

Division: HD Director's Office

Program Characteristics:**Program Description**

The Health Department (HD) Director's Office provides executive leadership committed to equity and community engagement. The Director is the Local Public Health Administrator (LPHA) and supports the Board as the Local Mental Health Authority (LMHA). This ensures the HD meets legal requirements and improves community health. The Office convenes the HD Leadership Team, is a liaison to elected officials, and advances statutorily required capabilities related to equity, partnerships, communications, policy, planning, epidemiology, and workforce. The Office may be impacted by a Chair budget reduction.

The Office of Health Equity (OHE) leads racial justice and equity-focused efforts. It is a central hub in a departmental approach to align equity-centered strategic plans and investments in population-level health outcomes to optimize capacity as the largest Public/Behavioral Health Department and Community Health Center in Oregon. OHE coordinates culturally specific community engagement, including critical language and liaison support in emergencies. Strategists representing nine diverse groups engage community leaders, organizations, and boards to implement strategies aimed at ending health inequities.

Strategy and Grant Development secures resources to launch initiatives and maintain programs. Public Health Infrastructure Grant capacity supports implementing capabilities across the department and workforce efforts with schools of public health to address recruitment and retention so the community can be effectively served. Communications & Marketing executes evidence-based communications to protect the public from harm, eliminate health inequities, and support organizational cohesion. The team fulfills public health statutory requirements, promotes essential services and capabilities, disseminates timely, trustworthy information to diverse communities, and serves as Public Information Officers in emergencies.

Equity Statement

The Health Department Director's Office provides strategic direction to lead the department's efforts to end health inequities across Multnomah County's many culturally specific communities. Work across Health Department divisions aims to mitigate the impacts of colonialism and current and historic racism and to end health inequities. The Office also utilizes equity-based, data-driven processes, including community data, to address inequities and improve outcomes.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$5,733,945	\$2,266,609	\$6,005,296	\$869,834
Contractual Services	\$1,113,113	\$886,390	\$1,380,318	\$484,390
Materials & Supplies	\$237,623	\$106,952	\$72,112	\$1,513
Internal Services	\$615,065	\$355,405	\$662,575	\$364,089
Total GF/non-GF	\$7,699,746	\$3,615,356	\$8,120,301	\$1,719,826
Total Expenses:	\$11,315,102		\$9,840,127	
Program FTE	28.98	12.60	28.39	5.20
Program Revenues				
Intergovernmental	\$0	\$3,615,356	\$0	\$1,719,826
Total Revenue	\$0	\$3,615,356	\$0	\$1,719,826

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
# of culturally specific and multicultural community partners and events that promote health equity	160	160	145
# of people who saw content from or about the Department through webpage, posts, stories, ads, etc.	1,546,032	1,300,000	1,000,000

Division: HD Director's Office

Program Characteristics:**Program Description**

The Health Department's Overdose Prevention and Response (OPR) Plan covers the substance use and addiction service continuum to reduce health inequities. The plan was developed in FY 2024 to address overdose deaths, gaps in prevention, harm reduction, treatment, and recovery services. It will be updated for FY 2027 to integrate ongoing activities, as well as new ones. The plan's goal is to slow and reduce overdose rates and ultimately end preventable deaths. This is accomplished through preventing exposure to opioids, stimulants, and other illicit substances; reducing harms; and increasing utilization of treatment and recovery services.

This program offer maintains capacity for prevention focused on youth and families, naloxone distribution, and harm reduction technical assistance to integrate strategies across homeless, behavioral health, and addictions systems. Prevention efforts educate and support BIPOC, LGBTQ2SIA+, and other priority youth to prevent drug use and the development of substance use disorders. Behavioral Health and Public Health staff work to expand partnerships with County leadership, multisectoral partners, schools, community and faith-based organizations, and people with lived experience. They provide partners with harm reduction and other technical assistance, educational toolkits, and coordinate culturally specific forums.

Naloxone distribution remains critical to curbing and eventually ending overdose deaths. This program supports a naloxone specialist acting as a central resource for coordinating training and purchasing naloxone. The program distributes lifesaving naloxone through partnerships with the Homeless Services Department and community organizations. Since July 2024, the program has distributed over 56,327 naloxone kits, equating to 112,654 doses, to community partners and County programs.

Equity Statement

The OPR plan and work funded by this program offer prioritizes communities experiencing the highest overdose rates and people unfairly impacted by systemic oppression and exclusion. Activities coordinate around innovation, equity, and dignity to deliver person-centered solutions. In practice, this means meeting people where they are with compassion and cultural humility, and monitoring data to focus implementation on health inequities by race/ethnicity and housing status.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$452,332	\$0	\$629,858	\$0
Materials & Supplies	\$150,000	\$0	\$759,374	\$0
Total GF/non-GF	\$602,332	\$0	\$1,389,232	\$0
Total Expenses:	\$602,332		\$1,389,232	
Program FTE	3.00	0.00	4.00	0.00
Total Revenue	\$0	\$0	\$0	\$0

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of substance use prevention and harm reduction education or technical assistance sessions conducted	13	15	20
Number of naloxone kits distributed through County General Fund	3,500	3,750	45,652

Division: HD Director's Office

Program Characteristics:

Program Description

The Health Department (HD) Director holds a statutory role of Local Public Health Authority and supports the Behavioral Health Division (BHD) as the Community Mental Health Program (CMHP) to ensure the HD performs its governmental role and advances equity. As CMHP, the BHD supports the Board as the Local Mental Health Authority. A key responsibility is developing a Comprehensive Local Plan (CLP) to determine local service needs and provide services.

The HD committed to expanding from a traditional compliance-based document to the CLP+ that provides a roadmap for a population-level, systems-based approach to behavioral health system. This approach builds structures for a collective impact model to improve data, accessibility, and workforce capacity, ensuring the right services reach the right people. In partnership with the Board, the HD updated the Calculating Adequate Systems Tool (CAST) survey of substance use providers and synthesized a decade of evaluations, including the Blueprint for Better Behavioral Health. In FY 2026, Oregon Health Authority updated the CLP plan template and the plan was adopted by the Board in 2026.

BHD is convening partners around making data accessible, increasing the workforce, and transforming a siloed system into one that collaborates to meet consumer needs in real time. This program offer supports capacity for epidemiological analysis and evaluation to identify needs and track equity-focused outcomes. It also funds the facilitation, project management, and data infrastructure necessary to achieve these goals. In FY27, BHD will work with partners to focus on the high acuity behavioral health population at the intersection of homelessness, mental health, and substance use.

Equity Statement

The HD Director's Office provides strategic direction to lead the department's efforts to end health inequities across Multnomah County's many culturally specific communities. The goal is to mitigate the impacts of current and historic racism and white supremacy and to end health inequities. This offer focuses outcomes on equity and utilized epidemiology capacity to analyze what communities are most impacted by behavioral health inequities to improve community health.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$661,682	\$0	\$630,580	\$0
Total GF/non-GF	\$661,682	\$0	\$630,580	\$0
Total Expenses:	\$661,682		\$630,580	
Program FTE	3.20	0.00	2.70	0.00
Total Revenue	\$0	\$0	\$0	\$0

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
# of population-based measures for behavioral health that are tracked	NA	15	15
# of behavioral health planning/implementation sessions	5	5	5

Division: Health Officer

Program Characteristics:**Program Description**

The Multnomah County Health Officer is the lead Health Officer and supervises a Multnomah County Deputy Health Officer, the Washington County Health Officer, and several on-call Deputy Health Officers. The Health Officers 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. The Health Officers oversee the Medical Examiner's Office, Emergency Medical Services administration, Public Health Emergency Preparedness & Response, and several aspects of the Overdose Prevention & Response plan. They also provide physician authorization and clinical oversight for the full scope of Communicable Disease Services, including medical direction for the Sexually Transmitted Infection Clinic, Harm Reduction Clinic, and tuberculosis program, and serve as key physician subject matter expert spokespeople for the County. Health Officers also close gaps in services. Recent examples include highly pathogenic avian influenza testing and prophylaxis, and expanding naloxone availability for overdoses. The Health Officers work alongside health department programs, leadership, and community to assure resources are focused on addressing preventable deaths and disease in communities that experience the most disproportionate and protracted impact. They also offer a valuable perspective in the realm of local and state health policy that is prevention-focused and equity-based. The Health Officers play a key role, in coordination with the Health Department Director and Public Health Director, with media and regional communications about major public health concerns or initiatives, including (1) participating in enforcement of public health laws; (2) supervising select public health programs; (3) working with department staff, other county agencies, and community partners to manage critical public health problems; and (4) participating in the department leadership team.

Equity Statement

As part of their work coordinating public health projects and interventions in the county, the Tri-County Health Officer team exercises an equity lens to ensure that under-resourced populations are included in determinations of disproportionate impact and often times work directly with members of those communities, through the community engagement and consumer involvement teams in the department to develop or deploy focused interventions to address those inequities.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$685,278	\$367,818	\$749,424	\$403,809
Materials & Supplies	\$49,754	\$10,308	\$0	\$6,000
Internal Services	\$109,142	\$57,674	\$108,702	\$59,849
Total GF/non-GF	\$844,174	\$435,800	\$858,126	\$469,658
Total Expenses:	\$1,279,974		\$1,327,784	
Program FTE	1.07	0.87	1.15	0.88

Program Revenues

Intergovernmental	\$0	\$435,800	\$0	\$469,658
Total Revenue	\$0	\$435,800	\$0	\$469,658

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Health System respiratory pathogen calls are held on a regular basis (every 2 weeks) during respiratory season (Oct-Apr)	100%	100%	100%
Health Officers provide consistent coverage of the regional on-call/after hours reportable disease phone line without lapse	100%	100%	100%

Division: Health Officer

Program Characteristics:**Program Description**

The Multnomah County Emergency Medical Services (MCEMS) Program includes all of the functions related to the regulation, coordination, and 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, implementation of the County's Ambulance Service Plan Ordinance 1238, and the medical direction of all EMS providers within the county. MCEMS 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 EMS providers. The EMS Medical Director provides medical direction to all EMS providers in the county. The program administers contracts related to the Ambulance Service Plan including: administration of the contract for on-line medical control with Oregon Health Sciences University (OHSU), providing medical consultation to EMS providers and managing patient distribution when the system's hospitals are stressed, and during multi-casualty emergencies and disaster; contracts that provide general fiscal support of 911 medical first response in the areas of the county without fire department coverage. MCEMS 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 Bureau 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.

Equity Statement

MCEMS oversees 24/7 pre-hospital clinical care for all individuals within Multnomah County. We maintain system integrity through standardized protocols, joint training, and continuous quality improvement activities. The program cultivates a diverse workforce reflective of the communities served and uses all available data to identify and rectify inequities in service delivery based on key performance indicators.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$2,234,513	\$1,094,233	\$2,246,527	\$1,169,951
Contractual Services	\$481,401	\$29,643	\$511,818	\$15,678
Materials & Supplies	\$101,715	\$6,433	\$89,541	\$12,550
Internal Services	\$206,740	\$324,013	\$270,245	\$288,694
Total GF/non-GF	\$3,024,369	\$1,454,322	\$3,118,131	\$1,486,873
Total Expenses:	\$4,478,691		\$4,605,004	
Program FTE	7.87	6.13	8.35	6.40

Program Revenues

Fees, Permits & Charges	\$3,029,606	\$0	\$3,022,716	\$0
Intergovernmental	\$0	\$0	\$0	\$1,486,873
Other / Miscellaneous	\$0	\$1,454,322	\$0	\$0
Total Revenue	\$3,029,606	\$1,454,322	\$3,022,716	\$1,486,873

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Comprehensive listing of all licensed EMS providers in the county receiving EMS medical direction from the County	1	1	1
EMS System Clinical Quality Improvement Committee meetings	10	10	10

Division: Health Officer

Program Characteristics:**Program Description**

The Public Health Emergency Preparedness & Response (PHEPR) program coordinates and informs to ensure an equitable response to emergencies with severe health impacts, such as natural disasters, severe epidemics/pandemics, bioterrorism and terrorist attacks, and other incidents requiring coordinated action to: 1) focus the response on priority needs; and 2) effectively leverage resources of government, private healthcare providers, and non-profit organizations. PHEPR activities include:

- 1) Emergency plans and protocols linked to the County's Emergency Response Plan, specifically the Emergency Support Function-8 (ESF-8) Annex;
- 2) Coordinating with Health Department leadership, managers and supervisors, and incident management team members on training, preparedness, and response actions;
- 3) Participation in exercises to test and refine plans and capabilities and establish relationships with response partners; and
- 4) Plan development with responsible programs 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 federal grants that help the County meet Public Health Modernization goals for 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.

Equity Statement

PHEPR coordinates with Health Department leadership to ensure all people in Multnomah County are considered and engaged in County plans, processes, and actions for responding to an emergency or disaster. Plans include using data to investigate and analyze an emergency's health impacts and make informed decisions on culturally and linguistically appropriate responses for impacted communities.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$24,593	\$301,539	\$0	\$254,457
Materials & Supplies	\$0	\$8	\$0	\$0
Internal Services	\$26,203	\$52,774	\$22,799	\$38,010
Total GF/non-GF	\$50,796	\$354,321	\$22,799	\$292,467
Total Expenses:	\$405,117		\$315,266	
Program FTE	0.08	1.31	0.00	1.10
Program Revenues				
Intergovernmental	\$0	\$354,321	\$0	\$292,467
Total Revenue	\$0	\$354,321	\$0	\$292,467

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of preparedness exercises in which program participates	2	2	2
Number of call down drills carried out with the County's registered Push Partners	2	2	2

Division: Public Health

Program Characteristics:**Program Description**

Tobacco use is the largest preventable cause of sickness and death in Multnomah County. While fewer people overall are smoking than in the past, many people still smoke and use tobacco and nicotine products, and certain groups—defined by race, age, ethnicity, education, and income—do so at higher rates than the population as a whole.

The Tobacco Retail Licensing Program works to prevent and reduce tobacco and nicotine use, access, and exposure for everyone. Our work includes: making it harder for youth to get tobacco; tracking data and evaluating our work; and recommending rules and policies (like tobacco retail licensing and restricting the sale of menthol and other flavored tobacco/nicotine products).

Tobacco retail licensing includes checking for store compliance annually; an additional annual inspection for enforcing minimum legal sales age rules; processing appeals; and providing training, outreach, and advice to retailers. We evaluate the tobacco licensing program every year to make sure the rules are applied fairly.

Equity Statement

Our immediate goals are to reduce or stop new and continued use among groups unfairly targeted by tobacco industry marketing and who suffer the highest rates of tobacco-related poor health outcomes: young people, American Indians/Alaska Natives, Black/African Americans, and the LGBTQI community.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$779,448	\$359,328	\$811,948	\$389,028
Contractual Services	\$8,776	\$195,404	\$8,775	\$35,612
Materials & Supplies	\$21,052	\$22,397	\$36,718	\$2,456
Internal Services	\$178,566	\$127,387	\$220,401	\$101,016
Total GF/non-GF	\$987,842	\$704,516	\$1,077,842	\$528,112
Total Expenses:	\$1,692,358		\$1,605,954	
Program FTE	4.90	2.15	4.75	2.20

Program Revenues

Fees, Permits & Charges	\$738,588	\$0	\$888,504	\$0
Intergovernmental	\$0	\$535,612	\$0	\$510,612
Beginning Working Capital	\$0	\$168,904	\$0	\$17,500
Total Revenue	\$738,588	\$704,516	\$888,504	\$528,112

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of tobacco retail licenses issued	781	785	781
Number of retail inspections (regular, youth, and enforcement)	1,494	1,500	1,600

Division: Public Health

Program Characteristics:**Program Description**

The Health Inspections and Education program works to eliminate the spread of illnesses by food and water. The program activities are required by law and paid for with fees from the facilities we inspect.

The program works with facility owners and staff to ensure safe food and water by:

- Training licensed facilities on State rules that keep people safe.
- Enforcing those rules through facility inspections.
- Providing food service workers with accessible training.
- Making workplaces safer and reducing accidental injuries.

The program also works to stop the spread of sicknesses carried by food and water by:

- Educating people on how to report illnesses or complaints.
- Investigating outbreaks of diseases that spread through food and water.
- Providing the Public Health Division with data to track communicable diseases.

We make facilities safer for visitors and reduce accidental injuries and illnesses. To do this we raise awareness:

- To help the general public to make safer food and water choices.
- To help facility operators and staff understand safety standards and inspections outcomes.

New facilities open, new employees are hired, and new regulations get enacted on an ongoing basis. This turnover demands an ongoing effort of training, oversight, and investigation to ensure safe food and water every hour of the day and every day of the year.

Equity Statement

The Health Inspections and Education program serves everyone in the county. We offer learning materials in 19 languages in our office, the field, and online. We make sure our efforts respect different cultures, empowering all facility operators to meet the highest safety standards.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$5,982,673	\$31,472	\$6,329,114	\$32,661
Contractual Services	\$514,919	\$0	\$613,900	\$0
Materials & Supplies	\$147,337	\$1,585	\$193,383	\$2,439
Internal Services	\$1,172,210	\$4,935	\$1,312,970	\$4,791
Total GF/non-GF	\$7,817,139	\$37,992	\$8,449,367	\$39,891
Total Expenses:	\$7,855,131		\$8,489,258	
Program FTE	38.05	0.20	38.95	0.20

Program Revenues

Fees, Permits & Charges	\$7,833,551	\$0	\$8,333,514	\$0
Intergovernmental	\$0	\$37,992	\$0	\$39,891
Total Revenue	\$7,833,551	\$37,992	\$8,333,514	\$39,891

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of health violations cited in facilities	14,150	14,301	15,098
Number of facility licenses and food handlers' cards issued	N/A	N/A	25,435

Division: Public Health

Program Characteristics:**Program Description**

Vector Control and Code Enforcement protects people from diseases carried and spread by animals or insects. The program provides essential public health services required by law. We help reduce personal and community risk to vector-borne diseases.

- Disease Surveillance: Collect, monitor, and test mosquitos, rats, birds, and other animals for diseases that are harmful to humans.
- Mosquito Control: Use an Integrated Pest Management (IPM) program to cut down on the number of mosquito larvae. This lowers the risk of West Nile Virus and other mosquito-borne diseases. It also makes communities more livable.
- Rodent Inspections: The program responds to complaints from property owners and businesses. We offer onsite checks, information, advice, and free traps to manage rodents.
- Nuisance Code Enforcement: The program also enforces health-based nuisance codes. These include codes for keeping small livestock (chickens, pigs, bees), harboring mice and rats, and illegal dumping.
- Outreach and Education: We empower residents to take actions that keep their homes and communities safe. Our goal is a culture of sustained prevention against vector-borne diseases.
- Addressing Climate Change: Changing climate brings new weather patterns and shifting disease risks to our area. We identify new species and habitat conditions that change those risks and address them.

Equity Statement

Pests and the diseases they carry often impact certain communities the hardest. Our program uses local data to focus efforts on communities at highest risk and burden. We aim to fix long-standing gaps in service and prevent health crises before they start. Our goal is to make sure every resident is equally protected from vector-borne diseases.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$1,579,811	\$0	\$1,523,784	\$0
Contractual Services	\$84,434	\$0	\$98,397	\$0
Materials & Supplies	\$108,194	\$0	\$111,842	\$0
Internal Services	\$501,843	\$0	\$458,942	\$0
Total GF/non-GF	\$2,274,282	\$0	\$2,192,965	\$0
Total Expenses:	\$2,274,282		\$2,192,965	
Program FTE	9.80	0.00	8.75	0.00
Program Revenues				
Service Charges	\$343,441	\$0	\$275,629	\$0
Total Revenue	\$343,441	\$0	\$275,629	\$0

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of Service Requests	808	900	785
Number of Mosquito Sites and Treated Areas	14,035	12,000	11,571

Division: Public Health

Program Characteristics:**Program Description**

The Vital Records program issues birth and death certificates. We issue certificates for up to six months after a birth or death occurs within Multnomah County. This program is required by law and supported by fees set by the state.

Our services support every major life event that requires proof of who you are or that you are a citizen. These events include enrolling in school, obtaining a driver's license, getting a job, accessing social services, claiming inheritance, and voting in a way that is easy and secure.

The program works with local funeral homes, family members, and legal representatives to register certificate data accurately. The program's data provides reliable information for public health data analysis. It is used to identify trends, health impacts, and racial health inequities. This informs both public health prevention and intervention activities. The program shares summarized data with health officials, researchers, and policymakers.

The program makes sure all important information is correct and kept secure to ensure accurate data and prevent fraud and identity theft. This makes Multnomah County a trusted source for these services and data.

