

Multnomah County FY 2027 Budget Work Session Follow Up

Health Department - Overview May 6, 2026



Commissioner **Moyer** (**District 1**)

For the direct services reductions, which ones have we determined we could bill Medicaid for? And if we were to bill Medicaid aggressively, how much General Fund would still be needed to operate those programs? How long would it take to get to full billing capacity?

Response:

The Proposed FY 2027 budget represents the maximizing of Medicaid revenue given current administrative structures, capacity and billing infrastructure. Each time CGF for a program was reduced, we worked hard to maximize all other sources of revenue, including Medicaid.

The County is currently evaluating all opportunities to bill Medicaid for services. There are areas in the Health Department where we could bill more. The Health Department is actively engaged in this process with the COO's office and is eager to stand up all services and funding models that can help expand services, free up other resources, and effectively meet the needs of those we serve.

Some Health Department divisions have also addressed Medicaid funding in their answers.

Commissioner Moyer ▾ (District 1 ▾)

How do we include disability, LGBTQIA2S+, and intersectional identities in the budget process? How did we consider attacks on the trans community and their limited access to health care when creating the FY 2027 budget?

Response:

The Health Department's budget rubric is inclusive of three core elements -- our unique statutory roles, a focus on equity, and retaining work that reduces preventable deaths and harms. Each division and program area uses health data to inform their program focus, this includes data for disability and LGBTQIA2S+ communities. For example, the Behavioral Health Division has retained 10 positions placed throughout multiple direct services that have LGBTQIA2S+ KSAs in the FY 27 budget, including one position in the Office of Consumer Engagement. Additionally, in the tobacco prevention program, there is a strong focus on and culturally specific efforts toward the LGBTQIA2S+ community. This focus comes from the knowledge that tobacco companies market specifically to these communities and we see inequitable health outcomes as a result. There are numerous examples of such data-driven efforts across the Department.

Knowing that we needed to refine our approach to budgeting given the current targeting of multiple communities including the trans community, we hosted several table top exercises last summer with the goal of further developing our budget rubric.

Continuing attacks on the trans community are top of mind in our work to provide services to the LGBTQIA2S+ community. This includes our efforts to ensure continuing culturally-specific services through our STI clinic and continuing to have our Community Health Center participate in the Oregon Primary Care Association

collaborative to assure funding for gender-affirming care. Oregon has been a leader assuring access to gender-affirming care and we continue to support that effort.

Commissioner Moyer ▾ (District 1 ▾)

How did we weigh our reductions and apply an equity lens in light of federal fund reductions that were for specific communities?

Response:

In the summer of 2025, the Health Department held three table top exercises to refine our budget rubric for FY 2026. In the tabletops, we identified areas of vulnerability for each division and across the Department where we could anticipate having ‘stacked reductions.’ We reaffirmed the values and commitments at the core of our mission that needed to be protected.

Each division included this information in their planning to mitigate (as much as possible) any additional federal retractions or ending of funding. For example, in the Public Health Division, special attention was paid to retaining a base of work in the Prevention and Health Promotion program area. This area is where we have a concentration of important chronic disease prevention work specific to the leading causes of death and years of preventable life lost in Multnomah County. Because of the recent cancellation of grants specifically for culturally-specific chronic disease prevention and vaccine promotion work, it was important to shore up these critical services.