making. The Citizen Public Health Advisory Board, Behavioral Health Advisory Council, Community Health Center Board, HIV Services Planning Council, Food Service Advisory Committee, Student Health Action Councils and Community Budget Advisory Committee all participate in goal setting and service planning. The peer-led Behavioral Health Resource Center and the Office of Community Engagement ensure that community voices and experience are at the forefront.
- **Basing decision making on data and evidence-based practices** – By addressing the leading causes of premature death based on scientific and community-provided data and adopting evidence-based interventions and programming, the Health Department is inherently building equity into budget decisions.

These combined approaches help ensure the effective and equitable delivery of services that save money in the long run by preventing illness and promoting population health for everyone in Multnomah County.

Budget Overview

The FY 2026 Health Department operating budget is $523.7 million, a $21.8 million (-4.0%) decrease from the FY 2025 Adopted budget. These amounts exclude cash transfers, contingencies and unappropriated balances. The General Fund accounts for 28.7% of the budget, and General Fund expenses decreased by $1.6 million (-1.0%). Other Funds decreased by $20.2 million (-5.1%).



A full list of General Fund reductions can be found on the following page. The decrease in Other Funds is primarily due to the $25 million for a deflection and sobering center that was included in the FY 2025 budget. In FY 2026, the remaining $13.4 million is being cash transferred to the Department of County Assets, and therefore does not show up in the operating budget. Health-specific American Rescue Plan funding also ended in FY 2025, which led to a decrease of $5.1 million in the Coronavirus (COVID-19) Response Fund in FY 2026. The Health Department's budget also decreased by $1.6 million in Supportive Housing Services funding. The Health Department Federally Qualified Health Center (FQHC) fund increased by $16.1 million.

The following table shows the new ongoing and one-time-only programs, backfill, and reductions. This table, along with information on the Health Department's reallocations for FY 2026, can be found in the Overview of Additions, Reductions, and Reallocations section of the Budget Director's Message in Volume 1. In addition, the Budget Director's Message contains a list of one-time-only programs for all departments.

New *Investments in Ongoing and One-Time-Only Programs*

Prog. #	Program Offer Name	General Fund		
		Ongoing	OTO	FTE
40004B	Ambulance Service Plan Continuation		400,000	1.00
40044B	Supplemental Data Sets Partnership with DCA		400,000	
40104B	24/7 Sobering and Crisis Stabilization Center Implementation	891,189		5.00
Total		**$891,189**	**$800,000**	**6.00**

General Fund Backfill

The table below shows programs that received General Fund backfill after a reduction in Supportive Housing Services (SHS) Funds.

Prog. #	Program Offer Name	General Fund		
		Ongoing	OTO	FTE
40074B	Bridgeview		1,300,000	
40112	Shelter, Housing and Supports	149,010	264,563	
Total		**$149,010**	**$1,564,563**	

Reductions

Prog. #	Program Offer Name or Reduction Description	General Fund Reductions	Internal Constraint GF Reductions	Other Fund Reductions (Not SHS)	SHS Reductions	Total Reductions	FTE Red.
40000A	Health Department Director's Office	(1,053,960)	(226,811)			(1,280,771)	(6.00)
40001	Public Health Administration and Quality Management		(320,648)	(65,411)		(386,059)	(3.30)
40002	Tri-County Health Officer		(164,197)			(164,197)	0.00
40003	Health Department Facilities, Safety, and Administrative Support	(270,746)				(270,746)	(2.00)

Health Department

FY 2026 Proposed Budget

Prog. #	Program Offer Name or Reduction Description	General Fund Reductions	Internal Constraint GF Reductions	Other Fund Reductions (Not SHS)	SHS Reductions	Total Reductions	FTE Red.
40005	Public Health & Regional Health Systems Emergency Preparedness		(38,357)			(38,357)	0.00
40006/ 40060	Tobacco Prevention and Control/ Community & Adolescent Health		(420,750)			(420,750)	(3.00)
40008	Vector-Borne Disease Prevention and Code Enforcement	(116,078)				(116,078)	0.00
40010A	Communicable Disease Prevention and Control			(378,490)		(378,490)	(2.81)
40010B	STI Clinical and Community Services	(31,876)		(854,631)		(886,507)	(4.16)
40010C	Communicable Disease Community Immunization Program			(1,449,966)		(1,449,966)	(7.62)
40010D	Supportive Housing Services for Communicable Disease Clients - Supportive Housing Services				(308,100)	(308,100)	0.00
40037	Environmental Health Community Programs			(778,551)		(778,551)	(2.54)
40037B*	Gas Powered Leaf Blower Project	(219,628)				(219,628)	(0.80)
40039	Human Resources	(664,063)				(664,063)	(3.00)
40039B	Human Resources - ICS Recruitment		(178,928)			(178,928)	(1.00)
40040	Financial and Business Management Services	(506,504)	(291,182)			(797,686)	(3.00)
40042	Contracts & Procurement	(318,784)	(167,438)			(486,222)	(2.00)
40044A	Health Data and Analytic Team	(633,342)	(165,632)		(182,050)	(981,024)	(5.00)
40046	Health Operations Administration		(217,866)			(217,866)	(1.00)
40048	Community Epidemiology	(15,591)		(1,743,468)		(1,759,059)	(6.20)
40053	Racial and Ethnic Approaches to Community Health			(479,976)		(479,976)	0.00
40054*	Nurse Family Partnership	(1,165,085)				(1,165,085)	(6.00)

Health Department

FY 2026 Proposed Budget

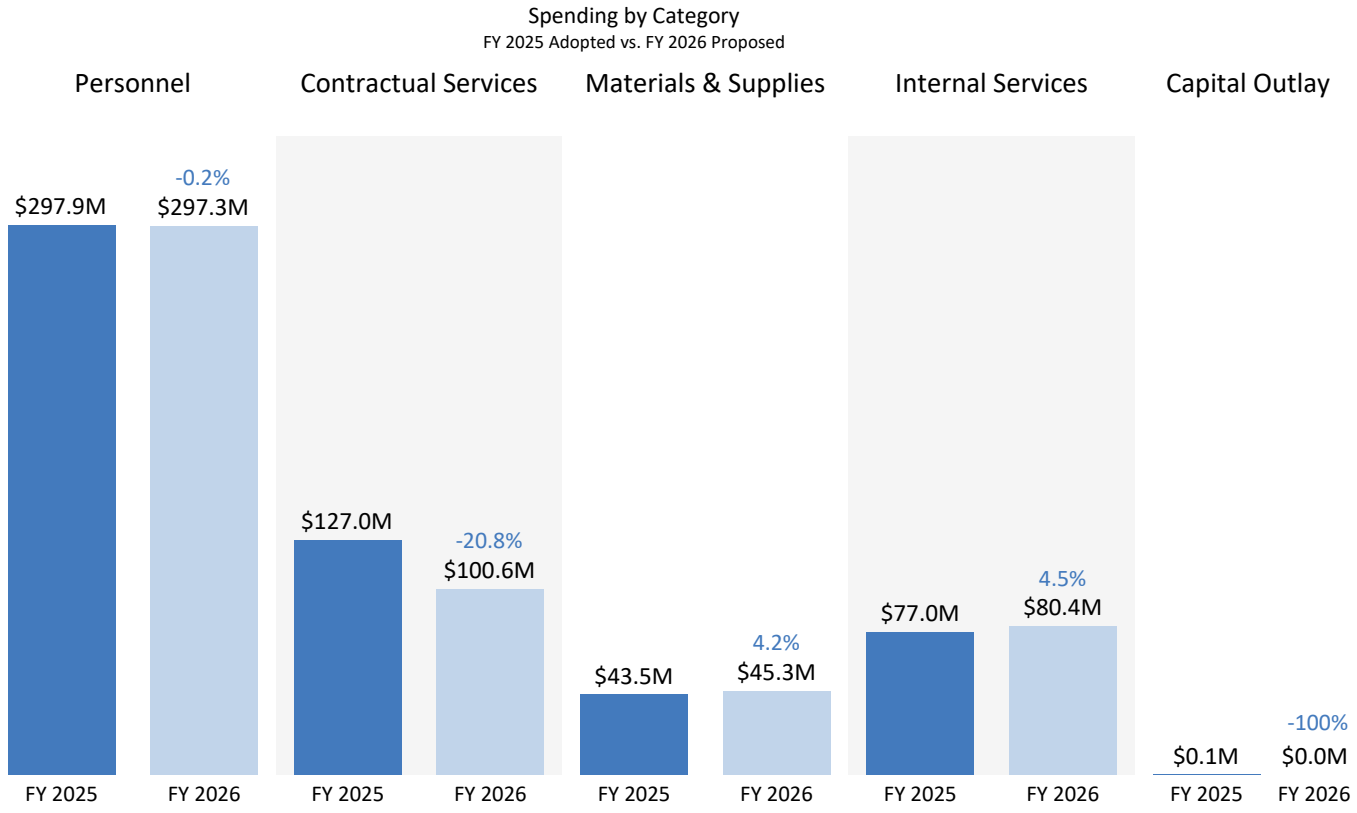
Prog. #	Program Offer Name or Reduction Description	General Fund Reductions	Internal Constraint GF Reductions	Other Fund Reductions (Not SHS)	SHS Reductions	Total Reductions	FTE Red.
40055	Home and Community Based Consulting			(595,023)		(595,023)	(1.00)
40056	Healthy Families			(338,000)		(338,000)	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)
40068	Behavioral Health Quality Management	(471,062)				(471,062)	(3.00)
40069	Behavioral Health Crisis Services				(1,930,360)	(1,930,360)	0.00
40070	Mental Health Crisis Assessment & Treatment Center (CATC)		(317,048)			(317,048)	0.00
40073*	Peer-Run Supported Employment Center		(128,215)			(128,215)	0.00
40074A	Mental Health Residential Services			(148,069)		(148,069)	(0.80)
40077	Mental Health Treatment & Medication for the Uninsured		(454,803)			(454,803)	0.00
40081	Multnomah County Care Coordination			(692,841)		(692,841)	(4.00)
40082	School Based Mental Health Services	(865,450)	(496,822)	(1,000,000)		(2,362,272)	(13.67)
40085	Adult Addictions Treatment Continuum				(500,000)	(500,000)	0.00
40096	Public Health Office of the Director	(291,177)	(618,711)	(800,617)		(1,710,505)	(3.70)
40101	Promoting Access To Hope (PATH) Care Coordination Continuum			(352,483)	(209,343)	(561,826)	(2.00)
Various	Administrative Reductions	(46,183)				(46,183)	
Total		**(6,974,214)**	**(4,207,408)**	**(10,172,025)**	**(3,129,853)**	**(24,483,500)**	**(92.50)**

*Program Eliminated

Health Department

FY 2026 Proposed Budget

The chart below provides a breakdown of the budget's expense categories from FY 2025 to FY 2026. Personnel is the largest component of the Health Department's budget, while Internal Services grew the most between FY 2025 and FY 2026.



Health Department

FY 2026 Proposed Budget

The Budget Trends table below details the changes in expense categories from FY 2024 Actual to FY 2026 Proposed.

FY 2026 Budget Trends: Health					
	FY 2024 Actual	**FY 2025 Current Estimate**	**FY 2025 Adopted Budget**	**FY 2026 Proposed Budget**	**Difference**
Staffing FTE	1,599.21	1,701.31	1,696.31	1,647.98	(48.33)
Personnel Services	237,516,125	262,857,140	297,885,231	297,307,041	(578,190)
Contractual Services	85,078,916	107,067,400	127,040,342	100,570,474	(26,469,868)
Materials & Supplies	39,696,083	44,169,570	43,493,177	45,330,897	1,837,720
Internal Services	60,771,054	85,534,790	76,996,274	80,447,854	3,451,580
Capital Outlay	654,335	0	50,000	0	(50,000)
Total Operating Budget	**$423,716,513**	**$499,628,900**	**$545,465,024**	**$523,656,266**	**(21,808,758)**
Contingency*	N/A	N/A	16,479,108	16,714,328	235,220
Internal Cash Transfers	0	10,332,343	2,502,343	13,400,000	10,897,657
Unappropriated Balances*	N/A	N/A	47,578,020	70,081,549	22,503,529
Total Budget	**$423,716,513**	**$509,961,243**	**$612,024,495**	**$623,852,143**	**11,827,648**

* In any given fiscal year, there is no spending of unappropriated balance; if contingency is spent, it will be reflected in the Operating expenditures.

Budget by Division

Division Name	General Fund	Other Funds	Total Division Cost	Total FTE
Director's Office	14,746,374	17,414,368	32,160,742	75.66
Operations	4,709,285	0	4,709,285	8.00
Financial And Business Management	15,326,532	0	15,326,532	58.00
Health Officer	7,603,284	2,244,443	9,847,727	35.33
Public Health	36,447,527	39,054,464	75,501,991	267.97
Integrated Clinical Services	0	300,430,237	300,430,237	723.53
Corrections Health	34,993,298	403,571	35,396,869	145.58
Behavioral Health	36,540,057	113,938,703	150,478,760	333.91
Total Health Department	**$150,366,357**	**$473,485,786**	**$623,852,143**	**1,647.98**

Includes cash transfers, contingencies and unappropriated balances

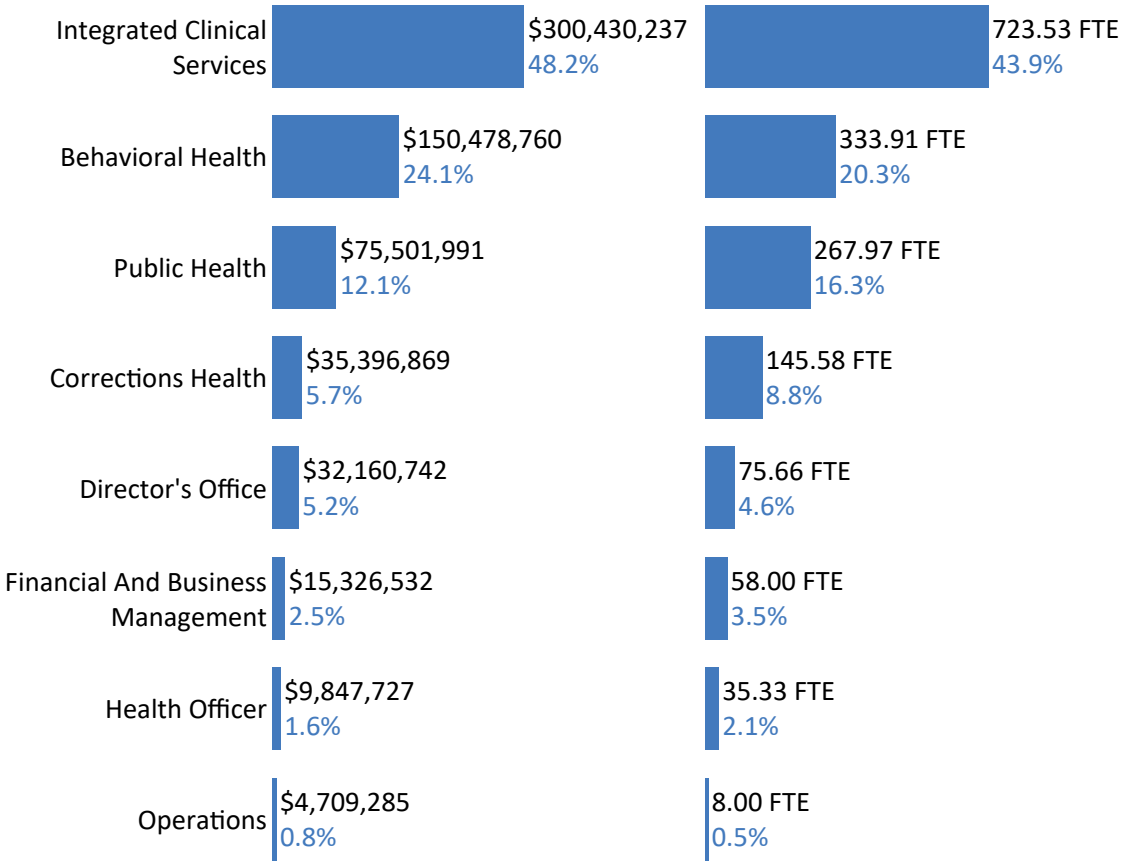


Table of All Program Offers

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

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Director's Office						
40000A	Health Department Director's Office		7,699,746	3,615,356	11,315,102	41.58
40000B	Overdose Prevention & Response		602,332	0	602,332	3.00
40000C	24/7 Sobering & Crisis Stabilization Center Capital Development		0	13,400,000	13,400,000	0.00
40000D	Behavioral Health CLP+ & System Transformation		661,682	0	661,682	3.20
40039	Human Resources		5,782,614	399,012	6,181,626	27.88
	Total Director's Office		**$14,746,374**	**$17,414,368**	**$32,160,742**	**75.66**
Operations						
40044A	Health Data and Analytic Team		3,058,082	0	3,058,082	2.00
40044B	Supplemental Data Sets Partnership with DCA	X	400,000	0	400,000	0.00
40046	Health Operations Administration		1,251,203	0	1,251,203	6.00
	Total Operations		**$4,709,285**	**$0**	**$4,709,285**	**8.00**
Financial & Business Management						
40040	Financial and Business Management Services		10,464,474	0	10,464,474	34.00
40041	Medical Accounts Receivable		2,257,735	0	2,257,735	12.00
40042	Contracts & Procurement		2,604,323	0	2,604,323	12.00
	Total Financial and Business Management		**$15,326,532**	**$0**	**$15,326,532**	**58.00**
Health Officer						
40002	Tri-County Health Officer		844,174	435,800	1,279,974	1.94
40004A	Ambulance Services (Emergency Medical Services)		3,024,369	1,454,322	4,478,691	14.00
40004B	Ambulance Service Plan Continuation	X	400,000	0	400,000	1.00
40005	Public Health & Regional Health Systems Emergency Preparedness		50,796	354,321	405,117	1.39
40052	Medical Examiner		3,283,945	0	3,283,945	17.00
	Total Health Officer		**$7,603,284**	**$2,244,443**	**$9,847,727**	**35.33**
Public Health						
40006	Tobacco Prevention and Control		987,842	704,516	1,692,358	7.05

Health Department

FY 2026 Proposed Budget

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
40007	Health Inspections and Education		7,817,139	37,992	7,855,131	38.15
40008	Vector-Borne Disease Prevention and Code Enforcement		2,274,282	0	2,274,282	9.80
40009	Vital Records		151,390	996,000	1,147,390	5.32
40010A	Communicable Disease Prevention and Control		2,855,547	3,492,715	6,348,262	25.72
40010B	STI Clinical and Community Services		1,931,251	1,461,217	3,392,468	8.80
40010C	Communicable Disease Community Immunization Program		162,236	200,323	362,559	2.00
40011	Services for Persons Living with HIV - Regional Education and Outreach		143,674	6,379,650	6,523,324	6.25
40018	Women, Infants, and Children (WIC)		3,533,993	5,092,895	8,626,888	45.70
40037	Environmental Health Community Programs		1,034,816	2,548,673	3,583,489	14.48
40048	Community Epidemiology		1,620,990	2,005,780	3,626,770	12.09
40053	Racial and Ethnic Approaches to Community Health		962,695	1,412,260	2,374,955	8.26
40055	Home and Community Based Consulting		99,429	519,900	619,329	2.80
40056	Healthy Families		889,353	4,312,118	5,201,471	6.00
40058	Healthy Birth Initiative		2,046,209	3,341,918	5,388,127	17.70
40060	Community & Adolescent Health		1,869,782	786,775	2,656,557	11.34
40061	Harm Reduction		3,062,385	3,350,191	6,412,576	17.33
40096	Public Health Office of the Director		3,444,521	2,168,774	5,613,295	23.18
40097	Parent, Child, and Family Health Management		1,559,993	242,767	1,802,760	6.00
	Total Public Health		**$36,447,527**	**$39,054,464**	**$75,501,991**	**267.97**
Integrated Clinical Services						
40012	FQHC-HIV Clinical Services		0	9,994,568	9,994,568	37.30
40016	FQHC-Medicaid/Medicare Eligibility		0	3,286,067	3,286,067	19.00
40017	FQHC-Dental Services		0	33,979,972	33,979,972	123.99
40019	FQHC-North Portland Health Clinic		0	7,731,576	7,731,576	29.90
40020	FQHC-Northeast Health Clinic		0	8,929,501	8,929,501	32.45
40022	FQHC-Mid County Health Clinic		0	17,155,206	17,155,206	62.30

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
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	12,989,525	12,989,525	50.90
40034B	FQHC - Contingency and Reserves	X	0	83,641,217	83,641,217	0.00
40036	FQHC-Community Health Council and Civic Governance		0	462,029	462,029	1.00
40102	FQHC Allied Health		0	9,724,773	9,724,773	45.50
40103	FQHC-Quality Assurance		0	10,205,961	10,205,961	27.45
	Total Integrated Clinical Services		**$0**	**$300,430,237**	**$300,430,237**	**723.53**
Corrections Health						
40043	Corrections Health Dental		707,372	0	707,372	2.00
40045	Corrections Health Operations		4,331,070	0	4,331,070	18.30
40047	Corrections Health Transition Services		2,428,072	403,571	2,831,643	19.08
40049	Corrections Health Juvenile Clinical Services		1,929,194	0	1,929,194	6.80
40050	Corrections Health Multnomah County Detention Center (MCDC) Clinical Services		11,212,628	0	11,212,628	42.60
40051	Corrections Health Inverness Jail (MCIJ) Clinical Services		9,746,000	0	9,746,000	35.85
40059	Corrections Health Behavioral Health Services		4,638,962	0	4,638,962	20.95
	Total Corrections Health		**$34,993,298**	**$403,571**	**$35,396,869**	**145.58**
Behavioral Health						
40065	Behavioral Health Division Administration		2,630,426	4,740,642	7,371,068	15.08
40067	Medical Records for Behavioral Health Division		332,108	635,904	968,012	5.75
40068	Behavioral Health Quality Management		1,025,651	5,223,745	6,249,396	22.36

Health Department

FY 2026 Proposed Budget

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
40069	Behavioral Health Crisis Services		1,638,934	18,633,850	20,272,784	38.85
40070	Mental Health Crisis Assessment & Treatment Center (CATC)		0	317,047	317,047	0.00
40071	Behavioral Health Division Adult Protective Services		1,533,954	291,028	1,824,982	9.00
40072	Mental Health Commitment Services		2,185,728	3,750,934	5,936,662	26.80
40074A	Mental Health Residential Services		1,429,368	8,480,254	9,909,622	10.80
40074B	Bridgeview	X	1,300,000	0	1,300,000	0.00
40075	Choice Model		0	5,797,657	5,797,657	14.32
40077	Mental Health Treatment & Medication for the Uninsured		298,127	0	298,127	0.00
40078	Early Assessment & Support Alliance		608,809	2,639,596	3,248,405	14.40
40080	Community Based Mental Health Services for Children & Families		777,792	1,451,406	2,229,198	10.35
40081	Multnomah County Care Coordination		0	14,672,175	14,672,175	54.68
40082	School Based Mental Health Services		2,174,185	2,364,000	4,538,185	19.81
40083	Behavioral Health Promotion, Suicide Prevention and Postvention Services		315,433	336,684	652,117	3.30
40084A	Culturally Specific Mental Health Services		1,836,478	556,970	2,393,448	0.00
40084B	Culturally Specific Mobile Outreach and Stabilization Treatment Program		832,352	0	832,352	0.00
40085	Adult Addictions Treatment Continuum		2,465,088	10,271,254	12,736,342	5.40
40086	Addiction Services Gambling Treatment & Prevention		0	779,172	779,172	3.20
40087	Addiction Services Alcohol & Drug Prevention		0	1,566,312	1,566,312	1.50
40088	Coordinated Diversion for Justice Involved Individuals		1,351,761	6,601,754	7,953,515	30.20
40089	Addictions Detoxification & Post Detoxification Housing		1,515,449	803,995	2,319,444	1.50
40090	Family & Youth Addictions Treatment Continuum		94,789	160,054	254,843	0.00
40091	Family Involvement Team		33,935	331,995	365,930	0.00
40099A	Early Childhood Mental Health Program		1,772,062	1,001,791	2,773,853	13.18
40099B	Preschool For All Early Childhood Mental Health		0	2,016,968	2,016,968	10.73

Health Department

FY 2026 Proposed Budget

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
40101	Promoting Access To Hope (PATH) Care Coordination Continuum		720,152	1,112,829	1,832,981	8.90
40104A	Deflection and Sobering Program		0	6,213,852	6,213,852	6.00
40104B	24/7 Sobering and Crisis Stabilization Center Implementation		891,189	0	891,189	5.00
40105A	Behavioral Health Resource Center (BHRC) - Day Center		3,327,933	2,457,023	5,784,956	1.80
40105B	Behavioral Health Resource Center (BHRC) - Shelter/Housing		3,002,764	1,113,935	4,116,699	0.00
40108	Stabilization and Integration Housing Services (formerly BHECN)		2,032,017	0	2,032,017	1.00
40112	Shelter, Housing and Supports		413,573	9,615,877	10,029,450	0.00
	Total Behavioral Health		**$36,540,057**	**$113,938,703**	**$150,478,760**	**333.91**
	Total Health Department[1]		**$150,366,357**	**$473,485,786**	**$623,852,143**	**1,647.98**

[1] Includes cash transfers, contingencies, and unappropriated balances.

Director's Office

The Health Department (HD) Director's Office provides executive leadership and strategic direction in service to the HD's mission, vision and values. The Director holds the statutory role of Local Public Health Authority, and supports Behavioral Health Division as the Community Mental Health Program, ensuring that the HD performs its unique governmental roles, achieves legal requirements, and advances equity. The Office convenes the HD Leadership Team to meet strategic objectives and foster a culture that supports a diverse, qualified workforce; acts as a liaison to Federal, State, County and Local elected officials; collaborates with non-profits, health systems, and other agencies to provide and obtain funding for services to improve the county's health; and supports divisions in core capability areas such as equity, communications, policy, and partnerships. Director's Office teams include:

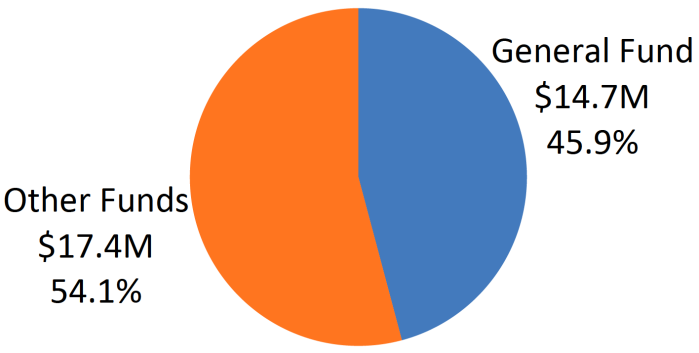
- **The Director's team** convenes the Department Leadership Team to provide strategic direction, solve shared problems, ensure organizational alignment, and assume collective responsibility for the department's performance in service to its mission.
- **The Strategy and Grant Development team** develops HD-wide funding strategies and secures resources to launch new initiatives and maintain long-standing programs, including statutory and workforce programs. The team uses equity-based, data driven program development focused on reducing inequities and improved health outcomes for all.
- **The Communications and Marketing team** develops internal communication strategies to promote organizational cohesion, an engaged workforce, and a supportive workplace culture. The external communications promote essential health services and disseminate timely, accurate, trustworthy information to our diverse communities that raises awareness of health harms and provides the public with information to protect their health. In collaboration with County and regional partners they serve as Public Information Officers during an emergency or Incident Command Response.
- **Office of Health Equity (OHE)** - leads racial justice and equity work by aligning the HD with the Workforce Equity Strategic Plan, County initiatives, and County Office of Diversity Equity. Community Partnerships & Capacity Building (CPCB) coordinates cross-departmental, culturally specific, and cross-cultural engagement and partnership strategies to address community and public health priorities, including critical liaison and communications support in emergencies. Culturally specific strategists

$32.2 million

Director's Office
Total Proposed Budget

Including cash transfers, contingencies, and unappropriated balances.

75.66 FTE
(full time equivalent)



representing nine diverse communities engage and build capacity with community leaders, Community Health Workers, organizations/groups, advisory committees, and boards.

- **Human Resources (HR)** - provides expertise, leadership, and consultation for hiring, transfers, and promotions. This team supports all staff through the lifecycle of their tenure with the department in terms of pay, benefits, and other aspects of the employee experience.
- **Public Health Infrastructure Grant** - supports HD workforce efforts in partnership with schools of public health and HR to address workforce pipeline issues and recruitment and retention efforts; updating the Community Health Improvement Plan; and building public health accreditation readiness and capacity to implement core capabilities.

The HD Director's Office ensures departmentwide initiatives to support core capabilities that include:

- **Overdose Prevention & Response (OPR)** - The OPR Plan directly addresses gaps in available prevention, harm reduction, treatment, recovery services, and infrastructure. It enhances existing bodies of work and identifies new strategies, engaging the full substance use and addiction service continuum to reduce overdoses, prevent initiation to substances, promote recovery and prioritize people unfairly impacted by oppression and exclusion to achieve equitable outcomes.
- **Sobering & Crisis Stabilization Center Capital Development -** Multnomah County is taking action to address substance use and addiction in the community by implementing House Bill 4002. This bill made substantial changes to Measure 110 and allocated funding to counties for the establishment and implementation of deflection programs. In FY 2025, the County received $25 million in state capital funding designated for the development of a 24/7 drop-off receiving and sobering center. In FY 2026 the remaining funds will be cash transferred to the Department of County Assets for the development of the permanent facility.
- **Comprehensive Local Plan (CLP) for Behavioral Health System Transformation** - The HD is committed to expanding this traditional compliance-based CLP to include an expanded vision and action plan for an improved behavioral health (BH) system, referred to as the CLP+. This plan includes actions that build systems and structures needed for a collective impact model that will improve data, accessibility, expand the workforce, and create a continuum that provides the right services to the right people in the right place. The next steps for the CLP+ include incorporating feedback from the Board, finalizing the plan, and continuing to convene key partners to implement system-level strategies to move from a siloed and difficult to navigate system to one that improves access to care through stronger collaboration, increased communications, transparent programming, and accountability

Significant Division Changes

Four vacant FTE and 1.00 FTE filled position were eliminated from the Director's Office. These positions were intended to perform comprehensive analysis of health policies and laws, track and support the Health Department during legislative session, health systems planning and coordination, lead the planning and implementation of critical HD-wide projects, and provide support to the OHE.

Communications & Marketing, the CPCB program, and HD Human Resources moved to the Director's Office. Moving **Communications & Marketing** reflects communications' standing as a public/governmental health core competency and better aligns the team to support internal and external communications strategies. Merging **CPCB and OHE** will foster a one-department approach to equity and more seamless departmental engagement of staff, external partners, and communities. Moving the **Human Resources** reflects the structure of other departments and ensures a high level support for HR functions.

Significant changes within department-wide initiatives include:

- **OPR** - Data modernization activities, funding for prevention contracts, and 1.00 FTE were removed from this program offer in FY 2026. Data modernization has been integrated into other workflows and additional federal and state prevention funds were received in FY 2025 to cover the costs of contracts.
- **Deflection, Stabilization and Sobering Center** - In FY 2026, funding from the State of Oregon Criminal Justice Commission and the City of Portland for operating expenses for deflection programming and sobering services are moved to 40104A - Deflection and Sobering Program. This Program Offer was renamed to reflect the change.

Table of Division Programs

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

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Director's Office						
40000A	Health Department Director's Office		7,699,746	3,615,356	11,315,102	41.58
40000B	Overdose Prevention & Response		602,332	0	602,332	3.00
40000C	24/7 Sobering & Crisis Stabilization Center Capital Development		0	13,400,000	13,400,000	0.00
40000D	Behavioral Health CLP+ & System Transformation		661,682	0	661,682	3.20
40039	Human Resources		5,782,614	399,012	6,181,626	27.88
	Total Director's Office		**$14,746,374**	**$17,414,368**	**$32,160,742**	**75.66**

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Multnomah County

Program #40000A - Health Department Director's Office — FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Rachael Banks
Program Offer Type:	Administration	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

The Health Department (HD) Director's Office provides executive leadership and strategic direction in service to the HD's mission, vision and values. The Director holds the statutory role of Local Public Health Authority, and supports Behavioral Health Division as the Community Mental Health Program, to ensure the HD performs its unique governmental role, achieves legal requirements, and advances equity. The Office convenes the HD Leadership Team to meet strategic objectives and foster a culture that supports a diverse, qualified workforce; acts as a liaison to Federal, State, County and local elected officials; collaborates with non-profits, health systems, and other agencies to provide and obtain funding for services to improve the county's health; and supports divisions in core capability areas such as equity, communications, policy, and partnerships. The Director is staffed by a team who serve head of staff, administrative, systems and policy, strategic initiatives, and equity functions; and oversee HD-wide initiatives to support core capabilities:

HD's Office of Health Equity (OHE) - leads racial justice and equity work by aligning the HD with the Workforce Equity Strategic Plan, County initiatives, and County Office of Diversity Equity. OHE's Community Partnerships & Capacity Building (CPCB) coordinates cross-departmental, culturally specific, and cross-cultural engagement and partnership strategies to address community and public health priorities, including critical liaison and communications support in emergencies. Culturally specific strategists representing nine diverse communities engage and build capacity with community leaders, Community Health Workers, organizations/groups, advisory committees, and boards.

Strategy and Grant Development - develops HD-wide funding strategies and secures resources to launch new initiatives and maintain long-standing programs, including statutory and workforce programs. The team uses equity-based, data driven program development focused on reducing inequities to improve health outcomes.

Public Health Infrastructure Grant - supports HD workforce efforts in partnership with schools of public health and Human Resources to address workforce pipeline issues and recruitment and retention efforts; updating the Community Health Improvement Plan; and building public health accreditation readiness and capacity to implement core capabilities.

Communications & Marketing - develops internal communications strategies to promote organizational cohesion, an engaged workforce, and a supportive workplace culture. The team promotes essential health services and disseminates timely, accurate, trustworthy information to our diverse communities that raises awareness of health harms and provides the public with information to protect their health. They serve as Public Information Officers during an emergency or Incident Command Response in collaboration with County and regional partners.

Human Resources - ensures a highly skilled and diverse workforce. See program offer 40039.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Percentage of Health Department staff retained within a fiscal year	87%	N/A	87%	89%
Output	Annual Federal and State dollars leveraged for strategic investments (expressed in millions)	291	300	300	385
Output	# of culturally specific and multicultural community partners and events that promote health equity	152	152	160	160
Outcome	# of people who saw content from or about the Department web page including posts, stories, ads, etc.	1,000,000	1,000,000	1,500,000	1,250,000

Performance Measures Descriptions

Measure 1: The retention rate is based on the annual period of July 1 - June 30. This measure only includes regular represented and non-represented staff. It does not reflect reductions due to County General Fund constraints, which is tracked through a different metric.

Legal / Contractual Obligation

ORS 431.418 Local public health administrator (1) Each district board of health shall appoint a qualified public health administrator or supervise the activities of the district in accordance with the law. (2) Each county governing body in a county that has created a county board of health under ORS 431.412 shall appoint a qualified public health administrator to supervise the activities of the county health department in accordance with the law.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$6,197,373	$2,045,610	$5,733,945	$2,266,609
Contractual Services	$1,253,420	$712,801	$1,113,113	$886,390
Materials & Supplies	$302,355	$120,567	$237,623	$106,952
Internal Services	$699,884	$345,912	$615,065	$355,405
Total GF/non-GF	**$8,453,032**	**$3,224,890**	**$7,699,746**	**$3,615,356**
Program Total:	**$11,677,922**		**$11,315,102**	
Program FTE	32.77	12.93	28.98	12.60

Program Revenues				
Intergovernmental	$0	$3,224,890	$0	$3,615,356
Total Revenue	**$0**	**$3,224,890**	**$0**	**$3,615,356**

Explanation of Revenues

This program generates $355,405 in indirect revenues.
$ 1,469,101 - Strengthen Public Health Infrastructure & Workforce
$ 567,737 - Strengthen Public Health Infrastructure Grant
$ 559,067 - HSO COunty Based Services
$ 869,449 - Modernization Local
$ 75,978 - MCH Perinatal (ST)
$74,024 - MCH-Peri Gf

Significant Program Changes

Last Year this program was: FY 2025: 40000A Health Department Director's Office

Communications & Marketing is moving from 40046 - Health Operations Administration to the Director's Office. This move reflects communications' standing as a public/governmental health core competency and better aligns the team to support internal and external communications strategies. The CPCB program is moving from 40096 - Public Health Office of the Director to the OHE in the HD Director's Office. Merging CPCB and OHE will foster a one-department approach to equity and more seamless departmental engagement of staff, external partners, and communities. HD Human Resources is moving to the Director's Office to reflect the structure of other departments and to ensure high level support of HR functions. HR remains budgeted in Program Offer 40039.

Multnomah County

Program #40000B - Overdose Prevention & Response

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Rachael Banks
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

The Health Department's Overdose Prevention and Response (OPR) Plan builds on our existing body of work, engaging the full substance use and addiction service continuum to reduce health inequities and prioritize people unfairly impacted by oppression and exclusion to achieve equity-focused outcomes. The OPR Plan was developed in FY 2024 to directly address gaps in available prevention, harm reduction, treatment, recovery services, and infrastructure. The plan will be updated for FY 2026 to integrate ongoing activities associated with the 2024 90-Day Fentanyl State of Emergency; deflection and sobering services; relevant Homelessness Response Action Plan activities; and other emerging priorities.

The goal of the OPR Plan is to slow the rate of death (and ultimately end preventable deaths) from overdose through: 1) preventing exposure to and/or initiation of opioids, fentanyl, and other illicit substance use; 2) reducing harms from use among people using substances, preventing deaths; and 3) increasing access to and utilization of treatment and recovery services.

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

Naloxone distribution and training are critical to curbing and eventually ending overdose deaths. This program offer supports a naloxone distribution specialist who acts as a central Departmental resource for coordinating naloxone distribution and training within County and community sites, and the purchase of naloxone. The program increases distribution of lifesaving naloxone through partnerships with the Homeless Services Department and community organizations. Since July 2024, the program has distributed a total of 16,179 naloxone kits (32,358 doses of naloxone) to community partners and County programs.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of new partners who implement prevention initiatives	N/A	6	6	6
Output	Number of substance use prevention training/technical assistance sessions conducted	N/A	10	10	10
Output	Number of naloxone kits distributed through County General Fund	N/A	3,500	3,500	3,750

Performance Measures Descriptions

Measure 2: this measure includes naloxone trainings, as well as community forums, presentations, etc.
Measure 3: the Department distributes over 60,000 naloxone kits annually. This measure is specific to the naloxone kits purchased as part of this program offer.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$423,435	$0	$452,332	$0
Contractual Services	$150,000	$0	$0	$0
Materials & Supplies	$0	$0	$150,000	$0
Total GF/non-GF	**$573,435**	**$0**	**$602,332**	**$0**
Program Total:	**$573,435**		**$602,332**	
Program FTE	3.00	0.00	3.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Data modernization activities, funding for prevention contracts, and 1.00 FTE were removed from this program offer in FY 2026. Data modernization has been integrated into workflows and additional federal and state prevention funds were received in FY 2025 to cover the costs of contracts.

Multnomah County

Program #40000C - 24/7 Sobering & Crisis Stabilization Center Capital Development — FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Rachael Banks
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

Multnomah County is taking action to address substance use and addiction in the community by implementing House Bill 4002. This bill made substantial changes to Measure 110 and allocated funding to counties for the establishment and implementation of deflection programs. In FY 2025, the County received $25 million in State capital funding designated for the development of a 24/7 drop-off receiving and sobering center. Additionally, the County is convening a leadership team per the FY 2025 budget note (see Program Offer 40104B). To date, capital funds were utilized to develop the Coordinated Care Pathway Center (a temporary location for deflection and sobering services) and acquire property for a permanent facility referred to as the 24/7 Sobering & Crisis Stabilization Center. The Department of County Assets will use the remaining funds to renovate an existing building for the permanent facility. This will create approximately 25,000 square feet of space for deflection, sobering, medication assisted treatment, and withdrawal management services. The renovation project will encompass all building systems, including structural, electrical, plumbing, mechanical, facade, and site improvements.

The 24/7 Sobering & Crisis Stabilization Center will have up to 50 beds (split between sobering and withdrawal management) for individuals seeking services, along with a fully functional kitchen, showers, restroom, and laundry facilities. The facility will be operated by the Health Department's Behavioral Health Division and a contracted provider. Law enforcement and first responders (through referrals or drop offs) will have priority and additional referral pathways will be built out. The aim is to provide a safe and supportive environment for individuals to begin their journey toward recovery. Proposed Timeline: 1) Design and Permitting - This phase began in early 2025 and will continue through Fiscal Year 2026. This includes all phases of programming and design and acquiring necessary building permits. 2) Construction and Move-In: The construction and move-in date schedule will be established in late FY 2025 with a goal of project completion in calendar year 2027. This phase encompasses the renovation of the facility, followed by the move-in of equipment, staff, and resources.

The County is dedicated to enhancing public safety and health outcomes while diminishing overdoses. In alignment with the Oregon Legislature, the County offers deflection, sobering, and other essential services, recognizing that treatment is the most effective path to recovery for those grappling with addiction. See Program Offers 40104A/B for details on program operations.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Provide Board with quarterly updates on facility progress	N/A	4	4	4
Output	Complete design and begin construction	N/A	N/A	N/A	100%

Performance Measures Descriptions

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$2,196,389	$0	$0
Contractual Services	$0	$28,232,634	$0	$0
Internal Services	$0	$236,129	$0	$0
Cash Transfers	$0	$0	$0	$13,400,000
Total GF/non-GF	**$0**	**$30,665,152**	**$0**	**$13,400,000**
Program Total:	**$30,665,152**		**$13,400,000**	
Program FTE	0.00	2.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$30,665,152	$0	$13,400,000
Total Revenue	**$0**	**$30,665,152**	**$0**	**$13,400,000**

Explanation of Revenues

$13.4 million - Intergovernmental, Direct State (Deflection Center Construction)

Significant Program Changes

Last Year this program was: FY 2025: 40000C Deflection Program

In FY 2026, funding from the State of Oregon Criminal Justice Commission for deflection programming and the City of Portland for sobering services were moved to 40104A - Deflection and Sobering Program. This Program Offer was renamed to reflect the change.

Multnomah County

Program #40000D - Behavioral Health CLP+ & System Transformation — FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Rachael Banks
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

The Health Department (HD) Director's Office provides executive leadership and strategic direction in service to the HD's mission, vision and values. The Director holds the statutory role of Local Public Health Authority, and supports Behavioral Health Division (BHD) as the Community Mental Health Program, to ensure the HD performs its unique governmental role, achieves legal requirements, and advances equity. As CMHP, BHD supports the Board of County Commissioners as the Local Mental Health Authority (LMHA). One CMHP responsibility is to have a Comprehensive Local Plan (CLP) for the delivery of behavioral health services. Counties in Oregon are required to determine the need for local behavioral health services and have a CLP for the delivery of those services.

An interim CLP was submitted in May 2024. The HD committed to expand this traditional compliance-based CLP to include an expanded vision and action plan for an improved behavioral health (BH) system, referred to as the CLP+. This plan includes actions that build systems and structures needed for a collective impact model that will improve data, accessibility, expand the workforce, and create a continuum that provides the right services to the right people in the right place.

In partnership with the Board, the HD began this work by conducting an updated and localized Calculating Adequate Systems Tool (CAST) survey of substance use disorder (SUD) providers in Multnomah County. It also synthesized an array of available evaluations and assessments of BH needs spanning the previous 10 years, including the Blueprint for Better Behavioral Health. The HD built on that foundational data by holding convenings with SUD providers, mental health providers, and BH system partners in fall 2024 to understand their priorities and validate the findings of the data analyses. This resulted in issuing a matrix of key priorities to improve the BH system. Using these tools, the HD developed a draft CLP+/Systems Transformation Plan (STP) and presented this work over a series of Board briefings in December 2024.

The next steps for the CLP+/STP include incorporating feedback from the Board, finalizing the plan, and continuing to convene key partners to gain commitments for achieving the goals laid out in the plan. Commitments will include making data more accessible across the system; establishing strategies to increase the BH workforce; and transforming a system from one that is siloed and difficult to navigate to one that collaborates across organizations, improves access to care through stronger communications and transparent programming, and meets the needs of consumers in real time. The CLP +/STP spans the next three biennium and will be iterative as goals and objectives are met and new ones are identified.

This program offer provides capacity to finalize the first iteration of the 6-year CLP+/STP, as well as ongoing and new epidemiological, data analysis, and evaluation work that identifies needs, sets targets, evaluates trends and tracks progress toward equity-focused outcomes that improve the behavioral health system. It also includes facilitation and project management and the data infrastructure necessary to achieve CLP+/STP goals.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# population-based measures for behavioral health that are tracked and reported	N/A	N/A	N/A	15
Output	# of planning/implementation sessions with behavioral health entities	N/A	5	5	5
Output	# of updates to BOCC	N/A	3	5	4
Outcome	CLP+/System Transformation Plan adopted by the Board	N/A	N/A	N/A	1

Performance Measures Descriptions

Outcome 1 was changed for FY26. In FY25, it was CLP submitted to OHA in December 2024. The FY26 outcome better reflects the intent of CLP+/System Transformation work over the coming fiscal year.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$311,339	$345,903	$661,682	$0
Total GF/non-GF	**$311,339**	**$345,903**	**$661,682**	**$0**
Program Total:	**$657,242**		**$661,682**	
Program FTE	1.80	2.00	3.20	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 40000D Behavioral Health System Transformation - Comprehensive Local Plan

In FY 2025, this program offer funded contracts to provide guidance for the CLP process. FY 2026 enacts the findings by supporting project management, facilitation, epidemiology, and evaluation capacity.

Multnomah County

Program #40039 - Human Resources

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Susan Yee
Program Offer Type:	Administration	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

Health Department Human Resources (HR) provides expertise, consultation, and leadership to ensure a highly skilled workforce reflective of the communities served is hired and retained while upholding the department's core values of non-discrimination and valuing varied lived experiences and perspectives, managing the compliance of personnel rules and legal requirements, and developing and maintaining partnerships with labor unions and community stakeholders. The HR team is staffed with individuals of diverse educational, professional, cultural, and lived backgrounds in order to offer a high level of expertise and competency to support a well-rounded and effective workforce.

The program consists of critical functions that support the Health Department's HR objectives. Recruitment and staffing continue to be a critical priority in our operating goals. The staffing crisis, as well as the stress of on-going emergency response actions within the Health Department, drives our need to strengthen HR staff resources, build skills, and increase capacity to respond at the highest level. Other HR operations areas include Workday (employee enterprise system) implementation, Leave Coordination, ADA Coordination, Privacy Compliance, Class Comp, Data Management, and Employee Record Maintenance. The Workforce Equity Strategic Plan (WESP) focus areas; Organizational Culture, Promotion and Professional Development, Retention and Recruitment, and Workforce Development require all functional and support areas of HR operations to achieve effective and measurable outcomes. Additionally, our Employee Relations team offers comprehensive support to managers and employees including team development, employee and supervisor performance management and coaching, and corrective action and discipline. This work also involves partnering with union staff representing AFSCME Local 88, Dentists, Physicians and Psychiatrists, Pharmacists, and Oregon Nurses Association; collective bargaining agreements to resolve grievances; and proactively collaborating on resolving concerns as they arise. Other priorities include maintaining organizational effectiveness within our functional areas in addition to our ability to report accurate workforce data that will inform our decisions. Our objective is to continue to provide high quality customer service and responsiveness to all levels of our workforce including during any emergency response coordination and actions.

Outcomes include:
- Sustained improvement in average days to hire for active recruitments;
- Sustaining a workforce that reflects the community we serve, with a focus on diversity in recruitment and supporting our clients.
- Elevation of supportive internal services for our managers and staff in regards to operations and Employee Relations by reducing elevation of grievances to step 3 or arbitration by 2027.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	% increase in diversity of workforce	1%	2%	2%	2.5%
Outcome	% increase in diversity of hires through the increased focus on diversity in recruitment strategies	1%	2%	2%	2.5%
Output	Average # of days to fill active recruitments	N/A	90	75	70

Performance Measures Descriptions

Measure 1 helps assess the richness and broad range of employee experiences, perspectives, and talents. Measure 2 helps assess the rate of new richness being added to the organization via new recruitments. The third measure assesses the speed of higher for Health Department recruitments.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$5,828,380	$473,522	$5,356,382	$120,851
Contractual Services	$19,446	$0	$12,060	$0
Materials & Supplies	$119,174	$40,756	$41,271	$41,066
Internal Services	$614,225	$377,227	$372,901	$237,095
Total GF/non-GF	**$6,581,225**	**$891,505**	**$5,782,614**	**$399,012**
Program Total:	**$7,472,730**		**$6,181,626**	
Program FTE	31.88	2.00	27.88	0.00

Program Revenues				
Intergovernmental	$0	$891,505	$0	$399,012
Total Revenue	**$0**	**$891,505**	**$0**	**$399,012**

Explanation of Revenues

$124,766 - Operations - Public Health Infrastructure
$112,639 - Federal Strengthening Public Health Infrastructure & Workforce 93.967
$161,607 - State BH Workforce Initiative (BHWi) - Human Resources

Significant Program Changes

Last Year this program was: FY 2025: 40039A Human Resources

Reductions in FY 2026 include 2.00 FTE funded by Other Funds: funding from the Public Health Infrastructure Grant (PHIG) that was in PO 40039 in FY 2025 was repurposed within the Directors Office Division as part of the grant administration process. 4.00 FTE funded by the County General Fund: 1.00 FTE reduction was a position from scaled offer 40039B-FY25 that was not carried forward as a request in FY 2026 due to changing Departmental needs; other three positions reduced were in Learning and Development, which reduces department specific onboarding, education and coaching capabilities.

Operations

The core work of Operations and the goals for community change include Response and Recovery functions, continuity of operations (CoOP), security, and Data Governance and Quality. Operations teams include the following:

- **Data Governance and Quality Management** pursues departmental excellence through the quality and compliance program, and promoting adherence to regulations. Through a commitment to continuous improvement, these programs spearhead planning and administrative controls. These programs' collaboration across all Health Department divisions is vital and consistently delivers positive impacts on quality control/quality improvement findings throughout the Health Department's programs.
- **Response and Recovery:** The Deputy Director of Operations serves as the coordinator and executive champion of Health Department Response & Recovery functions in the event of an emergency, severe weather, or other crises/situations that affect normal department operations. In support of this role is a response & recovery project manager and a continuity of operations (CoOP) coordinator.
- **Continuity of Operations (CoOP)** is essential to the County Health Department's mission to safeguard public health, particularly in the event of loss of staff, systems, and facilities. By ensuring continuity, regulatory compliance, and community trust, this singular role provides significant value and critical contributions with measurable impact.

$4.7 million

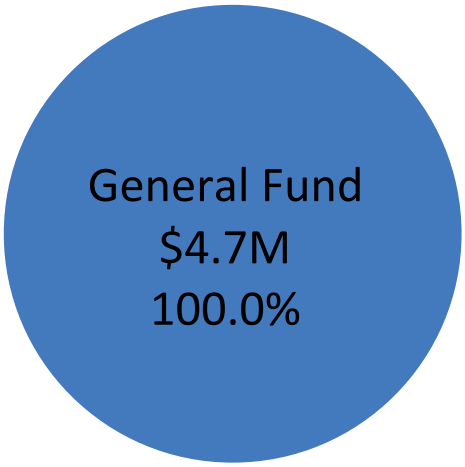
Operations

Total Proposed Budget

Including cash transfers, contingencies, and unappropriated balances.

8.00 FTE

(full time equivalent)



Significant Division Changes

The Communications and Marketing and Human Resource teams have moved to the Health Department Director's Office division. This move reflects communications' standing as a public/governmental health core competency and aligns it more closely with overall policy, strategy, and equity efforts. It also better aligns the teams to support internal communications strategies to promote organizational cohesion, an engaged workforce, and a supportive workplace culture. Moving the Human Resources reflects the structure of other departments and ensures a high level support for HR functions.

Table of Division Programs

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

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Operations						
40044A	Health Data and Analytic Team		3,058,082	0	3,058,082	2.00
40044B	Supplemental Data Sets Partnership with DCA	X	400,000	0	400,000	0.00
40046	Health Operations Administration		1,251,203	0	1,251,203	6.00
	Total Operations		**$4,709,285**	**$0**	**$4,709,285**	**8.00**

Multnomah County

Program #40044A - Health Data and Analytic Team — FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Patch Perryman
Program Offer Type:	Administration	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

This program offer includes a team of developers, analysts, and project managers who provide report development and analytic services to the department. In addition, the annual cost of the Epic practice management and the Electronic Health Record (EHR) system used by the Health Department is budgeted here.

