

Health Department



TO: Chair Jessica Vega Pederson
Jenny Smith, Chief of Staff
Christopher Neal, Chief Operating Officer
Christian Elkin, Budget Director

CC: Jeston Black, Deputy Chief Operating Officer

FROM: Rachael Banks, Health Department Director

DATE: February 9, 2026

RE: FY 2027 Requested Budget Transmittal Letter

Department Overview

Multnomah County Health Department is the largest health department and safety net provider in Oregon. It serves as both the Local Public Health Authority (LPHA) and the Local Mental Health Authority's (LMHA) Community Mental Health Program (CMHP). It runs the largest Federally Qualified Health Center (FQHC) in the state. It is also the statutory health provider for people in County jails.

The Health Department is the only health entity that is responsible for the health of *everyone* who lives in and visits Multnomah County at every stage in their lives.

Through our Public Health, Behavioral Health, Corrections Health and Integrated Clinical Services Divisions, we provide direct and population-level health services, such as:

- Investigating outbreaks and stopping the spread of diseases
- Providing primary care, dental, integrated behavioral health care, wrap-around, and pharmacy services
- Inspecting restaurants, food carts, and other licensed facilities
- Helping babies and families thrive
- Promoting healthy neighborhoods
- Preventing deaths from drug overdose, suicide, and chronic diseases
- Helping people find treatment for substance use
- Collecting, studying, and reporting health data to track and improve health across the lifespan for people and entire communities

We focus on ending unfair inequities and improving health for more than 800,000 people in the County. The Health Department recognizes that colonialism and racism, and their systemic effects, are the root cause of health inequities and race-based differences in health outcomes. We remain actively committed to ending these unfair and preventable health differences.

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

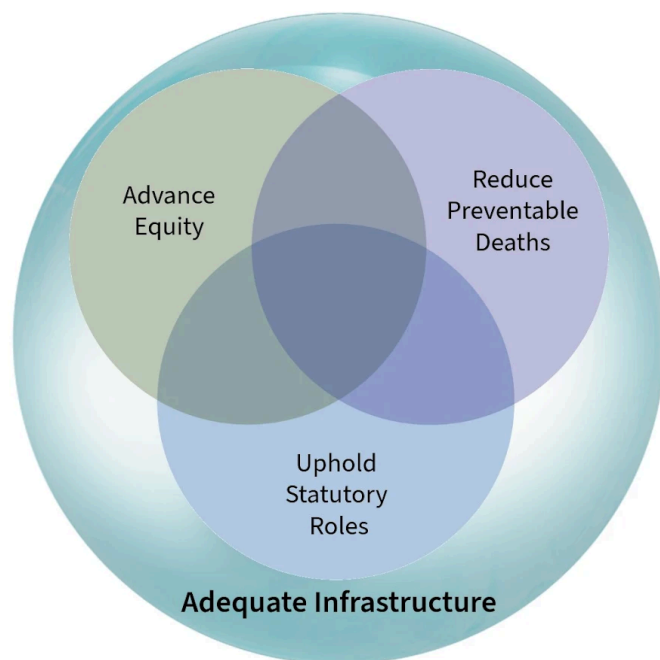
Health Department work directly aligns with the County's mission, vision, values, and strategic plan. It is one way the County brings these concepts to life in service of the people who live in, work in, and visit our County.

Decision-Making Strategy

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

This year's Health Department budget process centered on upholding roles required of us by law, advancing equity, and reducing preventable deaths. Scenario planning for this budget cycle once again required thinking strategically as one department and concentrating on doing fewer things, but doing them better and more thoroughly.

We prioritized services that fulfill our statutory roles, that are not provided elsewhere in the community, and that make progress on achieving equitable health outcomes. The department established core decision-making principles and additional considerations against which to weigh reduction decisions. Decisions were grounded in quantitative data and qualitative insights—including community voice and lived experience.



Core-Decision Making Principles

1. Center Most Impacted Communities and Advance Equity

Let community voice shape our priorities—focus on what people are telling us they need most. Invest in services that address community-identified needs and work to close gaps in health outcomes. Prioritize programs that serve the most vulnerable, targeted, or historically underserved populations. Use equity-focused plans like the Community Health Improvement Plan to inform decisions.

2. Consider the Health Department's Statutory Responsibilities

Prioritize services that fulfill legal mandates and statutory responsibilities. Honor our unique governmental role and focus on roles that no other agency or partner can fulfill.

3. Focus on Preventable Harm

Maintain or expand efforts that prevent avoidable illness, injury, or death—particularly in communities facing the greatest health burdens. Use existing plans like the Overdose Prevention and Response Plan to inform decisions.

Additional Considerations

4. Double Down on What's Already Working

Maintain services that demonstrate a measurable impact on health outcomes or progress in reducing inequities. Lift up promising practices informed by data and community wisdom.

5. Consider Ease of Reversibility

Consider the reversibility of program cuts. Some efforts, once lost, are hard to restart and may cause lasting community harm, lost community trust, infrastructure loss that renders programs unstable and threats to hiring/retaining/growing an expert workforce.

Budget decisions also align with County-wide plans such as the County's Strategic Plan, the Workforce Equity Strategic Plan (WESP), the County Homeless Response Action Plan (HRAP), and the Chair's budget directives including:

- Prioritizing the most vulnerable populations
- Eliminating disparities
- Maximizing direct services by prioritizing core services, preserving front-line staff and incorporating equitable access, innovation and efficiency
- Using data to analyze and detail equity impacts in all proposed reduction packages and transmittal letters
- Engaging the Health Department's Community Budget Advisory Committee (CBAC) and other community partners

These budget priorities were grounded in previous planning and prioritization exercises done in response to federal funding and policy changes. Beginning in August 2025, a cross-departmental, cross-functional workgroup identified core values and functions central to carrying out the Health Department's mission. The results of that workgroup helped provide the foundation for this year's budget priorities.

Equity in Budgeting

Equity in Budget Decision-Making

The Health Department strives to achieve both its vision and its mission by continually evaluating and refining internal and external equity-based programming and by integrating equity into decision making department wide. The Health Department's budget provides a clear and concrete expression of our values of compassion and care, racial equity, integrity, empowerment, and connection.

Addressing and mitigating health inequities is not limited to a single focus area; it is fundamental to our program design, decision-making and budget. The budget development process this year builds on the work we have done to advance health equity thus far and to keep communities who are most impacted by inequities at the center of our programming and decision making. Our equity criteria for the FY 2027 budget focus on our work to:

- **Strengthen** strategies aimed at reducing chronic disease and decreasing preventable deaths, which is where we can have the biggest impacts on ending health inequities,
- **Advance** equitable health outcomes across communities, and
- **Align** with County priorities and the Health Department's vision, mission and values.

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

- **Meeting people where they are, geographically and linguistically** – The Health Department meets patients and clients where they are in many ways including offering services in locations across Multnomah County. One example is the Integrated Clinical Service's nine Student Health Centers, which are located in schools and are available, at no cost, to any young person aged 5-18, regardless of where they go to school. Additionally, we use the Knowledge, Skills and Abilities (KSA) designation across its programming to identify and compensate appropriately staff who have the specialized language skills and cultural knowledge that inform the Health Department's portfolio, strengthen our community connections as these staff often serve as "trusted messengers" when providing culturally-specific health information and delivering health messaging in ways that will most effectively reach and resonate with Multnomah County's many diverse populations.

- **Serving the most vulnerable** – The Health Department is a safety net and serves vulnerable populations across many program areas regardless of people's ability to pay. One example is through the Corrections Health program, which provides medical, dental and behavioral health services to more than 17,000 adults in custody and approximately 340 youth in custody annually. A disproportionate percentage of people in carceral care come from communities of color, which underscores the need for an equity-focused approach to delivering Corrections Health services.

Additionally, the Behavioral Health Division is a primary safety net service for local communities' mental and behavioral health needs. We ensure that behavioral health supports are available to people who are under- or uninsured. We also act as a primary pillar of the local behavioral health crisis response system, operating the Behavioral Health Call Center, partnering to provide urgent walk-in care and providing mobile crisis intervention and support to our local communities, including culturally and linguistically specific communities.

- **Building community partnerships** – The Office of Health Equity engages culturally specific communities, many of which experience disproportionately negative health outcomes resulting from historic and ongoing structural and systemic inequities. The Office of Consumer Engagement is a team of people with lived experience of substance use disorder who partner with peer outreach specialists to provide direct outreach and support to community members facing the intersections of substance use, homelessness and/or mental health, and also advocate for policy level changes to improve supports for community members at these intersections. These teams, along with others across the department, play a crucial role in addressing inequities and bolstering our department-wide commitment to centering the needs of the community through strategic partnerships to achieve health equity.
- **Involving the community in decision making** – Health Department leadership meets regularly with The Community Budget Advisory Committee (CBAC) to provide an overview of to the department's budget, its FY 2027 criteria and priorities, and also works with the group on the application of the County's [Equity and Empowerment Lens](#). The CBAC uses that information, along with their committee-identified values and knowledge of their communities, to ensure budget decisions are informed by community-identified needs and priorities.
- **Basing decisions on data and evidence-based practices** – By addressing the leading causes of premature death based on scientific and community-provided data and adopting culturally-specific and evidence-based interventions and programming, the Health Department builds equity into budget decisions and focuses on supporting the communities that are most impacted by health inequities and negative health outcomes in a way that increases years and quality of life.

These approaches strengthen Multnomah County as a whole by focusing on preventive health care and chronic disease management and by improving access to physical and behavioral healthcare for everyone with a focus on those local communities most impacted by health inequities and disproportionate negative health outcomes.

The County's Workforce Equity Strategic Plan

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

The Department's implementation of WESP objectives highlight an explicit and specific focus on equity in the hiring process. Because the Health Department's work aims to mitigate and eradicate health inequities, it is essential that our staff be able to clearly outline their commitment to equity and demonstrate outcomes to that end. By requiring equity-focused questions in every interview, the Health Department highlights the centrality that equity has in the Department's work. By putting equity squarely at the heart of the Health Department's HR processes, we are better able to attract a staff that have the knowledge, skills, abilities and demonstrated success working with culturally-specific communities to end patterns of poor outcomes and achieve more equitable health outcomes for all.

Budget Overview

The amount of General Fund the Health Department would need to maintain FY 2026 ongoing programs is \$151.0 million and 509 FTE for FY 2027. This is referred to as the department's **base budget**. The base budget is that amount of General Fund, plus Other Funds that the department has determined will be available in FY 2027, before any reductions are applied.

The Health Department's 5% General Fund reductions totaled \$5,666,955 and 24.49 FTE. **The base budget minus the reductions is the "constraint budget."**

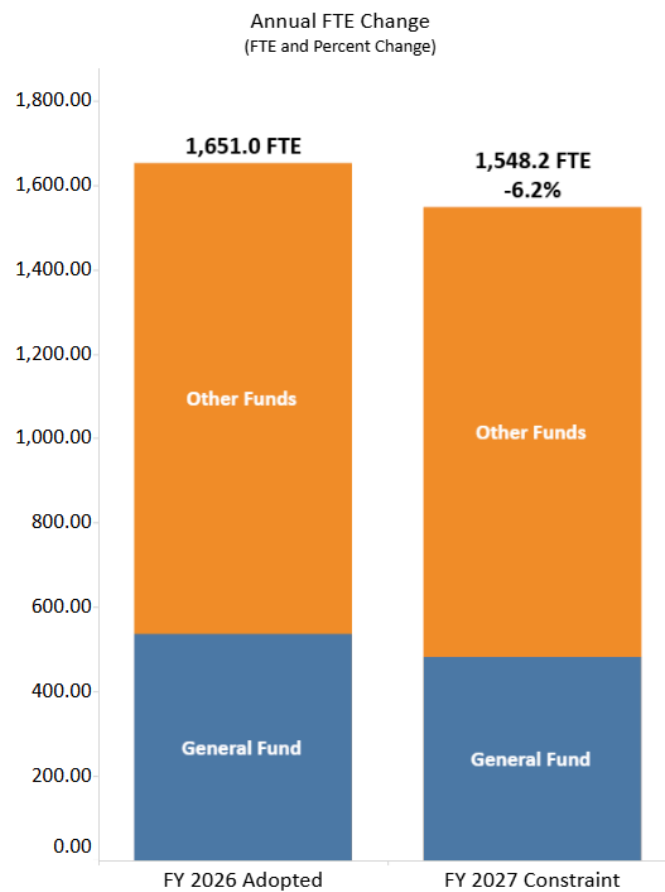
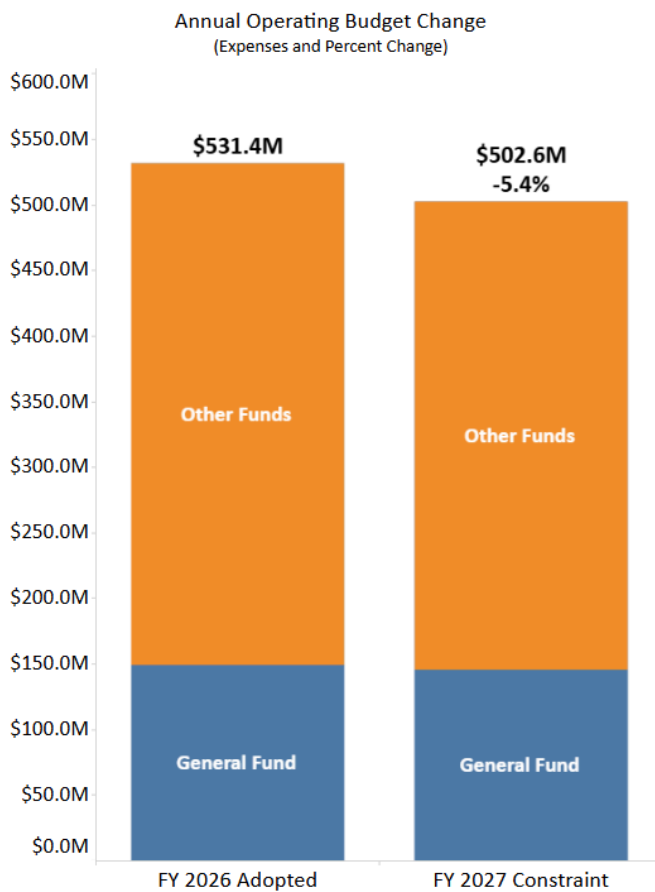
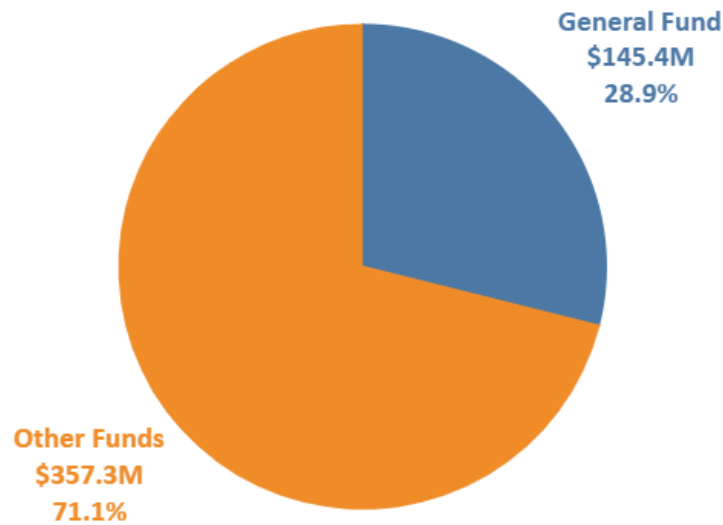
The submissions are detailed in the tables below. The Federal/State Fund was reduced by \$13.0 million when compared to the FY 2026 Adopted budget. However, approximately \$2 million and 21.80 FTE of this loss was due to CareOregon reductions that were made in mid-FY 2026, effective 1/1/2026. The Supportive Housing Services fund budget decreased by \$10.7 million. Of this amount, \$6.85 million was due to a capital project that was budgeted in FY 2026.