Equity Statement

Vital Records serves any and all people in the county who need a birth or death certificate. We ensure equitable access through language support, cultural awareness, and multi-language applications. We also offer online services for easy digital access.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$677,247	\$0	\$555,974
Contractual Services	\$0	\$39,857	\$0	\$37,200
Materials & Supplies	\$0	\$26,066	\$0	\$32,690
Internal Services	\$151,390	\$252,830	\$82,366	\$226,700
Total GF/non-GF	\$151,390	\$996,000	\$82,366	\$852,564
Total Expenses:	\$1,147,390		\$934,930	
Program FTE	0.00	5.32	0.00	3.85
Program Revenues				
Fees, Permits & Charges	\$0	\$996,000	\$0	\$852,564
Total Revenue	\$0	\$996,000	\$0	\$852,564

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of death certificates issued	34,943	36,495	35,720
Number of birth certificates issued	4,627	5,262	4,945

Division: Public Health**Program Characteristics:****Program Description**

Communicable diseases are illnesses caused by germs that spread from person to person. Communicable Disease Services (CDS) works to reduce the harm caused by communicable diseases in Multnomah County by stopping or slowing their spread. This communicable disease control is a key public health service that no one else can do. Oregon law requires that certain diseases get reported to public health officials. CDS gets these reports and follows state rules to respond.

CDS collects and studies data on diseases, investigates outbreaks, and uses specific actions to control the diseases. CDS shares important data with state and national health partners to track disease threats. This contributes to a global disease surveillance system. CDS is the only group in Multnomah County that can provide this information.

The Communicable Disease team investigates reported diseases. The team figures out what caused the illness and finds people and places that might have been exposed. They recommend actions to stop the disease from spreading. Actions can include isolation or quarantine, better infection control, health education, and behavior changes. The team responds to disease outbreaks in places like restaurants, nursing homes, schools/daycares, and shelters.

The Tuberculosis (TB) Case Management team checks on possible TB infections in the community. They make sure people diagnosed with TB disease stick to their treatment plans. Following state rules, they test people who have been near TB clients and offer treatment for Latent TB Infection (LTBI) if needed. The team also checks refugees arriving in the area for TB. The state and federal governments require this testing.

Equity Statement

We analyze data regularly to see if certain communities are hit harder by diseases. If data show inequities, we work with the community to figure out why and come up with plans to help.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$2,423,893	\$1,933,009	\$1,702,455	\$1,669,444
Contractual Services	\$47,627	\$208,534	\$46,821	\$199,815
Materials & Supplies	\$52,176	\$86,493	\$9,518	\$75,692
Internal Services	\$331,851	\$1,340,809	\$154,724	\$836,180
Total GF/non-GF	\$2,855,547	\$3,568,845	\$1,913,518	\$2,781,131
Total Expenses:	\$6,424,392		\$4,694,649	
Program FTE	13.73	11.99	8.27	8.75

Program Revenues

Intergovernmental	\$0	\$3,288,222	\$0	\$2,507,531
Other / Miscellaneous	\$0	\$255,623	\$0	\$265,305
Service Charges	\$0	\$25,000	\$0	\$8,295
Total Revenue	\$0	\$3,568,845	\$0	\$2,781,131

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of disease reports investigated	3,425	2,700	2,700
Number of outbreaks identified	193	72	100

Division: Public Health**Program Characteristics:****Program Description**

State law requires local health departments to protect the public from diseases spread from person to person through sexual activity and/or blood, and deaths due to drug overdose. In Multnomah County, the Sexually Transmitted Infection (STI) Clinical and Community Services program protects against these harms (along with Harm Reduction Services #40061A). The program aims to reduce the number of STI, HIV, and hepatitis C cases; reduce health inequities; and improve access to testing, treatment, and prevention services. Early prevention and treatment of STIs improves long-term health and prevents chronic diseases like HIV and liver disease. It also stops the spread of infections like syphilis to newborn babies during birth.

Disease Intervention Services (DIS) reduces the spread of STIs. Staff confidentially find people who have been exposed to STIs and connect them to timely treatment and care. STI Clinical Services use the most current medical practices to prevent and treat STIs. The STI Clinic can provide pre-exposure prophylaxis (PrEP), post-exposure prophylaxis using doxycycline (doxyPEP), and non-occupational post-exposure prophylaxis (nPEP) to prevent infection and lower the risk of chlamydia, gonorrhea, syphilis, HIV, and hepatitis C. Services are low barrier, non-judgmental, and culturally responsive. The STI Clinic shares data with epidemiologists, community members, and healthcare partners. Together, these partners identify trends in disease spread and develop community response plans. Harm reduction clinical services are integrated with the STI Clinic. Some diseases like HIV and hepatitis C can be spread through sexual activity and exposure to blood. Harm reduction services help stop the spread and severity of these diseases through treatment like proper wound care. The staff at both clinics also serve as experts for other health care providers in need of specialist advice for complex cases.

Equity Statement

The STI Clinical & Community Services advance health equity by providing accessible, culturally affirming STI services to communities disproportionately impacted by barriers to care like stigmatization, limited healthcare access, and unmet prevention needs. While STI services are essential for everyone, some communities face greater challenges accessing timely, confidential care.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$426,976	\$1,242,323	\$963,894	\$2,051,156
Contractual Services	\$184,203	\$4,815	\$172,608	\$3,812
Materials & Supplies	\$117,902	\$19,282	\$93,171	\$78,633
Internal Services	\$1,202,170	\$194,797	\$868,326	\$318,869
Total GF/non-GF	\$1,931,251	\$1,461,217	\$2,097,999	\$2,452,470
Total Expenses:	\$3,392,468		\$4,550,469	
Program FTE	2.00	6.80	5.99	12.01

Program Revenues

Intergovernmental	\$0	\$815,017	\$0	\$1,669,703
Other / Miscellaneous	\$0	\$200,000	\$0	\$179,508
Beginning Working Capital	\$0	\$0	\$0	\$370,000
Service Charges	\$0	\$446,200	\$0	\$233,259
Total Revenue	\$0	\$1,461,217	\$0	\$2,452,470

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Percentage of newly reported syphilis and HIV cases reached for investigation	65%	67%	70%
Number of STI encounters (outreach and clinic)	5200	4684	3700

Division: Public Health**Program Characteristics:****Program Description**

With access to good medical care and supportive services, people living with HIV can achieve viral suppression. This means the amount of virus in their body is so low they are healthy and cannot give the disease to others. The HIV Grant Administration and Planning (HGAP) program helps low-income people with HIV get successful treatment, leading to a better quality of life, greater health, longer life, and virtually no ability to spread HIV to others if they are virally suppressed. HGAP manages a six-county regional system, contracting with County programs and community groups to fund key services. These include:

- Healthcare: Provides coordinated medical, dental, mental health, and substance abuse treatment.
- Peer Support and Service Navigation: Identifies people living with HIV and links them to medical care.
- Service Coordination: Provides case management to connect clients with health insurance, housing, and other essential services critical to staying in care.
- Housing: Provides support to find and stay in housing so clients can stay in medical care and take their medications.
- Food: Offers group meals, home-delivered meals, and access to food pantries to reduce food insecurity.
- Planning: A community-based Planning Council (including 1/3 consumers) identifies service needs and allocates funding.

The program focuses on populations with lower viral suppression rates, including Blacks/African Americans, injection drug users, youth/young adults (ages 13-29), and people who are homeless/unstably housed.

Equity Statement

HGAP analyzes health data by demographics. This helps identify populations that are unfairly affected by HIV, experiencing worse health outcomes, and facing barriers to care. This data guides the allocation of resources, outreach, and quality improvement projects.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$32,885	\$1,067,218	\$37,207	\$1,095,049
Contractual Services	\$2,918	\$5,067,056	\$2,643	\$4,898,261
Materials & Supplies	\$556	\$33,082	\$1,575	\$16,711
Internal Services	\$107,315	\$212,294	\$103,897	\$190,201
Total GF/non-GF	\$143,674	\$6,379,650	\$145,322	\$6,200,222
Total Expenses:	\$6,523,324		\$6,345,544	
Program FTE	0.20	6.05	0.20	5.65
Program Revenues				
Intergovernmental	\$0	\$6,379,650	\$0	\$6,200,222
Total Revenue	\$0	\$6,379,650	\$0	\$6,200,222

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of unduplicated low-income HIV+ clients served (all service types/whole 6-county system)	3,034	3,042	3,050
Number of regional community contracts managed in compliance with federal Ryan White standards	8	8	9

Division: Integrated Clinical Services**Program Characteristics:****Program Description**

This program offer funds the HIV Health Services Center (HHSC), one of few Ryan White HIV clinics in Oregon. The clinic offers culturally specific LGBTQI HIV/Hepatitis C outpatient medical care, mental health services, case management, health education, HIV prevention, art therapy, anal cancer screening and treatment, support for those experiencing 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, and 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 service 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 Federally Qualified Health Centers caring for clients living with HIV. The clinic provides a monthly Nursing Community of Practice webinar for the Mountain West region to address current HIV nursing-related best practices including Rapid Start and other evolving care standards.

Equity Statement

The Multnomah County Community Health Center's vision is to ensure all people in our community receive reliable, inclusive, and high-quality healthcare. We do this with a workforce that reflects the diversity of our communities and by reducing the financial, administrative, language, and social barriers that contribute to health inequities. Our core values emphasize providing care that is tailored to each individual's needs and centered on equity and measurable health outcomes.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$6,581,005	\$0	\$7,413,973
Contractual Services	\$0	\$269,318	\$0	\$153,603
Materials & Supplies	\$0	\$1,323,489	\$0	\$482,395
Internal Services	\$0	\$1,820,756	\$0	\$1,968,245
Total GF/non-GF	\$0	\$9,994,568	\$0	\$10,018,216
Total Expenses:	\$9,994,568		\$10,018,216	
Program FTE	0.00	37.30	0.00	38.40

Program Revenues

Intergovernmental	\$0	\$3,316,998	\$0	\$3,422,818
Beginning Working Capital	\$0	\$1,739,492	\$0	\$1,739,492
Service Charges	\$0	\$4,938,078	\$0	\$4,855,906
Total Revenue	\$0	\$9,994,568	\$0	\$10,018,216

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of unduplicated HIV clinic patients.	1512	1575	1625
Percent of patients whose last viral load test is below 200 copies.	90%	90%	91%

Division: Integrated Clinical Services

Program Characteristics:

Program Description

This program offers funds Medicaid enrollment to help Oregonians get the healthcare they need. We help uninsured and under-insured Oregonians sign up for state and federal medical and dental insurance coverage as well as other types of medical assistance programs. Patients unable to obtain insurance coverage are screened for the health center sliding fee discounts to make visits more affordable. Last year, our staff connected with patients 21,823 times and helped over 2,000 people enroll in the Oregon Health Plan (OHP). Connecting with patients is known as patient contacts. We monitor this data to ensure we are working to provide the type and volume of support needed. Patient contact activities include but are not limited to are:

- Following up on submitted applications.
- Answering complex insurance questions.
- Helping submit the correct necessary data to ensure eligibility for insurance coverage is accurate and that insurance coverage is not lost due to missing or incorrect data during insurance redetermination periods.
- Outreach and education aimed at increasing the number of patients who complete the OHP enrollment process, remain insured when eligible, and have an understanding of important topics such as what it means to receive care by providers that are in network or contracted to accept the patient's insurance type.

96% of patients seen at the Multnomah County Community Health Center in 2025 had an income at or below 200% of the federal poverty limit, including 76% of patients who had an income at or below 100% of the federal poverty level.

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$2,396,460	\$0	\$2,387,739
Contractual Services	\$0	\$18,000	\$0	\$9,000
Materials & Supplies	\$0	\$14,741	\$0	\$15,940
Internal Services	\$0	\$856,866	\$0	\$877,221
Total GF/non-GF	\$0	\$3,286,067	\$0	\$3,289,900
Total Expenses:	\$3,286,067		\$3,289,900	
Program FTE	0.00	19.00	0.00	18.00

Program Revenues

Service Charges	\$0	\$3,286,067	\$0	\$3,289,900
Total Revenue	\$0	\$3,286,067	\$0	\$3,289,900

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Annual number of patients screened.	21,823	23,880	24,000
Percent of Self Pay patient visits enrolled in care at Health Center (target adjusted related to Medicaid policy changes that will increase the number of uninsured visits)	3.5%	3.8%	13.26%

Division: Integrated Clinical Services

Program Characteristics:**Program Description**

Dental services are a vital program addressing the needs of the poorest and most vulnerable in Multnomah County through education, prevention, and treatment. This program offer funds seven dental clinics that deliver comprehensive and urgent dental treatment for both Medicaid and self-pay patients, with a special emphasis on children and clients with risk factors such as diabetes. Clinics proactively reach out to clients who have not had a visit in the past 12-24 months.

The School and Community Oral Health Program delivers dental education and sealant services to children in Multnomah County schools. The program's Baby Days offer outreach, education, and dental treatment for children aged 0-36 months, ensuring that families are part of oral health treatment.

The program also mentors and trains dental assistants, dental hygiene students, and dental students and residents. These individuals offer services under the guidance of our providers and contribute to the development of a workforce that is passionate about public healthcare. In FY 2027, the dental program will continue its internal workforce development initiative, encouraging and supporting individuals from the communities we serve to become dental assistants in our clinic system.

Our commitment to meeting care metrics benefits the community, ensures quality care, and maintains a sound financial outlook. The Dental Program remains dedicated to finding efficient, evidence-based means to deliver high-quality oral healthcare services to a broad audience.

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$23,300,959	\$0	\$23,110,331
Contractual Services	\$0	\$1,005,735	\$0	\$339,067
Materials & Supplies	\$0	\$1,939,290	\$0	\$1,749,435
Internal Services	\$0	\$7,733,988	\$0	\$7,934,085
Total GF/non-GF	\$0	\$33,979,972	\$0	\$33,132,918
Total Expenses:	\$33,979,972		\$33,132,918	
Program FTE	0.00	123.99	0.00	128.64

Program Revenues

Intergovernmental	\$0	\$312,000	\$0	\$312,000
Other / Miscellaneous	\$0	\$2,541,371	\$0	\$0
Beginning Working Capital	\$0	\$6,080,499	\$0	\$4,582,456
Service Charges	\$0	\$25,046,102	\$0	\$28,238,462
Total Revenue	\$0	\$33,979,972	\$0	\$33,132,918

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Total patient visits	59,745	64,694	72,666
Number of program staff positions designated to provide paid on-the-job learning to people enrolled in education programs	5	6	6

Division: Public Health

Program Characteristics:**Program Description**

The Women, Infants, and Children (WIC) program provides healthy food, nutrition education and counseling, growth monitoring, health screening, and breastfeeding support to eligible families. WIC serves income-eligible families, meeting the nutritional needs of pregnant people, babies, and young children. WIC aims to reach those most in need to have the greatest impact on the community's overall health, using nutrition science research and program data to inform services.

In 2025, WIC served 19,058 different people through over 53,000 unique visits. Participants received \$8.7 million worth of healthy foods, helping with nutrition and food security and bringing economic value to the County. WIC services are offered at four clinic locations and some partner locations. International Board Certified Lactation Consultants provide in-clinic lactation support, including culturally specific lactation promotion across many County programs and with external partners. WIC's Breastfeeding Peer Counseling (BFPC) program serves an average of 1,158 participants a month. WIC staff provide key referrals to health care, education, child care, housing, food banks, and other County services. WIC leads in finding new ways to help and working across the region on health programming and equity. WIC surveys clients about their needs and works with community partners to respond. For example, WIC partnered with the Racial and Ethnic Approaches to Community Health (REACH) program to provide culturally specific cooking and nutrition classes for Black/African American/African Immigrant communities.

This program offer may be impacted by a Chair's budget reduction.

Equity Statement

To address significant nutrition-related health inequities, WIC prioritizes cultural and linguistic accessibility. WIC utilizes multilingual signage, interpretation services, and diverse staffing.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$2,571,830	\$3,443,838	\$3,375,671	\$3,231,966
Contractual Services	\$50,774	\$48,322	\$29,945	\$16,362
Materials & Supplies	\$117,027	\$319,325	\$41,658	\$46,593
Internal Services	\$799,977	\$1,488,662	\$1,006,504	\$1,166,920
Total GF/non-GF	\$3,539,608	\$5,300,147	\$4,453,778	\$4,461,841
Total Expenses:	\$8,839,755		\$8,915,619	
Program FTE	20.33	26.37	25.01	22.89

Program Revenues

Intergovernmental	\$0	\$4,688,819	\$0	\$4,364,780
Beginning Working Capital	\$0	\$611,328	\$0	\$97,061
Total Revenue	\$0	\$5,300,147	\$0	\$4,461,841

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of WIC clients in one year who receive healthful foods	19,058	19,500	19,500
Number of nutrition education contacts with WIC families	53,429	57,000	57,000

Division: Integrated Clinical Services

Program Characteristics:

Program Description

This program offers funds the North Portland Health Center (NPHC), which is a designated Patient-Centered Medical Home. This model of primary care includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. We provide comprehensive, culturally appropriate services to keep our community healthy. Services include but are not limited to:

-Primary care services including treatment of acute and chronic illnesses, behavioral health, drug and alcohol treatment, family planning, prenatal and preventive services (well-child visits, immunizations), acupuncture, and community health education.

-Community pharmacy and lab services.

-Clinical pharmacists who assist clients and providers with medication management and adherence support, conduct medication reconciliation upon hospital discharge, and independently manage ongoing medical conditions such as diabetes and high blood pressure.

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

In calendar year 2025, the Multnomah County Community Health Center collectively served more than 60,200 patients whose demographics reflected Multnomah County's diverse population and especially represented under-resourced and marginalized communities that experience structural barriers to healthcare. For example, 96% of patients had an income at or below 200% of the federal poverty level (FPL), including 76% of patients who had an income at or below 100% FPL.

Equity Statement

The Multnomah County Community Health Center's vision is to ensure all people in our community receive reliable, inclusive, and high-quality healthcare. We do this with a workforce that reflects the diversity of our communities and by reducing the financial, administrative, language, and social barriers that contribute to health inequities. Our core values emphasize providing care that is tailored to each individual's needs and centered on equity and measurable health outcomes.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$5,547,556	\$0	\$5,632,603
Contractual Services	\$0	\$122,693	\$0	\$150,000
Materials & Supplies	\$0	\$185,438	\$0	\$353,153
Internal Services	\$0	\$1,875,889	\$0	\$1,930,456
Total GF/non-GF	\$0	\$7,731,576	\$0	\$8,066,212
Total Expenses:	\$7,731,576		\$8,066,212	
Program FTE	0.00	29.90	0.00	28.40

Program Revenues

Intergovernmental	\$0	\$673,895	\$0	\$673,895
Service Charges	\$0	\$7,057,681	\$0	\$7,392,317
Total Revenue	\$0	\$7,731,576	\$0	\$8,066,212

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of NPHC individual patients served	4,453	4,800	5,000
Number of completed visits at NPHC	15,372	16,000	17,000

Division: Integrated Clinical Services

Program Characteristics:

Program Description

This program offer funds the Northeast Health Center (NEHC), which is a designated Patient-Centered Medical Home. This model of primary care includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. We provide comprehensive, culturally appropriate services to keep our community healthy. Services include but are not limited to:

-Primary care services including treatment of acute and chronic illnesses, behavioral health, drug and alcohol treatment, family planning, prenatal and preventive services (well-child visits, immunizations), acupuncture, and community health education.

-Community pharmacy and lab services.

-Clinical pharmacists who assist clients and providers with medication management and adherence support, conduct medication reconciliation upon hospital discharge, and independently manage ongoing medical conditions such as diabetes and high blood pressure.

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

In calendar year 2025, the Multnomah County Community Health Center collectively served more than 60,200 patients whose demographics reflected Multnomah County's diverse population and especially represented under-resourced and marginalized communities that experience structural barriers to healthcare. For example, 96% of patients had an income at or below 200% of the federal poverty level (FPL), including 76% of patients who had an income at or below 100% FPL.

Equity Statement

The Multnomah County Community Health Center's vision is to ensure all people in our community receive reliable, inclusive, and high-quality healthcare. We do this with a workforce that reflects the diversity of our communities and by reducing the financial, administrative, language, and social barriers that contribute to health inequities. Our core values emphasize providing care that is tailored to each individual's needs and centered on equity and measurable health outcomes.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$6,182,599	\$0	\$6,294,514
Contractual Services	\$0	\$143,286	\$0	\$238,700
Materials & Supplies	\$0	\$310,470	\$0	\$390,842
Internal Services	\$0	\$2,293,146	\$0	\$2,359,342
Total GF/non-GF	\$0	\$8,929,501	\$0	\$9,283,398
Total Expenses:	\$8,929,501		\$9,283,398	
Program FTE	0.00	32.45	0.00	31.55

Program Revenues

Intergovernmental	\$0	\$985,060	\$0	\$885,060
Service Charges	\$0	\$7,944,441	\$0	\$8,398,338
Total Revenue	\$0	\$8,929,501	\$0	\$9,283,398

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of individual NEHC patients served	4,476	4,476	5,500
Number of patient visits completed at NEHC	15,556	16,000	17,000

Division: Integrated Clinical Services

Program Characteristics:

Program Description

This program offer funds the Mid County Health Center (MCHC), which is a designated Patient-Centered Medical Home. This model of primary care includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. We provide comprehensive, culturally appropriate services to keep our community healthy. Services include but are not limited to: Primary care services including treatment of acute and chronic illnesses, behavioral health, drug and alcohol treatment, family planning, prenatal and preventive services (well-child visits, immunizations), acupuncture, and community health education; Refugee and asylee medical screenings in contract with Oregon Department of Human Services; Community pharmacy and lab services; Clinical pharmacists who assist clients and providers with medication management and adherence support, conduct medication reconciliation upon hospital discharge, and independently manage ongoing medical conditions such as diabetes and high blood pressure; and Enabling services including Medicaid eligibility screening, medical interpretation, transportation, case management, and health education.