The Health Data and Analytic Team (HDAT) provides business intelligence, data development, analytics, data visualization, and data governance services for the entire department to support decision making. The team leads federal, state, and local reporting processes to ensure compliance with funding requirements. They create and maintain hundreds of operational reports for ongoing business intelligence needs. A portion of costs in this program offer is comprised of the annual transactional costs, licensing fees, and patient statement printing costs associated with the Epic system hosted by OCHIN (Our Community Health Information Network). All of the medical and dental services provided by the Health Department use this electronic healthcare system including: primary care, dental, student health centers, corrections health, STD and other community and home based services. HDAT is committed to centering equity in policy and practice to ensure protocols do not create or reinforce discrimination or unjust benefits to some people and not others. The team will support the disaggregation of data and advocate for reports and dashboards that allow for a more complete and comprehensive analysis of health, recruiting, hiring, and retention outcomes and help identify operational metrics that evaluate the impacts of department policies and practices. The department initiatives focused on IT prioritization and data governance center activities that advance health equity outcomes.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of reports and/or requests created	420	450	450	460
Outcome	% of repeat customers seeking assistance with data & business intelligence	49%	52%	52%	60%

Performance Measures Descriptions

Measure 1 assesses the productivity of the Health Data Analytics Team (HDAT). Measure 2 assess the quality of these reports as assess by ongoing demand and repeat business intelligence customers across the Department.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,098,910	$170,970	$410,514	$0
Contractual Services	$315,767	$0	$245,559	$0
Materials & Supplies	$1,936,526	$0	$1,988,892	$0
Internal Services	$175,806	$28,911	$413,117	$0
Total GF/non-GF	**$3,527,009**	**$199,881**	**$3,058,082**	**$0**
Program Total:	**$3,726,890**		**$3,058,082**	
Program FTE	6.00	1.00	2.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 40044A Health Data and Analytic Team

In FY 2026 the HDAT is reduced significantly by 5.00 FTE (1.00 FTE due to the loss of Supportive Housing Services funds, 4.00 FTE County General Fund reduction).

Multnomah County

Program #40044B - Supplemental Data Sets Partnership with DCA

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Kathryn McKelvey
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:	78334		
Program Characteristics:	One-Time-Only Request		

Program Description

The Health Department (HD) seeks to better leverage data to improve business decisions. Much of the data needed to improve internal processes and make strategic business decisions is not in a format that is accessible or ready for automation.

This program offer funds 1.0 FTE IT Business Systems Analyst Senior and two IT Developer Analyst Senior positions. These roles will focus on Health Department and Integrated Clinical Services (ICS) operational data, reporting automation, and metrics projects. Their work will streamline data analysis, as well as supporting key divisional business goals. Health and ICS Department data analysis is critical for advancing equity and racial justice, revealing disparities in health outcomes, informing targeted interventions and operational decision making. A backlog of prioritized data projects, ranked by criteria including racial equality and public health response, will also be addressed. Examples include:
- Automating Public Health's access to new datasets from OHA, ORPHEUS, CareWare, and morbidity/mortality data for public dashboards.
- Automating ICS access to datasets supporting their Value Based Care and Shared Accountability Model with CCOs and OHA, distinct from CEDARS Project (78330), for clinical, operational, and financial decision-making.
- Completing planned database maintenance and ORPHEUS Re-Architecture for the Health Department.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Health Department prioritized data project requests completed within three months	50%	75%	50%	75%
		N/A	N/A	N/A	N/A

Performance Measures Descriptions

Data projects are ranked and prioritized using racial equity and public health response criteria.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Internal Services	$0	$0	$400,000	$0
Total GF/non-GF	**$0**	**$0**	**$400,000**	**$0**
Program Total:	**$0**		**$400,000**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 40044B Supplemental Data Sets Partnership with DCA

This program funds internal services expenses that fund services in Department of County Assets program offer 78334 Health - Supplemental Datasets for Analytics and Reporting. This is the fourth year of funding for this program.

Multnomah County

Program #40046 - Health Operations Administration

FY 2026 Proposed

Department: Health Department **Program Contact:** Valdez Bravo

Program Offer Type: Administration **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

Operations supports the Health Department's effectiveness by helping to set a unified departmental strategy and developing leaders who foster a culture of safety, trust, and belonging. Services include strategic planning, executive coaching, leadership and team development, onboarding, mentorship, succession planning, equity and inclusion coaching and training, communications and marketing, and culture change.

The Deputy Director of Operations serves as the coordinator and executive champion of Health Department Response & Recovery functions in the event of an emergency, severe weather, or other crises/situations that affect normal department operations. In support of this role is a Response & Recovery Project Manager and a Continuity of Operations (CoOP) coordinator. The CoOP Coordinator position is essential to the Health Department's mission to safeguard public health, particularly in the event of loss of staff, systems, and facilities. By ensuring continuity, regulatory compliance, and community trust, this singular role provides significant value and critical contributions with measurable impact.

This program offer includes the Data Governance & Quality (DGQ) unit and Communications and Marketing. DGQ, which includes a DGQ manager; a nurse policy consultant; a privacy and public records manager, and the service alignment coordinator, oversees data governance and quality management issues at the department level.

Ongoing internal outputs:
CoOP monthly meetings and program planning; ongoing web updates and content audits

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of Health Department programs with an active CoOP plan	20	25	25	26
Outcome	# of department-wide CoOP exercises	1	1	1	1
Outcome	Continuity Capability Score	3.40	6.05	6.05	6.30

Performance Measures Descriptions

Measure 1 assesses the Health Department's readiness of the number of programs ready to react to emergency event response by having an active Continuity of Operations (CoOP) plan. Measure 2 assess the Health Department's readiness of being compliant with our goal to have an annual Department-wide CoOP exercise. Measure 3 assess the Health Department's CoOP readiness.

Legal / Contractual Obligation

n/a

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,191,688	$0	$1,251,203	$0
Total GF/non-GF	**$1,191,688**	**$0**	**$1,251,203**	**$0**
Program Total:	**$1,191,688**		**$1,251,203**	
Program FTE	6.00	0.00	6.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 40046 Health Operations Administration

The Communications & Marketing Team is moving from 40046 - Health Operations Administration to the Director's Office. This move reflects communications' standing as a public/governmental health core competency and aligns it more closely with overall policy, strategy, and equity efforts. It also better aligns the team to support internal communications strategies to promote organizational cohesion, an engaged workforce, and a supportive workplace culture.

Financial and Business Management

The Financial and Business Management (FBM) Division provides the infrastructure necessary for the Health Department to manage the County's largest and most complex financial operation. FBM helps the department achieve its mission by providing accounting, financial reporting, budget development and monitoring, compliance, medical billing, procurement and contract services. To effectively manage these vital services, teams collaborate with community based organizations and other vendors, the Department of County Management, County's Budget and Central Finance Offices, the County Attorney, the Department of County Assets and the Workplace Security Program. FBM processed over 16,000 invoices, over 1,100 contract actions, and over 250,000 medical claims totaling over $75 million in revenue during FY 2024.

The FBM Division is committed to centering equity in policy and practice in service to the Health Department's value of racial equity and its mission to eliminate health inequities and achieve optimal health for all. To achieve this, the Division prioritizes hiring and retaining diverse staff in support of the County's Workforce Equity Strategic Plan (WESP). FBM has one of the most diverse staff, with 64% of employees identifying as Black, Indigenous, and People of Color or more than one race. The Division continues to break down internal and external structures (i.e. administrative, financial, and contracting policies and procedures) that contribute to inequities, and unjust health outcomes.

$15.3 million

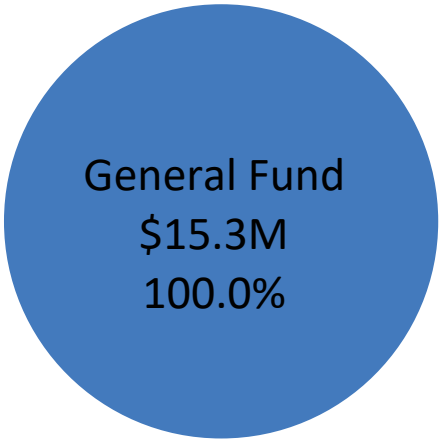
Financial and Business Management

Total Proposed Budget

Including cash transfers, contingencies, and unappropriated balances.

58.00 FTE

(full time equivalent)



Significant Division Changes

FBM maintained core operations and strengthened collaborations with division partners by improving communications and offering multiple trainings on fiscal processes and best practices, despite staff transitions in critical positions.

FBM reduced personnel by 8.00 FTE in the areas of contract and financial management. FBM will continue the critical functions required to manage the $624M Health Department operation, but these deep cuts, in addition to the ever increasing complexities of the financial portfolio, may impact timely processing of vendor payments, contract execution, and accounts receivable processing

Table of Division Programs

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

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Financial and Business Management						
40040	Financial and Business Management Services		10,464,474	0	10,464,474	34.00
40041	Medical Accounts Receivable		2,257,735	0	2,257,735	12.00
40042	Contracts & Procurement		2,604,323	0	2,604,323	12.00
	Total Financial and Business Management		**$15,326,532**	**$0**	**$15,326,532**	**58.00**

Multnomah County

Program #40040 - Financial and Business Management Services

FY 2026 Proposed

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

Program Description

This program offer supports the essential financial and business management services of the Health Department. Services include financial reporting and forecasting, grant accounting, fiscal compliance, budget development, cash management and accounts payable services. Teams collaborate with the County's Budget Office and Central Finance units. Teams follow the County's budget, financial and administrative procedures, policies and practices. By managing complex federal, state, county and funder requirements, these fiscal stewards help ensure the department can achieve its mission.

The Financial and Business Management division is committed to centering equity in policy and practice and in service to the Health Department's value of racial equity and mission to reduce health disparities. The division will continually invest time and resources into identifying and then dismantling internal and external structures that contribute to inequity, including the culture of white supremacy. The division employs a finance strategy to preserve critical services and support infrastructure for improved health outcomes. We strive to build trusting partnerships with community partners we depend on and we genuinely engage with communities and staff to drive positive changes, especially in the areas of business, operational and financial management. We pride ourselves on our ability to recruit, retain and promote a diverse, inclusive and high-performing workforce. The division is working to advance the objectives outlined in the Workforce Equity Strategic plan by committing resources for an equity and inclusion committee and operationalizing its policy recommendations.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of Invoices Processed	16,177	14,000	17,000	14,000
Outcome	Yearly average % of all cash receipts recorded in the month in which they were received	98%	95%	98%	95%
Quality	Number of audit findings in County's annual financial audit	No Findings	No Findings	No Findings	No Findings

Performance Measures Descriptions

Measure 1 - lower for FY 2026 assuming fewer contracts. Measure 2 - '# of invoices processed' measures output for the accounts payable unit. Measure 3 - 'Yearly average % of all cash receipts recorded in the month in which they were received' measures the average timeliness of deposits through the fiscal year. The division aims to avoid auditing findings for the department by prioritizing compliance and ensuring accurate and accessible documentation.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$6,632,145	$0	$6,418,389	$0
Contractual Services	$62,361	$0	$34,186	$0
Materials & Supplies	$411,229	$0	$56,410	$0
Internal Services	$3,955,940	$0	$3,955,489	$0
Total GF/non-GF	**$11,061,675**	**$0**	**$10,464,474**	**$0**
Program Total:	**$11,061,675**		**$10,464,474**	
Program FTE	37.00	0.00	34.00	0.00

Program Revenues				
Other / Miscellaneous	$22,091,393	$0	$20,165,803	$0
Total Revenue	**$22,091,393**	**$0**	**$20,165,803**	**$0**

Explanation of Revenues

Department Indirect: $20,165,803

Significant Program Changes

Last Year this program was: FY 2025: 40040 Financial and Business Management Services

FBM continues to experience staffing changes, including critical business function staff and leadership transitions. The team is doing more with fewer resources, minimizing disruptions through quick vacancy responses and coverage plans.

The Division continues to build program partner relationships, enhancing collaborations and improving services. A Travel & Training orientation for ICS led to Accounts Payable process improvements. And a gift card training developed with staff from Public Health highlighted policy requirements and informed their new cash-equivalencies dashboard to track inventory, orders, and custodianship.

Multnomah County

Program #40041 - Medical Accounts Receivable

FY 2026 Proposed

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

Program Description

The Medical Accounts Receivable Team is responsible for billing and collecting over $80 million in annual revenue for the Health Department. The program manages billing, collections, cash handling and reconciliation for Multnomah County's Primary Care, Dental, School Health centers and Public Health clinics, as well as ancillary services (lab and pharmacy), community-based care (Parent Child Family Health) and behavioral health. The program processes and reconciles claims for more than 200 insurance carriers, including Health Share of Oregon CCO and other Medicaid plans, in addition to Medicare, and various commercial medical and dental plans. Additionally, the program facilitates Medicaid and Medicare enrollment for providers and clinics ensuring continued access to care for the communities we serve.

The Financial and Business Management division is committed to centering equity in policy and practice and in service to the Health Department's value of racial equity and mission to reduce health disparities. The division will continually invest time and resources into identifying and then dismantling internal and external structures that contribute to inequity, including the culture of white supremacy. The division employs a finance strategy to preserve critical services and support infrastructure for improved health outcomes. We strive to build trusting partnerships with community partners we depend on and we genuinely engage with communities and staff to drive positive changes, especially in the areas of business, operational and financial management. We pride ourselves on our ability to recruit, retain and promote a diverse, inclusive and high-performing workforce. The division is working to advance the objectives outlined in the Workforce Equity Strategic plan by committing resources for an equity and inclusion committee and operationalizing its policy recommendations.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of encounters (processed for payment)	236,060	210,000	236,000	259,000
Outcome	Percent of receivables over 90-days (excludes self-pay)	16%	33%	25%	33%
Quality	Average days in Accounts Receivable (excludes self-pay)	21	32	26	32

Performance Measures Descriptions

The number of encounters demonstrates the volume of work. Percent of receivables older than 90 days – is the % of account receivables that has been unpaid for more than 90 days (excluding self-pay balances). This metric measures the timely submission and efficient collection of payments on older accumulating balances. A lower rate is financially healthy. The Average Days in Accounts Receivable (excluding self-pay balances) measures the average number of days it takes to collect payments after a service is provided. This metric assesses operational efficiency.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,834,752	$0	$1,890,990	$0
Materials & Supplies	$110,722	$0	$113,694	$0
Internal Services	$269,479	$0	$253,051	$0
Total GF/non-GF	**$2,214,953**	**$0**	**$2,257,735**	**$0**
Program Total:	**$2,214,953**		**$2,257,735**	
Program FTE	12.00	0.00	12.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 40041 Medical Accounts Receivable

In FY 2025, The Medical Billing team collaborated with the Behavioral Health and CSI teams and provided technical and billing expertise, supporting the transition of Behavioral Health billing from Evolv to EPIC resolute. This move will position Behavioral Health to maximize revenue through improved denial management, expanded payor billing capabilities, stronger clinical documentation and advanced data analytics.

The program also partnered with Public Health and CSI to transition the Parent Child Family Health program to electronic charting in EPIC, streamlining billing. Lastly, the ICS division withdrew from the Reproductive Health program on 12/31/24, requiring EPIC builds adjustments. Patients will continue to receive services through ICS or other clinics.

Multnomah County

Program #40042 - Contracts & Procurement

FY 2026 Proposed

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

Program Description

Health Department Contracts and Procurement prepares and processes all contracts, intergovernmental and professional service agreements for the HD. The program also provides purchasing support for a wide array of products, goods and services. This program processes more than 1100 contract and procurement action requests, and an additional 6700 actions in the Multnomah MarketPlace (MMP) and outside, for direct purchase of goods. They procure a wide array of products, goods and services, totaling more than $67 million per year. By writing clear and comprehensive agreements and by complying with federal, state and county procurement laws and regulations, the program safeguards the department from risk and procures cost effective high quality goods and services.

This program offer includes the vaccine depot where vaccines are received, stored and distributed. The depot processes on average 85+ orders per month. This is the primary point of contact for routine vaccine services management. The depot has a key role in emergency public health responses that require vaccine prophylaxis that reduce the spread and severity of disease.

The Financial and Business Management division is committed to centering equity in policy and practice and in service to the Health Department's value of racial equity and mission to reduce health inequities. The division will continually invest time and resources into identifying and then dismantling internal and external structures that contribute to inequity, including the culture of white supremacy. The division employs a finance strategy to preserve critical services and support infrastructure for improved health outcomes. We strive to build trusting partnerships with community partners we depend on and we genuinely engage with communities and staff to drive positive changes, especially in the areas of business, operational and financial management. We pride ourselves on our ability to recruit, retain and promote a diverse, inclusive and high-performing workforce. The division is working to advance the objectives outlined in the Workforce Equity Strategic plan by committing resources for an equity and inclusion committee and operationalizing its policy recommendations.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of Action Request Forms Submitted	1,123	1,200	1,200	1,200
Quality	Contract Cycle Time Report (days)	55.31	65	60	65
Output	MMP Item Purchasing	$4.2M	$4.2M	$4.3M	$4.2M

Performance Measures Descriptions

The "Number of Action Request Forms (ARF) Submitted" via the Multnomah Market Place (MMP) describes workload for the team. Note, each ARF may contain multiple procurement or contract requests. "Contract Cycle Time" is a measure of how efficiently the team completes its work and includes the average time it takes from when the contract shell is created to contract execution. "MMP Item Purchasing" is a monetary measure of program goods requests. The industry standard for complex contracts that require legal review and or negotiation is 90-120 Days, The County standard is 60-90 Days.

Legal / Contractual Obligation

ORS279A, 279B, 279C; County procedures Con-1 and Pur-1.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$2,567,866	$0	$2,222,913	$0
Internal Services	$448,150	$0	$381,410	$0
Total GF/non-GF	**$3,016,016**	**$0**	**$2,604,323**	**$0**
Program Total:	**$3,016,016**		**$2,604,323**	
Program FTE	15.00	0.00	12.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 40042 Contracts & Procurement

The Contracts and Procurement team has improved its contracting process with an equity-focused approach, ensuring fairness and addressing biases. This has resulted in high-quality products and services, and an increase in complex contracts requiring collaboration with Risk Management, Fiscal Compliance, and the County Attorney's Office. The team processed over 1100 action requests this fiscal year, including complex procurement and contract requests.
The HD uniquely uses the 'Item not Found Form' for specialized orders outside the Multnomah Marketplace. These requests require purchasing professionals to find alternative suppliers. The total number of these transactions increased from 1,400 to over 1,550 from FY 2025. This program reduced 3.00 Contract Specialist Seniors in FY 2026

Health Officer

The Health Officer Division includes the regional Health Officer, Medical Examiner's Office (MEO), Ambulance Services Emergency Medical Services (EMS), and Regional Health Systems Emergency Preparedness and Response (PHEPR) programs. These programs provide vital services 24 hours per day, 7 days per week, 365 days per year.

The regional **Health Officer** program provides statutorily-required public health physician consultation, technical direction, and leadership to support public health response activities across the Portland metro tri-county region. Through a combination of EMS franchise fees and County General Fund, the regional Multnomah County Health Officer supervises four health officers and serves as the physician link to health systems and underserved communities.

The **MEO** operates 24/7/365 providing death investigations to determine the cause and manner for approximately 1 in 3 deaths in Multnomah County. Investigations are required by statute for deaths including homicides, suicides, overdoses, and accidental deaths.

The **EMS program** includes the EMS Medical Director and EMS Administration which includes the Tri-County 911 (TC911) social worker intensive case management program for high utilizers of 911 and emergency departments. EMS services are almost exclusively funded by franchise fees, with TC911 drawing all of its funding from a Health Share Oregon grant in FY 2026.

The **PHEPR** program is funded by federal grants passed through the State. The program works to improve response readiness by maintaining emergency plans, operations, and public health response capabilities. The staff of this program are also responsible for management of the Medical Reserve Corp (MRC) volunteer program. The MRC organizes local volunteers who hold appropriate medical licenses/certifications to donate their time and expertise to prepare for and respond to emergencies and support ongoing preparedness initiatives.

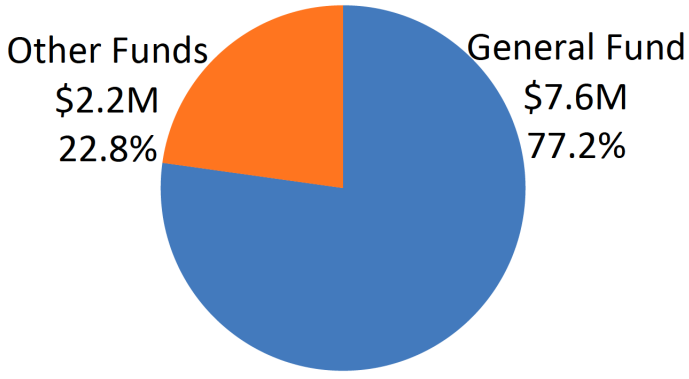
The Health Officer Division's programs are critical to the County's public health emergency response. Our functions support the entire public health system to respond to all types of crises, including surges of

$9.8 million

Health Officer
Total Proposed Budget

Including cash transfers, contingencies, and unappropriated balances.

35.33 FTE
(full time equivalent)



communicable diseases, new threats such as mpox, H5N1 bird flu, and the current epidemic levels of substance use disorder and fatal fentanyl overdoses.

The Health Officer also plays a critical role in the Health Department-wide Overdose Prevention & Response Plan in the Health Department Director's Office, efforts and added capacity to support tracking the plan's implementation, convening community partners, and implementing data modernization strategies.

Division Outcomes

- Medical coordination for communicable disease infections through the tri-county region will be increased and more consistent through coordinated response, consistent messaging, and collaboration across health systems in Clackamas, Multnomah, and Washington Counties.
- Relying on the current level of medicolegal death investigators, high quality death investigations will be maintained at the highest quality possible regardless of the volume of decedents in the County.
- People in Multnomah County can expect timely and maintained ambulance response times that are monitored regularly and published on public facing dashboards.
- People in Multnomah County will receive the benefit of continued emergency response preparedness through a maintained Public Health Emergency Preparedness plan that is compliant with Oregon Health Authority.

Significant Division Changes

The Health Officer division budget includes funding for an early reassessment and possible revision of the Ambulance Service Plan, which by statute details how the contract specifics should be operationalized (eg: staffing ratios on ambulances).

Table of Division Programs

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

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Health Officer						
40002	Tri-County Health Officer		844,174	435,800	1,279,974	1.94
40004A	Ambulance Services (Emergency Medical Services)		3,024,369	1,454,322	4,478,691	14.00
40004B	Ambulance Service Plan Continuation	X	400,000	0	400,000	1.00
40005	Public Health & Regional Health Systems Emergency Preparedness		50,796	354,321	405,117	1.39
40052	Medical Examiner		3,283,945	0	3,283,945	17.00
	Total Health Officer		**$7,603,284**	**$2,244,443**	**$9,847,727**	**35.33**

Multnomah County

Program #40002 - Tri-County Health Officer — FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Richard Bruno
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

The Multnomah County Health Officer is the lead Health Officer and supervises a Multnomah County Deputy Health Officer and the Washington County Health Officer, and several on-call Deputy Health Officers. They work under the authority of the Local Public Health Administrator for the Local Public Health Authority. The program has agreements with Washington County and Clackamas County for the coordination of Health Officer activities across County borders, and use of the Tri-County Health Officer title when representing that cross jurisdictional coordinated work. The Health Officers provide physician authorization and clinical oversight for the full scope of Communicable Disease Services, including medical direction for the Sexually Transmitted Disease Clinic, Harm Reduction Clinic, tuberculosis program, Environmental Health Food Service programs, and are a key physician subject matter expert spokespeople for the County. They close gaps in services, recent examples include H5N1 highly pathogenic avian influenza testing and prophylaxis, expanding naloxone availability, and rapid HIV testing. The Health Officers work alongside health department/county programs, leadership and community to assure resources are focused on addressing preventable deaths and disease in communities that experience the most protracted impact. They also offer a valuable perspective in the realm of local and state health policy that is prevention-focused and equity-based.

As a “physician ambassador” for the health department, the Health Officers play a key role—in coordination with the Health Department Director and Public Health Division Director—with media and regional communications about major public health concerns or initiatives. The health officer team convenes interest holders in areas of EMS (recently as part of the Ambulance Service Plan reassessment), opioid prevention & response (hosting the biannual Fentanyl Summit), regional respiratory pathogen coordination (monthly Health Systems calls with infectious disease and infection prevention & control staff), and emergency preparedness (annual Medical Reserve Corps conference).

Broadly speaking, the Health Officers (1) participate in enforcement of public health laws; (2) supervise select public health programs; (3) work with department staff, other county agencies, and community partners to manage critical public health problems; and (4) participate in department leadership team.

The Washington County contract funds their full-time health officer and a small portion of FTE for the Multnomah County Health Officer to cover supervisory and regional duties.

Total health officer FTE in Multnomah County has not changed in decades despite a growing population and increasing complexity of public health events, including but not limited to: pertussis, measles, Ebola/Marberg, extreme cold/heat, poor air quality, and the drug overdose crisis.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Contract deliverables are met by the end of fiscal year.	90%	90%	90%	90%
Outcome	County interest holders express satisfaction in program delivery and results	N/A	100%	100%	100%

Performance Measures Descriptions

The Tri-County Health Officer team is made up of health officers from Clackamas, Washington, and Multnomah Counties, and is aligned by the contracts held between each county. Those contract deliverables will be met by the end of FY26, resulting in satisfaction among county interest holders. Multnomah County will implement a survey of participants and planners of regional calls to measure satisfaction, with a goal of an average of 4 out of 5 points on a Likert scale.

Legal / Contractual Obligation

ORS 431.418 requires counties to employ or contract with a physician to serve as County Health Officer. Intergovernmental agreements with Clackamas and Washington counties specify Health Officer services that Multnomah County is required to provide as well as expected outcomes and evaluation measures.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$724,371	$345,737	$685,278	$367,818
Materials & Supplies	$48,446	$10,308	$49,754	$10,308
Internal Services	$103,139	$51,499	$109,142	$57,674
Total GF/non-GF	**$875,956**	**$407,544**	**$844,174**	**$435,800**
Program Total:	**$1,283,500**		**$1,279,974**	
Program FTE	1.07	0.87	1.07	0.87

Program Revenues				
Intergovernmental	$0	$407,544	$0	$435,800
Total Revenue	**$0**	**$407,544**	**$0**	**$435,800**

Explanation of Revenues

This program generates $57,674 in indirect revenues.
Washington county meets their ORS 431.418 requirements for health officer services through intergovernmental agreement (IGA) with Multnomah County that they pay our actual expenses for those services. The Multnomah County Health Officer, and Deputy Health Officer are funded by Multnomah County general funds.

$435,800 - Tri-County Health Officer Washington County

Significant Program Changes

Last Year this program was: FY 2025: 40002 Tri-County Health Officer

Multnomah County

Program #40004A - Ambulance Services (Emergency Medical Services) FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Aaron Monnig
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

The Multnomah County Emergency Medical Services (MCEMS) Program includes all of the functions related to the regulation, coordination, operational and clinical oversight required of a County by ORS 682.062, OAR 333-260, County Ordinance 1238, and County Code 21.400. The program carries out the enforcement of County Code 21.400 and implementation of the County's Ambulance Service Plan Ordinance 1238.

The Program inspects and licenses all ambulances doing business in the County. This includes inspections and for cause investigations related to the care and services performed by Ambulance agencies and EMS Providers. The County EMS Medical Director provides Medical Direction to all EMS Providers in the County. The Program administers contracts related to components of the Ambulance Service Plan including: administration of the contract for on-line medical control with OHSU, providing medical consultation to EMS Providers and managing patient distribution when the system's hospitals are stressed, and during multicasualty emergencies and disaster; two contracts that provide general fiscal support of 911 medical first response in the areas of the County without fire department coverage. The EMS Program also operates a number of Quality Assurance groups to perform these functions. Program staff work with a number of entities who provide the EMS system services: the City of Portland Bureaus of Emergency Communications (BOEC) who is the Primary Public Safety Answering Point for the geographic County, and serves as a consolidated communications center that triages, and dispatches all resources to all 911 requests; the Port of Portland as the Secondary Public Safety Answer Point; Portland Fire and Rescue; Gresham Fire Department; Port of Portland Fire; Corbett Fire; Sauvie Island Fire; Scappoose; and Cascade Locks. All of these agencies provide 911 medical first response as well as other services as jurisdictional partners. There is close coordination with the bordering Counties who have similar functions and services.

The County receives 911 ambulance response services through an exclusive contract, which was awarded through a Competitive RFP process. The County operates a non-subsidized EMS system meaning the costs for the services and system are paid for through fees for services. The contracted ambulance provider pays franchise fees equal to the County's cost of performing the functions of administration and system coordination, administrative oversight, medical direction, and training expenses, as listed above. In addition to these statutorily required services, MCEMS has a program to work with frequent utilizers of the system to provide short term intensive case management and, when appropriate, connect these frequent 911 medical utilizers with more appropriate service through the Tri-County 911 Service Coordination Program (TC911). This is a codified service included in the Ambulance Service Plan Ordinance 1238 and provided through a contract with Health Share. Licensed clinicians help connect people to medical, behavioral health, housing, long term care, and other services.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Outcome	Perform Ambulance License inspections within 30 days	100%	100%	100%	100%
Efficiency	Respond to and open for cause investigations with 72 hours of initial complaint.	N/A	N/A	100%	100%
Output	Post Ambulance contract response time compliance within 48 hours of the monthly compliance final closing.	N/A	N/A	N/A	100%

Performance Measures Descriptions

For #3, response time contract compliance has a series of appeals, and following the final finding, the final compliance will be posted to a publicly available dashboard.

Legal / Contractual Obligation

The County is responsible under ORS 682 to have an Ambulance Service Area Plan. The governing law and contractual obligations include the Multnomah County Ambulance Service Plan; ORS 682; OAR Chapter 333, County ordinance 1238, and County Code 21.400-21.433; County rules, medical policies, procedures, protocols, the exclusive ambulance franchise agreement with ambulance contractor, contracts with OHSU, and intergovernmental agreements with local fire and rescue jurisdictions.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,769,757	$1,007,665	$2,234,513	$1,094,233
Contractual Services	$545,858	$18,700	$481,401	$29,643
Materials & Supplies	$77,458	$6,277	$101,715	$6,433
Internal Services	$197,337	$321,853	$206,740	$324,013
Total GF/non-GF	**$2,590,410**	**$1,354,495**	**$3,024,369**	**$1,454,322**
Program Total:	**$3,944,905**		**$4,478,691**	
Program FTE	7.87	5.93	7.87	6.13

Program Revenues				
Fees, Permits & Charges	$2,368,865	$0	$3,029,606	$0
Other / Miscellaneous	$0	$1,354,495	$0	$1,454,322
Total Revenue	**$2,368,865**	**$1,354,495**	**$3,029,606**	**$1,454,322**

Explanation of Revenues

This program generates $168,721 in indirect revenues.
Lic. fees, the ambulance franchise fee, and first responder medical direction contracts and ambulance medical direction pay for MCEMS administration and medical direction costs. Fees are established and collected through agreements with the exclusive emergency ambulance contractor and other jurisdictions. The services' revenues equal the County's expense in providing the service. If expenses increases, the County's exclusive ambulance contractor covers the difference. The County's exclusive ambulance services contract and MCC 21.400 provide authority for MCEMS to levy fines for substandard performance. Fines collected pay for EMS system enhancements. The County pays two fire first response agencies in eastern Multnomah County to provide EMS first response in areas of the County not otherwise served by a Fire Department to provide EMS first response. The EMS Social Work Program (aka TC911) has a contract with Health Share of Oregon through June 30, 2027 to serve Medicaid members.
TC 911 HealthShare Grant - GY04 - $1,454,322
Medical Svcs, Fees, Medical Supervision, Training(50220 - License & Fees) $3,029,606

Significant Program Changes

Last Year this program was: FY 2025: 40004 Ambulance Services (Emergency Medical Services)

County General Funds for TC911 Program are reduced by $116,995 for FY 2026. This reduces TC911 to Health Share contract funding and will result in only Health Share clients being served. EMS Administration is continuing to address Ambulance provider performance deficiencies with increased work associated with the Settlement agreement signed in FY 2025. Increase EMS Medical Supervision change of one on call Associate EMS Medical Director to a Permanent 0.50 FTE EMS Medical Director to account for credentialing and contract quality assurance and improvement workload. EMS Data Analysis from a 0.80 FTE to 1.00 FTE. Changes in FTE are funded by ambulance franchise fees, and medical direction fees paid for those services.

Program #40004B - Ambulance Service Plan Continuation

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Aaron Monnig
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:	40004		
Program Characteristics:	One-Time-Only Request		

Program Description

State statute (ORS 682.062) directs counties to develop Ambulance Service Plans for all areas within their jurisdictional borders. An Ambulance Service Plan (ASP) specifies how the key features of the emergency medical services (EMS) system are structured within the county. Multnomah County is statutorily obligated to assess the County's ASP and, when significant changes occur, to revise the plan. This process of assessment, reviewing recommendations, and ultimately making revisions to the County ASP would result in a procurement for the services described in the plan.

Last reviewed and adopted in 2016, Multnomah County's ASP establishes that the County will have one contracted emergency ambulance service provider. In recent years, persistent issues with contract compliance, changes in the EMS landscape, and emerging proposals to alter fundamental elements of the County's ASP have given rise to a need to reassess our ASP.

In 2024, the County EMS Program recommended and began a comprehensive ASP assessment. This work requires both internal Health Department staff capacity, as well as an external consultant contractor with subject matter expertise in EMS systems. The assessment involves an in-depth review and recommendations by the external industry consultant, including stakeholder engagement with current jurisdictional partners, response agencies, healthcare partners, and existing ambulance service providers. This process is anticipated to result in policy recommendations delivered in early FY26 that will inform potential changes to current EMS system components. If revisions to the ASP are recommended, additional funding will be required in subsequent years to implement those changes.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	External consultant's written report on and recommendations for EMS service models	0	0	0	1
Outcome	Recommendations for maintaining, updating, editing, or revising the Multnomah County Ambulance Service Plan	0	0	0	1

Performance Measures Descriptions

The external consultant's report referenced in Measure 1 will be based on assessment, cost-benefit analysis, and feasibility assessment.

Legal / Contractual Obligation

ORS 682 requires counties to create ambulance service plans that meet the requirements of OAR 333-160. A contract with an external industry consultant was executed in 2024. Work includes all aspects of evaluation, recommendations, and assisting with implementation.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$0	$192,000	$0
Contractual Services	$0	$0	$208,000	$0
Total GF/non-GF	**$0**	**$0**	**$400,000**	**$0**
Program Total:	**$0**		**$400,000**	
Program FTE	0.00	0.00	1.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 40004B Ambulance Service Plan

Based on work completed in FY 2025, and the contract with the external consulting firm, the expenses for the work in FY 2026 will cost less than the work completed in FY 2025.

Multnomah County

Program #40005 - Public Health & Regional Health Systems Emergency Preparedness

FY 2026 Proposed

Department: Health Department **Program Contact:** Aaron Monnig

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

Equitably responding to emergencies with severe health impacts such as natural disasters, severe epidemics/pandemics, terrorist attacks, and other incidents requires coordinated action to: 1) focus the response on priority needs; and 2) effectively leverage resources of government, private healthcare providers, and non-profit organizations.

Public Health preparedness includes:

1) Emergency plans and protocols linked to the County's Emergency Response Plan specifically the ESF-8 Annex;
2) Training Health Department leadership, managers and supervisors and incident management team members;
3) Exercises to test and refine plans and capabilities; and
4) Plans to increase capacity for key public health functions (e.g., epidemiology capacity to investigate and analyze an emergency's health impacts and make informed decisions on culturally and linguistically appropriate responses for impacted communities).

This program is funded through two grants that help the County meet Public Health modernization goals of public health emergency preparedness and response. The program's staff member works collaboratively across the region and with the State to ensure effective, equitable, and coordinated public health preparedness and response.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Ensure appropriate Public Health leadership and program representation in emergency activations and ex	100%	100%	100%	100%
Outcome	Coordinate at least one Medical Reserve Corp call down exercise or activation notification	1	1	1	1
Outcome	Coordinate at least one Push Partner Registry call down exercise or activation notification	1	1	1	1

Performance Measures Descriptions

Legal / Contractual Obligation

County responsibilities for emergency preparedness and response (ORS 401, 431, 433) empower the Health Department to plan, coordinate, and operationally lead in matters related to preserving the life and health of the people within the County. An intergovernmental agreement with the Oregon Health Authority specifies requirements for public health preparedness activities supported with federal CDC funds. This includes two grants: the Public Health Emergency Preparedness Grant and the Cities Readiness Initiative Grant. Both sources of federal funds are dedicated to public health emergency preparedness, and cannot supplant other funding or be used to build general emergency preparedness.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$24,649	$274,412	$24,593	$301,539
Materials & Supplies	$15,033	$523	$0	$8
Internal Services	$23,107	$43,779	$26,203	$52,774
Total GF/non-GF	**$62,789**	**$318,714**	**$50,796**	**$354,321**
Program Total:	**$381,503**		**$405,117**	
Program FTE	0.08	1.31	0.08	1.31

Program Revenues				
Intergovernmental	$0	$318,714	$0	$354,321
Total Revenue	**$0**	**$318,714**	**$0**	**$354,321**

Explanation of Revenues

This program generates $47,280 in indirect revenues.
State Public Health Emergency Preparedness is supported by the Federal Centers for Disease Control (CDC) funds received through an intergovernmental agreement with the Oregon Health Authority.

Federal: PE-12 grant - Public Health Emergency Preparedness and Response (PHEPR) $301,097
Federal: CRI grant - OHA Cities Readiness Initiative (CRI) $53,224

Significant Program Changes

Last Year this program was: FY 2025: 40005 Public Health & Regional Health Systems Emergency Preparedness

Multnomah County

Program #40052 - Medical Examiner

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Richard Bruno
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

The County is required to perform death investigations, and those services are housed within the Health Department. The State Medical Examiner's Office (SMEO) is the lead agency for death investigations in Oregon operating within the Oregon State Police. The County Medical Examiner's Office (MEO) is involved in all deaths in the county, with the exception of natural deaths occurring directly under physician care greater than 24 hours in a hospital or hospice setting. As most deaths investigated by the Medical Examiner (ME) are sudden and unexpected, the MEO is in a unique position to identify unusual and emerging causes of death and injury, and to contribute to preventive public health interventions. While the SMEO is part of the Oregon State Police in a legally focused investigative position, the County MEO is housed within the Health Department. This remains a close connection between public health, public safety and fatalities, and identification of the leading causes of death and prevention efforts.

ME staff work directly with community/family members to investigate deaths that fall under County jurisdiction to provide support and crucial information regarding the cause and manner of death. The MEO strives to provide in-person investigations, to minimize the number of scenes in which law enforcement is the sole agency present. This provides increased public service, often to those most underserved.

The MEO works diligently with the community and external partners to provide equitable services to all impacted communities. Frequently, these are underserved, underrepresented people that do not have direct connections to formal healthcare and those facing mental health crisis and addiction, as those individuals that die while under medical care are not typically investigated by the MEO. Investigations conducted by the MEO provide critical data trends that shape the Department's work in addressing health inequities in preventable causes of death. This provides information to inform and shape programs for those experiencing chronic medical illnesses, homelessness, addiction, mental health crisis, weather impacts like extreme heat and cold, gun violence, and traffic fatalities, among some of the more notably preventable causes of death.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	External examinations performed by County	450	400	400	500
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	66	85	85	80
Outcome	The number of in-person scene responses with a death investigator on scene	1,370	1,650	1,800	1,650

Performance Measures Descriptions

Measure 1: Number of on-scene medicolegal death examinations performed by Multnomah County. 2: Percentage of calls in which the Deputy Medical Examiner arrives on-scene within one hour. Measure 3: Number of investigations in which the death investigator is on-scene.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$2,541,019	$0	$2,816,822	$0
Contractual Services	$118,526	$0	$94,627	$0
Materials & Supplies	$23,169	$0	$22,994	$0
Internal Services	$355,815	$0	$349,502	$0
Total GF/non-GF	**$3,038,529**	**$0**	**$3,283,945**	**$0**
Program Total:	**$3,038,529**		**$3,283,945**	
Program FTE	17.00	0.00	17.00	0.00

Program Revenues				
Fees, Permits & Charges	$0	$0	$0	$0
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 40052 Medical Examiner

Significant changes are related to a fully realized increase in work load and decreased capacity. The Medical Examiners Office (MEO) has continued to have an increased volume of required scene death investigations. In FY 2025, there was an increased budget for 2.00 FTE of Mediolegal Death Investigators to account for both an expected continued increase in volume and a newly increased workload resulting from the State's shift of full death investigations from their responsibility to the County's, which was fully realized in FY 2025. Over the course of FY 2025, the impacts of higher volume and greater workload continued, and as a result, the County saw an increase in response times to arrive on-scene at death investigations. Additionally there was an increase in staffing leaves of absence, partially driven by the increased expectations and workload, further adding to the gap between demand and resources.

Public Health

The Public Health Division (PHD) implements the unique governmental statutory responsibilities under Multnomah County's Local Public Health Authority. PHD protects the health of the public by investigating and responding to disease outbreaks, climate events, and other emergencies; partners with diverse communities to tailor community-specific responses to health inequities; addresses the leading causes of preventable death; and promotes health across the lifespan.

The division leads with race and works in partnership with the community across the following program areas:

- **Communicable Disease Services** prevents the spread of reportable contagious diseases through epidemiology, disease investigation, and case management for sexually transmitted infections (STI)s, tuberculosis, H5N1, measles and other infectious diseases.
- **Community Epidemiology Services** collects and evaluates public health data to improve programs, inform community planning and support policy development.
- **Environmental Health Services** protects the safety of residents by inspecting licensed facilities, including restaurants; controlling disease vectors; and addressing lead poisoning, air and water quality, climate change, and neighborhood/transportation design.
- **Immunization, HIV/STI Prevention and Harm Reduction** program promotes immunizations and monitors Oregon's school exclusion law; provides culturally and community specific clinical services for screening, testing, harm reduction and treatment services through community based services, the STI clinic and through mobile outreach efforts; and administers state and federal funding for HIV services through community based sub-contracts, program evaluation, and facilitation of the HIV Services Planning Council.
- **Parent, Child, and Family Health** improves the health of families and children by providing limited home visiting services, helping families navigate complicated healthcare systems, and providing support to pregnant Black and African American people through Healthy Birth Initiatives (HBI).
- **Prevention & Health Promotion** improves population health through partnerships, technical assistance, and culturally specific policies and strategies. Initiatives include chronic disease and violence prevention, substance use prevention, tobacco control and prevention and aligns with the Health Department's Overdose Prevention and Response Plan led by the Health Department Directors Office.

$75.5 million

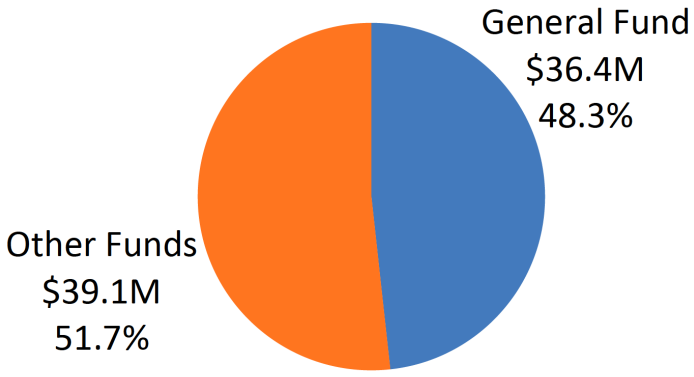
Public Health

Total Proposed Budget

Including cash transfers, contingencies, and unappropriated balances.

267.97 FTE

(full time equivalent)



- **Women, Infants, and Children (WIC)** increases access to nutritious foods and improves health outcomes for families with children five years of age and younger.

Division Outcomes

- All Multnomah County residents will experience lower personal and community risk of infectious diseases, acute conditions, climate events, and other public health emergencies through a culturally responsive public health system that can respond quickly, assure treatment is available, and prevent or mitigate emerging threats.
- People who spend time in Multnomah County restaurants, retail establishments, schools, parks and homes will have lower likelihood of exposure to health hazards and infectious disease through inspections of licensed facilities, and alignment with best practices for disease prevention.
- Multnomah County communities will experience reduced inequities in health outcomes through access to culturally and linguistically responsive programming, collaborations, communications, and best practice strategies.
- Multnomah County families will experience better health outcomes through policy, healthy neighborhoods, and support services to ensure the availability and accessibility of healthy foods, prenatal services, lactation support, and early childhood health education.

Significant Division Changes

This budget year will see significant changes in the PHD. As a result of federal and state grant reductions, and a reduction in county general fund, PHD will no longer support and provide the following:

- Immunization services (vaccinations) for youth and adults;
- Home visiting services through Nurse Family Partnership;
- Adolescent health curriculum training and technical assistance for school districts; and
- Technical Assistance, education and communication to support compliance with the City of Portland's Gas Powered Leaf Blower ordinance.

Additionally, significant federal and state grant reductions will reduce the number of days the STI clinic will be open from 5 to 4. The clinic will no longer provide express visits for non-exposure/asymptomatic clients. As a result the STI clinic will serve 1,300 fewer clients in FY 2026 than in FY 2025

In FY 2026, restaurant inspection fees will increase to achieve 100% cost recovery in the program (40007). Since the COVID pandemic, the County held fees steady to support impacted businesses by subsidizing the program with County General Fund and American Rescue Plan funds.

Organizational shifts

Funds for disease investigation shifted from 40010B STI Clinical and Community Services to 40010A Communicable Disease Prevention and Control to balance management workload. This resulted in all PHD clinical services being in one program area (HIV/STI clinic/Immunizations/Harm Reduction), and all disease investigation services being in a different program area (communicable disease, TB and STI).

The Community Partnerships and Capacity Building team will move to the Health Directors Office, Office of Health Equity. This will foster a one-department approach to equity and more seamless departmental

engagement of staff, external partners, and communities. This team will continue to work closely with PHD programs.

Table of Division Programs

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

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Public Health						
40006	Tobacco Prevention and Control		987,842	704,516	1,692,358	7.05
40007	Health Inspections and Education		7,817,139	37,992	7,855,131	38.15
40008	Vector-Borne Disease Prevention and Code Enforcement		2,274,282	0	2,274,282	9.80
40009	Vital Records		151,390	996,000	1,147,390	5.32
40010A	Communicable Disease Prevention and Control		2,855,547	3,492,715	6,348,262	25.72
40010B	STI Clinical and Community Services		1,931,251	1,461,217	3,392,468	8.80
40010C	Communicable Disease Community Immunization Program		162,236	200,323	362,559	2.00
40011	Services for Persons Living with HIV - Regional Education and Outreach		143,674	6,379,650	6,523,324	6.25
40018	Women, Infants, and Children (WIC)		3,533,993	5,092,895	8,626,888	45.70
40037	Environmental Health Community Programs		1,034,816	2,548,673	3,583,489	14.48
40048	Community Epidemiology		1,620,990	2,005,780	3,626,770	12.09
40053	Racial and Ethnic Approaches to Community Health		962,695	1,412,260	2,374,955	8.26
40055	Home and Community Based Consulting		99,429	519,900	619,329	2.80
40056	Healthy Families		889,353	4,312,118	5,201,471	6.00
40058	Healthy Birth Initiative		2,046,209	3,341,918	5,388,127	17.70
40060	Community & Adolescent Health		1,869,782	786,775	2,656,557	11.34
40061	Harm Reduction		3,062,385	3,350,191	6,412,576	17.33
40096	Public Health Office of the Director		3,444,521	2,168,774	5,613,295	23.18
40097	Parent, Child, and Family Health Management		1,559,993	242,767	1,802,760	6.00
	Total Public Health		**$36,447,527**	**$39,054,464**	**$75,501,991**	**267.97**

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Multnomah County

Program #40006 - Tobacco Prevention and Control

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Charlene McGee
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:	40053, 40060		
Program Characteristics:			

Program Description

ISSUE: Tobacco use is the single most preventable cause of disease, disability, and death in Multnomah County and across the nation. Although cigarette smoking has declined overall in Multnomah County, some groups defined by race, ethnicity, educational level, and socioeconomic status have higher rates of cigarette and other tobacco/nicotine use.

Research shows that these differences are preventable and due to systemic or societal causes, making them health disparities, and that addressing them will benefit the entire population. The Tobacco Control and Prevention Program uses a variety of policy, systems, and environmental change strategies to prevent and reduce tobacco and nicotine use and exposure, and associated chronic disease.

PROGRAM GOAL: The Program's goal is to prevent and reduce tobacco and nicotine use and exposure for all people in Multnomah County, with particular attention to reducing tobacco-related racial/ethnic and other disparities.

PROGRAM ACTIVITY: Short-term goals include preventing new and continued use of tobacco products disproportionately and specifically marketed to communities with the highest rates of use and related adverse health outcomes: youth, American Indians/Alaska Natives, Black/African Americans, and LGBTQI communities. Program components include: strategies to reduce youth access to, and use of, tobacco and nicotine products; counter-marketing; support and resources for smokers who want to quit; engagement of diverse communities to reduce tobacco-related disparities; surveillance and evaluation; promotion of smoke-free environments; and policy/regulation, including tobacco retail licensing and restricting the sale of menthol and other flavored tobacco and nicotine products. Tobacco retail licensing includes several activities including annual compliance inspections, minimum legal sales age inspections, enforcement inspections, appeals, surveillance, monitoring, training, outreach, and consultation to increase retailer compliance with all laws related to the sale of tobacco and nicotine products.

Utilizing national, state, and county-level data on use and health impacts of tobacco products, programmatic activities are tailored to address racial disparities by creating prevention strategies to reach specific priority populations, ongoing evaluation of tobacco retail regulation, and employing language services to ensure access to all materials and services. Specific priority populations are engaged through partnerships (funded and unfunded) with community-based organizations serving those populations. Annually, the tobacco licensing system is evaluated for any disproportionate enforcement burden to ensure all businesses are treated fairly in policy enforcement.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of tobacco retail licenses issued	632	775	726	750
Outcome	Number of policies established to reduce tobacco use and exposure	1	1	0	1
Output	Number of retailer inspections	828	1,500	1,200	1,500
Output	Number of community partnerships	35	55	35	45

Performance Measures Descriptions

1) Number of tobacco retail licenses issued under the County ordinance. 2) Number of policies is a measure of concrete changes resulting from a program's work and partnerships. 3) Retailers inspected on-site and virtually (includes annual compliance inspection, minimum legal sales age inspections, suspension inspections, education, and outreach as needed). 4) Number of partnerships among communities, especially those experiencing the highest rates of tobacco use and related adverse health outcomes by race/ethnicity and other demographics

Legal / Contractual Obligation

Tobacco Prevention and Education Grant, funded by the Oregon Public Health Division, OHA. Local Public Health Authority must comply with required work plans and assurances.
Multnomah County Code § 21.561, § 21.563
ICAA OARS plus MSA, SYNAR, RICO, FDA, and Family Smoking Prevention and Tobacco Act.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$655,637	$1,066,373	$779,448	$359,328
Contractual Services	$16,333	$102,752	$8,776	$195,404
Materials & Supplies	$27,774	$23,429	$21,052	$22,397
Internal Services	$135,577	$299,540	$178,566	$127,387
Total GF/non-GF	**$835,321**	**$1,492,094**	**$987,842**	**$704,516**
Program Total:	**$2,327,415**		**$1,692,358**	
Program FTE	4.20	6.98	4.90	2.15

Program Revenues				
Fees, Permits & Charges	$738,588	$0	$738,588	$0
Intergovernmental	$0	$1,492,094	$0	$535,612
Beginning Working Capital	$0	$0	$0	$168,904
Total Revenue	**$738,588**	**$1,492,094**	**$738,588**	**$704,516**

Explanation of Revenues

This program generates $56,342 in indirect revenues.
Direct State - $500,000 - Tobacco Prevention
HealthShare of Oregon - $204,516 - Tobacco Prevention& Cessation
Licenses and Fees - $738,588 - Tobacco Retail Licenses and Fees

Significant Program Changes

Last Year this program was: FY 2025: 40006 Tobacco Prevention and Control

The number of partnerships has decreased as the $1,000,725 funding for contracted projects has decreased and will end June 30, 2025. Legal challenges to the policy banning the sale of flavored tobacco and nicotine products in Multnomah County has halted the implementation process.

Multnomah County

Program #40007 - Health Inspections and Education

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Jeff Martin
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:	40008, 40010A		
Program Characteristics:			

Program Description

Health Inspections and Education (HIE) is a legally mandated, fee-supported program that protects the public from disease and injury by investigating food and waterborne disease; educating about food safety practices; and performing inspections of licensed facilities. The program goal is to ensure the safety of inspected facilities. HIE protects the health and safety of the entire community by providing education, assuring safe food and water, controlling disease, improving workplace safety, and reducing unintentional injuries. HIE achieves these goals through the following functions:

Facility Inspection – Facilities include: 4,835 restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, vending machines, and jails; 457 pools/spas; 1,030 schools, childcare, adult foster care, and other service providers; and 50 small water systems (inspected every 3 to 5 years).