FY 2027 General Fund Budget Overview - Health Department			
	FY 2027 Base Operating Budget	FY 2027 Reductions	FY 2027 Constraint Operating Budget
General Fund Budget	151,029,240	(5,666,955)	145,362,285
General Fund FTE	509	(24.49)	484.01

FY 2026 Adopted Budget to FY 2027 Constraint Budget by Fund - Health Department			
Significant Fund	FY 2026 Adopted	FY 2027 Constraint Budget	Variance
General Fund	149,236,885	145,362,285	(3,874,600)
Fed/State Funds	139,173,099	126,141,849	(13,031,250)
Preschool for All	2,016,968	0	(2,016,968)
Supportive Housing Services	23,141,614	12,443,960	(10,697,654)
HD FQHC (ICS)	217,234,613	218,673,018	1,438,405
All Other Funds	637,000	25,739	(611,261)
Total Budget	531,440,179	502,646,851	(28,793,328)

The General Fund accounts for 28.9% of the department's \$502,646,851 FY 2027 constraint operating budget. The constraint operating budget General Fund decreased by \$3.9 million or -2.6% over the FY 2026 Adopted budget. Other Funds decreased by \$24.9 million or -6.5%. The decrease in Other Funds is primarily due to the reduction of \$2.0 million Preschool for All funding, \$10.7 million of Supportive Housing Funding, and \$13.0 million of Federal/State funding.

FY 2027 Constraint Budget

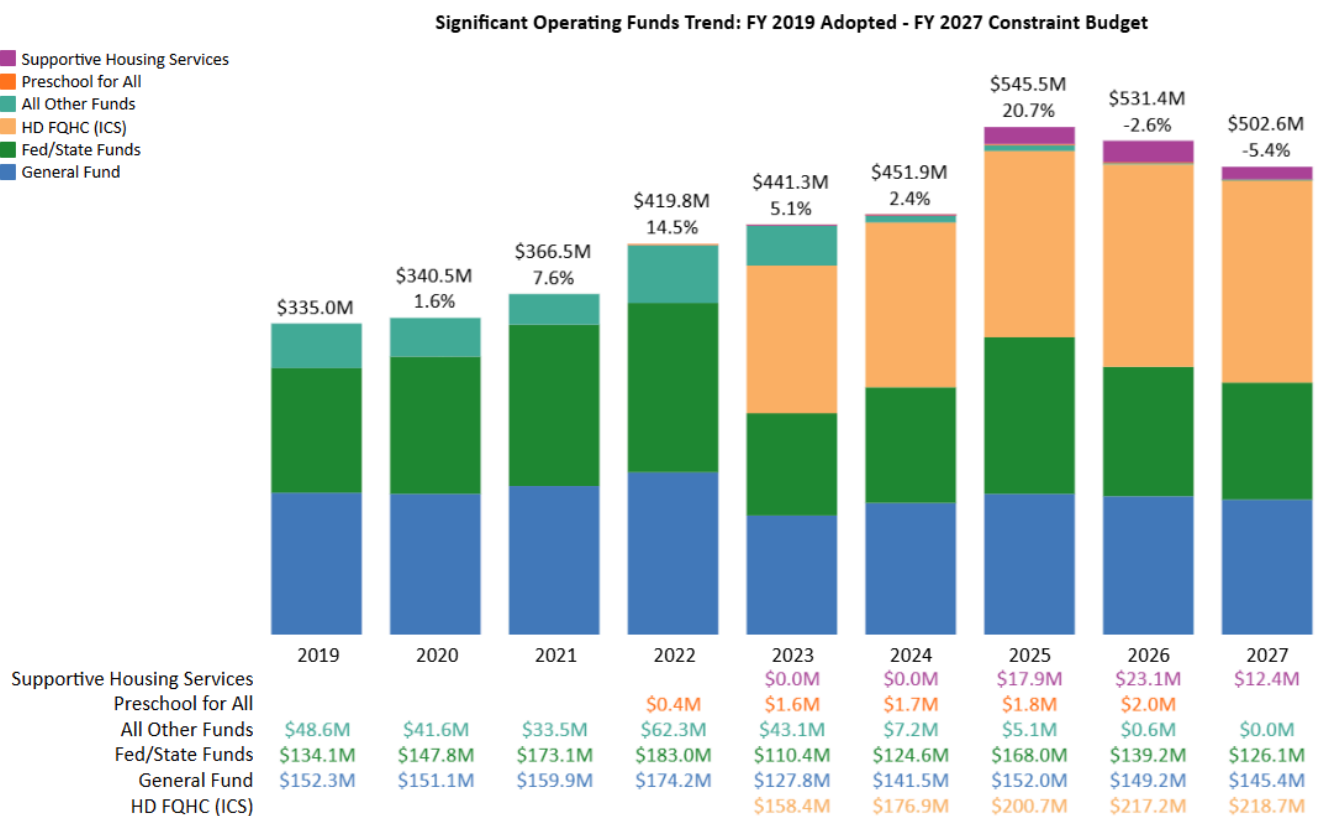


FY 2026 Adopted Budget to FY 2027 Constraint Budget - Health Department			
	FY 2026 Adopted Budget	FY 2027 Constraint Budget	Variance
Personnel Services	297,716,844	289,813,162	(7,903,682)
Contractual Services	108,501,346	86,575,673	(21,925,673)
Materials & Supplies	44,550,525	43,862,058	(688,467)
Internal Services	80,671,464	81,875,958	1,204,494
Capital Outlay	0	520,000	520,000
Total Operating Budget	531,440,179	502,646,851	(28,793,328)
Contingency (All Funds)	16,714,328	12,618,544	(4,095,784)
Internal Cash Transfers	13,400,000	0	(13,400,000)
Unappropriated Balances (Reserves)	64,081,549	76,880,633	12,799,084
Total Budget	625,636,056	592,146,028	(33,490,028)
FTE	1,650.99	1,548.16	(102.83)

Fund Summary

The graphic below shows the operating budget over time, which excludes cash transfers, contingency, and unappropriated. The FY 2027 information is the constraint budget; prior years are the adopted budgets.

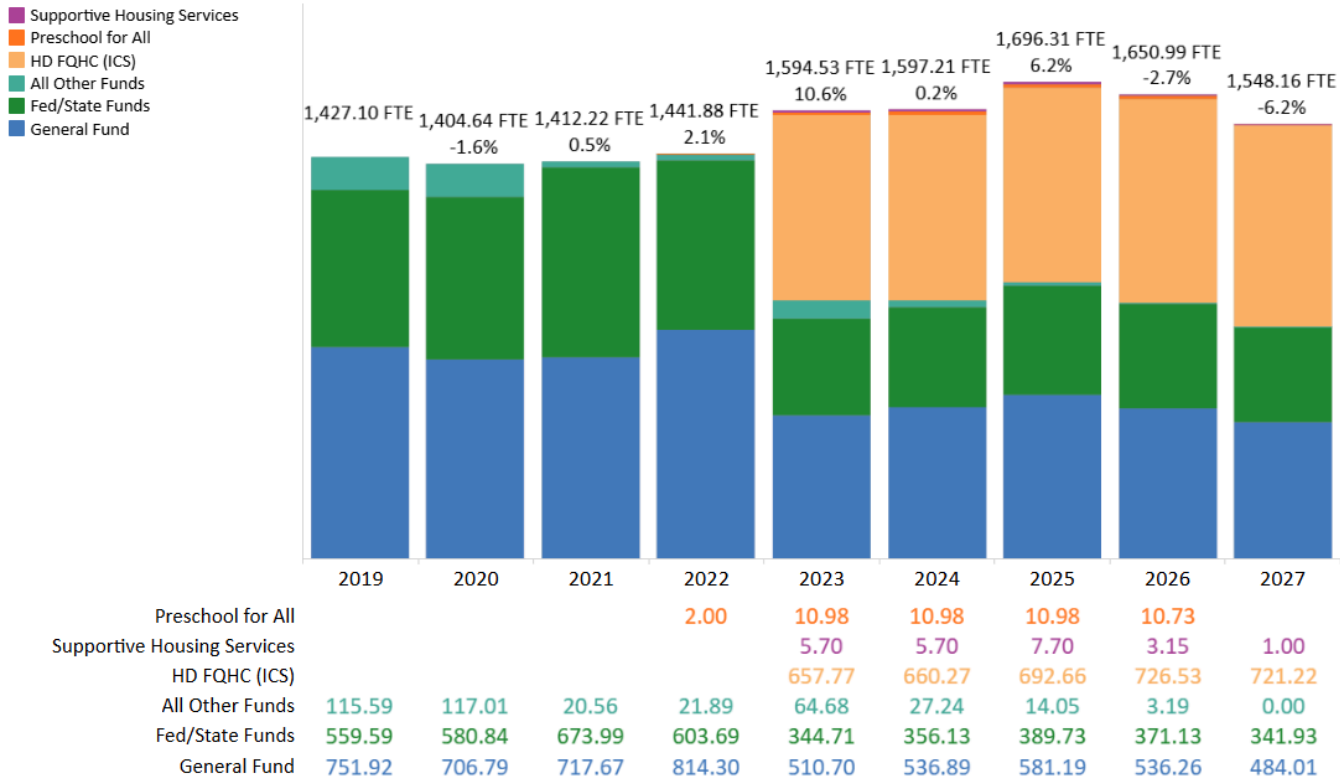
Over the past four fiscal years, there has been instability in federal and state funding. Additionally, the Integrated Clinical Services (ICS) Federal revenues were previously budgeted in the County General Fund but, in FY 2023, were moved into their own dedicated FQHC Enterprise Fund. Since FY 2025, the Health Department has received Supportive Housing Services funds.



FTE History

The FY 2027 constraint budget will decrease by 102.83 FTE as compared to the FY 2026 Adopted budget. The graphic below shows changes in FTE over time.

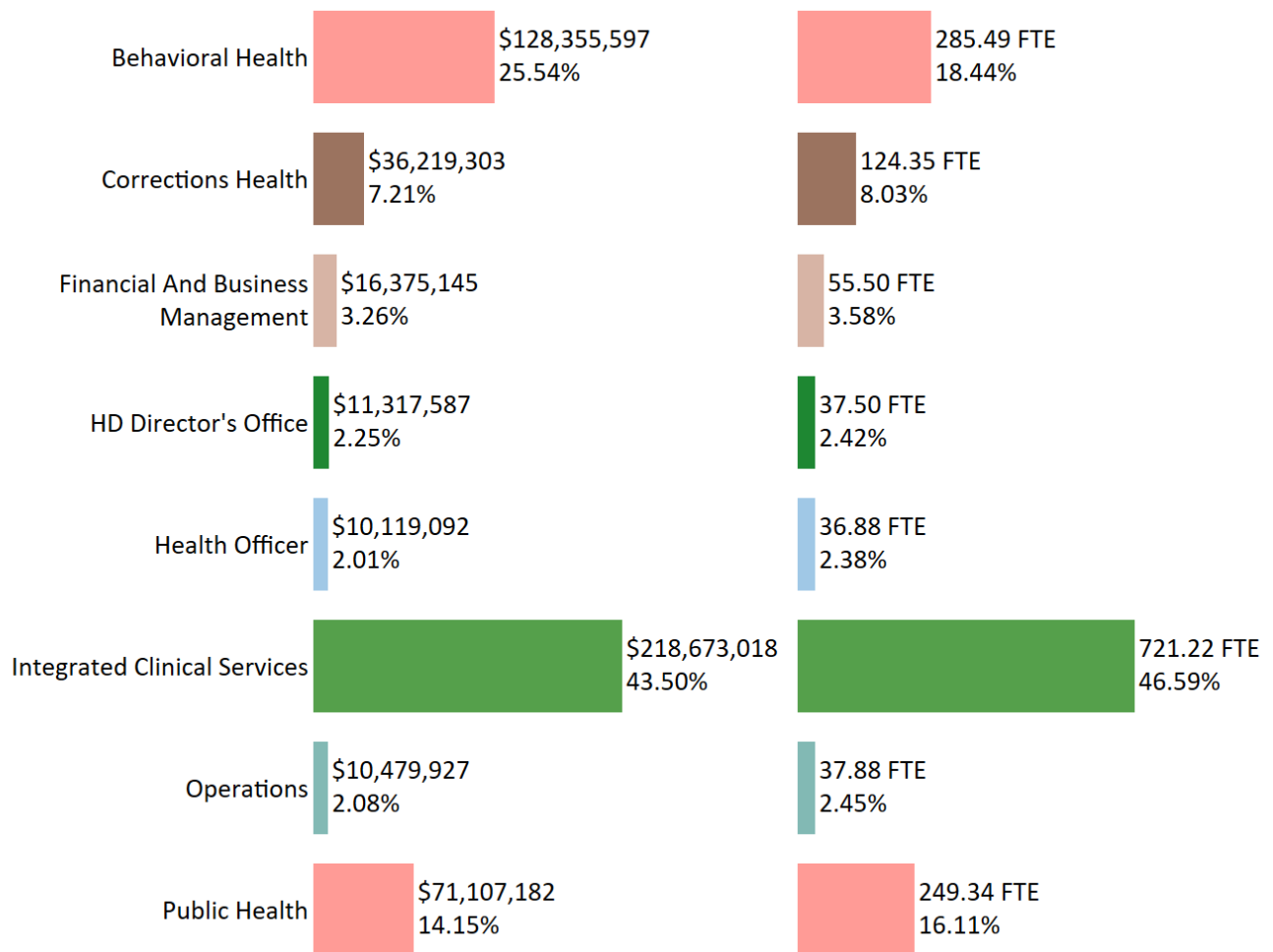
Significant Fund FTE Trend: FY 2019 Adopted - FY 2027 Constraint Budget



Division Overview

Budget by Division

The graphs below show a breakdown of the Health Department's operating constraint budget and FTE by division.