In calendar year 2025, the Multnomah County Community Health Center collectively served more than 60,200 patients whose demographics reflected Multnomah County's diverse population and especially represented under-resourced and marginalized communities that experience structural barriers to healthcare. For example, 96% of patients had an income at or below 200% of the federal poverty level (FPL), including 76% of patients who had an income at or below 100% FPL.

Equity Statement

The Multnomah County Community Health Center's vision is to ensure all people in our community receive reliable, inclusive, and high-quality healthcare. We do this with a workforce that reflects the diversity of our communities and by reducing the financial, administrative, language, and social barriers that contribute to health inequities. Our core values emphasize providing care that is tailored to each individual's needs and centered on equity and measurable health outcomes.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$12,239,890	\$0	\$11,589,424
Contractual Services	\$0	\$664,621	\$0	\$821,425
Materials & Supplies	\$0	\$623,380	\$0	\$882,159
Internal Services	\$0	\$3,747,315	\$0	\$3,711,579
Total GF/non-GF	\$0	\$17,275,206	\$0	\$17,004,587
Total Expenses:	\$17,275,206		\$17,004,587	
Program FTE	0.00	62.30	0.00	57.90

Program Revenues

Intergovernmental	\$0	\$1,466,185	\$0	\$928,950
Service Charges	\$0	\$15,809,021	\$0	\$16,075,637
Total Revenue	\$0	\$17,275,206	\$0	\$17,004,587

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of Mid County Health Center patients served	6,081	10,000	10,500
Number of Mid County patient visits	28,456	29,966	32,500

Division: Integrated Clinical Services**Program Characteristics:****Program Description**

This program offer funds the East County Health Center (ECHC), which is a designated Patient-Centered Medical Home. This model of primary care includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. We provide comprehensive, culturally appropriate services to keep our community healthy. Services include but are not limited to:

-Primary care services including treatment of acute and chronic illnesses, behavioral health, drug and alcohol treatment, family planning, prenatal and preventive services (well-child visits, immunizations), acupuncture, and community health education.

-Community pharmacy and lab services.

-Clinical pharmacists who assist clients and providers with medication management and adherence support, conduct medication reconciliation upon hospital discharge, and independently manage ongoing medical conditions such as diabetes and high blood pressure.

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

In calendar year 2025, the Multnomah County Community Health Center collectively served more than 60,200 patients whose demographics reflected Multnomah County's diverse population and especially represented under-resourced and marginalized communities that experience structural barriers to healthcare. For example, 96% of patients had an income at or below 200% of the federal poverty level (FPL), including 76% of patients who had an income at or below 100% FPL.

Equity Statement

The Multnomah County Community Health Center's vision is to ensure all people in our community receive reliable, inclusive, and high-quality healthcare. We do this with a workforce that reflects the diversity of our communities and by reducing the financial, administrative, language, and social barriers that contribute to health inequities. Our core values emphasize providing care that is tailored to each individual's needs and centered on equity and measurable health outcomes.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$9,672,189	\$0	\$10,559,728
Contractual Services	\$0	\$379,928	\$0	\$764,872
Materials & Supplies	\$0	\$326,301	\$0	\$734,865
Internal Services	\$0	\$3,167,304	\$0	\$3,371,628
Total GF/non-GF	\$0	\$13,545,722	\$0	\$15,431,093
Total Expenses:	\$13,545,722		\$15,431,093	
Program FTE	0.00	48.40	0.00	49.90

Program Revenues

Intergovernmental	\$0	\$1,085,315	\$0	\$853,306
Service Charges	\$0	\$12,460,407	\$0	\$14,577,787
Total Revenue	\$0	\$13,545,722	\$0	\$15,431,093

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of ECHC patients served	9,167	9,800	10,500
Number of patient visits	26,648	27,872	35,097

Division: Integrated Clinical Services

Program Characteristics:

Program Description

This program offers funds healthcare for school-aged youth as a basic need. The Student Health Center (SHC) provides nine critical points of access to health care regardless of insurance status through partnerships with schools, families, healthcare providers, and community agencies. SHC contributes to learning readiness by linking health and education to student success in school and life. The SHC's comprehensive approach enables preventive care and early identification and intervention. It promotes healthy behaviors and resilience as well as reducing risk behaviors. SHC services include:

- Chronic, acute, and preventive healthcare;
- Age-appropriate reproductive health;
- Exams, risk assessments, immunizations, healthy lifestyle education/counseling, and referrals; and
- Prescriptions.

Program locations are geographically diverse, and all Multnomah County K-12 aged youth are eligible to receive services at any SHC location, including students who attend other schools, those not currently attending school, and students experiencing homelessness. In calendar year 2025, the Multnomah County Community Health Center collectively served more than 60,200 patients whose demographics reflected Multnomah County's diverse population and especially represented under-resourced and marginalized communities that experience structural barriers to healthcare. For example, 96% of patients had an income at or below 200% of the federal poverty level (FPL), including 76% of patients who had an income at or below 100% FPL.

Equity Statement

The Multnomah County Community Health Center's vision is to ensure all people in our community receive reliable, inclusive, and high-quality healthcare. We do this with a workforce that reflects the diversity of our communities and by reducing the financial, administrative, language, and social barriers that contribute to health disparities. Our core values emphasize providing care that is tailored to each individual's needs and centered on equity and measurable health outcomes.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$6,719,341	\$0	\$6,591,643
Contractual Services	\$0	\$322,262	\$0	\$361,135
Materials & Supplies	\$0	\$563,507	\$0	\$474,610
Internal Services	\$0	\$2,374,946	\$0	\$2,430,257
Total GF/non-GF	\$0	\$9,980,056	\$0	\$9,857,645
Total Expenses:	\$9,980,056		\$9,857,645	
Program FTE	0.00	35.84	0.00	36.35

Program Revenues

Intergovernmental	\$0	\$1,312,379	\$0	\$1,293,279
Other / Miscellaneous	\$0	\$306,319	\$0	\$199,720
Service Charges	\$0	\$8,361,358	\$0	\$8,364,646
Total Revenue	\$0	\$9,980,056	\$0	\$9,857,645

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Percent of patients with one or more visits with a health assessment in the last year	65%	65%	65%
Number of billable SHC visits	17,150	16,000	17,017

Division: Integrated Clinical Services

Program Characteristics:**Program Description**

This program offer funds the Fernhill Health Center (FQHC), which is a designated Patient-Centered Medical Home. This model of primary care includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. We provide comprehensive, culturally appropriate services to keep our community healthy. Services include but are not limited to:

-Primary care services including treatment of acute and chronic illnesses, behavioral health, drug & alcohol treatment, family planning, prenatal and preventive services (well-child visits, immunizations), acupuncture, and community health education.

-Community pharmacy and lab services.

-Clinical pharmacists who assist clients and providers with medication management and adherence support, conduct medication reconciliation upon hospital discharge, and independently manage ongoing medical conditions such as diabetes and high blood pressure.

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

In calendar year 2025, the Multnomah County Community Health Center collectively served more than 60,200 patients whose demographics reflected Multnomah County's diverse population and especially represented under-resourced and marginalized communities that experience structural barriers to healthcare. For example, 96% of patients had an income at or below 200% of the federal poverty level (FPL), including 76% of patients who had an income at or below 100% FPL.

Equity Statement

The Multnomah County Community Health Center's vision is to ensure all people in our community receive reliable, inclusive, and high-quality healthcare. We do this with a workforce that reflects the diversity of our communities and by reducing the financial, administrative, language, and social barriers that contribute to health inequities. Our core values emphasize providing care that is tailored to each individual's needs and centered on equity and measurable health outcomes.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$3,015,129	\$0	\$3,388,676
Contractual Services	\$0	\$59,650	\$0	\$183,250
Materials & Supplies	\$0	\$203,789	\$0	\$221,182
Internal Services	\$0	\$937,171	\$0	\$1,006,813
Total GF/non-GF	\$0	\$4,215,739	\$0	\$4,799,921
Total Expenses:	\$4,215,739		\$4,799,921	
Program FTE	0.00	14.50	0.00	16.68

Program Revenues

Intergovernmental	\$0	\$826,068	\$0	\$826,068
Service Charges	\$0	\$3,389,671	\$0	\$3,973,853
Total Revenue	\$0	\$4,215,739	\$0	\$4,799,921

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of Fernhill patients served	1,444	2,300	2,500
Number of patient visits	7,006	7,620	8,000

Division: Integrated Clinical Services

Program Characteristics:**Program Description**

This program offer funds Southeast Health Center (SEHC), a Patient-Centered Medical Home, and the Mobile Health clinic. 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 visits, immunizations).
- Integrated pharmacy and lab services.
- Dental services.
- Enabling services including Medicaid eligibility screening, medical interpretation, transportation, case management, and health education.

A key population served by SEHC are people experiencing houselessness—a population that continues to grow in the SEHC area. We use wrap-around services for our clients experiencing houselessness that include intensive case management and navigation of services, addressing food insecurities (food banks and community-supported agriculture partnerships for health with local farms), and referrals to community partnerships. The mobile clinic continues to expand its presence in the community through building new relationships with community partners and adding new locations to provide care, as well as improving the effectiveness of its interventions by adding behavioral health services.

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$5,324,051	\$0	\$5,990,370
Contractual Services	\$0	\$424,083	\$0	\$186,125
Materials & Supplies	\$0	\$391,600	\$0	\$465,874
Internal Services	\$0	\$1,649,193	\$0	\$1,775,902
Total GF/non-GF	\$0	\$7,788,927	\$0	\$8,418,271
Total Expenses:	\$7,788,927		\$8,418,271	
Program FTE	0.00	28.60	0.00	30.70

Program Revenues

Intergovernmental	\$0	\$1,366,158	\$0	\$1,365,404
Service Charges	\$0	\$6,422,769	\$0	\$7,052,867
Total Revenue	\$0	\$7,788,927	\$0	\$8,418,271

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of SEHC patient visits	11,673	12,194	14,654
Number of mobile clinic visits (medical, dental, and behavioral)	1,405	1,698	1,344

Division: Integrated Clinical Services

Program Characteristics:

Program Description

This program offer funds the Rockwood Community Health Center (RCHC), which is a designated Patient-Centered Medical Home. This model of primary care includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. We provide comprehensive, culturally appropriate services to keep our community healthy. Services include but are not limited to:

-Primary care services including treatment of acute and chronic illnesses, behavioral health, drug & alcohol treatment, family planning, prenatal and preventive services (well-child visits, immunizations), acupuncture, and community health education.

-Community pharmacy and lab services.

-Clinical pharmacists who assist clients and providers with medication management and adherence support, conduct medication reconciliation upon hospital discharge, and independently manage ongoing medical conditions such as diabetes and high blood pressure.

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

In calendar year 2025, the Multnomah County Community Health Center collectively served more than 60,200 patients whose demographics reflected Multnomah County's diverse population and especially represented under-resourced and marginalized communities that experience structural barriers to healthcare. For example, 96% of patients had an income at or below 200% of the federal poverty level (FPL), including 76% of patients who had an income at or below 100% FPL.

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$5,303,026	\$0	\$5,936,569
Contractual Services	\$0	\$195,555	\$0	\$516,022
Materials & Supplies	\$0	\$206,356	\$0	\$367,228
Internal Services	\$0	\$1,806,416	\$0	\$1,948,014
Total GF/non-GF	\$0	\$7,511,353	\$0	\$8,767,833
Total Expenses:	\$7,511,353		\$8,767,833	
Program FTE	0.00	29.30	0.00	31.00

Program Revenues

Intergovernmental	\$0	\$764,768	\$0	\$764,768
Service Charges	\$0	\$6,746,585	\$0	\$8,003,065
Total Revenue	\$0	\$7,511,353	\$0	\$8,767,833

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of RCHC patients served	4,007	4,500	5,000
Number of patient visits	12,082	14,610	18,813

Division: Integrated Clinical Services

Program Characteristics:**Program Description**

This program offer funds the medical directors who are accountable for legal conformance, quality and safety of patient care, need-based and clinically justified service design, and efficient use of public funds. This required element ensures safety and quality of care as well as the trust and safeguarding of Health Resources and Services Administration grant funding.

Primary functions of the medical director program include:

- Develop and oversee strategic initiatives to enhance quality of care, health equity, safety, cost-effectiveness, and access.
- Develop, implement, and ensure ongoing adherence to patient care guidelines, policies, and procedures.
- Represent and advocate for the care of clients served by the Multnomah County Community Health Center to external stakeholders including the Oregon Health Authority and Coordinated Care Organizations pertaining to Medicaid 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 and physician assistants), ensure providers have required credentials, and monitor ongoing provider performance.
- Oversee medical and integrated behavioral health care and collaborate with the director of nursing on oversight of other clinical care to ensure that patient care meets all rules, regulations, and standards set forth by regulatory agencies including The Joint Commission, contractors, grantors, and accrediting agencies.

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$1,252,239	\$0	\$1,225,447
Contractual Services	\$0	\$157,000	\$0	\$172,200
Materials & Supplies	\$0	\$123,052	\$0	\$97,246
Internal Services	\$0	\$370,757	\$0	\$375,863
Total GF/non-GF	\$0	\$1,903,048	\$0	\$1,870,756
Total Expenses:	\$1,903,048		\$1,870,756	
Program FTE	0.00	3.00	0.00	2.80

Program Revenues

Intergovernmental	\$0	\$115,115	\$0	\$111,592
Other / Miscellaneous	\$0	\$1,547,451	\$0	\$1,100,000
Service Charges	\$0	\$240,482	\$0	\$659,164
Total Revenue	\$0	\$1,903,048	\$0	\$1,870,756

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of health center patients seen in primary care (unique patients)	44,495	46,000	48,000
Number of visits in primary care	157,116	165,000	180,000

Division: Integrated Clinical Services

Program Characteristics:

Program Description

This program offers funds the Multnomah County Community Health Center pharmacies, which serve about 7,000 people every month. We focus on ensuring everyone can get the medicine they need regardless of their situation. Most of our medicine is bought through the federal 340B drug pricing program. Started in 1992, this program requires drug companies to sell medicine to eligible health centers at a much lower price. Pharmacy revenue is used to provide low cost medications to underinsured and uninsured clients and other health center services, including, but not limited to, medication disposal services. We also provide prescriptions for patients seeking services at public health clinics for STI, TB, and Harm Reduction, and we provide prescriptions for people released from Multnomah County correctional facilities.

We know that every patient is different so we offer tools and services to help everyone take medicine safely and effectively:

- Voice-enabled labels for those who have trouble reading standard print;
- Dual-language labels to ensure instructions are clear in two languages;
- Adherence packaging, which organizes pills by the day and time of day they need to be taken;
- Mail-order services for specific situations.

In calendar year 2025, the Multnomah County Community Health Center collectively served more than 60,200 patients whose demographics reflected Multnomah County's diverse population and especially represented under-resourced and marginalized communities that experience structural barriers to healthcare. For example, 96% of patients had an income at or below 200% of the federal poverty level (FPL), including 76% of patients who had an income at or below 100% FPL.

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$12,222,722	\$0	\$11,175,597
Contractual Services	\$0	\$178,924	\$0	\$102,800
Materials & Supplies	\$0	\$27,114,970	\$0	\$26,363,427
Internal Services	\$0	\$3,570,340	\$0	\$3,446,103
Capital Outlay	\$0	\$0	\$0	\$300,000
Total GF/non-GF	\$0	\$43,086,956	\$0	\$41,387,927
Total Expenses:	\$43,086,956		\$41,387,927	
Program FTE	0.00	56.50	0.00	53.50
Program Revenues				
Service Charges	\$0	\$43,086,956	\$0	\$41,387,927
Total Revenue	\$0	\$43,086,956	\$0	\$41,387,927

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of prescriptions processed. This is influenced by prescribing practices and client choice of which pharmacy they prefer to use.	438,924	452,412	465,000
Average cost per prescription. Drug costs consistently rise faster than general inflation rates contributing to a year over year increase.	23	25	30

Division: Integrated Clinical Services

Program Characteristics:**Program Description**

This program offer funds the Health Center Laboratories program and the Health Information Management program, which support the delivery of care to clients of Health Department services including Primary Care, Student Health Centers, Sexually Transmitted Infection Clinic, Communicable Diseases Services, Dental Services, and Corrections Health.

The primary care clinic labs handle approximately 250,000 specimens per year. The lab program 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.

The Health Information Management program manages health (medical and dental) records systems to ensure comprehensive clinical documentation and compliance with all applicable licensing, regulatory, and accreditation standards. Medical Records staff fulfills approximately 13,000 medical records requests per year. The manager of Health Information fulfills the role of the Health Department's Privacy Official as required by the Health Insurance Portability and Accountability Act (HIPAA). Health Information Management ensures proper documentation of healthcare services and provides direction, monitoring, and reporting of federally-required HIPAA compliance activities.

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$3,228,322	\$0	\$3,338,285
Contractual Services	\$0	\$2,700	\$0	\$22,100
Materials & Supplies	\$0	\$193,032	\$0	\$150,510
Internal Services	\$0	\$1,294,510	\$0	\$1,364,032
Capital Outlay	\$0	\$0	\$0	\$220,000
Total GF/non-GF	\$0	\$4,718,564	\$0	\$5,094,927
Total Expenses:	\$4,718,564		\$5,094,927	
Program FTE	0.00	23.80	0.00	22.80

Program Revenues					
Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target		
Beginning Working Capital	\$0	\$334,426	\$0	\$334,426	
Service Charges	\$0	\$4,384,138	\$0	\$4,760,501	
Total Revenue	\$0	\$4,718,564	\$0	\$5,094,927	

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Percentage of tests canceled by our contracted lab Quest Diagnostics (this includes samples processed incorrectly, collected in incorrect container, etc.)	1.8%	1.8%	<2%
Medical record requests processed per year	11,265	13,000	13,000

Division: Integrated Clinical Services

Program Characteristics:

Program Description

This program offers funds the Patient Access Center (PAC), which is the point of entry for new and established patient scheduling. PAC provides appointments and referrals in collaboration with Multnomah County and other community organizations, ensuring consistent patient information and tracking. PAC also provides information for the Multnomah County Health Department's (MCHD) medical, dental, and social services as well as key community service partners. PAC's Language Services program is the central coordinator for thousands of patient interpretation requests and translations each year for multiple programs and services. Language Services provides interpretation in over 80 languages including sign language for all Multnomah County Community Health Center services, as well as for established patients who receive specialty care in the community. The team provides comprehensive coordination of written translation for clinical and non-clinical programs and services. This critical service ensures that patients can successfully move through the Health Center's Refugee and Screening Program. It ensures that patients with limited English proficiency receive culturally competent interpretation throughout all of the MCHD programs.

In our primary care clinics, the referral program connects patients with specialty services. Referral coordinators work with insurance companies to find the right specialists for each patient's needs. The referrals team manages communication between primary care medical providers and specialists to keep the process moving smoothly. Each year, this team successfully handles more than 55,000 referrals. The Health Engagement and Assessment Team (HEAT) is committed to enhancing meaningful interactions within county healthcare systems. Their focus is particularly on newly enrolled clients and the screening of social determinants of health.

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$7,359,950	\$0	\$8,145,201
Contractual Services	\$0	\$510,000	\$0	\$201,054
Materials & Supplies	\$0	\$169,465	\$0	\$159,583
Internal Services	\$0	\$1,865,655	\$0	\$1,968,751
Total GF/non-GF	\$0	\$9,905,070	\$0	\$10,474,589
Total Expenses:	\$9,905,070		\$10,474,589	
Program FTE	0.00	56.80	0.00	59.80

Program Revenues

Intergovernmental	\$0	\$906,600	\$0	\$906,600
Other / Miscellaneous	\$0	\$2,440,000	\$0	\$1,877,700
Beginning Working Capital	\$0	\$569,548	\$0	\$569,548
Service Charges	\$0	\$5,988,922	\$0	\$7,120,741
Total Revenue	\$0	\$9,905,070	\$0	\$10,474,589

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Average telephone abandonment rate (goal: at or below 15%)	20%	18%	15%
Average of primary care referrals actioned following receipt (new performance measure)	-	94%	98%

Division: Integrated Clinical Services

Program Characteristics:**Program Description**

Health Center Administration and Operations supports services within the project scope of the Bureau of Primary Health Care (BPHC) grant under the Multnomah County Community Health Center. BPHC funding requires strict adherence to federal laws mandating which services must be provided by Federally Qualified Health Centers (FQHCs), which results in ongoing compliance and high quality care. Teams that fall under administration and operations support financial compliance and reporting through an independent enterprise fund, accurate medical coding, improvement of health outcomes through preventative care outreach and metrics improvement projects, as well as project management for multiple strategic planning, workforce development, grant management, and value-based care activities.