Foodborne Illness Outbreak Response and Complaints - Health inspectors investigate local foodborne illness in collaboration with Communicable Disease Services and are key participants in emergency response. HIE conducted 4 foodborne illnesses and 16 vibrio investigations in restaurants in the previous calendar year. In addition to those, the program tracked 189 reports of illness and 339 complaints.

Food Handler Training and Certification – HIE provides online and in-person training about safe food preparation in 17 languages to food workers at all literacy levels to support health equity and entry into the workforce.

The Food Service Advisory Committee, which consists of local food service industry representatives, County regulatory officials, consumers, educators, and dietitians, meets throughout the year to discuss program changes.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of licenses issued	6,648	7,343	6,916	7,611
Outcome	Number of violations per year	13,757	8,338	13,792	14,301
Output	Facility Inspections	12,258	14,968	12,251	17,378
Output	Total number of certified Food Workers licensed by Multnomah County	15,926	14,450	16,189	16,504

Performance Measures Descriptions

1) Measure excludes facilities inspected but not licensed. 2) Facility Violations (violations that will lead to a food borne illness or injury) are items noted during inspections that can directly affect the health of the consumer and require immediate correction. 3) Facilities inspected on-site (e.g. restaurants, mobile units, etc.). 4) Number of people who completed certification in the given year.

Legal / Contractual Obligation

Legal mandates are 2009 FDA Food Code, 2012 OR Food Sanitation Rules; ORS Chapt. 30.890 (gleaning); ORS Chapt. 624; ORS Chapt. 448; MCC 21.612 (license fees); MCC Chapt. 5; MCC Chapt. 21 (Civil Penalty Ordinance); OR Dept. of Education Division 51 (Schools); OARS 581-051-0305; OARS Chapt. 333 (Licensed Programs); ORS 183 (Civil Penalty), ORS 164 (Food); ORS 700 (EHS License); ORS 414 (Childcare). OARS 333-018 Communicable Disease and Reporting 333-019 Communicable Disease Control.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$5,534,384	$28,745	$5,971,944	$31,472
Contractual Services	$503,857	$0	$514,919	$0
Materials & Supplies	$162,577	$1,213	$158,066	$1,585
Internal Services	$1,059,406	$5,015	$1,172,210	$4,935
Total GF/non-GF	**$7,260,224**	**$34,973**	**$7,817,139**	**$37,992**
Program Total:	**$7,295,197**		**$7,855,131**	
Program FTE	37.46	0.19	37.95	0.20

Program Revenues				
Fees, Permits & Charges	$6,083,783	$0	$7,833,551	$0
Intergovernmental	$0	$34,973	$0	$37,992
Total Revenue	**$6,083,783**	**$34,973**	**$7,833,551**	**$37,992**

Explanation of Revenues

This program generates $4,935 in indirect revenues.
Multnomah County Environmental Health receives $37,993 of support each year from the State of Oregon-Drinking Water Section. This level of support continues to stay consistent. Money received from the State is used to pay for staff who work in the drinking water program performing sanitary surveys and responding to alerts.

$37,992 Safe Drinking Water
$159,925 HD Food Handlers
$7,673,626 in Licensing Fees

Significant Program Changes

Last Year this program was: FY 2025: 40007A Health Inspections and Education

Historically, the program has been self-sustaining through licensing fees. During the COVID-19 pandemic, the County held fees steady to support impacted businesses by subsidizing the program with County General Fund dollars and American Rescue Plan Act (ARPA) funding. Since Fiscal Year 2021, over $8 million in County General Funds and $5.3 million in ARPA funds have subsidized the program. After five years of deferred license fee increases, in FY 2026 a fee increase of 33% will return the program to full cost recovery.

Multnomah County

Program #40008 - Vector-Borne Disease Prevention and Code Enforcement — FY 2026 Proposed

Department: Health Department **Program Contact:** Jeff Martin

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

The Vector Control and Code Enforcement program protects the public from vector-borne diseases through the collection, monitoring, and testing of mosquitoes, rats, birds, and other animals for pathogens harmful to humans. The program also works to enforce health-based nuisance codes like keeping of small livestock (chickens, pigs, bees), rodent harborages, and illegal dumping. Vector Control and Code Enforcement are core public health services that protect the public from diseases carried by and transmitted through contact with animals. ORS 431.141 stipulates that Environmental Public Health Programs must be included as a foundational program for a public health and safety program. Furthermore, ORS 431.143 (2) specifically mandates that an Environmental Public Health Program must protect the public from biotic and abiotic factors in the environment including but not limited to vector borne diseases. Additionally, ORS 452.240 provides additional measures to the county to perform the functions mandated. This is accomplished through:

Mosquito Control – Active suppression of mosquito populations to lower the risk of West Nile Virus and other mosquito-borne diseases, and increase community livability through the direct reduction of mosquitoes using an Integrated Pest Management (IPM) Program.

Disease Surveillance - Active collection, identification, and laboratory analysis of mosquitoes, birds, and rats to identify diseases and to monitor the spatial and temporal distribution of species to determine at-risk areas and populations.

Rodent Inspections – Perform complaint-based inspections for property owners and businesses by providing onsite assessments, education, and free abatement materials.

Nuisance Code Enforcement - Addresses public health code violations, investigation and removal of illegal dumps, and enforcement of specific city codes regarding the keeping of livestock in the City of Portland.

Outreach and Education – Actively attend fairs, festivals, and community events throughout the county with a focus on events in areas that are in impacted neighborhoods and communities, with a focus of in low income neighborhoods or communities of color, to provide education and resources in multiple languages on protection from vector-borne disease.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of Rodent, Mosquito, and Code Inspections Conducted	1,140	1,700	1,750	1,500
Output	Number of Acres Treated for Mosquitoes	1,201	4,500	3,000	2,500
Output	Number of Mosquito Development Sites Treated	6,232	6,000	7,000	6,000
Output	Number of Individuals Reached during Outreach	1,314	0	5,000	3,000

Performance Measures Descriptions

1) Total number of rodent, mosquito, and code site inspections conducted.
2) Total number of acres treated for flood water species of mosquito.
3) Total number of individual treatments to point source mosquito development sites.
4) Total number of individuals reached during events (FY25 budgeted was zero as this is a new program function).

Legal / Contractual Obligation

Legal mandates are ORS 452 Vector Control, ORS 431 State and Local Administration and Enforcement of Public Health Laws, OAR 333-018 Communicable Disease and Reporting, OAR 333-019 Communicable Disease Control, OAR 603-052 Pest and Disease Control, OAR 603-057 Pesticide Control, 1968 Agreement City of Portland and Multnomah County, MCC Chapter 15 Nuisance Control Law, PCC Title 13 Bees and Livestock, NPDES General Aquatic Permit for Mosquito Control 2300A

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,823,269	$0	$1,579,811	$0
Contractual Services	$79,009	$0	$84,434	$0
Materials & Supplies	$176,146	$0	$108,194	$0
Internal Services	$459,510	$0	$501,843	$0
Total GF/non-GF	**$2,537,934**	**$0**	**$2,274,282**	**$0**
Program Total:	**$2,537,934**		**$2,274,282**	
Program FTE	12.10	0.00	9.80	0.00

Program Revenues				
Fees, Permits & Charges	$343,441	$0	$0	$0
Service Charges	$0	$0	$343,441	$0
Total Revenue	**$343,441**	**$0**	**$343,441**	**$0**

Explanation of Revenues

$ 277,000- City of Portland BES Vector Control Rats
$ 66,441 - City of Portland Specified Animals

Significant Program Changes

Last Year this program was: FY 2025: 40008 Vector-Borne Disease Prevention and Code Enforcement

Ongoing issues with obtaining aerial application services resulted in another year with higher than anticipated adult mosquito abundances (3rd highest on record) and likely due to a lack of aerial support. Field staff were pulled from other projects to try and fill this gap in service. Outreach/comms was added to the program after an indefinite hiatus and has been well received by the community and other community-based organizations. Program made significant advancements in sustainability by converting tools to electric, purchase of e-bikes to reduce vehicle usage when practical, and through purchase of sUAS (drone) technology to decrease environmental impact and improve efficiency. In FY 2026 we will have fewer resources for vector mitigation. However, we will maintain our level of communication and education/outreach.

Multnomah County

Program #40009 - Vital Records

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Jeff Martin
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

The Vital Records program is a legislatively mandated, fee-supported program that issues birth and death certificates in accordance with federal and state statutes to maintain the integrity and accuracy of birth and death information. The program's goal is to accurately report birth and death certificates in Multnomah County in order to provide accurate data that is used to inform public health prevention and intervention activities. This goal supports achievement of positive health outcomes and equitable opportunities for health to all Multnomah County residents.

The Vital Records Program issues birth and death certificates within the first six months after a birth or death, and within 24-hours of receipt of a request for certificate. The program assures accurate, timely, and confidential registration of birth and death events, minimizing the opportunity for identity theft, and assuring accurate record of important data such as cause of death and identification of birth parents. Death certificates can be issued to family members, legal representatives, governmental agencies, or to a person or agency with personal or property rights. Birth records can be released to immediate family including grandparents, parents, siblings, legal representatives, or governmental agencies. Employees working in this program must be registered with the state to assure competency.

Via OAR 333-011, Vital Records program provides reliable information for data analysis to inform public health decision-making, trends, health impacts and including the identification of racial health disparities. Multnomah county collaborates internally and externally over this data to inform health officials, researchers and policy makers to make informed decisions.

The program engages local funeral homes, family members, and legal representatives to maximize accuracy of reported information. The program is constantly evolving to better meet community needs by soliciting regular feedback from its clients. For example, the program is in the process of launching an online platform that can be conveniently accessed by the public.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of birth and death certificates issued	42,300	35,471	43,075	39,840
Outcome	Average number of days to issue error free certificates	1	1	1	1

Performance Measures Descriptions

Output is the number of birth and death certificates issued by our Multnomah County Vital Records office for individuals requesting certificates within 6 months from the date of birth or death. We average a total of 1 certificate error made by our office, funeral homes, or medical errors that are voided and reported to the Oregon Health Authority.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$623,776	$0	$677,247
Contractual Services	$0	$39,857	$0	$39,857
Materials & Supplies	$0	$19,104	$0	$26,066
Internal Services	$0	$271,644	$151,390	$252,830
Total GF/non-GF	**$0**	**$954,381**	**$151,390**	**$996,000**
Program Total:	**$954,381**		**$1,147,390**	
Program FTE	0.00	5.22	0.00	5.32

Program Revenues				
Fees, Permits & Charges	$0	$954,381	$0	$996,000
Total Revenue	**$0**	**$954,381**	**$0**	**$996,000**

Explanation of Revenues

This program generates $106,192 in indirect revenues.
This is a fee driven, self-sustaining program. The fee schedule is established by the State of Oregon.
Fees $996,000 - Vital Stats Birth and Death Certificates

Significant Program Changes

Last Year this program was: FY 2025: 40009 Vital Records

An electronic birth and death data certification model was implemented requiring a significant increase in individual education with community partners.

Multnomah County

Program #40010A - Communicable Disease Prevention and Control — FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Sara McCall
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:	4007A, 40010B, 40048		
Program Characteristics:			

Program Description

Communicable disease control is a foundational public health program that no other entity can carry out. Oregon law determines what diseases are reportable to governmental public health. Communicable Disease Services (CDS) receives these reports and implements state guidelines for response.

CDS aims to lessen the impact of communicable diseases in Multnomah County by reducing disease spread. CDS keeps people safe by using the statutory authority to collect and analyze data about communicable diseases, investigate outbreaks, and implement disease-specific interventions.

The Communicable Disease (CD) and Sexually Transmitted Infections (STI) teams investigate reportable communicable diseases, which is a core governmental public health function. Through individual interviews, teams determine illness causes and identify people and settings who may be exposed. Teams recommend interventions such as isolation and quarantine, infection control practices, health education and behavior changes to halt disease spread. The teams respond to disease outbreaks in settings such as restaurants, long term care facilities, schools/daycares, and shelters. The STI team provides partner notification services as recommended by the Oregon Health Authority (OHA).

The Tuberculosis (TB) case management team investigates possible TB infections in the community and ensures people diagnosed with TB disease adhere to their treatment plan, another core governmental public health function. Per OHA guidelines, they test contacts to TB clients and offer treatment for latent TB infection (LTBI) if needed. The team also evaluates TB in newly arrived refugees, which is required of local public health by OHA and the Centers for Disease Control and Prevention (CDC).

CDS contributes data to an international disease surveillance system, sharing crucial information with OHA and CDC for tracking communicable disease threats. CDS is the only entity in Multnomah County that can provide this data.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of disease report responses (CD, TB, STI)	5,065	4,750	4,538	14,000
Output	Percentage of syphilis and HIV cases investigated	76%	85%	70%	70%
Quality	Percent of tuberculosis (TB) clients completing treatment within 12 months	100%	96%	100%	96%
Quality	Percent of work/daycare/school-restrictable diseases with complete occupation and attendance information	n/a	80%	99%	99%

Performance Measures Descriptions

1) Historically only reported on CD disease responses; the higher FY26 target reflects the addition of STI, LTBI, and TB data for FY26. 2) All TB patients, for whom 12 months of treatment or less is recommended, alive at diagnosis, initiated treatment with one or more drugs, and counted. 3) Percentage of newly reported HIV and syphilis cases that are successfully interviewed by DIS case investigators. 100% of cases are initiated to attempt an interview. 4) These diseases include diphtheria, measles, mumps, Salmonella Typhi, shigellosis, STEC, hepatitis A & E, pertussis, and rubella.

Legal / Contractual Obligation

ORS Chapters 433.OAR 333, Divisions 17, 18, 19. OHA ACDP Investigative Guidelines, per OAR 333, Div. 19. OHA Program Elements 01, 03, 07, 10, 25, 43, 51, 73. OHA and CLHO Assurances.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,748,646	$1,673,640	$2,423,893	$1,867,198
Contractual Services	$55,110	$18,180	$47,627	$208,534
Materials & Supplies	$87,129	$37,361	$52,176	$86,493
Internal Services	$182,759	$1,219,764	$331,851	$1,330,490
Total GF/non-GF	**$2,073,644**	**$2,948,945**	**$2,855,547**	**$3,492,715**
Program Total:	**$5,022,589**		**$6,348,262**	
Program FTE	9.11	8.99	13.73	11.99

Program Revenues				
Intergovernmental	$0	$2,678,004	$0	$3,212,092
Other / Miscellaneous	$0	$245,941	$0	$255,623
Service Charges	$0	$25,000	$0	$25,000
Total Revenue	**$0**	**$2,948,945**	**$0**	**$3,492,715**

Explanation of Revenues

This program generates $258,720 in indirect revenues.
$13,180 - Intergovermental
$255,623 -Occupational Health Fees
$331,500 - PHM Regional - CDS
$196,004 - Metro Are Pertussis Surveillance
$270,090 - HIV/STI Statewide Services(HSSS) Federal
$629,229 - HIV/STI Statewide Services(HSSS) State
$25,000 - CD-OHS/CDC HepB Perinatal Case Mgt
$480,356 - PHN Local - CDS
$999,047 - State Support for Public Health - CD
$148,427 - TB Case Management
$144,259 - TB Treatment and Case Management

Significant Program Changes

Last Year this program was: FY 2025: 40010A Communicable Disease Prevention and Control

FY 2026 FTE changes: 6.00 FTE Disease Intervention Specialists (DIS) and 1.00 Program Supervisor moved from PO 40010B to 40010A.
Changes to existing structures/teams: Added 1.00 Program Supervisor to Management
CD: Removed 2.00 FTE CHN, 1.00 Epidemiologist, 1.00 Program Tech (LD) and added 3.00 DIS; STI: 1.00 DIS (vacant); TB: Removed 0.80 FTE CHN, 1.00 Nursing supervisor, 1.00 CHS2
Funding: EISO/HSSS: $0 in FY 2025; $900,300 in FY 2026 (added to cover FTE moved from 40010B to 40010A); General Fund: $1,930,576 in FY 2025; $2,936,110 in FY 2026; PHM Local: $1,033,913 in FY 2025; $480,356 in FY 2026; PHM Regional: $301,015 in FY 2025; $0 in FY 2026 (moved to 40048)

Multnomah County

Program #40010B - STI Clinical and Community Services — FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Neisha Saxena
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:	40010A		
Program Characteristics:			

Program Description

The HIV/Sexually Transmitted Infections (STIs) program is a foundational public health program. The STI Clinic provides culturally competent STI testing and disease reduction measures.

STI Clinical Services provides sexual health services, community testing, and access to treatment, particularly for underserved and marginalized populations. It provides low barrier, stigma-free services to people who may not otherwise have access to services or who are hesitant to access their typical provider. Preventing and treating STIs early improves long-term health outcomes and prevents chronic diseases, such as HIV and liver disease. It also prevents the spread of infections like syphilis to unborn children, preventing disability and even death in infants. The STI Clinic works closely with the Disease Intervention Team and Community Epidemiology Services to collaborate on data related to STI trends and spread of disease.

The clinic provides services to a diverse population, with a significant portion of visits from marginalized communities. In FY24 49% of reported race/ethnicity reflects individuals identifying as non-white, with notable representation from Hispanic/Latino/a/x and Black/African American individuals, and 64% of visits were from individuals identifying as LGBTQ+ (including lesbian, gay, bisexual, queer, pansexual, and transgender). The program also serves as a center of excellence, supporting other internal and external partners who seek expert consultation from the clinic. Providers can call and consult with subject matter experts at the STI clinic to guide their own assessments and treatments, serving as a vital support system for providers who may encounter complex STI cases or require specialized guidance.

The program's goal is to reduce STI incidence and prevalence, eliminate inequities in health outcomes, and increase access to testing and treatment. This includes oral pre-exposure prophylaxis (PrEP) and doxycycline post-exposure prophylaxis (doxy-PEP) services to reduce the risk of chlamydia, gonorrhea, syphilis (including congenital syphilis), and HIV infections, preventing chronic disease in individuals and the spread of infection across the population.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of clients provided culturally sensitive services for STI screening and treatment	4,400	4,400	4,600	3,300
Outcome	Percentage of all county gonorrhea/syphilis/HIV cases diagnosed through this program	12%	15%	12%	12%
Output	Number of patients initiated on prevention medication (PrEP)	450	450	600	340
Output	New: Number of infections (including presumptive) treated for STIs (chlamydia, gonorrhea, syphilis)	N/A	N/A	1,400	1,100

Performance Measures Descriptions

1: Includes STI and outreach testing. FY26 target is lower due to one fewer day per week of clinic operations and increased access to at-home test kits. 2: Shows program’s impact in finding, diagnosing, and treating a significant portion of reportable STIs relative to the entire health care system (e.g., 20% of all new HIV cases in the county in FY24). 3: Decrease from 600 to 340 due to FY25’s one-time general fund investment to provide asymptomatic prophylaxis. What will remain is services for contact and symptomatic prophylaxis. Measure 4 is new for FY26.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,325,403	$2,608,128	$426,976	$1,242,323
Contractual Services	$146,959	$395,184	$184,203	$4,815
Materials & Supplies	$25,733	$363,661	$117,902	$19,282
Internal Services	$732,282	$815,514	$1,202,170	$194,797
Total GF/non-GF	**$2,230,377**	**$4,182,487**	**$1,931,251**	**$1,461,217**
Program Total:	**$6,412,864**		**$3,392,468**	
Program FTE	6.88	18.19	2.00	6.80

Program Revenues				
Intergovernmental	$0	$3,831,280	$0	$815,017
Other / Miscellaneous	$0	$0	$0	$200,000
Service Charges	$0	$351,207	$0	$446,200
Total Revenue	**$0**	**$4,182,487**	**$0**	**$1,461,217**

Explanation of Revenues

This program generates $194,797 in indirect revenues.
$161,958 - HIV/STI Services
$653,059 - HIV/STI Statewide Services (HSSS) Federal (199K) State (454K)
$200,000 - STD Program Pt Fee 3rd party
$330,200 - STD Program Mcaid FFS
$25,000 - STD Program Mcare
$91,000 - STD Program Pt Fees

Significant Program Changes

Last Year this program was: FY 2025: 40010B Communicable Disease Clinical and Community Services

In FY 2026, due to the loss of federal SSuN and GISP grants, coupled with ongoing County General Fund limitations, the clinic will be open 4 days a week instead of 5, express/same day services will end, and some types of treatments and immunizations will be discontinued. Restructuring of State EISO/HSSS (funds for HIV/STI prevention, investigation, testing, and treatment) and syphilis funding will result in loss of nPEP/PrEP navigator and STI express and clinical services provided by CMAs, CHNs, and APCs. To maximize economies of scale under funding constraints, the Public Health Division brought the STI disease investigation staff and the communicable disease investigation staff under the Communicable Disease Services team, resulting in the movement of 7.00 FTE (1 program supervisor and 6 disease intervention specialists) from the STI clinic and $900,300 in State HSSS revenue from this program offer to 40010A.

Multnomah County

Program #40010C - Communicable Disease Community Immunization Program

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Neisha Saxena
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

The Community Immunization Program (CIP) works to be a trusted community resource for culturally competent information about vaccine-preventable communicable diseases. As vaccine-preventable diseases spread from person to person, vaccination is important not only for individual health but also for the health of the community and places where children live, play, and learn. As the Local Public Health Authority the County is required to provide access to vaccines, particularly for children in school and childcare settings. This is also a core principle of Public Health Modernization, and is achieved in the program through key areas of work in assisting schools and childcare entities with immunization law requirements, and providing community partners and stakeholders with information and educational materials to promote vaccines.

State school immunization laws - CIP issues exclusion orders as needed and assures that all children and students are complete or up-to-date on their immunizations. The program works in communities of color and other underserved communities to address health and vaccine access related inequities that can result in poor outcomes from vaccine preventable diseases. The immunization program does this by promoting vaccines and access to vaccines, and by conducting health education events aimed at addressing vaccine hesitancy and keeping children in school. In FY26 CIP will assist over 600 facilities in complying with State mandates.

CIP collaborates with Public Health programs and community based organizations to support outreach activities. The program also collaborates with the healthcare system as a whole to support access to vaccination across the system. Education and outreach is intended to improve vaccine access and reduce vaccine hesitancy, with a focus on communities of color and other underserved communities.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of schools and childcare entities assisted with immunization law requirements.	536	450	536	500
Output	New: number of community partners and stakeholders provided with information	78	75	80	10
Outcome	New: Percentage of community engagement activities focused on BIPOC vaccine access	N/A	N/A	N/A	50%

Performance Measures Descriptions

Performance measures for direct vaccine administration have been replaced in FY26 to reflect program focus on childhood vaccinations, compliance with Local Public Health Authority Program Element 43 and the vaccine for children program (VFC), school reporting and access to vaccines for school aged children. Measure 2 reduced as CIP will no longer have the staffing capabilities to complete this task on the same scale as in FY 25 and FY 24 following the loss of federal CARES grant at the end of FY 25. Measure 3 includes the Slavic community.

Legal / Contractual Obligation

State-Supplied Vaccine Accountability - OAR 333.047. School Immunization - ORS 433.267, 433.273 and 433.284; OAR 333-050-0010 through 333-050-0140; and ORS 433.235 through 433.284. ALERT Immunization Registry - OAR 333-049-0010 through 333-049-0130; ORS 433.090 through 433.102. Vaccine Education and Prioritization Plan - ORS 433.040; OAR 333-048-0010 through 333-048-0030.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$1,382,022	$162,236	$138,801
Contractual Services	$0	$36,300	$0	$28,533
Materials & Supplies	$0	$35,922	$0	$7,240
Internal Services	$0	$374,273	$0	$25,749
Total GF/non-GF	**$0**	**$1,828,517**	**$162,236**	**$200,323**
Program Total:	**$1,828,517**		**$362,559**	
Program FTE	0.00	8.62	1.00	1.00

Program Revenues				
Intergovernmental	$0	$1,812,047	$0	$200,323
Service Charges	$0	$16,470	$0	$0
Total Revenue	**$0**	**$1,828,517**	**$0**	**$200,323**

Explanation of Revenues

This program generates $21,764 in indirect revenues.
Immunization Special Payments - Federal $ 101,142
Immunization Special Payments - State $99,181

Significant Program Changes

Last Year this program was: FY 2025: 40010C Communicable Disease Community Immunization Program

COVID-19 Federal Immunization funding expiring in FY 2025 significantly impacts CIP, resulting in reduced capacity for direct vaccine administration. In FY 2026, the focus of this offer will be around school reporting and administering VFC, and activities required in LPHA Program Element 43 rules.

Multnomah County

Program #40011 - Services for Persons Living with HIV - Regional Education and Outreach

FY 2026 Proposed

Department: Health Department **Program Contact:** Neisha Saxena

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

ISSUE: With access to appropriate medical care and supportive services, people living with HIV can achieve viral suppression, where the amount of virus in their system is significantly reduced and there is virtually no risk of transmission to other people, and live long, healthy lives. However, low income and a variety of other factors, including but not limited to homelessness/unstable housing and cultural needs not met by typically provided services, can inhibit access to treatment and achievement of viral suppression.

PROGRAM GOAL: The goal of the HIV Grant Administration Program (HGAP) is to support individuals living with HIV to achieve successful HIV treatment resulting in improved quality of life, greater health, longer life, and virtually no transmission to other people if the client is virally suppressed. By statute, the program serves people living on low incomes (locally, about half of all people living with HIV), and HGAP works with partners to address lower viral suppression rates that exist for Blacks/African Americans, injection drug users, and youth/young adults ages 13-29, as well as people who are houseless/unstably housed.

PROGRAM ACTIVITY: HGAP coordinates a regional six-county system that achieves these goals by promoting access to high quality HIV services through contracts with local health departments and community organizations to fund the following services: Peer Support and Service Navigation - outreach ensures early identification of people living with HIV and linkage to medical care. Healthcare - a coordinated primary care system provides medical, dental, and mental health and substance abuse treatment. Service Coordination - case management connects clients with health insurance, housing, and other services critical to staying in care. Housing - rent and assistance finding permanent affordable housing to ensure ability to remain engaged in medical care and adherent to medications. Food - congregate meals, home delivered meals, and access to food pantries to eliminate food insecurity and provide nutrition and manage chronic illness. Planning - a community based Planning Council (at minimum 1/3, but generally about 40%, are consumers) identifies service needs and allocates funding accordingly. HGAP also analyzes health outcomes (viral suppression, new diagnoses, linkage to care) and data on access to services by race, ethnicity, and other demographics to identify populations (a) disproportionately impacted by HIV infection, (b) with less favorable health outcomes, and (c) experiencing barriers to care. HGAP presents these data to the Ryan White Planning Council to guide resource allocation, outreach, and quality improvement projects. In order to better identify disparities for communities with small numbers, a Black, Indigenous, and other People of Color (BIPOC)-focused consumer data review group meets to improve the use and presentation of BIPOC data.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of unduplicated HGAP clients served (all service types/whole 6-county system)	3,028	3,100	3,203	3,100
Outcome	Percent of HGAP clients (all 6 counties) who are virally suppressed	91%	91%	91%	91%
Outcome	Percent Black/African American clients who are virally suppressed	88%	90%	90%	90%

Performance Measures Descriptions

Viral load is a measure of the amount of HIV virus in the blood. Lowering (or eliminating) the viral load a specific amount is called viral suppression. Reaching and maintaining HIV viral suppression is a primary goal of HIV treatment for short and long-term health. If someone is virally suppressed, they will not transmit HIV to partners through sex or other transmission routes.

Legal / Contractual Obligation

Federal HIV grant and contract funds are restricted. Part A grant requires: 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill and Clark Counties; 2) A community-based Planning Council; 3) A 10% cap on planning and administration, requiring the County to cover some administrative costs; 4) 5% allocated toward quality management and evaluation; and 5) The County must spend local funds for HIV services at least at the level spent in the previous year.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$1,002,898	$32,885	$1,067,218
Contractual Services	$6,741	$5,004,234	$2,918	$5,067,056
Materials & Supplies	$544	$40,331	$556	$33,082
Internal Services	$102,532	$205,201	$107,315	$212,294
Total GF/non-GF	**$109,817**	**$6,252,664**	**$143,674**	**$6,379,650**
Program Total:	**$6,362,481**		**$6,523,324**	
Program FTE	0.00	5.80	0.20	6.05

Program Revenues				
Intergovernmental	$0	$6,252,664	$0	$6,379,650
Total Revenue	**$0**	**$6,252,664**	**$0**	**$6,379,650**

Explanation of Revenues

This program generates $125,722 in indirect revenues.
Direct Federal: $2,628,343 - Ryan White Part A funds for 25-26: Medical, Case management, Non-medical case management, and Housing(Admin, QM, Services)
Direct State: $3,751,307 - Oregon Health Authority Ryan White(Admin, QM, Services)

Significant Program Changes

Last Year this program was: FY 2025: 40011 Services for Persons Living with HIV - Regional Education and Outreach

Increased revenue was from reallocated County General Fund dollars from the Public Health Director's Office to HGAP to make staff whole.

Multnomah County

Program #40018 - Women, Infants, and Children (WIC) FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Sabrina Villemenay
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

The Women, Infants and Children (WIC) program provides nutritious food, nutrition education/counseling, growth monitoring, health screening, and breastfeeding support to eligible families. WIC is a core referral center for health and social services, including prenatal care, immunizations, Head Start, housing and day care assistance, Supplemental Nutrition Assistance Program (SNAP) and other food assistance, and other County programs, such as home visiting services. WIC is a leader in innovation, and a regional partner for cross-cutting health programming and equity expertise. In 2024, WIC served approximately 19,202 unique clients with over 50,380 visits. Participants received healthy foods totaling $8.7 million supporting both nutrition and food security. WIC services have continued to be provided in person across all 4 clinics locations as well as at some various partner locations.

As part of the national WIC program, WIC serves income-eligible families to help ensure essential developmental nutrition needs are met. Multnomah County's WIC program follows this approach to reach those most in need of services to have the greatest impact on the community's overall health and uses nutrition science research and program data to inform services. In addition to poorer health outcomes associated with low income, data indicate nutrition-related health disparities among people of color, especially Black and Indigenous women, infants and children, and program data indicate high demand among families that speak languages other than English. Thirty percent (30%) of WIC clients identify as Black, Indigenous, and other People of Color, and 34% prefer communication in languages other than English. WIC responds through posting signage in multiple languages, employing staff that are fluent in multiple languages and cultures, interpretation services contracts, and technology to improve access. Eighty-six percent (86%) of WIC staff have language and/or cultural Knowledge, Skills and Abilities (KSA) or are immigrants or refugees (up from 77% in 2020 and 45% in 2016), enabling WIC to reach populations most disparately impacted by food/nutrition insecurity. WIC also surveys clients about their needs and works with community partners to respond, like partnering with the Racial and Ethnic Approaches to Community Health (REACH) program to provide culturally specific cooking and nutrition classes for our Black/African American/African Immigrant communities to help them make use of their WIC food benefits. WIC and REACH also hosted a third virtual Town Hall breastfeeding and maternal health conference, attended by people around the country, with Time Magazine's 2022 Women of the Year awardee Dr. Jennifer Joseph, who presented on an evidence-based, maternity care model for eliminating persistently poorer maternal health outcomes among communities of color to 269 healthcare providers, community members, County staff and medical professionals. Our Breastfeeding Peer Counseling (BFPC) program continues to be a popular nutrition support among clients and experienced a 63% increase in caseload over the past 12 months serving 1,158 participants monthly. In addition, our International Board Certified Lactation Consultants provide in-clinic support, including culturally specific lactation promotion, across many County programs and with external partners to ensure all eligible people can access this service.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of WIC clients in one year who receive healthful foods	19,202	19,500	19,500	19,500
Outcome	% of WIC clients initiating breastfeeding	96%	93%	93%	93%
Output	# of nutrition education contacts with WIC families	50,380	57,000	57,000	57,000
Quality	% of clients served per month in languages other than English	34.5%	26%	26%	26%

Performance Measures Descriptions

1. The number of individual clients within the year who received supplemental food benefits through the WIC program. 2. The percentage of clients that gave birth within the year who initiated breastfeeding with their newborn(s). 3. The total number of client encounters provided during the year in which nutrition education was provided. 4. The percentage of clients each month who received WIC services in a language other than English.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$2,294,571	$3,787,877	$2,566,215	$3,294,160
Contractual Services	$61,526	$2,495	$50,774	$16,995
Materials & Supplies	$162,818	$206	$117,027	$316,548
Internal Services	$1,020,128	$770,766	$799,977	$1,465,192
Total GF/non-GF	**$3,539,043**	**$4,561,344**	**$3,533,993**	**$5,092,895**
Program Total:	**$8,100,387**		**$8,626,888**	
Program FTE	17.86	29.94	20.33	25.37

Program Revenues				
Intergovernmental	$0	$4,561,344	$0	$4,481,567
Beginning Working Capital	$0	$0	$0	$611,328
Total Revenue	**$0**	**$4,561,344**	**$0**	**$5,092,895**

Explanation of Revenues

This program generates $513,207 in indirect revenues.
WIC Perinatal Continuum Care - $790,040
Fed Thru State $75,000 - State Maternal & Child Health (Title V) grant
WIC Administration - $258,675
Fed thru State - WIC Breast Feeding - $409,321
Fed thru State - WIC East Cty Clinic - $879,162
Fed thru State - WIC Gateway Clinic - $1,713,796
Fed thru State-WIC North East Clinic - $355,573
Beginning Working Capital - $611,328

Significant Program Changes

Last Year this program was: FY 2025: 40018 Women, Infants, and Children (WIC)

In FY 2026 the Gateway WIC clinic will move from their current location to a new location in Rockwood. Most federal funds will be used to support the move, and some general fund support noted in the PHD Director's Office budget will also support the move.

Multnomah County

Program #40037 - Environmental Health Community Programs — FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Jeff Martin
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

ISSUE: Environmental health hazards affect all Multnomah County residents, and when they persistently are more severely present for groups that already have fewer resources to mitigate them, they become environmental justice concerns and have the greatest potential to negatively impact health. These concerns include exposure to lead, air pollution, contaminated sites, health harms from climate change, and inadequate access to health-supportive resources like parks, nutritious food retail, and opportunities for physical activity. Environmental Health Community Programs (EHCP) works to decrease harms caused by environmental health hazards for all people living in Multnomah County, focusing first on communities experiencing the most environmental justice concerns, and, therefore, at highest risk for negative health impacts, such as youth, elders, low-income communities, and communities of color.

PROGRAM GOAL: EHCP is a team of subject matter experts applying environmental justice principles to provide a continuum of services that ensure all county residents have access to neighborhood environments that support health and wellbeing. These services include: policy and decision support, emergency response, data analysis, public messaging, and intervention design and implementation.

PROGRAM ACTIVITY: EHCP engages communities to integrate their concerns, expertise, and proposed solutions into the following program areas:
Community Environments: works closely with the Racial and Ethnic Approaches to Community Health (REACH) program to ensure safe and healthy neighborhoods through participation in local land use and transportation planning efforts, data analysis, and technical assistance.
Healthy Housing: upholds County regulations on habitability and provides technical assistance and decision support relating to encampments, energy efficiency upgrades, and household toxics. Implements healthy housing interventions.
Toxics Reduction: identifies exposure risks to contaminated land, air, water, consumer goods, and industrial production, and makes technical information accessible to empower community advocacy.
Air Quality: implements County Ordinance 1253, curtailing wood burning on days with high air pollution through air quality forecasts, complaint investigation, outreach, and community collaboration. Responds to adverse air quality events such as industrial accidents and wildfires. Implements City of Portland leaf blower ordinance.
Climate Change: works to understand and address emerging health issues related to climate change. Responds to climate emergencies like extreme heat.
List of outputs: Monitor and report on health conditions related to environmental hazards, such as climate impacts, traffic crash injuries, lead poisoning, and adverse birth outcomes. Work with community partners to deploy evidence-based interventions for climate resilience. Collaborate with agency partners to analyze health impacts of infrastructure investments.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Reach and impressions of community members receiving information on environmental threats	22,883,630	7,500,000	7,500,000	7,500,500
Outcome	Number of children with reduced Elevated Blood Lead Level (EBLL) as a result of environmental investigations	114	65	100	70
Outcome	Number of policies adopted that include health and health justice-based recommendations	15	15	17	15
Outcome	Proportion of people aware of and complying with the woodsmoke curtailment ordinance	91%	80%	86%	86%

Performance Measures Descriptions

1) Counts “reach” (unique number of people receiving content) or “impressions” (total number of views) as appropriate of all program mailings, events, direct staff contacts, websites/social media, and media campaigns. This number is influenced by climate events and may vary across years. FY25 decrease reflects a reduced communications budget. 2) This number varies based on the number of refugee arrivals each year. 4) Measured by a biannual survey. Compliance defined as respondents reporting burning wood only on “no restriction days” or not at all.

Legal / Contractual Obligation

City of Portland Titles 17 and 29, and Multnomah County Housing Code 21.800; Multnomah County Code Chapter 21.450 . Contracts: US EPA for Superfund Site Outreach; Port of Portland and Dept of Environmental Quality for Columbia Slough outreach; US EPA for climate resilience projects in Rockwood; HealthShare of Oregon for climate resilience; Oregon Health Authority for healthy housing interventions.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$732,375	$1,173,515	$940,861	$1,558,469
Contractual Services	$22,063	$539,505	$19,334	$650,285
Materials & Supplies	$71,760	$222,360	$73,723	$48,173
Internal Services	$670	$271,325	$898	$291,746
Total GF/non-GF	**$826,868**	**$2,206,705**	**$1,034,816**	**$2,548,673**
Program Total:	**$3,033,573**		**$3,583,489**	
Program FTE	4.05	7.53	5.38	9.10

Program Revenues				
Intergovernmental	$0	$2,206,705	$0	$2,548,673
Total Revenue	**$0**	**$2,206,705**	**$0**	**$2,548,673**

Explanation of Revenues

This program generates $244,267 in indirect revenues.
$970,991 - Modernization Local-State
$663,454 - EPA Fish Advisory
$455,075 - EPA Environmental Justice
$89,111 - HealthShare of Oregon
$65,000 - Columbia Slough Fish Consumption - Port
$50,000 - Columbia Slough - DEQ
$255,042 - Healthy Homes Grant Program

Significant Program Changes

Last Year this program was: FY 2025: 40037 Environmental Health Community Programs

In FY 2026 we are expanding our work on Columbia Slough with new funding from DEQ, and we are launching a healthy homes intervention program in collaboration with DCHS weatherization staff with new funding from OHA.

Multnomah County

Program #40048 - Community Epidemiology

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Dr. Julie Maher
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

ISSUE: Data on the health of our county and the impact of public health interventions are needed to inform public health decision making. Program Design and Evaluation Services (PDES) -- a unit shared between the Public Health Division (PHD) and the Oregon Health Authority -- addresses this need by serving the foundational public health role of assessment, epidemiology, evaluation, and research.

PROGRAM GOAL: PDES's goal is to collaborate with partners to ensure that public health programs and policies are responsive to community needs and priorities, improve community health outcomes, and reduce preventable differences in health outcomes within the broad population.

PROGRAM ACTIVITY: PDES includes PHD's Community Epidemiology Services (CES) team. CES fulfills a unique and required governmental public health role by compiling and analyzing population health data to promote and protect the health of county residents. CES provides assessment and epidemiological services across PHD, including in chronic disease, injury, family and child health, and social determinants of health (SDOH). CES works particularly closely with the Communicable Disease Services program to provide outbreak response through data analysis. Key CES functions include: 1) monitoring and reporting of population-based health-related measures in the county; 2) collaborating with program and community partners in using data to assess preventable differences in health outcomes for groups of people by race/ethnicity and other demographics and make meaning of these data; and 3) disseminating analytic findings to leadership, programs, and community partners for program development, strategic planning, resource allocation, and decision-making. In addition to this work of the CES team, the broader PDES unit secures about $6 million annually in grants and contracts to provide program and policy evaluation services to the County PHD, Oregon Health Authority (OHA), and other agencies, and to conduct public health research projects on key emerging issues. PDES evaluates whether PHD programs and policies are effective, collaborating with partners to identify areas for improvement and highlight successes (e.g., Healthy Birth Initiative, REACH, and PREVAYL).

This program offer: (1) Generates collaboration with community partners in data collection, analyses, meaning making of results, and dissemination of results; (2) Produces health data reports (including publications, web pages, and other public-facing data provision) for public health leaders, policymakers, and community partners; (3) Provides routine surveillance, survey analysis, and reporting on many diseases, conditions, risk behaviors, and SDOH in the county; (4) Performs program and policy evaluations for government agencies and other organizations; and (5) Generates products with evaluation and research findings in various formats (presentations, briefs, reports, manuscripts) for diverse audiences, including leaders, programs, and community partners.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of community engagement sessions and collaborations*	N/A	10	15	12
Output	Number of health data reports**	N/A	9	9	6
Output	Number of diseases, conditions, or risk behaviors for which routine surveillance or analysis was conducted	N/A	40	56	56
Output	Number of dissemination products created for PDES evaluation contracts and research grants***	34	30	51	35

Performance Measures Descriptions

Three performance measures were added for FY25 to better reflect the work of CES; therefore, FY24 actual data are N/A
*Includes presentations, listening sessions, briefings, media interviews, and community-led work
**Includes publications, web pages, and other public-facing data provision
***Includes presentations, briefs, reports, and manuscripts

Legal / Contractual Obligation

Oregon Revised Statutes (ORS) 431.413 - Powers and Duties of Local Public Health Departments: (a) Administer and enforce ORS 431.001-431.550 and 431.990. Of these required ORS-defined duties, this program administers key elements of ORS 431.132: Assessment and Epidemiology.

Program Design and Evaluation Services (PDES) is primarily grant and contract funded, and program continuation is required by those grants and contracts.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,213,760	$2,524,240	$1,367,292	$1,191,048
Contractual Services	$0	$837,880	$40,000	$525,065
Materials & Supplies	$36,490	$115,674	$71,064	$39,034
Internal Services	$123,365	$540,559	$142,634	$250,633
Total GF/non-GF	**$1,373,615**	**$4,018,353**	**$1,620,990**	**$2,005,780**
Program Total:	**$5,391,968**		**$3,626,770**	
Program FTE	5.65	13.31	6.13	5.96

Program Revenues				
Intergovernmental	$0	$4,288,278	$0	$1,576,780
Beginning Working Capital	$0	$0	$0	$429,000
Total Revenue	**$0**	**$4,288,278**	**$0**	**$2,005,780**

Explanation of Revenues

This program generates $185,079 in indirect revenues.
$715,005 State PE19, $95,000 BWC
$150,000 Alaska Tobacco Prevention BWC, $250,000 Tobacco Prevention Grant
$68,612 Rand NIJ Award, $330,663 Public Health Modernization - Community Epidemiology
$60,000 NIH Marijuana Legalization, $30,000 Chronic Disease - Cancer Program
$34,000 Alaska Chronic Disease BWC, $72,500 Alaska Obesity Intergovernmental
$150,000 Personnel BWC, $50,000 Alaska Program Evaluation

Significant Program Changes

Last Year this program was: FY 2025: 40048 Community Epidemiology

In FY 2026 the Community Epidemiology program will experience significant reductions in federal funding totaling nearly $2M. Both the CDC Health Disparities grant from the COVID 19 American Rescue Plan Act (ARPA) and an NIH Grant will end in June 2025.

Multnomah County

Program #40053 - Racial and Ethnic Approaches to Community Health

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Charlene McGee
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:	40006, 40060, 40037		
Program Characteristics:			

Program Description

ISSUE: Addressing persistent differences in health outcomes experienced by subpopulations improves the overall health of the entire population, bringing about economic, social, and direct health benefits to the community. Health disparities are differences in health outcomes that have systemic and societal contributors and, therefore, are preventable. In Multnomah County and many parts of the country, the Black/African American population experiences some of the most numerous and severe health disparities, including the highest mortality rates compared to other racial/ethnic subpopulations for many of the leading chronic diseases contributing to deaths, including heart disease, Alzheimer's disease, diabetes, and essential hypertension and hypertensive renal disease. Furthermore, there are identifiable systemic and environmental root causes of these health outcomes. Culturally specific approaches are often effective at addressing health disparities because broad one-size-fits all approaches may be culturally incongruent or ignore specific needs. The Racial and Ethnic Approaches to Community Health (REACH) program uses population-level, culturally specific, and cross-cultural approaches that blend community-identified priorities with nationally recognized strategies focused on reducing chronic diseases in local Black/African American communities, including African immigrants and refugees. REACH is a core element of the Public Health Division's commitment to improving health for all by addressing how societal conditions, the built environment, and systems and policies contribute to health disparities among racial and ethnic populations.

GOAL: The REACH program aims to reduce chronic disease and other health disparities, increase community capacity to address these issues, improve health behaviors, and foster culturally responsive solutions for Multnomah County's Black/African American communities, including Black immigrants and refugees.

PROGRAM ACTIVITY: REACH focuses on four strategic areas: nutrition, physical activity, breastfeeding, and vaccinations. REACH uses data on social determinants of health (SDOH), health behaviors, disease prevalence, mortality rates, and other metrics to track chronic disease disparities among Black/African American/Black immigrant and refugee communities and develop responsive strategies. The program is guided by the multi-sectoral community advisory committee, the ACHIEVE Coalition.
Key components of REACH include:
Community Engagement: Continuous collaboration with the ACHIEVE Coalition and other community partners to ensure program activities are culturally relevant and responsive to community needs.
Data Collection and Evaluation: Ongoing collection and analysis of data to monitor progress and assess impact.
Culturally Specific and Cross-Cultural Approaches: Strategies that honor cultural diversity while ensuring specific needs voiced by the Black/African American community are met.
Sustainability: Efforts to develop sustainable funding and partnership models for long-term program success.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of policy, systems, and environment strategies identified and/or implemented	11	25	20	20
Outcome	Number of people impacted by policies established to promote health, safety & address SDOH	15,000	20,000	15,000	15,000
Output	Number of communication campaigns	30	25	30	30
Output	Number of outreach/capacity building community partnerships	40	35	35	35

Performance Measures Descriptions

Performance Measure #3 includes all communications campaigns, including social media, media spots, and health promotion webinars, and REACH newsletter. #4 includes partnerships around health promotion education and awareness raising initiatives (i.e., health hubs, wellness clinics, cooking demos).

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$831,997	$595,135	$690,120	$722,882
Contractual Services	$71,561	$1,366,709	$57,553	$533,842
Materials & Supplies	$35,454	$56,754	$15,642	$42,189
Internal Services	$185,792	$103,848	$199,380	$113,347
Total GF/non-GF	**$1,124,804**	**$2,122,446**	**$962,695**	**$1,412,260**
Program Total:	**$3,247,250**		**$2,374,955**	
Program FTE	5.12	2.80	4.56	3.70

Program Revenues				
Intergovernmental	$0	$2,141,440	$0	$1,412,260
Total Revenue	**$0**	**$2,141,440**	**$0**	**$1,412,260**

Explanation of Revenues

This program generates $113,347 in indirect revenues.
$495,000 ACTion - Grant
$15,000 Direct State Community Chronic Disease Prevention
$680,038 REACH GY25
$222,222 REACH Vaccinations

Significant Program Changes

Last Year this program was: FY 2025: 40053 Racial and Ethnic Approaches to Community Health

In FY 2024 (project period 2023-2028), the CDC awarded the Multnomah County REACH Program $1,021,898, which is $468,718 less than requested. This reduction continues to impact the Chronic Disease Prevention and Health Promotion Unit (CDPHP) and the REACH Program heading into FY 2026, as we continue to evolve to operate through a shared risk and protective factor framework. Our budget strategy is a braided approach. This reduction has an impact on the overall program FTE. Due to this decreased funding, we are working to continue to preserve the program and ensure program and organizational capacity to deliverable on the identified workplan.

Multnomah County

Program #40055 - Home and Community Based Consulting — FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Veronica Lopez Ericksen
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:	40054, 40056, 40058, 40097		
Program Characteristics:			

Program Description

Parent Child Family Health (PCFH) Community Health Nurses (CHNs) and Community Health Workers (CHWs) routinely provide consultation and support at the individual, organizational and system levels and in a variety of settings. This Program Offer describes PCFH consultation and services with David Douglas School District (DDSD) Multnomah Early Childhood Program (MECP) providing families with early childhood CHW support and advocacy.

Issue: Research shows the conditions of early life have a profound impact on long-term health and life stability. Ensuring optimal conditions in early childhood is especially challenging for families with children who have a chronic health condition or other factors presenting obstacles to healthy development. MECP (Multnomah Early Childhood Program) provides Early Intervention and special education services for families who are parenting children with health and developmental conditions. PCFH provides home- and community-based services to help these families overcome associated difficulties and access appropriate services and supports. Based on the demographics of families needing MECP services and the experiences of these clients, MECP determined that typically available services struggle to meet the needs of African American, Latino, and Vietnamese families and that these families would be better served with culturally specific services. In 2025, MECP asked PCFH to support Early Intervention providers with culturally specific services for these communities.

Goal: PCFH CHN and CHW consulting improves engagement of individual families and cultural communities with Early Intervention services at DDSD MECP.

Activity: DDSD pays for the full cost of the staffing of this program, which is currently 1 FTE Nurse and 2 FTE CHWs serving African American, Latino, and Vietnamese families. Services include health assessments in the home or classroom; care coordination; technical assistance for providers who serve children with special healthcare needs; advocacy for children and families in the health care, social service, and education systems; building a family's capacity to access service systems; reducing environmental toxins in the home; and providing culturally congruent health care experiences.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of families receiving nursing/CHW consultation and support	300	300	275	250
Output	Percent of staff that reflects the cultural communities served	100%	100%	100%	100%

Performance Measures Descriptions

1) This measure will reflect staffing levels. New full staffing for FY 26 is a decrease from previous years, due to budget constraints at MECP, at 2.0 FTE of CHW and 0.8 FTE of CHN. 2) Based on client information given by CHN and CHWs regarding families served via their work with providers and teacher staff at MECP (all information is in the Early Childhood web system that we do not have access to for HIPAA and FERPA confidentiality reasons).

Legal / Contractual Obligation

Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds. Some activities under this program offer are subject to contractual obligations under the DMAP Healthy Homes State Health Plan Amendment, and DMAP programs funded by Oregon Public Health Division must comply with work plans and assurances.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$492,004	$0	$406,430
Materials & Supplies	$0	$15,786	$98	$15,880
Internal Services	$117,685	$87,233	$99,331	$97,590
Total GF/non-GF	**$117,685**	**$595,023**	**$99,429**	**$519,900**
Program Total:	**$712,708**		**$619,329**	
Program FTE	0.00	3.80	0.00	2.80

Program Revenues				
Intergovernmental	$0	$595,023	$0	$519,900
Total Revenue	**$0**	**$595,023**	**$0**	**$519,900**

Explanation of Revenues

This program generates $63,728 in indirect revenues.
David Douglas School District (DDSD) Nurse consultation and Community Health Worker services are fully funded by DDSD.
$ 519,900 - David Douglas School District

Significant Program Changes

Last Year this program was: FY 2025: 40055 Home and Community Based Consulting

Due to budget constraints at MECP, DDSD reduced CHW support for families served from 3.00 to 2.00 FTE in FY 2025, which will continue to be reflected in FY 2026.

Multnomah County

Program #40056 - Healthy Families

FY 2026 Proposed

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

Program Description

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

Research shows the conditions of early life have a profound impact on long-term health and life stability. The stress of adjusting to parenting a new baby can make it difficult to ensure these conditions are the best possible. Additional life stressors and circumstances, such as being low income, having substance use/mental health challenges, language barriers, and cultural incongruence with typically available support services, compound these challenges. HFMC works to support parents, especially those experiencing factors that inhibit infant bonding and early development, in providing positive relationships and environments for their young children, thereby reducing child abuse and neglect, improving school readiness, and promoting healthy growth and development for young children up to age three.

The goal of HFMC is to promote child and family wellbeing through long-term (3 years) family-centered, culturally responsive, and strengths-based support. Families who qualify for services are offered voluntary home visits shown to reduce child abuse and neglect, improve parent-child attachment, reduce parent stressors, and support parents' ability to ensure children meet developmental milestones.