Divisions

Behavioral Health Division

The Behavioral Health Division (BHD) fulfills the statutory role of the Local Mental Health Authority's Community Mental Health Program to ensure a system of care that meets community needs. BHD ensures that trauma-informed and culturally responsive behavioral health, crisis, and suicide prevention services are accessible to everyone. BHD manages specialized behavioral health care for people experiencing the effects of serious and persistent mental illness and substance use disorder in various ways, including shelters, mobile crisis intervention, addictions recovery, and deflection.

Outcome Statements

- Multnomah County residents are aware of and can access available Multnomah County Behavioral Health Division resources for assessment, referral, and engagement with appropriate care for mental health and substance use needs.
- People receive the available appropriate and effective Multnomah County Behavioral Health Division services that improve outcomes for mental health and substance use and address social determinants of health.
- Multnomah County communities have capacity and resources to support good mental health and prevent harmful substance use through both universal and focused primary prevention interventions and services.

Corrections Health Division

Corrections Health (CH) provides and ensures legally mandated access to health care and safeguards the health of people detained at Multnomah County Detention Center, Multnomah County Inverness Jail, and the Donald E. Long Juvenile Detention Facility. The core responsibility of CH is to provide medical care, behavioral health care including medication supported recovery (MSR) for substance use, and dental care to the individuals entrusted to our care.

Outcome Statements

- Adults and youth in custody within the three carceral settings located within and operated by Multnomah County will have access to safe, timely, effective, equitable, efficient, patient-centered care.
- Individuals in custody and experiencing opioid addiction will have reduced overdose and withdrawal effects through the availability of multi-pronged medication supported recovery including expanded suboxone and methadone administration and long-acting injectables.
- Individuals transitioning out of custody will experience reduced recidivism due to provision of MSR support, and links to health care.

Health Officer Division

The Health Officer team acts as physician ambassadors for the health department, disseminating critical health alerts and warnings during public health emergencies; partners in the development of policies and standards for existing and emerging community health challenges; provides continuing quality improvement for the county's Emergency Medical Services; investigates deaths; and coordinates regional health response via the Tri County Health Officer program.

Outcome Statements

- Medicolegal death investigators will be maintained at the highest quality possible with responsiveness and speed impacted by both available resources and volume of decedent investigations.
- Medical coordination for communicable disease infections throughout the tri-county region will be maintained through more coordinated response, consistent messaging, and collaboration across public health systems in Clackamas, Multnomah, and Washington Counties.
- People in Multnomah County can expect consistent ambulance response times that are monitored regularly, with statistics reported publicly.
- People in Multnomah County will receive the benefit of continued emergency response preparedness through an up-to-date Public Health Emergency Preparedness plan that is compliant with Oregon Health Authority's requirements.

Integrated Clinical Services Division

The Integrated Clinical Services Division (ICS) delivers high-quality and comprehensive primary care, dental, integrated behavioral health, pharmacy, and wrap-around services through eighteen Community Health Center locations and a mobile van across Multnomah County.

Outcome Statements

- Residents in Multnomah County living on low incomes will have increased access to a medical home model that includes primary care, integrated behavioral health services, dental, and pharmacy services.
- Through ICS workforce development programs, Multnomah County community members, including current staff and patients, will have increased access and opportunities to advance their careers and further their education in healthcare.
- Clients of the Health Center will have increased support for wrap-around and navigation services, including insurance support, phone navigation, and intensive care management for patients at high and rising risk.

- Clients of the Health Center and community members will have increased input and involvement in governance and compliance of Health Center services as part of the Health Center's governing board.

Public Health Division

The Public Health Division (PHD) monitors, investigates and responds to disease outbreaks, provides culturally relevant and responsive information about community-specific health threats and inequities, and prevents chronic disease and other leading causes of preventable death for every person in the County.

Outcome Statements

- Multnomah County residents will experience a lower personal risk of infectious diseases, acute conditions, and public health emergencies through access to immediate response, treatment, and prevention services.
- People who spend time in Multnomah County restaurants, retail establishments, schools, and homes will have lower risk of exposure to health hazards and infectious disease through inspections, licensing, and policies that promote health and prevent disease.
- Multnomah County residents will experience reduced inequities in the leading causes of injury, disability, and death through access to culturally and linguistically responsive interventions.
- Multnomah County residents will have increased access to safe and climate-resilient neighborhoods, nutritious foods, early childhood education, perinatal services and lactation support.

Financial and Business Management Division

The Financial & Business Management Division (FBM) provides business and finance support for all Health Department divisions including financial reporting and forecasting, fiscal compliance, budget development, grants management, cash management, accounts payable, facilities management and workplace safety.

Outcome Statements

- Revenues from medical accounts receivable are processed and managed in a timely and accurate manner, including billing, collections, and cash handling.
- Expenditures are incurred, recorded, monitored, and reported in accordance with County policies and procedures.
- Contracts with service providers are negotiated in accordance with County policies to ensure that they are paid accurately and in a timely manner.

- The Health Department budget is developed and maintained to meet all legal requirements and align with departmental values and policies.

Operations, Director's Office, and Department-wide Capabilities

Supports the Health Department's effectiveness by setting departmental targets and developing strong leaders who foster a culture of safety, trust and belonging. The core work of Operations include continuity of operations (CoOP), Data Governance and Quality, and ongoing Human Resources work including recruitment, hiring, and employee relations as governed across five labor contracts. The Director's Office supports divisions in fulfilling their statutory responsibilities, and supports core governmental health capabilities including health communications, health equity, policy, and partnerships. Together, Operations and the Director's office set the vision, align resources across the department and divisions to address emergent and urgent health issues as one department.

Outcome Statements

- The Health Department has a coordinated, effective response and recovery effort in the event of an emergency, severe weather, or other significant challenges, and has systems in place to maintain critical services and ensure regulatory compliance during emergency activation.
- The Health Department educates and influences governing entities to consider and adopt policies that mitigate health risks and advance equitable health outcomes.
- The Health Department is a trusted and reliable source of information about services and health emergencies, as well as general health guidance disseminated in a manner that is timely, accurate, culturally responsive and delivered via diverse languages.
- Crisis and risk communications during an emergency declaration are population wide and focused on those most impacted by the emergency or public health crisis.

Significant General Fund Reallocations within the Base Budget

The following table lists the Health Department's significant General Fund reallocations. The amounts listed are those impacted by the reallocation, and might be a subset of total funds in.

FY 2027 Significant General Fund Reallocations					
Division	Prog. #	Program Name	General Fund From	General Fund To	FTE
Corrections Health	40051	HD MC Inverness Jail (MCIJ)	(401,494)		(2.30)
Corrections Health	40051	HD MCIJ Professional Services		401,494	0.00
Corrections Health	40040	HD MC Detention Center (MCDC)	(109,259)		(1.20)
Corrections Health	40051	MCIJ Professional Services		109,259	0.00
Corrections Health	40049	HD Corrections Health Juvenile Clinical Services	(120,035)		(0.60)
Corrections Health	40051	MCIJ Professional Services		120,035	0.00
Corrections Health	40047	Corrections Health Transition Services	(1,495,077)		(10.00)
Corrections Health	Various	Various Corrections Health Program Offers		1,495,077	0.00
Corrections Health	40051	MCIJ Clinical Services	(410,494)		(2.30)
Corrections Health	40045	Corrections Health Operations	(780,645)		(4.00)

FY 2027 Significant General Fund Reallocations					
Division	Prog. #	Program Name	General Fund From	General Fund To	FTE
Corrections Health	40049	Corrections Health Juvenile Clinical Services	(120,035)		(0.60)
Corrections Health	40050	MCDC Clinical Services	(109,259)		(0.60)
Corrections Health	Various	Various Corrections Health Program Offers		1,420,433	0.00
Integrated Clinical Services (ICS)	Various	Internal Services for DCA Data Sets work that was rolled into Departmental Rates, crowding out other expenses	(146,070)		0.00
Various	Various Fed State	Internal Services for DCA Data Sets work that was rolled into Departmental Rates, crowding out other expenses	(52,585)		0.00
Various	Various Fed State	Internal Services for DCA Data Sets work that was rolled into HD Rates, crowding out other expenses	(93,485)		0.00
Various	DCA	To fund increased cost of moving Data Sets function from OTO to ongoing		292,140	0.00
Behavioral Health	Various	Reductions to fund increases in other services	(5,475,431)		0.00
Behavioral Health	40068	Behavioral Health Quality Management		78,544	0.00
Behavioral Health	40069	Behavioral Health Crisis Services		1,225,688	10.56
Behavioral Health	40075	Choice Model		219,808	0.00

FY 2027 Significant General Fund Reallocations					
Division	Prog. #	Program Name	General Fund From	General Fund To	FTE
Behavioral Health	40082	School Based Mental Health Services		864,678	4.40
Behavioral Health	40101	Behavioral Promoting Access To Hope (PATH) Care Coordination ContinuumCrisis Services		65,609	0.40
Behavioral Health	40074	Mental Health Residential Services		598,289	0.00
Behavioral Health	40099	Early Childhood Mental Health Program		938,738	4.84
Behavioral Health	40105A	Behavioral Health Resource Center (BHRC) - Day Center		1,484,077	2.00
Behavioral Health	Various	Contract Underspend Reallocation, Various Contracts	(451,000)		0.00
Behavioral Health	40105A	Behavioral Health Resource Center		451,000	0.00
Behavioral Health	Various	Contract Underspend Reallocation, Various Contracts	(1,500,000)		0.00
Director's Office	40000B	Overdose Prevention and Response		450,000	0.00
Financial & Business Management	40040	Financial & Business Management Services		309,358	2.00
Corrections Health	Various	Pharmaceutical Expense for Long Acting Opioid Treatment		300,000	0.00
Operations	40046	Health Operations Administration for Opioid Prevention & Response Plan		162,614	1.00

FY 2027 Significant General Fund Reallocations					
Division	Prog. #	Program Name	General Fund From	General Fund To	FTE
Health Officer	40052	Medical Examiner		267,590	2.00
Public Health	40010A	Communicable Disease Prevention and Control	(330,770)		(2.00)
Director's Office	40000A	Director's Office	(166,355)		(1.00)
Director's Office	40000A	Director's Office	(195,184)		(1.00)
Operations	40046	Health Operations Administration		166,766	1.00
Public Health	40096	Public Health Office of the Director		250,000	0.00
Operations	40039	Human Resources		262,715	2.00
Public Health	40006	Tobacco Retail Licensing	(191,888)		0.00
Public Health	40053	Prevention and Health Promotion		191,888	1.00
Total			(12,140,066)	12,125,800	(16.60)

Reallocations by Division

Corrections Health Division

Corrections Health reduced \$3,546,298 and 21.60 FTE in order to reallocate funding so the division can cover growing costs for outside medical and pharmaceutical expenses, and fund contracted staffing in alignment with historical spending. Specific changes are listed below:

- **Program Offer 40051 - Corrections Health Inverness Jail (MCIJ) Clinical Services to Program Offer 40051 - MCIJ Professional Services:** To fund contracted staffing. Reallocation is to ensure that the Corrections Health budget aligns with historical spending. Results in the loss of 2.30 FTE which are currently unfilled.
- **Program Offer 40040 - Corrections Health Multnomah County Detention Center (MCDC) to Program Offer 40051 - MCIJ Professional Services:** To fund contracted

staffing. Reallocation is to ensure that the Corrections Health budget aligns with historical spending. Results in the loss of 1.20 FTE which are currently unfilled.

- **Program Offer 40049 - Corrections Health Juvenile Clinical Services to Program Offer 40051 - MCIJ Professional Services:** To fund contracted staffing. Reallocation is to ensure that the Corrections Health budget aligns with historical spending. Results in the loss of 0.60 FTE which is currently unfilled.
- **Program Offer 40047 - Corrections Health Transition Services to various Corrections Health Program Offers (Program Offer 40051 - Inverness Jail Clinical Services, Program Offer 40049 - Juvenile Clinical Services, and Program Offer 40050 - Multnomah County Detention Center Clinical Services):** Reallocated a significant amount of funding to cover growing costs for outside medical expenses and pharmaceutical services. This realignment maintains core Corrections Health medical, dental, and behavioral health services while ensuring that the division covers expected expenses in FY 2027. Results in the loss of 10.00 FTE, currently filled, from the Transition Services Program.
- **Program Offers 40051 - MCIJ Clinical Services, 40045 - Corrections Health Operations, 40049 - Corrections Health Juvenile Clinical Services, 40050 - MCDC Clinical Services to Program Offers 40051 - MCIJ Clinical Services, 40049 - Corrections Health Juvenile Clinical Services, and 40050 - MCDC Clinical Services:** Corrections Health eliminated 2.30 FTE from MCIJ Clinical Services, 4.00 FTE from Corrections Health Operations, 0.60 FTE from Corrections Health Juvenile Clinical Services and 0.60 FTE from MCDC Clinical Services to cover the cost of previously unbudgeted outside staffing expenses based on historical spending. Results in a total loss of 7.50 FTE. Of these 2.00 FTE are currently filled.

Integrated Clinical Services Division

Integrated Clinical Services partnered with divisions across the Health Department to reduce \$292,140 to reallocate these funds to build and maintain necessary IT infrastructure. This change has no FTE impact. These higher level IT support services were built into the internal service rates.

Public Health Division

The Public Health Division reallocated \$191,888 of CGF that will be replaced by anticipated Tobacco Retail Licencing Fees and retained 1.00 FTE.

Program Offer 40006 - Tobacco Retail Licensing to Program Offer 40053 Prevention and Health Promotion: The Tobacco Retail Licensing Program is increasing fees and decreasing the need to rely on County General Fund (CGF). General Funds were reallocated the Prevention

and Health Promotion program to fund a 1.00 FTE Nutrition Policy Project Manager position, currently funded by a grant that is ending after next fiscal year. Retains 1.00 FTE.

Health Department Director's Office

A total of \$692,309 in savings from staff restructuring in the Public Health Division and the Director's office resulted in the net loss of 1.00 FTE.

- **40010A - Communicable Disease Prevention and Control and 40000A - Health Department Director's Office** to fund the following program offers:
 - **40046 - Health Operations Administration:** Addition of 1.00 FTE department-wide emergency manager to support Health Department preparedness activities, including active response, training, drills, coordination, and procedure development.
 - **40096 - Public Health Office of the Director:** Add contracted staff to expand foundational capacity in statutorily required public health capabilities like systems-change interventions, policy, epidemiology, and preparedness planning.
 - **40039 - Human Resources:** Add 2.00 FTE Payroll Analyst and Labor Relations capacity that are needed based on the size and complexity of the department.