Activities supported in this program include:

- Development and implementation of fiscal accountability and monitoring infrastructure.
- Management of revenue cycle activities.
- Implementation of strategic projects.
- Medical coding and registration.
- Support for operational workflows to increase patient access to care.
- Other 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 communications campaigns for managing chronic diseases, and designing reporting materials to reflect operational needs to monitor metrics and value based pay performance.

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$9,181,741	\$0	\$8,410,093
Contractual Services	\$0	\$500,000	\$0	\$397,329
Materials & Supplies	\$0	\$226,760	\$0	\$721,731
Internal Services	\$0	\$3,081,024	\$0	\$3,065,562
Total GF/non-GF	\$0	\$12,989,525	\$0	\$12,594,715
Total Expenses:	\$12,989,525		\$12,594,715	
Program FTE	0.00	50.90	0.00	44.40

Program Revenues

Intergovernmental	\$0	\$1,225,755	\$0	\$1,457,764
Other / Miscellaneous	\$0	\$6,960,509	\$0	\$6,757,123
Beginning Working Capital	\$0	\$1,275,617	\$0	\$440,050
Service Charges	\$0	\$3,527,644	\$0	\$3,939,778
Total Revenue	\$0	\$12,989,525	\$0	\$12,594,715

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Completion of annual strategic planning activities and three year plan in alignment with Community Health Center Board's vision	100%	100%	100%
Accuracy of medical coding: % of claims accepted by insurance partners	98%	98%	99%

Division: Integrated Clinical Services

Program Characteristics:**Program Description**

The Multnomah County Community Health Center, also known as Integrated Clinical Services (ICS), is majorly funded by visit revenue from state and federal sources, which can vary annually. Reserve and contingency funds help provide ongoing fiscal stability and compliance with Federally Qualified Health Center (FQHC) rules and regulations during fluctuations.

Projected billable visits payer mix for FY 2027 reflects 82% Medicaid/Medicare visits for primary care, HIV Health Services Center (HHSC), and Student Health Center visits. Dental projected billable visits include 90% 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 of mandated healthcare services for the most vulnerable people of Multnomah County. Reserve and contingency funds will create ongoing stability for the Multnomah County Community 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 Resources and Services Administration guidelines, and Multnomah County's Financial and Budget Policies.

The reserve and contingency fund was established in FY23. Each year, funding will be added to the reserve. The reserve fund will ensure the long-term financial stability of the program, and the contingency fund will allow the Multnomah County Community Health Center to address unforeseen future expenses with a goal of maintaining at least four months of operating costs with a minimum of three months per policy.

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Unappropriated & Contingency	\$0	\$77,641,217	\$0	\$89,499,177
Total GF/non-GF	\$0	\$77,641,217	\$0	\$89,499,177
Total Expenses:	\$77,641,217		\$89,499,177	
Program FTE	0.00	0.00	0.00	0.00
Program Revenues				
Beginning Working Capital	\$0	\$77,641,217	\$0	\$89,499,177
Total Revenue	\$0	\$77,641,217	\$0	\$89,499,177

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Percent of reserve goal met (4 months operating expense)	100%	100%	100%
Compliance with all Health Resources and Services Administration (HRSA) 330 Grant financial requirements	100%	100%	100%

Division: Integrated Clinical Services

Program Characteristics:**Program Description**

This program offer funds the Community Health Center Board (CHCB), which is the governing board of the Multnomah County Community Health Center. The CHCB is critical in ensuring access to health care for our most vulnerable residents. It serves as the co-applicant board with the Board of County Commissioners, as required by the Health Resources and Services Administration's Bureau of Primary Health Care, to provide oversight on policies and programs within the scope of the Primary Care Grant.

The CHCB enables Multnomah County to meet the Health Resources and Services Administration's 21 mandatory program requirements. This includes oversight of quality assurance, health center policies, patient satisfaction, and accountability of the Multnomah County Community Health Center's Executive Director in all matters of compliance and operations.

To meet the federally-mandated program requirements for Federally Qualified Health Centers, the CHCB must have a minimum of 51% consumer membership. Meeting these requirements allows the Multnomah County Community Health Center to retain the federal grant and all benefits associated with FQHC status. The CHCB currently comprised of ten members meeting the 51% consumer requirement and fairly represents the communities served by the Multnomah County Community Health Center's health clinics located throughout the county.

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$159,973	\$0	\$162,614
Contractual Services	\$0	\$164,000	\$0	\$164,000
Materials & Supplies	\$0	\$47,014	\$0	\$38,612
Internal Services	\$0	\$91,042	\$0	\$96,803
Total GF/non-GF	\$0	\$462,029	\$0	\$462,029
Total Expenses:	\$462,029		\$462,029	
Program FTE	0.00	1.00	0.00	1.00
Program Revenues				
Other / Miscellaneous	\$0	\$462,029	\$0	\$462,029
Total Revenue	\$0	\$462,029	\$0	\$462,029

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of monthly public meetings with the full board to conduct board business and responsibilities, as required by the Bureau of Primary Care's FQHC requireme	12	12	12
Number of Community Health Center Board members to comply with the definitions set by the Bureau of Primary Care at all times	9	10	12

Division: Public Health

Program Characteristics:**Program Description**

Environmental Health Community Programs (EHCP) works to reduce exposure to environmental hazards and promote neighborhood wellbeing. The team fulfills state-required public health functions, including:

- Handling lead poisoning cases and investigating other environmental toxic exposures;
- Building resilience to the health impacts of climate change;
- Working with land use and transportation planners to ensure safe, healthy neighborhoods;
- Maintaining data on environmental hazards and monitoring related health conditions; and
- Providing actionable information to decisionmakers.

EHCP educates people on how to reduce risks from environmental dangers. The program also implements part of the Environmental Protection Agency (EPA) superfund clean-up at Portland Harbor, enforces the County's wood smoke ordinance, responds to environmental emergencies, and prepares for future public health challenges. Collectively these activities:

- Reduce chronic disease,
- Improve birth outcomes,
- Avoid injury and neurological harm, and
- Increase social connections and wellbeing.

Equity Statement

EHCP is grounded in environmental justice. This means we address the uneven burden of pollution that falls on communities that experience racism and underinvestment. We partner with communities to understand needs and co-create solutions. We prioritize preventing illness and premature death among those most affected by environmental health inequities.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$940,861	\$1,426,419	\$676,237	\$1,120,093
Contractual Services	\$19,334	\$650,285	\$36,800	\$283,238
Materials & Supplies	\$73,723	\$48,173	\$14,751	\$43,530
Internal Services	\$898	\$271,042	\$189,061	\$164,463
Total GF/non-GF	\$1,034,816	\$2,395,919	\$916,849	\$1,611,324
Total Expenses:	\$3,430,735		\$2,528,173	
Program FTE	5.38	8.20	3.15	5.55

Program Revenues

Intergovernmental	\$0	\$2,395,919	\$0	\$1,611,324
Total Revenue	\$0	\$2,395,919	\$0	\$1,611,324

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of environmental investigations and violations	N/A	N/A	900
Number of community members receiving information on environmental threats (by event)	11,113,320	8,000,000	6,500,000

Division: Operations

Program Characteristics:**Program Description**

The Health Department Human Resources (HR) team provides expertise, consultation, and leadership to ensure a highly skilled and diverse workforce is hired and retained. We uphold core values of non-discrimination and varied lived experiences, manage compliance with personnel rules and legal requirements, and maintain partnerships with labor unions and stakeholders.

Critical operating areas include Recruitment, Workday implementation, Leave Coordination, Privacy Compliance, Classification/Compensation, Data Management, and Employee Record Maintenance. The Workforce Equity Strategic Plan (WESP) drives measurable outcomes across all HR areas, focusing on organizational culture, professional development, and retention. Additionally, our Employee Relations team offers comprehensive support, including team development, performance management, coaching, and discipline, partnering with union staff (AFSCME Local 88, Dentists, Physicians & Psychiatrists, Pharmacists, and the Oregon Nurses Association) to resolve grievances and collaborate on concerns.

Key outcomes include sustained improvement in average days to hire; recruiting and retaining a diverse workforce that reflects the communities we serve; and elevation of supportive internal services, specifically by reducing the elevation of grievances to Step 3 or arbitration by 2027.

This program offer may be impacted by a Chair's budget reduction.

Equity Statement

Health Department Human Resources (HR) is dedicated to fostering an equitable workplace by ensuring we support our diverse workforce. We champion equity through recruiting diverse talent, ensuring fair compensation, and creating equal opportunities for growth within the organization. We strive to build and support a workforce that ensures fair and equitable outcomes for our employees.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$5,356,382	\$120,851	\$5,458,276	\$0
Contractual Services	\$12,060	\$0	\$12,458	\$0
Materials & Supplies	\$41,271	\$41,066	\$43,025	\$310
Internal Services	\$372,901	\$237,095	\$326,445	\$218,657
Total GF/non-GF	\$5,782,614	\$399,012	\$5,840,204	\$218,967
Total Expenses:	\$6,181,626		\$6,059,171	
Program FTE	27.88	0.00	27.88	0.00
Program Revenues				
Intergovernmental	\$0	\$399,012	\$0	\$218,967
Total Revenue	\$0	\$399,012	\$0	\$218,967

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Community events attended for recruitment and outreach	19	20	17
Average days to fill a recruitment	94	78	78

Division: Financial And Business Management

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 inequities.

This program offer may be impacted by a Chair's budget reduction.

Equity Statement

The Health Department's Financial and Business Management (FBM) team upholds the highest standards of fiduciary responsibility and financial stewardship, ensuring resources are managed with integrity and transparency. FBM centers equity in policy and practice, supporting the Health Department's mission to reduce health disparities. FBM continually invests time and resources into identifying and dismantling systems that contribute to inequity and white supremacy culture.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$6,253,175	\$0	\$6,599,552	\$99,915
Contractual Services	\$34,186	\$0	\$35,314	\$0
Materials & Supplies	\$106,556	\$0	\$102,622	\$0
Internal Services	\$3,963,728	\$0	\$3,832,945	\$1,400,085
Total GF/non-GF	\$10,357,645	\$0	\$10,570,433	\$1,500,000
Total Expenses:	\$10,357,645		\$12,070,433	
Program FTE	33.00	0.00	34.00	0.50
Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$1,500,000
Other / Miscellaneous	\$20,306,624	\$0	\$18,420,885	\$0
Total Revenue	\$20,306,624	\$0	\$18,420,885	\$1,500,000

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Percentage of net 30 invoices received on time and processed by the Health Department Accounts Payable team	87%	97%	100%
Number of audit findings in County's annual financial audit	0	0	0

Division: Financial And Business Management

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 Coordinated Care Organizations (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.

Equity Statement

The Health Department's Financial and Business Management (FBM) team upholds the highest standards of fiduciary responsibility and financial stewardship, ensuring resources are managed with integrity and transparency. FBM centers equity in policy and practice, supporting the Health Department's mission to reduce health disparities. FBM continually invests time and resources into identifying and dismantling systems that contribute to inequity and white supremacy culture.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$1,890,990	\$0	\$1,971,353	\$0
Materials & Supplies	\$113,694	\$0	\$117,446	\$0
Internal Services	\$253,051	\$0	\$217,526	\$0
Total GF/non-GF	\$2,257,735	\$0	\$2,306,325	\$0
Total Expenses:	\$2,257,735		\$2,306,325	
Program FTE	12.00	0.00	12.00	0.00
Total Revenue	\$0	\$0	\$0	\$0

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of claims (processed for payment)	249,350	259,000	271,950
Payments received (from Claims, Wraparound & Medicare Cost report)	\$47,844,250	\$43,820,524	\$45,657,782

Division: Financial And Business Management

Program Characteristics:**Program Description**

Annually, this program processes more than 1000 contract and procurement action requests, and an additional 5298 actions in the Multnomah MarketPlace (MMP) and outside, for direct purchase of goods. Staff 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.

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.

This program offer may be impacted by a Chair's budget reduction.

Equity Statement

The Health Department's Financial and Business Management (FBM) team upholds the highest standards of fiduciary responsibility and financial stewardship, ensuring resources are managed with integrity and transparency. FBM centers equity in policy and practice, supporting the Health Department's mission to reduce health disparities. FBM continually invests time and resources into identifying and dismantling systems that contribute to inequity and white supremacy culture.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$2,222,913	\$0	\$2,074,690	\$0
Materials & Supplies	\$0	\$0	\$196	\$0
Internal Services	\$381,410	\$0	\$296,083	\$0
Total GF/non-GF	\$2,604,323	\$0	\$2,370,969	\$0
Total Expenses:	\$2,604,323		\$2,370,969	
Program FTE	12.00	0.00	11.00	0.00
Total Revenue	\$0	\$0	\$0	\$0

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of Action Request Forms Submitted	950	1000	1100
MMP Item Purchasing	\$4.5M	\$4.2M	\$4.4M

Division: Corrections Health

Program Characteristics:

Program Description

Correction Health provides constitutionally mandated health care for adults and youth in Multnomah County's carceral settings, as outlined in the 4th, 8th, and 14th Amendments, which require appropriate access to health care and timely evaluation by a health care professional. This program offer represents dental care that is provided across all 3 Corrections Health sites: the Multnomah County Detention Center (MCDC), Multnomah County Inverness Jail (MCIJ) and the Donald E. Long (DEL) juvenile detention home. At MCIJ, dental care will be provided to approximately 80 adults in custody per month, while at MCDC approximately 30 adults in custody will be seen per month. DEL will provide care to approximately 6 youth per month. Please note: the target for DEL is substantially reduced due to the significant reduction in youth housed at the center.

Corrections Health is proud to provide dental care for needs beyond those that are classified as urgent or emergencies. We emphasize preventive care, including cleanings, fillings, sealants and fluoride treatments. We provide a comprehensive screening to people in our care, as well as oral health education and 24 hour emergency care. We have a referral network for patients needing complicated oral surgical procedures if they are beyond the scope of care provided on site. All care is provided with dental equipment that is safe, reliable, and aligned with community standards.

Through our connections with 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 people in custody to further develop our public health system and expand the provider workforce.

Equity Statement

Due to systemic inequities and unjust systems, Adults and Youth in Custody (AICs and YICs) are disproportionately from Black, Indigenous, and People of Color (BIPOC) communities. Providing high-quality, complete care in county jails and detention centers is essential for ensuring those negatively affected by racism and trauma receive the care they deserve.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$538,591	\$0	\$585,949	\$0
Materials & Supplies	\$103,212	\$0	\$106,814	\$0
Internal Services	\$65,569	\$0	\$73,630	\$0
Total GF/non-GF	\$707,372	\$0	\$766,393	\$0
Total Expenses:	\$707,372		\$766,393	
Program FTE	2.00	0.00	2.00	0.00
Total Revenue	\$0	\$0	\$0	\$0

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Adult Dental Visits at the Inverness Jail and Detention Center Combined	1332	1300	1320
Youth Dental Visits at the Donald E. Long Juvenile Detention Center	196	100	66

Division: Operations

Program Characteristics:**Program Description**

The Data Governance and Quality (DGQ) Program serves as the backbone of Health Department efforts to manage, protect, and activate its data in service of health delivery, operational excellence, and regulatory compliance. The program integrates governance, analytics, and operational data infrastructure under a unified strategy that ensures data is accurate, secure, accessible, and aligned with departmental priorities. By overseeing privacy, compliance, quality assurance, and strategic planning, this program enables the Health Department to meet federal, state, and local reporting requirements while transforming data into actionable insights for decision-makers across clinical, administrative, and community-based services.

DGQ operationalizes data governance through strong cross-divisional leadership, dedicated technical capacity, and sustainable infrastructure. The analysts on our team deliver department-wide business intelligence, data and report development, analytics, and visualization, maintaining hundreds of operational reports and leading high-impact reporting tied to funding and accountability. Project managers seek out opportunities to bolster data literacy, quality data improvements, and systemwide efficiencies through community engagement, effective modernization, and process automation. Policy consultants draft, maintain, and update department wide policies. Our privacy expert validates proper collocation, redaction, and secure delivery of records requested by the community to fulfill requests within statutorial deadlines.

DGQ strengthens Health's ability to evaluate the real-world impacts of its policies, workforce practices, and service delivery and develop strategic assets for advancing community support, improving health outcomes, and enabling equitable and more effective public health decision-making.

Equity Statement

Governance policies, analytic practices, data literacy, and modernization prioritization are intentionally structured to prevent inequitable support distribution from the Health Department to county residents, protect and secure resident information, and surface disparities that might otherwise remain hidden. DGQ's work allows the Department to create capacity to address a prioritized backlog of equity-centered data projects.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$410,514	\$0	\$430,960	\$0
Contractual Services	\$245,559	\$0	\$0	\$0
Materials & Supplies	\$1,988,892	\$0	\$1,978,926	\$0
Internal Services	\$413,117	\$0	\$373,905	\$0
Total GF/non-GF	\$3,058,082	\$0	\$2,783,791	\$0
Total Expenses:	\$3,058,082		\$2,783,791	
Program FTE	2.00	0.00	2.00	0.00
Total Revenue	\$0	\$0	\$0	\$0

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Percent of Public Records Requests Completed within Statutorial Deadlines	N/A	96%	99%
Number of internal Policies Reviewed and Renewed in Advance of Time Out	N/A	100%	100%

Division: Corrections Health

Program Characteristics:

Program Description

Corrections Health (CH) provides constitutionally-mandated care for the approximately 1,000 adults and 30-40 youth who may be in custody at any one time across three sites: Multnomah County Detention Center (MCDC), Inverness Jail (IJ), and the Donald E. Long (DEL) Juvenile Detention Home. Annually, we provide care at these sites for more than 36,000 adults and more than 1,000-1,200 youth. Of the youth we care for each year, more than 40% have significant mental health conditions.

Corrections Health provides care at these three sites, and across six housing areas that include adults in custody who have been deemed "high level discipline." Medical, mental and dental health care are provided via 20 medical beds, two general and multiple mental health modules, and three dental operatories. Corrections Health also provides physical therapy, X-ray and lab services, and provides referrals for external services.

Services such as skilled nursing, IV therapy, and post-surgical care are provided in the jails instead of a high cost hospital. Corrections Health 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.

Equity Statement

As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disproportionately 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.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$3,541,244	\$0	\$3,030,730	\$0
Materials & Supplies	\$12,412	\$0	\$28,106	\$0
Internal Services	\$736,311	\$0	\$809,342	\$0
Total GF/non-GF	\$4,289,967	\$0	\$3,868,178	\$0
Total Expenses:	\$4,289,967		\$3,868,178	
Program FTE	18.11	0.00	14.50	0.00
Total Revenue	\$0	\$0	\$0	\$0

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of External Referrals Submitted/Monthly	624/52	690/57	745/62
Number of Outside Appointments (All Facilities)	1206	1330	1410

Division: Operations

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 with the support of a project manager facilitating and tracking these efforts.

The Deputy Director of Operations serves as the coordinator and executive champion of Health Department Response and 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, Safety and Security Specialist, and a Continuity of Operations (CoOP) coordinator. These positions are 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.

The Deputy Director of Operations sponsors Health Department involvement in overdose prevention response efforts. In support of this role is a Senior Program specialist, a position essential to create a single point of contact to receive, triage, track, distribute, and train on those naloxone and support requests.

The Data Governance and Quality team leads reports to the Deputy Director and supervises Program Offer 40044.