HFMC has two primary components: 1) Eligibility screening/referral coordination for pregnant and newly delivered parents and 2) home visiting and supportive social services, including mental health supports and system advocacy/navigation, delivered by teams (30 total Home Visitors) at four community-based organizations. Home visiting and supportive services are available to all families in Multnomah County. To address many of the most common experiences compounding parenting challenges and to ensure these services are accessible to and effective for all, HFMC community-based organizations are experienced at meeting the needs of specific populations and communities including African American, Immigrant/Refugee (multiple cultural and linguistic groups), Latinx/e, teens and parents with significant substance use or trauma histories. In FY 24, 88% of HFMC families were Black, Latinx/e, Asian, Indigenous or other People of Color, and 95% were low income. HFMC takes a data-driven approach to planning. A regular continuous quality improvement (CQI) process examines rates of engagement and retention by contractor, age, race/ethnicity and language. HFMC also reviews community data to determine if there are service gaps or the need to add new culturally specific teams. HFMC has an advisory group with majority consumer members who are reflective of the HFMC program. Members evaluate data and guide program practices. In response to these inputs, in 2024, Spanish language access was increased and an increased focus on substance use disorder and mental health impacted families were developed.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of families served with home visiting	488	500	500	525
Output	Percent of families remaining in intensive services for 12 months or longer	55%	70%	60%	70%
Outcome	Percent of families served are BIPOC and/or low income	95%	95%	95%	95%
Outcome	Percent of BIPOC Families matched with direct service staff sharing cultural attributes and preferred language	90% and 88%	85% and 85%	90% and 88%	90% and 85%

Performance Measures Descriptions

1) Number of families enrolled and receiving home visits; 2) Percent retention of families at 12 mo. based on prior year enrollments. 3) In 2024 FY 90% of families served were low income (on OHP) and 88% identified as Black, Latinx/e, Asian, Indigenous or other People of Color. 4) Allows consistent provider matching by cultural factors and language needs along with intersectional factors.

Legal / Contractual Obligation

Healthy Families of Multnomah County must comply with Healthy Families of Oregon policies and procedures, which are based on Healthy Families America (HFA) credentialing standards and contract obligations. Failure to comply may result in disaffiliation with HFA and withholding of funding from the State.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$548,915	$359,820	$546,377	$418,425
Contractual Services	$386,406	$3,108,800	$134,388	$3,803,429
Materials & Supplies	$7,064	$43,180	$36,535	$28,174
Internal Services	$158,580	$60,845	$172,053	$62,090
Total GF/non-GF	**$1,100,965**	**$3,572,645**	**$889,353**	**$4,312,118**
Program Total:	**$4,673,610**		**$5,201,471**	
Program FTE	3.72	2.28	3.63	2.37

Program Revenues				
Intergovernmental	$0	$3,572,645	$0	$4,312,118
Total Revenue	**$0**	**$3,572,645**	**$0**	**$4,312,118**

Explanation of Revenues

This program generates $62,090 in indirect revenues.
Healthy Families of Multnomah County is funded by the Oregon Dept. of Early Learning and Care (DELC) Healthy Families and Early Learning Account (ELA) grants, Maternal Infant Early Childhood Home Visiting (MIECHV) grant, and Medicaid Administrative Claiming (MAC) funds, as described below. NOTE: DELC has not yet informed County of the budget for FY 2026:
-DELC Healthy Families grant: $3,337,241
-DELC ELA grant: $203,342
-OHA MIECHV grant:$80,000 (internal funds) + $500,896 (pass through)
-Federal MAC allowance: $ 190,639 HF staff complete regular time studies to leverage funds.

Significant Program Changes

Last Year this program was: FY 2025: 40056 Healthy Families

In FY 2025, $338,000 was directed, through Healthy Families, to a contracted service provider for culturally specific early childhood services. This one-time investment is not renewed for FY 2026. The contractor has secured federal funding to support the home visiting component of their programming and has applied for other City and County funding. Starting 10/2024, $500,000 was added to the Healthy Families budget from OHA to a sub-contract to provide federal Maternal Infant Early Childhood Home Visiting (MIECHV) Healthy Families services to culturally diverse teen parents. There is no impact to program capacity as this is a rerouting of funds, not new funding. This 2 year contract consolidates MIECHV staff and funding from two OHA contractors to one.

Multnomah County

Program #40058 - Healthy Birth Initiative — FY 2026 Proposed

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

Program Description

Issue: The Black/African American community experiences the highest rates in Multnomah County of poor outcomes across the spectrum of perinatal health, including infant mortality, low birthweight, and preterm birth. The latter two are also linked to poorer health later in life, and correspondingly, Multnomah County's Black/African American population experiences the highest mortality rates compared to other racial/ethnic subpopulations for many of the leading chronic diseases contributing to deaths, including heart disease, Alzheimer's disease, diabetes, and essential hypertension and hypertensive renal disease. These poorer health outcomes are preventable, and addressing their root causes improves the overall health of the entire population, bringing about economic, social and direct health benefits to the community. For over 25 years, HBI has helped improve birth outcomes in the Black/African American community using a culturally responsive model that addresses the underlying causes of health inequities. HBI participants have demonstrated lower rates of infant mortality and low birth weight and higher rates of engagement in early prenatal care compared to Black/African Americans not enrolled in the program. HBI also focuses on the importance of father involvement in achieving better outcomes.

Goal: HBI's core goal is to improve health outcomes before, during, and after pregnancy and eliminate the disparities experienced by the local Black/African American community in infant death and adverse perinatal outcomes. Long-term benefits of the program include increased parent advocacy skills; healthy children who are ready to learn; a healthier workforce; decreased costs across health and social service systems; and gains in equity for the county's Black/African American community.

Activities: HBI provides case management/home visiting, health education, and support groups using a family-centered approach that engages parents and other caretakers in supporting a child's development. HBI services are available throughout pregnancy and for the baby's first two years of life. Additional components of HBI include community engagement, service coordination, and consumer, partner and community engagement through the Community Consortium whose members work together to implement community-identified strategies. HBI serves as a subject matter expert to local health and hospital systems, community-based service providers, and regional and state legislative efforts. HBI promotes care coordination between internal Health Department programs, external health and social service providers, nursing schools, and larger health systems. HBI uses program data, as well as local, state, and national data to guide programmatic focus. The Community Consortium also offers a venue for client engagement and feedback, including the opportunity for clients to hold leadership roles to influence program design and implementation.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of families served in HBI program	275	320	366	366
Output	Number of billable visits in Targeted Case Management (TCM) for HBI enrolled families	1,609	2,340	1,968	3,420
Quality	Percent of participants who remain in program at least until child reaches 18 months of age	75%	70%	75%	75%
Quality	Percent of participants who express satisfaction with cultural specificity of program	90%	99%	87%	90%

Performance Measures Descriptions

1) Families who participate in HBI typically show improved outcomes in maternal/infant mortality and morbidity. 2) HBI strives to serve the African American community regardless of income and type of insurance. Meaning not all visits will be eligible for TCM billing. However, the addition of 3 new staff creates more capacity for visiting more families in FY26. 3) Case closure report indicates timeframe when families disenrolls or disengages from the program. 4) Participants are asked to complete program evaluations to measure satisfaction and progress.

Legal / Contractual Obligation

Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,277,231	$1,466,290	$1,090,214	$2,057,898
Contractual Services	$541,962	$186,064	$860,700	$307,760
Materials & Supplies	$64,168	$71,536	$95,295	$204,786
Internal Services	$0	$652,433	$0	$771,474
Total GF/non-GF	**$1,883,361**	**$2,376,323**	**$2,046,209**	**$3,341,918**
Program Total:	**$4,259,684**		**$5,388,127**	
Program FTE	8.00	8.25	6.50	11.20

Program Revenues				
Intergovernmental	$0	$1,338,572	$0	$1,342,394
Other / Miscellaneous	$0	$25,092	$0	$25,092
Beginning Working Capital	$0	$0	$0	$400,000
Service Charges	$0	$1,012,659	$0	$1,574,432
Total Revenue	**$0**	**$2,376,323**	**$0**	**$3,341,918**

Explanation of Revenues

This program generates $322,676 in indirect revenues.
HBI grant = $1,100,000 (with 12% of grant award to be allocated to mental health supports)
TCM revenue = $1,574,432
HBI Regional Perinatal Continuity of Care = $529,894 (Grant for HBI programming for Tri-County area)
HBI Reproductive Health Program = $112,500 (Grant funding from HSO to create culturally specific Repro Health Planning curriculum)
HBI Misc Charges/Recoveries = $25,092

Significant Program Changes

Last Year this program was: FY 2025: 40058 Healthy Birth Initiative

In 2024, HBI was awarded the Healthy Start grant from HRSA for its core program funding for the current 5-year period, and has been receiving this funding since 1997. HBI also transitioned from paper charting to Epic Electronic Health Records to streamline data collection and increase efficiency. Service expansion continues with the addition of a partnership with Adventist Hospital and MCHD primary care clinics. HBI hired a part time Certified Nurse Midwife, as required by our HRSA grant, to implement the Centering Pregnancy model and had Increased revenue due to HBI filling vacancies and recalculating revenues.

Multnomah County

Program #40060 - Community & Adolescent Health

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Charlene McGee
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:	40007, 40053, 40060		
Program Characteristics:			

Program Description

Adolescence is a particularly formative time in the life course; the experiences during this time can have lasting impacts that shape a variety of health outcomes. As such, communities and the adolescents living within them are intrinsically linked in that the community environment shapes the experiences, health, and life course trajectory for its adolescent residents and these adolescents grow into the next generation leading and shaping the community. The Community and Adolescent Health (CAH) program collaborates with community members, families, community-based organizations, schools, and youth-serving professionals to ensure all young people have supportive and trusted adults in their lives, education and learning opportunities that help them develop and make healthy decisions, and safe environments in which to live and develop into adults.

CAH's goal is to ensure all adolescents in Multnomah County have the knowledge, safe support systems, and resources to thrive, be healthy, and have the opportunities they need to realize their full potential.

CAH activities emphasize four main functions:
Providing training and support: Through outreach, toolkits and training, CAH helps schools, educational and system partners, adults, and community groups create safer spaces where young people can learn, grow, and thrive.
Connecting youth with caring adults: We help young people build strong relationships with mentors and role models.
Preventing violence: We work to stop violence and create safer communities for everyone.
Giving youth a voice: We make sure young people have a say in the decisions that affect their lives.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of youth, community members and partners including schools/school districts staff engaged in health	16,111	4,250	4,894	2,500
Output	Number of policies, health promotion and education, technical assistance and outreach activities conducted	739	50	308	50
Output	Number of community partners (schools and organizations) involved in health promotion and preventio	21	23	22	15
Outcome	Percentage of adults who attended trainings and feel confident in discussing adolescent related-issues	99%	85%	85%	85%

Performance Measures Descriptions

1. Engagement includes through health promotion and prevention activities through coalitions, meetings, presentations, training (virtual and in-person). 2. Policies, technical assistance, and outreach activities included are provided or advanced by CAH and support adolescent and population health across the life span. 3. Community partners included schools, youth-serving organizations, and community-based organizations. 4. Adolescent-related issues include violence[CN1] prevention, substance use and positive youth development.

Legal / Contractual Obligation

OAR Rule 581-022-1440 State of Oregon's Human Sexuality Education Administrative Rule: Local public health authorities support school districts, as needed, who are legally obligated to meet this statute which also includes Oregon's SB 856, also known as Erin's Law. Erin's Law which requires the development and adoption of child sexual abuse prevention programs for students in kindergarten through 12th grade in all Oregon public schools. CAH provides this support as needed for Multnomah County Health Department.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,266,315	$1,093,192	$1,330,215	$496,182
Contractual Services	$3,545	$59,472	$23,691	$117,566
Materials & Supplies	$115,165	$14,750	$52,107	$83,338
Internal Services	$431,918	$207,575	$463,769	$89,689
Total GF/non-GF	**$1,816,943**	**$1,374,989**	**$1,869,782**	**$786,775**
Program Total:	**$3,191,932**		**$2,656,557**	
Program FTE	8.15	7.25	8.18	3.16

Program Revenues				
Intergovernmental	$0	$1,431,973	$0	$786,775
Total Revenue	**$0**	**$1,431,973**	**$0**	**$786,775**

Explanation of Revenues

This program generates $77,801 in indirect revenues.
$348,463 - BJA STOP School Violence
$188,312 - PHM Local - HPCDP
$250,000 - Preventing Violence Affecting Young Lives

Significant Program Changes

Last Year this program was: FY 2025: 40060 Community & Adolescent Health

CAH's Office of Population Affairs Teen Pregnancy Prevention grant ended in FY 2025. Direct State - Public Health Modernization pass-through funding in the amount of $400,739 ends June 30, 2025. As a result of these funding changes, the CAH program has ended the Adolescents and Communities Together (ACT) program, but has broadened its focus to address the myriad public health issues impacting youth. Some service levels will continue to sustain ACT program relationships with schools and community partners but with focus on shared risk and protective factors and policy, systems and environmental changes. CAH was awarded the 3-year BJA STOP School Violence Grant.

Multnomah County

Program #40061 - Harm Reduction — FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Neisha Saxena
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

Multnomah County continues to see high rates of negative health outcomes associated with substance use including substance misuse, wounds/abscesses, overdose, and death. People who inject drugs (PWID) are also at increased risk of HIV and Hepatitis C, especially if they do not have access to sterile injection supplies. Substance use is a complex issue that may be compounded by houselessness, mental illness, and other social determinants of health. Substance use behaviors and modalities change over time and are affected by external factors, including broad market supply, pharmacology, and community perceptions of risk. The rise of fentanyl, and the increase of smoking versus injecting, has required the program to increase street-based outreach to reach priority populations.

The program goal is to improve public health and the quality of life for people who use drugs by reducing the potential harms of drug use. Harm Reduction serves people who may not be ready to stop substance use, offering strategies to mitigate negative outcomes from drug use for individuals and the larger community. Services use trauma-informed risk reduction counseling and culturally appropriate referrals based on client readiness. The program educates clients regarding one-time use of injection supplies, which is critical to reducing HCV, HIV, and bacterial transmission. The program distributes safer use supplies and offers used syringe takeback at field-based and clinical sites. Staff provide opioid overdose prevention education, and naloxone and fentanyl test strip distribution to clients and community partners to help reduce fatal overdoses. The program also subcontracts with a community based organization to provide these services at another clinic site.

The Harm Reduction Clinic (HRC) provides low barrier wound/abscess care and sexual health services for people not typically engaged in health care. The program optimizes ability to engage clients in HCV and HIV testing, including field-based testing and linkage to treatment. HRC staff collaborate with Corrections Health to continue Medication Supported Recovery (MSR) services for inmates upon reentry. The program continues to expand naloxone distribution at sites and trains community partners to carry and distribute naloxone. Staff provide statewide technical assistance and capacity building, facilitating local organizations to access free or discounted purchase of naloxone through internal and external partners.

The program collects race/ethnicity data and conducts comprehensive bi-annual surveys on demographics and drug use behaviors to inform policy and service delivery. The program provides technical assistance to organizations who deliver culturally specific services to support integration of harm reduction activities, and supports increased overdose prevention and response coordination across health department divisions, with other county departments, and external partners, especially in outreach settings.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of unique clients served	7,615	6,500	8,000	8,000
Outcome	Percentage of clients served that identify as BIPOC, a highly impacted community	33%	27%	34%	32%

Performance Measures Descriptions

All measures represent Multnomah County and subcontractor sites.

Legal / Contractual Obligation

Federal funds cannot be used to purchase syringes. Overdose prevention technical assistance is required by SAMHSA SOR grant. HIV outreach, education and testing is required under HIV Prevention Block Grant funding. The program is responsible for sub-contracting and monitoring HIV Prevention Block grant funds to community partners in Multnomah County. CareOregon grant requires distribution of naloxone and harm reduction supply kits to public service agencies and community based organizations across Tri-County region.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,707,234	$607,600	$1,790,840	$918,184
Contractual Services	$255,960	$101,152	$261,125	$355,693
Materials & Supplies	$637,461	$2,234,966	$595,458	$1,902,791
Internal Services	$373,173	$98,203	$414,962	$173,523
Total GF/non-GF	**$2,973,828**	**$3,041,921**	**$3,062,385**	**$3,350,191**
Program Total:	**$6,015,749**		**$6,412,576**	
Program FTE	11.10	4.48	11.80	5.53

Program Revenues				
Intergovernmental	$0	$829,029	$0	$1,337,299
Other / Miscellaneous	$0	$2,212,892	$0	$2,012,892
Total Revenue	**$0**	**$3,041,921**	**$0**	**$3,350,191**

Explanation of Revenues

This program generates $168,965 in indirect revenues.
$255,505 - FEDERAL HIV/STI Statewide Services(HSSS)
$596,178-STATE HIV/STI Statewide Services(HSSS)
$2,012,892 - Overdose Prevention and Naloxone Distribution
$38,534 - Need Exhange (intergovernmental)
$60,000 - HSO Wound Care(intergovernmental)
$50,000 - Naloxone Project (intergovernmental)
$159,603 - Public Health Modernization Local - Harm Reduction
$177,479 - SUD Comprehensive Opioid, Stimulant, and Substance use Site-based Program (COSSUP)

Significant Program Changes

Last Year this program was: FY 2025: 40061A Harm Reduction

Increased FTE and dollars due to combining information from Program Offers 40061A, 40061B, and 40061C.

Multnomah County

Program #40096 - Public Health Office of the Director

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Kirsten Aird
Program Offer Type:	Administration	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

The Office of the Director supports the Board of Health (BOH) to set health policy for Multnomah County and provides administrative support and project management to ensure that the Public Health Division (PHD) fully performs its unique governmental role and achieves legal requirements for Multnomah County's local public health (PH) authority. The PHD is responsible for systems that promote and protect the health of, and prevent disease for, diverse communities within Multnomah County. The PHD accomplishes this work through policy interventions; prevention initiatives; public education and communications; community partnerships; planning; and research, evaluation, and assessment. The main goal is to improve the health of the entire population and reduce inequities experienced by BIPOC communities, especially in chronic disease and injury, and to lower rates of the leading causes of preventable death. Activities include:

Leadership and Policy - assessment and implementation of PH system reform; leadership on coalitions/boards; convening the Multnomah County Public Health Advisory Board (MC-PHAB); and implementing PH education and communication campaigns.

Administration - This program area provides core administrative functions for the PHD to support division-wide infrastructure. Division-wide administration ensures accountability through achieving performance standards related to PH Modernization, effective financial and contract management, the PHD Strategic Plan, and Community Health Improvement plan.

Project Management - This program area supports quality assurance and improvement; performance measurement; information management; PH workforce development; informatics; project management for emerging issues with departmental and community significance (such as the opioid epidemic); and academic partnerships.

Address Inequities through Health Equity - analysis of various data to analyze racial differences. The Office works closely with BIPOC community members, partners, and coalitions to determine best approaches to address health inequities. MC-PHAB advises with a focus on ethics in PH practice and developing long-term approaches that address the leading causes of death. Board members represent various community groups to provide a diversity of perspectives, with a focus on recruiting from the most impacted communities. Community based organizations also provide feedback to develop policy and system change.

PHD facility management will support the one time move of the Gateway WIC clinic to a new location in Rockwood.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of Multnomah County Public Health Advisory Board meetings	12	12	12	12
Output	# of quality and strategy projects identified	6	6	6	6
Outcome	% of identified projects successfully completed	90%	90%	90%	90%
Outcome	# of presentations to Board of Health about strategies that address health disparities or inequities within commu	7	7	7	7

Performance Measures Descriptions

1. MCPHAB meetings are scheduled monthly. 2. Number of quality and strategy projects identified using a community informed approach and in response to priorities identified by the MC-PHAB and the Community Health Improvement Plan (CHIP). 3. Percent of identified projects successfully completed for emerging public health issues that have departmental and community significance and have been identified by public health programs as a priority 4. Strategies are defined as policy and/or systems improvements and disparities are focused on leading causes of preventable death and disease.

Legal / Contractual Obligation

Oregon Revised Statute Chapter 431 State and Local Administration and Enforcement of Public Health Laws

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$2,801,680	$1,131,011	$2,419,407	$1,825,853
Contractual Services	$203,735	$73,555	$156,242	$2,206
Materials & Supplies	$166,701	$19,158	$239,828	$4,451
Internal Services	$522,722	$463,081	$629,044	$336,264
Total GF/non-GF	**$3,694,838**	**$1,686,805**	**$3,444,521**	**$2,168,774**
Program Total:	**$5,381,643**		**$5,613,295**	
Program FTE	15.90	6.50	13.11	10.07

Program Revenues				
Intergovernmental	$0	$1,686,805	$0	$2,168,774
Total Revenue	**$0**	**$1,686,805**	**$0**	**$2,168,774**

Explanation of Revenues

This program generates $255,955 in indirect revenues.
$1,274,069 - Public Health Infrastructure Grant(A1)
$684,794 - PUblic Health Infrastructure Grant(A2)
$209,911 - State PR-62 Overdose Prevention-Countie

Significant Program Changes

Last Year this program was: FY 2025: 40096 Public Health Office of the Director

Due to budget constraints in the County General Fund, this FY 2026 Program Offer was reduced. Staff reductions include 1.00 FTE Administrative Analyst, 1.00 FTE Executive Specialist, and 2.00 FTE Project Manager Represented and 1.00 Finance Manager. Other changes in this program offer are due to organizational shifts and the movement of staff and associated funding. The Public Health Administration and Quality Management (40001) was moved to PH Office of the Director 40096. Community Partnership and Capacity Building activities were moved to the Health Department Directors Office 40000A. This program includes $27,380 of one-time-only funding.

Multnomah County

Program #40097 - Parent, Child, and Family Health Management

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Veronica Lopez Ericksen
Program Offer Type:	Administration	**Program Offer Stage:**	Proposed
Related Programs:	40054, 40055, 40056, 40058		
Program Characteristics:			

Program Description

Parent, Child, and Family Health (PCFH) Administration provides leadership, compliance, quality, and program data oversight and support to PCFH programs within the Public Health Division.

PCFH Administration is committed to addressing health equity, and providing culturally responsive home visiting and other perinatal, parental, and family programming. Administration assures compliance to program and fiscal standards.

PCFH Administration supports the following programs: Healthy Birth Initiatives, Healthy Families, and Community Based Health Consulting. It ensures that service delivery effectively improves health outcomes and reduces racial/ethnic inequities in perinatal and birth outcomes, with the ultimate goal of eliminating inequitable perinatal disparities and creating foundations that improve the health and wellbeing of generations to come.

Administrative functions include fiscal and programmatic compliance; health information technology management; and quality assurance. These functions support assessing and evaluating partner, client, and service delivery needs, based on program outcomes; overseeing contracts, billing, health information data systems, compliance with Local, State, and Federal guidelines; and implementing quality and process improvements. Leadership functions include program management, partnership engagement, and health equity-focused strategic planning. These functions support and enhance program staff, program leadership, clients, community-based service-delivery partners, and other County programs to set the strategic direction for PCFH programs. Examples include working to shift the PCFH workforce culture toward the elimination of racial/ethnic disparities by implementing culturally reflective and responsive programs and meaningful community partnership engagement.

PCFH monitors local and national maternal and infant health data, as well as program-level data, including maternal mortality and morbidity, preterm birth, low birth weight, breastfeeding, income, and safe sleep indicators. PCFH programs reach populations most impacted by perinatal disparities through targeted marketing and outreach to most impacted communities (i.e., BIPOC and low-income communities) and providers serving these communities, culturally reflective staff and practices, and client engagement and feedback through advisory boards. Clients influence and guide how they engage in PCFH services, hold leadership roles in the advisory boards, and provide input to influence program design and/or implementation.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Percent of contracts granted to vendors who represent and serve highly impacted communities	80%	80%	80%	80%
Output	Percent of electronic chart audits completed	N/A	N/A	N/A	90%

Performance Measures Descriptions

1. PCFH strives to reflect the communities we serve and through an equity and empowerment lens, we have been able to increase our highly impacted communities (i.e., BIPOC and low-income).
2. Client service records were created in a new Electronic Health Record (EHR) in FY25, eliminating paper charting. New protocols within the EHR will maximize billable claims, efficiency and accuracy, allowing more time for client support and programmatic deliverables.

Legal / Contractual Obligation

PCFH Administration ensures that all PCFH programs comply with a number of legal/contractual guidelines related to model fidelity, Federal Uniform Grant Guidelines, LPHA State/Federal Program Requirements, FQHC Rulebook TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$965,531	$0	$964,542	$0
Contractual Services	$11,000	$133,000	$77,063	$133,000
Materials & Supplies	$19,963	$20,965	$17,392	$21,059
Internal Services	$455,099	$88,802	$500,996	$88,708
Total GF/non-GF	**$1,451,593**	**$242,767**	**$1,559,993**	**$242,767**
Program Total:	**$1,694,360**		**$1,802,760**	
Program FTE	6.00	0.00	6.00	0.00

Program Revenues				
Intergovernmental	$0	$153,965	$0	$153,965
Service Charges	$0	$88,802	$0	$88,802
Total Revenue	**$0**	**$242,767**	**$0**	**$242,767**

Explanation of Revenues

$88,802 Maternal, Child and Adolescent Health Babies First
$100,000 - TITLE V -IR
$53,965 - TITLE V- Management

Significant Program Changes

Last Year this program was: FY 2025: 40097 Parent, Child, and Family Health Management

For FY 2026 this program anticipates the reduction of Nurse Family Partnership teams. We have begun our space consolidation and adjusted productivity expectations as the transition to EPIC EHR was successful. Quality assurance via real time data will improve work flows and alter some staff roles. PCFH continues to strategize how to adapt service delivery to meet the needs of the community, including interpretation services for any language spoken and planning for universal home visiting, a State mandated program that is expected to be implemented in FY 2026.

Integrated Clinical Services

The Integrated Clinical Services (ICS) Division is the largest Federally Qualified Health Center (FQHC) in Oregon. ICS provides high-quality, patient-centered health care and related services to communities across Multnomah County. ICS advances health equity outcomes and works to eliminate health inequities by providing integrated and collaborative healthcare to all individuals, families, and communities.

Collectively, ICS serves more than 54,000 unique clients each year with a focus on people who have limited access to healthcare. The Health Center's eight medical homes offer primary care clinics with integrated behavioral health, dental clinics, and onsite pharmacy services. Additionally, the Health Center operates nine student health centers and a mobile unit. Health Center services include highly specialized care for persons living with HIV as well as for immigrant and refugee populations. As an FQHC, the program must follow federal Health Resources and Services Administration (HRSA) regulatory requirements and specific governance, financial, operational, and clinical quality policies. The community is engaged in governance and decision making through the Community Health Center Board (CHCB) and clinic Client Advisory Committees.

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. The Health Center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of patients identify as people of color, and more than 38% utilize interpretation with 59% of patients indicating they are best served in a language other than English. This includes more than 100 different languages. The majority of patients (93%) are covered by Medicaid, 5% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL).

Eight dental clinics offer comprehensive and urgent dental treatment for both Medicaid and self-pay patients. The dental program focuses on fostering a collaborative learning environment for oral health, with a special emphasis on individuals such as children or clients with diabetes. The dental program also manages a Baby Day program, focusing on treatment for children ages 0-36 months, as well as the School and Community Oral Health (SCOH) program, which provides dental education and sealant services directly in schools.

$300.4 million

Integrated Clinical Services

Total Proposed Budget

Including cash transfers, contingencies, and unappropriated balances.

723.53 FTE

(full time equivalent)

Primary care services include treatment of acute and chronic illnesses, behavioral health, drug and alcohol treatment, family planning, prenatal and preventive services (including well child and immunizations), and community health education. Within the Health Services Center (HSC), additional case management, screening, and education services are available for populations living with HIV. All clinic primary care medical homes are designed to support patient care management, which includes:

- Refugee and asylee medical screenings in contract with Oregon Department of Human Services
- Limited specialty services including gynecology
- Pharmacy and lab services; and
- Enabling services including Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

The Patient Access Center (PAC) is the point of entry for scheduling new and established clients. PAC provides appointments and referrals in collaboration with County and other community organizations, ensuring consistent patient information and tracking. PAC also provides information for medical, dental, social services and key community service partners.

Integrated Behavioral Health (IBH) offers mental health assessment, diagnosis and brief evidence-based psychotherapy, long term mental health support, and peer support for patients experiencing complex medical, mental health, and/or substance use disorders. As part of the primary care medical team, IBH provides care coordination, consultation, peer support and education regarding psychosocial treatments and specific behavioral issues or barriers that arise related to a patient's health issues.

Community Health Workers work with clients on the Social Drivers of Health (SDoH) and Health Education/ Promotion. In addition to direct client services, SDoH work includes establishing partnerships in the community.

Health Center Pharmacies serve nearly 7,000 clients per month. Medications are primarily purchased through the 340B drug pricing program which is a US federal government program created in 1992 that requires drug manufacturers to provide outpatient drugs to eligible covered entities at significantly reduced prices. Different contracts are used to provide a limited supply of medications for individuals who are released from County Corrections, for Expedited Partner Therapy, and for naloxone to community partners and first responders. The Clinical Pharmacy program currently consists of 11 clinical pharmacists who are embedded in primary care clinics and HSC. Clinical pharmacists offer essential services that go beyond dispensing medication: they assist clients and providers with medication management and adherence support, conduct medication reconciliation upon hospital discharge, and independently manage chronic conditions such as diabetes and hypertension.

Division Outcomes

- Multnomah County residents living on low incomes will have increased access to a primary medical home that includes integrated behavioral health services and primary care services.
- Multnomah County community members that reflect the patient population, including current staff and patients, will have increased entry to Health Center workforce development programs to advance careers and further their education in healthcare.
- Health Center patients will have increased access to affordable medications by filling at onsite pharmacies.
- Health Center patients will have increased support to wrap-around and navigation services, including insurance support, phone navigation, intensive care management for patients at high and rising risk.

- Health Center patients and community members will have increased input and involvement in governance and compliance of Health Center services.

Significant Division Changes

The Health Center completed major service expansions in 2024 and 2025, including the full launch of the mobile medical clinic (serving seven community partner locations and providing nearly 700 service encounters for primary care, behavioral health, and dental patients) and the anticipated May 2025 opening of the Fernhill Health Center at NE 42nd Avenue in the Cully neighborhood in Portland. In FY 2026, all of our existing workforce development programs remain in place, including support for the Advanced Practice Fellowship, Expanded Function Dental Assistance training, Pharmacy Clerkship training, and Clinical Pharmacist training. Fernhill will also provide additional workforce development opportunities through partnerships with Portland Community College and other educational programs.

In FY 2026, the Health Center will continue to invest in service expansion and industry standard staffing capacities under the primary care medical home model. This includes implementing ratio-driven staffing for care teams which will support additional capacity for immunization access and STD testing for Health Center patients or those wishing to establish care and may be losing access due to other reductions in the community. The ratio-driven staffing model increases the medical assistant-to-provider ratio to 1.5:1.0 FTE and the medical assistant-to-clinical pharmacist and psych mental health nurse practitioner ratio to 0.5:1.0 FTE. The Health Center will also build additional behavioral health capacity for pediatric clients and for populations transitioning from carceral facilities through expanded HRSA grants intended for this purpose. The Patient Access Center will also increase capacity in FY 2026 for nurse phone triage and patient referrals, including support for social drivers of health and medical equipment referrals.

Additional funding is allocated to support onboarding/education of four new board members from CY 2024 and ongoing training opportunities for the full CHCB to support compliance. The Health Center also allocated funds towards an upgrade of OCHIN Epic, the electronic health record (EHR) business system that supports client care.

Table of Division Programs

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

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Integrated Clinical Services						
40012	FQHC-HIV Clinical Services		0	9,994,568	9,994,568	37.30
40016	FQHC-Medicaid/Medicare Eligibility		0	3,286,067	3,286,067	19.00
40017	FQHC-Dental Services		0	33,979,972	33,979,972	123.99
40019	FQHC-North Portland Health Clinic		0	7,731,576	7,731,576	29.90
40020	FQHC-Northeast Health Clinic		0	8,929,501	8,929,501	32.45
40022	FQHC-Mid County Health Clinic		0	17,155,206	17,155,206	62.30

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
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	12,989,525	12,989,525	50.90
40034B	FQHC - Contingency and Reserves	X	0	83,641,217	83,641,217	0.00
40036	FQHC-Community Health Council and Civic Governance		0	462,029	462,029	1.00
40102	FQHC Allied Health		0	9,724,773	9,724,773	45.50
40103	FQHC-Quality Assurance		0	10,205,961	10,205,961	27.45
	Total Integrated Clinical Services		**$0**	**$300,430,237**	**$300,430,237**	**723.53**

Multnomah County

Program #40012 - FQHC-HIV Clinical Services

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Nick Tipton
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

HIV Health Services Center (HHSC), one of only two Ryan White clinics in Oregon, offers culturally specific LGBTQI HIV/HCV outpatient medical care, mental health services, case management, health education, HIV prevention, art therapy, anal cancer screening and treatment, intimate partner violence ,universal education and screening with referral to community resources, risk reduction support, medication-assisted therapy, and treatment adherence counseling. Onsite clinical pharmacy services increase patients' access to and use of HIV medications. HHSC integrates prevention into all services to reduce client risk of HIV transmission. HHSC integrates primary/specialty care via telehealth, telemedicine, in person visits in coordination with field services provided by our navigation and nursing care management team using National HIV best practices and treatment guidelines.

The clinic is supported by an active Client Advisory Council and a well-established network of HIV social services providers. HHSC is an AIDS Education and Training Center site, training more than 40 doctors, nurses, clinic administrators, quality directors, and pharmacists each year. The clinic serves as a Practice Transformation Training Site to mentor providers in rural FQHCs caring for clients living with HIV. The clinic provides a monthly Nursing Community of Practice webinar for the 10 state region around current HIV nursing related best practices that include equity, race, and COVID-19 strategies in working with persons living with HIV.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of unduplicated HIV clinic patients	1,539	1,650	1,590	1,650
Outcome	Percent of patients whose last viral load test is below 200 copies	87%	90%	90%	91%

Performance Measures Descriptions

HIV viral load refers to the amount of human immunodeficiency virus (HIV) circulating in the bloodstream. Viral load tests are essential for monitoring the effectiveness of antiretroviral therapy (ART), medications used to suppress HIV replication. A low viral load indicates that ART is working well and suppressing the virus. In the management of HIV, the goal is for patients to have a viral load of less than 200 copies/milliliter of blood.

Legal / Contractual Obligation

Federal HIV grant and contract funds are restricted. Part A grant requires 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill and Clark Counties, 2) 10% cap on planning & administration, requiring the County to cover some administrative costs, and 3) The County must spend local funds for HIV services at least at the level spent in the previous year. Part C requires serving clients from across the state of Oregon. Part D requires serving Women, Infants, Children and Youth (WICY) from across the state of Oregon. Compliance is required for all costs and revenues generated by the program.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$6,038,265	$0	$6,581,005
Contractual Services	$0	$139,317	$0	$269,318
Materials & Supplies	$0	$274,556	$0	$1,323,489
Internal Services	$0	$2,003,129	$0	$1,820,756
Total GF/non-GF	**$0**	**$8,455,267**	**$0**	**$9,994,568**
Program Total:	**$8,455,267**		**$9,994,568**	
Program FTE	0.00	34.05	0.00	37.30

Program Revenues				
Intergovernmental	$0	$3,228,402	$0	$3,316,998
Beginning Working Capital	$0	$1,263,809	$0	$1,739,492
Service Charges	$0	$3,963,056	$0	$4,938,078
Total Revenue	**$0**	**$8,455,267**	**$0**	**$9,994,568**

Explanation of Revenues

This program generates $892,885 in indirect revenues.
HD FQHC AETC - AIDS Education & Training Center - EHE $79,200, HD FQHC Hep C - medicaid Wrap $212,131
HD FQHC Russell St HIV $13,120, HD FQHC Hep C Mcaid CareOr FFS $1,461,345
HD FQHC Ryan White Part C - Early Intervention to HIV GY33 $777,541
HD FQHC Hep C Mcaid FFS $141,923, HD FQHC Ryan White Title IV Part D GY25 $574,930
HD FQHC Hep C Mcare $246,024, HD FQHC Ryan White Part A - GY30 - HHSC Clinical Service$724,930
HD FQHC HIV Clinic Mcaid Wrap $2,552,111, HD FQHC Ryan White Part A - GY30 - HHSC Case Management $554,466

HD FQHC HIV Clinic Mcaid Wrap BWC $1,739,492, HD FQHC OHA Ryan White - HIV Clinic - GY08 $130,000
HD FQHC HIV Clinic 3rd Party $322,326, HD FQHC OHA Ryan White - HHSC MCM - GY08 $148,785
HD FWHC HIV Clinic Pt Fees $2,218, HD FQHC OHA Ryan White HHSC Non-MCM - GY08 $269,026
HD FQHC PC330 - Increase Access HIV Care & Treatment GY23 $45,000

Significant Program Changes

Last Year this program was: FY 2025: 40012 FQHC-HIV Clinical Services

HIV Health Services Center has added 2.00 FTE medical assistants to this year's budget. This change is in alignment with the Health Center shift to a ratio-driven staffing model for clinical teams. The ratio-driven staffing model increases the medical assistant-to-provider ratio to 1.5:1.0 FTE and the medical assistant-to-clinical pharmacist and psych mental health nurse practitioner ratio to 0.5:1.0 FTE.

The previous medical assistant-to-primary care provider ratio of 1.0:0.8 FTE did not allow for adequate coverage for daily sick calls, leave of absences, increased support needed for a robust offering of immunization clinics, and medical assistant support for providers added for additional access.

Multnomah County

Program #40016 - FQHC-Medicaid/Medicare Eligibility

FY 2026 Proposed

Department: Health Department **Program Contact:** Belma Nunez

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Medicaid Enrollment program assists uninsured and under-insured Oregonians gain access to health services by providing registration, enrollment assistance and advocacy to families and children applying for state and federally provided Medical and Dental coverage as well as other types of medical assistance programs. Patients are also screened for sliding fee discounts for services received if they are unable to obtain other coverage. Last year, the program had 17,281 client contacts in person and by phone, and there were 2,012 projected enrollments into the Oregon Health Plan (OHP). Patient contacts include follow up on enrollments submitted, responding to insurance questions, assistance with securing the sliding fee scale for uninsured or underinsured patients, and assistance with data submission during the insurance redetermination period which had been postponed during the pandemic.
The Medicaid Enrollment program provides outreach and education efforts aimed at increasing the number of clients who complete the OHP enrollment process; access to health care services (particularly for pregnant people and children); and ensures continuity of coverage when recertification is due.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Annual number of patients screened	17,281	20,000	20,000	23,000
Outcome	% of Self Pay patients enrolled in care at the Health Center	4.9%	3.5%	5.2%	3.5%

Performance Measures Descriptions

The Output measures the number of clients served and visits during FY26 in comparison to previous years, while the outcome measures the level of success of self-pay patients.

Legal / Contractual Obligation

The Medicaid Enrollment Program is contracted by the State Division of Medical Assistance Program to provide application and enrollment assistance to all OHP/Medicaid eligible individuals and families including education regarding managed health care. Information includes establishing a Date of Request or effective date of coverage, navigating managed medical, dental, and mental health care, covered services (including preventive and emergent care), client rights and responsibilities, and the grievance and appeal process. Medical assistance is in the scope of the Primary Care 330 Grant and must follow the HRSA Community Health Center Program operational and fiscal compliance requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$2,305,618	$0	$2,396,460
Contractual Services	$0	$18,000	$0	$18,000
Materials & Supplies	$0	$12,800	$0	$14,741
Internal Services	$0	$804,327	$0	$856,866
Total GF/non-GF	**$0**	**$3,140,745**	**$0**	**$3,286,067**
Program Total:	**$3,140,745**		**$3,286,067**	
Program FTE	0.00	19.00	0.00	19.00

Program Revenues				
Other / Miscellaneous	$0	$40,000	$0	$0
Service Charges	$0	$3,100,745	$0	$3,286,067
Total Revenue	**$0**	**$3,140,745**	**$0**	**$3,286,067**

Explanation of Revenues

This program generates $375,765 in indirect revenues.
Medicaid/Medicare eligibility receives funding from the Division of Medical Assistance Programs (DMAP) which provides compensation to eligible Federally Qualified Health Centers (FQHCs) for outreach activities. DMAP provides compensation through calculating a rate that is equal to 100% of allowable, specific direct costs according to OAR 410-147-0400.
$1,243,840 - Charges for Services, APM
$2,042,227 - HD FQHC OHP Medicaid/Medicare Eligibility

Significant Program Changes

Last Year this program was: FY 2025: 40016 FQHC-Medicaid/Medicare Eligibility

Multnomah County

Program #40017 - FQHC-Dental Services

FY 2026 Proposed

Department: Health Department **Program Contact:** Azma Ahmed

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

- Seven dental clinics offer comprehensive and urgent dental treatment for both Medicaid and self-pay patients. These clinics proactively reach out to clients who have not had a visit in the past 12-24 months. The dental program focuses on fostering a collaborative learning environment for oral health, with a special emphasis on individuals such as children or clients with diabetes.

- The School and Community Oral Health (SCOH) Program delivers dental education and sealant services to children in Multnomah County schools. Additionally, the program conducts outreach, education, and dental treatment tailored for children aged 0-36 months through our clinic's Baby Day program ensuring that families are part of the oral health treatment.
- The program is also heavily involved in mentoring and training dental assistants, dental hygiene students, and dental students and residents. These individuals offer services under the guidance of our providers, contributing to the development of a workforce that is passionate about public healthcare. In FY 26, the dental program will persist in its internal workforce development initiative, encouraging and supporting individuals from the communities we serve to become dental assistants in our clinic system.

Dental services are a vital program addressing the needs of the poorest and most vulnerable in Multnomah County through education, prevention, and treatment. Our commitment to metrics benefits the community, ensures quality care, and maintains a sound financial outlook. The Dental program remains dedicated to finding efficient, evidence-based ways to deliver high-quality oral healthcare services to a broad audience.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total Patients Visits. This measure describes the number of patient visits within the fiscal year.	60,137	75,816	58,310	64,694
Outcome	Increase access to workforce program graduates from the community we serve	0	14	9	12

Performance Measures Descriptions

Output: Total Patients Visits. This measure describes the number of patient dental visits within the fiscal year. In addition to shoring up the financial viability of the dental program, increasing the number of encounters will be critical in light of the ongoing need to close race and ethnicity gaps in access to dental care.
Outcome: Dental assistant vacancies filled by workforce graduates following program completion.

Legal / Contractual Obligation

Dental services are a requirement of the Bureau of Primary Health Care 330 Grant. Dental complies with Coordinated Care Organizations (COO) contractual requirements as well as the Bureau of Primary Health 330 Grant (HRSA) and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission and follows accreditation guidelines.
All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$22,485,698	$0	$23,300,959
Contractual Services	$0	$493,216	$0	$1,005,735
Materials & Supplies	$0	$2,171,922	$0	$1,939,290
Internal Services	$0	$7,472,419	$0	$7,733,988
Total GF/non-GF	**$0**	**$32,623,255**	**$0**	**$33,979,972**
Program Total:	**$32,623,255**		**$33,979,972**	
Program FTE	0.00	122.09	0.00	123.99

Program Revenues				
Intergovernmental	$0	$312,000	$0	$312,000
Other / Miscellaneous	$0	$3,640,582	$0	$2,541,371
Beginning Working Capital	$0	$2,237,133	$0	$6,080,499
Service Charges	$0	$26,433,540	$0	$25,046,102
Total Revenue	**$0**	**$32,623,255**	**$0**	**$33,979,972**

Explanation of Revenues

This program generates $3,594,819 in indirect revenues.
The primary source of revenue is Medicaid payments and patient fees.

$6,080,499 - FQHC - Dental Services BWC
$ 25,046,102 - Dental Patient Fees
$ 312,000 - Federal Primary Care (330) Grant
$2,541,371 - Non-Governmental Grants

Significant Program Changes

Last Year this program was: FY 2025: 40017 FQHC-Dental Services

Dedicated FTE has been allocated for continuation of the workforce development program. Projected patient encounters have been carefully adjusted to 64,694 in FY 2026, reflecting anticipated demand, staffing levels, contractual obligations, and historical no-show rates. Positions added to support program objectives include the following: 1.00 FTE Dentist (East County Dental) & 1.00 FTE Program Supervisor (Workforce Development). Dental contractual services have increased due to the use of contracted staff, agency staff to backfill for staffing vacancies and to improve access. Internal services costs have increased due to increased IT cost and device inventory reconciliation. Supply costs decreased from FY 2025 as a result of supplies having been purchased in FY 2025 in preparation for the opening of the Fernhill Health Center in FY 2026.

Multnomah County

Program #40019 - FQHC-North Portland Health Clinic

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Katie Thornton
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

North Portland Health Center (NPHC) primary care is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. NPHC provides comprehensive, culturally appropriate services that include:
- Primary care services including treatment of acute and chronic illnesses, behavioral health, drug & alcohol treatment, family planning, prenatal and preventive services (well child, immunizations), acupuncture and community health education.

- Pharmacy and lab services; and
- Enabling services including Medicaid eligibility screening, medical interpretation, transportation, case management and health education

The clinic provides culturally appropriate care to a diverse population with the largest groups served being the Latinx diaspora (42%), Black community (16%) and the white community (27%). The remaining 15% of our patients identify as Asian, Native American and Pacific Islander.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Individual NPHC patients served	3,744	5,000	4,100	4,300
Output	Number of patient visits	12,045	13,000	13,500	14,648

Performance Measures Descriptions

Outputs measure the number of NPHC patients and visits during FY26 in comparison to previous years.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, Coordinated Care Organizations (CCO) contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.
Costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$4,748,214	$0	$5,547,556
Contractual Services	$0	$122,693	$0	$122,693
Materials & Supplies	$0	$173,501	$0	$185,438
Internal Services	$0	$1,556,656	$0	$1,875,889
Total GF/non-GF	**$0**	**$6,601,064**	**$0**	**$7,731,576**
Program Total:	**$6,601,064**		**$7,731,576**	
Program FTE	0.00	27.10	0.00	29.90

Program Revenues				
Intergovernmental	$0	$673,377	$0	$673,895
Service Charges	$0	$5,927,687	$0	$7,057,681
Total Revenue	**$0**	**$6,601,064**	**$0**	**$7,731,576**

Explanation of Revenues

This program generates $869,858 in indirect revenues.
This program is supported by a federal BPHC grant, as well as Medicaid/Medicare fee revenue.
$112,510 - Medical Fees PT Fees
$ 673,895 - Federal PC330/Homeless grant
$ 6,945,171 - FQHC Medicaid Wraparound/Medicare

Significant Program Changes

Last Year this program was: FY 2025: 40019 FQHC-North Portland Health Clinic

The North Portland Health Center has added 2.00 FTE Medical Assistant Support. The previous medical assistant-to-primary care provider ratio of 1.0 :0.8 FTE did not allow for adequate coverage for daily sick calls, leave of absences, increased support needed for a robust offering of immunization clinics, and medical assistant support for providers added for additional access. Additionally, the previous ratio did not leave capacity for medical assistant support for patient visits with clinical pharmacists and psych mental health nurse practitioners, resulting in missed opportunities to complete preventative screenings, immunizations, and follow-up care. The North Portland Health Center has increased internal services charges due to increased IT cost and building security costs. The program also had increased revenue projected due to the 3.5% increased Alternative Payment Methodology rate which is a key revenue source for the Health Center.

Multnomah County

Program #40020 - FQHC-Northeast Health Clinic

FY 2026 Proposed

Department: Health Department **Program Contact:** Katie Thornton

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Northeast Health Center (NEHC) is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. NEHC provides comprehensive, culturally appropriate services that include:

- Primary care services, including treatment of acute and chronic illnesses, behavioral health, drug & alcohol treatment, family planning, prenatal and preventive services (well child, immunizations), and community health education
- Limited specialty care including gynecology, and acupuncture
- Pharmacy and lab services; and
- Enabling services including Medicaid eligibility screening, medical interpretation, transportation assistance, case management and health education

NEHC plays a significant role in providing safety net medical services to residents in the community. The clinic provides culturally appropriate care to a diverse population with the largest groups serving being the Latinx diaspora (35%), Black diaspora (28%), and white/non-Hispanic (25%). The remaining 12% of our patients identify as Asian, Native American and Pacific Islander.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of NEHC patients served	3,784	5,500	4,000	4,200
Output	Number of patient visits	12,529	16,000	13,000	16,000

Performance Measures Descriptions

Outputs measure the number of NEHC patients and visits during FY26 in comparison to previous years.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, Coordinated Care Organizations (CCO) contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary are Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines. Northeast Health Center is contracted with OHSU to offer Colposcopy and LEEP procedures. All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$5,141,417	$0	$6,182,599
Contractual Services	$0	$143,286	$0	$143,286
Materials & Supplies	$0	$188,610	$0	$310,470
Internal Services	$0	$2,081,328	$0	$2,293,146
Total GF/non-GF	**$0**	**$7,554,641**	**$0**	**$8,929,501**
Program Total:	**$7,554,641**		**$8,929,501**	
Program FTE	0.00	29.30	0.00	32.45

Program Revenues				
Intergovernmental	$0	$983,466	$0	$985,060
Service Charges	$0	$6,571,175	$0	$7,944,441
Total Revenue	**$0**	**$7,554,641**	**$0**	**$8,929,501**

Explanation of Revenues

This program generates $969,432 in indirect revenues.
Northeast Health Centers is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

Federal $985,060 - Federal Primary Care (330) grant
Federal $7,817,800 - FQHC Medicaid Wraparound/Mcare, FFS, FPEP
$126,641 - Patient Fees

Significant Program Changes

Last Year this program was: FY 2025: 40020 FQHC-Northeast Health Clinic

The Northeast Health Center has added 3.00 FTE medical assistants to this year's budget. The previous medical assistant-to-primary care provider ratio of 1.0:0.8 FTE did not allow for adequate coverage for daily sick calls, leave of absences, increased support needed for a robust offering of immunization clinics, and medical assistant support for providers added for additional access. Additionally, the previous ratio did not leave capacity for medical assistant support for patient visits with clinical pharmacists and psych mental health nurse practitioners, resulting in missed opportunities to complete preventative screenings, immunizations, and follow-up care.
The Northeast Health Center added a 1.00 FTE Nurse Practitioner to provide culturally specific group visits focused on Black diaspora communities to help build trust in the healthcare system, engagement, and patient centered care.

Multnomah County

Program #40022 - FQHC-Mid County Health Clinic

FY 2026 Proposed

Department: Health Department **Program Contact:** Amaury Sarmiento

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Mid County Health Center (MCHC) primary care is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. MCHC provides comprehensive, culturally appropriate services that include:

- Primary care services including treatment of acute and chronic illnesses, behavioral health, drug & alcohol treatment, family planning, prenatal and preventive services (well child, immunizations), and community health education.
- Refugee and asylee medical screenings in contract with Oregon Department of Human Services.
- Limited specialty services including gynecology
- Pharmacy and lab services; and
- Enabling services including Medicaid eligibility screening, medical interpretation, transportation, case management and health education

MCHC is tightly linked with refugee resettlement agencies, and the State of Oregon Self-Sufficiency Programs. 65% of MCHC clients are immigrants or were refugees from areas such as Ukraine, Afghanistan, Democratic Republic of Congo (DRC), Burman, Russia, Latin America, Kosovo.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of MCHC patients served	9,698	9,500	9,800	10,000
Output	Number of patient visits	28,227	33,958	29,500	29,966

Performance Measures Descriptions

Outputs measure the number of MCHC patients and visits during FY26 in comparison to previous years.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, Coordinated Care Organizations contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary are Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines. Mid County Health Center is contracted with the Oregon Department of Human Services to complete refugee and asylee medical screenings.
All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$10,735,021	$0	$12,148,783
Contractual Services	$0	$117,357	$0	$657,121
Materials & Supplies	$0	$601,416	$0	$616,272
Internal Services	$0	$3,619,581	$0	$3,733,030
Total GF/non-GF	**$0**	**$15,073,375**	**$0**	**$17,155,206**
Program Total:	**$15,073,375**		**$17,155,206**	
Program FTE	0.00	59.15	0.00	62.30

Program Revenues				
Intergovernmental	$0	$928,950	$0	$1,346,185
Service Charges	$0	$14,144,425	$0	$15,809,021
Total Revenue	**$0**	**$15,073,375**	**$0**	**$17,155,206**

Explanation of Revenues

This program generates $1,904,929 in indirect revenues.
Mid County Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

Federal $ 928,950 - Federal Primary Care (330) grant
Federal $ 15,696,987 - FQHC Medicaid Wrap, Mcare, FFS, APM,FPEP
State $ 417,235 - Intergovernmental, Direct State
$ 112,034 - Patient Fees

Significant Program Changes

Last Year this program was: FY 2025: 40022 FQHC-Mid County Health Clinic

4.00 FTE medical assistants were added. The previous medical assistant-to-primary care provider ratio of 1.0:0.8 FTE did not allow for adequate coverage for daily sick calls, leave of absences, increased support needed for a robust offering of immunization clinics, and medical assistant support for providers added for additional access. The previous ratio did not leave capacity for medical assistant support for patient visits with clinical pharmacists and psych mental health nurse practitioners, resulting in missed opportunities to complete preventative screenings, immunizations, and follow-up care. A 1.00 FTE Peer Support Specialist was added to help improve the patient care experience for patients from communities with less established support systems. This is particularly important in the area of maternal and family care. Contractual Services for the Mid-County had been under budgeted in FY 2025 and has increased to accurately reflect consistent costs.