Behavioral Health Division

There were a large number of reallocations in the Behavioral Health Division in order to make up for reductions in funding from other sources, realign funding with spending, and redirect funding to core Behavioral Health services. Many changes are more of a realignment between funding sources rather than programmatic reductions or cuts to services.

- **Multiple Behavioral Health Program Offers to the following Program Offers:** The division reduced a total of \$5,475,431 with General Fund budget changes across multiple program offers so that the division could adequately fund other prioritized services. Many of these changes were required by the County Financial Assistance Agreement (CFAA) with the Oregon Health Authority, which previously allocated categorical funding elements and funded multiple *priority services*, but shifted to fund services to *priority populations*. (See pp. 49-50 for a more complete explanation of CFAA changes.) Funding was also reallocated from underutilized contracts in order to fund programs that would serve more people. These changes funded 22.20 FTE. Specific reallocations are as follows:
 - **40068 - Behavioral Health Quality Management:** Increases allocation to cover costs of policy management software designed for healthcare organizations to create, approve, and store policies, procedures, and governance documentation.

- **40069 - Behavioral Health Crisis Services:** Increases allocation to fund 10.56 FTE. This change was necessitated by updates to the State's County Financial Assistance Agreement (CFAA) guidance, which shifts from a model of prioritized services to a model of prioritized populations. This requires crisis services to be funded by sources other than CFAA. Current service level will be maintained.
- **40075 - Choice Model:** Increases allocation to cover internal services not covered by state funding. The Choice program no longer has a separate state agreement, the state funding was moved to the CFAA as of 1/1/2026. The population Choice serves is prioritized in the CFAA and the activities are required, however the program is no longer specifically named in the agreement with the state. BHD allocated CFAA funding to this program to retain current service levels in FY 2027.
- **40082 - School Based Mental Health Services:** Increases reallocation to fund 4.40 FTE due to the change in CFAA agreement (described above). Updated billing projections have reduced projected program revenues.
- **400101 - Promoting Access To Hope (PATH) Care Coordination Continuum:** Increases funding to cover a 0.40 FTE due to a reduction from Supportive Housing Services (SHS) revenue.
- **40074 - Mental Health Residential Services:** Increases funding to cover internal services and some contracts due to changes in prioritization of CFAA funding.
- **40099 - Early Childhood Mental Health Program:** Increase allocation to fund 4.84 FTE due to changes in the CFAA contract for early childhood services.
- **40105A - Behavioral Health Resource Center (BHRC) - Day Center:** Increases funding to cover 2.00 FTE due to the loss of CareOregon and SHS funding. See further explanation of BHRC funding below.
- **Multiple Behavioral Health Program Offers to Program Offer 40105A - Behavioral Health Resource Center (BHRC):** Reallocation from a reduction of CGF contracts in Behavioral Health to align with actual historical spending. This reallocation will ensure the BHRC can continue providing services without reducing days of service. Results in the loss of 0.00 FTE.

Source program offers include: Program Offers 40069, 40074, 40077, 40078, 40084A, 40084B, 40085, 40089, 40099, 40101, 40105A, 40105B, 40108, 40112.

- **Multiple Behavioral Health Program Offers to the following Program Offers:** Several Behavioral Health Program Offers are being reduced by \$1,500,000 as a result of

multi-year underspending patterns. Because these were contracts that were underspent, services to the community will not be reduced. These allocations add 4.00 FTE. These funds will be reallocated to the following program offers:

- **40000B - Overdose Prevention and Response:** Additional capacity to purchase naloxone.
- **40040 - Financial and Business Management Services:** Addition of 2.00 FTE Budget Analysts to support Behavioral Health budget and financial capacity.
- **Various Corrections Health Program Offers:** Pharmaceutical Expenses to long-acting opioid treatment.
- **40046 - Health Operations Administration:** Program Specialist to provide strategic support for the Overdose Prevention and Response Plan to increase capacity across homeless, behavioral health, health, and other systems. Adds 1.00 FTE.
- **40052 - Medical Examiner:** Add 2.00 FTE medicolegal death investigators to provide needed capacity for overdose, suicide and other cause of death investigations.

Source program offers include: Program Offers 40069, 40074, 40077, 40078, 40084A, 40084B, 40085, 40089, 40099, 40101, 40105A, 40105B, 40108, 40112.

School Based Mental Health

Funding for School-Based Mental Health (SBMH) services faced a reduction of \$1,212,029 in FY 2027 due to a shift in the prioritization of the CFAA agreement (explained in detail on pp. 49-50 of this document). Previously, the agreement explicitly allocated state funding to SBMH services; however, this is no longer the case. To address the resulting funding gap, the division reallocated County General Fund (CGF) to support SBMH. Furthermore, a careful and conservative evaluation of the reimbursable revenue projected for FY 2027 led to a reduction in the overall revenue forecast for the SBMH program. This decrease in projected revenue resulted in a deficit, ultimately impacting the total number of FTE that could be funded. Reduced projected revenue resulted in the loss of 3.47 FTE. Other significant funding includes \$3.4 M from GF, \$720,000 from insurance revenue, \$312,000 from schools and \$37,200 in grant revenue.

Behavioral Health Resource Center

Behavioral Health Division staff play an important role in the operation of the BHRC Day Center. Losing positions would severely compromise our capacity to manage and support the complex services of the BHRC. The 2.00 FTE that support BHRC operations were retained by

reallocation of funds as explained above. These roles are essential for coordinating daily operations and handling the complexities that arise from multiple providers working within a single county-run facility. In addition, these positions are crucial for sustaining positive relationships with the BHRC Advisory Committee and the Good Neighbor Roundtable, ensuring timely resolution of community concerns. A vital function of these roles is the ongoing identification of service gaps and needs and the development of effective mitigation strategies.

Early Childhood Mental Health Program

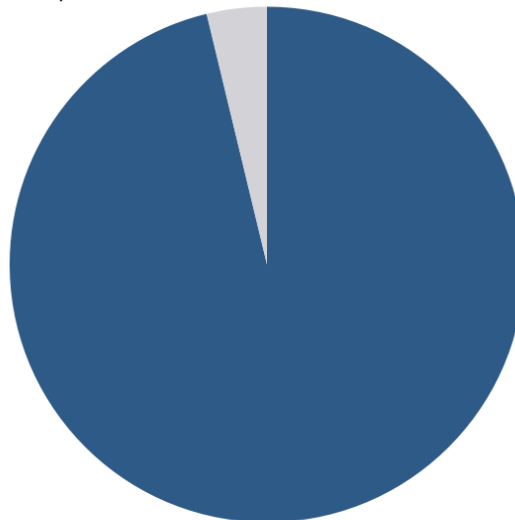
Funding for Early Childhood services faced a reduction in FY 2027 due to the shift in the prioritization of the CFAA agreement (explained on pp. 49-50 of this document). To address the resulting funding gap, the Behavioral Health Division reallocated County General Fund (CGF) to support continued Early Childhood Mental Health Services. To meet the proposed 5% constraint in CGF, the division reduced 2.0 FTE in the program overall and an outside services contract.

General Fund Reductions

County General Fund Constraint Allocation

For the FY 2027 budget, the Health Department was asked to submit 5% in General Fund reductions. The reduction packages are listed in order of the department's priority for restoration (so Reduction 1 would be the first activity the department would want restored). Packages with a "0" priority are reductions that the department will make, and are not prioritizing.

FY 2027 Reduction Packages General Fund
(\$5.7M)



FY 2027 Constraint Budget General Fund
\$145.4M

5% Reductions to Meet FY 2027 General Fund Constraint Allocation					
Priority for Restoration	Prog. #	Program Name	Brief Description	General Fund	FTE
1	40084A/B	Culturally Specific Mental Health Services/ Culturally Specific Mobile Outreach and Stabilization Treatment	Eliminated funding for a culturally specific transitional housing program for justice-involved Black and African American adults.	(850,000)	
2	40018	Women, Infants, and Children (WIC)	Eliminates some administrative support with redistribution of this workload	(432,353)	(3.60)
3	40080	Community-based Mental Health Services for Children	Reduces 1.00 FTE Mental Health Consultant. Elimination of 1.00 FTE	(657,761)	(3.90)

5% Reductions to Meet FY 2027 General Fund Constraint Allocation					
Priority for Restoration	Prog. #	Program Name	Brief Description	General Fund	FTE
		and Families: Gun Violence	DCS LGBTQ Consultant position. This position is non-client facing. The reduction of 1.90 FTE for the CARES program.		
4	40061	Harm Reduction	Eliminates Harm Reduction Outreach team, and reduces naloxone purchases. It combines STI and Harm Reduction Clinic clinical capacity.	(1,140,704)	(5.80)
5	40000A	Director's Office	Eliminated the Community Health Working Trainer Program and the 1.79 FTE Program Specialists and Program Specialist Sr.	(300,181)	(1.79)
6	40069	Behavioral Health Crisis Services	Reduces support for crisis hotline services for military/veteran and youth suicide prevention. Services will continue to be provided by outside organizations and by the Behavioral Health Call Center.	(77,621)	
7	40099	Early Childhood Mental Health Program	Reduces 5.00 Mental Health Consultants FTE by 0.20 FTE each (for a total of a 1.00 reduction) and eliminates 1.00 FTE Mental Health Consultant with KSA for African	(469,878)	(2.00)

5% Reductions to Meet FY 2027 General Fund Constraint Allocation					
Priority for Restoration	Prog. #	Program Name	Brief Description	General Fund	FTE
			American/Black culture.		
8	40059	Corrections Health Behavioral Health Services	Reduces 1.00 FTE Behavioral Health Manager, 1.00 FTE Psychiatrist, and 1.60 FTE Mental Health Consultants from the Behavioral Health Services team.	(874,458)	(3.40)
9	40000A	Director's Office	Eliminates 1.00 FTE Manager 2 position in the Director's Office	(226,103)	(1.00)
10	40042	Contracts and Procurement	Eliminates 1.00 FTE Procurement Analyst Senior.	(168,950)	(1.00)
11	40040	Financial & Business Management Services	Eliminates 1.00 FTE Cash Management Supervisor.	(203,632)	(1.00)
0	40089	Addictions Detoxification & Post Detoxification Housing	Reduces funding available for naloxone purchases.	(24,210)	0.00
0	40039/ 40000B	Human Resources/Overdose Prevention & Response	Eliminates 1.00 FTE Human Resources Analyst Senior. No impact as the work has been centralized.	(241,104)	(1.00)
Total				(5,666,955)	(24.49)

Additional details can be found on the [FY 2027 Requested budget](#) website.

- **Culturally Specific Mobile Outreach and Stabilization Treatment (40084A):** Reduces funding for culturally responsive and aligned behavioral health and transitional housing services for Black and African American adults 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 connecting to long term housing. Approximately 19 people per quarter are served by this program (for an approximate annual total of 76 people). In addition to this reduction there is an additional loss of \$575,350 in SHS funds. Combined, these will eliminate the program. This reduction does not impact the other culturally specific services within this program offer.

- **Women, Infants, and Children (40018):** The Women, Infants and Children (WIC) program provides healthy food, nutrition education/counseling, growth monitoring, health screening, and breastfeeding support to eligible families. This reduction eliminates some administrative and client support with redistribution of this workload to management. There will be no change to end services as a result of this reduction. It also eliminates vacant positions with specific Knowledge, Skills, and Abilities (KSAs) that had failed recruitments. The program will use on-call staff or contractors to cover the need for specific languages. Federal WIC grant funding that comes through the state and was used to pay for part of these positions was reallocated to cover increased employee costs and internal services for the program in FY 2027.
- **Community-based Mental Health Services for Children and Families (40080):** Three different changes are being made to this program offer. First, to the Gun Violence Behavioral Health Response Team (GVBHRT), which was started in 2021 to address the sharp rise in gun violence, particularly within communities disproportionately impacted by system inequities. This reduction eliminates the remaining 1.00 FTE Mental Health Consultant position in this program. In addition to this reduction there is a reduction of \$847,558 in Beginning Working Capital (BWC). The BWC funds 4.00 FTE along with contractual services. Combined, these two reductions will eliminate the program which currently serves approximately 150 clients annually and provides community outreach at approximately 30 events annually.

The second change is the reduction of a 1.00 FTE LGBTQ Mental Health Consultant position who is housed in the Department of County Human Services that is non-client facing. The third change is the reduction of 1.90 FTE that supports a community program that combats child abuse. Child abuse prevention services will continue to be provided by the community provider.

- **Harm Reduction (40061):** The Harm Reduction outreach team provides outreach to people experiencing homelessness and provides syringe services, referrals to housing, health care and social services, and overdose prevention supplies. This program offer eliminates Harm Reduction outreach capacity and combines clinical positions and support across the STI and Harm Reduction Clinics, eliminating 5.80 FTE. With this approach we will have 50,700 engagements with clients, down 3890 engagements from 54,590 in FY 2026. In coordination with other division/department outreach and

Overdose Response Plan efforts, we will collectively work on a capacity-building strategy to integrate core harm reduction work into other existing outreach teams. This will build on the foundational naloxone/harm reduction work already happening. To maintain clinic staff, the program is reducing the amount of pharmaceutical funds budgeted for naloxone. Additional funding, in Program Offer 40000B - Overdose Prevention and Response will be used to provide naloxone to the department.

- **Health Department Director's Office (40000A):** Reduction of 2.79 FTE Program Specialists and Program Specialist Sr., eliminating the Community Health Worker (CHW) Training Program which operated as a direct service model, providing no-cost training, certification support, and culturally responsive workforce development for external community partners as a regional training hub. The regional landscape for CHW training has matured significantly, with CEU and certification services now widely available through external partners and state-certified training centers.
- **Behavioral Health Crisis Services (40069):** Reduction of financial support for non-County crisis hotlines for youth and veterans. The Behavioral Health Call Center provides phone support for people in crisis all day, every day, all year. The Call Center program and other population-specific resources that have become available since this contract was first started can provide the services being unfunded.
- **Early Childhood Mental Health Program (40099):** The Early Childhood Mental Health Program provides culturally and linguistically responsive mental health consultation, support, and therapy for children under 6. Services are currently available to children enrolled in any of the following programs mostly offered during the school year: Preschool for All, Head Start/Early Head Start and/or Multnomah Early Childhood Program (MECP). This offer reduces five Mental Health Consultant positions on the Early Childhood Prevention Team from 1.00 FTE to 0.80 FTE to mitigate the impact of reductions. This will retain staff during the school year when children are in the programs. This is also a reduction of 1.00 FTE culturally responsive mental health consultant and eliminates a contract for early childhood treatment services.
- **Corrections Health Behavioral Health Services (40059):** This is a partial reduction of the program charged with providing mental and behavioral health care in the County's carceral settings. It includes 1.00 FTE Behavioral Health Manager, 1.00 FTE Psychiatrist, and 1.60 FTE Mental Health Consultants. These changes address difficult to hire positions and span of control goals, and align with current staffing needs. This care will continue to be provided through the use of the new mental health caseload model which allows for consistent and continuous care based on the clinical needs of adults in custody. In addition, mental and behavioral health care is being incorporated into all health care teams. As an example, suicide prevention screenings are now being conducted by all clinical staff across sites and disciplines.