Equity Statement

Through coordinated emergency response, continuity planning, and overdose prevention efforts, Deputy Director of Operations centers the needs of those most impacted by system disruptions and structural inequities. By maintaining continuity of services, supporting frontline responders, and ensuring equitable access to life-saving supports, Operations advances health equity by sustaining conditions necessary for effective, community-centered public health action.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$1,251,203	\$0	\$1,862,001	\$0
Total GF/non-GF	\$1,251,203	\$0	\$1,862,001	\$0
Total Expenses:	\$1,251,203		\$1,862,001	
Program FTE	6.00	0.00	9.00	0.00
Total Revenue	\$0	\$0	\$0	\$0

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
# of Health Department programs with an active CoOP Outcome	24	27	28
Percentage of plans meeting CoOP program guidelines	30%	45%	65%

Division: Public Health

Program Characteristics:**Program Description**

Epidemiology, Evaluation, and Policy Research (EEPR) (formerly Community Epidemiology Services and Program Design and Evaluation Services) collaborates with leadership, programs, and community partners to generate data for decision making. The goals are to ensure public health programs and policies are responsive to community needs, to improve health outcomes in the Multnomah County population, and to reduce health inequities. EEPR's services include:

- 1) Epidemiology and assessment: Gathering and reporting data on health outcomes for the leading causes of death, risk and protective factors, underlying determinants, inequities, and community priorities to inform interventions and to use for evaluating interventions. EEPR collaborates closely with epidemiologists in Communicable Disease Services.
- 2) Program evaluation: Supporting programs by conducting formative assessments to inform program design, monitoring what is working well and not working well, and conducting evaluations of program outcomes.
- 3) Policy research: Conducting literature reviews and formative research to inform policy agendas, collecting and analyzing existing local policies, and evaluating the effectiveness and unintended consequences of implemented policies.
- 4) Quality Improvement: Developing and maintaining a performance management system that uses process measures, evaluation results, and epidemiological outcomes to inform ongoing quality improvement at leadership and program levels.

EEPR generates products with findings in various formats (dashboards, presentations, briefs, reports, manuscripts) for diverse audiences, including leadership, programs, and community partners.

Equity Statement

EEPR makes disaggregated data available to reveal differences in health outcomes so that interventions are both responsive to community needs and get at the root cause of health inequities in the county. To help achieve this, EEPR involves community partners in project conception, data collection, analysis, meaning-making, and dissemination.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$1,367,292	\$1,262,115	\$1,628,154	\$1,353,602
Contractual Services	\$40,000	\$524,358	\$25,000	\$0
Materials & Supplies	\$71,064	\$36,534	\$107,878	\$47,963
Internal Services	\$142,634	\$261,777	\$143,099	\$310,528
Total GF/non-GF	\$1,620,990	\$2,084,784	\$1,904,131	\$1,712,093
Total Expenses:	\$3,705,774		\$3,616,224	
Program FTE	6.13	6.26	6.90	5.41

Program Revenues

Intergovernmental	\$0	\$1,655,784	\$0	\$1,662,093
Beginning Working Capital	\$0	\$429,000	\$0	\$50,000
Total Revenue	\$0	\$2,084,784	\$0	\$1,712,093

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of dissemination products created for EEPR epidemiologic, evaluation, and policy research projects	61	65	55
Number of diseases, conditions, or determinants tracked and reported for Multnomah County	57	105	100

Division: Corrections Health

Program Characteristics:**Program Description**

Providing health care to detained youth is the responsibility of Corrections Health. Corrections Health personnel care for 30-40 detained youth at any one time (1,000 - 1,200 / year) from Multnomah County or 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 constitutionally mandated measure of quality care. Stabilizing their health allows them to participate fully in their legal processes. This program offers ensures that the health program meets the constitutionally mandated 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 (DEL) Juvenile Detention Home work 16 hours/day, seven days a week providing care for approximately 20-35 youth daily in 4-5 individual housing units. Care ranges from minor ailments and injuries to major chronic and emotional diseases resulting from substance abuse, trauma, sex trafficking, lack of health care, gunshot wounds, lack of knowledge of hygiene and self care, frequent infections and a high rate of medical and mental illness.

Corrections Health staff identify and respond to medical emergencies and also screen and treat for communicable diseases and vaccinate to minimize the risk of outbreaks. Coordination with other Oregon counties is facilitated so that continuity of care occurs when youths transfer to other jurisdictions.

Equity Statement

Due to systemic inequities and unjust systems, Adults and Youth in Custody (AICs and YICs) are disproportionately from Black, Indigenous, and People of Color (BIPOC) communities. Providing high-quality, complete care in county jails and detention centers is essential for ensuring those negatively affected by racism and trauma receive the care they deserve.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$1,654,594	\$0	\$1,481,571	\$0
Contractual Services	\$135,818	\$0	\$264,460	\$0
Materials & Supplies	\$84,526	\$0	\$113,424	\$0
Internal Services	\$54,256	\$0	\$54,454	\$0
Total GF/non-GF	\$1,929,194	\$0	\$1,913,909	\$0
Total Expenses:	\$1,929,194		\$1,913,909	
Program FTE	6.80	0.00	6.20	0.00
Total Revenue	\$0	\$0	\$0	\$0

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of client visits conducted by Corrections Health nursing per year	2526	1950	1800
Percentage of detained youth with an active prescription who are receiving mental health medications monthly	40%	55%	60%

Division: Corrections Health**Program Characteristics:****Program Description**

At Multnomah County Detention Center (MCDC), Corrections Health (CH) provides essential healthcare for approximately 370 adults in custody (AIC), including individuals in the custody of US Marshals. Over 36,000 AICs are cared for annually, with over 50% having unstable, chronic conditions like diabetes, hypertension, infections, substance withdrawal, and severe mental and behavioral health illnesses.

This program covers MCDC's basic administration, support, booking, medical, and mental health care programs. CH nurses are staffed 24/7. With an average of 40+ new bookings daily, nurses perform a medical screening to document each individual's urgent, chronic medical, and mental health needs, including medications (medication-assisted therapy), substance use and withdrawal symptoms, pregnancy status, special health needs, allergies, and communicable disease concerns. The entry screening (EPF) is crucial for identifying immediate needs like suicidal ideation or pregnancy with opiate use, which then leads to necessary treatments, referrals, and housing decisions. Before custody acceptance, CH nurses may assess individuals to ensure serious medical or mental health issues are addressed at a hospital.

Within 14 days of incarceration, AICs receive an initial Health and Physical (HP) assessment from a CH nurse. This comprehensive process includes health, dental, and mental health histories, physical examinations, and the development of diagnostic and therapeutic plans. The program aims to provide quality healthcare to this vulnerable population, ultimately improving our community and public health.

Equity Statement

Due to systemic inequities and unjust systems, Adults and Youth in Custody (AICs and YICs) are disproportionately from Black, Indigenous, and People of Color (BIPOC) communities. Providing high-quality, complete care in county jails and detention centers is essential for ensuring those negatively affected by racism and trauma receive the care they deserve.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$8,718,672	\$0	\$10,166,304	\$138,253
Contractual Services	\$1,254,393	\$0	\$2,150,468	\$71,500
Materials & Supplies	\$565,504	\$0	\$1,696,539	\$8,322
Internal Services	\$674,059	\$0	\$786,345	\$16,609
Total GF/non-GF	\$11,212,628	\$0	\$14,799,656	\$234,684
Total Expenses:	\$11,212,628		\$15,034,340	
Program FTE	42.60	0.00	48.69	0.00
Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$234,684
Total Revenue	\$0	\$0	\$0	\$234,684

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Average number of Entry Process Forms completed in one month	1405	1450	1400
Average number of 14 day Health and Physical assessments completed per month	105	120	105

Division: Corrections Health

Program Characteristics:

Program Description

Corrections Health (CH) at Multnomah County Inverness Jail (MCIJ) provides vital, 24/7 healthcare for a vulnerable and underserved population of approximately 580-600 Adults In Custody (AIC) daily, including individuals in the custody of US Marshals. MCIJ serves as the central hub for the state inmate transport system, with an average of 10-30 AICs receiving overnight care. Over 36,000 AICs are cared for annually.

The AIC population often presents with unstable, chronic health issues; over 50% have conditions such as diabetes, hypertension, infections, substance withdrawal, and severe mental and behavioral health illnesses. Professional, skilled staff provide care 24/7 including effective screening, illness identification, evaluation, and treatment of the medical needs identified. All detainees transferred from the Multnomah County Detention Center (MCDC) continue or begin treatment at MCIJ until the disposition of their legal process.

The care provided is guided by a system of policies and procedures designed to reflect the standard of care in the community and align with the standard of other correctional facilities nationwide. This comprehensive service minimizes the high cost of outside medical care by offering essential services on-site including: 14-day Health Assessment, immunizations, dental services, 24/7 nurse triage, mental health services, and substance use and withdrawal assessments. Supportive services include on-site x-ray, physical therapy, lab, and OB/GYN visits. The program aims to provide quality healthcare to this vulnerable population, ultimately improving our community and public health.

Equity Statement

Due to systemic inequities and unjust systems, Adults and Youth in Custody (AICs and YICs) are disproportionately from Black, Indigenous, and People of Color (BIPOC) communities. Providing high-quality, complete care in county jails and detention centers is essential for ensuring those negatively affected by racism and trauma receive the care they deserve.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$7,348,571	\$0	\$7,309,240	\$0
Contractual Services	\$1,254,393	\$0	\$1,656,132	\$0
Materials & Supplies	\$607,177	\$0	\$1,153,795	\$0
Internal Services	\$535,859	\$0	\$620,376	\$0
Total GF/non-GF	\$9,746,000	\$0	\$10,739,543	\$0
Total Expenses:	\$9,746,000		\$10,739,543	
Program FTE	35.85	0.00	35.26	0.00
Total Revenue	\$0	\$0	\$0	\$0

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Average number of 14 day Health and Physical assessments completed per month	149	150	150
Average number of Medial Request Forms received monthly	1946	2000	2000

Division: Health Officer

Program Characteristics:**Program Description**

Multnomah 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 responsible for investigating all deaths in the county, except natural deaths occurring directly under physician care after greater than 24 hours in a hospital or hospice setting. As most deaths investigated by the State and County Medical Examiner 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.

MEO 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. Many of the individuals served are from under-resourced or marginalized populations and may lack consistent access to formal healthcare, including those experiencing mental health crises or substance use disorders. Deaths that occur under active medical care are not typically investigated by the MEO, which can result in these populations being disproportionately represented in MEO caseloads.

Equity Statement

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, substance use disorder, 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.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$2,816,822	\$0	\$3,113,842	\$0
Contractual Services	\$94,627	\$0	\$97,750	\$0
Materials & Supplies	\$22,994	\$0	\$75,589	\$0
Internal Services	\$349,502	\$0	\$583,857	\$0
Total GF/non-GF	\$3,283,945	\$0	\$3,871,038	\$0
Total Expenses:	\$3,283,945		\$3,871,038	
Program FTE	17.00	0.00	19.00	0.00
Program Revenues				
Fees, Permits & Charges	\$0	\$0	\$0	\$0
Total Revenue	\$0	\$0	\$0	\$0

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of in-person scene responses, as required in ORS 146	1331	1650	1550
Number of external exams performed, as dictated by State Medical Examiner	550	500	600

Division: Public Health

Program Characteristics:**Program Description**

Prevention & Health Promotion (PHP) seeks to improve population health in Multnomah County. This work focuses on improving health for large groups of people, rather than for individuals alone. PHP concentrates on lessening the impacts of the most common and most preventable causes of death and injury. Several programs comprise PHP. These include Community & Adolescent Health, Racial and Ethnic Approaches to Community Health (REACH), Community Immunization Program, and the Tobacco Control and Prevention and Education Program.

PHP envisions a safe, connected, and healthy Multnomah County. Staff work with communities to build environments that support health. These lasting improvements are called policy, systems, and environmental changes. PHP also strengthens connections between community and clinical settings. These changes help people adopt healthier behaviors and lifestyle choices across the lifespan. This work is guided by three core principles:

- Giving everyone a fair opportunity for health;
- Addressing underlying causes of problems; and
- Using data to inform decisions.

PHP works to promote health literacy, healthy nutrition, immunizations, physical activity, and social infrastructure. PHP works to reduce substance use, including opioids; preventable injury; and violence. Strategies focus on prevention of problems before they start. Key prevention activities include outreach and engagement, community campaigns, and health education. PHP builds community capacity to improve health and listens to community wisdom to guide its work.

Equity Statement

PHP works to reduce health inequities, or worse health outcomes that some groups of people experience compared to others. Data guides the identification of health inequities, and PHP centers its work on these communities most harmed by existing conditions. Communities and PHP work together to make lasting improvements through policy, systems, and environment changes. This approach is an evidence-based way to improve the overall health of a population.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$2,182,571	\$1,357,865	\$1,807,957	\$1,226,849
Contractual Services	\$81,244	\$679,941	\$124,552	\$414,231
Materials & Supplies	\$67,749	\$132,767	\$57,984	\$22,949
Internal Services	\$663,149	\$228,785	\$729,676	\$182,011
Total GF/non-GF	\$2,994,713	\$2,399,358	\$2,720,169	\$1,846,040
Total Expenses:	\$5,394,071			\$4,566,209
Program FTE	13.74	7.86	9.80	7.10
Program Revenues				
Intergovernmental	\$0	\$2,399,358	\$0	\$1,846,040
Total Revenue	\$0	\$2,399,358	\$0	\$1,846,040

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of people reached through PHP community engagement activities/events	N/A	10,000	15,000
Number of households with students who receive a letter from the County about being behind on required immunizations and successfully submit a completed "Cer	5,000	5,000	4,750

Division: Corrections Health

Program Characteristics:**Program Description**

This program provides Behavioral Health services and implements suicide prevention for clients at all facilities served by Corrections Health. Our records indicate that at least 70% of our Adults in Custody (AIC) have a mental health diagnosis. Treatment includes assessment, therapy, psycho-education, crisis intervention, and care coordination. A Caseload Model supports effective transitions between facilities, and Licensed supervisors monitor care for compliance. Subject matter experts train staff on client safety and access to behavioral health care, including interdisciplinary implementation of the Columbia Suicide Severity Rating Scale (C-SSRS) and the Safer Suicide Care team.

Due to acute needs, Mental Health (MH) leaders rotate to maintain 24/7 availability for urgent direct care, including potential emergency department referral, communicating imminent risk, and screening for involuntary transport per Oregon Civil Commitment Laws. We deliver behavioral health services to a broad and diverse population, including those disproportionately represented in the system. Our equitable service delivery model depends on employing staff with culturally specific knowledge and supporting cultural competency aligned with facility demographics, including LGBTQIA2S+ individuals and Black, Indigenous, and other people of color. High quality clinical supervision and data-driven program development support equitable care for all clients.

This program offer may be impacted by a Chair's budget reduction.

Equity Statement

Due to systemic inequities and unjust systems, Adults and Youth in Custody (AICs and YICs) are disproportionately from Black, Indigenous, and People of Color (BIPOC) communities. Providing high-quality, complete care in county jails and detention centers is essential for ensuring those negatively affected by racism and trauma receive the care they deserve.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$3,752,749	\$0	\$4,022,690	\$0
Contractual Services	\$89,460	\$0	\$223,000	\$0
Materials & Supplies	\$400,627	\$0	\$58,981	\$0
Internal Services	\$406,029	\$0	\$466,727	\$0
Total GF/non-GF	\$4,648,865	\$0	\$4,771,398	\$0
Total Expenses:	\$4,648,865		\$4,771,398	
Program FTE	20.95	0.00	21.10	0.00
Total Revenue	\$0	\$0	\$0	\$0

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Average number of AICs placed on Suicide Watch verses completed deaths by suicide.	686/0	692/0	700/0
Annual number of behavioral health evaluations completed by behavioral health team staff	6262	6400	6600

Division: Public Health

Program Characteristics:**Program Description**

State law requires local health departments to protect the public from certain health threats. Some of these threats are diseases spread from person to person through sexual activity and/or blood, and deaths due to drug overdose. In Multnomah County, Harm Reduction Services protect against these harms (along with STI Clinical and Community Services #40010B). The program aims to reduce the spread of disease related to drug use and reduce deaths due to drug overdose. By providing services and supplies that reduce the potential harms of use, Harm Reduction Services stop the spread of disease, improves the quality of life for people who use drugs and protects the health of the community at-large.

The program operates a Syringe Services Program which has several core elements. Staff provide trauma-informed counseling to reduce risk and provide culturally appropriate referrals. Staff deliver overdose prevention education and distribute naloxone and fentanyl test strips. To reduce the risk of HIV, hepatitis C, and bacterial infection, the program offers sterile injection supplies and used syringe takeback. The Menlo Park Clinic provides low barrier wound and abscess care, testing and treatment for HIV and sexually transmitted infections, and pre-exposure prophylaxis (PrEP) for HIV in collaboration with the STI Clinic (40010B). Staff work with Corrections Health to support continuity of Medication Supported Recovery for individuals leaving Multnomah County jails. The program subcontracts with Outside In and Cascade AIDS Project (CAP) to provide prevention services for priority populations. Performance measures below reflect direct and subcontracted services.

This program offer may be impacted by a Chair's budget reduction.

Equity Statement

The Harm Reduction Program uses local public health data to prioritize serving communities most impacted by substance use. The overlapping determinants of health include race, housing status, and mental health. We leverage staff experience; culturally specific community partner relationships; and assertive, low barrier engagement tactics.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$1,790,840	\$918,184	\$1,886,088	\$768,937
Contractual Services	\$261,125	\$355,693	\$281,854	\$355,693
Materials & Supplies	\$620,453	\$913,852	\$715,834	\$220,171
Internal Services	\$389,967	\$173,523	\$526,980	\$159,416
Total GF/non-GF	\$3,062,385	\$2,361,252	\$3,410,756	\$1,504,217
Total Expenses:	\$5,423,637		\$4,914,973	
Program FTE	11.80	5.53	11.85	4.25

Program Revenues

Intergovernmental	\$0	\$1,511,299	\$0	\$1,468,373
Other / Miscellaneous	\$0	\$849,953	\$0	\$0
Beginning Working Capital	\$0	\$0	\$0	\$35,844
Total Revenue	\$0	\$2,361,252	\$0	\$1,504,217

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of clients served	11,203	12,318	10,200
Number of engagements provided to clients who are living with or at risk for an STI or HIV	52,891	54,590	50,700

Division: Behavioral Health**Program Characteristics:****Program Description**

The Behavioral Health Division (BHD) operates as the Community Mental Health Program (CMHP). The CMHP is required to maintain a director and other leadership positions that have the credentials to complete the work for which the CMHP is responsible -- 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 this care. Services must be accessible, coordinated, and effective. Required core services include screening, assessment, referrals to providers and community-based organizations, and emergency or crisis services. BHD directly provides these services, as well as contracts with providers. The BHD administration also provides leadership and oversight to a recovery- focused, comprehensive system of care that works to prevent, intervene in, and treat mental illness and addiction.

BHD leadership continuously assesses its continuum of services to respond to the changing needs and demographics of the County. 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 voices through the Office of Consumer Engagement, frequent provider feedback, adult system and child system advisory meetings, and focus groups. The division monitors contracts for regulatory and clinical compliance. It reviews business and clinical decisions to ensure that finite resources serve the most vulnerable populations. Division administration works regularly to inform state policy and ensure the best outcomes for our community.

Equity Statement

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 people who are underinsured or uninsured, and people experiencing homelessness.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$1,586,786	\$1,322,119	\$1,317,719	\$1,511,042
Contractual Services	\$384,579	\$0	\$0	\$0
Materials & Supplies	\$8,494	\$5,426	\$12,977	\$4,344
Internal Services	\$309,433	\$258,437	\$351,728	\$126,809
Unappropriated & Contingency	\$0	\$3,154,660	\$0	\$0
Total GF/non-GF	\$2,289,292	\$4,740,642	\$1,682,424	\$1,642,195
Total Expenses:	\$7,029,934		\$3,324,619	
Program FTE	7.60	4.98	6.24	6.34
Program Revenues				
Intergovernmental	\$0	\$983,638	\$0	\$1,034,909
Beginning Working Capital	\$0	\$3,757,004	\$0	\$607,286
Total Revenue	\$0	\$4,740,642	\$0	\$1,642,195

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Total Behavioral Health Advisory Council Meetings	23	23	23
Total number of Leadership team strategic planning work sessions held annually	N/A	N/A	4

Division: Behavioral Health

Program Characteristics:**Program Description**

As the Community Mental Health Program (CMHP), the Behavioral Health Division (BHD) is responsible for maintaining client records per Oregon Administrative Rule 309-014. The Medical Records Program is responsible for the legally required internal management of all BHD clinical records. The BHD provides services to more than 20,000 clients annually. Each client has a clinical health record in one of our two Electronic Health Record (EHR) systems. The Records Team reviews, processes, and uploads all clinical records into the EHR. This unit ensures that all BHD medical records are maintained in compliance with federal and state laws and regulations, and County rules, policies and procedures.

Program staff provide multiple services including: document review, indexing and uploading, processing and releasing records requests and subpoenas to clients and community partners, quality assurance, data entry for reporting, archiving and retrieval of client records, form design and management, notary services, maintaining the integrity of the EHR, reviewing and performing merges of duplicate client accounts, reviewing and completing deletion requests from the EHR, reviewing privacy incidents, reviewing and uploading Release of Informations (ROIs) into the EHR, and providing health information management expertise. The team works collaboratively with both EHR support teams and the Billing Team to maintain proper and correct electronic records. Records staff provide training and support to BHD Clinicians, assist with locating documents in client records, and review documents for needed corrections. Staff work 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 records.