Multnomah County

Program #40023 - FQHC-East County Health Clinic

FY 2026 Proposed

Department: Health Department **Program Contact:** Lynne Wiley

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

East County Health Center (ECHC) primary care is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. ECHC provides comprehensive, culturally appropriate services that include:
- Primary care services, including treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations)
- Integrated pharmacy and lab services; and
- Enabling services including Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

ECHC plays a significant role in providing safety net medical services to residents in the community. The clinic provides culturally appropriate care to a diverse population with the largest groups served being the Latinx diaspora (47.2%), followed by white/non-Hispanic (45.7%), and the remaining (7%) of our patients identify as mostly Asian, Middle Eastern/North African, and Pacific Islander.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of ECHC Patients Served	8,890	9,500	9,800	9,800
Output	Number of patient visits	26,477	27,706	28,408	28,430

Performance Measures Descriptions

Outputs measure the number of ECHC patients and visits during FY26 in comparison to previous years.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, Coordinated Care Organizations (CCO) contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary are Home (PCPCH) program. The Health Center is accredited under the Joint Commission and follows accreditation guidelines.
All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$9,231,662	$0	$9,672,189
Contractual Services	$0	$318,224	$0	$379,928
Materials & Supplies	$0	$307,818	$0	$326,301
Internal Services	$0	$2,982,040	$0	$3,167,304
Total GF/non-GF	**$0**	**$12,839,744**	**$0**	**$13,545,722**
Program Total:	**$12,839,744**		**$13,545,722**	
Program FTE	0.00	49.90	0.00	48.40

Program Revenues				
Intergovernmental	$0	$1,085,315	$0	$1,085,315
Service Charges	$0	$11,754,429	$0	$12,460,407
Total Revenue	**$0**	**$12,839,744**	**$0**	**$13,545,722**

Explanation of Revenues

This program generates $1,516,600 in indirect revenues.
East County Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

Federal $ 1,085,315 Federal Primary Care (330) grant
Federal $ 12,255,029 FQHC Medicaid Wrap, Care Or FFS, APM
$ 205,378 Patient Fees

Significant Program Changes

Last Year this program was: FY 2025: 40023 FQHC-East County Health Clinic

The East County Primary Care program has added 2.00 FTE medical assistants to this year's budget. The previous medical assistant-to-primary care provider ratio of 1.0:0.8 FTE did not allow for adequate coverage for daily sick calls, leave of absences, increased support needed for a robust offering of immunization clinics, and medical assistant support for providers added for additional access. Additionally, the previous ratio did not leave capacity for medical assistant support for patient visits with clinical pharmacists and psych mental health nurse practitioners, resulting in missed opportunities to complete preventative screenings, immunizations, and follow-up care.

Multnomah County

Program #40024 - FQHC-Student Health Centers

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Alexandra Lowell
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Healthcare for school aged youth is a basic need. The Student Health Center (SHC) sites provide critical points of access to health care regardless of insurance status through partnerships with schools, families, healthcare providers, and community agencies. SHCs contribute to learning readiness by linking health and education for student success in school and life.

Services include chronic, acute and preventive healthcare; age appropriate reproductive health; exams, risk assessments, prescriptions, immunizations, healthy lifestyle education/counseling, and referrals. This comprehensive approach enables preventive care and early identification and intervention, thereby promoting healthy behaviors and resilience as well as reducing risk behaviors. Program locations are geographically diverse and all Multnomah County K-12 aged youth are eligible to receive services at any SHC location, including students who attend other schools, those not currently attending school, and students experiencing houselessness. The SHCs provide culturally appropriate care to a diverse population with the largest groups served being those who identify as Latinx (35%), White (25%), Black (14%), and Asian (8%), and 4% of our patients identify as Pacific Islander, Native American, Native Alaskan or Native Hawaiian. Thirteen percent of clients services did not share or refused to share their race/ethnicity.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	% of patients with one or more visits with a health assessment in the last year	61%	70%	63%	65%
Output	Number of SHC visits	15,993	16,339	16,339	17,126
Output	Number of SHC Patients Served	6,789		6,700	6,700

Performance Measures Descriptions

Outputs measure the number of SHC patients and visits during FY26 in comparison to previous years and the percentage of patients that receive a health assessment/screening during a visit.

Legal / Contractual Obligation

Student Health Centers (SHC))complies with CLIA (Laboratory accreditation)requirements, CCO contractual obligations, compliance with the Bureau of Primary Health 330 Grant (HRSA), and Patient-Centered Primary Care Home (PCPCH). SHC Primary Care is also accredited under the Joint Commission and follows accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$6,161,331	$0	$6,719,341
Contractual Services	$0	$506,500	$0	$322,262
Materials & Supplies	$0	$527,311	$0	$563,507
Internal Services	$0	$2,100,518	$0	$2,374,946
Total GF/non-GF	**$0**	**$9,295,660**	**$0**	**$9,980,056**
Program Total:	**$9,295,660**		**$9,980,056**	
Program FTE	0.00	34.10	0.00	35.84

Program Revenues				
Intergovernmental	$0	$1,486,708	$0	$1,312,379
Other / Miscellaneous	$0	$45,000	$0	$306,319
Service Charges	$0	$7,763,952	$0	$8,361,358
Total Revenue	**$0**	**$9,295,660**	**$0**	**$9,980,056**

Explanation of Revenues

This program generates $1,053,590 in indirect revenues.
SHCs are supported by federal BPHC grant, state family planning grant, State School Based Health Centers grant through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue.

Federal $ 8,011,443 - Medical Fees, Wrap, APM, Mcare, Care FFS
State $ 500,379 - State SBHC Grants
Federal $ 812,000 - PC 330 Grant
3rd Party Fees $349,915
Kaiser/Roots & Wings & CO OD Prevention $306,319

Significant Program Changes

Last Year this program was: FY 2025: 40024 FQHC-Student Health Centers

Student Health Center program has added 2.00 FTE medical assistants. The previous medical assistant-to-primary care provider ratio across the Student Health Center sites did not allow for adequate coverage. A 0.80 FTE Registered Nurse was added to support the telemedicine pilot which aims at providing telemedicine services to students attending schools without co-located Student Health Centers in coordination with school nurses. Student Health Center internal services expenses have increased due to the increased IT cost and device inventory reconciliation which resulted in more computers having been moved into the budget. Service charges increase under revenue comes from 787 more projected visits for the program in FY 2026 resulting in increased visit revenue.

Multnomah County

Program #40026 - FQHC-La Clinica de Buena Salud

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Amaury Sarmiento
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

La Clinica de Buena Salud (La Clinica) is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. La Clinica provides comprehensive, culturally appropriate services that include:
- Primary care services, including treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations)
- Integrated pharmacy and lab services
- Dental services
-Enabling services including Medicaid eligibility screening, medical interpretation, transportation, case management and health education

Although initally La Clinica was initially served the Latinx community, the program has expanded and responded to the area's changing demographics which includes the Somali immigrants and refugees, Vietnamese, and Russian speaking families in the Cully neighborhood and beyond.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of La Clinica Patients Served	2,076	2,100	2,100	2,300
Output	Number of patient visits	7,300	7,400	7,300	7,620

Performance Measures Descriptions

Outputs measure the number of La Clinica patients and visits during FY26 in comparison to previous years.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, Coordinated Care Organizations (CCO) contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary are Home (PCPCH) program. The Health Center is accredited under the Joint Commission and follows accreditation guidelines.
All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$2,773,547	$0	$3,015,129
Contractual Services	$0	$898,318	$0	$59,650
Materials & Supplies	$0	$116,931	$0	$203,789
Internal Services	$0	$876,097	$0	$937,171
Total GF/non-GF	**$0**	**$4,664,893**	**$0**	**$4,215,739**
Program Total:	**$4,664,893**		**$4,215,739**	
Program FTE	0.00	14.50	0.00	14.50

Program Revenues				
Intergovernmental	$0	$826,068	$0	$826,068
Beginning Working Capital	$0	$750,000	$0	$0
Service Charges	$0	$3,088,825	$0	$3,389,671
Total Revenue	**$0**	**$4,664,893**	**$0**	**$4,215,739**

Explanation of Revenues

This program generates $472,771 in indirect revenues.
La Clinica de Buena Salud is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

Federal $ 826,068 - Federal Primary Care/330 grant (Homeless - La Cinica)
Federal $ 3,324,247 - FQHC Medicaid Wrap, Mcaid FFS, CareOR FFS, APM
$ 65,424 - Charges for Services -Patient Fees

Significant Program Changes

Last Year this program was: FY 2025: 40026 FQHC-La Clinica de Buena Salud

La Clinica will be relocating to a new location in May 2025. This move allows the health center to serve more community members and allows us to integrate our services offered by having a dental and pharmacy co-located in the same building. A 1.0 FTE Office Assistant was added to support the additional visits and phones having added dental services at its new location. La Clinica, soon to become Fernhill Primary Care program, has added 2.00 FTE medical assistants. The previous medical assistant-to-primary care provider ratio of 1.0:0.8 FTE did not allow for adequate coverage. In FY 2025, two budgets were created for the LaClinica the program offer due to the need to have an additional budget to cover Fernhill construction and supplies prior to revocation in FY 2026. The secondary budget was not necessary in FY 2026 thus decreasing the contractual services.

Multnomah County

Program #40027 - FQHC-Southeast Health Clinic

FY 2026 Proposed

Department: Health Department **Program Contact:** Nick Tipton

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Southeast Health Center (SEHC) is a Patient Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, medication assisted therapy and collaboration with community partners. SEHC provides comprehensive, culturally appropriate services that include:
- Primary care services, including treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations)
- Integrated pharmacy, dental, and lab services; and
- Enabling services including Medicaid eligibility, interpretation, transportation, case management and health education.

A key population that SEHC serves is the homeless population that continues to grow in the SEHC region. We utilize wrap around services for our clients experiencing houselessness that include intensive case management/navigation services, addressing food insecurities (food banks, community supported agriculture partnerships for health with local farms), and referrals to community partnerships. In early 2024, the Medical Mobile Van was added to bring medical and dental services out into the community. The program largely served unstably housed community members or individuals and families with barriers to care. Behavioral Health and case management services were added to the program late 2024.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of SEHC Patients Served	3,761	3,600	3,900	3,900
Output	Number of SEHC patient visits	12,564	11,663	13,210	13,521
Output	Number of mobile clinic visits (medical and dental)	422	3,500	600	3,392

Performance Measures Descriptions

Outputs measure the number of SEHC patients and visits during FY26 in comparison to previous years. Outputs measure for the Mobile Van includes medical and dental visit numbers during FY26 in comparison to previous years. Previous years actual numbers for the Mobile Van are reflective of the unit being in the shop with frequency shortly after having launched the program and throughout the year as well as the program's inability to hire the Dental Hygienists position.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, Coordinated Care Organizations (CCO) contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission (TJC) and follows accreditation guidelines.
Costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$4,888,206	$0	$5,324,051
Contractual Services	$0	$82,314	$0	$424,083
Materials & Supplies	$0	$220,985	$0	$391,600
Internal Services	$0	$1,444,209	$0	$1,649,193
Total GF/non-GF	**$0**	**$6,635,714**	**$0**	**$7,788,927**
Program Total:	**$6,635,714**		**$7,788,927**	
Program FTE	0.00	29.20	0.00	28.60

Program Revenues				
Intergovernmental	$0	$1,362,679	$0	$1,366,158
Service Charges	$0	$5,273,035	$0	$6,422,769
Total Revenue	**$0**	**$6,635,714**	**$0**	**$7,788,927**

Explanation of Revenues

This program generates $834,812 in indirect revenues.
Southeast Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

Federal: $ 166,500 - Federal Primary Care (330) grant
Federal: $ 761,431 - Federal Primary Care/Homeless grant(330)
Federal: $ 438,227 - Mobile Van Services(330)grant
$ 127,154 - Charges for Services (Patient Fees)
$ 6,295,615 - FQHC PC Mcaid/Mcare FFS, WRAP, APM

Significant Program Changes

Last Year this program was: FY 2025: 40027 FQHC-Southeast Health Clinic

The Southeast Health Center has added a 1.00 FTE medical assistant to this year's budget. The previous medical assistant-to-primary care provider ratio of 1.0:0.8 FTE did not allow for adequate coverage. A 1.00 FTE OA2 has been added to the budget due to increased patient volume and the need for additional work completed by the Office Assistants prior to the patient visit with insurance verification and registration. The Mobile Health Clinic is the recipient of a grant aimed at expanding behavioral health services and entry in to care for medication for opioid use disorder (MOUD) treatment. This adds a behavioral health provider and peer support specialist as well as case management staff to the program during the two year grant period.Southeast and the Mobile Van have an increased program revenue which reflects the increased visit numbers projected. Staffing and interpretation costs increased due to the usage of interpretive services on the mobile van.

Multnomah County

Program #40029 - FQHC-Rockwood Community Health Clinic

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Lynne Wiley
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:	78237		
Program Characteristics:			

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Rockwood Community Health Clinic (RCHC) is designed as a Patient-Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. RCHC provides comprehensive, culturally appropriate services that include:
- Primary care services, including treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations)
- Integrated pharmacy and lab services; and
- Enabling services including Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

RCHC plays a significant role in providing safety net medical care to the residents of the growing Gresham and East Portland communities. The Health Center provides culturally appropriate care to a diverse population with the largest group served being the Latinx diaspora at 43.7%. 5.9% of the Health Center patients have a refugee designation.
One-time-only facilities program offers for Rockwood were funded in the FY 2024 Budget year related to ongoing repairs and investments into the building following its acquisition in January 2023 (78237-78239). The repair work will continue through FY26 and may require additional funding due to inflation over the length of the project and additional necessary repairs having been identified.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of RCHC patients served	3,926	4,500	4,200	4,500
Output	Number of patient visits	13,754	12,025	13,532	14,318

Performance Measures Descriptions

Outputs measure the number of RCHC patients and visits during FY26 in comparison to previous years.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, Coordinated Care Organizations (COO) contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary are Home (PCPCH) program. The Health Center is accredited under the Joint Commission and follows accreditation guidelines.
All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$4,755,567	$0	$5,303,026
Contractual Services	$0	$187,057	$0	$195,555
Materials & Supplies	$0	$190,357	$0	$206,356
Internal Services	$0	$1,530,630	$0	$1,806,416
Cash Transfers	$0	$1,970,000	$0	$0
Total GF/non-GF	**$0**	**$8,633,611**	**$0**	**$7,511,353**
Program Total:	**$8,633,611**		**$7,511,353**	
Program FTE	0.00	28.10	0.00	29.30

Program Revenues				
Intergovernmental	$0	$2,734,766	$0	$764,768
Service Charges	$0	$5,898,845	$0	$6,746,585
Total Revenue	**$0**	**$8,633,611**	**$0**	**$7,511,353**

Explanation of Revenues

This program generates $831,515 in indirect revenues.
Rockwood Community Health Center is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

Charges for Svcs: $ 82,852 - FQHC Rockwood Patient Fees
Federal: $ 764,768 - Federal Primary Care (330) grant
Federal: $ 6,663,733 - Medicaid/Medicare Charges for Svcs, CO; FFS; APM; WRAP; FPEP; APM

Significant Program Changes

Last Year this program was: FY 2025: 40029 FQHC-Rockwood Community Health Clinic

Rockwood Health Center has added a 1.00 FTE medical assistant to this year's budget. The previous medical assistant-to-primary care provider ratio of 1.0:0.8 FTE did not allow for adequate coverage for daily sick calls, leave of absences, increased support needed for a robust offering of immunization clinics, and medical assistant support for providers added for additional access. Additionally, a 1.00 FTE Peer Support Specialist and a 1.00 FTE Licensed Practical Nurse were added to help improve the patient care experience for patients from communities with less established support systems. This is particularly important in the area of maternal and family care. Rockwood Health Center has increased program revenue which reflects the increased visit numbers projected. Internal Services has decreased by $1.9 million due to Federal funds that were included in the FY 2025 budget for construction.

Multnomah County

Program #40030 - FQHC-Medical Director

FY 2026 Proposed

Department: Health Department **Program Contact:** Amy Henninger

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Primary functions of the medical director program include:
- Develop and oversee strategic initiatives to improve care quality, achieve health equity, safety, cost-effectiveness, and access; develop and implement patient care guidelines, policies, procedures; Represent and advocate for the care of the clients served by the Health Center to external stakeholders such as the Oregon Health Authority, Coordinated Care Organizations (Medicaid payors) to ensure that health care funding meets the needs of the community; Recruit, and hire health care providers (physicians, nurse practitioners including psychiatric nurse practitioners, physician's assistants, ensures requited credentials and monitors provider performance; oversee medical, nursing and integrated behavioral health and ensure that patient care meets all rules, regulations and standards set forth by regulatory agencies including the Joint Commission (TJC), contractors, grantors and accrediting agencies. This required element ensures safety, quality of care, as well as keeping Health Resources and Services Administration (HRSA) grant funding intact. Medical Directors are accountable for legal conformance, quality and safety of patient care, need-based and scientifically justified service design, and efficient use of public funds.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of health center patients seen in the next calendar year (unique patients)	53,000	55,000	54,171	55,000
Output	Maintain compliance with regulatory and licensing standards/boards	100%	100%	100%	100%
Output	Number of patients on Primary Care Provider panels seen in the past 12 months	33,500	55,000	34,000	35,000
Outcome	Improve percent of Health Center patients who have controlled diabetes defined as an A1C <9 (lab value)	72%	72%	72.7%	74%

Performance Measures Descriptions

Outputs include number of patient visits compared to previous years, successful maintenance of compliance with regulatory standards/licensing and number of patients with PCP (visits with their own provider) in the past 12 months. Outcomes include the % of patients with a diabetes diagnosis that that their diabetes under control, compared to previous years.

Legal / Contractual Obligation

Oregon State Board of Nurses, Oregon State Medical Board, Medicaid and Medicare rules and regulations, Joint Commission on Accreditation of Healthcare Organizations, HRSA 330 Primary Care Grant compliance, stipulations of multiple federal and state grants, and Coordinated Care Organizations (COO) contractual obligations.
All costs and revenues generated by this program must also comply with Health Resources and Services Administration (HRSA) Federally Qualified Health Center requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$1,374,020	$0	$1,252,239
Contractual Services	$0	$168,000	$0	$157,000
Materials & Supplies	$0	$111,718	$0	$123,052
Internal Services	$0	$372,041	$0	$370,757
Total GF/non-GF	**$0**	**$2,025,779**	**$0**	**$1,903,048**
Program Total:	**$2,025,779**		**$1,903,048**	
Program FTE	0.00	3.00	0.00	3.00

Program Revenues				
Intergovernmental	$0	$115,115	$0	$115,115
Other / Miscellaneous	$0	$610,534	$0	$1,547,451
Service Charges	$0	$1,300,130	$0	$240,482
Total Revenue	**$0**	**$2,025,779**	**$0**	**$1,903,048**

Explanation of Revenues

This program generates $196,351 in indirect revenues.
PC3 Allocations; SAM Funds $1,547,451
State Grant (RH Title X) $ 115,115
Charges for Svcs (APM) $ 240,482

Significant Program Changes

Last Year this program was: FY 2025: 40030 FQHC-Clinical Director

This year, the medical director's office supervises primary care and behavioral health. Pharmacy and Dental are supervised by ICS Director. A 1.00 FTE program specialist senior position was added for provider recruitment and assistance with the logistical planning for Nurse Practitioner fellows and clinical students with externships at the Health Center. Revenue support for the Medical Director's office comes from incentive and Alternative Payment Methodology (APM) funds. The allocation of these funds are applied based on program needs and services each year which resulted in decreased service changes and an increase under other/miscellaneous as a line item for FY 2026.

Multnomah County

Program #40031 - FQHC-Pharmacy

FY 2026 Proposed

Department: Health Department **Program Contact:** Michele Koder

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Health Center pharmacies serve nearly 7,000 clients per month. Medications are primarily purchased through the 340B drug pricing program (a US federal government program created in 1992 that requires drug manufacturers to provide outpatient drugs to eligible covered entities at significantly reduced prices). Different contracts are used to provide a limited supply of medications for individuals who are released from County Corrections, Expedited Partner Therapy, and naloxone to community partners and first responders. The pharmacies tailor services to each individual and provide voice enabled prescription labels, dual language labels, customized adherence packaging, and limited mail order services.

Revenue generated by the pharmacies is used to provide discounted medications for underinsured and uninsured clients - no client is denied medication due to inability to pay. Revenue is also used to support other services within ICS, including but not limited to, medication disposal services and services provided by the HIV Health Services Center.

The Clinical Pharmacy program currently consists of 11 clinical pharmacists who are embedded in primary care clinics and the HIV Health Services Center. Clinical pharmacists offer essential services that go beyond dispensing medication: they assist clients and providers with medication management and adherence support, conduct medication reconciliation upon hospital discharge, and independently manage chronic conditions such as diabetes and hypertension.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Prescription Volume number	415,215	410,000	430,000	450,000
Outcome	Average Prescription Cost	$36	$37	$37	$36
Outcome	Capture Rate	56%	58%	56%	60%
Quality	Adherence Support	1,947	2,100	2,000	2,100

Performance Measures Descriptions

1. Prescription Volume (prescriptions filled) reflects the number of prescriptions filled during the fiscal year.
2. Average Prescription Cost reflects the costs associated with filling a prescription minus the actual cost of the medication.
3. Capture Rate is the percentage of prescriptions filled by primary care providers that are filled at County pharmacies.
4. Adherence Support refers to the number of clients enrolled in appointment-based refills and medication synchronization services or who receive specialized packaging to assist in the proper use of medications.

Legal / Contractual Obligation

Various grants require the provision of pharmacy services. State mandated public health services are provided. Pharmacy services are a requirement of the Bureau of Primary Care 330 grant and those services and revenue must be in compliance with Health Resources and Services Administration (HRSA) Community Health Center Program operational and fiscal requirements. In addition, pharmacies must comply with all 340B Drug Pricing Program, Oregon Board of Pharmacy and Drug Enforcement Administration (DEA) regulations and are accredited by The Joint Commission.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$14,065,528	$0	$12,222,722
Contractual Services	$0	$643,450	$0	$178,924
Materials & Supplies	$0	$24,289,154	$0	$27,114,970
Internal Services	$0	$4,764,305	$0	$3,570,340
Total GF/non-GF	**$0**	**$43,762,437**	**$0**	**$43,086,956**
Program Total:	**$43,762,437**		**$43,086,956**	
Program FTE	0.00	62.73	0.00	56.50

Program Revenues				
Service Charges	$0	$43,762,437	$0	$43,086,956
Total Revenue	**$0**	**$43,762,437**	**$0**	**$43,086,956**

Explanation of Revenues

This program generates $1,916,525 in indirect revenues.
Pharmacy is funded exclusively through prescription fees (third party reimbursements) and patient fees.

Federal $ 42,790,359 - Intergovermental (FFS Medicaid/Medicare)
$ 296,597 - Patient Fees/Charges for services (Self-Pay, Health Center Fees)

Significant Program Changes

Last Year this program was: FY 2025: 40031 FQHC-Pharmacy

A post-graduate clinical pharmacy residency program beginning in FY 2026 is designed to increase access to and enhance clinical pharmacy services. A clinical pharmacist was added at Mid County to maintain FTE for direct patient care when an existing clinical pharmacist transitions to the residency program director/ manager role. A 1.00 FTE program specialist was added to oversee the contract pharmacy program. Pharmaceutical expenses and revenue generated by the program were moved from the Pharmacy to the HIV Health Services Center resulting in an increased usage of beginning working capital and revenue service charges. Pharmacy contractual services decreased due to a decreased use of agency staff. FTE decreased due to having moved clinical pharmacists to the health center program offers where services are being provided. Materials and services increased due to new expenses such as pharmaceuticals for the new Fernhill location.

Multnomah County

Program #40032 - FQHC-Lab and Medical Records

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Matt Hoffman
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The health center laboratories and the Health Information Management program support the delivery of care to clients of Health Department services including Primary Care, Student Health Centers, Sexually Transmitted Disease Clinic, Communicable Diseases Services, Dental, and Corrections Health. The primary care clinic labs handle approximately 250,000 specimens per year. Medical Records fulfills approximately 13,000 medical records requests per year. Manages external laboratory contracts, prepares for emergencies (including bioterrorism), and assists with the surveillance of emerging infections. Access to laboratory testing assists in the diagnosis, treatment, and monitoring of clients receiving healthcare in Health Department facilities.

Health Information Management program manages health (medical/dental) records systems to ensure comprehensive clinical documentation and compliance with all applicable licensing, regulatory and accreditation standards. The manager of Health Information fulfills the role of the Health Department's Privacy Official as required by HIPAA (Health Insurance Portability and Accountability Act). Health Information Management ensures proper documentation of health care services and provides direction, monitoring, and reporting of federally required HIPAA compliance activities.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of records request completed.	12,874	13,000	12,500	13,000
Outcome	Lab proficiency assessments completed.	133	127	135	150

Performance Measures Descriptions

Performance measure 1 - Medical Records fulfills approximately 13,000 medical records requests per year.
Performance measure 2 - Laboratory personnel between primary care clinics and student health centers complete approximately 135 proficiency tests collectively per year to satisfy CLIA regulations.

Legal / Contractual Obligation

Federal and state mandates in addition to the Bureau of Primary Health Care 330 Grant require maintenance of health records, including medical, dental, and pharmacy, as well as the provision of laboratory services. The electronic health record (EHR) and practice management contractual obligations are per the contractual agreement with the Health Department and OCHIN. The laboratory program is accredited by the Joint Commission and maintain CLIA (Clinical Laboratory Improvement Amendments) certificates to allow for point of care testing in Multnomah County clinics.
All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$2,914,287	$0	$2,946,862
Contractual Services	$0	$54,500	$0	$2,700
Materials & Supplies	$0	$784,606	$0	$193,032
Internal Services	$0	$1,249,397	$0	$1,250,377
Total GF/non-GF	**$0**	**$5,002,790**	**$0**	**$4,392,971**
Program Total:	**$5,002,790**		**$4,392,971**	
Program FTE	0.00	22.17	0.00	20.80

Program Revenues				
Beginning Working Capital	$0	$330,828	$0	$334,426
Service Charges	$0	$4,671,962	$0	$4,058,545
Total Revenue	**$0**	**$5,002,790**	**$0**	**$4,392,971**

Explanation of Revenues

This program generates $462,068 in indirect revenues.
Revenue generated from laboratory services are included in the medical visit revenue posted to the health clinics and is used to offset the cost of services not collected from clients.

HD FQHC Clinical Lab Mcaid Mcare $2,501,569
HD FQHC FQHC: Medical APM ICS Medical Records $1,556,976
HD FQHC PCPM Funding - School Based Health Center $334,426

Significant Program Changes

Last Year this program was: FY 2025: 40032 FQHC-Lab and Medical Records

Contractual Services for the lab had been over budgeted in FY 2025 and has decreased to accurately reflect actual cost.

Multnomah County

Program #40033 - FQHC-Primary Care and Dental Access and Referral

FY 2026 Proposed

Department: Health Department **Program Contact:** Aaron Baeza

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Patient Access Center (PAC) is the point of entry for scheduling new and established clients for the Primary Care clinics. PAC also schedules new and established dental clients seeking both urgent and routine dental services. PAC provides appointments and referrals in collaboration with County and other community organizations, ensuring consistent patient information and tracking. PAC also provides information for MCHD medical, dental, social services and key community service partners.

PAC's Language Services program provides interpretation in over 80 languages including sign language for all Health Center services and programs, and for established patients who access specialty care in the community. Comprehensive coordination of written translation for clinical and non-clinical programs and services is also provided. Language Services is the central coordinator for thousands of patient interpretation requests and translations each year for multiple programs/services. This critical service ensures that patients and clients successfully move through the Department's Refugee and Screening Program, and facilitates patients with limited English proficiency to receive culturally competent interpretation throughout all of the MCHD programs.

In primary care, the referral program plays a crucial role in coordinating access to specialty services for patients who have received a referral from their primary care provider. This work includes coordinating with insurance providers, selecting the most suitable specialist based on the patient's specific requirements, and maintaining effective communication between the primary care physician and the specialist to ensure a seamless referral experience. Each year the program handles over 60,000 referrals for our patients.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of calls answered	200,753	250,000	98,717	190,000
Outcome	Average telephone abandonment rate (goal: at or below 15%)	18%	15%	22%	15%

Performance Measures Descriptions

The output refers to sheer number of calls, while the outcomes reflects the % of calls that were abandoned before the service was complete.

Legal / Contractual Obligation

The Health Center complies with Coordinated Care Organizations (COO) contractual requirements as well as the Bureau of Primary Health 330 Grant (HRSA) and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission and follows accreditation guidelines.
All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$4,147,404	$0	$7,359,950
Contractual Services	$0	$110,000	$0	$510,000
Materials & Supplies	$0	$38,774	$0	$169,465
Internal Services	$0	$1,291,923	$0	$1,865,655
Total GF/non-GF	**$0**	**$5,588,101**	**$0**	**$9,905,070**
Program Total:	**$5,588,101**		**$9,905,070**	
Program FTE	0.00	31.00	0.00	56.80

Program Revenues				
Intergovernmental	$0	$1,056,598	$0	$906,600
Other / Miscellaneous	$0	$1,035,731	$0	$2,440,000
Beginning Working Capital	$0	$244,309	$0	$569,548
Service Charges	$0	$3,251,463	$0	$5,988,922
Total Revenue	**$0**	**$5,588,101**	**$0**	**$9,905,070**

Explanation of Revenues

This program generates $1,154,040 in indirect revenues.
The Patient Access Center (PAC) is funded with Medicaid revenue, HRSA/Bureau of Primary Care grant revenue and medical fees. ARPA funds were approved in order to support the addition of Limited Duration (LD) PAC positions.

HD FQHC Central Call Center APM $5,988,922
HD FQHC PC330 - Clinic Support - Call Center GY25 $906,600
HD FQHC PCPM - Call Center $2,440,000
HD FQHC PCPM Funding BWC $569,548

Significant Program Changes

Last Year this program was: FY 2025: 40033 FQHC-Primary Care and Dental Access and Referral

The Patient Access Center has added a 1.00 FTE registered nurse for phone triage and remove patient return call support, a 1.00 FTE community health specialist to process referrals for transportation assistance and generate referrals for housing and food insecurities as well as utility assistance. This team also outreaches to patients insured by Medicaid and assigned to the Health Center and have never established care. A 1.00 FTE referrals specialist was added to improve referral completion times and for the processing of medical equipment referrals. Referral Specialists were moved from individual clinics to this program offer, increasing associated costs such as contractual services due to language interpretation and internal services charges. Revenue has increased due to the need to move incentive and Alternative Payment Methodology (APM) funds from Health Center budgets to cover the cost of staff now centralized.

Multnomah County

Program #40034A - FQHC-Administration and Operations

FY 2026 Proposed

Department: Health Department **Program Contact:** Jenna Green

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Health Center Administration and Operations supports services within the project scope of the Bureau of Primary Health Care (BPHC) grant. BPHC funding requires strict adherence to federal laws mandating which services must be provided by FQHCs, which results in additional Medicaid revenue.

Activities supported in this program include developing and implementing fiscal accountability and monitoring infrastructure, management of revenue cycle activities, implementation of strategic projects, support for operational workflows to increase patient access to care, and projects designed to improve health outcomes. Examples of this type of work include support for transitioning and training clinical teams to expand virtual care, designing patient communication campaigns for managing chronic diseases, and designing reporting materials to reflect operational needs in fiscal and value based pay systems.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Claims Accuracy: % of claims accepted by insurance partners	97%	95%	95%	97%
Output	Patient communication materials are developed in the top five patient languages	100%	100%	90%	100%
Output	Completion of annual strategic planning activities and 3-year plan in alignment with CHC Board’s vision.	100%	100%	100%	100%

Performance Measures Descriptions

The output includes successfully completing the strategic plan, development of communication materials in the five top languages, and success of claims acceptance.

Legal / Contractual Obligation

The Health Center complies with Coordinated Care Organizations (COO) contractual requirements as well as the Bureau of Primary Health 330 Grant (HRSA) and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission and follows accreditation guidelines.
All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$10,682,579	$0	$9,181,741
Contractual Services	$0	$506,472	$0	$500,000
Materials & Supplies	$0	$378,762	$0	$226,760
Internal Services	$0	$2,933,682	$0	$3,081,024
Total GF/non-GF	**$0**	**$14,501,495**	**$0**	**$12,989,525**
Program Total:	**$14,501,495**		**$12,989,525**	
Program FTE	0.00	55.40	0.00	50.90

Program Revenues				
Intergovernmental	$0	$1,225,755	$0	$1,225,755
Other / Miscellaneous	$0	$5,370,041	$0	$6,960,509
Beginning Working Capital	$0	$1,714,592	$0	$1,275,617
Service Charges	$0	$6,191,107	$0	$3,527,644
Total Revenue	**$0**	**$14,501,495**	**$0**	**$12,989,525**

Explanation of Revenues

This program generates $1,439,697 in indirect revenues.
Administration and Operations activities are funded with HRSA grant revenue, Medicaid fees, and quality incentive payments. Program leadership are working with CCO's to develop sustainable funding for quality assurance, data reporting work. HD FQHC Clinical Infrastructure APM - $562,476, HD FQHC Clinical Support Mcaid Rx APM - $750,000, HD FQHC FQHC: Medicaid APM Health Center Finance - $1,749,256, HD FQHC FQHC: Medicaid APM ICS Admin - $465,912, HD FQHC Health Center Finance-Mcaid Quality and Incentives - $1,791,356, HD FQHC ICS Administration BWC - $153,983 HD FQHC PC330 - Admin - Clinic Support & Development GY25 - $651,322, HD FQHC PC330 - Admin GY25 - $574,433 HD FQHC PCPM Funding - Admin Support - $1,186,938, HD FQHC PCPM Funding - Support & Development - $1,298,215 HD FQHC Shared Accountability Model - Clinical Support - $1,000,000, HD FQHC Trillium Primary Care Capitation Services Incentives - Clinical Support and Development BWC - $1,076,078, HD FQHC Trillium Primary Care Capitation Services Incentives - Support and Infrastructure - $1,684,000,
Beginning Working Capital - $45,556

Significant Program Changes

Last Year this program was: FY 2025: 40034A FQHC-Administration and Operations

A 1.00 FTE finance supervisor position was added to oversee the work of the medical coders and to help with the volume of medical encounters requiring review for accuracy before moving to medical billing for the submission of the invoice to the insurance or patient. The volume and complexity of medical encounters requiring review has steadily increased over time resulting in the need for this position. FTE reductions in the Administration and Operations budget are a result of FTE removed to then be included in the Medical Records program and the movement of referral personnel to the Access and Referral budget. Alternative Payment Methodology (APM) revenue has moved to cover FTE costs where personnel costs have been moved resulting in a decrease in this program offer. One FTE has been cut due to the need to add FTE in direct patient care.

Multnomah County

Program #40034B - FQHC - Contingency and Reserves

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Hasan Bader
Program Offer Type:	Revenue/Fund Level/Tech	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:	One-Time-Only Request		

Program Description

ISSUE: Health Center revenue will fluctuate from year to year.

PROGRAM GOAL: Reserve and contingency funds will help to provide ongoing fiscal stability and compliance.

PROGRAM ACTIVITY: The Health Center, is majority funded by visit revenue from State and Federal sources. Both Federal and State revenue sources may fluctuate from year to year. ICS main revenue source is visit or visit related revenue. Projected billable visits payer mix for FY26 reflects 85% Medicaid/Medicare visits for Primary Care, HIV Health Services Center (HHSC) and Student Health Center visits. Dental projected billable visits include 94% Medicaid visits.

During FY 2022 the State approved and implemented new reimbursement rates and made retroactive payments. These funds are required to be utilized for the continuation and of mandated healthcare services for the most vulnerable people of Multnomah County.

Reserve and contingency funds will create ongoing stability for the Health Center and protect the program from unexpected revenue declines from economic fluctuations and unexpected costs. These fiscal stability approaches are informed by government accounting best practices, Health Resource and Services Administration (HRSA) guidelines, and by Multnomah County's Financial and Budget Policies.

The reserve and contingency funds was established in FY 2023. Each year, funding will be added to the reserve. The reserve fund will ensure the long-term financial stability of the program. The contingency fund will allow the Health Center to address unforeseen future expenses with a goal of maintaining at least four months of operating costs (three months per policy).

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Outcome	Percent of reserve goal met (4 months operating expense)	100%	100%	100%	100%
Output	Compliance with all Health Resources and Services Administration (HRSA) 330 Grant financial requirements	100%	100%	100%	100%

Performance Measures Descriptions

The output includes successful compliance with grant requirements while the outcome reflects the percentage of times the reserve goal is met.

Legal / Contractual Obligation

The reserve and contingency funds are established based on Health Resources and Services Administration (HRSA) guidelines and recommendations. Legal and contractual obligations include greater than three months of reserve to cover operational stability in case of unexpected revenue or expense fluctuations.
The Health Center complies with Coordinated Care Organizations (COO) contractual requirements as well as the Bureau of Primary Health 330 Grant (HRSA) and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission and follows accreditation guidelines.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Unappropriated & Contingency	$0	$64,057,128	$0	$83,641,217
Total GF/non-GF	**$0**	**$64,057,128**	**$0**	**$83,641,217**
Program Total:	**$64,057,128**		**$83,641,217**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	$0	$64,057,128	$0	$83,641,217
Total Revenue	**$0**	**$64,057,128**	**$0**	**$83,641,217**

Explanation of Revenues

$83,641,217 of Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2025: 40034B FQHC - Contingency and Reserves

Reserve and contingency fund has increased due to FY 2026 budget increase over FY 2025 budget.

Multnomah County

Program #40036 - FQHC-Community Health Council and Civic Governance

FY 2026 Proposed

Department: Health Department **Program Contact:** Jenna Green

Program Offer Type: Administration **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Community Health Center Board (CHCB) members' community involvement allows Multnomah County to meet Health Resources and Services Administration's 21 mandatory program requirements, including oversight of quality assurance, health center policies, patient satisfaction, health center executive director (ICS Director) accountability for the Health Center's compliance and operations. The CHCB must have a minimum of 51% Health Center consumer membership to meet federally mandated program requirements for Federally Qualified Health Centers (FQHC). Meeting the federal mandated program requirements allows the Health Center retain the federal grant and all benefits associated with the FQHC status. The CHCB works closely with the Community Health Center Executive Director (Health Center Director) and the Board of County Commissioners to provide guidance and direction on programs and policies affecting patients of Multnomah County's Federally Qualified Health Center.

The CHCB has a critical role in assuring access to health care for our most vulnerable residents; it serves as the co-applicant board required by HRSA's Bureau of Primary Health Care to provide oversight of policies and programs within the scope of the Primary Care Grant. The Council is currently comprised of 9 members meeting the 51% consumer requirement and is a fair representation of the communities served by the Health Department's Health Center services.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of Public CHCB Meetings	12	12	12	12
Outcome	Percentage of consumer members engaged on the CHCB.	51%	51%	57%	51%

Performance Measures Descriptions

The output reflects number of meetings, while the outcome reflects the percentage of CHCB members that are consumers.

Legal / Contractual Obligation

HRSA's 21 mandatory program requirements include Board Governance for the Community Health Center Board and oversight of quality assurance, health center policies, financial performance, patient satisfaction, health center executive director (ICS Director) accountability for compliance and operations.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$127,249	$0	$159,973
Contractual Services	$0	$134,000	$0	$164,000
Materials & Supplies	$0	$184,124	$0	$47,014
Internal Services	$0	$58,771	$0	$91,042
Total GF/non-GF	**$0**	**$504,144**	**$0**	**$462,029**
Program Total:	**$504,144**		**$462,029**	
Program FTE	0.00	1.00	0.00	1.00

Program Revenues				
Other / Miscellaneous	$0	$504,144	$0	$462,029
Total Revenue	**$0**	**$504,144**	**$0**	**$462,029**

Explanation of Revenues

This program generates $25,084 in indirect revenues.
HD FQHC PCPM Funding - Health Council $462,029

Significant Program Changes

Last Year this program was: FY 2025: 40036 FQHC-Community Health Council and Civic Governance

$40,000 has been allocated to support onboarding/education of four new board members from CY 2024 and ongoing training opportunities for the full Community Health Center Board to support compliance.

Multnomah County

Program #40102 - FQHC Allied Health

FY 2026 Proposed

Department: Health Department **Program Contact:** Kevin Minor

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare. In 2024, two of the top five primary diagnoses addressed within all patient visits were mental health diagnoses.

Programs are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare. The majority of Health Centers patients represent historically underserved populations including Black, Indigenous, People of Color (BIPOC) communities and other vulnerable populations with the goal of reducing gaps in care and prevention of adverse health outcomes that negatively impact lives and increase the cost of care. In order to serve clients where they are at both in a geographical sense and readiness, Allied Health (AH) teams reflect these populations, including a majority of staff who are bilingual, bicultural, and other relatable lived experiences.

Allied Health, the integration of Behavioral Health and Community Health Worker Services, is core to our program. AH-Integrated Behavioral Health (IBH) offers mental health assessment, diagnosis and brief evidence-based psychotherapy, long term mental health support, and peer support for patients experiencing complex medical, mental health, and/or substance use disorders. As part of the primary care medical team, AH-IBH provides care coordination, consultation, peer support and education regarding psychosocial treatments and specific behavioral issues or barriers that arise related to a patient's health issues. Services are provided via telehealth or office visits in coordination with services provided by our AH-CHW team.

AH-CHW serves clients who experience barriers to care that would keep them from achieving their health goals and optimal health outcomes, and are able to give clients the time needed to open up, provide more personal information and express their needs. Our CHWs work with clients on the Social Drivers of Health (SDoH) and Health Education/Promotion. In addition to direct client services, SDoH work includes establishing partnerships in the community. CHWs serve as bridge-builders and liaisons with case managers and other client advocates and facilitate Health Education/Promotion and improve health and SDoH outcomes.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of patients served by Integrated Behavioral Health Providers.	4,876	6,680	6,680	6,800
Output	Number of Integrated Behavioral Health visits.	16,977	20,740	20,500	21,000
Output	Number of patients served by Community Health Workers.	4,263	6,500	5,570	6,500
Output	Total number of in person, telemedicine, and offsite visits as well as telephone encounters for CHWs.	9,508	12,450	10,206	13,000

Performance Measures Descriptions

Outputs measure the number of patients and visits during FY26 in comparison to previous years for IBH and CHW providers.

Legal / Contractual Obligation

The Health Center complies with Coordinated Care Organizations (COO) contractual requirements as well as the Bureau of Primary Health 330 Grant (HRSA) and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission and follows accreditation guidelines.
All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$6,273,204	$0	$7,361,629
Contractual Services	$0	$163,491	$0	$117,502
Materials & Supplies	$0	$78,719	$0	$328,059
Internal Services	$0	$1,566,222	$0	$1,917,583
Total GF/non-GF	**$0**	**$8,081,636**	**$0**	**$9,724,773**
Program Total:	**$8,081,636**		**$9,724,773**	
Program FTE	0.00	44.47	0.00	45.50

Program Revenues				
Intergovernmental	$0	$253,318	$0	$1,458,651
Other / Miscellaneous	$0	$975,500	$0	$198,301
Beginning Working Capital	$0	$0	$0	$1,224,142
Service Charges	$0	$6,852,818	$0	$6,843,679
Total Revenue	**$0**	**$8,081,636**	**$0**	**$9,724,773**

Explanation of Revenues

This program generates $1,154,304 in indirect revenues.
HD FQHC Behavioral Health Service Expansion - Community Health Center GY25 $616,000
HD FQHC Community Health Workers APM $2,853,481, HD FQHC Community Health Workers Mcaid Care OR FFS $40,120, HD FQHC Community Health Workers Mcaid FFS $27,973, HD FQHC Community Health Workers Mcaid Wrap $40,121, HD FQHC Community Health Workers Medicare $16,288, HD FQHC Community Health Workers Quality and Incentives BWC $671,048, HD FQHC Integrated BH Admin APM $1,108,033, HD FQHC Integrated BH Admin CO Total $913,441, HD FQHC Integrated BH Admin Medicare $484,458, HD FQHC Integrated BH Admin Patient Fees $43,950, HD FQHC Integrated BH Admin, Private Ins $158,564, HD FQHC Integrated BH Admin Wrap $876,312, HD FQHC Integrated BH Care OR BWC $553,094, HD FQHC Integrated BH Medicaid FFS $280,938, HD FQHC Operational and Quality Incentive - Support and Infrastructure $198,301, HD FQHC PC330 - Supplement IV - IBHS - Integrated Behavioral Health Services GY25 $167,000, HD FQHC Quality Improvement Fund Justice Involved GY25 $500,000, HD FQHC REACH CDC Sharing $175,651

Significant Program Changes

Last Year this program was: FY 2025: 40102 FQHC Allied Health

Two HRSA grants aimed at providing more robust services have been awarded to the Health Center. The grants focus on providing transitional support for individuals being released from mental health facilities or Multnomah County Detention Centers and expanding behavioral health access, case management, and peer support on the Mobile Health van.
A 1.00 FTE Behavioral Health Provider was added to support pediatric clients at the Northeast and East County Health Centers. This is a shared position across two sites with pediatric large pediatric practices.

Multnomah County

Program #40103 - FQHC-Quality Assurance

FY 2026 Proposed

Department: Health Department **Program Contact:** Brieshon D'Agostini

Program Offer Type: Administration **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Quality Assurance program supports services within the project scope of the Bureau of Primary Health Care (BPHC) grant. BPHC funding requires strict adherence to federal laws mandating which services must be provided by Federally Qualified Health Centers (FQHCs), which results in additional Medicaid revenue. This funding requires quality services, performance audits, and responsiveness to new methods of delivering safe and quality care. Maintaining FQHC accreditation assures that the County's primary care, dental, pharmacy, and all in-scope programs are eligible to continue receiving reimbursement for services. This also allows County providers to participate in loan forgiveness, qualifies the County for additional Alternative Payment Methodology reimbursements ("wrap funding"), and 340B drug program participation. This program measures clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC, The Joint Commission (TJC), and Oregon's Patient Centered Primary Care Home (PCPCH) program are our primary external benchmarking organizations relative to performance indicators. The program works with the Community Health Center Board (consumer majority governing Board) and integrates client feedback results and collaborations with other health care delivery systems. These programs, implemented to meet goals in the Coordinate Care Organization's Pay-for-(quality) Performance, have payments tied to achieving specific health outcomes or state metrics for quality. The Quality Assurance program is tasked with testing, data collection, and reporting, designing and implementing the wide array of system improvements needed to meet these new benchmarks. The program also assures that robust infection prevention, Health Information Portability and Accountability Act (HIPAA), and patient safety processes are designed and implemented to meet accreditation standards.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Maintain accreditation with The Joint Commission, including the Patient Centered Medical Home standard	100%	100%	100%	100%
Output	Maintain compliance with the Bureau of Primary Health Care (BPHC) Health Resources and Services Administra	100%	100%	100%	100%
Output	HRSA Community Health Center Program Grant renewed annually	100%	100%	100%	100%

Performance Measures Descriptions

Outputs include maintenance of all compliance requirements, accreditation, and the renewal of the HRSA grant annually.

Legal / Contractual Obligation

Quality services are a requirement of the Bureau of Primary Health Care's 330 Grant. Services in the scope of the grant and health center program must follow the HRSA Community Health Center Program's operational, fiscal, and governance requirements. The program is also accredited under The Joint Commission and follows their accreditation guidelines. All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$4,738,354	$0	$5,226,319
Contractual Services	$0	$670,319	$0	$2,705,000
Materials & Supplies	$0	$320,971	$0	$412,024
Internal Services	$0	$1,937,118	$0	$1,862,618
Total GF/non-GF	**$0**	**$7,666,762**	**$0**	**$10,205,961**
Program Total:	**$7,666,762**		**$10,205,961**	
Program FTE	0.00	26.40	0.00	27.45

Program Revenues				
Intergovernmental	$0	$150,000	$0	$150,000
Other / Miscellaneous	$0	$2,695,960	$0	$3,886,026
Beginning Working Capital	$0	$1,859,190	$0	$4,235,059
Service Charges	$0	$2,961,612	$0	$1,934,876
Total Revenue	**$0**	**$7,666,762**	**$0**	**$10,205,961**

Explanation of Revenues

This program generates $819,486 in indirect revenues.
HD FQHC Health Center Information Systems and Technology Incentives BWC $3,014,048
HD FQHC ICS Business Intelligence APM $548,595
HD FQHC ICS EHR APM $614,807
HD FQHC ICS Systems & Quality APM $771,474
HD FQHC PC330 - Quality Improvement GY25 $150,000
HD FQHC PCPM - Business Intelligence $533,128
HD FQHC PCPM Funding - Business Intelligence $940,182
HD FQHC Trillium Primary Care Capitation Services Incentives - Electronic Health Records $1,480,057
HD FQHC Trillium Primary Care Capitation Services Incentives - Electronic Health Records BWC $310,687
HD FQHC Trillium Primary Care Capitation Services Incentives - Quality Improvement Services $1,465,787
HD FQHC Trillium Primary Care Capitation Services Incentives - Quality Improvement Services BWC $377,196

Significant Program Changes

Last Year this program was: FY 2025: 40103 FQHC-Quality Assurance

The Health Center has not had a centralized trainer for the Office Assistants responsible for the detailed workflow from patient scheduling through the check-in process. To address this gap, 2.00 FTE Business Analysts have been added to support standard training and workforce development. A Manager position in Business Intelligence was added due to the success and impact on the Health Center's ability to obtain timely and relevant reports necessary to ensure data driven decision making and programming. A 1.00 FTE Equipment and Technology Business Analyst was added to have technical support with technology that is not supported by County IT after project implementation while also working to ensure Health Center equipment remains useful and relevant to current healthcare equipment used in practice. Funding is provided for an assessment of current electronic health records system to determine a potential path forward for technical upgrades.

Corrections Health

Corrections Health is legally mandated to ensure access to health care and safeguard the health of those detained at Multnomah County Detention Center, Multnomah County Inverness Jail, and the Donald E. Long Home for youth. The core responsibility of Corrections Health is to provide a community level of medical care, behavioral health including medicated supported recovery (MSR) for substance use, and dental care to the individuals entrusted to our care. Communities of color and other populations experiencing marginalization in Multnomah County are disproportionately involved in the carceral system. The incarcerated population has higher rates of chronic illness, mental illness and substance use disorder. Corrections Health works to link those being served to the needed continuum of care and decrease health inequities for these populations, while also providing high quality care daily.

The mission of Corrections Health is to improve lives by providing patient-centered healthcare and transitional services to those incarcerated in Multnomah County jails and those involved in the criminal legal system.

Corrections Health staff at the adult facilities provide around-the-clock evaluation, diagnosis, and treatment to roughly 14,000 individuals each year. Many have serious, unstable or chronic health conditions, including major behavioral health issues. At the juvenile facility, licensed nursing staff, providers, and behavioral health consultants provide services 16 hours each day to over 600 youth each year. More than one third receive mental health treatment.

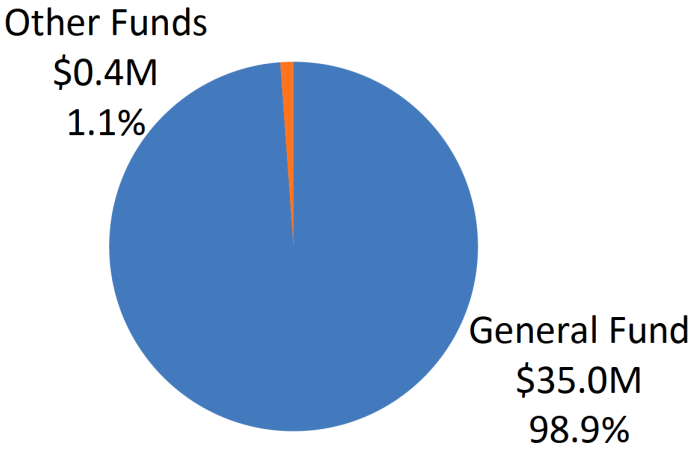
Because most individuals in custody return to their communities, health improvements made in detention (for example, treating communicable disease) benefit the overall health of their families and communities. By stabilizing substance use and behavioral health conditions, detainees can more fully participate in their legal cases, transition planning, and healthcare.

$35.4 million

Corrections Health
Total Proposed Budget

Including cash transfers, contingencies, and unappropriated balances.