- **Director's Office (40000A):** Eliminates a vacant 1.00 FTE Manager 2 position to improve the span of control.
- **Contracts & Procurement (40042):** This program processes more than 1,000 contract and procurement action requests as well as more than 5,000 actions for the direct purchase of goods for the Health Department. This offer eliminates a 1.00 FTE Procurement Analyst Sr. position. After this reduction, there will be two people remaining to process procurements.
- **Financial and Business Management (40042):** This Cash Management team processes all cash transactions, including related policies and procedures. This eliminates 1.00 FTE Cash Management Supervisor and addresses the span of control for the position. Workload from this position will shift to other team members.

Health Department - General Fund Internal Reductions

In FY 2027, the Health Department faces a \$3.2 million reduction in the indirect revenue. The Department receives indirect revenue from most grant and Medicaid funded positions. Due to several factors, indirect and other related revenues declined roughly \$3 million from FY 2026. This necessitates the following reductions referred to as internal reductions. The department has not prioritized these reductions for restoration.

5% Reductions to Meet FY 2027 General Fund Internal Reductions - All 0 Level Priority Restorations				
Prog. #	Program Name	Brief Description	General Fund	FTE
40065	Behavioral Health Division Administration	Reduces two underutilized contracts	(393,353)	
40090*	Family & Youth Addictions Treatment Continuum	Service was not contracted in FY 2026	(94,785)	
40091*	Family Involvement Team	Service was not contracted in FY 2026	(33,935)	
40089	Addictions Detoxification & Post Detoxification Housing	Funding was intended to support individuals without insurance, but most people are entering insured.	(36,341)	

5% Reductions to Meet FY 2027 General Fund Internal Reductions - All 0 Level Priority Restorations				
Prog. #	Program Name	Brief Description	General Fund	FTE
40088	Coordinated Diversion for Justice Involved Individuals	Backfilled with other State funding	(681,016)	
40008	Vector-Borne Disease Prevention and Code Enforcement	Reduce 1.00 OA Sr. and increase staffing efficiency.	(127,743)	(1.00)
40037	Environmental Health Community Programs	Position is funded with Public Health Infrastructure Grant funding.	(132,030)	
40097	Parent, Child, and Family Health	Maintains services for families by redesigning Healthy Families and Healthy Birth Initiative; FTE are Program Supervisor, Community Health Specialist 2, Office Assistant 2 and Program Specialist.	(502,360)	(3.30)
40010B	STI Clinical and Community Services	Reduced Limited Duration Medical Assistant positions duration.	(10,125)	
40000A	Health Department Director's Office	Reduces 1.00 FTE Program Communications Coordinator (Balance in Professional Services).	(90,000)	(1.00)
40000A	Health Department Director's Office	Reduces 1.00 FTE Project Manager and redistributes workload.	(195,148)	(1.00)
40039	Human Resources (HR)	Reduction of 2.00 HR Analyst Senior.	(432,273)	(2.00)

5% Reductions to Meet FY 2027 General Fund Internal Reductions - All 0 Level Priority Restorations				
Prog. #	Program Name	Brief Description	General Fund	FTE
40000A	Health Department Director's Office	Supply budget, includes Community Engagement, professional development, events, training	(177,000)	
40040	Financial & Business Management Services	Medical Malpractice Insurance costs are part of the Risk Fund	(100,275)	
40042	Contracts & Procurement	Reduces 1.00 Finance Supervisor and redistributes workload.	(219,177)	(1.00)
Total			(3,225,561)	(9.30)

* Eliminated Program

State, Federal, and Other Fund Reductions

The following table lists the Health Department's significant State, Federal, or Other Fund reductions.

FY 2027 Significant Other Funds Reductions			
Prog. #	Program Name	Other Funds	Other Funds FTE
Various	CareOregon Reductions in various Behavioral Health Programs	(4,487,376)	(13.34)
40010A	Communicable Disease Prevention and Control	(92,835)	
40010B	STI CLinical and Community Services	(233,433)	
40011	Services for Persons Living with HIV - Regional Education and Outreach	(257,499)	
40018	Women, Infants, and Children (WIC)	(166,223)	
40037	Environmental Health Community Programs	(121,263)	

FY 2027 Significant Other Funds Reductions			
Prog. #	Program Name	Other Funds	Other Funds FTE
40048	Epidemiology, Evaluation, and Policy Research	(127,916)	
40053	Prevention and Health Promotion	(1,006,041)	(2.20)
40061	Harm Reduction	(936,557)	
40067	Medical Records for Behavioral Health Division	(60,002)	
40068	Behavioral Health Quality Management	(300,909)	(1.88)
40069	Behavioral Health Crisis Services	(168,759)	
40070*	Mental Health Crisis Assessment & Treatment Center (CATC)	(317,047)	
40074	Mental Health Residential Services	(687,798)	(1.50)
40075	Choice Model	(84,280)	(0.60)
40081	Multnomah County Care Coordination	(1,031,913)	(0.90)
40082	School Based Mental Health Services	(417,809)	(0.67)
40085	Adult Addictions Treatment Continuum	(150,000)	
40086	Addictions services gambling treatment & prevention	(30,015)	(0.20)
40088	Coordinated Diversion for Justice Involved Individuals	(300,672)	(2.00)
40090*	Family & Youth Addictions Treatment Continuum	(69,121)	
40091	Family Involvement Team	(331,995)	
40097	Parent, Child, and Family Health Management	(519,382)	
Total		(11,898,845)	(23.29)

*Eliminated Program

Changes to CareOregon Delegation Agreement

The Behavioral Health Division received a notice of nonrenewal from CareOregon in the fall of FY 2025 that impacted both FY 2026 and FY 2027, resulting in a total loss of \$8,561,220.

FY 2026 Midyear Rebalance

During the FY 2026 midyear rebalance, this change resulted in \$2.0 million (\$4.1 million annualized) reductions and 10.65 FTE (21.30 FTE annualized) of ongoing reductions. The reductions resulted in the elimination of three Care Coordination teams within the division in FY 2026: Youth Intensive Care Coordination, Adult Intensive Care Coordination, and Jail Care Coordination. \$2.1 million (\$4.2 million annualized) of one-time-only funds were used in FY 2026 allowing the department more time to thoughtfully implement the balance of the CareOregon reduction in FY 2027.

FY 2027 Reductions

In FY 2027, there is a \$4.5M reduction that impacts 13.34 FTE across multiple Behavioral Health programs. Given the necessity of maintaining essential care coordination services and infrastructure previously supported by the CareOregon reduction, reallocations were made in other areas of the division in FY 2027 to sustain the Choice program, Division Administration, Quality Management, and the BHRC. In FY 2027, County General Fund and state CFAA funds were used to cover some of the ongoing cost of the CareOregon reductions. Impacted Program Offers included: 40067 - Medical Records for Behavioral Health Division, 40068 - Behavioral Health Quality Management, 40105A - BHRC Day Center, and 40081 - Multnomah County Care Coordination.

FY 2027 Significant Other Funds Reductions

- **40010A Communicable Disease Prevention and Control:** Updated revenue forecast for Medicaid and third party billing and the conclusion of a federal/state funded grant to monitor and report on Jynneos vaccine efficacy (MPOX vaccine).
- **40010B STI Clinical and Community Services:** Updated revenue forecast for Medicaid and third party billing.
- **40011 Services for Persons Living with HIV:** Regional education and outreach. Carry over funds from the Ryan White Part B Grant will not be applied for FY 2027 due to new grant regulations.
- **40018 Woman Infants Children (WIC):** Health Share Oregon granted permission for WIC to carry over grant funding from the prior grant year to cover the cost of a one time move to the new Aviva clinic in East County.
- **40037 Environmental Health Community Programs:** The Health Share grant will be spent by the end of FY 2026. The Environmental Protection Agency (EPA) granted us a no-cost extension for the EPA Fish Advisory Outreach & Engagement grant through FY 2028 to stretch the funds we have slowed down the implementation of the workplan as

requested by the EPA.

- **40048 Epidemiology Evaluation and Policy Research:** Alaska Obesity Grant and an NIH grant ended as planned, state funded projects. This program is a shared State/County service. This is a reduction in services to the state.
- **40053 Prevention Health Promotion:** (previously referred to as REACH, 40053, and inclusive of Community Adolescent Health, 40060): Center for Disease Control grants Conditions to Improve Population Health (ACTion) and Preventing Violence Affecting Young Lives (PREVAYL) are both ending, with no renewal options at the conclusion of FY 2026. Oregon Health Authority Program Element 43-01 for immunization will decrease resulting from stagnant funds from the Centers for Disease Control (CDC) to the state. Reduction of 2.20 FTE. 1.40 FTE will be backfilled with other grant funds to continue statutorily required public health work and continued support in violence and youth prevention. Less resources will be available for community grants.
- **40061 Harm Reduction Overdose Prevention and Naloxone Distribution:** Health Share funding supporting regional wound care work, will now go to each county for the purchase of supplies rather than Multnomah County administering the purchase of supplies for the region. Care Oregon funds for Naloxone will end in FY 2026. This funding is not being renewed.
- **40067 Medical Records for Behavioral Health Division:** Reduces 0.25 position providing administrative service to the BHD Director's Office. Work will be redistributed.
- **40068 Behavioral Health Quality Management:** Reduces the Evolv Support team by two Business Analysts in keeping with reduced service offerings from program reductions in ICC, JCC, SBMH, and crisis services. Impacts will be mitigated by the fact that some programs have shifted to the Epic system and other program reductions have resulted in a lower workload for this team.
- **40069 Behavioral Health Crisis Services:** This change eliminates contract services that supported the YouthLine and Military Helpline. While our financial contribution to these services is being removed, the services themselves are not being eliminated. Individuals will continue to have access to support through the County Call Center.
- **40070 Mental Health Crisis Assessment & Treatment Center (CATC):** This funded 1 bed for uninsured people, but this bed was underutilized due to widespread Medicaid coverage. For this reason, it was deemed not a priority to maintain funding for this bed. The Center will continue to have 16 beds, which will continue to be available to people who have Medicaid.
- **40074 Mental Health Residential Services:** A reduction of services to older adults, resulting from changes to the CFAA priorities. Includes a reduction of 1.50 FTE. The

program is being reduced to align with updated CFAA guidelines.

- **40075 Choice Model:** - Reduction of 0.60 FTE providing operational and clinical management to the Care Coordination program. This work will shift to the Senior Manager which will be feasible because of the reductions to Care Coordination teams made as the result of mid-year funding reductions from CareOregon.
- **40081 Multnomah County Care Coordination:** Reduction of a manager 0.90 FTE, this work will be absorbed by the Senior Manager. Reduction of peer contracts to align funding with current prioritization of crisis services.
- **40082 School Based Mental Health program:** The School Based Mental Health (SBMH) program is engaged in a substantial program evaluation process with the Health Department Program Design and Evaluation Services team. SBMH has transitioned to the Epic electronic health record (EHR) system and engaged in training and technical assistance opportunities related to both learning the new EHR and maximizing billing revenue. Based on a revised revenue projection for FY 2027, the SBMH program is reducing 0.67 FTE to match the decreased revenue projection and align more closely with actual revenue. Reduction in revenue projection is: \$417,809 from a starting point of \$1,137,809.
- **40085 Adult Addictions Treatment Continuum:** Culturally specific contracted services serving African American people with recovery supports.
- **40086 Addictions Services Gambling Treatment and Prevention:** Reduces 0.20 FTE Clinical Services Specialist who provides care coordination for people experiencing problem gambling. Outreach efforts will be impacted, but access to services will continue at the current rate.
- **40088 Coordinated Diversion for Justice Involved Individuals:** Reduction of 2.00 FTE supporting Mental Health Court services, which is an allowable, but not priority provision of the updated County Financial Assistance Agreement (CFAA) guidelines.
- **40090 Family & Youth Addictions Treatment:** Reduction in County contract with a provider who offers culturally specific addiction and treatment services for African American youth. These contracted services are intended to provide outreach for the program, but the contractor has been unable to fill these positions.
- **40091 Family Involvement Team (FIT):** Reduction of several contracts for FIT case managers providing support for parents who have lost parental rights as a result of consequences associated with addiction. These costs will be passed on instead to partner organizations and the State which will be responsible for identifying or

designing a sustainable funding model for these services.

- **40097 Parent Child Family Health Management (Inclusive of Healthy Birth Initiative 40058 and Healthy Families 40056):** Reduction in Oregon Health Authority Public Health Modernization Funding, redirection of an Oregon Health Authority grant to directly fund a Multnomah County Community partner, removing the county as the grant administrator, and updated forecasting for targeted case management revenue.

State Rebalance Summary

The Health Department's State Rebalance recognized the loss of two significant grants for Public Health, a supplemental grant for the Racial and Ethnic Approaches to Community Health (REACH) program, and the Bureau of Justice Assistance (BJA) STOP grant, detailed as follows:

- **Program Offer 40053 - Updated name - Prevention Health Promotion (inclusive of REACH, Racial and Ethnic Approaches to Health) \$222,222 loss from REACH grant -** Intended to focus on culturally-specific communities. These supplemental funds were intended to support department FTE and to pass through to culturally specific partners who promote Advisory Committee on Immunization Practices (ACIP)-recommended adult vaccinations to community members. The loss of this funding had equity impacts to vulnerable community members, particularly around vaccine access.
- **Program Offer 40060 - Community & Adolescent Health, \$348,463 from STOP Grant.** Intended to serve economically disadvantaged youth at higher risk to become victims of gun violence. The loss ended funding for Youth Mental Health First Aid and restorative practices within schools for up to 85,000 students in seven school districts.
- **Program Offer 40080 - Community Based Mental Health Services for Children and Families - \$202,671 lost from City of Gresham funding:** Intended to support East County Gun Violence Response. Loss of a 1.00 FTE Mental Health Consultant.