Equity Statement

Medical records deploys standardized, mandatory demographic data collection (REALD/SOGI) to improve care quality and identify disparities. This data accuracy avoids misidentifying or ignoring disparities that can perpetuate racial inequities. The medical records team complies with all records requests within 5 business days to ensure everyone can access services without delays.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$279,054	\$489,164	\$31,459	\$667,617
Materials & Supplies	\$0	\$87	\$8,606	\$6
Internal Services	\$53,054	\$146,653	\$122,638	\$29,353
Total GF/non-GF	\$332,108	\$635,904	\$162,703	\$696,976
Total Expenses:	\$968,012		\$859,679	
Program FTE	1.75	4.00	0.25	4.50
Program Revenues				
Intergovernmental	\$0	\$489,856	\$0	\$539,265
Beginning Working Capital	\$0	\$146,048	\$0	\$157,711
Total Revenue	\$0	\$635,904	\$0	\$696,976

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Count of record items processed annually plus scanned document count	60,000	81,490	60,000
Percent of client records requests that are provided to requestor within allowable timelines	100%	100%	100%

Division: Behavioral Health

Program Characteristics:

Program Description

The Quality Management (QM) Unit supports the Behavioral Health Division (BHD) with the following essential infrastructure: Compliance, Electronic Health Records (EHR), Reporting, and Revenue. These teams deliver legally required and vital functional and safety services to client-facing programs, while also helping retain the workforce by aiding in staff onboarding, providing tools and training, and enhancing divisional efficiencies.

1) The Compliance team ensures adherence to regulations and policies, helping BHD quickly identify, stop, and reduce risks to client and staff safety. It conducts internal and external investigations and audits, assists with staff onboarding, develops BHD policies, reviews contracts, oversees credentialing, manages critical incidents and grievances, implements corrective measures, and offers technical support. 2) The Evolv team locally oversees the EHR, maintaining, updating, and customizing Evolv to meet clinicians' needs and ensure compliance with clinical documentation requirements. 3) The Records team manages all clinical records in Evolv with a limited scope in Epic, ensuring secure entry into Evolv and Epic, fulfilling records requests, maintaining EHR integrity, and evaluating deletion requests for privacy issues. 4) The Reporting team provides timely data to measure outcomes, demonstrate responsible use of public funds, and inform program development. 5) The Revenue team increases billable revenue by managing authorizations and claims for Direct Clinical Services, Multnomah Treatment Fund, and other Multnomah Alcohol and Drug treatment services, reviewing claims for accurate documentation and reimbursement.

Equity Statement

These teams advance equity by providing real time information and data on systems, programs, and policies that perpetuate systemic barriers to opportunities and benefits for Black, Indigenous and People of Color (BIPOC), those with behavioral health needs, and other underserved populations.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$971,422	\$3,504,015	\$914,508	\$3,016,339
Contractual Services	\$0	\$186,301	\$0	\$12,500
Materials & Supplies	\$6,446	\$745,035	\$74,763	\$425,648
Internal Services	\$47,783	\$788,394	\$107,151	\$534,228
Total GF/non-GF	\$1,025,651	\$5,223,745	\$1,096,422	\$3,988,715
Total Expenses:	\$6,249,396		\$5,085,137	
Program FTE	5.12	17.24	5.00	15.98

Program Revenues

Intergovernmental	\$0	\$3,154,848	\$0	\$2,378,999
Beginning Working Capital	\$0	\$2,068,897	\$0	\$1,609,716
Total Revenue	\$0	\$5,223,745	\$0	\$3,988,715

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of requests managed by The Evolv Support and Reporting Teams	3,464	2,815	2,600
Number of BHD policies reviewed and updated based on annual and legislative required changes	91	45	50

Division: Behavioral Health

Program Characteristics:

Program Description

As the Community Mental Health Program (CMHP), the Behavioral Health Division is responsible for a 24/7 crisis system (per OAR 309-019 and 309-072). This program funds five crisis services:

1) The Multnomah County Behavioral Health Call Center - provides 24/7/365 phone support, including risk assessment, crisis counseling in the caller's preferred language, safety planning, de-escalation, referrals, and triage/dispatch of mobile crisis outreach. Dedicated warm transfer lines with 911 and 988 improve coordination and reduce law enforcement intervention. The Latine Mental Health Line offers a culturally specific option. 2) Mobile Crisis Intervention Teams - clinicians and peer support specialists respond county-wide to meet with individuals in crisis, perform in-person risk assessments, and develop safety plans. Services provide follow-up/wrap-around support and aim to reduce Law Enforcement response. 3) Mobile Response and Stabilization Services - specific follow-up and wrap-around services for youth and families in crisis, focusing on service connection and reducing future crisis episodes. 4) The Urgent Walk-In Clinic (UWIC) - provides immediate access to assessment and support from clinicians, Peer Support Specialists, and licensed medical professionals. This program reduces the use of emergency departments and offers immediate drop-off support for law enforcement. 5) Disaster Behavioral Health - provides a behavioral lens and response coordinated with emergency management. Supports on-scene emotional and practical support to victims, families, and communities impacted by traumatic events.

This program offer may be impacted by a Chair's budget reduction.

Equity Statement

Crisis Services programs recognize systemic bias leading to crisis as well as in traditional law enforcement response. We are committed to responding in a culturally responsive and trauma-informed manner and reducing law enforcement engagement with those in a behavioral health crisis. Crisis services intervene at the individual level while also addressing larger systemic change within the larger emergency response service array.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$407,567	\$6,856,229	\$2,358,416	\$5,267,895
Contractual Services	\$1,230,830	\$10,156,169	\$507,554	\$9,555,993
Materials & Supplies	\$537	\$63,211	\$2,571	\$55,019
Internal Services	\$0	\$1,558,241	\$59,684	\$1,418,508
Total GF/non-GF	\$1,638,934	\$18,633,850	\$2,928,225	\$16,297,415
Total Expenses:	\$20,272,784		\$19,225,640	
Program FTE	2.00	36.85	12.56	25.29

Program Revenues

Intergovernmental	\$0	\$17,633,850	\$0	\$15,846,210
Total Revenue	\$0	\$17,633,850	\$0	\$15,846,210

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Total services provided annually throughout crisis system (BHCC, MCIT, MRSS, UWIC)	104,625	106,872	105,000
% of severe weather shelters supported by Disaster Behavioral Health volunteers and/or staff	100	100	100

Division: Behavioral Health

Program Characteristics:

Program Description

As the Community Mental Health Program (CMHP), the Behavioral Health Division (BHD) is responsible for conducting abuse investigations and providing protective services per OAR 419-110 and ORS 430.735 to 430.765. Research shows that adults (18+) with mental health diagnoses who are engaged in mental health services are at increased risk of abuse and/or neglect - not only in the community, but also within the mental health system of care.

The division's Adult Protective Services (APS) protects adults with severe and persistent mental illness from abuse and victimization and investigates abuse and neglect per Oregon law. Activities include providing consultation and 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 with the other APS programs in the county, namely with Aging, Disability, and Veterans' Service Division and Intellectual and Developmental Disability Services. 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. Additionally, the program provides community education and training to internal and external partners.

The program also conducts Death Reviews, auditing client notes to determine if provider abuse or neglect contributed to a death, with 91 reviews closed in FY 2025.

Equity Statement

Adults with severe and persistent mental illness, particularly within marginalized racial and cultural groups, face increased risks and systemic barriers. APS applies a cultural lens to all protective services and abuse investigations, fostering an open dialogue on culture and race, thus increasing identification and reporting of concerns.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$1,324,583	\$261,435	\$167,169	\$1,268,123
Materials & Supplies	\$3,247	\$62	\$3,354	\$62
Internal Services	\$206,124	\$29,531	\$156,629	\$66,747
Total GF/non-GF	\$1,533,954	\$291,028	\$327,152	\$1,334,932
Total Expenses:	\$1,824,982		\$1,662,084	
Program FTE	7.49	1.51	0.80	6.60

Program Revenues

Intergovernmental	\$0	\$291,028	\$0	\$1,334,932
Total Revenue	\$0	\$291,028	\$0	\$1,334,932

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
# of screenings/investigations	1,062	939	900
# of overall calls received	1,497	1,493	1,495

Division: Behavioral Health

Program Characteristics:**Program Description**

The Community Mental Health Program (CMHP) is obligated by law to perform various duties related to involuntary mental health treatment.

The CMHP is responsible for prehearing commitment investigations. Multnomah County's certified investigators investigate Notices of Mental Illness (NMIs), including 'hospital holds,' 'Magistrate holds,' and 'Two party petitions'. For all Notices of Mental Illness received, a certified mental health investigator conducts a prehearing investigation within three judicial days, submits a recommendation to the court, and provides an investigation report as required under ORS 426.070. When applicable, the CMHP and the treating physician may certify a person for diversion at any time up to three judicial days after the person is placed into custody.

The CMHP is required to monitor individuals in Multnomah County under civil commitment, conditional release, or trial visit. Multnomah County's post-commitment and trial visit monitors meet routinely with all committed patients in Multnomah County at various commitment sites to assess mental status and progress toward discharge. These monitors collaborate with inpatient and outpatient providers plus significant others to create discharge plans in the least restrictive environments. For every person placed under commitment or trial visit, a monitor conducts a minimum of twice weekly visits to those in hospital settings under civil commitment, weekly visits to those in subacute care under civil commitment, and weekly to monthly visits to those in residential and community settings under trial visit.

Equity Statement

Civil commitment has the potential to disproportionately affect groups with racialized identities and other marginalized groups, reflecting systemic biases rather than purely clinical needs. Multnomah County's Mental Health Commitment Services work to ensure that dignity and due process rights are protected for all those who go through the civil commitment process.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$1,558,730	\$3,259,926	\$0	\$5,895,245
Contractual Services	\$136,070	\$327,733	\$0	\$287,000
Materials & Supplies	\$5,813	\$31,620	\$0	\$37,625
Internal Services	\$505,548	\$131,655	\$163,803	\$480,395
Total GF/non-GF	\$2,206,161	\$3,750,934	\$163,803	\$6,700,265
Total Expenses:	\$5,957,095		\$6,864,068	
Program FTE	8.80	18.00	0.00	32.50
Program Revenues				
Intergovernmental	\$0	\$3,750,934	\$0	\$6,700,265
Total Revenue	\$0	\$3,750,934	\$0	\$6,700,265

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Total number of Notices of Mental Illness (NMIs) investigated	2,126	2,138	2,400
% of NMIs investigated resulting in hearing recommendation	7.5%	7.5%	7.5%

Division: Behavioral Health

Program Characteristics:

Program Description

As the Community Mental Health Program (CMHP), the Behavioral Health Division is responsible for oversight of residential mental health programs per OAR 309-035. Multnomah County hosts the greatest portion of all licensed residential programs in the state (94 residential programs and 685 beds). This includes Secure Residential Treatment Programs, Residential Treatment Homes/Facilities, Adult Care Homes, Crisis/Respite Programs, and Supportive Housing Programs.

The Division's Residential Services (RS) program provides mandated health and safety monitoring and technical assistance to licensed facilities, ensuring that they meet or exceed operating standards for all residents regardless of the residents' county of origin. Program services include 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. RS staff review and respond to 25,000 client incident reports annually, and, in partnership with QM staff, conduct Critical Incident Reviews and provide quality improvement recommendations. This program also supports pass through funds and other funding for semi-structured and supportive housing programs. In FY 2025, RS supported the opening of 9 new residential programs totaling 72 new units. RS has also interviewed and written Letters of Acknowledgement for 57 programs that have yet to open.

Equity Statement

The RS program is committed to advancing equity and mitigating the impacts of systemic racism and inequities on all residents in licensed mental health facilities in Multnomah County. To that end, RS strives to ensure equitable access to stable and quality residential placements, and utilizes an equity lens when providing technical or clinical support to licensed facility providers.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$1,171,850	\$664,779	\$386,791	\$1,444,713
Contractual Services	\$0	\$7,700,691	\$1,412,213	\$7,698,285
Materials & Supplies	\$0	\$17,928	\$0	\$17,928
Internal Services	\$257,518	\$96,856	\$267,637	\$61,431
Total GF/non-GF	\$1,429,368	\$8,480,254	\$2,066,641	\$9,222,357
Total Expenses:	\$9,909,622		\$11,288,998	
Program FTE	6.75	4.05	1.86	7.94
Program Revenues				
Intergovernmental	\$0	\$8,480,254	\$0	\$9,222,357
Total Revenue	\$0	\$8,480,254	\$0	\$9,222,357

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
# of placements that receive health and safety oversight by Residential Services	691	717	700
# of CMHP referrals managed by Residential Services	80	107	125

Division: Behavioral Health

Program Characteristics:

Program Description

The Choice Model Program offers Care Coordination and contracted services for people with Severe and Persistent Mental Illness (SPMI). The program diverts people from the Oregon State Hospital (OSH), coordinates successful discharge from acute psychiatric care into appropriate community placements, coordinates care for individuals in licensed residential facilities, and develops supports to maximize independent living.

The Choice Program collaborates with other division units, hospitals, OSH, OHA/Health Systems Division, Coordinated Care Organizations, and other counties to coordinate placement and transition within a statewide network of licensed housing providers. The program aims to help people achieve the maximum level of independent functioning possible by diverting them from an 'admission to hospital' level of care into community-based resources. It supports timely, safe, and appropriate discharges, and provides access to supports to help people achieve independent living and self-sufficiency in the least restrictive housing environment. Services include Exceptional Needs Care Coordination (ENCC), access to peer services, funding for uninsured/underinsured clients for outpatient services, housing supports, and rental assistance.

Services offered include: supported housing development and rental assistance, ENCC to assure access to appropriate housing placements, and the development of supports to identify the least restrictive setting for stability. Care Coordination provides referrals to community mental health programs, supported employment, and transition planning to efficiently use licensed residential housing capacity.

Equity Statement

The Choice Program provides culturally and linguistically responsive care coordination and connects clients to aligned service providers—an established best practice for achieving equitable health outcomes. The Choice Model continues to prioritize and update practices to clarify access, remove systemic barriers, and promote more equitable service delivery.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$2,396,543	\$0	\$2,459,258
Contractual Services	\$0	\$3,086,499	\$0	\$2,715,313
Materials & Supplies	\$0	\$17,387	\$0	\$7,914
Internal Services	\$0	\$569,749	\$173,940	\$143,939
Total GF/non-GF	\$0	\$6,070,178	\$173,940	\$5,326,424
Total Expenses:	\$6,070,178		\$5,500,364	
Program FTE	0.00	14.32	0.00	13.88
Program Revenues				
Intergovernmental	\$0	\$6,070,178	\$0	\$5,326,424
Total Revenue	\$0	\$6,070,178	\$0	\$5,326,424

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of individuals served	754	767	750
% of Choice-enrolled individuals with an active legal status (Aid & Assist, Civil Commitment, Psychiatric Security Review Board, or Guardianship) at the point of r	N/A	50%	60%

Division: Behavioral Health

Program Characteristics:

Program Description

Without insurance, people are not able to access outpatient behavioral health services. If they experience a gap in coverage, they immediately lose access to these services. For various reasons, we currently face increased risk of individuals losing access to insurance or being ineligible and therefore not having access to care.

The Multnomah Treatment Fund (MTF) prioritizes community-based services for people who experience challenges associated with severe mental illness. MTF provides funds to outpatient behavioral health providers to ensure that people who experience a gap in funding do not lose access to needed care, preventing more drastic and resource intensive consequences including hospitalization, incarceration, loss of housing and other potential negative outcomes. Services can include individual and group therapy, case management, community outreach, housing assistance, medication management, co-occurring disorder treatment, care coordination, and crisis intervention. Clients are linked to other supports and get help accessing OHP benefits. The program supports client stability, and can reduce trauma and suffering. Contracted providers are responsible to ensure diversity training for staff, to maintain a diverse workforce, and to incorporate social equity innovation into their policy development and service delivery.

Equity Statement

This program is designed to serve those in the community that are disproportionately impacted by systemic racism and marginalization. Services directly support care for our most vulnerable and impacted community members.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Contractual Services	\$298,127	\$0	\$261,784	\$0
Total GF/non-GF	\$298,127	\$0	\$261,784	\$0
Total Expenses:	\$298,127			\$261,784
Program FTE	0.00	0.00	0.00	0.00
Total Revenue	\$0	\$0	\$0	\$0

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Total # of adults who received County funded outpatient services or medication	168	178	225
Total # of community providers serving uninsured individuals with this funding	3	3	3

Division: Behavioral Health

Program Characteristics:**Program Description**

The Early Assessment and Support Alliance (EASA) is a two-year early psychosis intervention program addressing the needs of young people aged 12 to 30 who demonstrate initial symptoms of psychosis or are found to be at high risk for developing psychosis. The program reduces post-program enrollment hospitalizations by roughly 80% each year.

EASA is an evidence-based model which demonstrates that early intervention and immediate access to treatment can directly reduce psychiatric hospitalization rates and the long-term debilitating consequences of psychosis. The multidisciplinary team approach and treatment services are designed to meet the fidelity standards of the model as required by the state. The team has been formed to include linguistically and culturally-specific consultants who have experience and demonstrated success getting outcomes with the populations served.

Treatment is community-based and services are individualized based on age, personal preferences, and cultural needs. Services include individual and/or family psychotherapy, medication management, case management, support for employment, psychiatric nursing services, peer support, occupational therapy assessment and intervention, multi-family group, psychoeducation, and social skills building groups.

EASA Step-Down Pilot launched in FY 2026, which is a bridge between the extensive services of EASA and people independently managing their health. Services help clients maintain recovery and independent life skills, ultimately helping them transition to lower levels of service in the community.

Equity Statement

EASA provides individualized services in the community, which reduces participants' barriers to access. Services are culturally responsive and 30% of our providers have knowledge, skills and abilities and demonstrated success working with culturally-specific populations.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$599,082	\$1,960,965	\$622,814	\$1,832,496
Contractual Services	\$9,640	\$179,633	\$8,431	\$177,399
Materials & Supplies	\$0	\$6,805	\$989	\$1,960
Internal Services	\$87	\$492,193	\$122	\$485,651
Total GF/non-GF	\$608,809	\$2,639,596	\$632,356	\$2,497,506
Total Expenses:	\$3,248,405		\$3,129,862	
Program FTE	3.23	11.17	3.23	9.87
Program Revenues				
Intergovernmental	\$0	\$1,911,588	\$0	\$1,737,506
Service Charges	\$0	\$728,008	\$0	\$760,000
Total Revenue	\$0	\$2,639,596	\$0	\$2,497,506

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Total individuals enrolled in the EASA program receiving ongoing services.	119	116	120
Number of unduplicated individuals referred to the EASA program.	191	186	200

Division: Behavioral Health**Program Characteristics:****Program Description**

Community Based Mental Health for Children, Youth and Families offers essential safety net services, providing culturally-responsive mental health support for children and youth impacted by child abuse and trauma. The program uses evidence-based, trauma-informed practices for family support, individual/group therapy, skill-building, and violence prevention. Multnomah County also created the Gun Violence Behavioral Health Response Team (GV-BHRT) to serve those affected by gun violence. Services for at-risk youth include child abuse mental health services at Child Abuse Response and Evaluation Services North West (CARES NW) and support for those impacted by gun violence.

CARES NW, a child abuse evaluation center, offers trauma-informed mental health support and resources to families. It also provides consultation and training for providers to support LGBTQIA2S+ youth. The GV-BHRT delivers culturally relevant, evidence-based mental health services to youth (age 10-25) and their families in the African American and Latine communities. Staff utilize lived experience for culturally specific prevention, treatment, consultation, and outreach, collaborating with partners for education and connection to mental health services in schools, colleges, health providers, and community meetings.

This program offer may be impacted by a Chair's budget reduction.

Equity Statement

GV-BHRT and 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 consultants have knowledge, skills, and abilities to work with the communities that we serve both culturally and linguistically.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$731,873	\$1,041,853	\$744,876	\$152,707
Contractual Services	\$0	\$119,763	\$0	\$0
Materials & Supplies	\$1,342	\$206	\$0	\$185
Internal Services	\$44,577	\$289,584	\$55,486	\$225,340
Total GF/non-GF	\$777,792	\$1,451,406	\$800,362	\$378,232
Total Expenses:	\$2,229,198		\$1,178,594	
Program FTE	4.15	6.20	3.90	0.87

Program Revenues

Intergovernmental	\$0	\$545,066	\$0	\$0
Beginning Working Capital	\$0	\$906,340	\$0	\$35,837
Service Charges	\$0	\$0	\$0	\$342,395
Total Revenue	\$0	\$1,451,406	\$0	\$378,232

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Total children who receive Mental Health or Family Support Services at CARES NW from Mult Co staff	147	236	236
Total # of children who received behavioral health services from the Gun Violence BH Response Team	119	150	0

Division: Behavioral Health

Program Characteristics:

Program Description

The Care Coordination Unit improves health outcomes and experiences through two specialized programs: Wraparound (serving youth and families) and the Multnomah Intensive Transition Team (M-ITT, serving adults). Wraparound, funded by the Oregon Health Plan, provides high fidelity care coordination to address complex, cross-system barriers. Care Coordinators facilitate a team-based planning process with the youth, family, and partners to develop a unified, strength-based care plan. The goal is to empower youth to be healthy, achieve school success, and safely remain in their communities.