145.58 FTE
(full time equivalent)



Division Outcomes

- Adults and youth in custody within the three carceral settings located within and operated by Multnomah County will have access to safe, timely, effective, equitable, efficient, patient-centered care.
- Individuals in custody and experiencing opioid addiction will have reduced overdose and withdrawal effects through the availability of multi-pronged medication supported recovery including expanded suboxone and methadone administration and long-acting injectables.
- Individuals transitioning out of custody will experience reduced recidivism due to comprehensive and wraparound transition planning that includes case management, MSR support, and links to health care.

Significant Division Changes

In order to enhance MSR in carceral settings, Corrections Health proposes to reallocate resources to support the administration of suboxone to more adults in custody with active substance use disorder. This includes the reduction of 4.40 FTE Registered Nurses to fund the addition of 4.30 FTE Licensed Community Practical Nurse, 1.00 FTE Operations Supervisor, and 0.50 FTE Physician (totaling 5.80 FTE).

The department is in the process of submitting its readiness assessment and request for one-time capacity-building funds in order for Corrections Health to begin billing Medicaid for eligible individuals once this part of Medicaid 1115 Waiver is implemented. We expect the waiver togo 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.

Table of Division Programs

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

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Corrections Health						
40043	Corrections Health Dental		707,372	0	707,372	2.00
40045	Corrections Health Operations		4,331,070	0	4,331,070	18.30
40047	Corrections Health Transition Services		2,428,072	403,571	2,831,643	19.08
40049	Corrections Health Juvenile Clinical Services		1,929,194	0	1,929,194	6.80
40050	Corrections Health Multnomah County Detention Center (MCDC) Clinical Services		11,212,628	0	11,212,628	42.60
40051	Corrections Health Inverness Jail (MCIJ) Clinical Services		9,746,000	0	9,746,000	35.85
40059	Corrections Health Behavioral Health Services		4,638,962	0	4,638,962	20.95
	Total Corrections Health		**$34,993,298**	**$403,571**	**$35,396,869**	**145.58**

Multnomah County

Program #40043 - Corrections Health Dental

FY 2026 Proposed

Department: Health Department **Program Contact:** Michael Crandell

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted in our care while incarcerated in the adult detention facilities as well as the Donald E. Long Detention Center, which houses youth. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted, including BIPOC populations that are disproportionately involved in the justice system. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY26 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care. This offer represents dental care that is provided across all 3 Corrections Health sites. Including the Multnomah County Detention Center (MCDC), Multnomah County Inverness Jail (MCIJ) and the Donald E. Long (DEL) juvenile detention home. At MCIJ, dental sees approximately 115 adults in custody per month, while at MCDC an approximate of 68 adults in custody are seen per month. Del has a new dental operatory and given the low census, the current number of youth per month seen sits at approximately 10 per month. Providing dental care in Corrections Health facilities is essential for the health and wellness of incarcerated adults and youth, as they would otherwise be unable to access this critical service

Unlike most county dental correctional systems, Multnomah County Health Department (MCHD) is proud to provide dental care that includes cleanings, fillings in addition to urgent care. We emphasize preventative care for all, particularly our youth in custody by placing sealants and fluoride.
We have a referral network for patients needing complicated oral surgical procedures when unable to be performed in house.
We also provide a comprehensive screening to persons impacted, oral health education, and 24 hour emergency care as needed.
We are fortunate to have dental equipment that is safe, reliable, and provides care in a manner with community standards.
With a strong connection to on call dentists we are able to limit the days where we are not providing services
We also mentor OHSU 4th year dental students who provide care to the persons in custody encouraging the next generation of health care providers to work in the public health system.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of adults in custody seen by dental per year	900	900	900	900
Output	Number of youth in custody seen by dental per year	120	120	120	120

Performance Measures Descriptions

The “Number of adults in custody seen by dental per year” includes adults receiving dental care at MCDC and MCIJ.
The “Number of youth in custody seen by dental per year” includes youth receiving dental care at DEL.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$616,313	$0	$538,591	$0
Materials & Supplies	$22,360	$0	$103,212	$0
Internal Services	$59,600	$0	$65,569	$0
Total GF/non-GF	**$698,273**	**$0**	**$707,372**	**$0**
Program Total:	**$698,273**		**$707,372**	
Program FTE	2.40	0.00	2.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was:

Multnomah County

Program #40045 - Corrections Health Operations

FY 2026 Proposed

Department: Health Department **Program Contact:** Michael Crandell

Program Offer Type: Administration **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

Corrections Health (CH) at the Multnomah County Detention Center, Inverness Jail, and Juvenile Detention Home collectively houses over 1,000 adults and 80 juveniles. Each year, over 36,000 adult individuals and 2,500+ juveniles receive care. Over 40% of those juveniles have significant mental health conditions. Over 2,500+ juvenile individuals are cared for each year from Multnomah, Washington and Clackamas counties-- brought in from the community, other jurisdictions and other community holding facilities. Over 40% of those juveniles have significant mental health conditions.

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. That care is delivered to BIPOC populations that are disproportionately brought into the justice system. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY26 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care. This offer represents dental care that is provided across all three Corrections Health sites. Including the Multnomah County Detention Center (MCDC), Multnomah County Inverness Jail (MCIJ) and the Donald E. Long (DEL) juvenile detention home. These sites included 20 medical beds, two general and multiple mental health modules, three dental operatories, physical therapy, X-ray and lab services plus six housing areas for high level discipline inmates. The staff areas also contain nursing stations, administrative areas and a medication/supplies room. Services such as skilled nursing, IV therapy, and post-surgical care are provided in the jails instead of a high cost hospital. CH is staffed 24/7 with nursing personnel to provide needed care and emergency medical response.
This program offer includes the Corrections Health Quality team which provides accreditation monitoring and support, to include policy creation, tracking, and recertification; as well as augmented data support and electronic medical record data support.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Efficiency	Ensure appropriate level of administrative staff support across all CH sites (output required)	1	1	1	1
Quality	Appropriate data entry in EMR systems to better bolster documentation and support of care provision	1	1	1	1

Performance Measures Descriptions

These performance measures articulate whether the requirement was met / whether the program was active and in place for the year. 1 indicates that it was, 0 indicates that it was not.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$3,323,274	$0	$3,579,489	$0
Materials & Supplies	$12,638	$0	$15,270	$0
Internal Services	$675,815	$0	$736,311	$0
Total GF/non-GF	**$4,011,727**	**$0**	**$4,331,070**	**$0**
Program Total:	**$4,011,727**		**$4,331,070**	
Program FTE	17.23	0.00	18.30	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. Changes to the Medicaid 1115 waiver could allow for billing but no earlier than 1 January 2026 depending on implementation. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was:

Multnomah County

Program #40047 - Corrections Health Transition Services

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Michael Crandell
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

Corrections Health at the Multnomah County Detention Center, Inverness Jail, and Juvenile Detention Home collectively houses over 1,000 adults and 80 juveniles. Each year, over 36,000 adult individuals and 2,500+ juveniles receive care. Over 40% of those juveniles have significant mental health conditions. Over 2,500 juvenile individuals are cared for each year from Multnomah, Washington and Clackamas counties-- brought in from the community, other jurisdictions and other community holding facilities.

The core responsibility of Corrections Health is to provide a constitutional and community level of health care (medical, mental health and dental) to the individuals entrusted to our care while incarcerated in the adult detention facilities or the Donald E. Long Detention Center. As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. That care is delivered to BIPOC populations who are disproportionately involved in the justice system. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve. Further efforts will be made in FY26 to evaluate policies, procedures and practices to ensure that an equity approach is used whenever possible while maintaining appropriate access to essential care. This program offer works to assist community justice involved individuals to successfully transition, approximately 200 individuals per month, back into the community by providing direct services, including medical and behavioral healthcare, and substance use disorder treatment planning and coordination. It addresses the social determinants of health, thereby improving the quality of life, reducing disparities and ultimately, reducing recidivism.

Beginning in FY25, this program also expanded its role to provide expanded medication supported recovery (MSR) to more adults in custody than previously possible via the deployment of a dedicated MSR medication pass (Suboxone). This will enhance addiction support and recovery for those in the carceral settings and reduce the amount of overdoses in the settings.

This program also is leading the implementation of methadone in the adult jail sites via a pilot contracted opioid treatment program (OTP) partner. This program seeks to enhance the administration of MSR long-acting injectables for those exiting custody.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of referrals processed	2,000	2,500	2,500	2,750
Outcome	# of warm handoffs for adults in custody (AICs) leaving custody to community treatment	250	250	250	275

Performance Measures Descriptions

Presently, the sources of TSP referrals include: Internal CH Behavioral and Clinical Providers, MCSO, Forensic Community Partners, Department of Community Justice, Portland Police Bureau, and the AICs themselves self-referring. TSP will continue to refine the level of supportive services offered to AICs with a focus on addressing the social determinants of health. Our hope is to keep AICs linked with their community partners so as to not disrupt the course support or treatment plans when they return to the community.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,515,835	$288,119	$2,401,800	$354,540
Materials & Supplies	$21,299	$0	$26,272	$0
Internal Services	$0	$48,721	$0	$49,031
Total GF/non-GF	**$1,537,134**	**$336,840**	**$2,428,072**	**$403,571**
Program Total:	**$1,873,974**		**$2,831,643**	
Program FTE	10.40	3.00	16.28	2.80

Program Revenues				
Intergovernmental	$0	$336,840	$0	$403,571
Total Revenue	**$0**	**$336,840**	**$0**	**$403,571**

Explanation of Revenues

This program generates $49,031 in indirect revenues.
As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. These rules and laws are under review nationally to determine if additional revenue sources can be made available to jails. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

SUD Comprehensive Opioid, Stimulant, and Substance Use Site-based Program (COSSUP) - $403,571

Significant Program Changes

Last Year this program was: FY 2025: 40047 Corrections Health Transition Services

Multnomah County

Program #40049 - Corrections Health Juvenile Clinical Services

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Michael Crandell
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

Providing health care to detained youth is the responsibility of Corrections Health. Corrections Health personnel care for 40 detained youth at any one time (+1,500 per year) from Multnomah and Washington counties who are brought in from the streets, other jurisdictions and other community holding facilities. Detainees include females and males who need their health issues addressed in a timely manner in order to prevent emergencies and alleviate pain and suffering which is the constitutional measure of quality care. Stabilizing their health allows them to participate fully in their legal processes.

This offer ensures that the health program meets the standards that ensure access to care, safeguards the health of all those who are in detention, and controls the legal risk to the County. Health professionals at the Donald E. Long juvenile detention home (JDH) work 16 hours/day, seven days a week providing care for approximately 35 youth daily in 7 individual housing units in two counties. Care ranges from minor ailments to major chronic and emotional diseases resulting from substance abuse, trauma, lack of health care, lack of knowledge of hygiene and self care, frequent infections and a high rate of medical and mental illness. Corrections Health identifies and responds to medical emergencies and also screens for communicable diseases to keep outbreaks to a minimum, to provide care efficiently and effectively, as well as to protect the community. Coordination with other Oregon counties is facilitated so that continuity of care occurs when youths transfer to other jurisdictions. In partnership with the Health Department's Clinical Systems Information program, an electronic medical record program implementation is in process. The program will include electronic medication prescription and administration. The electronic medical record will improve staff efficiency and promote client safety.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of client visits conducted by a CH nurse per year	1,500	1,500	1,500	1,500
Outcome	% of detained youth receiving mental health medications monthly	40%	50%	55%	60%

Performance Measures Descriptions

The first metric relates to the total number of youth in custody served by Corrections Health nursing staff. The second measure relates to the percentage of youth who are receiving medication support.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,998,344	$0	$1,654,594	$0
Contractual Services	$132,247	$0	$135,818	$0
Materials & Supplies	$80,922	$0	$84,526	$0
Internal Services	$63,166	$0	$54,256	$0
Total GF/non-GF	**$2,274,679**	**$0**	**$1,929,194**	**$0**
Program Total:	**$2,274,679**		**$1,929,194**	
Program FTE	9.20	0.00	6.80	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. This will be the case until at least 1 January 2026. Corrections Health receives revenue that does not represent any direct client billing for services provided, rather payment to DCJ from Washington County for housing youth and medical services that are provided while they are housed at Donald E. Long.

Significant Program Changes

Last Year this program was: FY 2025: 40049 Corrections Health Juvenile Clinical Services

Multnomah County

Program #40050 - Corrections Health Multnomah County Detention Center (MCDC) Clinical Services

FY 2026 Proposed

Department: Health Department **Program Contact:** Michael Crandell

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

Corrections Health (CH) at Multnomah County Detention Center (MCDC) houses approximately 370 adults in custody and is composed of booking, 4th floor special housing consisting of the medical observation, mental health observation units, in addition to the four floors of remaining MCSO classification units. Approximately 100 US Marshalls (USM) incarcerated individuals are housed in the system daily. Over 36,000 incarcerated adults are cared for each year with over 50% having serious unstable and chronic health conditions, such as hypertension, diabetes, kidney failure, infections, alcohol and drug withdrawal, and major mental/behavioral illnesses.

This offer includes CH MCDC's basic administration, support, booking, medical and mental health care delivery programs. CH nurses are staffed 24 hours/7 days a week at the detention center. MCDC averages 40+ newly booked individuals each day. After establishing by the Multnomah County Sheriff's Office (MCSO) booking process that an individual is expected to remain in custody, CH nurses perform and document in an adult in custody's (AIC) electronic health record the entry progress form (EPF). This is a medical screening to identify urgent, chronic medical and mental health needs, medication needs, medicated supported recovery treatment, substance(s) use and withdrawal concerns, urine pregnancy testing, special health requirements, dietary needs, allergies, dentition status, current/recent/past communicable or infectious diseases or symptoms, or any other health problems specified by the AIC. Allowing for identification of immediate needs such as current suicidal ideation, pregnancy, and/or AICs who are pregnant with opiate use. As a result of those evaluations, treatments, medications, provider appointments, mental health referrals and housing decisions are made. In addition, CH nursing staff may assess individuals brought to the jail before being accepted into custody. That assessment ensures that any identified serious medical and/or mental health issues are appropriately addressed in a hospital setting before booking. Suicide and self harm symptom identification is an essential mental health function. The mental health team is composed of psychiatric mental health nurse practitioners (PMHNPs), and mental health consultants for evaluation, monitoring and treatment for those struggling or have been identified with mental health concerns. AICs also receive an initial health and physical (HP) assessment if they remain in custody within 14 days after time of incarceration by the CH nurse. These assessments allow for additional data to complete medical, dental and mental health histories, follow up abnormal findings obtained during the EPF and subsequent encounters, perform physical examinations, vital signs, oral screenings, and mental health screenings. Diagnostic, therapeutic plans for each problem are developed as clinically indicated and abnormal findings are referred to and reviewed by a provider.

This program offer seeks to improve medical and mental health care in our community by promoting and providing health care to our most vulnerable and underserved populations that are incarcerated and served by Corrections Health at MCDC.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Average # Entry Process Forms (EPFs) completed in one month	1,340	1,340	1,400	1,340
Outcome	% of positive screenings resulting in a referral to the mental health team per year	50	60	60	60
Outcome	Average # of 14 day Health and Physical assessments completed in one month	86	90	90	90
Outcome	Average # of Nursing encounters (in person assessments) completed in one month	103	100	100	100

Performance Measures Descriptions

CH Nurse Manager regularly performs audits on the completed EPFs to determine the safety and effectiveness of this process. CH leadership regularly performs reviews of the policies and protocols, ensuring best care practices, effective operations, and alignment with our accrediting and licensing bodies and partnerships (ex NCCHC, MCSO). The data metrics above are collected from electronic systems and reviewed by CH leadership interdisciplinary team (clinical, quality, operations, administrative) members.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$8,199,999	$0	$8,718,672	$0
Contractual Services	$1,221,415	$0	$1,254,393	$0
Materials & Supplies	$535,777	$0	$565,504	$0
Internal Services	$648,239	$0	$674,059	$0
Total GF/non-GF	**$10,605,430**	**$0**	**$11,212,628**	**$0**
Program Total:	**$10,605,430**		**$11,212,628**	
Program FTE	41.70	0.00	42.60	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare, and Medicaid. Changes to the Medicaid 1115 waiver could allow billing but no earlier than 1 January 2026 depending on implementation. Corrections Health no longer receives revenue through a co-pay system. Adults in custody are not charged a fee for health care services.

Significant Program Changes

Last Year this program was: FY 2025: 40050 Corrections Health Multnomah County Detention Center (MCDC) Clinical

Multnomah County

Program #40051 - Corrections Health Inverness Jail (MCIJ) Clinical Services

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Michael Crandell
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

Corrections Health at Multnomah County Inverness Jail (MCIJ) houses approximately 580 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 100 US Marshall (USM) detainees are housed in the system daily. Over 36,000 individuals are cared for each year with over 50% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

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

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Average # of Adults in Custody (AIC) nursing assessments monthly	1,400	1,400	1,758	1,775
Outcome	# of 14-Day Health Assessments completed monthly	120	120	215	215

Performance Measures Descriptions

Adults in Custody (AIC) receive an Initial Health Assessment within 14 days of incarceration, following their intake screening. This assessment reviews medical history and identifies medical concerns, focusing on chronic disease management (asthma, diabetes, hypertension, seizures, etc.). Substance use and mental health screenings are also conducted to connect AICs with resources. Corrections Health aims for 100% compliance in offering these screenings within 14 days of incarceration.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$7,186,085	$0	$7,348,571	$0
Contractual Services	$1,221,415	$0	$1,254,393	$0
Materials & Supplies	$580,715	$0	$607,177	$0
Internal Services	$515,600	$0	$535,859	$0
Total GF/non-GF	**$9,503,815**	**$0**	**$9,746,000**	**$0**
Program Total:	**$9,503,815**		**$9,746,000**	
Program FTE	37.05	0.00	35.85	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. Changes to the Medicaid 1115 waiver may allow billing no earlier than 1 January 2026. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was: FY 2025: 40051 Corrections Health Inverness Jail (MCIJ) Clinical Services

Multnomah County

Program #40059 - Corrections Health Behavioral Health Services

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Michael Crandell
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

This offer represents the Mental Health Services provided to adults in custody at the Multnomah County Detention Center (MCDC), Multnomah County Inverness Jail (MCIJ), and youth in custody at the Donald E. Long Juvenile Detention Center (JDH). Approximately 400 adults are housed at MCDC, 600 at MCIJ, and 30 at JDH. Around 42% of the adults in custody, or 420 individuals, have a known mental health diagnosis, risk of mental health diagnosis, or substance use disorder. MCDC houses adults with severe mental illness and individuals assessed as requiring a higher level of security compared to MCIJ. All adults enter custody and are released from MCDC contributing to the high level of activity and need in this facility. Timely screening, diagnostic evaluation, risk assessment, and safety planning are essential for immediate safety, especially for clients presenting a risk of suicide or violence towards others. Treatment options at adult and youth facilities include psychotherapy, psycho-education, case management, care coordination, and group therapy. The majority of youth at JDH are engaged in mental health services. A Caseload Model of client assignment is used to support relationship building and continuity of care over the course of one's stay at every facility. Increased recruitment and retention of staff with culturally specific knowledge, skills and abilities (KSA), KSA Certified Alcohol and Drug Counselors (CADC) to support individuals with dual diagnoses, and further development of group programming are priorities across sites.

This program seeks to provide improved mental and behavioral health outcomes for adults and youth in custody.

Outputs include:
Average # mental health evaluations for suicide watch per month
Average # of evaluations performed by Mental Health Consultants for all CH sites per month.

Outcome: Average amount of Mental Health staff FTE with culturally specific KSA roles filled per month to support increased provision of needed specialized care. KSAs are for Black/African American, Latine, and LGBTQI+ communities.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Average # of mental health evaluations for suicide watch per month	250	250	250	260
Output	Average # of evaluations performed by Mental Health Consultants for all CH sites per month	1,000	1,100	1,100	1,150
Outcome	Average number of Mental Health staff FTE with Knowledge, Skills, Abilities (KSA) roles filled per month t	2.8	2.8	2.8	4.8

Performance Measures Descriptions

Average # monthly mental health evaluations for suicide watch includes: Individuals at risk for suicide can be placed on watch by Corrections Health or Sheriff's staff. Precautions include increased observation and item restriction. Placement prompts a Mental Health Clinician evaluation for care direction, follow-up, and safety planning for removing precautions. This output may increase with facility census and population symptom severity, indicating that at-risk client needs are met.

Legal / Contractual Obligation

Necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Appropriate access to care and timely evaluation by a health professional is mandated by the 4th, 8th and 14th amendments. When serious health needs are not adequately addressed by professionals, that deliberate indifference to medical needs may bring harm to individuals entrusted to our care and increase liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$4,150,760	$0	$3,742,846	$0
Contractual Services	$87,108	$0	$89,460	$0
Materials & Supplies	$376,567	$0	$400,627	$0
Internal Services	$390,116	$0	$406,029	$0
Total GF/non-GF	**$5,004,551**	**$0**	**$4,638,962**	**$0**
Program Total:	**$5,004,551**		**$4,638,962**	
Program FTE	23.05	0.00	20.95	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from Medicare and Medicaid. The earliest that Corrections Health would be able to bill Medicaid would be 1 January 2026. Provider assessments, treatments, screenings, diagnostic tests and communicable diseases tests are performed at no charge. Medications are provided at no charge. Necessary clinical care is provided regardless of the detainee's ability to pay.

Significant Program Changes

Last Year this program was: FY 2025: 40059A Corrections Health Behavioral Health Services

Behavioral Health

The Behavioral Health Division (BHD) ensures the local behavioral health and Substance Use Disorder (SUD) continuums of care serve all of the County's residents, with special focus on those marginalized by historic racism and socioeconomic barriers. BHD works to enhance and maintain high-quality, accessible, client-driven, culturally-responsive and trauma-informed systems of care to promote wellness and recovery for children, youth, adults and older adults experiencing mental health or addiction challenges. Through direct client services and strategic contracting, services are provided in a variety of settings, such as day shelters, mobile crisis intervention, in/outpatient treatment, and deflection spaces. Using a consumer-driven approach, BHD manages specialized behavioral health care for people experiencing the effects of serious mental illness and addictions who may also endure chronic homelessness, abuse, justice involvement, long-term poverty, and other challenges that compound their condition. BHD provides strategic planning, project management, and policy guidance, sitting at partner tables across the State and influencing legislative efforts to strengthen the system.

Budget decisions within the Division are predicated on our values of racial justice and equity, cultural humility, stewardship, transparency, and integrity. In FY 2026, BHD will continue to focus on its goals to improve community health through system transformation, increased coordination and collaboration across the system to break down silos, better use data for decision making, identification of innovative funding opportunities, and creative pathways to more integrated behavioral and physical health systems. The Division remains committed to supporting existing services and programs with proven effectiveness, and those at the crossroads of behavioral health and homelessness.

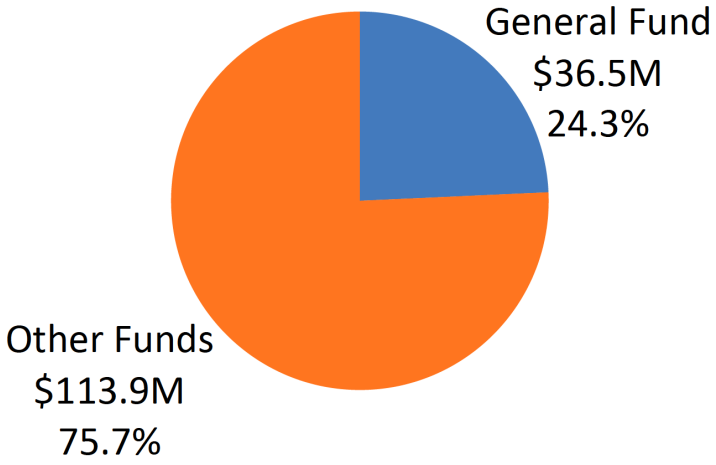
BHD administers the **Multnomah County Community Mental Health Program (CMHP)** under the direction of the Board of County Commissioners, which serves as the Local Mental Health Authority. As the CMHP, the Division is statutorily required (subject to the availability of funds) to ensure that the most vulnerable and historically marginalized communities can access a broad array of "safety net" behavioral health services for children, families, adults and older adults within the County. Within its **Safety Net Services and Commitment and Diversion Services programs**, BHD administers a 24/7 crisis line, adult residential programs, aid and assist

$150.5 million

Behavioral Health
Total Proposed Budget

Including cash transfers, contingencies, and unappropriated balances.

333.91 FTE
(full time equivalent)



services, involuntary commitment, adult protective services, mobile crisis response, older adult behavioral health services, and culturally-specific programming to support jail diversion.

Care Coordination teams provide care coordination for all ages. The **Wraparound and Youth Intensive Care Coordination** teams provide a broad range of care coordination services and work within the multi-tiered Children System of Care Governance Structure to address cross system barriers for youth and families. **Adult Intensive Care Coordination** and **Jail Care Coordination** provide integrated care coordination to adults with complex behavioral health needs to improve health outcomes and experience. The **Multnomah Intensive Treatment Team** provides short term care coordination and case management to support adults during and after a psychiatric hospitalization to connect to community-based services.

The **Direct Clinical Services unit** provides prevention and early intervention for children, youth and young adults aged zero to 25, including those impacted by gun violence and young adults experiencing initial episodes of psychosis. The **Addictions and Prevention teams** provide prevention services focused on substance use, suicide, and gambling; manage care coordination for chronically homeless individuals or those recently released from carceral settings who also struggle with substance use; and manage more than 100 contracts for prevention, recovery services and deflection programming.

Division Outcomes

- Individuals in need of behavioral health intervention and treatment experience a decreased delay in SUD and mental health treatment placements appropriate to their needs through a system that employs an integrated approach to the social determinants of health, prevention, harm reduction, treatment and recovery services.
- Multnomah County communities of color will experience increased access to culturally and linguistically specific behavioral health services as a result of workforce enhancement, training, and building capacity for culturally specific services.
- All individuals within Multnomah County regardless of insurance or ability to pay will have increased access to behavioral health, and other services that address social determinants of health thereby reducing the need for higher levels of care or contact with the criminal justice system.

Significant Division Changes

The **School Based Mental Health program** (40082) was partially reduced. In FY 2026 the program will include a team of Mental Health Consultants and the infrastructure required to develop a more sustainable productivity and revenue model that preserves clinical services and increases billable revenue for longer term sustainability.

Due to resource constraints in supportive housing funding, FY 2026 will see reductions in the Behavioral Health In-Reach Program. This program provides three modalities of service delivery- shelter based crisis response, shelter based preventative services, and peer support for participants living in Multnomah County publicly funded shelters who are experiencing behavioral health challenges and have needs for community connection support. Due to the budget constraints, elimination of the Old Town In-Reach Program (OTIP) was unavoidable. This budget preserves a variety of beds and services to support those at the crossroads of behavioral health and homelessness.

This budget builds capacity for program and operations planning, leadership and Good Neighbor Advisory Group facilitation for the **24/7 Sobering and Crisis Stabilization Center (SCSC)** (40104B). Funding includes 2.00 FTE and passthrough funds to support planning activities, including policy and procedure drafting, licensure,

compliance, safety, setting key performance indicators/goals/metrics, transportation for the facility, developing referral pathways, identifying a sustainable operating model, contract management, and coordinating with key partners. This capacity can also support a Good Neighbor Advisory Group and Agreement. The division requires outreach capacity to engage individuals after their initial deflection and/or sobering encounter. This helps support participants to access services and provide client assistance for transportation and basic needs. Adding outreach workers in FY 2026 will allow the Health Department to meet this immediate need and pilot different outreach approaches.

Table of Division Programs

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

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
Behavioral Health						
40065	Behavioral Health Division Administration		2,630,426	4,740,642	7,371,068	15.08
40067	Medical Records for Behavioral Health Division		332,108	635,904	968,012	5.75
40068	Behavioral Health Quality Management		1,025,651	5,223,745	6,249,396	22.36
40069	Behavioral Health Crisis Services		1,638,934	18,633,850	20,272,784	38.85
40070	Mental Health Crisis Assessment & Treatment Center (CATC)		0	317,047	317,047	0.00
40071	Behavioral Health Division Adult Protective Services		1,533,954	291,028	1,824,982	9.00
40072	Mental Health Commitment Services		2,185,728	3,750,934	5,936,662	26.80
40074A	Mental Health Residential Services		1,429,368	8,480,254	9,909,622	10.80
40074B	Bridgeview	X	1,300,000	0	1,300,000	0.00
40075	Choice Model		0	5,797,657	5,797,657	14.32
40077	Mental Health Treatment & Medication for the Uninsured		298,127	0	298,127	0.00
40078	Early Assessment & Support Alliance		608,809	2,639,596	3,248,405	14.40
40080	Community Based Mental Health Services for Children & Families		777,792	1,451,406	2,229,198	10.35
40081	Multnomah County Care Coordination		0	14,672,175	14,672,175	54.68
40082	School Based Mental Health Services		2,174,185	2,364,000	4,538,185	19.81
40083	Behavioral Health Promotion, Suicide Prevention and Postvention Services		315,433	336,684	652,117	3.30
40084A	Culturally Specific Mental Health Services		1,836,478	556,970	2,393,448	0.00

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	FTE
40084B	Culturally Specific Mobile Outreach and Stabilization Treatment Program		832,352	0	832,352	0.00
40085	Adult Addictions Treatment Continuum		2,465,088	10,271,254	12,736,342	5.40
40086	Addiction Services Gambling Treatment & Prevention		0	779,172	779,172	3.20
40087	Addiction Services Alcohol & Drug Prevention		0	1,566,312	1,566,312	1.50
40088	Coordinated Diversion for Justice Involved Individuals		1,351,761	6,601,754	7,953,515	30.20
40089	Addictions Detoxification & Post Detoxification Housing		1,515,449	803,995	2,319,444	1.50
40090	Family & Youth Addictions Treatment Continuum		94,789	160,054	254,843	0.00
40091	Family Involvement Team		33,935	331,995	365,930	0.00
40099A	Early Childhood Mental Health Program		1,772,062	1,001,791	2,773,853	13.18
40099B	Preschool For All Early Childhood Mental Health		0	2,016,968	2,016,968	10.73
40101	Promoting Access To Hope (PATH) Care Coordination Continuum		720,152	1,112,829	1,832,981	8.90
40104A	Deflection and Sobering Program		0	6,213,852	6,213,852	6.00
40104B	24/7 Sobering and Crisis Stabilization Center Implementation		891,189	0	891,189	5.00
40105A	Behavioral Health Resource Center (BHRC) - Day Center		3,327,933	2,457,023	5,784,956	1.80
40105B	Behavioral Health Resource Center (BHRC) - Shelter/Housing		3,002,764	1,113,935	4,116,699	0.00
40108	Stabilization and Integration Housing Services (formerly BHECN)		2,032,017	0	2,032,017	1.00
40112	Shelter, Housing and Supports		413,573	9,615,877	10,029,450	0.00
	Total Behavioral Health		**$36,540,057**	**$113,938,703**	**$150,478,760**	**333.91**

Multnomah County

Program #40065 - Behavioral Health Division Administration

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Heather Mirasol
Program Offer Type:	Administration	**Program Offer Stage:**	Proposed
Related Programs:	40067, 40068		
Program Characteristics:			

Program Description

Multnomah County's Behavioral Health Division (BHD) Administration provides leadership and oversight to a recovery-focused, comprehensive system of care. The division works to prevent, intervene in, and treat mental illness and addiction in both children and adults. The BHD is grounded in values of racial and social equity, consumer driven services and trauma informed principles. With culturally responsive and evidence-based practices, BHD serves underinsured, uninsured, and individuals who are experiencing homelessness. BHD is here to serve all of the over 800,000 county residents if they experience a behavioral health crisis.

The Board of County Commissioners serves as the statutory Local Mental Health Authority. The BHD operates as the Community Mental Health Program (CMHP) under that authority. As the CMHP, the BHD is required to maintain a Director and other leadership positions that have the credentials to complete the work the CMHP is responsible for. The CMHP is responsible for supporting a system of locally available, effective safety net services. Safety net services provide behavioral health care to people who might not otherwise have access to them. These services are intended to be accessible, coordinated, and effective. The administration works to assure that services are available to county residents, including those who are insured, underinsured, and uninsured. Required core services include screening, assessment, referrals to providers and community based organizations, and emergency or crisis services. The division both contracts for and directly provides services.

The BHD is organized into seven units; Safety Net Services, Commitment and Diversion Services, Direct Clinical Services, Addictions, Substance Use Disorder and Prevention Services, Care Coordination Services, Quality Management, and the Office of Consumer Engagement (OCE). The OCE is a team of individuals who have themselves experienced behavioral health issues. The team includes culturally specific engagement specialists who ensure that BHD programs and practices are consumer driven, trauma informed, and equitable. The OCE also oversees contracts for peer outreach through community providers. These partnerships improve relationships and services through engagement of culturally and population specific Peer Support and Peer Wellness Specialists and Certified Recovery Mentors.

BHD leadership continuously assesses its continuum of services to respond to the changing needs and demographics of the County. All changes are shaped by the input of consumers, advocates, providers and stakeholders. The division ensures the system and services provided are consumer-driven by prioritizing consumer voice through the Office of Consumer Engagement, frequent provider feedback, adult system and child system advisory meetings, focus groups and ad hoc meetings. BHD is also responsible for ensuring contracted providers deliver evidence-based and culturally responsive services to consumers. The BHD monitors contracts for regulatory and clinical compliance. BHD business and clinical decisions are reviewed regularly to ensure that finite resources serve the most vulnerable populations. BHD management works regularly to influence State policy to ensure the best outcomes for our community.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total Behavioral Health Advisory Meetings (1)	23	23	23	23
Outcome	Advisors report satisfaction with the work of the Behavioral Health Division	83%	85%	83%	85%

Performance Measures Descriptions

(1) Includes BHAC Council Meetings and the BHAC Community Workgroup Meetings. (2) OCE drafted a council assessment of satisfaction that was used to evaluate FY24.

Legal / Contractual Obligation

Oregon Administrative Rule, Standards for Management of Community Mental Health and Developmental Disability Programs, 309-014-0020, 309-014-0035, 309-14-0040.
Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,986,414	$1,274,537	$1,927,920	$1,322,119
Contractual Services	$343,266	$170,049	$384,579	$0
Materials & Supplies	$24,241	$9,829	$8,494	$5,426
Internal Services	$261,415	$240,770	$309,433	$258,437
Unappropriated & Contingency	$0	$0	$0	$3,154,660
Total GF/non-GF	**$2,615,336**	**$1,695,185**	**$2,630,426**	**$4,740,642**
Program Total:	**$4,310,521**		**$7,371,068**	
Program FTE	10.60	4.98	10.10	4.98

Program Revenues				
Intergovernmental	$0	$931,036	$0	$983,638
Beginning Working Capital	$0	$764,149	$0	$3,757,004
Total Revenue	**$0**	**$1,695,185**	**$0**	**$4,740,642**

Explanation of Revenues

This program generates $151,922 in indirect revenues.
State: $387,865 - MHS-01: Division Administration CY25;
$409,042 - CareOregon - Administrative Support
State: $186,731 - OHA Behavioral Health Community Mental Health Programs & Capital - MH Admin
$602,344 - MA Division Admin Beginning Working Capital
$3,154,660 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2025: 40065 Behavioral Health Division Administration

The Behavioral Health Division added $3,154,660 unappropriated Beginning Working Capital. In FY 2025 the Behavioral Health Division anticipates the receipt of roughly $7 million in grant settlement funding from the Oregon Health Authority. Roughly half of that amount was budgeted in FY 2026. The division placed the remainder in beginning working capital for use in future fiscal years.

Multnomah County

Program #40067 - Medical Records for Behavioral Health Division

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Sara Simmers
Program Offer Type:	Administration	**Program Offer Stage:**	Proposed
Related Programs:	40065, 40068		
Program Characteristics:			

Program Description

As the Community Mental Health Program (CMHP), The Behavioral Health Division is responsible for maintaining client records per Oregon Administrative Rule (OAR) 309-014. The Medical Records Program is responsible for the legally required, internal management of all of the Behavioral Health Division's (BHD) clinical records. BHD staff provide services to over 20,000 clients annually. Each client has a clinical health record in the Electronic Health Record (EHR) system. The Records Team reviews all documents submitted to the EHR. This reduces the risk of privacy incidents and ensures accurate incorporation in the EHR for each of these clients.

This unit ensures that mental health, care coordination, protective services, commitment services, and alcohol and drug medical records are maintained in compliance with federal and state laws and regulations, as well as county and departmental rules, policies and procedures.

Program staff provide multiple record services including: document indexing, processing and release of records requests and subpoenas to clients and community partners, quality assurance, billing and administrative rule compliance auditing, data entry for reporting, archiving and retrieval of client records, forms design and management, notary services, maintaining the integrity of the EHR, reviewing requests for corrections or deletions in the EHR, privacy incident review and support, and health information management expertise. The team works collaboratively with the Evolv Support team and the Billing Team to maintain proper and correct client records in our EHR.

On October 6, 2022, the scope of the 21st Century Cures Act Information Blocking Rule expanded to prohibit health care providers from blocking or interfering with client access to any electronic information in a "designated record set," as the term is defined under HIPAA. To ensure compliance with this expanded rule, the division began tracking client access to records. An outcome measure is listed in this program offer to monitor compliance. The Records team now also complies with a new HIPAA privacy rule passed in 2024. This rule ensures that Reproductive Healthcare records are fully protected and cannot be released in certain circumstances.

Records staff also provide training and support to BHD Clinicians with regards to all records needs, assist with locating documents in the client record, and review documents for needed corrections. Records works closely with the County Privacy Team to assist with the review of privacy incidents and support staff with necessary EHR cleanup to maintain the integrity of our health record.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Count of record items processed annually plus scanned document count	65,809	51,000	60,000	60,000
Outcome	Percent of client records requests provided to requestor within allowable timelines	100%	100%	100%	100%

Performance Measures Descriptions

The Records team continues to receive more work each year due to the growing Behavioral Health Division and its Records needs.

Legal / Contractual Obligation

The BHD uses the following guidelines in monitoring the BHDs compliance to federal, state and county rules and audits regarding client confidentiality and release of clinical records, record retention, responding to subpoenas and court orders for confidential client records and standards for clinical documentation: HIPAA, DSM V “Diagnostics & Statistical Manual of Mental Disorders”, OARs, Oregon Revised Statutes, State Archiving rules, CFR 42 Public Health, Ch. 1 Pt. 2, Public Laws 94-142 & 99-57, State of Oregon

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$202,691	$517,051	$279,054	$489,164
Materials & Supplies	$0	$5,549	$0	$87
Internal Services	$54,359	$132,639	$53,054	$146,653
Total GF/non-GF	**$257,050**	**$655,239**	**$332,108**	**$635,904**
Program Total:	**$912,289**		**$968,012**	
Program FTE	1.75	4.00	1.75	4.00

Program Revenues				
Intergovernmental	$0	$451,771	$0	$489,856
Beginning Working Capital	$0	$203,468	$0	$146,048
Total Revenue	**$0**	**$655,239**	**$0**	**$635,904**

Explanation of Revenues

This program generates $58,427 in indirect revenues.
State:
$ 120,977 - MHS-01: Medical Records CY25
$ 368,879 - CareOregon - Medical Records
$ 146,048 - Med Records BWC

Significant Program Changes

Last Year this program was: FY 2025: 40067 Medical Records for Behavioral Health Division

Multnomah County

Program #40068 - Behavioral Health Quality Management

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Sara Simmers
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:	40065, 40067		
Program Characteristics:			

Program Description

The Quality Management (QM) Unit provides critical infrastructure support for the entire Behavioral Health Division. QM includes five individual programs: Compliance, Evolv (Electronic Health Record (EHR) system), Records, Reporting, and Revenue. The teams work collaboratively to provide statutorily required, essential, functional, and safety services to the client-facing programs within the Division. These teams advance racial equity by providing real time information and data on systems, programs, and policies that perpetuate systemic barriers to opportunities and benefits for BIPOC and underserved populations.

The Compliance team ensures BHD is able to rapidly identify, prevent, and mitigate risk, and assures compliance with regulatory and policy requirements to improve the safety and wellbeing of clients and staff. The team conducts internal and external agency audits, facilitates comprehensive staff onboarding, develops and reviews BHD policies and procedures, and reviews contracts. The Compliance team works directly with BHD clients who submit complaints or grievances to address concerns and mitigate risk. Additional work includes completion of Critical Incident Reviews for high risk incidents involving clients. The team also assists the State with licensing visits and Oregon Administrative Rules compliance for residential treatment homes and facilities, among other investigative and monitoring functions.

The Reporting and Data Management team provides timely and meaningful data, allowing leadership to measure outcomes in order to demonstrate appropriate stewardship of public funds and inform program development. They work closely with the Data Governance program, Information Technology, and other Health Department reporting teams to allocate and share county resources. Programs depend on the reports for program planning and critical resource allocation.

The Evolv Team maintains, updates, and customizes the EHR to meet the needs of clinicians and assists in creating individualized forms to improve efficiencies and meet statutory requirements for clinician documentation. The team provides oversight and local administration of the Evolv EHR. They build custom forms and fields in the system for teams to collect data and perform ongoing upgrades and system maintenance to ensure system efficiencies.

The Revenue team helps maximize revenue for BHD by supporting clinical staff. This ensures that client treatment encounters are correctly and appropriately documented in the EHR. They work with all payors and track legislative changes that impact clinical billing codes. They monitor access and use of Community Integration Manager (CIM) and Maintenance Management Information System (MMIS) data platforms, ensuring controls on access. The team regularly updates fee schedules and facilitates changes in the EHR and BHD procedures to support clinical staff and maximize revenue.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of requests managed by Decision Support Unit	3,334	3,200	3,464	2,800
Outcome	Percent of incidents in residential programs mitigated through immediate safety implementations	99.2%	96%	99.4%	96%
Output	# of BHD policies reviewed and updated based on annual and legislative required changes	30	30	50	40

Performance Measures Descriptions

Number of Requests managed by Decision Support Unit: In FY 2026, the Division expects a decrease in Evolv Support tickets. This is due to Direct Clinical Services moving to Epic in waves beginning September 2025.

Legal / Contractual Obligation

Each provider of community mental health and developmental disability service must implement and maintain a QA program. Elements of the QA program include maintaining policies and procedures, grievance management, fraud and abuse monitoring, performance measurement, and contract management. Rule citations include: OAR 309-014, OAR 309-019, Section 6401 of the Patient Protection and Affordable Care Act (PPACA), 42 C.F.R. §422.503 and 423.504

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,443,147	$3,248,956	$971,422	$3,504,015
Contractual Services	$0	$518,702	$0	$186,301
Materials & Supplies	$10,967	$1,527,517	$6,446	$745,134
Internal Services	$77,245	$749,324	$47,783	$788,295
Total GF/non-GF	**$1,531,359**	**$6,044,499**	**$1,025,651**	**$5,223,745**
Program Total:	**$7,575,858**		**$6,249,396**	
Program FTE	8.32	16.50	5.12	17.24

Program Revenues				
Intergovernmental	$0	$4,841,071	$0	$3,154,848
Beginning Working Capital	$0	$1,203,428	$0	$2,068,897
Total Revenue	**$0**	**$6,044,499**	**$0**	**$5,223,745**

Explanation of Revenues

This program generates $422,472 in indirect revenues.

$ 2,068,897 - CFAA Settlement - Decision Support BWC and Quality Management BWC
$ 1,242,526 - (BHWi)
$ 89,241 - A&D Decision support
$ 810,888 - CFAC SE 01
$ 1,012,193 CareOregon Medicaid BH

Significant Program Changes

Last Year this program was: FY 2025: 40068 Behavioral Health Quality Management

Due to funding constraints and to better align program functions, BHD reduced 2.00 FTE and associated funding from this program that previously supported School Based Mental Health (40082) billing and reporting as part of program changes that will improve business rigor, revenue and sustainability over time. 1.00 FTE was reduced based on general funding constraints with impacts expected to be covered by PH employees as part of the CLP+ funding package. Additional impacts to Quality Management functions will be mitigated within the Division.

Multnomah County

Program #40069 - Behavioral Health Crisis Services

FY 2026 Proposed

Department: Health Department **Program Contact:** Barbara Snow

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

Individuals throughout Multnomah County, due to a variety of social determinants of health and behavioral health concerns, will experience a crisis that is not mitigated by traditional outpatient or community-based services. This program funds staff that respond to the person in need at their location, anywhere in the community, reducing the need for Law Enforcement (LE) intervention. Research shows that mobile crisis teams help prevent the criminalization of those in behavioral health crises. As the Community Mental Health Program (CMHP), which serves as the Local Mental Health Authority, the Behavioral Health Division is responsible for a 24/7 crisis system per OARs 309-019 and 309-072. The Multnomah County crisis system seeks to exceed OHA requirements and align with best practices outlined by SAMHSA's 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. The program uses principles of recovery orientation and trauma-informed care as well as recognition of systematic racism and oppression and their profound impact on communities. Services aim to respond while practicing cultural humility.

The Multnomah County Behavioral Health Call Center provides phone support for individuals in crisis 24/7/365. Services include assessing for risk and safety, crisis counseling provided in the caller's preferred language, developing safety plans, de-escalation, referral support, resource recommendations, and triage/dispatch of mobile crisis outreach. Dedicated warm transfer lines with 911 and 988 to improve coordination of care and reduce LEI. Mobile Crisis Intervention Teams provide teams of clinicians and peer support specialists to respond anywhere within the county to meet with individuals in crisis, perform in person risk assessment, and develop safety plans. Services are designed to provide follow-up and wrap- around support., thus reducing the potential need for higher levels of support. Teams prioritize response independent of LEI, however, when LEI is needed crisis teams work in tandem with LE to ensure that behavioral health remains the primary focus. The Urgent Walk-In Clinic (UWIC) provides immediate access to assessment and support from clinicians, Peer Support Specialists and licensed medical professionals in a clinic location. This program reduces utilization of emergency departments and provides immediate drop-off support for LE. The Disaster Response Team provides access to on-scene emotional and practical support to victims, families and friends of victims, and communities impacted by traumatic events.

The Shelter Behavioral Health In-Reach Team operates teams of Qualified Mental Health Associates (counselors) and Peer Support Specialists provide onsite support at county homeless shelters including in-reach/outreach, engagement, crisis mitigation, and de-escalation. The Old Town In-reach Project (OTIP) teams of Peer Support Specialists work with staff at local homeless service providers; teams of two peers provide outreach and engagement at community agencies during the busiest hours of operation with the goal of decreasing critical incidents, reducing calls for emergency response, and connecting individuals to behavioral health resources.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total Crisis System Contracts	100,938	95,000	85,000	90,000
Outcome	% of Urgent Walk-In Clinic (UWIC) clients seen by the UWIC that did not need to be referred to an emergency d	91%	90%	90%	90%
Outcome	% of language services provided directly by Call Center staff when need is identified at time of call.	56%	50%	54%	50%
Outcome	% of mobile crisis contacts that did not result in individuals going to jail.	99%	98%	98%	98%

Performance Measures Descriptions

Tracks crisis system contacts through mobile crisis, call center calls and the Urgent Walk-In Clinic (UWIC).

Legal / Contractual Obligation

Crisis Lines services and Mobile Crisis Intervention Teams as well as post disaster response are contractually obligated by the state through MHS 25 and in line with OARs 309-019 and 309-072 Community Based Mobile Crisis Intervention Service. We not only meet the OHA requirements but strive to provide a more comprehensive and coordinated system. Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services. Health Share of Oregon Risk Accepting Entity Participation Agreement.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$377,663	$5,949,900	$407,567	$6,856,229
Contractual Services	$332,114	$11,507,802	$1,230,830	$10,156,169
Materials & Supplies	$12,481	$64,138	$537	$66,203
Internal Services	$11,380	$1,492,159	$0	$1,555,249
Total GF/non-GF	**$733,638**	**$19,013,999**	**$1,638,934**	**$18,633,850**
Program Total:	**$19,747,637**		**$20,272,784**	
Program FTE	2.00	33.20	2.00	36.85

Program Revenues				
Intergovernmental	$0	$17,147,183	$0	$17,633,850
Beginning Working Capital	$0	$295,905	$0	$0
Total Revenue	**$0**	**$17,443,088**	**$0**	**$17,633,850**

Explanation of Revenues

This program generates $553,103 in indirect revenues.
Behavioral Health Crisis Services - SHS - $1,000,000, CareOreon Crisis Call Center - $ 3,928,724
CareOregon Crisis Svcs Contract - $ 4,198,659, Clackamas County Crisis Call Center Coordination - $ 704,760
Community Mental Health Services Start Up GY25 - $2,054,140, Crisis Call Center GY25 - $1,011,108
Crisis Services GY25 - $243,093, Crisis Wraparound Services GY25 - $3,267,705, Trillium Call Center - $713,456
Trillium Crisis Svcs - $ 552,205, Local Washington County Crisis $ 960,000

Significant Program Changes

Last Year this program was: FY 2025: 40069A Behavioral Health Crisis Services

Program Offers 40069B and 40069C from FY 2025 were added to this program offer for FY 2026. The UWIC experienced a reduction in anticipated revenue for FY 2026 when CareOregon funding ended. This reduction will likely result in reduced hours of operation. SHS funds were reduced for Shelter Behavioral Health In-Reach in the amount of $61,180. This will impact one shelter, reducing outreach to 11 shelters instead of 12. This reduction eliminates OTIP funding and services.The impacts of the elimination and reduction of these services will be mitigated through first responder agencies and mobile crisis service providers responding to incidents at shelters.

Multnomah County

Program #40070 - Mental Health Crisis Assessment & Treatment Center (CATC) FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Barbara Snow
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

CATC Subacute is a 24-hour, 7 day a week, short-term stabilization program for individuals requiring a secure alternative to incarceration or hospitalization. The program services adults, 18 years of age and older, who have been diagnosed with a serious mental illness who are residents of Multnomah County. Although length of stay may vary, individuals not under civil commitment statutes cannot exceed 30 days without a variance. Throughout their stay(s) individuals are connected to programmatic internal and external support they need in order to be discharged. The goal is to decrease the likelihood needing higher level of care or experiencing a negative consequence of hospitalization (loss of housing, services, financial stability, etc.). Peer Support Specialists are an integral part of the CATC model and provide comprehensive support to individuals in care. This program offer aims to provide access to CATC service for the uninsured or underinsured.

Multnomah County crisis system strives to exceed OHA requirements, work in line with best practices as outlined by SAMHSA's 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care, the 2021 Roadmap to the Ideal Crisis System, and Crisis Now (utilized by OHA as model). The goal is 24/7 accessibility to the following three components: someone to contact, someone to respond, and somewhere to go. Sub-acute is a critical component in a full continuum of mental health services and provides a non-hospital based, secure environment for those at risk of harm to themselves or others. Utilizing principles of recovery orientation and trauma-informed care as well as the recognition of systematic racism and oppression. Service providers aim to be responsive and practice cultural humility. The ultimate goal of CATC services is reduced need for higher levels of care, including hospitalization or incarceration. This program offer seeks to increase access to these services for individuals regardless of insurance.

Access to 1 bed for sub-acute level of care for uninsured/underinsured individuals
Comprehensive wrap-around support include medication management and Peer Support services

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of admissions that are Non-HSO Members (Non-Medicaid members)	16	25	12	15
Outcome	Percentage of individuals discharged from CATC to a lower level of care	93%	95%	100%	95%
Outcome	Percentage of BIPOC community member access to Non-Medicaid "CMHP" admissions.	31%	20%	25%	20%

Performance Measures Descriptions

Output and outcome numbers are not being changed with the reduction of beds. Beds are being reduce proportionate to utilization so we do not expect output and outcomes to be impacted.

Legal / Contractual Obligation

The Multnomah County Community Mental Health Program is contracted with the state to provide a mental health crisis system that meets the needs of the community.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Contractual Services	$617,425	$0	$0	$317,047
Total GF/non-GF	**$617,425**	**$0**	**$0**	**$317,047**
Program Total:	**$617,425**		**$317,047**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Beginning Working Capital	$0	$0	$0	$317,047
Total Revenue	**$0**	**$0**	**$0**	**$317,047**

Explanation of Revenues

$ 317,047 - OHA CFAA Settlement

Significant Program Changes

Last Year this program was: FY 2025: 40070 Mental Health Crisis Assessment & Treatment Center (CATC)

This program was reduced from two beds, to one bed, for FY 2026. This reduction was due to utilization rates and demonstrated need in the community. This is a reduction of $317,048. Remaining portion of the contract was moved to Beginning Working Capital for FY 2026.

Multnomah County

Program #40071 - Behavioral Health Division Adult Protective Services

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Barbara Snow
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

As the Community Mental Health Program (CMHP), The Behavioral Health Division is responsible for conducting abuse investigations and provision of protective services per OAR 419-110 and ORS 430.735 to 430.765.
ISSUE: Individuals over the age of 18, with mental health diagnoses and who are engaged in mental health services are at increased risk of abuse and/or neglect. Research consistently demonstrates that individuals suffering from mental health issues are not only at greater risk in the community for violent and non-violent crime and abuse but also rates are increased within the mental health system of care.