Integrated Clinical Services Changes

FY 2027 Significant FQHC Fund Reductions			
Prog. #	Program Name	Other Funds	Other Funds FTE
40016	FQHC OHP Enrollment	(127,583)	(1.00)
40019	FQHC PC North Portland Clinic	(303,203)	(1.50)
40020	FQHC PC Northeast Clinic	(67,405)	(0.50)
40022	FQHC PC Mid County Clinic	(390,856)	(2.00)
40027	FQHC PC Southeast Clinic	(205,238)	(1.50)
40029	FQHC PC Rockwood Clinic	(101,409)	(1.00)
40030	FQHC Medical Director	(532,160)	(1.10)
40032	FQHC Clinical Lab Svcs	(108,513)	(1.00)
40102	FQHC Integrated BH Administration	(127,583)	(1.00)
40103	FQHC Quality Improvement (QI) Services	(543,089)	(3.00)
40034A	FQHC Health Center Finance	(904,952)	(5.50)
Total FQHC Reductions		(3,411,991)	(19.10)

Rationale for Health Center Reductions: The Health Center made forecasts that reflect changes in the federal landscape and its impacts on our society, communities, and fiscal impacts to our community health center in particular. The reduction strategy included review of vacant positions and then positions that do not provide direct patient care to ensure the Health Center remains aligned with its purpose.

FY 2027 Significant FQHC Fund Additions			
Prog. #	Program Name	Other Funds	Other Funds FTE
40027	FQHC PC Southeast Clinic	223,696	1.00
40029	FQHC PC Rockwood Clinic	178,008	1.25
40023	FQHC PC East County Clinic	426,177	1.70
40033	FQHC Primary Care and Dental Access and Referral	227,116	2.00
40024	FQHC Student Health Center	161,533	0.80
40017	FQHC Dental	380,412	4.00
Total		1,596,492	11.00

Rationale for Health Center Additions: The Health Center added additional direct patient care FTE to expand visit access and improve revenue.

General Fund Add Package Requests

The Health Department is not requesting any new ongoing funding and is requesting \$362,000 in one-time-only funding.

Requests for New One-Time-Only General Fund

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

FY 2027 Add Package Requests (One-Time-Only)						
Priority Order	Prog #	Program Name	Brief Description	General Fund	FTE	New/ Existing/ Backfill
1	40004B	Ambulance Service Plan Continuation	Continuation of the ambulance service plan evaluation	\$362,000	0.00	Existing
Total				\$362,000	0.00	

- **Ambulance Service Plan Continuation (40004B):** The Health Department's Emergency Medical (EMS) Services Program is responsible for assessing, and revising, if necessary, the County's state-mandated Ambulance Service Plan (Ordinance 1238). This is a multiyear project that will result in changes to the ordinance, initiate an approval process by the Oregon Health Authority, and require consideration of all offers to provide the revised ambulance and emergency medical services. An EMS Industry consultant is contracted to perform relevant work over the lifespan of this assessment, revision, and procurement of services. The work is expected to include the transition period for newly contracted services, extending beyond the current emergency ambulance contract termination date (currently August 30, 2028).

State, Federal, and Other Funds Additions

The following table lists the Health Department's significant State, Federal, or Other Fund additions. The amounts listed are the subject of the change, and any related General Fund (such as matching funds), which may only be a subset of funds in a program offer.

FY 2027 Significant Other Funds Additions			
Prog. #	Program Name	Other Funds	Other Funds FTE
40088	Coordinated Diversion for Justice Involved Individuals (CFAA)	1,539,000	8.50
40065	Behavioral Health Division Administration (CFAA)	1,000,000	6.34
Total		2,539,000	14.84

County Financial Assistance Agreement (CFAA) Increase: In 2025, Oregon House Bill 2005 was passed to update civil commitment and Aid & Assist law for individuals with serious mental illness. Oregon House Bill 2005 allocated funding to support Community Mental Health Programs (CMHPs) to implement the bill's updated procedures for civil commitments and fitness to proceed cases. CFAA funding has increased to allow the County to ensure delivery of the required service and other allowable services through the contract, and specifically within the System Management and Coordination Core Service Area.

- Program Offer 40088 - Coordinated Diversion for Justice Involved Individuals \$1,539,000:** This Program includes Aid & Assist Services (priority population in CFAA contract) and Jail/Forensic Diversion Services (a required service in CFAA contract). CFAA is the primary funder of this Program Offer in FY 2027. Program services are aligned to statutory responsibilities, with a goal of decreasing the number of individuals in the criminal justice system due to an untreated behavioral health need.
- Program Offer 40065 - Behavioral Health Division Administration \$1,000,000:** This Program provides leadership and oversight to a recovery-focused, comprehensive system of care that works to prevent, intervene in, and treat mental illness and addiction. CFAA funds a larger portion of this Program Offer in FY 2027.

Homeless Response Action Plan (HRAP)

In the summer of 2024, Multnomah County and the City of Portland launched the Homelessness Response System (HRS) and the [Homelessness Response Action Plan](#) (HRAP), a strategic reset of the community's response to homelessness.

FY 2027 HRAP-Related Program Offers and HRAP Funding					
Prog. #	Program Name	FY 2027 Constraint General Fund	FY 2027 Other Funds (not SHS)	FY 2027 SHS Funding	Total HRAP Related Funding*
40069	Behavioral Health Crisis Services	2,850,604	15,846,210	451,205	19,148,019
40085	Adult Addictions Treatment Continuum	2,297,436	8,207,033	2,082,390	12,586,859
40101	Promoting Access to Hope (PATH) Care Coordination	828,699	594,878	0	1,423,577
40112	Shelter, Housing and Supports	47,565		8,184,320	8,231,885
40084A	Culturally Specific Mental Health Services	1,537,486	0	0	1,537,486
40105A	Behavioral Health Resource Center (BHRC) - Day Center	5,142,906	314,988	0	5,457,894

FY 2027 HRAP-Related Program Offers and HRAP Funding					
Prog. #	Program Name	FY 2027 Constraint General Fund	FY 2027 Other Funds (not SHS)	FY 2027 SHS Funding	Total HRAP Related Funding*
40105B	Behavioral Health Resource Center (BHRC) - Shelter/Housing	2,160,489		1,726,045	3,886,534
40075	Choice Model	173,940	5,326,424	0	5,500,364
40081	Multnomah County Care Coordination	0	10,496,455	0	10,496,455
40061	Harm Reduction Services	2,270,052	1,504,217	0	3,774,269
Total		17,309,177	42,290,205	12,443,960	72,043,342

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

The majority of the specific items in HRAP are not tied to the BHD budget, however a significant impact on division infrastructure will affect capacity to work on the HRAP priorities resulting in slower progress.

HRAP Action Plan Action Items:

- **1.1.3 - Case Management Services Mapping** - The budget will not impact BHD's ability to participate in mapping resources, but the resources will likely be fewer than in previous years.
- **2.2.2 - Outreach Services Mapping** - The potential reductions to BHD and harm reduction outreach services in FY 2027 could affect this action item.
- **4.1.3 - Hospital to Housing Pilot (previously listed in HRAP as Regional Systems of Care Pilot)** - BHD will continue to participate fully in this. However, budget reductions from mid-year FY 2026 CareOregon cuts have already impacted the level of resources we can offer this pilot. SHS reductions to shelter resources will significantly impact resource capacity.
- **4.2.2 SPMI Long-term Care Benefit Enrollment** - Reduction in care coordination workforce as a result of mid-year FY 2026 CareOregon cuts will limit capacity to support this work. This continues to be a priority for BHD, but progress will be limited by budget constraints.

Voter Initiatives - Supportive Housing Services and Preschool for All

In 2021, local voters passed the Metro Supportive Housing Services Measure and the Preschool for All Measure. The following tables show the Health Department's program offers that use voter initiative funding.

The SHS allocation to the Health Department was reduced by \$4,328,910 for FY 2027 and will result in closure of one behavioral health shelter program, a culturally responsive transitional housing program, reduction in service level of the behavioral health Shelter In Reach Team, reduction in outreach services, and the reduction of 1.00 FTE SHS Liaison position. The following table shows the Health Department's program offers that use voter initiative funding.

FY 2027 Voter Initiative - Supportive Housing Services				
Prog. #	Program Name	FY 2026 Adopted SHS Funds	FY 2027 Requested SHS Funds	FY 2027 FTE
40069	Behavioral Health Crisis Services	1,000,000	451,205	0.00
40085	Adult Addictions Treatment Continuum	2,015,865	2,082,390	0.00
40101	Promoting Access to Hope (PATH) Care Coordination	551,167	0	0.00
40112	Shelter, Housing and Supports	9,615,877	8,184,320	1.00
40113	Substance Use Disorder Stabilization Center Capital (One-Time-Only)*	6,850,000	0	0.00
40084A	Culturally Specific Mental Health Services	556,970	0	0.00
40105A	Behavioral Health Resource Center (BHRC) - Day Center	1,437,800	0	0.00
40105B	Behavioral Health Resource Center (BHRC) - Shelter/Housing	1,113,935	1,726,045	0.00
Total		23,141,614	12,443,960	1.00

Please note that the table includes *only* the initiative funding and related FTE, not the entire program offer budgets.

- **Behavioral Health Crisis Services (40069):** The Crisis Behavioral Health Shelter In Reach Team responds to requests from shelter providers to come on site to support individual participants and provide consultation to shelter providers. The team meets directly with clients and provides de-escalation, referrals, resource linkage and connection to behavioral health services, and short term follow up as needed. Services provided to shelter providers include consultation and resource support. The SHS funding funds a 1.00 FTE Program Specialist Senior who acts as a liaison with the Homeless Services Department.
- **Adult Addictions Treatment Continuum (40085):** Provides transitional housing for individuals engaged in recovery services in two programs. The associated recovery services also assist individuals to identify long term housing as a next step when they are ready to transition. Approximately 800 individuals are served each year.
- **Promoting Access to Hope (PATH) Care Coordination (40101):** Engages in low barrier outreach and support navigating resources and services to people experiencing substance use disorder who are also houseless and at risk of criminal justice exposure. Other funding is being utilized to mitigate some of this reduction. The program will cut 1.00 FTE Care Coordinator who carries a caseload of 15 clients and serves approximately 70 per year, with many having multiple episodes. The program will also no longer have a predictable client assistance resource. PATH utilizes the direct assistance to stabilize clients in care, such as transporting to and from appointments, providing supplemental food while in treatment, toiletries/clothing, providing a cell phone for clients to engage with providers in all levels of care and for employment opportunities, shelter vouchers, and supplemental rental assistance to establish or maintain housing while engaging in services.
- **Shelter, Housing and Supports (40112):** This program funds critical short-term shelter and permanent housing capacity for people experiencing or at imminent risk of chronic homelessness, in particular individuals living with serious and persistent mental illness (SPMI) and/or substance use disorder. Motel-based shelter capacity provides immediate safety off the streets for people living with severe behavioral health needs, while they transition to longer-term housing options. Permanent Supported Housing Programs include: 150 Tenant based Regional Long Term Rent Assistance (RLRA) vouchers, housing navigation, and client assistance to individuals engaged in Assertive Community Treatment or Intensive Case Management services. Permanent Supported Housing for individuals with SPMI includes units as follows: Cedar Commons (30), Douglas Fir (15) Meridian Gardens' Substance Use Recovery housing (65).
- **Substance Use Disorder Stabilization Center (40113):** This FY 2026 funding was a one-time-only capital investment to establish a facility. The funding was transferred to the Department of County Assets in FY 2026, so the remaining amount will be in their FY 2027 budget. It will not be spent by June 30, 2026. This Program Offer is not requested for FY 2027. The project is on track to open in 2027.

- **Culturally Specific Mental Health Services (40084A):** This program funds a Black/African-American culturally specific housing and wraparound support program and prioritizes referrals of individuals with criminal justice involvement. The program has a multi-disciplinary team that provides care coordination, mental health and substance use screening and support, peer support, and housing support. This transitional housing resource provides short-term housing and a pathway out of homelessness for participants. The closure of this program will result in the loss of 15 transitional housing beds with culturally specific services serving approximately 75 individuals annually.
- **Behavioral Health Resource Center (BHRC 40105A) - Day Center:** The BHRC Day Center provides approximately 115 people per day with low barrier support including basic needs services such as showers, laundry and bathrooms. The Day Center's Referral Van provides support to over 250 people per day, including those who visit the Day Center.
- **Behavioral Health Resource Center (BHRC 40105B) - Shelter/Housing:** The BHRC's Shelter Program has 33 beds in a mixed gender setting with a 1-30 day stay. The Bridge Housing Program has 19 beds with a 1-90 day stay. Both provide wraparound services and 24/7 support from peer providers with lived experience.

FY 2027 Voter Initiative - Preschool For All (PFA)				
Prog. #	Program Name	FY 2026 Adopted PFA Funds	FY 2027 Requested PFA Funds	FY 2027 FTE
40099B*	Preschool For All Early Childhood Mental Health	2,016,968	0	0
Total		2,016,968	0	0

*Eliminated Program

- **40099B Preschool For All (PFA) -** The funder made the decision not to allocate this funding to BHD in FY 2027. PFA is in the midst of a continuous process of reviewing data and feedback from providers, Preschool and Early Learning (PEL) staff, and partners. As a result of deep reflection on what is needed to enhance the inclusion supports for children, families and providers, PEL has concluded that the program services currently offered by the Behavioral Health Division (BHD) are not the optimal fit for the evolving needs at this time. PEL has identified a need to focus on service levels geared towards intervention strategies. As PEL's programmatic needs evolve to prioritize these intervention strategies, PEL and BHD have jointly reviewed the current partnership. Both organizations have made the difficult decision to conclude the partnership, allowing both BHD and PEL to focus their resources effectively.

Other Significant Program Changes & Issues

- **Reduction in funds available from Beginning Working Capital (BWC):** The costs associated with the Behavioral Health Division Gun Violence Prevention program personnel and related expenditures (\$847,558) have been removed from the BWC, effectively eliminating the program. This represents the reduction of 4.00 FTE and two contracts with culturally specific providers who serve more than 200 clients annually and participate in 10+ community events annually. This reduction in the Gun Violence Prevention program will result in a lack of services for youth and their families in our community following incidents of gun violence. Efforts will be undertaken to offer support to affected individuals through our student health centers and other community resources.

The Behavioral Health Division Quality Management team was partially moved off of BWC and onto CFAA funds. This team provides essential infrastructure for our programs and services by furnishing monitoring, oversight, and ensuring compliance with our statutory responsibilities. The reduction in programming resulted in a reduction in staff.