M-ITT is funded by HealthShare and is a critical component of the Crisis Services continuum of care. It provides specialized, short-term intervention for adults exiting psychiatric hospitals who are not connected to an outpatient behavioral health provider. The core function is to successfully bridge clients to ongoing support, including long-term behavioral health services, primary care, substance use disorder treatment, and addressing social determinants of health like shelter/housing.

To ensure seamless networks of care, Care Coordinators actively partner with a broad spectrum of partners, including: primary care and community mental health providers, the Department of Community Justice, Oregon Department of Human Services, housing providers, school districts, and peer service providers, to improve care and outcomes.

Equity Statement

The Care Coordination programs prioritize individualized, culturally, and linguistically responsive policies and services. Staff recruitment focuses on expertise and success with diverse communities, including several bicultural and bilingual staff available for clients who identify as LGBTQIA2S+, Native American, African-American, Latinx, and Spanish-speaking. This is an established best practice for achieving equitable health outcomes.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$9,570,438	\$0	\$5,967,156
Contractual Services	\$0	\$2,742,984	\$0	\$1,677,185
Materials & Supplies	\$0	\$139,483	\$0	\$123,282
Internal Services	\$0	\$3,171,133	\$0	\$2,728,832
Total GF/non-GF	\$0	\$15,624,038	\$0	\$10,496,455
Total Expenses:	\$15,624,038		\$10,496,455	
Program FTE	0.00	54.68	0.00	33.12
Program Revenues				
Intergovernmental	\$0	\$15,624,038	\$0	\$9,641,182
Beginning Working Capital	\$0	\$0	\$0	\$855,273
Total Revenue	\$0	\$15,624,038	\$0	\$10,496,455

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Percentage of M-ITT clients successfully connected to an ongoing care provider (BH, Primary Care, or Specialty) or basic needs resource prior to case closure	N/A	70%	80%
Number of youth served in the Wraparound program	166	176	180

Division: Behavioral Health

Program Characteristics:

Program Description

Since 1969, Multnomah County has been a national leader in providing access to mental health services in schools. School Based Mental Health (SBMH) professionals serve children and teens with mental health needs in 34 elementary, middle and high schools across multiple districts in Multnomah County. Providing mental health assessment and treatment in schools decreases barriers such as stigma, cost, and transportation.

Cultural alignment with students improves their therapeutic alliance with SBMH clinicians, which helps address mental health concerns, build trust, and improve school attendance. This culturally-specific approach contributes to youth completing school, 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. They 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. In FY 2027, the program will operate under a model that continues to invest in quality improvement efforts to increase revenue through billable services and build sustainability. Information from the Program Evaluation and Design team's FY 2026 program evaluation will be incorporated into the FY 2027 model and operations.

Equity Statement

This program reaches youth who are traditionally underserved and have barriers to accessing mental health services. Clinicians are recruited with the knowledge, skills and abilities needed to effectively work with the communities served, with several bicultural and bilingual staff available to work with: LGBTQIA2S+; African-American; Latinx; and Spanish speaking clients. This is an established best practice for achieving equitable health outcomes.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$1,989,047	\$2,526,382	\$2,934,670	\$981,640
Contractual Services	\$75,000	\$7,870	\$0	\$8,000
Materials & Supplies	\$10,775	\$295	\$5,361	\$12,331
Internal Services	\$425,222	\$417,262	\$460,848	\$229,836
Total GF/non-GF	\$2,500,044	\$2,951,809	\$3,400,879	\$1,231,807
Total Expenses:	\$5,451,853		\$4,632,686	
Program FTE	10.61	14.21	15.01	4.97

Program Revenues

Intergovernmental	\$0	\$1,636,336	\$0	\$511,807
Beginning Working Capital	\$0	\$177,664	\$0	\$0
Service Charges	\$0	\$1,137,809	\$0	\$720,000
Total Revenue	\$0	\$2,951,809	\$0	\$1,231,807

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of clinical services provided per year	5,906	5,080	5,900
Total number of unique students served by the SBMH program	687	644	687

Division: Behavioral Health**Program Characteristics:****Program Description**

As the Community Mental Health Program, the Division is legally responsible for suicide prevention and postvention. Multnomah County leads Oregon in suicides among young people (ages 10-24). The program aims to reduce these numbers through mental health promotion, suicide prevention, and postvention, educating the community, providing grief support, building a stronger safety net, increasing mental health literacy, and fostering resilience.

Prevention includes training for County staff and the community via the "Get Trained To Help" tri-county collaborative, which organizes and promotes accessible, free resources and training in the Portland Metro area through gettrainedtohelp.com.

Postvention focuses on tracking suicide deaths in the County to inform prevention and intervention. Our Postvention Response Lead coordinates county-wide youth suicide postvention supports after a death to decrease the likelihood of suicide contagion.

Equity Statement

The program addresses equity through training on access and culturally relevant topics. In 2021, suicide was the third leading cause of death among Black youth ages 10-24 (nationally). Our Black Youth Suicide Prevention Coordinator leads a countywide youth suicide coalition (MYSPC), and collaborates with a statewide Black Youth Suicide Prevention Coalition (BYSPC) to ensure all our prevention and postvention initiatives include culturally relevant practices.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$263,883	\$279,423	\$154,846	\$468,815
Contractual Services	\$0	\$0	\$0	\$20,320
Materials & Supplies	\$0	\$7,600	\$0	\$11,393
Internal Services	\$51,550	\$49,661	\$72,229	\$47,266
Total GF/non-GF	\$315,433	\$336,684	\$227,075	\$547,794
Total Expenses:	\$652,117		\$774,869	
Program FTE	1.54	1.76	0.86	2.70

Program Revenues

Intergovernmental	\$0	\$336,684	\$0	\$547,794
Total Revenue	\$0	\$336,684	\$0	\$547,794

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
# of individuals trained in Mental Health or suicide prevention trainings (ASIST, QPR, Connect, etc.).	581	450	400
Number of Postvention training and/or technical assistance provided to community organizations, schools, or other youth-serving institutions.	N/A	5	10

Division: Behavioral Health

Program Characteristics:

Program Description

Culturally and linguistically appropriate mental health treatment, including outreach and engagement, addresses concerns intersecting with the criminal legal system. Culturally responsive interventions also lower the need for expensive hospital and crisis services.

Historically, behavioral health services have not had the knowledge, skills, abilities or the cultural experience working with Black, Indigenous, and People of Color (BIPOC). Culturally-specific services for BIPOC individuals are designed to reduce inequities and build healthy families and communities. Systemically marginalized racial and ethnic groups, along with immigrant and refugee communities, face significant disparities in access to care.

The county contracts with providers to offer culturally and linguistically appropriate mental health and substance use disorder services to communities with significant inequities. These comprehensive services focus on early identification/crisis prevention and include assessment/evaluation, case management, medication management, therapy, benefits assistance, basic needs assessment, wraparound support, referral services, skill development, crisis intervention, family support, and education.

This program offer may be impacted by a Chair's budget reduction.

Equity Statement

This program is designed to serve those in the community that are disproportionately impacted by systemic racism and marginalization. Services directly support care for our most vulnerable and impacted community members and prioritize culturally informed and specific services.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Contractual Services	\$1,836,478	\$556,970	\$1,642,879	\$0
Total GF/non-GF	\$1,836,478	\$556,970	\$1,642,879	\$0
Total Expenses:	\$2,393,448		\$1,642,879	
Program FTE	0.00	0.00	0.00	0.00
Total Revenue	\$0	\$0	\$0	\$0

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Total culturally diverse individuals receiving services.	1,223	1,213	1,200
Total Culturally Specific Programs/Agencies provided with financial support	6	6	6

Division: Behavioral Health

Program Characteristics:

Program Description

This program offer supports a Black/African-American culturally-specific housing and wrap-around support program. Referrals prioritize those who are re-entering the community from incarceration and in need of housing. The program has a multi-disciplinary team that provides care coordination, mental health and substance use screening and support, peer support, and housing support. The program includes short-term stabilization beds in a community housing setting. These beds provide short-term support and a pathway out of homelessness for Black/African-American males involved in the community justice system.

This program offer creates African-American culturally-specific capacity for the community. It provides inclusive, high-quality behavioral health services so that community members 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.

This program offer may be impacted by a Chair's budget reduction.

Equity Statement

This program is designed to provide culturally responsive and aligned behavioral health and housing services for Black and African American populations that are over represented in the criminal justice system. The program is designed to improve outcomes for those served by reducing future criminal justice involvement, increasing access and engagement with care, and connection to long term housing.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Contractual Services	\$832,352	\$0	\$744,607	\$0
Total GF/non-GF	\$832,352	\$0	\$744,607	\$0
Total Expenses:	\$832,352		\$744,607	
Program FTE	0.00	0.00	0.00	0.00
Total Revenue	\$0	\$0	\$0	\$0

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Total number of individuals served	45	46	27
Average number of individuals engaged quarterly in Mental Health services	9	10	6

Division: Behavioral Health

Program Characteristics:

Program Description

As the Community Mental Health Program, the Division is responsible for supporting a system of locally available, effective safety net services, including the Adult Addiction Treatment Continuum. It serves over 3,000 uninsured or underinsured adult County residents (at or below 200% poverty) annually with Substance Use Disorder (SUD) treatment and recovery support services. Services include residential treatment, intensive outpatient treatment with supported housing, outpatient treatment, outreach, recovery mentoring, and recovery support (including links to housing, basic needs, and prosocial activities).

The primary program goal is establishing a path to recovery and well-being for those with SUD. These services have broad positive impacts across county systems (criminal justice, child welfare, healthcare) and at the interpersonal, family, and community levels, resulting in reduced jail recidivism, decreased infectious disease transmission, lower crisis system utilization, and strengthened family bonds. Our adult continuum promotes treatment engagement, recovery, and a return to a healthy lifestyle by addressing the negative consequences of problematic substance use and teaching prosocial alternatives. Treatment and recovery providers utilize clinical therapy, skill building, and peer-delivered services, and also address self-sufficiency needs such as parenting, stress management, housing, independent living, employment, and referrals for physical and mental health issues.

Equity Statement

The continuum of treatment and recovery support includes culturally-specific and culturally responsive programming, utilizing staff with lived experience with demonstrated success working with the diverse populations being served, including: communities of color; people living with HIV; Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and Two-Spirit individuals; women; and parents whose children live with them while they are in residential treatment.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$575,887	\$420,720	\$776,326	\$449,506
Contractual Services	\$1,731,384	\$9,813,044	\$1,314,189	\$9,767,194
Materials & Supplies	\$2,871	\$610	\$3,175	\$15,294
Internal Services	\$154,946	\$36,880	\$203,746	\$57,429
Total GF/non-GF	\$2,465,088	\$10,271,254	\$2,297,436	\$10,289,423
Total Expenses:	\$12,736,342		\$12,586,859	
Program FTE	3.00	2.40	4.00	2.60
Program Revenues				
Intergovernmental	\$0	\$8,255,389	\$0	\$8,021,348
Beginning Working Capital	\$0	\$0	\$0	\$185,685
Total Revenue	\$0	\$8,255,389	\$0	\$8,207,033

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of individuals served in treatment and recovery support services	3,942	4,000	4,000
Number of clients who successfully completed outpatient treatment	1,420	1,500	1,500

Division: Behavioral Health

Program Characteristics:

Program Description

In 2023, 37.5% of Oregonians gambled in the past year; of those, 3.5% were at-risk for problem gambling (PG) based on the Brief Biosocial Gambling Screen (BBGS). Multnomah County PG Services adopts a holistic approach—integrating biological, behavioral, and economic factors—to improve the well-being of individuals, families, and communities. Prevention and outreach use evidence-based strategies to raise awareness of gambling risks and promote free treatment/prevention resources. The County also offers care coordination and peer support via contracts, although PG treatment is now provided directly through state contracts.

PG Services include prevention, outreach, and referrals, focusing on quality-of-life for the gambler, their family, and community. Prevention includes contracted services, media campaigns, school curricula, family engagement, and community outreach. Outreach involves targeting priority populations, educating providers, and offering technical assistance for screening gambling harms. The PG Care Coordinator is situated in the Promoting Access To Hope (PATH) team and provides support to individuals who are seeking referrals to treatment, and/or need additional support while engaging in treatment programs within our community.

Equity Statement

The Multnomah County PG team includes outreach and prevention activities for diverse populations. These include: Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and Two-Spirit; Black, Indigenous, and People of Color; older adults; veterans; and college students. The focus for treatment referrals includes those experiencing co-occurring issues such as drugs and alcohol or mental health issues.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$528,432	\$0	\$439,819
Contractual Services	\$0	\$159,698	\$0	\$127,082
Materials & Supplies	\$0	\$14,644	\$0	\$13,419
Internal Services	\$0	\$76,398	\$0	\$58,040
Total GF/non-GF	\$0	\$779,172	\$0	\$638,360
Total Expenses:	\$779,172		\$638,360	
Program FTE	0.00	3.20	0.00	2.54
Program Revenues				
Intergovernmental	\$0	\$779,172	\$0	\$638,360
Total Revenue	\$0	\$779,172	\$0	\$638,360

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
% of clients receiving Care Coordination, successfully placed in gambling treatment or recovery support.	70%	70%	72%
Number of problem gambling prevention and outreach activities delivered	45	45	45

Division: Behavioral Health**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. Priorities include increasing capacity for prevention in schools, convening partners to assess community needs, and offering prevention activities at school sites and organizations serving youth and parents.

Program activities include: 1) Contracting with local providers to offer programming to all Multnomah County school districts and interested community-based organizations. Programming includes 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. 3) Expanding our Safety Starts at Home campaign which focuses on educating the community on the importance of safe storage and disposal of prescription drugs within the home (including handing out medication lock bags and Deterra kits to Multnomah County residents). 4) Supporting and expanding on substance-free community events to normalize alcohol and marijuana free spaces for youth throughout our community.

Equity Statement

This program continuously strengthens its commitment to advancing diversity, equity and inclusion by using strategies that center racially, culturally, and linguistically specific practices when developing and selecting prevention activities and strategies.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$242,484	\$0	\$431,404
Contractual Services	\$0	\$1,149,002	\$0	\$931,325
Materials & Supplies	\$0	\$34,607	\$0	\$59,520
Internal Services	\$0	\$61,215	\$0	\$38,925
Total GF/non-GF	\$0	\$1,487,308	\$0	\$1,461,174
Total Expenses:	\$1,487,308		\$1,461,174	
Program FTE	0.00	1.50	0.00	2.09
Program Revenues				
Intergovernmental	\$0	\$1,487,308	\$0	\$1,461,174
Total Revenue	\$0	\$1,487,308	\$0	\$1,461,174

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Adults and youth served by prevention services and programming	10,500	10,000	15,000
Number of individual messages focused on substance use prevention posted (includes paid media advertisements, social media, earned media, etc.)	N/A	15	15

Division: Behavioral Health

Program Characteristics:

Program Description

Coordinated Diversion for Justice Involved Individuals includes Aid and Assist Competency Restoration Services. In Oregon, a court is required to order the Community Mental Health Program (CMHP) to complete a consultation in all criminal cases when the court questions an individual's ability to aid and assist in their own defense due to a mental health disorder. Multnomah County must respond to all court orders within five judicial days, reporting to the court on what community services are available for the individual to safely gain fitness to proceed.

When an individual is found unable to aid and assist, 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. For every individual ordered to community restoration, the CMHP is required to link the individual to treatment, housing, and healthcare benefits, provide intensive community-based care management, facilitate legal skills training, link to rehabilitation services, and provide frequent status reports to the court until competency is resolved.

The CMHP is also responsible for discharge planning and care coordination for all individuals at the OSH under a 'treat until fit' order by the Multnomah County Circuit Court. For every individual at the OSH, a behavioral health clinician attends all hospital meetings, meets with the individual, submits a Community Transition Plan to the hospital, creates and coordinates a transition back to the community, and provides frequent updates to the court.

Equity Statement

Coordinated Diversion services reduce the unfair 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.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$805,358	\$4,153,335	\$0	\$5,065,448
Contractual Services	\$235,709	\$2,103,636	\$0	\$1,443,300
Materials & Supplies	\$5,493	\$47,031	\$0	\$32,761
Internal Services	\$305,201	\$297,752	\$259,562	\$421,345
Total GF/non-GF	\$1,351,761	\$6,601,754	\$259,562	\$6,962,854
Total Expenses:	\$7,953,515		\$7,222,416	
Program FTE	4.70	25.50	0.00	29.50

Program Revenues

Intergovernmental	\$0	\$6,601,754	\$0	\$6,962,854
Total Revenue	\$0	\$6,601,754	\$0	\$6,962,854

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
# of Community Restoration Consult court orders responded to	576	760	760
# of new referrals to community restoration services in the community	130	140	150

Division: Behavioral Health

Program Characteristics:

Program Description

Withdrawal management is a critical level of treatment care in the Substance Use Disorder (SUD) continuum of services. It medically stabilizes a highly vulnerable and diverse client population, preparing people for residential, outpatient, and recovery support services. Services are provided 24 hours/day, 7 days/week with medical oversight. 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.

There are about 2,700 admissions into withdrawal management service annually, which includes both indigent clients and clients with OHP or other health insurance. Funding for these SUD treatment services prioritizes individuals at/below 200% poverty who are uninsured or under-underinsured (high deductibles or copays create a burden to accessing care).

Care Coordination serves people who are houseless or without safe housing conducive to recovery, and provides additional engagement and stability throughout the transition from this level of care to continued treatment and recovery support. Supportive Housing greatly increases treatment engagement rates post discharge from withdrawal management treatment. For people who are houseless, chemically dependent, and early in recovery, this 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.

Equity Statement

The program is delivered through an equity lens, prioritizing a highly vulnerable and diverse client population, specifically those at or below 200% of the poverty level, uninsured, under-insured, and experiencing houselessness. This focused approach directly addresses systemic health and social inequities, ensuring marginalized communities can access medically necessary withdrawal management, supportive housing, and vital recovery support services.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$220,456	\$0	\$231,666
Contractual Services	\$1,515,449	\$577,559	\$1,064,546	\$877,558
Materials & Supplies	\$0	\$8	\$0	\$8
Internal Services	\$0	\$5,972	\$0	\$5,541
Total GF/non-GF	\$1,515,449	\$803,995	\$1,064,546	\$1,114,773
Total Expenses:	\$2,319,444		\$2,179,319	
Program FTE	0.00	1.50	0.00	1.50

Program Revenues

Intergovernmental	\$0	\$803,995	\$0	\$1,114,773
Total Revenue	\$0	\$803,995	\$0	\$1,114,773

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of unique indigent individuals receiving Withdrawal Management services annually	87	92	100
Number of individuals receiving supportive housing	453	440	450

Division: Public Health**Program Characteristics:****Program Description**

The Public Health Division (PHD) works every day to keep Multnomah County communities safe and healthy. The PHD Director's Office (DO) ensures our local public health system can do the work communities need most—equitably, effectively, and in partnership.

To do this, the PHD DO makes sure the workforce has the knowledge and experience to work with partners to meet the county's needs, enforce public health laws, and align with the Community Health Improvement Plan and County Strategic Plan. Specifically, the DO:

- Provides leadership and organizational guidance, stewardship of public funds, and accountability.
- Leads implementation of the Health Equity Action Plan (HEAP).
- Guides public health communication and health education campaigns.
- Develops public health policy recommendations that are evidence-based, grounded in law, and achieve health equity.
- Engage with and listen to the community to inform public health interventions.

The DO also implements the Public Health Infrastructure Grant, which supports workforce efforts in partnership with schools to address recruitment and retention efforts, updating the CHIP, and building public health accreditation readiness. The DO provides project management for emerging public health issues, statewide initiatives like Public Health Modernization, and quality improvement.