PROGRAM GOAL: Behavioral Health Division's (BHD) Adult Protective Services (APS) investigates abuse and neglect per ORS Chapter 419 with the goal of ensuring that those in care receive proper care and risk of abuse and neglect is mitigated. This program provides community education and training to internal and external partners. The program uses a cultural lens to open dialogue regarding culture, race, and protective services to increase identification and reporting of concerns.

ACTIVITY: APS protects adults with severe and persistent mental illness from abuse and victimization. Activities include the screening of abuse reports from mandatory reporters, community members and victims of abuse. Guidance comes from Oregon State's Office of Training, Investigations and Safety (OTIS) and includes information regarding the scope of the program's authority and the interpretation and application of the relevant state statutes. BHD consults and exchanges cross-reports with the other APS programs in the county, namely Aging, Disability, and Veterans' Service Division APS and Intellectual and Developmental Disability APS.The program also includes risk case management (RCM), which serves as an additional layer of support and connection for those with a mental health disability, substance use disorder, homelessness, or abuse. The APS program also has two African American culturally specific (one also bilingual Spanish), KSA abuse investigator positions to provide screening, investigation and training services in a culturally and trauma-informed manner by outreach to those Black, Indigenous, Latino and other Communities of Color who historically under report to APS. This helps ensure a more robust culture of accountabiltiy among providers. The program also conducts Death Reviews for all individuals who meet the criteria outlined in the previous section. Death Reviews consist of an audit of the past year of clinical progress notes for a client. This is done to determine if any abuse or neglect by the mental health provider played a role in the death. In FY 2023, the program completed 81 death reviews.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of screenings/investigations[1]	744	950	750	750
Outcome	# of death reviews	91	N/A	73	75
Output	# of overall calls received	1,774	N/A	1,690	1,700
Outcome	# Protective services screening referred to Risk Case Management[2]	77	80	84	80

Performance Measures Descriptions

[1]Adult protective services are offered to every alleged victim either directly or through safety planning with the provider, which happens at the screening level. Not all screenings result in investigations.
[2]Cases referred to risk case management increased in acuity, therefore fewer cases were able to be assigned to this role (1FTE).

Legal / Contractual Obligation

Required by OAR 419-110 and ORS 430.735 to 430.765 for allegations of abuse of a person with mental illness being served in a program paid for by Multnomah County.

The LMHA shall conduct the investigations and make the findings required by ORS 430.735 to 430.765 for allegations of abuse of a person with mental illness being served in a program paid for by Multnomah County.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,365,963	$249,544	$1,324,583	$261,435
Materials & Supplies	$6,043	$24	$3,247	$62
Internal Services	$152,914	$26,995	$206,124	$29,531
Total GF/non-GF	**$1,524,920**	**$276,563**	**$1,533,954**	**$291,028**
Program Total:	**$1,801,483**		**$1,824,982**	
Program FTE	8.49	1.51	7.49	1.51

Program Revenues				
Intergovernmental	$0	$276,563	$0	$291,028
Total Revenue	**$0**	**$276,563**	**$0**	**$291,028**

Explanation of Revenues

State $ 291,028- State Mental Health Grant: MHS-01: Quality Mgt - Protective service

Significant Program Changes

Last Year this program was: FY 2025: 40071 Behavioral Health Division Adult Protective Services

Eliminated 1.00 FTE Peer Support Specialist. The position was vacant and not needed for FY 2026. No changes to program operations.

Multnomah County

Program #40072 - Mental Health Commitment Services

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Jay Auslander
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

As the Community Mental Health Program (CMHP), the County is obligated to perform various duties related to involuntary mental health treatment.

The Involuntary Commitment Program (ICP) is required to investigate and make recommendations to the court anytime an individual is involuntarily detained for mental health treatment. When a hearing is recommended, the county is required to submit a hearing report and provide a certified mental health examiner to assist in the evaluation of the person with an alleged mental illness. ICP employs certified commitment investigators to evaluate involuntarily detained individuals in hospitals. These individuals are alleged to be a danger to self/others or unable to provide for their basic personal needs due to a mental disorder.

The Oregon Health Authority also delegates the responsibility for the assignment and placement of civilly committed individuals to the CMHP. When a person is civilly committed they are assigned a commitment monitor who oversees their care and treatment. Commitment monitors meet with all committed patients in Multnomah County at various commitment sites to routinely assess mental status and progress towards discharge, and collaborate with inpatient and outpatient providers plus significant others to create treatment and support in the least restrictive environments.

When a civilly committed person is discharged to the community while remaining under committed status this is called a trial visit. When a person under civil commitment is released on trial visit or with other conditions made by the court, they are assigned a trial visit monitor who supports the individuals on conditional release to access care and remain safe in the community.

For every person placed under commitment or trial visit, a monitor conducts at minimum twice weekly visits to those in hospital settings under civil commitment, weekly visits to those in subacute care under civil commitment. These commitment services promote resilience, safety, and recovery in the community while reducing the need for unnecessary hospital interventions. Services apply an equity lens, utilizing culturally specific positions and culturally responsive ideals to protect the civil rights of vulnerable individuals and enhance outcomes for those individuals.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total number of notices of mental illness (NMIs) investigated	2,321	2,400	1,701	2,000
Outcome	% of investigated NMIs that did not go to court hearing	90%	80%	90%	80%
Outcome	% of investigated NMIs taken to court hearing that resulted in commitment	83%	80%	83%	80%
Output	# of commitments monitored annually	211	250	170	200

Performance Measures Descriptions

1. This includes hospital holds/ NMIs for residents regardless of without insurance and some residents with insurance. 2. Measure staff effectiveness in applying ORS 426 and reducing burden on the system. 3. The court finds clear and convincing evidence for continued commitment. 4. # reflects new & existing commitments of residents in acute care settings & secure placements.

Legal / Contractual Obligation

ORS 426 requires that all persons placed on a notice of mental illness be investigated within one judicial day, as well as monitored upon commitment, as a protection of their civil rights. The state delegates the implementation of this statute to the counties.
Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,408,913	$2,758,202	$1,538,297	$3,259,926
Contractual Services	$122,504	$277,733	$136,070	$327,733
Materials & Supplies	$7,909	$31,500	$5,813	$31,620
Internal Services	$501,636	$81,255	$505,548	$131,655
Total GF/non-GF	**$2,040,962**	**$3,148,690**	**$2,185,728**	**$3,750,934**
Program Total:	**$5,189,652**		**$5,936,662**	
Program FTE	8.50	16.10	8.80	18.00

Program Revenues				
Intergovernmental	$0	$3,148,690	$0	$3,750,934
Total Revenue	**$0**	**$3,148,690**	**$0**	**$3,750,934**

Explanation of Revenues

State $ 3,750,934 - State Mental Health Grant: MHS 25: Acute & Intermdt Psych - Commit

Significant Program Changes

Last Year this program was: FY 2025: 40072 Mental Health Commitment Services

2.00 FTE added to ensure contract compliance with OHA funding requirements.

Multnomah County

Program #40074A - Mental Health Residential Services — FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Barbara Snow
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

As the Community Mental Health Program (CMHP), The Behavioral Health Division is responsible for oversight of residential programs per OAR 309-035.
ISSUE: There is a shortage of residential beds at all levels throughout the state. The Governor and OHA have pledged to increase the nubmer of facilities. Multnomah County houses the greatest portion of all licensed residential programs in the State, with approximately 93 residential programs and approximately 651 beds. This includes Secure Residential Treatment Programs, Residential Treatment Homes/Facilities, Adult Care Homes (ACH), Crisis/Respite Programs, and Supportive Housing Programs.
PROGRAM GOAL: The Residential Services (RS) program provides mandated health and safety oversight and technical assistance to designated residential mental health programs. Work is governed by the 309-035 OARs. This work supports the ongoing need for additional licensed residential programs, ensuring that programs meet or exceed operating standards. Additionally, the services provided encourage stability, decreasing the likelihood that participants will need acute care services or become houseless.
ACTIVITY: The program provides services through the use of clinical consultations, problem solving, participation in client interdisciplinary team meetings, review of appropriateness of unplanned discharges, and monitoring and enforcement of client rights. RS and Quality Management (QM) staff also participate in audits and licensing reviews. The RS team participates in monthly diversity, equity and inclusion discussions to better understand and act against systemic racism, and how to support equitable outcomes for Black, Indigenous and People of Color (BIPOC) and other marginalized groups. RS oversees RS reviews and responds to ~25,000 incident reports annually. The program also partners with Quality Management to conduct Critical Incident Reviews and provide quality improvement recommendations as needed.
RS supports the creation and development of new mental health residential placements. In FY 2024, RS bolstered the opening of 3 new residential programs totaling 27 new units. RS has also actively supported the development of 8 residential programs scheduled to open next year. RS service protect all those living in licensed facilities in Multnomah County regardless of County of origin.
The New Narrative Bridgeview transitional housing site is also funded through this program offer. It has 47 beds. They provide 3 meals per day, have 3 staff on site 24/7, nursing support and medication management on site. Without this program these individuals would likely return to houselessness and have difficulty qualifying for other levels of housing. This program has been instrumental in reducing hospitalizations and the need for higher levels of care fo these individuals as well as ensuring that these individuals have stable housing.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of placements that receive health and safety oversight by Residential Services	651	700	675	700
Outcome	% of Non-Multnomah County Residents Placed in RTH/F and SRTF Housing	27%	27%	28%	27%
Output	# of CMHP referrals managed by Residential Services	38	25	38	25

Performance Measures Descriptions

The total number of residents who receive Residential Services placements and are provided health and safety oversight. Measure provides the cumulative percentage of individuals whose county of responsibility is not Multnomah County. The total number of referrals that are managed by the internal residential team.

Legal / Contractual Obligation

OAR 309-035 Residential Treatment Facilities
Oregon Health Authority Intergovernmental Agreement for the Financing of Community Additions and Mental Health Services.
Health Share of Oregon Risk Accepting Entity Participation Agreement.
Revenue Contract with City of Portland Bureau of Housing and Community Development.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,219,152	$771,455	$1,171,850	$664,779
Contractual Services	$0	$7,545,939	$0	$7,700,691
Materials & Supplies	$0	$9,455	$0	$17,980
Internal Services	$172,952	$122,270	$257,518	$96,804
Total GF/non-GF	**$1,392,104**	**$8,449,119**	**$1,429,368**	**$8,480,254**
Program Total:	**$9,841,223**		**$9,909,622**	
Program FTE	7.25	4.85	6.75	4.05

Program Revenues				
Intergovernmental	$0	$8,449,119	$0	$8,480,254
Total Revenue	**$0**	**$8,449,119**	**$0**	**$8,480,254**

Explanation of Revenues

State - $323,064 MHS-01
State - $2,588,478 MHS-30 PSRB
State - $473,263 MHS-20 Non-Res Services Managed Care
Fed thru State - $854,004 Residential Svcs Managed Care - Block Grant
State - $463,985 MHS-20 Residential Svcs Managed Care
State - $2,857,482 MHS-17 Community and Residential Assistance Part C
State - $560,092 MHS-35: Older Adult System Coordination
State - $359,886 MHS-38: Supported Employment Services

Significant Program Changes

Last Year this program was: FY 2025: 40074A Mental Health Residential Services

FY 2025 Program Offer 40074B was rolled up to this program offer for FY 2026. The Bridgeview program was restored in the budget process, along with additional funding to bridge a deficit separate from SHS funding in 40074B.

Multnomah County

Program #40074B - Bridgeview

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Barbara Snow
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:	40074		
Program Characteristics:	Backfill Other Funds, One-Time-Only Request		

Program Description

The Bridgeview residential program provides essential housing and supportive services to individuals in downtown Portland. It fills an important role within transitional housing programs in the City of Portland and Multnomah County. It helps fill the gap that exists between independent living and residential treatment and provides a lower barrier opportunity for individuals exiting homelessness while experiencing behavioral health challenges to gain stability and begin to work toward their future goals, decreasing their utilization of services such as acute care hospitals.

This vital resource provides housing, pharmacy services, the ability to build rental history, 24/7 support from residential staff, and access to onsite clinical care including case management, individual therapy, skills training, and group engagement. Medical staff including a LMP and nurse are on site several days a month to provide medication management and additional nursing support. The building has 48 Single Room Occupancy rooms without kitchens, prompting the need to provide 3 meals per day to residents in the cafeteria. The program aims to increase housing retention, reduce hospitalizations and support mental health recovery for a population of individuals who are entering housing from homelessness.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of individuals served	53	75	88	75
Outcome	% of individuals who are willing to engage in a housing search, and are placed in permanent stabilized housing	74%	65%	66%	65%

Performance Measures Descriptions

Measures the number of people utilizing the beds at this site. It also measures the percentage of people who are successfully transitioned to permanent housing. Only those who are ready and willing to engage in transitioning are included in the outcome measure.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Contractual Services	$0	$0	$1,300,000	$0
Total GF/non-GF	**$0**	**$0**	**$1,300,000**	**$0**
Program Total:	**$0**		**$1,300,000**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 40074B Mental Health Residential Services - Supportive Housing Services

Program was provided an additional $1.3M of General Fund restoration funding to preserve the 48 beds after a Supportive Housing Services funding reduction.

Multnomah County

Program #40075 - Choice Model

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Jessica Jacobsen
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

The Choice Model Program consists of Care Coordination services and contracted services to work with individuals with Severe and Persistent Mental Illness (SPMI). Choice diverts individuals from Oregon State Hospital (OSH); coordinates successful discharge from OSH and acute psychiatric hospitals into appropriate community placements and services; coordinates care for individuals residing primarily in licensed residential facilities in order to move individuals into the least restrictive housing possible; and coordinates care and develops supports to maximize independent living; 701 individuals were served in fiscal year 2024, of whom 31.54% identified as Black, Indigenous or other People of Color (BIPOC). There are two culturally specific staff on the team that were recruited and retained to reflect the communities served. One LGBTQIA2+ clinician and one Black/African American Exceptional Needs Care Coordinator.

The Behavioral Health Division's Choice Model Program works with other Division units, Acute Care Hospitals, OSH, Oregon Health Authority (OHA)/Health Systems Division, Coordinated Care Organizations, and counties to coordinate the placement and transition of individuals primarily within a statewide network of licensed housing providers. The overarching goal of Choice is to assist individuals to achieve the maximum level of independent functioning possible. This goal is achieved by diverting individuals from admission to hospital level of care to community-based resources; supporting timely, safe and appropriate discharges from hospitals into the community; and providing access to appropriate supports (skills training, case management, etc.) to help individuals achieve independent living and self-sufficiency in the least restrictive housing environment. Program includes Exceptional Needs Care Coordination (ENCC), access to peer services, funding for uninsured/underinsured clients for outpatient services, housing supports, rental assistance, etc.

Services offered by Choice can include: supported housing development and rental assistance to increase housing options matched to client need; ENCC to assure access to appropriate housing placements and the development of supports to identify the least restrictive setting where the individual will maintain stability. Care Coordination provides referrals to community mental health programs; supported employment to help move clients towards greater self-sufficiency; and transition planning to assure the most efficient utilization of the licensed residential housing capacity within the community.

The program has increased financial support to community placements and works primarily with Acute Care Hospitals as OSH capacity has become minimal for the civil population within recent years. Choice continues to prioritize and engage in updates to workflows, policies and procedures to clarify access and promote more equitable service delivery.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of Clients Served in Choice (1)	701	675	695	700
Outcome	% of clients receiving direct client assistance to meet basic needs (2)	28%	25%	30%	30%

Performance Measures Descriptions

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

Legal / Contractual Obligation

Oregon Health Authority Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.
CCO Delegation Agreements with CareOregon and Trillium.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$2,486,776	$0	$2,396,543
Contractual Services	$0	$2,362,522	$0	$2,813,978
Materials & Supplies	$0	$19,963	$0	$20,475
Internal Services	$0	$465,503	$0	$566,661
Total GF/non-GF	**$0**	**$5,334,764**	**$0**	**$5,797,657**
Program Total:	**$5,334,764**		**$5,797,657**	
Program FTE	0.00	15.32	0.00	14.32

Program Revenues				
Intergovernmental	$0	$5,334,764	$0	$5,797,657
Total Revenue	**$0**	**$5,334,764**	**$0**	**$5,797,657**

Explanation of Revenues

This program generates $234,360 in indirect revenues.
Federal - $2,019,246 - Unrestricted Medicaid fund through CareOregon (Choice)
State - $3,778,411 - State Mental Health Grant: CHOICE Model based on 2021 IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2025: 40075 Choice Model

A vacant Mental Health Consultant 1.00 FTE - was eliminated with no impact to program operations.

Multnomah County

Program #40077 - Mental Health Treatment & Medication for the Uninsured

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Barbara Snow
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

According to the Oregon Health Authority around 6% of Oregonians are uninsured and about 1 in 10 Oregonians experience a gap in coverage during the year. Without insurance individuals are not able to access outpatient behavioral health services. If they are enrolled and experience a gap in coverage they would immediately lose access to these services.

The Multnomah Treatment Fund (MTF) prioritizes community-based services to individuals who experience challenges associated with severe mental illness. MTF provides funds to outpatient behavioral health providers to ensure that those individuals who experience a gap in funding do not lose access to needed care and therefore prevent more drastic consequences including hospitalization, incarceration, loss of housing and other potential negative outcomes. If these services are effective, the client's stability is supported so that trauma, increased vulnerability and suffering is prevented or reduced and the county preserves funds that would otherwise be lost to costly deep-end institutional responses such as hospitalization, corrections, or homelessness response/emergency services. In some cases, the program creates access to critical behavioral health services for individuals who do not qualify for many public entitlements and resources because of their immigration status.

The Behavioral Health Division provides funds to the network of providers to treat consumers who are uninsured during periods of exacerbated psychiatric symptoms in acute stages of mental illness. Providers ensure that MTF services are provided as clinically necessary and that clients' insurance status and financial eligibility meet program criteria. Services can include individual and group therapy, case management, community outreach, housing assistance, medication management, cooccurring disorder treatment, care coordination, and crisis intervention. Clients are linked to other supports and acquire assistance in securing OHP benefits. The demand for services in this program has continued to decrease due to Medicaid Expansion, however this service is critical to provide due to limitations on Medicaid eligibility requirements and on Medicare approved services. There are individuals who require this safety net program to receive on-going mental health case management and treatment services. Additionally, some services, such as intensive case management and general case management are not covered by Medicare. 17% of the persons served in this program were from Black, Indigenous, and People of Color (BIPOC) Communities. Contracted providers are responsible to ensure diversity training for staff, a diverse workforce, and incorporating social equity innovation into their policy development and service delivery.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total # of adults who received county-funded outpatient services or medication.	196	195	260	225
Outcome	Percentage of MTF clients that are hospitalized	6.1%	3.0%	5.0%	6.0%

Performance Measures Descriptions

1. This includes the total number of adults that are served by the MTF program for outpatient services with County contracted providers. 2. The percentage of individuals within this program that are hospitalized and are clients within these programs. Given the last two year trend that is expected to continue, the program expects to exceed the FY25 percentage of MTF clients that are hospitalized.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Contractual Services	$733,984	$0	$298,127	$0
Total GF/non-GF	**$733,984**	**$0**	**$298,127**	**$0**
Program Total:	**$733,984**		**$298,127**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 40077 Mental Health Treatment & Medication for the Uninsured

This contract was reduced by $454,803 for FY 2026. This right-sizes the contract based on previous utilization. Outputs/Outcomes remain the same based on utilization.

Multnomah County

Program #40078 - Early Assessment & Support Alliance

FY 2026 Proposed

Department: Health Department **Program Contact:** Yolanda Gonzalez

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

The Early Assessment and Support Alliance (EASA) is an early psychosis intervention program addressing the needs of young people aged 12 to 25 who demonstrate initial symptoms of psychosis or are found to be at high risk for developing psychosis. As the Community Mental Health Program (CMHP), The Behavioral Health Division is responsible for ensuring EASA services are available in the county. The goal of the program is to develop a long-term recovery and support plan. EASA is a two-year program that offers formal mental health treatment services, educational support, employment support, and involves the young person's family and their other support in treatment. The program receives and screens approximately 200 referrals per year and provides services to over 100 enrolled individuals each year. In FY24, 53% of the enrolled EASA clients identified as people of color, 46% as white, and 3% as unknown or not provided.

EASA is an evidence-based and fidelity-based model resulting from 14 years of research that demonstrates early intervention and immediate access to treatment can directly reduce psychiatric hospitalization rates and the long term debilitating consequences of psychosis. The EASA fidelity-based model helps young people impacted by psychosis develop long-term recovery plans.

The multidisciplinary team approach and program activities and services are designed to meet the fidelity standards of the model as required by the state. The team includes both a child/adolescent and an adult psychiatrist, mental health consultants, a peer support specialist, employment specialists, an occupational therapist, and a nurse. The team has been formed to include linguistically and culturally specific consultants to reflect the population served.

Treatment is community-based and consists of services tailored to meet the unique needs of each client. Clients are matched with a psychiatrist and a mental health consultant based on age, personal preferences, and cultural needs. Clients can choose from any of the following services to support their unique goals and needs: medication management, case management, support for employment, psychiatric nursing services, peer support, occupational therapy assessment and intervention, multi-family group, individual and/or family psychotherapy, psychoeducation, and social skills building groups.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total individuals enrolled in the EASA program receiving ongoing services.	126	120	125	120
Outcome	% reduction in hospitalization rate three months pre-enrollment and 6 months post-enrollment[1]	96%	90%	92%	90%
Output	Number of unduplicated individuals referred to the EASA program.	229	200	226	200

Performance Measures Descriptions

[1] This measure compares the hospitalization rate for the three months prior to services with the rate for the six months post EASA service enrollment which is an indication of the stabilization of the individual.

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$406,681	$2,306,751	$599,082	$1,960,965
Contractual Services	$9,415	$179,633	$9,640	$179,633
Materials & Supplies	$0	$6,834	$0	$6,805
Internal Services	$13,991	$357,086	$87	$492,193
Cash Transfers	$0	$532,343	$0	$0
Total GF/non-GF	**$430,087**	**$3,382,647**	**$608,809**	**$2,639,596**
Program Total:	**$3,812,734**		**$3,248,405**	
Program FTE	2.17	14.23	3.23	11.17

Program Revenues				
Intergovernmental	$0	$2,725,982	$0	$1,911,588
Service Charges	$0	$656,665	$0	$728,008
Total Revenue	**$0**	**$3,382,647**	**$0**	**$2,639,596**

Explanation of Revenues

This program generates $67,475 in indirect revenues.

$ 718,008 - Fee For Service Insurance Receipts
$ 10,000 - State Vocational Rehabilitation Award
State $ 1,353,208 - State Mental Health Grant based on 2021 IGA with State of Oregon
State $ 249,854 - SMHG MHS 38
Federal $ 10,124 - MHS-26 EASA-MHBG
Care OR $ 298,402 - EASA

Significant Program Changes

Last Year this program was: FY 2025: 40078A Early Assessment & Support Alliance

EASA is launching a new program called Stepdown. The goal of the Stepdown program is to provide clients with a bridge between the extensive services provided by the EASA program and independently managing their health.

Multnomah County

Program #40080 - Community Based Mental Health Services for Children & Families

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Yolanda Gonzalez
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

Community Based Mental Health for Children, Youth and Families provide critical safety net services to children and youth who are in need of culturally responsive mental health services as it relates to child abuse and trauma. Evidence based, trauma-informed practices are used to deliver: family support, individual/group therapy, skill building and violence prevention services. Multnomah County is dedicated to providing behavioral health services to those impacted by gun violence and developed the Gun Violence Behavioral Health Response Team.

Multnomah County Community Based Mental Health offers a range of services for at risk youth includes: child abuse mental health services at Child Abuse Response and Evaluation Services North West (CARES NW) Multnomah Treatment Fund mental health services for under or uninsured children and violence prevention and mental health support for those impacted by gun violence.

Mental health providers in the community provide treatment to underserved children who need treatment services but have no insurance or are under insured. CARES NW is a child abuse evaluation center, mental health consultants provide trauma informed support and resources to children and their families. CARES NW mental health consultants work with children and their families, using culturally responsive practices, to mitigate and reduce the negative impact of trauma on long-term health, including mental health. Our CARES NW consultants represent the communities that we serve and have language and cultural Knowledge Skills and Abilities.

The Gun Violence Behavioral Health Response team provides a range of culturally relevant, evidence based mental health services for the African American community, a highly impacted community, for youth (age 10-25) and their families. Staff utilize lived experience and evidence based practices to provide culturally specific mental health prevention support, mental health treatment services, consultation, outreach and engagement. Staff collaborate with community providers and internal county programs to provide consultation, education, outreach, and engagement and connection to mental health services. They assist with outreach to schools, colleges, emergency rooms, community services, health and social services providers and community meetings to share referral information and general education as it relates to community gun violence and behavioral health services.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total children who receive Mental Health or Family Support Services at CARES NW from Mult Co staff	136	100	118	100
Output	Total children who received Behavioral Health service through African American KSA	12	20	34	20
Output	Total # of children who received behavioral health services from the Gun Violence BH Response Team	83	40	85	85

Performance Measures Descriptions

CARES NW measure is the # of youth and families who receive direct family support services from our staff co-located at Legacy Site.

The Gun Violence measures include # of clients who received a mental health service by our specific African American KSA funded with this program offer and the program as a whole.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,372,636	$238,045	$731,873	$1,041,853
Contractual Services	$0	$0	$0	$119,763
Materials & Supplies	$16,723	$799	$1,342	$206
Internal Services	$43,693	$104,318	$44,577	$289,584
Total GF/non-GF	**$1,433,052**	**$343,162**	**$777,792**	**$1,451,406**
Program Total:	**$1,776,214**		**$2,229,198**	
Program FTE	8.15	1.20	4.15	6.20

Program Revenues				
Intergovernmental	$0	$343,162	$0	$545,066
Beginning Working Capital	$0	$0	$0	$906,340
Total Revenue	**$0**	**$343,162**	**$0**	**$1,451,406**

Explanation of Revenues

This program generates $131,927 in indirect revenues.
Headstart Revenue

David Douglas - $40,000
Portland Public - $44,292
Mt Hood Community College - $40,000
Albina - $207,603
Neighborhood hose - $3,000
OCDC - $7,500
PLACEHOLDER City of Gresham - $202,671
OHA CFAA Settlement - $906,340

Significant Program Changes

Last Year this program was: FY 2025: 40080 Community Based Mental Health Services for Children & Families

The Gun Violence Response team was funded by BWC for FY 2026 and is being moved from 40080B to 40080.

Multnomah County

Program #40081 - Multnomah County Care Coordination — FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Jessica Jacobsen
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

The Care Coordination Unit was formed in 2020 in the Behavioral Health Division as a result of CCO 2.0 and provides care coordination for all ages, including: Wraparound, Youth & Adult Intensive Care Coordination (ICC), Jail Care Coordination (JCC), & the Multnomah Intensive Care Coordination Team (M-ITT). Wraparound and Youth ICC provide a broad range of care coordination services and work within the multi-tiered Children System of Care Governance Structure to address cross system barriers for youth and families. Adult ICC and JCC provides integrated care coordination to adults with complex behavioral health needs to improve health outcomes and experience. M-ITT provides short term care coordination and case management to support adults during and after a psychiatric hospitalization to connect to community-based services.

Wraparound, Youth & Adult ICC, and JCC are funded by Oregon Health Plan via agreements with Coordinated Care Organization(s). M-ITT is funded by HealthShare as part of the Crisis Services continuum of care. Care Coordinators partner with Primary Care Providers, Community Behavioral Health Providers, Department of Community Justice, Housing Providers, Intellectual Developmental Disabilities, Oregon Department of Human Services, Child Welfare, School Districts, Peer Service Providers, and other stakeholders to improve care and outcomes for clients.

ICC and Wraparound Care Coordinators engage in a team planning process with adults, youth, family, community partners, and providers to develop a unified, strengths-based plan addressing individualized needs. For youth participating in Wraparound services, their plan of care is youth-driven, family-guided, culturally responsive, multidisciplinary and includes both formal and natural support. The goal is to help youth address mental health needs in order to be healthy, successful in school, and remain in their communities. Youth and Adult ICC support individuals (and their families) with complex behavioral health needs to develop individualized care plans meeting physical, oral, behavioral health, substance use, and psychosocial goals. ICC facilitates transitions between mental health services; ensures team communication; and connects with community services and supports. M-ITT provides rapid engagement to adults exiting psychiatric hospitals (who are not connected to an outpatient behavioral health provider) to provide short term, intensive support and connect them to ongoing behavioral health services and other community support services (i.e. Primary Care, shelter, etc.) to address client needs.

Programs ensure policies, procedures and services are individualized and culturally/linguistically responsive. Staff are recruited and retained to reflect the communities served, with several bicultural and bilingual staff available to work with LGBTQIA+, Native American, African-American, Latinx and Spanish speaking clients, which is an established best practice for achieving equitable health outcomes. Peer Services are contracted out to qualified providers.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of unique children served in Youth Care Coordination.	382	350	374	375
Outcome	% score measuring family's satisfaction and progress in Wraparound. (1)	81.75%	85%	79.85%	85%
Output	Referrals processed in Youth Care Coordination.	407	350	397	395
Output	Total number of clients served in M-ITT. (2)	589	530	605	575

Performance Measures Descriptions

(1) Additional administrative support to increase WFI-EZ survey completion rates to help obtain a statistically significant response rate has continued to successfully increase response rates. Program caregiver satisfaction scores surpass the statewide average for Wraparound programs. (2) M-ITT continues to experience increased length of enrollment due to reduced system capacity. M-ITT has initiated a monitoring status to provide light care coordination support when most appropriate which will increase clients served in the future.

Legal / Contractual Obligation

Delegation Agreement with Coordinated Care Organization(s) to provide Wraparound and Intensive Care Coordination.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$9,610,498	$0	$9,425,526
Contractual Services	$0	$2,804,197	$0	$1,958,755
Materials & Supplies	$0	$143,346	$0	$153,648
Internal Services	$0	$2,884,852	$0	$3,134,246
Total GF/non-GF	**$0**	**$15,442,893**	**$0**	**$14,672,175**
Program Total:	**$15,442,893**		**$14,672,175**	
Program FTE	0.00	58.68	0.00	54.68

Program Revenues				
Intergovernmental	$0	$15,442,893	$0	$14,672,175
Total Revenue	**$0**	**$15,442,893**	**$0**	**$14,672,175**

Explanation of Revenues

This program generates $1,444,205 in indirect revenues.
MHS-05 - Adult MH SVCS - $355,333
Trillium Peer Svcs contract - $115,696
Care Oregon Medicaid BH - $14,201,146

Significant Program Changes

Last Year this program was: FY 2025: 40081 Multnomah County Care Coordination

The Jail Care Coordination team is a new service. 4.00 positions in the American Society Addiction Medicine were eliminated because external funding was eliminated. These were vacant positions that had never been filled.

Multnomah County

Program #40082 - School Based Mental Health Services

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Yolanda Gonzalez
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

School Based Mental Health (SBMH) is an essential component of the ecosystem of care for children and families provided in school settings. Our clinicians serve children and teens with mental health needs in elementary, middle and high schools across multiple districts in Multnomah County. SBMH mental health professionals provide evidence-based treatment, utilizing an anti-racist equity lens, in school and Student Health Center settings and via telehealth.

Since 1969, Multnomah County has been a leader in the nation in providing access to mental health services in schools. Mental health assessment and treatment services provided in schools decrease barriers such as stigma, cost, and transportation. This program reaches youth who are traditionally underserved and have barriers to accessing mental health services. Providing culturally specific mental health outreach and treatment continues to be a priority. Roughly half of the youth served are youth of color served by a diverse staff that represent the communities they serve. Cultural alignment with students increases therapeutic alliance which can assist with addressing mental health concerns, building trust, and improving school attendance.

This culturally specific approach contributes to youth completing school, which is a strong indicator for lifelong economic wellbeing and improved overall health. SBMH Mental Health Consultants provide screening, crisis intervention, mental health assessment, clinical case management and individual, group, and family treatment. Mental Health Consultants also provide training and consultation to school staff to optimize educational planning for youth with mental health concerns.

Multnomah County and School Districts collaborate to address the continuum of needs for students and their families; and to fulfill the School District's mandate to provide these services. School Based Mental Health Consultants provide treatment, prevention, education, consultation, and outreach to students, school staff, and families every school year.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total unduplicated youth referred to SBMH for assessment and/or treatment services[1]	737	750	676	725
Output	Total unduplicated K-12 youth/families who received case management services	354	200	363	N/A
Output	Total unduplicated SBMH youth/families who enroll in services	N/A	N/A	N/A	380

Performance Measures Descriptions

Measures have been reduced or eliminated to account for budget and program changes. Program was already tracking the number of referrals, a performance measure to track the number of clients enrolled in the SBMH program was added for FY26.

Legal / Contractual Obligation

Revenue contracts with school districts. Oregon Health Authority, Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$3,125,272	$2,462,048	$1,663,188	$2,018,118
Contractual Services	$0	$8,000	$75,000	$8,000
Materials & Supplies	$81,677	$10,380	$13,142	$295
Internal Services	$250,051	$589,652	$422,855	$337,587
Total GF/non-GF	**$3,457,000**	**$3,070,080**	**$2,174,185**	**$2,364,000**
Program Total:	**$6,527,080**		**$4,538,185**	
Program FTE	20.26	13.48	8.64	11.17

Program Revenues				
Intergovernmental	$0	$2,520,080	$0	$1,636,336
Beginning Working Capital	$0	$0	$0	$177,664
Service Charges	$0	$550,000	$0	$550,000
Total Revenue	**$0**	**$3,070,080**	**$0**	**$2,364,000**

Explanation of Revenues

This program generates $110,403 in indirect revenues.
$845,125 - MHS-20: School-Based Mental Health - Block Grant - GY25
$550,000 - SBMH Insurance
$366,904 - MHS-20: School-Based Mental Health - GY25
$177,000 - SBMH - Portland Public School District
$112,307 - School Based Clinics - Mental Health Expansion - Behavioral Health - Capacity
$75,000 - SBMH - Centennial School District
$37,500 - SBMH - Reynolds School District
$22,500 - SBMH - Parkrose School District
$177,664 - Beginning Working Capital

Significant Program Changes

Last Year this program was: FY 2025: 40082 School Based Mental Health Services

Due to funding constraints and to better align School Based Mental Health (SBMH) program functions, FY 2026 has several program changes that will improve business rigor, revenue and sustainability over time. In addition to GF funding constraints, $1 M in Care Oregon funding for this PO was reduced. FY 2026 funding allows us to preserve basic SBMH services, and ensures the highest quality supports to the most vulnerable youth by focusing on a clinician workforce functioning at the top of their credentials. To meet funding constraints, the program reduced 9.15 FTE (impacting case management services) in order to maximize clinical services within current resources while working toward a more financially sustainable model. BHD will work with School Districts and other partners to mitigate impacts of program changes on students.

Multnomah County

Program #40083 - Behavioral Health Promotion, Suicide Prevention and Postvention Services

FY 2026 Proposed

Department: Health Department **Program Contact:** Anthony Jordan

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

As the Community Mental Health Program (CMHP), The Behavioral Health Division is responsible for suicide prevention and postvention per Senate Bills 561/485/918 collectively. Multnomah County has the largest number of suicides by young people, ages 10-24, of any county in Oregon. The Behavioral Health Prevention Services program consists of health promotion, suicide prevention and postvention services that work to reduce these numbers. The program is designed to educate the community about mental health and suicide prevention, and provide postvention supports to communities in need. This program addresses equity through training on access and culturally relevant training topics. The program works with our community to reduce suicide, to build a stronger community safety net, to increase mental health literacy especially around challenges and interventions as well as to increase community involvement and resilience.

The behavioral health prevention element of the program provides the following trainings to County staff and community members through the tri-county collaborative, Get Trained To Help, a collaboration between Clackamas, Multnomah and Washington County Health Department Suicide Prevention Programs. The Get Trained To Help collaborative plays an important role in organizing, promoting and facilitating accessible resources and training to all residents in the Portland Metro. The training portal, gettrainedtohelp.com, allows the community to learn more and register for the following free trainings: Mental Health First Aid (MHFA), Sources of Strength, Applied Suicide Intervention Skills Training (ASIST), Counseling on Access to Lethal Means (CALM), SafeTALK and Question, Persuade and Refer (QPR), Assessing and Managing Suicide Risk (AMSAR), and Collaborative Assessment and Management of Suicidality (CAMS-Care).

The suicide prevention and postvention element of this program focuses on understanding the scope and depth of suicides deaths in the County by tracking and understanding trends that inform prevention, intervention, and postvention efforts. Oregon laws (SB561, SB918, and SB485) require local mental health authorities to communicate and collaborate with youth-serving entities after a suspected youth suicide death. Our Postvention Response Lead is responsible for coordinating county-wide youth suicide postvention supports, activities and initiatives after a youth suicide death, with the goal of decreasing the likelihood of suicide contagion. This looks like providing technical assistance and support to schools or other youth-serving entities across our county. As a secondary objective, this role also supports the suicide prevention activities by facilitating the trainings mentioned above.

In 2021, suicide was the third leading cause of death among Black youth ages 10-24 (nationally). As a result, our programming hired a Black Youth Suicide Prevention Coordinator in FY22. This position is leading a countywide youth suicide coalition (MYSPC), collaborates with a statewide Black youth suicide coalition (BYSPC), and leads our team's work to ensure that all of our prevention and postvention initiatives are also expanded to include culturally relevant and appropriate strategies for all youth. In FY24, MYSPC launched its first round of youth listening sessions to better understand the issues that contribute to suicide and poor mental health. This group will continue to grow and expand our initiatives based on the initial feedback provided by primarily BIPOC youth within our community.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of individuals trained in Mental Health First Aid, ASIST, QPR and/or CALM and safeTalk.	1,152	450	580	400
Outcome	% of individuals who report greater understanding of mental illness and/or suicide prevention.	91%	85%	85%	80%
Output	Number of Postvention training and technical assistance services offered annually	N/A	N/A	N/A	24
Outcome	% of Schools or CBO's receiving postvention supports from PSL after a youth suicide.	N/A	N/A	N/A	90%

Performance Measures Descriptions

Performance measure 1 is tracked via our internal tracking sheet, managed by our Suicide Prevention team. At the conclusion of each training offered, our internal team send out training certifications, verifying the number of participants trained. Performance measure 2 is tracked by internal surveys provided at the conclusion of trainings, and when providing certificates to participants. Measure's 3 and 4 are tracked via internal tracking sheet managed by our Postvention Support Lead.

Legal / Contractual Obligation

OAR 309-019-0150 Community Mental Health Programs
2022-2023 Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery & Prevention, and Problem Gambling Services

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$217,386	$295,670	$263,883	$279,423
Contractual Services	$35,000	$6,562	$0	$0
Materials & Supplies	$3,725	$18,829	$0	$7,600
Internal Services	$37,876	$24,531	$51,550	$49,661
Total GF/non-GF	**$293,987**	**$345,592**	**$315,433**	**$336,684**
Program Total:	**$639,579**		**$652,117**	
Program FTE	1.30	2.00	1.54	1.76

Program Revenues				
Intergovernmental	$0	$345,592	$0	$336,684
Total Revenue	**$0**	**$345,592**	**$0**	**$336,684**

Explanation of Revenues

This program generates $25,806 in indirect revenues.
State - $84,000 - OHA Suicide Prevention
Federal - $124,712 - Federal PE 60 Suicide Prevention
State - $2,972 - Family & Youth Local 2145 Beer and Wine Tax
Federal - $125,000 - SAMSHA MH Aware. Training TBD

Significant Program Changes

Last Year this program was: FY 2025: 40083 Behavioral Health Prevention Services

Psychological are no longer be a requirement of this program. The data collected from the investigations has been utilized to inform our future work.

Multnomah County

Program #40084A - Culturally Specific Mental Health Services — FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Barbara Snow
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

ISSUE: The County identified African American/ Black; Asian/ Pacific Islander; Latino/ Hispanic; Native American/ Alaska Native; and Slavic/ Eastern European/Russian-speaking as cultural communities with significant disparities in access to both treatment services and education/prevention opportunities. This was reaffirmed in Spring 2021, when the County declared racism a public health crisis. Behavioral health is fundamental to the overall health and well-being of an individual and is the basis for positive impacts to family, community, and society. Additionally, the immigrant and refugee community is at increased risk of lack of insurance and access to behavioral health options.
PROGRAM GOAL: Behavioral health services have historically not been designed to reflect the specific culture, values, and shared identities of Black, Indigenous and other People of Color (BIPOC). To address this gap, Multnomah County funds culturally specific services for BIPOC persons that are better able to address and decrease identified disparities, and develop culturally specific models to build and sustain healthy families and communities.
ACTIVITY: The county contracts for mental health services for individuals from communities with significant disparities in access to both treatment services and education/prevention opportunities to ensure that all members of our community have treatment options that incorporate specific cultural needs. Multnomah County mental health prevalence data suggest that members of the African American and Native American communities are more likely to be placed in restrictive settings such as hospitals and jails as a result of mental health symptoms. Additionally, African Americans are overrepresented in correctional facilities and the criminal justice system. Culturally-specific services address mental health concerns and the intersectionality with the criminal legal system through access to culturally and linguistically appropriate treatment including culturally appropriate outreach, engagement, and treatment services. Culturally responsive interventions can mitigate the need for expensive hospitals, residential levels of care, or crisis services. Contractors provide comprehensive psychiatric, mental health, and substance use disorder assessments/evaluations that are culturally and linguistically appropriate focused on early identification/crisis-prevention, and are part of a comprehensive health care system. They also provide case management, medication evaluation and management, and/ or monitoring, treatment services and support, individual, group, and/ or family therapy, benefits assistance, basic needs assessment, wraparound support, and comprehensive referral services, individual and group psychosocial skill development, crisis intervention services, services designed to improve family relationships and community support systems, and education and awareness-building opportunities.
OUTPUTS:
Direct outpatient services available to individuals without insurance
Culturally specific services available and enhanced
Reduce negative outcomes for those from culturally diverse populations
Increase supports for immigrant and refugee communities
Increase training and education opportunities for culturally specific providers

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total culturally diverse individuals receiving services[1]	1,074	900	1,329	900
Outcome	Culturally specific persons served per 1,000 culturally diverse in population [2]	4.3	3.6	4.3	3.6

Performance Measures Descriptions

[1]This total includes all persons served under this contract and does not include those culturally-diverse persons served by Multnomah MH or in other programs.
[2]Service Rate Per 1,000 Calculation-Numerator: Total unduplicated culturally-diverse individuals served.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Contractual Services	$2,162,817	$542,325	$1,836,478	$556,970
Total GF/non-GF	**$2,162,817**	**$542,325**	**$1,836,478**	**$556,970**
Program Total:	**$2,705,142**		**$2,393,448**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

$556,970 - Culturally Specific Mobile Outreach and STP (MO&STP)- Supportive Housing Services Fund 1521. Tax revenues are budgeted in the Homeless Services Department program 30999.

Significant Program Changes

Last Year this program was: FY 2025: 40084A Culturally Specific Mental Health Services

Multnomah County

Program #40084B - Culturally Specific Mobile Outreach and Stabilization Treatment Program

FY 2026 Proposed

Department: Health Department **Program Contact:** Barbara Snow

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

ISSUE: Behavioral health treatment that incorporates the culture, tradition, and values of the Black/African American community is limited. The system of care built and maintained by Multnomah County must reflect the demographics of those we serve to ensure that all members of our community have treatment options that incorporate specific cultural needs. Black/African Americans continue to face stigma, discrimination, and overrepresentation in the criminal justice system. These negative experiences, combined with a lack of access to culturally-affirming and informed care, result in multiple health disparities for the population

PROGRAM GOAL: This offer is an enhancement to create African American culturally-specific capacity for the community. It provides inclusive, high-quality behavioral health services so that they can achieve the highest possible level of health. Culturally-specific services address mental health concerns through early access to culturally appropriate treatment including promising practices, culturally appropriate outreach, engagement, and treatment services.

ACTIVITY: This program supports a Black/African American Mobile Behavioral Health team to serve justice involved individuals re- entering the community from incarceration. The team consists of a support team including mental health providers, case managers, certified addictions counselors and peer support specialists. The scope of services include outreach and engagement, home visits, mental health or substance use screening/assessments, individual therapy/counseling, care coordination, and peer support. This program also supports Black/African American stabilization beds in the community. These beds provide short term supports and a pathway out of homelessness for individuals identified by the outreach and engagement team.

OUTPUTS:
15 transitional housing beds
Direct outreach and support in the community
Coordination with other providers and systems of care
Ongoing case management and support to culturally specific population

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total number of individuals served	119	50	103	100
Outcome	% of referrals accepted into the program	49%	80%	41%	50%

Performance Measures Descriptions

The total number of individuals served in this program. The percentage of actual acceptance based on referrals.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Contractual Services	$815,908	$0	$832,352	$0
Total GF/non-GF	**$815,908**	**$0**	**$832,352**	**$0**
Program Total:	**$815,908**		**$832,352**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was: FY 2025: 40084B Culturally Specific Mobile Outreach and Stabilization Treatment Program

Multnomah County

Program #40085 - Adult Addictions Treatment Continuum

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Anthony Jordan
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

As the Community Mental Health Program (CMHP), we are responsible for supporting a system of locally available, effective safety net services. The Adult Addiction Treatment Continuum is part of those services and serves over 3,000 individuals per year and includes adult Substance Use Disorder (SUD) treatment and recovery support services for adult Multnomah County residents living at or below 200% poverty who are uninsured or underinsured (high copays or deductibles that create a fiscal burden to access) for the services. Services include: residential treatment, intensive outpatient treatment with supported housing, outpatient treatment, outreach/engagement, recovery mentoring, and recovery support (including linkages to housing support, prosocial/drug-free activities, basic needs support, etc.

The overarching goal of Substance Use Disorder treatment and recovery support services is to establish a path to recovery and well-being for those experiencing SUD. SUD treatment and recovery supports also have broader impact across our county systems and services, including in criminal justice, child welfare, and healthcare. Positive impacts are experienced at the interpersonal, family, and community levels, such as: reduced jail recidivism rates, reduced infectious disease transmission rates, reduced crisis system utilization, and strengthening of family bonds and reunification.

Our adult continuum supports treatment engagement, recovery, and a return to a healthy lifestyle. Treatment and recovery services address the negative consequences of problematic alcohol and other drug use; target specific barriers to recovery; and teach prosocial/drug-free alternatives to addictive behaviors through clinical therapy (individual and group), skill building, and peer-delivered services. Treatment and recovery service providers also address self-sufficiency needs through support with parenting skills, stress and anger management, housing issues, independent living skills, referrals for physical and mental health issues, employment services, and pro-social activities that build community and support for a drug-free lifestyle.

Treatment and recovery support services are delivered throughout the County by a network of state-licensed community providers and peer-run agencies. The continuum of treatment and recovery support includes culturally responsive programming for specific populations, including: communities of color, people living with HIV, LGBTQIA2S+ individuals, women, and parents whose children live with them while they are in residential treatment. As part of the Behavioral Health Department's commitment to equity, the Addiction Unit strives to identify, develop, and increase funding to providers who work to provide culturally responsive or culturally specific treatment and recovery services facilitated by individuals with lived experience, who speak the same language, and reflect the diverse populations being served. The Addictions Unit remains committed to supporting peer run and culturally specific organizations.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number served in treatment and recovery support services	2,899	4,200	2,943	3,000
Outcome	Percentage of clients who successfully complete outpatient treatment*	50%	45%	45%	50%

Performance Measures Descriptions

"Successful completion of treatment" is defined as the completion of at least two thirds of an individual's treatment plan goals and demonstrating 30 days of abstinence.

Legal / Contractual Obligation

Funding is a combination of Federal substance abuse prevention/treatment, Ryan White federal grant funds, state general funds and state-federal pass through funds through the State Oregon Health Authority, and Local 2145 Beer and Wine tax and Marijuana tax revenue. Program planning is based on State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Multnomah County accepts the State Mental Health Grant and spends these funds in accordance with State Service Elements. Local 2145 Beer and Wine tax and Marijuana tax revenues are provided to counties on a formula basis and are restricted to alcohol and drug treatment/ recovery support services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$542,906	$526,974	$575,887	$420,720
Contractual Services	$1,709,839	$10,919,932	$1,731,384	$9,813,044
Materials & Supplies	$14,773	$8,889	$2,871	$610
Internal Services	$134,598	$39,090	$154,946	$36,880
Total GF/non-GF	**$2,402,116**	**$11,494,885**	**$2,465,088**	**$10,271,254**
Program Total:	**$13,897,001**		**$12,736,342**	
Program FTE	3.00	3.40	3.00	2.40

Program Revenues				
Intergovernmental	$0	$9,236,196	$0	$8,255,389
Total Revenue	**$0**	**$9,236,196**	**$0**	**$8,255,389**

Explanation of Revenues

This program generates $2,418 in indirect revenues.
Fed - OHA Ryan White - MH, $178,100 Recovery Support - Local 2145 $641,884
Fed - A&D-62 Drug Residential-Children $305,812, Fed - A&D-66: Addic Outpat Serv-SAPT $2,274,290 ,
A&D-67 Addictions Res $1,265,400, A&D-66 Addictions/Opiate/Outpatient Tx $2,188,483
A&D-63 Peer Delivered Svcs $835,994, A&D-62 Drug Residential $355,426
A&D-61 Adult SUD Res Tx $210,000,
Adult Addictions Treatment Continuum (AATC)- SHS $2,015,865. Supportive Housing Services Fund 1521. Tax revenues are budgeted in the Homeless Services Department in program 30999.

Significant Program Changes

Last Year this program was: FY 2025: 40085A Adult Addictions Treatment Continuum

Program Offer 40085B was added to this program offer for FY 2026. Due to SHS constraints, this program offer was reduced by $500,000 for FY 2026. This reduction will not impact beds within the system. Impacts will be mitigated through increased billable revenue and updates to the contract.

Multnomah County

Program #40086 - Addiction Services Gambling Treatment & Prevention

FY 2026 Proposed

Department: Health Department **Program Contact:** Anthony Jordan

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

Gambling addiction treatment uses evidence-based practices in an outpatient setting to provide treatment to persons diagnosed with mild, moderate, or severe gambling disorder. Problem gambling prevention programming applies evidence based strategies to increase awareness among County residents that gambling is an activity that carries risk and that treatment and prevention resources are available.

Multnomah County's Problem Gambling Services (PGS) are guided by a public health approach. A public health approach to problem gambling involves focusing on a holistic view of the issue, integrating biological, behavioral, and economic factors, with the goal of improving the well-being of individuals, families, and communities.

Current Oregon prevalence rates show approximately 2.6% of adult Oregonians could have a gambling disorder - over 100,000 Oregonians and 20,000 Multnomah County residents. Problem Gambling Services includes both prevention and treatment resources, placing emphasis on quality of life issues for the person who gambles, their family members, and communities. Problem Gambling (PG) prevention programming focuses on increasing awareness of PG as an issue and develops strategies for the prevention of PG disorders. PG treatment services focus on relieving initial client stress and crisis, supporting the client and family members in treatment, and assisting the family to return to a level of healthy functioning. Treatment assists the individual and their family with managing money/finances, rebuilding trust within the family, and maintaining recovery. The Multnomah County PGS team is focusing on outreach and treatment enrollments for culturally specific populations. Some of these populations include LGBTQIAS+, BIPOC, older adults, veterans, and college students. Focus is also on those experiencing co-occurring issues such as drugs and alcohol or mental health.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of gamblers and family members accessing treatment annually	52	180	88	N/A
Outcome	Successful treatment completion rate	35%	30%	30%	N/A
Outcome	% of clients receiving Care Coordination, successfully placed in gambling treatment or recovery support	88%	60%	70%	70%
Output	Number of problem gambling prevention activities delivered	38	22	30	25

Performance Measures Descriptions

1. The number of persons completing the enrollment process and entering treatment. 2. The number of gamblers and family members who successfully completed treatment during the year. 3. The number of referred clients who enrolled in Gambling Care Coordination services and were successfully placed in Gambling Treatment and/or Recovery Support services. 4. Tracked via Problem Gambling quarterly prevention reports.