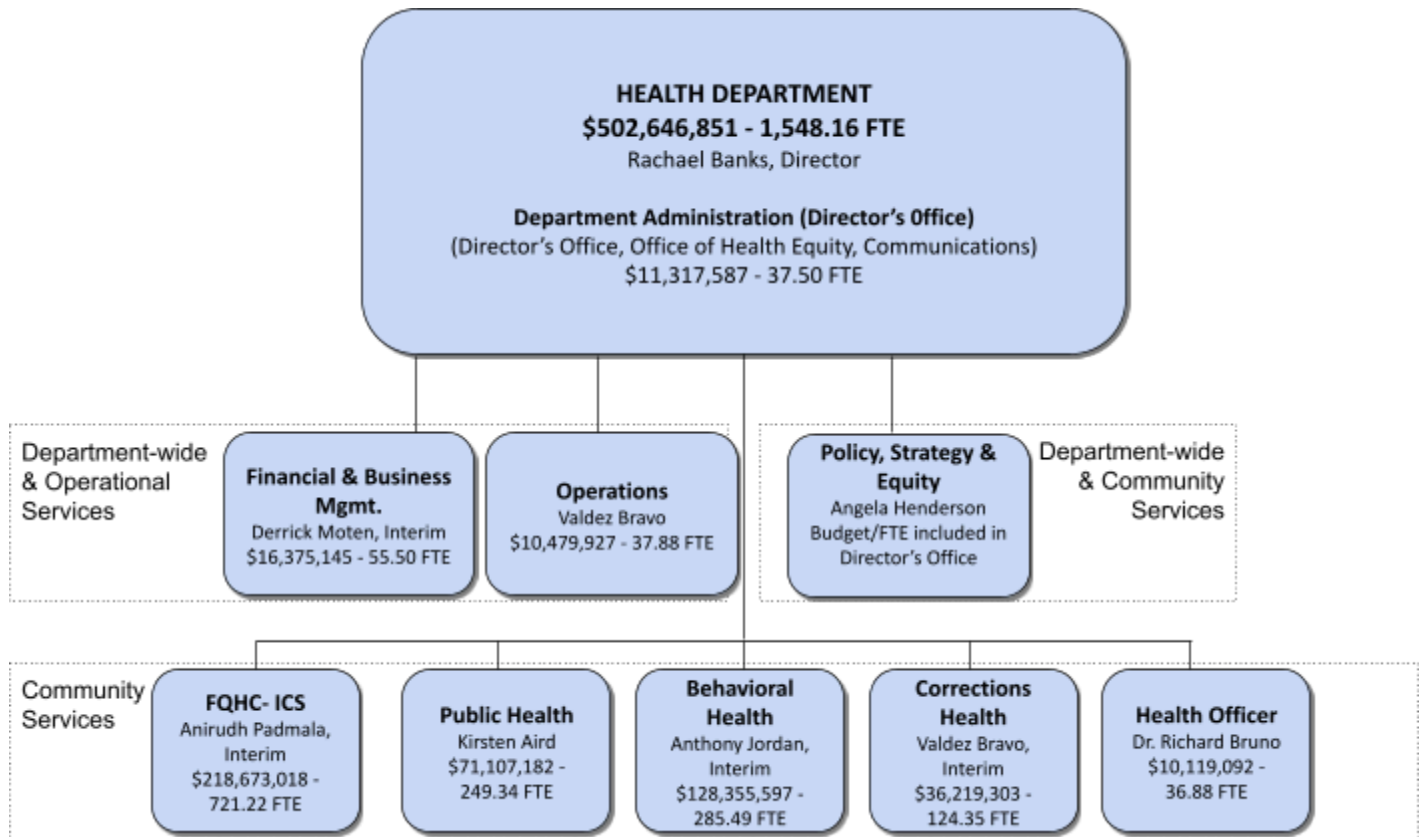
- **Medicaid eligibility and projected revenues:** Medicaid changes are expected in FY 2027 as a result of the passage of the federal law H.R.1. This new law will result in fewer people being covered by insurance and will significantly impact Medicaid revenues for the Health Department. The projected decrease in revenue is due to several factors, including a decrease of approximately \$1.8 million in quality incentive dollars and a decrease of \$6.8 million resulting from the rising number of people who are uninsured. Key changes contributing to this decrease include more uninsured clients seeking services, stricter work requirements for expansion populations, twice-yearly eligibility verifications, the loss of state funding to cover lawfully present individuals, a reduction in the Federal Matching Assistance Percentage (FMAP) for Emergency Medicaid, and a limit on the State Direct Payment to 100% of Medicare (beginning in Calendar Year 2028). Consequently, reduced funding to the state leads to less funding available for quality incentives. A risk that we are reviewing and projecting is a mid-year review and adjustments of staffing as a result of the state reductions.
- **Impacts of changes to the County Financial Assistance Agreement (CFAA):** Significant changes were made in FY 2026 to Oregon's CFAA. The updated CFAA guidance replaces Service Elements with Core Service Areas that dictate the Community Mental Health Programs must prioritize funding for individuals involved in Aid & Assist, those under supervision of Psychiatric or Juvenile Security Review Boards (PSRB/JSRB), and

community members involved in Civil Commitment. Once these three priority populations have been adequately funded to meet all contractual and statutory obligations, Community Mental Health Programs are then required to fund services that are required under CFAA, but not strictly part of the priority populations. This required significant reallocations of other funding in the FY 2027 budget.

Required services outside of priority populations include: Adult Protective Services, Care Coordination, Mobile Crisis Services, Early Assessment and Support Alliance (EASA), Geriatric-Specialist Services, Jail Diversion, and support to state funded residential facilities. Once all priority and required services are funded, Community Mental Health Programs are allowed to allocate any remaining funding to Non-Priority, Allowable Services. These include Assertive Community Treatment (ACT), Suicide Prevention, Gambling Prevention, Culturally Specific Services, Deflection, Disaster Behavioral Health, and Crisis Line Services.

The priority populations and required services consume all of this state funding, leaving funding gaps for services historically funded by the CFAA that our communities have depended on. Aid & Assist, Civil Commitment and PSRB/JSRB are now primarily fully funded using CFAA dollars, and the County General Funds that have historically bolstered these services have been reallocated to cover services that are no longer prioritized in the CFAA such as the Crisis Line, Deflection Center, School Based Mental Health, and the Behavioral Health Resource Center (BHRC) which all now rely on non-state funding.

Organizational Chart (Constraint Budget)



Health Department Organizational Span of Control

Average Span by Division as of 12/1/25 <i>(all employee types except contractors & volunteers)</i>		
Division	# of Supervisors	Average Span - All EE Types
Behavioral Health	47	9.30
Corrections Health	16	15.63
Financial And Business Management	15	4.93
HD Director's Office	7	7.57
Health Officer	6	11.00
Integrated Clinical Services	87	12.16
Operations	5	10.20
Public Health	35	12.17
Grand Total	218	11.08

Average Span by Division as of 12/1/25 <i>(Regular and LDA only)</i>		
Division	# of Supervisors	Average Span - Regular, LDA only
Behavioral Health	47	7.70
Corrections Health	16	11.44
Financial And Business Management	15	4.20
HD Director's Office	7	6.00
Health Officer	6	7.50
Integrated Clinical Services	87	9.97
Operations	5	7.80
Public Health	35	8.43
Grand Total	218	8.70

Appendix A: Supplemental Information

Equity Positions and Related Funding

FY 2027 Equity Budget - Health Department				
Prog. #	Program Name	Equity JCN & Position Title or Budget Category	Total Equity Funding*	FTE
40000A	HD Director's Office - Office of Health Equity	6021 - Program Specialist	983,634	6.12
40000A	HD Director's Office - Office of Health Equity	6088 - Program Specialist, Sr.	784,422	4.09
40000A	HD Director's Office - Office of Health Equity	9748 - HR Analyst, Sr.	214,924	1.00
40000A	HD Director's Office - Office of Health Equity	6005 - Executive Specialist	130,289	1.00
40000A	*HD Director's Office - Office of Health Equity	Supplies, includes Community Engagement events, training, professional development	177,000	0.00
40000A	HD Director's Office - Director, Office of Health Equity	9365 - Manager Sr.	255,052	1.00
40000A	HD Director's Office - Director, Office of Health Equity	9619 - Deputy Director	336,811	1.00
Total			2,882,132	14.21

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

- **Directors Office (40000A):** 1.88 FTE Program Specialists and Program Specialist Sr. are included in the CGF Constraint reductions. They are listed as the fifth priority for restoration. These reductions eliminate the Community Health Worker (CHW) Training Program which operated as a direct service model, providing no-cost training, certification support, and culturally responsive workforce development for external community partners as a regional training hub. The impact of this reduction is minimal because the regional landscape for CHW training has matured significantly, with Continuing Education Unit (CEU) and certification services now widely available through external partners and state-certified training centers.
- **40000A - Directors Office (40000A):** Office of Health Equity supplies are included in the CGF Internal Reductions table and is a 0 level priority for restoration and not included in an add package. The supply budget includes Community Engagement, professional development, events, and supplies related to the Community Health Worker training program.

One-Time-Only (OTO) History & Plans

The Health Department had \$2.9 million of one-time-only (OTO) funding in the FY 2026 Adopted budget. The following table shows the breakdown of significant OTO funds, as shown in the [FY 2026 Adopted Budget Director's Message](#), and explains the plan for FY 2027.

One-Time-Only (OTO) History & Plans - Health Department			
Program # - Name	FY 2026 Adopted GF OTO	FY 2026 Adopted OF OTO	Plan for FY 2027
40004B-Ambulance Service Plan Continuation	400,000	0	Requesting funding in FY 2027 (\$362,000).
40010D-Restore STI Clinic Capacity	328,756	0	This OTO was for PrEP Navigation services and to increase "just in case" STI testing services. No request for new funds in FY 2027. The plan is to integrate clinical services across the Harm Reduction and STI clinics including PrEP and PrEP navigation. There will be limited capacity for asymptomatic screening at the Harm Reduction clinic.
40044B-Supplemental Data Sets Partnership with DCA	400,000	0	\$300,000 was funded in the Department's ongoing General Fund for FY 2027.
40074B-Bridgeview	1,300,000	0	Program eliminated. No request for FY 2027.

One-Time-Only (OTO) History & Plans - Health Department			
Program # - Name	FY 2026 Adopted GF OTO	FY 2026 Adopted OF OTO	Plan for FY 2027
40096-Public Health Office of the Director (WIC move)	27,380	0	Project will be completed in FY 2026.
40112-Shelter, Housing, and Supports	264,563	0	Adjusting service levels based on less funding.
Total	2,720,699	0	

FTE by Bargaining Unit - Constraint Budget

Nonrep/ Rep	Bargaining Unit	FY 2026 Adopted FTE	FY 2027 Constraint Budget FTE	+/-	% Change
Rep	Oregon Nurses Association	178.21	178.31	0.10	0.06%
Rep	AFSCME Local 88	1,130.22	1,051.97	(78.25)	(6.92%)
Rep	Physicians Local 88-2	21.70	21.30	(0.40)	(1.84%)
Rep	Pharmacists Local 88-4	32.50	29.50	(3.00)	(9.23%)
Rep	Dentists Local 88-5	17.45	16.50	(0.95)	(5.44%)
Nonrep	Mgmt/Exec Employee	270.91	250.58	(20.33)	(7.50%)
Total		1,650.99	1,548.16	(102.83)	(6.23%)

Fund Name	FY 2026 Adopted FTE	FY 2027 Constraint Budget FTE	+/-	% Change
General Fund	536.26	484.01	(52.25)	(9.74%)
Fed/State Funds	371.13	341.93	(29.20)	(7.87%)
Preschool for All	10.73		(10.73)	(100.00%)
Supportive Housing Services	3.15	1.00	(2.15)	(68.25%)
HD FQHC (ICS)	726.53	721.22	(5.31)	(0.73%)
All Other Funds	3.19		(3.19)	(100.00%)
Total	1,650.99	1,548.16	(102.83)	(6.23%)

Appendix B: Countywide Strategic Plan

The table below shows the countywide Strategic Plan's Focus Areas and Outcomes that the department is directly responsible for collecting, tracking, and reporting data for measurement and analysis.

Focus Area 1: Support Community Health and Wellness		Division (when applicable)
Outcome 1	Multnomah County is a trusted source for health, wellness and safety information and services	HD - ICS HD - PHD HD
Outcome 2	Multnomah County provides community-centered services, prioritizing those most impacted by inequities	HD - BHD HD - ICS HD - PHD
Focus Area 2: Create a Safe and Just Community		
Outcome 1	Prevent crime and support crime-survivors and justice-impacted people through resources that build resilience	HD - CH
Outcome 2	Safe neighborhoods throughout Multnomah County	HD - CH
Focus Area 3: Strengthen Community Vitality and Resilience		
Outcome 1	Multnomah County is prepared for, and resilient to, emergencies and disasters	HD - CH HD - Ops HD
Focus Area 4: Be Accountable, Collaborative and Transparent		
Outcome 2	Diverse community contracts and partnerships	HD
Focus Area 6: Invest in Our Future		
Outcome 1	A unified, equitable and effective youth and family system	HD - BHD

Appendix C

List of Program Offers - Health Department								
		Constraint Budget				Reductions included in Constraint*		
Prog. #	Program Name	General Fund	Other Funds	Total Cost	Total FTE	General Fund	Other Funds	Total FTE
Behavioral Health								
40065	Behavioral Health Division Administration	1,682,424	1,642,195	3,324,619	12.58			
40067	Medical Records for Behavioral Health Division	162,703	696,976	859,679	4.75		(60,002)	
40068	Behavioral Health Quality Management	1,096,422	3,988,715	5,085,137	20.98		(300,909)	(1.88)
40069	Behavioral Health Crisis Services	2,850,604	16,297,415	19,148,019	37.85	(77,621)	(750,554)	(1.00)
40071	Behavioral Health Division Adult Protective Services	327,152	1,334,932	1,662,084	7.40			
40072	Mental Health Commitment Services	163,803	6,700,265	6,864,068	32.50			
40074	Mental Health Residential Services	2,066,641	9,222,357	11,288,998	9.80		(687,798)	(1.50)
40075	Choice Model	173,940	5,326,424	5,500,364	13.88		(84,280)	(0.60)
40077	Mental Health Treatment & Medication for the Uninsured	261,784		261,784				
40078	Early Assessment & Support Alliance	632,356	2,497,506	3,129,862	13.10			
40080	Community Based Mental Health Services for Children & Families	142,601	378,232	520,833	0.87	(657,761)		(3.90)
40081	Multnomah County Care Coordination		10,496,455	10,496,455	33.12		(1,031,913)	(0.90)
40082	School Based Mental Health Services	3,400,879	1,231,807	4,632,686	19.98		(417,809)	(0.67)
40083	Behavioral Health Promotion, Suicide Prevention and Postvention Services	227,075	547,794	774,869	3.56			
40084A	Culturally Specific Mental Health Services	1,537,486		1,537,486		(105,393)		
40084B	Culturally Specific Mobile Outreach and Stabilization Treatment Program					(744,607)		
40085	Adult Addictions Treatment Continuum	2,297,436	10,289,423	12,586,859	6.60		(150,000)	
40086	Addiction Services Gambling Treatment & Prevention		638,360	638,360	2.54		(30,015)	(0.20)
40087	Addiction Services Alcohol & Drug Prevention		1,461,174	1,461,174	2.09			
40088	Coordinated Diversion for Justice Involved Individuals	259,562	6,962,854	7,222,416	29.50		(300,672)	(2.00)
40089	Addictions Detoxification & Post Detoxification Housing	1,040,336	1,114,773	2,155,109	1.50	(24,210)		
40099	Early Childhood Mental Health Program	2,304,436	285,724	2,590,160	11.99	(469,878)		(2.00)
40101	Promoting Access To Hope (PATH) Care Coordination Continuum	828,699	594,878	1,423,577	6.90		(569,355)	(2.15)
40104	Deflection and Sobering Program	608,383	5,150,000	5,758,383	10.00			
40105A	Behavioral Health Resource Center (BHRC) - Day Center	5,142,906	314,988	5,457,894	2.00		(1,485,245)	
40105B	Behavioral Health Resource Center (BHRC) - Shelter/Housing	2,160,489	1,726,045	3,886,534				
40108	Stabilization and Integration Housing Services	1,856,303		1,856,303	1.00			
40112	Shelter, Housing and Supports	47,565	8,184,320	8,231,885	1.00		(1,668,065)	
Various	CareOregon Reductions in various Behavioral Health Programs						(4,487,376)	(13.34)
Total Behavioral Health		31,271,985	97,083,612	128,355,597	285.49	(2,079,470)	(12,023,993)	(30.14)
Corrections Health								
40043	Corrections Health Dental	766,393		766,393	2.00			