Equity Statement

The DO aims to build and maintain a competent, representative, and culturally responsive public health workforce. We partner with communities to understand needs and co-create solutions. The Multnomah County Public Health Advisory Board advises on public health practices to address the leading causes of death, to develop policy and system change, and to reduce health inequities.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$2,419,407	\$1,825,853	\$2,360,165	\$2,881,118
Contractual Services	\$156,242	\$2,206	\$300,000	\$269,860
Materials & Supplies	\$239,828	\$4,451	\$282,336	\$56,506
Internal Services	\$629,044	\$336,264	\$511,870	\$515,036
Total GF/non-GF	\$3,444,521	\$2,168,774	\$3,454,371	\$3,722,520
Total Expenses:	\$5,613,295		\$7,176,891	
Program FTE	13.11	10.07	12.11	14.40

Program Revenues

Intergovernmental	\$0	\$2,168,774	\$0	\$3,722,520
Total Revenue	\$0	\$2,168,774	\$0	\$3,722,520

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of public health-related health education campaigns			12
To ensure financial accountability, number of reviews of all Public Health Division program offers at regular monthly, 6-month, and 12-month intervals		14	14

Division: Public Health

Program Characteristics:**Program Description**

Parent Child Family Health (PCFH) supports families via home visits and case management. These services work to address the needs of pregnant and parenting families. Goals include promoting healthy pregnancy and postpartum periods, and mental health and wellness. Through these goals, PCFH prevents infant deaths, preterm births, and child abuse/neglect.

PCFH includes four programs. Healthy Birth Initiatives addresses health inequities in birth outcomes by providing culturally specific services for Black/African American families who are pregnant or parenting. Healthy Families provides child abuse prevention and promotion of positive parent-child interactions. Family Connects offers a home visit by a nurse to all birthing families in the postpartum period. Multnomah Early Childhood Program provides support for families with children who have special health needs. David Douglas School District and the Preschool for All program contract with the Multnomah Early Childhood Program to provide these services in the classroom setting and other community settings.

Families who participate in PCFH home visiting services are:

- More likely to be up-to-date on vaccinations on their child's first birthday;
- More likely to meet breastfeeding/lactation goals at 6 months;
- More likely to complete their postpartum follow-up;
- More likely to have babies born with healthy weight, when enrolled prenatally; and
- More likely to be connected with mental health support services.

Equity Statement

Support before birth and in early childhood improves health across the lifespan. PCFH offers all families in Multnomah County some level of support during this time. PCFH provides additional support to communities experiencing unfair and preventable poor health. We prioritize our Black and African American communities in response to data showing they experience the most severe health inequities related to birth and early childhood. This approach improves the overall health of Multnomah County.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$2,601,133	\$2,882,753	\$1,841,797	\$3,708,662
Contractual Services	\$1,072,151	\$4,244,189	\$1,651,981	\$2,957,005
Materials & Supplies	\$149,320	\$269,899	\$147,477	\$69,504
Internal Services	\$772,380	\$1,019,862	\$614,090	\$1,157,865
Total GF/non-GF	\$4,594,984	\$8,416,703	\$4,255,345	\$7,893,036
Total Expenses:	\$13,011,687		\$12,148,381	
Program FTE	16.13	16.37	10.05	20.70

Program Revenues

Intergovernmental	\$0	\$6,328,377	\$0	\$6,327,884
Other / Miscellaneous	\$0	\$25,092	\$0	\$29,403
Beginning Working Capital	\$0	\$400,000	\$0	\$67,000
Service Charges	\$0	\$1,663,234	\$0	\$1,468,749
Total Revenue	\$0	\$8,416,703	\$0	\$7,893,036

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of families served by PCFH programs - Healthy Birth Initiatives, Healthy Families, Multnomah Early Childhood Program, and Family Connects	2,369	2,260	2,542
Number of visits completed by PCFH programs - Healthy Birth Initiatives, Healthy Families, Multnomah Early Childhood Program, and Family Connects	17,515	14,820	15,220

Division: Behavioral Health

Program Characteristics:

Program Description

The Early Childhood Mental Health Program focuses on healthy social/emotional development and school readiness for children ages birth to six. It offers culturally, linguistically, and trauma-responsive prevention and treatment services, working with community partners to ensure child success and decrease school suspension/expulsion. Services are evidence-based, including consultation, mental health treatment, parent groups, and coordinated care, which are vital for school retention.

Program consultants provide a range of mental health consultation services to approximately 5,000 children and families in all County Head Start Programs, using evidence-based practices. Services include classroom consultation, assessment, family-centered treatment, case management, crisis triage, referrals, and parent support/education. The program collaborates closely with Early Childhood Community Partners and Early Learning Multnomah to coordinate care for at-risk families.

These services address mental health and developmental needs early, preventing acute, costly issues. A critical goal is ensuring children are ready for kindergarten.

This program offer may be impacted by a Chair's budget reduction.

Equity Statement

Consultants use an anti-racist equity lens while providing culturally and linguistically responsive services to support the success of children and to decrease school suspension and expulsion rates, alleviating the impacts of inequities.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$1,420,153	\$789,576	\$2,345,629	\$129,117
Contractual Services	\$192,608	\$1	\$171,029	\$0
Materials & Supplies	\$6,661	\$154	\$5,144	\$87
Internal Services	\$152,640	\$212,060	\$252,512	\$156,520
Total GF/non-GF	\$1,772,062	\$1,001,791	\$2,774,314	\$285,724
Total Expenses:	\$2,773,853		\$3,060,038	
Program FTE	8.47	4.71	13.31	0.68
Program Revenues				
Intergovernmental	\$0	\$716,067	\$0	\$0
Service Charges	\$0	\$285,724	\$0	\$285,724
Total Revenue	\$0	\$1,001,791	\$0	\$285,724

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Total children receiving prevention services	6,358	5,422	5,500
Total children receiving culturally specific treatment services (EC and Preschool for All have a joint treatment team. These #'s reflect clients served by both programs.)	43	38	40

Division: Behavioral Health

Program Characteristics:

Program Description

The Promoting Access To Hope (PATH) program offers outreach and low-barrier, voluntary services to houseless individuals with substance use disorder (SUD) at risk of criminal justice system involvement. These individuals often face co-occurring challenges like poverty and mental/physical health issues.

PATH provides individualized needs assessments and service plan development, connecting clients to a broad network of SUD treatment, recovery support, and essential resources like shelter/housing, primary care, mental health and employment services. Staff use motivational interviewing and harm reduction, collaborating with clients and stakeholders to set recovery goals, address barriers, and build a recovery foundation.

Referrals come from justice partners, treatment providers, crisis services, county programs, family, and self-referrals. PATH was developed by the Behavioral Health Division, Homeless Services Department, Department of Community Justice, and the County Chair's Office. Ongoing support is provided, recognizing individuals' varied readiness for change; abstinence is not required.

Equity Statement

PATH utilizes best practices to ensure the best outcomes for members of marginalized and underrepresented communities who are seeking SUD treatment and recovery support services. These approaches include working with community providers to develop/enhance responsive services and to work with culturally-specific providers to ensure individuals are placed in services that recognize and support their cultural identity and have the best chance at successful outcomes.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$679,122	\$838,290	\$817,114	\$442,759
Contractual Services	\$4,108	\$104,004	\$4,959	\$0
Materials & Supplies	\$4,563	\$2,244	\$4,714	\$2,244
Internal Services	\$32,359	\$168,291	\$1,912	\$149,875
Total GF/non-GF	\$720,152	\$1,112,829	\$828,699	\$594,878
Total Expenses:	\$1,832,981		\$1,423,577	
Program FTE	4.08	4.82	4.48	2.42
Program Revenues				
Intergovernmental	\$0	\$561,662	\$0	\$594,878
Total Revenue	\$0	\$561,662	\$0	\$594,878

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of unique individuals served annually in PATH outreach and care coordination services	604	645	660
Number of individuals housed by PATH team member	89	120	120

Division: Integrated Clinical Services

Program Characteristics:

Program Description

Allied Health (AH) integrates Behavioral Health (BH) and Community Health Worker (CHW) services, which are critical to our core clinical operations. This integration is delivered through two primary components:

-AH-Integrated Behavioral Health (AH-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.

-The AH-Community Health Worker (AH-CHW) program serves clients who experience barriers to care that may keep them from achieving their health goals and optimal health outcomes. Our CHWs work with clients on the social determinants of health (SDOH) and health education/promotion related to their clinical care needs. 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 also facilitate health education/promotion.

In 2025, two of the top five primary diagnoses addressed within all patient visits were mental health diagnoses. In order to serve clients where they are, in both a geographical sense and readiness, Allied Health teams reflect the populations served, including a majority of staff who are bilingual, bicultural, and have other relatable lived experiences.

Equity Statement

The Multnomah County Community Health Center's vision is to ensure all people in our community receive reliable, inclusive, and high-quality healthcare. We do this with a workforce that reflects the diversity of our communities and by reducing the financial, administrative, language, and social barriers that contribute to health inequities. Our core values emphasize providing care that is tailored to each individual's needs and centered on equity and measurable health outcomes.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$7,361,629	\$0	\$6,918,537
Contractual Services	\$0	\$117,502	\$0	\$19,800
Materials & Supplies	\$0	\$328,059	\$0	\$199,979
Internal Services	\$0	\$1,917,583	\$0	\$1,815,917
Total GF/non-GF	\$0	\$9,724,773	\$0	\$8,954,233
Total Expenses:	\$9,724,773		\$8,954,233	
Program FTE	0.00	45.50	0.00	41.45

Program Revenues

Intergovernmental	\$0	\$1,458,651	\$0	\$1,112,678
Other / Miscellaneous	\$0	\$198,301	\$0	\$0
Beginning Working Capital	\$0	\$1,224,142	\$0	\$1,224,142
Service Charges	\$0	\$6,843,679	\$0	\$6,617,413
Total Revenue	\$0	\$9,724,773	\$0	\$8,954,233

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of unique patient encounters completed with a behavioral health provider	27,880	28,000	28,000
Number of unique patient encounters completed with a Community Health Worker	11,400	14,000	14,000

Division: Integrated Clinical Services

Program Characteristics:**Program Description**

This Program Offer funds the Integrated Clinical Services Quality Assurance program, which provides quality, compliance, and technical infrastructure and resources to support all in-scope services for Federally Qualified Health Center (FQHC) and Health Resources and Services Administration federal grants.

Program functions include: performance and compliance audits, incident response, electronic health records management and support, data reporting and analysis, medical records privacy under the Health Insurance Portability and Accountability Act, accreditation under The Joint Commission, credentialing and privileging, contracts and purchasing coordination, policy management, infection prevention, risk analysis and management, client feedback, and continuous quality improvement.

These functions support the delivery of safe, high quality patient care and assure adherence to strict federal funding requirements. They also enable participation in loan forgiveness that helps with recruitment and retention as well as enhanced Medicaid revenue and other funding that ensure the sustainability of FQHC service delivery.

Equity Statement

The Multnomah County Community Health Center's vision is to ensure all people in our community receive reliable, inclusive, and high-quality healthcare. We do this with a workforce that reflects the diversity of our communities and by reducing the financial, administrative, language, and social barriers that contribute to health inequities. Our core values emphasize providing care that is tailored to each individual's needs and centered on equity and measurable health outcomes.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$5,226,319	\$0	\$5,499,826
Contractual Services	\$0	\$2,705,000	\$0	\$2,214,000
Materials & Supplies	\$0	\$412,024	\$0	\$113,044
Internal Services	\$0	\$1,862,618	\$0	\$1,936,978
Total GF/non-GF	\$0	\$10,205,961	\$0	\$9,763,848
Total Expenses:	\$10,205,961		\$9,763,848	
Program FTE	0.00	27.45	0.00	27.95

Program Revenues

Intergovernmental	\$0	\$150,000	\$0	\$150,000
Other / Miscellaneous	\$0	\$3,886,026	\$0	\$3,885,544
Beginning Working Capital	\$0	\$4,235,059	\$0	\$3,728,430
Service Charges	\$0	\$1,934,876	\$0	\$1,999,874
Total Revenue	\$0	\$10,205,961	\$0	\$9,763,848

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Maintain accreditation with The Joint Commission, including the Patient Centered Medical Home standard	100%	100%	100%
HRSA Community Health Center Program Grant renewed annually	100%	100%	100%

Division: Behavioral Health

Program Characteristics:

Program Description

The Deflection and Sobering program is part of the Behavioral Health Division's (BHD) Addiction Services unit. Deflection and Sobering are funded through a State of Oregon Criminal Justice Commission deflection grant, Multnomah County, and the City of Portland. The Deflection and Sobering program operates 24/7 at the Coordinated Care Pathway Center (a temporary location), with a field-based deflection option in Gresham. Per HB 4002, deflection is a collaboration between law enforcement and behavioral health to keep individuals out of the carceral system. The program goal is to assist individuals who may have substance use disorder, another behavioral health disorder, or co-occurring disorders in accessing pathways to treatment, recovery support services, case management, shelter, housing, or other services outside of the carceral system.

Pathway Center deflection services include medical and behavioral health screenings, care coordination, peer support, referrals, basic needs support, referrals, and transportation. Field-based includes screenings, care coordination, and referrals. Deflected individuals may opt into sobering. Law enforcement, first responders, and community providers refer to both deflection and sobering. Over 600 individuals were referred to deflection in year one.

Pathway Center sobering services help people who are intoxicated get sober and connect with community services, including treatment, recovery, and shelter/housing. The Pathway Center has 13 sobering stations. Sobering includes observation, stabilizing medication, and peer support. Care plans, referrals, and transportation are provided once clients complete sobering. Funding from the City of Portland will be applied to costs including sobering operations and housing vouchers. Deflection and sobering services will move to a permanent 24/7 Sobering & Crisis Stabilization Center in 2027.

Equity Statement

The Deflection and Sobering program closely tracks and assesses referrals into and engagement with the program, including participant demographics, to identify and address health inequities related to race/ethnicity and housing status. The program utilizes peer support (delivered by individuals with lived experience) to meet people where they are with compassion, cultural humility, and dignity.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$994,017	\$207,863	\$1,354,241
Contractual Services	\$0	\$4,354,704	\$0	\$2,368,460
Materials & Supplies	\$0	\$307	\$0	\$301,228
Internal Services	\$0	\$864,824	\$400,520	\$1,126,071
Total GF/non-GF	\$0	\$6,213,852	\$608,383	\$5,150,000
Total Expenses:	\$6,213,852		\$5,758,383	
Program FTE	0.00	6.00	1.00	9.00
Program Revenues				
Intergovernmental	\$0	\$6,213,852	\$0	\$5,150,000
Total Revenue	\$0	\$6,213,852	\$0	\$5,150,000

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Percent of individuals referred to deflection who engage in deflection by receiving services at the pathway center	N/A	65%	70%
Number of sobering referral partners	3	11	20

Division: Behavioral Health

Program Characteristics:

Program Description

Peer Support Staff at the Behavioral Health Resource Center (BHRC) provide low-barrier connection and support through a Day Center, Referral Van and Outreach Teams. These staff link people to basic needs services onsite, and offer connection, hope and direction. The BHRC provides a unique peer-operated and trauma-informed model that provides increased access to people most marginalized and vulnerable due to systemic oppression and historical trauma.

* The Day Center currently serves around 115 people daily through a system that reduces competition for resources and supports engagement with peers. Services include 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 get support from peer staff. The program increases access to referrals and housing options, provides access to medical services through partnerships with other Health Department programs, and operates during severe weather. Peer support reduces stigma and increases access to support and resources helping people take a first step towards housing stability.

* 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 Outreach Team engages with people in a 2-10 block radius around the facility, inviting them 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 on-site in the BHRC Shelter. They also partner with police to help get people into culturally competent services, treatment and shelter in real time.

Equity Statement

The BHRC is designed to be intentionally inclusive of individuals belonging to some of the most marginalized and vulnerable populations in Multnomah County recognizing that those with intersectional identities (Black, Indigenous and other People of Color; Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and Two-Spirit; persons with disabilities; and others) are over represented in the houseless population.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$481,854	\$342,359	\$0
Contractual Services	\$2,180,248	\$1,771,907	\$3,482,220	\$307,620
Materials & Supplies	\$196	\$8,368	\$2,827	\$0
Internal Services	\$1,147,489	\$194,894	\$1,315,500	\$7,368
Total GF/non-GF	\$3,327,933	\$2,457,023	\$5,142,906	\$314,988
Total Expenses:	\$5,784,956		\$5,457,894	
Program FTE	0.00	1.80	2.00	0.00

Program Revenues

Intergovernmental	\$0	\$791,223	\$0	\$86,988
Beginning Working Capital	\$0	\$228,000	\$0	\$228,000
Total Revenue	\$0	\$1,019,223	\$0	\$314,988

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Total number of entries to the day program	36,102	37,553	38,000
Total number of interactions at outreach van	N/A	96,924	98,000

Division: Behavioral Health

Program Characteristics:**Program Description**

The Behavioral Health Resource Center (BHRC) Shelter and Bridge Housing aims to provide a pathway to end houselessness for those with behavioral health concerns. It provides increased access to individuals most marginalized and vulnerable due to systemic oppression and historical trauma.

The 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 referrals for SUD services. 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. The Shelter Program has served over 426 people since opening, and the Bridge Program has served 136. Between the two programs, there have been over 138 successful transitional housing placements beyond onsite housing services.

This program also offers urgent bed access to individuals referred by first responders and outreach teams on a nightly basis. Over 200 beds were accessed through this system last year and the program is on track to increase that number. These beds are particularly helpful in supporting individuals waiting for a detox bed or other housing supports.

Equity Statement

The BHRC is designed to be intentionally inclusive of individuals belonging to some of the most marginalized and vulnerable populations in Multnomah County recognizing that those with intersectional identities (Black, Indigenous and other People of Color; Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and Two-Spirit; persons with disabilities; and others) are over represented in the houseless population.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Contractual Services	\$2,032,953	\$1,113,935	\$860,746	\$1,726,045
Internal Services	\$969,811	\$0	\$1,299,743	\$0
Total GF/non-GF	\$3,002,764	\$1,113,935	\$2,160,489	\$1,726,045
Total Expenses:	\$4,116,699		\$3,886,534	
Program FTE	0.00	0.00	0.00	0.00
Total Revenue	\$0	\$0	\$0	\$0

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of individuals served in Shelter and Bridge Housing programs	515	504	500
Number of individuals receiving Care/Case Management services on site	508	500	500

Division: Behavioral Health

Program Characteristics:

Program Description

This Program Offer provides implementation of Opioid Settlement resources, including support for a 6-month stabilization housing program for people transitioning from detoxification, residential treatment, and those facing the risk of homelessness. 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, the Preparation & Integration Housing model, also within this Program 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 on high-acuity people 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 their recovery.

Equity Statement

This program advances equity by directly targeting high-acuity individuals with substance use disorder and co-occurring conditions who are most vulnerable to relapse and homelessness, providing phased, supportive housing and comprehensive recovery services. By focusing on this marginalized population and building direct referral pathways to appropriate levels of support, the program aims to address systemic barriers and improve health and housing stability outcomes.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$142,163	\$0	\$208,727	\$0
Contractual Services	\$1,889,854	\$0	\$1,647,576	\$0
Total GF/non-GF	\$2,032,017	\$0	\$1,856,303	\$0
Total Expenses:	\$2,032,017		\$1,856,303	
Program FTE	1.00	0.00	1.00	0.00
Total Revenue	\$0	\$0	\$0	\$0

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of clients who engage in treatment who successfully discharge to the next level of care	N/A	60	120
Number of individuals exiting Preparation housing program referred to the next level of care [SUD Residential/Outpatient Treatment]	N/A	30	60

Division: Behavioral Health

Program Characteristics:

Program Description

Using Metro Supportive Housing Services Measure funding, 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.

This program offer funds:

* Critical motel-based emergency shelter capacity and crisis case management for people served by the Behavioral Health Division. This provides immediate safety off the streets for people living with severe behavioral health needs, while they transition to longer-term housing options at Cultivating Communities (up to 35 beds).

* Investments in long-term rental assistance and housing placement services for people with severe and persistent mental illness who are served by any of Multnomah County's Assertive Community Treatment (ACT) and Intensive Case Management (ICM) teams.

* Permanent Supported Housing for individuals with Serious and Persistent Mental Illness at Cedar Commons (30), Douglas Fir (15) and Meridian Gardens (65).

Equity Statement

Strategies in the Multnomah County Local Implementation Plan for the Metro Supportive Housing Services Measure prioritize the commitment to eliminating racial inequities among people experiencing chronic and episodic homelessness. This is done at the individual level by providing access to culturally aligned services and at a systems level by ensuring that program eligibility and prioritization considers identities and experiences contributing to greater vulnerability or inequity in outcomes.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	\$0	\$0	\$0	\$127,583
Contractual Services	\$413,573	\$9,615,877	\$47,565	\$8,038,020
Internal Services	\$0	\$0	\$0	\$18,717
Total GF/non-GF	\$413,573	\$9,615,877	\$47,565	\$8,184,320
Total Expenses:	\$10,029,450		\$8,231,885	
Program FTE	0.00	0.00	0.00	1.00
Total Revenue	\$0	\$0	\$0	\$0

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of individuals placed into or retained in permanent housing	277	260	260
Number of participants served in motel-based emergency shelter	195	175	90