Legal / Contractual Obligation

Multnomah County accepts the State Mental Health Grant, and spends funds in accordance with State Service Elements. The funds earmarked for gambling prevention and treatment in the Service Element are from Oregon Lottery revenues and may not be used for other purposes.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$509,356	$0	$528,432
Contractual Services	$0	$1,163,412	$0	$159,698
Materials & Supplies	$0	$14,548	$0	$14,644
Internal Services	$0	$64,028	$0	$76,398
Total GF/non-GF	**$0**	**$1,751,344**	**$0**	**$779,172**
Program Total:	**$1,751,344**		**$779,172**	
Program FTE	0.00	3.20	0.00	3.20

Program Revenues				
Intergovernmental	$0	$1,751,344	$0	$779,172
Total Revenue	**$0**	**$1,751,344**	**$0**	**$779,172**

Explanation of Revenues

State $ 415,812 - State Mental Health Grant: Problem Gambling Treatment Services based on IGA with State of Oregon
State $ 213,360 - State Mental Health Grant: Problem Gambling Prevention Services based on IGA with State of Oregon
State $ 150,000 - State Mental Health Grant: Problem Gambling Pathways Outreach

Significant Program Changes

Last Year this program was: FY 2025: 40086 Addiction Services Gambling Treatment & Prevention

In FY 2026, OHA Problem Gambling Services made a change and will be directly contracting with treatment providers for problem gambling treatment. This will change our program and limit us to Outreach and Prevention programs. As a result we are closing out our first two performance measures. As we build up our outreach and care coordination efforts, we will look to expand the tracking of our program metrics.

Multnomah County

Program #40087 - Addiction Services Alcohol & Drug Prevention

FY 2026 Proposed

Department: Health Department **Program Contact:** Anthony Jordan

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

The Addictions Services Alcohol and Drug Prevention program addresses risk and protective factors for substance use that can lead to alcohol, tobacco, and other drug addiction. Funding comes from a variety of state and federal grants to support: media campaigns, prevention education, youth leadership activities, policy development, and support for schools and parents.This program offers services to schools, community organizations, parents, youth, and other community groups. Programming is developed using evidence-based prevention models that are driven by community assessments. This program continuously strengthens its commitment to advancing diversity, equity and inclusion by using strategies that center on racially, culturally, and linguistically specific practices when developing and selecting prevention activities and strategies. The key focus of this program is to address alcohol and marijuana use among youth and young adults. Priorities include increasing capacity for prevention in schools, convening stakeholders to assess community needs, and offering prevention activities at school sites and organizations serving youth and parents.

Components of this program include: 1. The ADPEP program contracts out with local providers to offer programming to all Multnomah County school districts and any community based organization that is interested in receiving prevention education and information. A variety of activities are offered through our contracted providers including, but not limited to; youth-led media campaigns, youth leadership opportunities, evidence based prevention curriculum for local schools, and family engagement courses that educate on primary prevention strategies. 2. The Big Village Coalition is a community-based coalition that focuses on reducing underage drinking and marijuana use. This program focuses on parent education and youth leadership development. In FY24, the Big Village coalition partnered with Portland Public School district on an initiative to provide Deterra drug deactivation and disposal kits to every family. Kits were handed out at high school registrations at all of the 11 comprehensive high schools within PPS. Over 18,000 kits were purchased in FY24, and the majority were provided directly to schools. The remaining stockpile has been distributed through outreach events, sharing with community based organizations, and schools within East Multnomah County throughout FY24 and FY25.

In FY25, this program has expanded to include funding from SAMHSA and OHA, which will expand the above program components to include community-driven approaches to address opioid and illicit substances in our prevention programming. In addition, this program has received one-time funding from the Opioid Settlement Board. These funds will be utilized in FY26 to provide education to reduce stigma around opioids, illicit substances, and alcohol through public education campaigns, and culturally specific primary prevention activities. These funds will also enable Multnomah County to contract with local prevention partners who prioritize culturally specific prevention efforts. Funds will also support workforce development by providing specialized training for educators, healthcare providers, and community leaders on the latest substance use trends, recognizing early signs of substance misuse, reducing stigma, and offering resources for early intervention. The Health Department is engaged in opioid work, and this team will look for ways to connect the work. This integrated approach can help youth and adults understand the full spectrum of substance-related risks, thereby strengthening multifaceted prevention efforts across our county.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Adults and youth served by prevention services and programming	14,580	4,000	10,500	13,000
Outcome	Prevention activity participants with improved awareness and/or educational outcomes	90.7%	80%	85%	75%

Performance Measures Descriptions

1) Number of adults and youth directly served by all county SUD prevention programs (both internal and subcontracted programming). This is an unduplicated number, and doesn't include reach data from any media campaigns conducted. 2) Performance measures are determined by data collection including, but not limited to; pre-and post-tests, surveys, and interviews in collaboration with participating schools, community organizations and other partners.

Legal / Contractual Obligation

This program is funded with federal substance abuse prevention resources and state general funds through a State Oregon Health Authority (OHA) Public Health Intergovernmental Grant Agreement. Program plans are developed and submitted in accordance with State and Federal grant requirements. Because Multnomah County accepts the OHA Public Health revenue agreement, we are obligated to spend funds in accordance with its terms referencing applicable Oregon Administrative Rules, and/or any service elements to be determined.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$92,454	$0	$242,484
Contractual Services	$0	$223,387	$0	$1,228,006
Materials & Supplies	$0	$58,322	$0	$34,968
Internal Services	$0	$32,588	$0	$60,854
Total GF/non-GF	**$0**	**$406,751**	**$0**	**$1,566,312**
Program Total:	**$406,751**		**$1,566,312**	
Program FTE	0.00	0.35	0.00	1.50

Program Revenues				
Intergovernmental	$0	$406,751	$0	$1,566,312
Total Revenue	**$0**	**$406,751**	**$0**	**$1,566,312**

Explanation of Revenues

This program generates $35,629 in indirect revenues.
State $ 41,667 - Oregon Alcohol and Drug Prevention Education Program (ADPEP)
Federal $ 282,584 - Oregon Alcohol and Drug Prevention Education Program (ADPEP) SAPT block grant and State general funds.
Federal $ 50,000 - STOP Act Grant SAMHSA
$ 636,398 - OPIOD PLACEHOLDER
$ 180,663 - PLACEHOLDER-OHASAMHSHA
Federal $ 375,000 - Strategic Prevention Framework Project
The SAPT block grant is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services.

Significant Program Changes

Last Year this program was: FY 2025: 40087 Addiction Services Alcohol & Drug Prevention

Estimates for FY25 and FY26 estimates are lower for two reasons: 1. We have not purchased additional drug deactivation kits yet, but are in the planning stages to launch a new campaign that will increase our numbers. 2. This program has an open procurement, RFPQ-89-2025 Substance Abuse and Problem Gambling Prevention, which may impact overall individuals served. Depending on the outcome of that procurement, contracts with providers may shift and new programs may be started, which may change the level of individuals reached. This is a conservative estimate.

Multnomah County

Program #40088 - Coordinated Diversion for Justice Involved Individuals

FY 2026 Proposed

Department: Health Department **Program Contact:** Jay Auslander

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

Individuals with unaddressed mental health needs and addictions are overrepresented in the criminal justice system. Coordinated Diversion services reduce criminal justice involvement for individuals with unmet behavioral health needs by intervening in the jail and with the court to create avenues to services in the community. These services minimize unnecessary use of jail detention, decrease future contacts with law enforcement, and reduce the number of individuals at the Oregon State Hospital. Coordinated Diversion services include mandated Aid & Assist monitoring, mandated Community Restoration, and the Adult Mental Health Court. These services are required of the Community Mental Health Program (CMHP) by Oregon Revised Statute Chapter 161 and Oregon Administrative Rules Chapter 309.

Coordinated Diversion services includes Aid & Assist Community Restoration services. In Oregon, a court is required to consult with the CMHP in all criminal cases where the court questions a defendant's understanding of the charges against them and being able to aid and assist in their own defense due to a mental health disorder. The Coordinated Diversion services team responds to court orders and works with the individual and the court to connect to supports and treatments in the community. When someone is found unable to aid and assist in their defense, they may be ordered to the Oregon State Hospital (OSH) for treatment or be released to the community and ordered to participate in competency restoration services in the community. Coordinated Diversion services provide monitoring, providing intensive case management, and frequent updates to the court for individuals in the community under community restoration orders. The CMHP is also responsible for discharge planning and care coordination while an individual is at OSH for competency restoration. Coordinated Diversion Services have regular and ongoing communication and collaboration with OSH to facilitate effective discharges to community-based levels of care for all patients placed under Aid & Assist orders. Coordinated Diversion services also includes the Adult Mental Health Court with the Multnomah County Circuit Court. This specialty court docket provides wrap-around support for individuals with acute behavioral health needs under formal court supervision who are at high risk to remain in the criminal justice system without intensive services. Coordinate Diversion services divert individuals from the criminal justice system and OSH into community restoration services whenever possible through person-centered engagement and coordination between the systems of the courts, jails, and community resources. Peer-delivered services are an essential part of all Coordinated Diversion services. Coordinated Diversion services are culturally responsive, trauma-informed, and they reduce the overrepresentation and overincarceration of persons with mental health needs in the criminal justice system. These services intervene at an individual level while also addressing larger systemic barriers that are root causes for individuals with mental health and other disabilities being overrepresented in the criminal justice system.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	# of Community Restoration Consult court orders received by Aid & Assist team	222	350	576	504
Outcome	% of Community Restoration Consult court orders responded to within five judicial days (1)	80%	100%	100%	100%
Output	# of orders to provide community restoration services in the community by Aid & Assist team	129	140	140	140
Output	average total daily caseload served in Mental Health Court	59	60	75	75

Performance Measures Descriptions

(1) Due to changes with the Mosman order, the team had difficulty managing workload and this outcome dropped for the year. More staff have been hired and all consults are being completed in the required timeline.

Legal / Contractual Obligation

ORS Chapter 161 requires the Community Mental Health Program (CMHP) to provide consultation services to the court in all criminal cases where a defendant's ability to "aid and assist" in their own defense due to a mental health disorder.
Oregon Health Authority, Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.
US Dept of Health & Human Services Substance Abuse & Mental Health Services Administration (SAMHSA) grant.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$894,287	$3,912,196	$805,358	$4,153,335
Contractual Services	$539,220	$1,532,917	$235,709	$2,103,636
Materials & Supplies	$1,861	$96,505	$5,493	$47,269
Internal Services	$205,924	$429,979	$305,201	$297,514
Total GF/non-GF	**$1,641,292**	**$5,971,597**	**$1,351,761**	**$6,601,754**
Program Total:	**$7,612,889**		**$7,953,515**	
Program FTE	5.50	24.70	4.70	25.50

Program Revenues				
Intergovernmental	$0	$5,971,597	$0	$6,601,754
Total Revenue	**$0**	**$5,971,597**	**$0**	**$6,601,754**

Explanation of Revenues

This program generates $108,058 in indirect revenues.
State $ 1,248,281 - Jail Diversion GY25
State $ 3,442,300 - State Mental Health Grant: MHS-04 Aid & Assist Client Svcs & MHS-09
State $ 1,200,000 - Assist Population - Jail Diversion
State $ 711,173 - State Improving People's Access to Community-based Treatment (IMPACT)

Significant Program Changes

Last Year this program was: FY 2025: 40088 Coordinated Diversion for Justice Involved Individuals

Multnomah County

Program #40089 - Addictions Detoxification & Post Detoxification Housing — FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Anthony Jordan
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

Withdrawal management is a critical level of treatment care in the Substance Use Disorder (SUD) continuum of services, as it medically stabilizes a highly vulnerable and diverse client population, preparing individuals for residential, outpatient, and recovery support services. Our contracted withdrawal management providers admit about 2,400 individuals annually, receiving Medicaid reimbursement for individuals covered by the Oregon Health Plan. As the Community Mental Health Program, the Behavioral Health Division's Addictions Detoxification program is responsible for providing withdrawal management services to the uninsured and underinsured populations, which total fewer individuals than those served by community providers and consist of people who struggle to receive services elsewhere. Funding for these SUD treatment services prioritizes individuals at/below 200% poverty who are uninsured or insured but face high deductibles or copays that create a burden to accessing care. Supportive Housing and Care Coordination services target individuals who are houseless or without safe housing conducive to recovery and provide additional engagement and stability throughout the transition from this level of care to continued treatment and recovery support.

This program provides clinical and medical care to individuals in withdrawal from substance use. Withdrawal management services are provided 24 hours/day, 7 days/week with medical oversight. Clients may receive prescribed medication to safely manage withdrawal symptoms and other supportive services based on individualized needs. Services are provided by medical professionals and clinical staff that address: SUD, physical health, and co-occurring disorders. Withdrawal management also includes: counseling, case management, referrals to supportive housing units, food, transportation, job training, employment opportunities, benefits eligibility screening, and discharge linkage to continuing treatment and recovery support services.

Withdrawal Management services are enhanced by two specific types of recovery support services to better serve this population: Supportive Housing and Care Coordination. Supportive Housing greatly increases treatment engagement rates post discharge from withdrawal management treatment. For people who are houseless, chemically dependent, and early in recovery it can be a vital resource in the work towards long-term recovery. Without housing, clients lack the stability necessary to address their substance use disorder. Supportive Housing Specialists work with individuals to ensure they do not return to houselessness or unstable/unsafe living conditions that are often barriers to recovery. Care Coordinators ensure clients exiting withdrawal management treatment are successfully transitioned to another level of care and connect them to recovery support services to continue their individual recovery paths. Additionally, Care Coordinators assist clients in accessing a myriad of supportive services that promote health, recovery, stability, and self-sufficiency.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of unique indigent individuals receiving Withdrawal Management services annually (1)	93	180	100	105
Outcome	% of individuals served in Care Coordination, exiting withdrawal management & transitioning to another level	78%	80%	80%	80%
Output	Number of clients served in Care Coordination transition services (2)	2,368	2,700	2,284	2,300
Output	Number of individuals receiving supportive housing (3)	525	236	545	590

Performance Measures Descriptions

(1) Withdrawal Management: Includes the number of unique indigent individuals who may receive multiple admissions in the course of the year. (2) Care Coordination: Includes both indigent clients and clients with OHP or other health insurance. The metric corresponds to the estimated annual number of individuals housed in these dedicated supportive housing beds. (3) Average length of stay in supportive housing is 14-15 weeks. The metric corresponds to the estimated annual number of individuals housed in these dedicated supportive housing beds.

Legal / Contractual Obligation

This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) contract. Program planning is developed based on State Mental Health Grant Award requirements and submitted in the "Biennial Implementation Plan." Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with State service elements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$232,388	$0	$220,456
Contractual Services	$1,539,894	$907,535	$1,515,449	$577,559
Materials & Supplies	$0	$0	$0	$8
Internal Services	$0	$4,927	$0	$5,972
Total GF/non-GF	**$1,539,894**	**$1,144,850**	**$1,515,449**	**$803,995**
Program Total:	**$2,684,744**		**$2,319,444**	
Program FTE	0.00	1.65	0.00	1.50

Program Revenues				
Intergovernmental	$0	$1,144,850	$0	$803,995
Total Revenue	**$0**	**$1,144,850**	**$0**	**$803,995**

Explanation of Revenues

Federal $ 274,292 - State Mental Health Grant: A&D Detoxification Housing Block Grant based on IGA with State of Oregon.

State $ 529,703 - State Mental Health Grant SE 66: A&D Detoxification Treatment based on IGA with State of Oregon.

Significant Program Changes

Last Year this program was: FY 2025: 40089 Addictions Detoxification & Post Detoxification Housing

Multnomah County

Program #40090 - Family & Youth Addictions Treatment Continuum

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Anthony Jordan
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

The Oregon Health Authority reports that most substance use disorders (SUD) begin before age 25. Evidence shows that early engagement through screenings and brief interventions are shown to reduce alcohol use disorders, with promising evidence they are effective with all substance use disorders. Our youth treatment continuum is a collaboration with community-based providers who work alongside schools, juvenile justice, and and recovery support providers. Providers offer a range of culturally-specific African American and Latino outreach/engagement services, outpatient treatment, and recovery support services for youth and families with an income at or less than 200% of Federal Poverty Level. Activities include:

Outreach and Engagement Services: Providers operate throughout Multnomah County, prioritizing East Multnomah County and other areas with high populations of Black, Indigenous, People Of Color youth. Activities include, but are not limited too; meeting with school staff from all area school districts to discuss the best referral pathways for individuals, attendance at provider network meetings with MCJDH, providing presentations or tabling at coalition and other networking meetings for community members with the goal of increasing the number of clients accessing outpatient treatment services.

Education Services: These activities include partnering with community groups and/or prevention partners to educate potentially high risk populations for developing alcohol/substance use disorders around treatment and recovery topics tailored to the individual groups' needs, in order to educate the broader community on these issues as well as begin the process of promoting potential initiation and engagement in treatment services within these populations.

Screening, Initiation and Engagement: Activities in this area promote initiation and engagement of individuals receiving services and supports, which may include but are not limited to: Brief screening and referral to treatment (assessments), motivational counseling, and supportive services that encourage participation in ongoing treatment and school participation.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of annual outreach and engagement events	206	100	260	150
Outcome	Number of unduplicated attendees at events.	1,372	500	1,342	300

Performance Measures Descriptions

Data is collected from the provider's monthly outreach services reports.

Legal / Contractual Obligation

This program is funded with federal substance abuse prevention and treatment resources and state general funds through the State Oregon Health Authority (OHA). Because Multnomah County accepts the State Mental Health Grant, we are obligated to spend funds in accordance with regulations regarding State Service Elements. Additionally, Local 2145 Beer & Wine tax revenues are provided to counties on a dedicated formula basis and are restricted to use for alcohol & drug services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Contractual Services	$122,850	$157,795	$94,789	$157,795
Materials & Supplies	$0	$2,259	$0	$2,259
Total GF/non-GF	**$122,850**	**$160,054**	**$94,789**	**$160,054**
Program Total:	**$282,904**		**$254,843**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$160,054	$0	$160,054
Total Revenue	**$0**	**$160,054**	**$0**	**$160,054**

Explanation of Revenues

State $ 66,986 - Local 2145 Beer & Wine Tax
State $ 93,068 - State Mental Health Grant SE66 Family and Youth Services IGA with State of Oregon

Significant Program Changes

Last Year this program was: FY 2025: 40090 Family & Youth Addictions Treatment Continuum

Program anticipates a reduction in individuals served and outreach events due to a new procurement of services being opened in FY 2025 that impact this program offer, which may impact providers offering these services. If the providers qualified under our Substance Use Disorder Continuum of Services end up being different, there could be a reduction in clients served as new programming ramps up and new relationships are formed throughout our community.

Multnomah County

Program #40091 - Family Involvement Team

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Anthony Jordan
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

The Family Involvement Team (FIT) for Recovery program is a collaboration with the Oregon Department of Human Services (DHS) Child Welfare, Substance Use Disorder (SUD) treatment and recovery support providers, social service agencies, and the Multnomah County Family Dependency Court. Each year, the FIT for Recovery program connects over 700 unique parents who have had their parental rights taken away due to substance use issues with treatment and recovery support services, specialized case management services, and peer supports from individuals with lived experience with the Child Welfare system. This connection supports parents in accessing needed services and recovery, which makes family preservation and reunification possible.

The FIT for Recovery Core Team, housed at the Family Dependency Court, works with parents involved with DHS Child Welfare who have a substance use disorder and are in need of treatment and recovery support services. Culturally specific peer support and outreach workers with lived experience meet parents directly at court hearings where parental rights are terminated to provide immediate support at a critical time. These staff work to establish a connection with parents, screen for SUD and other needs, and make referrals to treatment and support services. Warm handoffs ensure individuals have support navigating any access barriers to getting into treatment.

Once in treatment, FIT case managers with lived experience and specialized knowledge of navigating the Child Welfare and family court systems at partnering SUD treatment agencies provide the family with supportive services including case management, family therapy, and family recovery services to assist the parent/family in being successful and in developing a recovery plan. DHS Child Welfare caseworkers assist and collaborate with Case Managers and provide parent skill building, ensuring child visitation and reunification while in treatment. Peer and parent mentors are also available through the FIT collaborative before, during, and after treatment. Parenting Support groups are also provided by peers with lived experience.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of FIT referrals per year	764	800	800	800
Outcome	% of FIT clients referred who enter treatment	45%	40%	45%	47%

Performance Measures Descriptions

1) The FIT program aims to streamline and support DHS Child Welfare clients' access to drug and alcohol treatment and recovery services, with a target of 800 referrals per year. 2) The percentage of Multnomah County/DHS Child Welfare-involved parents referred to alcohol and drug treatment, in order to prevent out of home placement of children and reduce the time children may be in out-of-home placement, and/or to reunite children with parents upon their engagement and transition to a recovery lifestyle.

Legal / Contractual Obligation

Multnomah County accepts the State Mental Health Grant, and we are obligated to spend funds in accordance with State Service Elements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Contractual Services	$36,968	$328,062	$33,935	$331,995
Total GF/non-GF	**$36,968**	**$328,062**	**$33,935**	**$331,995**
Program Total:	**$365,030**		**$365,930**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$328,062	$0	$331,995
Total Revenue	**$0**	**$328,062**	**$0**	**$331,995**

Explanation of Revenues

$ 331,995 - State Mental Health Grant SE 66 Family Involvement Team (FIT) based on IGA with the State.

Significant Program Changes

Last Year this program was: FY 2025: 40091 Family Involvement Team

Multnomah County

Program #40099A - Early Childhood Mental Health Program — FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Yolanda Gonzalez
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

This program focuses on the healthy social/emotional development of children from birth to age six, through culturally, linguistically and trauma responsive prevention and treatment services. The Early Childhood program works collaboratively with Early Childhood programs and community partners, using an anti-racist equity lens, to ensure the success of children and to decrease school suspension and expulsion rates, alleviating the impacts of disparities. The program provides evidence-based services which include: early child mental health consultation, child and family mental health treatment services, parent groups, and care coordination services with culturally and linguistically responsive community support. These services have proven vital in contributing to retention of children in educational settings.

Early Childhood Mental Health Consultants provide a comprehensive continuum of culturally and linguistically responsive preventative mental health consultation that support roughly 5,000 children County-wide and their families in all Head Start Programs to promote social/emotional development and school readiness. The consultants use the Pyramid Model framework, which includes evidence-based practices for promoting young children's healthy social and emotional development. Services include early childhood classroom consultation with educators, child mental health assessment, family centered treatment, case management services, crisis triage, referral to community supports, and parent support and education. This program works in close collaboration with Early Childhood Community Partners and Early Learning Multnomah to ensure coordinated services occur for Multnomah County's at-risk children and families. A hallmark of this program is Spanish-speaking, Latine cultural staff, and Black/African American culturally responsive counseling and parent support services provided to families at Albina, Portland Public Schools, Migrant Seasonal, Neighborhood House, and Mt. Hood Community College Head Starts.

Community-based culturally responsive treatment services are specifically available for Latine and Black/African American children to increase success at home and reduce the likelihood of suspension or expulsion from Head Start. The prevention, treatment and early intervention services provided to these young children and their families address mental health and developmental needs before they become acute and require more intensive and costly care and have a greater impact on families. A critical goal of this program is to ensure children are ready to learn once they enter kindergarten.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total children receiving prevention services.[1]	5,535	4,700	5,535	5,000
Output	Total children receiving culturally specific treatment services[2]	21	30	28	30

Performance Measures Descriptions

[1] All children enrolled at the Head Start sites we serve.
[2] A Clinician was on parental leave for part of the year which impacted FY24 clients served.

Legal / Contractual Obligation

Head Start Revenue Contracts

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$1,630,843	$517,938	$1,420,153	$789,576
Contractual Services	$188,094	$613	$192,608	$1
Materials & Supplies	$5,859	$1,977	$6,661	$154
Internal Services	$107,906	$197,100	$152,640	$212,060
Total GF/non-GF	**$1,932,702**	**$717,628**	**$1,772,062**	**$1,001,791**
Program Total:	**$2,650,330**		**$2,773,853**	
Program FTE	9.77	3.24	8.47	4.71

Program Revenues				
Intergovernmental	$0	$431,904	$0	$716,067
Service Charges	$0	$285,724	$0	$285,724
Total Revenue	**$0**	**$717,628**	**$0**	**$1,001,791**

Explanation of Revenues

This program generates $19,549 in indirect revenues.
$144,616 - MHS-20: CBMH - Children & Fam. - EC - CY22
$571,451 - MHS-20: Community Based Mental Health - Early Child & Family - Block Grant - GY25
$285,724 - CBMH Child & Fam EC Ins

Significant Program Changes

Last Year this program was: FY 2025: 40099A Early Childhood Mental Health Program

1.47 FTE was moved from County General Fund to other funding, with no impact to services. 0.25 FTE Behavioral Health Manager reduced with no impact to services provided to clients.

Multnomah County

Program #40099B - Preschool For All Early Childhood Mental Health

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Yolanda Gonzalez
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:	25200-25207, 72052A, 72052B, 78335, 10000A, 10007B		
Program Characteristics:			

Program Description

Passed by voters in November 2020, Preschool for All has a goal to provide access to high-quality, inclusive, culturally responsive preschool for all three and four-year olds in Multnomah County. Children who currently have the least access to high quality preschool will be prioritized, including Black, Indigenous and children of color, children who speak languages other than English at home, children with disabilities and developmental delays, and other intersecting identities. In partnership with the Behavioral Health Division, the Department of County Human Services is investing in our Early Childhood Prevention and Treatment team by adding members to our team to support Preschool for All implementation.

Early Childhood Mental Health Consultants provide a comprehensive continuum of culturally relevant mental health services to children and their families in preschool programs to promote social/emotional development and school readiness. Preschool for All services expand and draw from on our highly effective existing early childhood programming based on the Pyramid Model framework, which includes evidence-based practices for promoting young children's healthy social and emotional development. Services include early childhood classroom consultation with educators, child mental health assessment and family-centered treatment, case management services, crisis triage, referral to community supports, and parent support and education. A hallmark of this program is Spanish-speaking staff and African American culturally specific counseling and parent support services provided to families throughout Multnomah County.

Community-based treatment services are provided for children to increase success at home and reduce the likelihood of suspension or expulsion from preschool, including culturally specific services for Latinx and African American families. Multnomah County population estimates completed by Portland State University as part of the planning for Preschool for All suggest that there are over 7,000 children aged 3-4 living at or below 200% of the federal poverty level, and of these, approximately 46% are Black, Indigenous and other children of color.

The Preschool for All investments will dramatically increase the size of the Early Childhood Mental Health team and create the need for additional supervision and program administrative support. This program offer includes funding for a supervisor, policy and program planning position, and administrative support. In total, this program offer provides funding for 1 Supervisor, 1 Program Specialist Senior, 1 Administrative Program specialist, and 7 Mental Health Clinicians. The COVID-19 pandemic continues to dramatically impact our entire community, including young children, making this investment incredibly urgent, now that babies born during the pandemic are now entering preschool. The prevention, treatment and early intervention services provided to young children and their families address mental health and developmental needs before they become escalated.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total children receiving prevention services.[1]	1,394	800	2,100	4,000
Output	Total children receiving culturally specific treatment services.[2]	12	30	24	30

Performance Measures Descriptions

[1]This number is the total number of Preschool for All seats as this prevention program works upstream to make an impact for all enrolled youth
[2] Since this a new program part of the year was training new clinicians which impacted enrollment at beginning of FY24

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$1,717,905	$0	$1,864,555
Materials & Supplies	$0	$4,514	$0	$5,700
Internal Services	$0	$122,746	$0	$146,713
Total GF/non-GF	**$0**	**$1,845,165**	**$0**	**$2,016,968**
Program Total:	**$1,845,165**		**$2,016,968**	
Program FTE	0.00	10.98	0.00	10.73

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

This program generates $77,938 in indirect revenues.
$ 2,016,968 - PEL - Preschool For All Early Childhood. Although this program is funded by the Preschool for All Program Fund, the associated revenue is budgeted in the Department of County Human Services (program 25200).

Significant Program Changes

Last Year this program was: FY 2025: 40099B Preschool For All Early Childhood Mental Health

Multnomah County

Program #40101 - Promoting Access To Hope (PATH) Care Coordination Continuum — FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Anthony Jordan
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:	40085		
Program Characteristics:			

Program Description

Promoting Access To Hope (PATH) was developed jointly by the Behavioral Health Division (BHD), the Joint Office of Homeless Services, Department of Community Justice, and the County Chair's Office. PATH conducts outreach to engage and connect eligible adults in Multnomah County who are struggling with substance use disorder (SUD), houselessness, at risk of criminal justice involvement, with priority given to Black, Indigenous, and People of Color who experience inequities. Individuals may also struggle with poverty, mental health acuity, physical health challenges, etc. PATH connects to a broad network of treatment providers that offer service and support at all levels of care. PATH offers culturally-specific services by staff that reflect those served and connects them to treatment and recovery support services responsive to individual cultural needs.

PATH conducts outreach to persons with problematic substance use who are also houseless and at risk of criminal justice system exposure. PATH receives referrals through a variety of sources: community treatment and support providers, justice partners, Behavioral Health Crisis Line, other county programs, family members, community members, self referrals, etc. Services begin with the completion of an individual needs assessment to develop a service plan specific to each unique individuals' needs and goals. PATH staff work with individuals to identify appropriate levels of SUD treatment and recovery support services. Services include housing, physical health, mental health, employment, etc. PATH services are voluntary, person directed, and low barrier. PATH staff use approaches like motivational interviewing and harm reduction to meet people where they are so they can initiate their recovery journey. Staff collaborate with each individual, and other internal/external stakeholders to establish recovery goals, eliminate/navigate barriers to basic needs, and assist clients in building a recovery foundation.

PATH team members assist individuals with placement to appropriate levels of SUD treatment and recovery support services and provide ongoing support to address deficits in social determinants of health. Approaches are utilized based on individualized needs given individuals are often at various stages of readiness for treatment or change. Abstinence from substances or other high risk behaviors are not a requirement of these services, instead PATH staff take a person-centered approach and utilize motivational interviewing skills to encourage and identify readiness for change. Services are culturally competent, focused on individual needs/readiness, and trauma informed.

The PATH program focuses on established best practice that creates the best outcomes for marginalized and underrepresented communities that are seeking SUD treatment and recovery support services. These approaches include: 1) involvement in internal county equity initiatives; 2) recruit and hire Knowledge, Skills and, Abilities (KSA) and dual language positions within the PATH team; 3) work with community providers to develop and enhance culturally specific and responsive SUD services; 4) participating in community initiatives that amplify community voices and perspectives to improve service quality and to address systemic racism in the service system overall; 5) work with existing culturally specific providers to ensure that individuals are placed in services that recognize and support their cultural identity as an integral part of their lifelong recovery.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of unique individuals served annually in PATH outreach and care coordination services	446	350	470	500
Outcome	Percentage of clients served annually in PATH Care Coordination that were successfully placed	49%	60%	65%	65%
Output	# of individuals housed by PATH team member	55	110	110	110

Performance Measures Descriptions

(1) The total number of unique individuals referred through successful outreach (individuals are provided basic resources and services at this referral point), as well as those enrolled.
(2) Placed means clients are successfully referred and enrolled in community-based SUD treatment and recovery support.
(3) The number of clients placed in sober living and/or additional housing opportunities

Legal / Contractual Obligation

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

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$669,958	$1,235,616	$679,122	$838,290
Contractual Services	$5,065	$125,602	$4,108	$104,004
Materials & Supplies	$4,443	$12,826	$4,563	$2,244
Internal Services	$23,115	$232,048	$32,359	$168,291
Total GF/non-GF	**$702,581**	**$1,606,092**	**$720,152**	**$1,112,829**
Program Total:	**$2,308,673**		**$1,832,981**	
Program FTE	4.20	8.70	4.08	4.82

Program Revenues				
Intergovernmental	$0	$594,503	$0	$561,662
Total Revenue	**$0**	**$594,503**	**$0**	**$561,662**

Explanation of Revenues

This program generates $116,526 in indirect revenues.
Federal $ 150,564 - Federal Ryan White Non Med Case Management
State $ 38,159 - Local 2145 Beer and Wine Tax
State $ 63,680 - State Mental Health Grant: A&D Peer Delivered Services based on IGA with State of Oregon.
$ 309,259 CareOregon - Early Assessment and Support Alliance

Significant Program Changes

Last Year this program was: FY 2025: 40101A Promoting Access To Hope (PATH) Care Coordination Continuum

FY 2025 Program Offer 40101B was rolled up to this program offer for FY 2026. SHS funding was reduced by $209,343 in FY 2026. As a result, one FTE was eliminated from this program offer.

Multnomah County

Program #40104A - Deflection and Sobering Program — FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Anthony Jordan
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

The Deflection and Sobering program is part of the Behavioral Health Division's (BHD) Addiction Services unit. Investments by the State of Oregon Criminal Justice Commission and the City of Portland support operating expenses for deflection programming and sobering services. Multnomah County is implementing House Bill (HB) 4002, which made significant changes to Measure 110 and provided funding to counties to start and implement deflection programs. Per HB 4002, a deflection program is a collaborative program between law enforcement agencies and behavioral health entities to keep individuals out of the justice system. The HB 4002 Leadership Team determines the program's eligibility and success criteria. This program aids in the coordination of the many systems designed to address the region's substance use crisis.

The goal of the program is to assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders in accessing community-based pathways to treatment, recovery support services, housing, case management or other services outside of the justice system. The County's deflection program includes center based and field based services. Center based services are housed at the Coordinated Care Pathway Center (PC) which is a temporary location. In Spring 2025, sobering services (13 recliners) were added at the PC for those deflected and for the community at large. PC services are provided through a contractor and BHD's Providing Access to Hope Team (PATH) team, which does care coordination and outreach/follow up. Referral pathways for sobering will include law enforcement, first responders, and others. The program also tracks and assesses the impacts of this new law on the community, with particular regard to racial inequities.

The PC and field based deflection services happen through partnership with justice and law enforcement partners, behavioral health providers, peer organizations, other jurisdictional partners, and internal county departments. Deflection services at the PC include medical and behavioral health screenings, care coordination, referrals, and transportation (and access to sobering as appropriate). Field based services include screenings, care coordination, and referrals. Follow up outreach is provided by care coordinators or peers to individuals who are deflected at the PC and in the field. Outreach is also provided around the PC to support neighborhood safety.

Sobering services will allow for drop-off of acutely intoxicated individuals determined to be eligible and medically appropriate. Services include observation and stabilizing medication. Care plans, referrals, and transportation are provided once clients complete sobering. Law enforcement, first responder, and deflection referrals/drop-offs are prioritized.

PC services will be moved to the permanent 24/7 Sobering & Crisis Stabilization Center when completed, which will offer sobering, withdrawal management, medication assisted treatment, deflection, and more. Program Offer 40000C has details on capital costs for the permanent facility; 40104B has operational planning details.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of HB4002 Leadership Team meetings attended	N/A	N/A	12	12
Output	Number of quarterly data reports	N/A	N/A	2	4
Outcome	% of individuals referred to deflection who access a service	N/A	N/A	25%	30%
Outcome	% of individuals engaged in sobering who access a referral post discharge	N/A	N/A	N/A	20%

Performance Measures Descriptions

Measure 3: The FY25 estimate is based on the deflection program's quarter 1 data (9/1/24-11/30/24).
Measures 3 and 4: This program offer contains new programming. It is anticipated that outcomes will increase in future years as program implementation and quality improvement activities are implemented.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$0	$0	$994,017
Contractual Services	$0	$1,900,000	$0	$4,354,704
Materials & Supplies	$0	$0	$0	$307
Internal Services	$0	$0	$0	$864,824
Total GF/non-GF	**$0**	**$1,900,000**	**$0**	**$6,213,852**
Program Total:	**$1,900,000**		**$6,213,852**	
Program FTE	0.00	0.00	0.00	6.00

Program Revenues				
Intergovernmental	$0	$1,900,000	$0	$6,213,852
Total Revenue	**$0**	**$1,900,000**	**$0**	**$6,213,852**

Explanation of Revenues

$1.9 million - Intergovernmental, Direct Other from the City of Portland
State: $4,313,852 State Improving People's Access to Community-based Treatment (IMPACT)

Significant Program Changes

Last Year this program was:

This Program Offer is new for FY 2026. It includes State of Oregon Criminal Justice Commission and City of Portland funds that were in 40000C in FY 2025.

Multnomah County

Program #40104B - 24/7 Sobering and Crisis Stabilization Center Implementation — FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Anthony Jordan
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:	40104		
Program Characteristics:	New Request		

Program Description

In FY 2025, the County received $25 million in state capital funding designated for the development of a 24/7 drop-off receiving and sobering center. Multnomah County used a portion of the state capital funding to develop the Coordinated Care Pathway Center (PC). Program Offer 40000C gives FY 2026 details regarding capital costs for the permanent facility. The Department of County Assets (DCA) is leading facility planning and the Health Department is leading program and operations planning. The Behavioral Health Division's (BHD) Addiction Services unit is implementing the County's Deflection and Sobering program, along with planning for the transition of services to the permanent 24/7 Sobering & Crisis Stabilization Center (SCSC). Services will transition to the permanent 24/7 SCSC when construction is complete. This offer will provide capacity for program and operations planning and facilitating the Sobering Leadership Team and other advisory groups.

It includes 2.0 FTE and passthrough to support planning activities, including policy/procedure drafting, licensure, compliance, safety, key performance indicators/goals/metrics, transportation, referral pathways, revenue planning/forecasting, contract management, and coordination with the facility operator and other key partners. Implementing evaluation of deflection and sobering in FY 2026 will enable the Department to improve programming, better understand the impacts of HB 4002; and utilize learnings to be set up for success when the 24/7 SSCS is operational. This capacity can also support convening a Good Neighbor Advisory Group and establishing a Good Neighbor Agreement.

This offer will also expand outreach staff for deflection and sobering clients (3.00 FTE) and provide direct client assistance. BHD determined additional outreach capacity is needed to engage individuals after their initial deflection and/or sobering encounter. Adding outreach workers in FY 2026 will allow BHD to pilot different service delivery models with the goal of providing sobering-specific outreach services even before the 24/7 SCSC opens.

The 24/7 SCSC will offer sobering, withdrawal management, medication assisted treatment, and deflection. It will include up to 50 sobering and withdrawal management stations. The Center will also have a fully functional kitchen, showers, restroom, and laundry facilities. BHD will operate deflection services at the SCSC and a contractor will provide sobering and crisis stabilization services.

The Health Department developed and implemented a governance structure in FY 2025 for all planning components. It includes a Leadership Team to provide oversight and direction to the creation of services at the 24/7 SCSC per a FY25 budget note. The Department began convening this team, which includes the District 3 Commissioner, the Chair's office, County leadership, City leadership, and internal County departments, in February 2025.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of Sobering and Crisis Stabilization Leadership Team meetings	N/A	N/A	4	12
Output	Provide Board with quarterly updates on operational planning and development progress	N/A	N/A	4	4
Outcome	% of individuals referred to deflection or sobering who engage with an outreach worker in post-care follow-up	N/A	N/A	N/A	40%

Performance Measures Descriptions

Measure 3: This program offer includes new programming (sobering). As implementation continues it is expected that outcomes will increase in future years.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$0	$691,189	$0
Contractual Services	$0	$0	$200,000	$0
Total GF/non-GF	**$0**	**$0**	**$891,189**	**$0**
Program Total:	**$0**		**$891,189**	
Program FTE	0.00	0.00	5.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last Year this program was:

This Program Offer is new for FY 2026.

Multnomah County

Program #40105A - Behavioral Health Resource Center (BHRC) - Day Center — FY 2026 Proposed

Department: Health Department **Program Contact:** Barbara Snow

Program Offer Type: Operating **Program Offer Stage:** Proposed

Related Programs:

Program Characteristics:

Program Description

Multnomah County has experienced an increase in houseless individuals experiencing mental health and substance use challenges. The February 2024 Point In Time count of sheltered and unsheltered people experiencing homelessness showed an increase in unsheltered individuals within Multnomah County growing at a staggering 29% rate. Black, Indigenous, and People of Color (BIPOC) individuals experienced the greatest disparity in accessing services.

The Behavioral Health Resource Center (BHRC) Day Program consists of a Day Center, Referral Van, and Outreach Teams. Through these three components Peer Support Staff provide low-barrier connection and support, linking individuals to basic needs services onsite, offering connection, hope and direction through the sharing of their lived experience. The goals of peers are to reduce stigma and increase access to support and resources so that individuals can take the first step of moving towards housing stability. The BHRC Day Program is a unique peer-operated and trauma-informed space. It provides increased access to individuals most marginalized and vulnerable due to systemic oppression and historical trauma.The program also increases access to referrals and housing options (see BHRC Shelter and Bridge Housing program), provides access to medical services through partnerships with other Health Department programs, and operates during severe weather.

The Referral Van operates daily from 6am-2pm offering initial support and connection to over 250 people a day. Clients can access coffee, resources, and basic supplies as well as entry tickets to the Day Center. This connection increases treatment readiness and likelihood of engaging at the Day Center. The Day Center serves 100 individuals daily through a system that reduces competition for resources and supports engagement with peers. Offering an array of services, including access to showers, bathrooms, laundry, clothing, computers and printing, wifi and charging stations, mail service, snacks, coffee, activity space, and safe, calming spaces to relax and gain support from peer staff. The Outreach Team walks a 2-10 block radius around the facility to engage with individuals, inviting them back to the BHRC for services or referring them immediately to other community partners. This team successfully refers three people to detox a day, and dozens more to community services, including emergency beds onsite in the BHRC Shelter in coordination with Shelter staff.

Additional outreach services in this Program Offer pairs behavioral health providers and law enforcement to help people living outside with addiction and unmet behavioral health needs.Under this model, when law enforcement encounters someone using drugs in public, they offer them the opportunity to meet with a trained outreach worker. If the person agrees, an outreach team is deployed to their location within 10 minutes or less to help secure culturally competent services, treatment, and shelter in real time. If same-day care is not available, outreach workers maintain contact to support the person with their service plan, while also working to navigate wait lists and other barriers to get them access to care as quickly as possible.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of individuals receiving peer delivered services and access to basic needs daily	97	150	99	100
Outcome	Percent of participants that will have access to onsite supports, including basic needs and social connection.	99%	90%	99%	95%
Outcome	Percent of individuals served daily that will use onsite connection and/or community support.	63%	70%	66%	70%

Performance Measures Descriptions

Outputs reflect the number of individuals that access services (not unique individuals) since identification is not required. Van and outreach service activities will be added to performance measures in the future. An additional performance measure was added in FY26 for outreach services paired with law enforcement. FY25 was the first year services were offered and budgeted outputs were not calibrated to actual use by law enforcement; FY26 has been subsequently adjusted to reflect first year results.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$16,879	$441,621	$0	$481,854
Contractual Services	$2,065,857	$1,571,107	$2,180,248	$1,771,907
Materials & Supplies	$0	$10,719	$196	$8,368
Internal Services	$935,083	$249,980	$1,147,489	$194,894
Total GF/non-GF	**$3,017,819**	**$2,273,427**	**$3,327,933**	**$2,457,023**
Program Total:	**$5,291,246**		**$5,784,956**	
Program FTE	0.00	1.50	0.00	1.80

Program Revenues				
Intergovernmental	$0	$873,427	$0	$791,223
Beginning Working Capital	$0	$0	$0	$228,000
Total Revenue	**$0**	**$873,427**	**$0**	**$1,019,223**

Explanation of Revenues

This program generates $75,555 in indirect revenues.
Federal: $ 520,000 - CareOregon - Behavioral Health Resource Center
Federal: $ $79,620 - Trillium - Behavioral Health Resource Center (BHRC)
State: $ 191,603 - OHA Behavioral Health Community Mental Health Programs & Capital - BHRC
$ 228,000 OHA CFAA Settlement

$1,437,800 Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Homeless Services Department program 30999 Supportive Housing Services Revenue for Other Departments.

Significant Program Changes

Last Year this program was: FY 2025: 40105A Behavioral Health Resource Center (BHRC) - Day Center

In FY 2026, this program also contains services from FY 2025 Program #40105C - Downtown Addiction Services Pilot.

Multnomah County

Program #40105B - Behavioral Health Resource Center (BHRC) - Shelter/Housing — FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Barbara Snow
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

Multnomah County has experienced an increase in houseless individuals experiencing mental health and substance use challenges. The February 2024 Point In Time count of sheltered and unsheltered people experiencing homelessness showed an increase in unsheltered individuals within Multnomah County growing at a staggering 29% rate. Black, Indigenous, and People of Color (BIPOC) individuals experienced the greatest disparity in accessing services. The Homelessness Response Action Plan (HRAP) calls for placing 50% of those known to be experiencing homelessness into housing.

The Behavioral Health Resource Center (BHRC) Shelter and Bridge Housing aims to provide a pathway to end houselessness for those with behavioral health concerns. The programs coordinate with the BHRC Day Program to offer Peer Support and Clinical intervention to those in the programs as they transition from dorm style shelter to smaller room Bridge Housing and then to more permanent options. The Shelter also partners with outreach teams and first responders to offer immediate access to those in crisis on the street. The BHRC Housing Program is a unique peer operated and trauma informed space. It provides increased access to individuals most marginalized and vulnerable due to systemic oppression and historical trauma.

The Behavioral Health Shelter program has 33 beds and is a mixed gender shelter. The length of stay is 1-30 days. The Bridge Housing program provides 19 beds, offers mixed gender housing, and the length of stay is 1-90 days. A contractor, staffed by peers and clinical professionals with lived experience, operates both programs and offers 24/7 support and connection to those in the program. Nearly every participant receives individualized case/care management, which includes support such as access to basic needs, bus fare, cell phones, clothing, employment services, food stamps, medical services, mental health services, and detox. Participants that exit early for any reason are able to access support in the future; staff maintain open communication and opportunities for re-engagement, ensuring critical longer-term support when needed. Participants have started a BHRC open forum and Alumni group. The Shelter program has served over 426 individuals since opening, and the Bridge program has served 136. Between the two programs, there have been over 138 successful transitional housing placements post utilization of onsite housing services. The Shelter and Bridge Housing are effective in bridging the gap between emergency shelter and permanent housing.

The program operates during severe weather and has a number of outputs including: providing immediate shelter and access to bridge housing; providing clinical support directly in the shelter and housing environment; increasing access to Peer Support; increasing coordination and pathways to housing in behavioral health continuum; and providing access to medical services through agreements with other Health Department programs.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of individuals served in Shelter and Bridge Housing programs	114	52	109	52
Outcome	% of participants using shelter beds will engage in service planning to address behavioral health and housin	86%	70%	85%	70%

Performance Measures Descriptions

This was the first year of full operation of the Shelter and Bridge Housing programs.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Contractual Services	$254,571	$2,861,789	$2,032,953	$1,113,935
Internal Services	$637,113	$112,861	$969,811	$0
Total GF/non-GF	**$891,684**	**$2,974,650**	**$3,002,764**	**$1,113,935**
Program Total:	**$3,866,334**		**$4,116,699**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$1,890,000	$0	$0
Total Revenue	**$0**	**$1,890,000**	**$0**	**$0**

Explanation of Revenues

$1,113,935 Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Homeless Services Department program 30999 Supportive Housing Services Revenue for Other Departments.

Significant Program Changes

Last Year this program was: FY 2025: 40105B Behavioral Health Resource Center (BHRC) - Shelter/Housing

Multnomah County

Program #40108 - Stabilization and Integration Housing Services (formerly BHECN) FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Heather Mirasol
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:			
Program Characteristics:			

Program Description

This program offer reflects implementation of Opioid Settlement resources initially associated with the Behavioral Health Emergency Coordination Network (BHECN) initiative which has ended. The initial goal of BHECN was to develop/expand projects that support mental health and Substance Use Disorder (SUD) stabilization.

Program Offer includes support for a 6-month stabilization housing program for individuals transitioning from detoxification, residential treatment, and those facing the risk of houselessness. The program is divided into a stabilization phase (first 90 days) and a relapse prevention phase (next 90 days), both with supportive housing available. The last phase, beyond intensive outpatient treatment, offers tools and support for sustained sobriety and long-term stability.

A second program within this offer provides two levels of recovery support. The first - a stabilization model - provides a flexible 14-day need-based stabilization and evaluation service for individuals transitioning between withdrawal management and residential services. This program focuses high-acuity individuals with substance use disorder and/or co-occurring conditions, offering intensive peer support, onsite staff, and care coordination. The second level - an integration model - is intended for individuals who have completed residential services, providing 4–6 months of housing with a live-in house manager. This includes peer support, employment support, life-skills services, and case management.

These programs target the highest acuity individuals who are most vulnerable to relapse without appropriate options for step up/step down support in their recovery. The proximity and relationships of the program providers allow for building more direct referrals into the next appropriate level of support, depending on where an individual is in recovery.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of clients to successfully complete the 6-month program and transition into stable housing	N/A	N/A	N/A	70
Outcome	Percentage of individuals, after completing the stabilization phase, remain engaged in at least two treat	N/A	N/A	N/A	70%
Output	Number of participants in the stabilization housing program who successfully transition to residential care	N/A	N/A	N/A	180
Outcome	Percentage of participants who, after completing residential services, successfully maintain sobriety and c	N/A	N/A	N/A	75%

Performance Measures Descriptions

The performance measures reflect reasonable expectations for outcomes based on program activities and historical data for these types of programs. These programs are new and are expected to reach higher targets in future years.

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Personnel	$0	$0	$142,163	$0
Contractual Services	$2,050,000	$0	$1,889,854	$0
Total GF/non-GF	**$2,050,000**	**$0**	**$2,032,017**	**$0**
Program Total:	**$2,050,000**		**$2,032,017**	
Program FTE	0.00	0.00	1.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Funded with opioid settlement revenue that is budgeted in program offer 95001.

Significant Program Changes

Last Year this program was: FY 2025: 40108 BHECN - Behavioral Health Emergency Coordinating Network

This program offer reflects implementation of Opioid Settlement resources initially associated with the BHECN initiative which has ended. The initial goal of BHECN was to develop/expand projects that support mental health and SUD stabilization.

Multnomah County

Program #40112 - Shelter, Housing and Supports

FY 2026 Proposed

Department:	Health Department	**Program Contact:**	Jessica Jacobsen
Program Offer Type:	Operating	**Program Offer Stage:**	Proposed
Related Programs:	30999		
Program Characteristics:			

Program Description

Utilizing Metro Supportive Housing Services Measure (Measure) funding that is dedicated to reducing homelessness through strategies that lead with racial equity, this program offer funds critical short-term shelter, transitional housing and permanent housing capacity for people experiencing or at imminent risk of chronic homelessness, in particular individuals living with serious and persistent mental illness. The offer leverages and builds on existing intensive behavioral health programs in the Health Department's Behavioral Health Division that serve this vulnerable population.

The Multnomah County Local Implementation Plan (LIP) for the Measure sets out a range of strategies to reduce homelessness by increasing permanent housing and wrap-around services for those experiencing, or at risk of, chronic homelessness and episodic homelessness. The LIP strategies prioritize the Measure commitment to eliminating racial inequities among people experiencing chronic and episodic homelessness. The LIP also makes a specific commitment to immediately expanding behavioral health services at all levels of the continuum, from shelter, to transitional housing and permanent supportive housing. This program offer reflects that commitment and funds:

* Critical motel-based emergency shelter capacity and crisis case management for individuals in the Health Department's Behavioral Health Division's programs. This will provide immediate safety off the streets for people living with severe behavioral health needs, while they transition to longer-term housing options. Cultivating Communities - up to 34 beds. Bridging Connections - up to 40 beds.

* Investments in long-term rental assistance and housing placement services for people served by any of Multnomah County's Assertive Community Treatment (ACT) and Intensive Case Management (ICM) teams. ACT and ICM teams provide an intensive level of community-based, ongoing support services to people with severe and persistent mental illness.

* Permanent Supported Housing for individuals with Serious and Persistent Mental Illness at Cedar Commons (30), Douglas Fir (15) and Meridian Gardens (65).

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of individuals placed into or retained in permanent housing	169	175	175	200
Outcome	Number of participants served in motel-based emergency shelter	181	115	181	75

Performance Measures Descriptions

Number of individuals placed or retained in permanent supportive housing accounts for the individuals served in two site based programs: Douglas Fir and Cedar Commons and through Regional Long Term Rent Assistance vouchers paired with Assertive Community Treatment (ACT) providers and Intensive Case Management (ICM) providers.
Number of participants served in motel-based emergency shelter represents individuals served through Bridging Connections (two sites).

Legal / Contractual Obligation

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	**2025**	**2025**	**2026**	**2026**
Contractual Services	$0	$7,723,540	$413,573	$9,615,877
Total GF/non-GF	**$0**	**$7,723,540**	**$413,573**	**$9,615,877**
Program Total:	**$7,723,540**		**$10,029,450**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

$9,615,877 - Supportive Housing Services (SHS) Fund 1521. Tax revenues are budgeted in the Homeless Services Department program 30999 Supportive Housing Services Revenue for Other Departments.

Significant Program Changes

Last Year this program was: FY 2025: 40112 Shelter and Housing - Supportive Housing Services

The Cultivating Community Shelter site is funded with a combination of Supportive Housing Services funding, ongoing General Fund, and $264,563 of one-time-only General Fund.