Appendix C

List of Program Offers - Health Department								
Prog. #	Program Name	Constraint Budget				Reductions included in Constraint*		
		General Fund	Other Funds	Total Cost	Total FTE	General Fund	Other Funds	Total FTE
40045	Corrections Health Operations	3,868,178		3,868,178	14.50			
40049	Corrections Health Juvenile Clinical Services	1,913,909		1,913,909	6.20			
40050	Corrections Health Multnomah County Detention Center (MCDC) Clinical Services	14,799,656	234,684	15,034,340	48.69			
40051	Corrections Health Inverness Jail (MCIJ) Clinical Services	10,739,543		10,739,543	35.26			
40059	Corrections Health Behavioral Health Services	3,896,940		3,896,940	17.70	(874,458)		(3.40)
Total Corrections Health		35,984,619	234,684	36,219,303	124.35	(874,458)		(3.40)
Financial And Business Management								
40040	Financial and Business Management Services	10,366,801	1,500,000	11,866,801	33.50	(203,632)		(1.00)
40041	Medical Accounts Receivable	2,306,325		2,306,325	12.00			
40042	Contracts & Procurement	2,202,019		2,202,019	10.00	(168,950)		(1.00)
Total Financial And Business Management		14,875,145	1,500,000	16,375,145	55.50	(372,582)		(2.00)
HD Director's Office								
40000A	Health Department Director's Office	7,594,017	1,719,826	9,313,843	30.80	(526,284)		(2.79)
40000B	Overdose Prevention & Response	1,373,164		1,373,164	4.00	(16,068)		
40000C	Behavioral Health CLP+ & System Transformation	630,580		630,580	2.70			
Total HD Director's Office		9,597,761	1,719,826	11,317,587	37.50	(542,352)	0	(2.79)
Health Officer								
40002	Tri-County Health Officer	858,126	469,658	1,327,784	2.03			
40004A	Ambulance Services (Emergency Medical Services)	3,118,131	1,486,873	4,605,004	14.75			
40005	Public Health & Regional Health Systems Emergency Preparedness	22,799	292,467	315,266	1.10			
40052	Medical Examiner	3,871,038		3,871,038	19.00			
Total Health Officer		7,870,094	2,248,998	10,119,092	36.88			
Integrated Clinical Services								
40012	FQHC-HIV Clinical Services		10,018,216	10,018,216	38.40			
40016	FQHC-Medicaid/Medicare Eligibility		3,289,900	3,289,900	18.00		(127,583)	(1.00)
40017	FQHC-Dental Services		33,132,918	33,132,918	128.64			
40019	FQHC-North Portland Health Clinic		8,066,212	8,066,212	28.40		(303,203)	(1.50)
40020	FQHC-Northeast Health Clinic		9,283,398	9,283,398	31.55		(67,405)	(0.50)
40022	FQHC-Mid County Health Clinic		17,004,587	17,004,587	57.90		(390,856)	(2.00)
40023	FQHC-East County Health Clinic		15,431,093	15,431,093	49.90			
40024	FQHC-Student Health Centers		9,857,645	9,857,645	36.35			
40026	FQHC-Fernhill Health Center		4,799,921	4,799,921	16.68			
40027	FQHC-Southeast Health Clinic		8,418,271	8,418,271	30.70		(205,238)	(1.50)
40029	FQHC-Rockwood Community Health Clinic		8,767,833	8,767,833	31.00		(101,409)	(1.00)

Appendix C

List of Program Offers - Health Department								
Prog. #	Program Name	Constraint Budget				Reductions included in Constraint*		
		General Fund	Other Funds	Total Cost	Total FTE	General Fund	Other Funds	Total FTE
40030	FQHC-Medical Director		1,870,756	1,870,756	2.80		(532,160)	(1.10)
40031	FQHC-Pharmacy		41,387,927	41,387,927	53.50			
40032	FQHC-Lab and Medical Records		5,094,927	5,094,927	22.80		(108,513)	(1.00)
40033	FQHC-Primary Care and Dental Access and Referral		10,474,589	10,474,589	59.80			
40034A	FQHC-Administration and Operations		12,594,715	12,594,715	44.40		(904,952)	(5.50)
40034B	FQHC - Contingency and Reserves		89,499,177	89,499,177	0.00			
40036	FQHC-Community Health Council and Civic Governance		462,029	462,029	1.00			
40102	FQHC Allied Health		8,954,233	8,954,233	41.45		(127,583)	(1.00)
40103	FQHC-Quality Assurance		9,763,848	9,763,848	27.95		(543,089)	(3.00)
Total Integrated Clinical Services		-	308,172,195	308,172,195	721.22	0	(3,411,991)	(19.10)
Operations								
40039	Human Resources	5,615,168	218,967	5,834,135	26.88	(225,036)		(1.00)
40044	Data Governance & Quality	2,783,791		2,783,791	2.00			
40046	Health Operations Administration	1,862,001		1,862,001	9.00			
Total Operations		10,260,960	218,967	10,479,927	37.88	(225,036)		(1.00)
Public Health								
40006	Tobacco Retail Licensing	1,077,842	528,112	1,605,954	6.95			
40007	Health Inspections and Education	8,449,367	39,891	8,489,258	39.15			
40008	Vector-Borne Disease Prevention and Code Enforcement	2,192,965		2,192,965	8.75			
40009	Vital Records	82,366	852,564	934,930	3.85			
40010A	Communicable Disease Prevention and Control	1,913,518	2,781,131	4,694,649	17.02		(92,835)	
40010B	STI Clinical and Community Services	2,097,999	2,452,470	4,550,469	18.00		(233,433)	
40011	Services for Persons Living with HIV - Regional Education and Outreach	145,322	6,200,222	6,345,544	5.85		(257,499)	
40018	Women, Infants, and Children (WIC)	4,021,425	4,461,841	8,483,266	44.30	(432,353)	(166,223)	(3.60)
40037	Environmental Health Community Programs	916,849	1,611,324	2,528,173	8.70		(121,263)	
40048	Epidemiology, Evaluation, and Policy Research	1,904,131	1,712,093	3,616,224	12.31		(127,916)	
40053	Prevention and Health Promotion	2,720,169	1,846,040	4,566,209	16.90		(1,006,041)	(2.20)
40061	Harm Reduction	2,270,052	1,504,217	3,774,269	10.30	(1,140,704)	(936,557)	(5.80)
40096	Public Health Office of the Director	3,454,371	3,722,520	7,176,891	26.51			
40097	Parent, Child, and Family Health Management	4,255,345	7,893,036	12,148,381	30.75		(519,382)	
Total Public Health		35,501,721	35,605,461	71,107,182	249.34	(1,573,057)	(3,461,149)	(11.60)
Total Health Department		145,362,285	446,783,743	592,146,028	1,548.16	(5,666,955)	(18,897,133)	(70.03)

This table includes cash transfers, contingencies, and unappropriated balances.

*This table excludes \$2,863,851 in eliminated programs. See reduction tables on pages 31, 33, 34, and 46 for more details of these programs.

Appendix D - Department Operating Expenditure Ledger Account Year-Over-Year Comparison

	General Fund			Other Funds			Total		
Ledger Account	FY 2025 Actuals	FY 2026 Adopted	FY 2027 Constraint	FY 2025 Actuals	FY 2026 Adopted	FY 2027 Constraint	FY 2025 Actuals	FY 2026 Adopted	FY 2027 Constraint
60000 - Permanent	47,555,276	54,920,083	52,691,698	96,858,972	109,920,051	110,027,377	144,414,248	164,840,134	162,719,075
60100 - Temporary	3,297,291	1,304,453	1,294,398	6,412,976	6,129,604	3,896,847	9,710,267	7,434,057	5,191,245
60110 - Overtime	2,613,747	270,663	851,428	1,736,204	446,266	415,706	4,349,951	716,929	1,267,134
60120 - Premium	2,303,040	1,251,796	498,593	1,914,797	1,507,266	1,680,439	4,217,837	2,759,062	2,179,032
60130 - Salary Related	19,003,624	23,037,664	22,254,874	36,841,887	45,354,399	46,057,874	55,845,511	68,392,063	68,312,748
60135 - Non Base Fringe	1,022,789	380,895	400,162	1,665,278	1,906,716	922,526	2,688,067	2,287,611	1,322,688
60140 - Insurance Benefits	14,327,717	16,361,084	15,365,260	29,462,508	33,408,094	32,953,333	43,790,225	49,769,178	48,318,593
60145 - Non Base Insurance	471,547	111,078	59,049	1,251,694	1,406,732	443,598	1,723,241	1,517,810	502,647
60150 - County Match & Sharing	738,224	1,050,528	1,045,279	130,957	7,000	5,000	869,181	1,057,528	1,050,279
60155 - Direct Client Assistance	262,805	401,413	241,870	2,314,017	2,615,070	901,375	2,576,822	3,016,483	1,143,245
60160 - Pass-Through & Program Support	10,115,907	17,421,741	13,793,685	63,003,215	71,555,645	53,281,667	73,119,122	88,977,386	67,075,352
60170 - Professional Services	15,642,846	5,000,761	6,697,101	18,415,227	10,449,188	10,609,696	34,058,073	15,449,949	17,306,797
60190 - Utilities	6,238	0	0	19,535	0	0	25,773	0	0
60200 - Communications	120,874	173,285	60,807	163,322	129,771	90,440	284,196	303,056	151,247
60210 - Rentals	193,984	51,080	47,166	302,354	166,346	129,508	496,338	217,426	176,674
60220 - Repairs & Maintenance	29,029	1,965	3,822	131,551	205,393	188,689	160,580	207,358	192,511
60240 - Supplies	1,068,024	1,083,973	1,098,255	1,451,760	2,738,461	2,330,392	2,519,784	3,822,434	3,428,647
60246 - Medical & Dental Supplies	703,256	729,856	505,144	3,214,481	2,396,866	2,504,158	3,917,737	3,126,722	3,009,302
60260 - Training & Non-Local Travel	430,077	318,250	350,307	850,000	1,510,031	1,168,892	1,280,077	1,828,281	1,519,199
60270 - Local Travel	57,997	88,013	95,482	142,150	183,746	169,310	200,147	271,759	264,792
60280 - Insurance	688,995	77,275	79,825	54,241			743,236	77,275	79,825
60290 - Software, Subscription Computing, Maintenance	2,320,001	2,245,563	2,287,944	911,094	993,723	743,387	3,231,095	3,239,286	3,031,331
60310 - Pharmaceuticals	2,858,452	1,522,524	3,247,422	30,033,071	29,513,103	28,376,710	32,891,523	31,035,627	31,624,132
60320 - Refunds	48,381	0	0	3,357	0	0	51,738	0	0
60330 - Claims Paid	0	0	0	28	0	0	28	0	0
60340 - Dues & Subscriptions	177,428	163,264	237,279	179,484	258,037	147,119	356,912	421,301	384,398
60350 - Indirect Expense	320	0		25,691,900	27,766,011	24,784,265	25,692,220	27,766,011	24,784,265
60355 - Project Overhead	0	0	0	437	0	0	437	0	0
60370 - Internal Service Telecommunications	842,503	979,556	877,880	1,370,797	1,445,144	1,591,892	2,213,300	2,424,700	2,469,772
60380 - Internal Service Data Processing	6,382,057	8,061,513	7,528,994	13,762,993	15,769,954	16,374,048	20,145,050	23,831,467	23,903,042
60411 - Internal Service Fleet Services	609,192	462,007	534,852	100,376	143,777	135,070	709,568	605,784	669,922
60412 - Internal Service Motor Pool	179,725	101,999	104,861	173,099	281,954	276,398	352,824	383,953	381,259
60430 - Internal Service Facilities & Property Management	7,746,663	7,405,921	7,854,437	7,256,616	7,589,688	7,789,604	15,003,279	14,995,609	15,644,041
60432 - Internal Service Enhanced Building Services	2,103,881	3,488,698	4,154,406	3,918,710	4,438,309	5,304,406	6,022,591	7,927,007	9,458,812

Appendix D - Department Operating Expenditure Ledger Account Year-Over-Year Comparison

	General Fund			Other Funds			Total		
Ledger Account	FY 2025 Actuals	FY 2026 Adopted	FY 2027 Constraint	FY 2025 Actuals	FY 2026 Adopted	FY 2027 Constraint	FY 2025 Actuals	FY 2026 Adopted	FY 2027 Constraint
60435 - Internal Service Facilities Service Requests	965,119	132,285	472,940	1,180,026	1,058,613	1,109,835	2,145,145	1,190,898	1,582,775
60440 - Internal Service Other	159,032	0		7,567,776	0	1,385,427	7,726,808	0	1,385,427
60461 - Internal Service Distribution	154,981	241,461	180,080	669,954	677,265	764,238	824,935	918,726	944,318
60462 - Internal Service Records	342,173	396,238	446,985	168,647	231,071	205,340	510,820	627,309	652,325
60550 - Capital Equipment - Expenditure	62,302			79,517		520,000	141,819	0	520,000
Accounting Entries	(4,137)	0	0	(64,434)	0	0	(68,571)	0	0
Total	145,601,360	149,236,885	145,362,285	359,340,574	382,203,294	357,284,566	504,941,934	531,440,179	502,646,851

This table does not include cash transfers, contingencies, and unappropriated balances.