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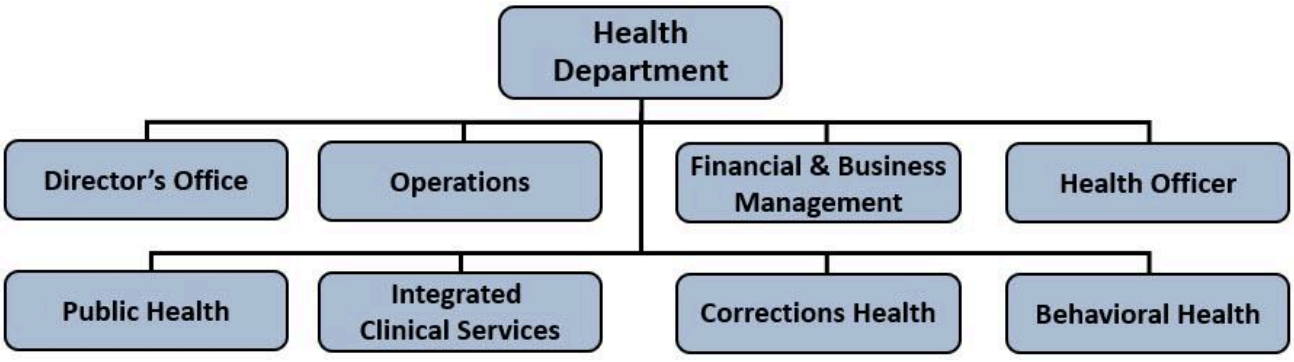
Department Overview

The Multnomah County Health Department (HD) 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. It is the largest health department and safety net provider in Oregon. It serves as both the largest Local Public Health Authority (LPHA) and Local Mental Health Authority (LMHA)'s Community Mental Health Program (CMHP). The department also operates the largest Federally Qualified Health Center (FQHC) in the state. The Department is the statutory health provider for people in County jails and is responsible for ensuring the operation of Emergency Medical Services throughout the County.

The Department provides direct and population-level health services, such as:

- Reducing preventable deaths, including those caused by drug overdose, suicide, and chronic diseases
- Investigating outbreaks and stopping the spread of diseases
- Providing primary care, dental care, integrated behavioral health care, wrap-around, and pharmacy services
- Inspecting restaurants, food carts, and other licensed facilities
- Helping babies and families thrive
- Ensuring clean air and water, and promoting healthy neighborhoods
- Ensuring behavioral health crisis services and helping people find treatment for substance use
- Collecting, studying, and reporting health data to track and improve health across the lifespan

We focus on reducing preventable deaths, ending unjust inequities, and improving health for more than 800,000 people in the County. Reducing preventable deaths is where we can have the most impact and where the most egregious health inequities lie. The Health Department recognizes 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, inequitable, and preventable differences.



Health Department

FY 2027 Adopted Budget

$506.8 million

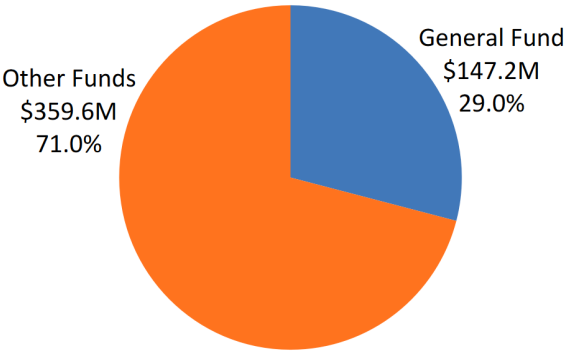
Total Adopted Operating Budget

Excludes $89.5 million in cash transfers, contingencies, and unappropriated balances

1,566.90 FTE

Total Adopted Staffing

(84.09) FTE
Decrease from
FY 2026 Adopted



($24.6) million

All Funds (Operating) Decrease from
FY 2026 Adopted

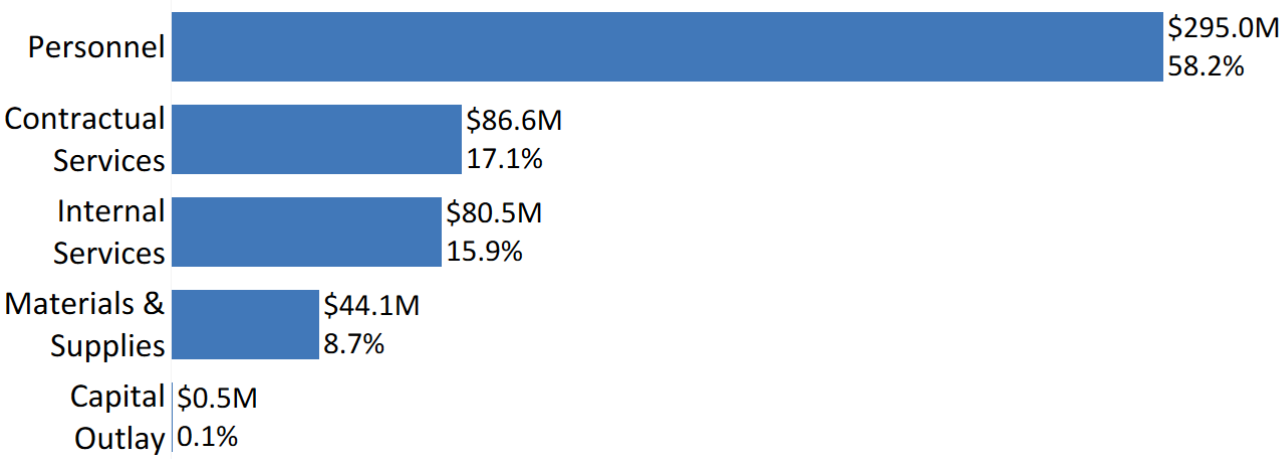
(4.6%) decrease

General Fund

$1.8 million
Backfill
and
$1.2 million
One-Time-Only Investments

Operating Budget by Category - $506.8 million

Does not include cash transfers, contingencies, and unappropriated balances



Mission, Vision, and Values

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

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

Our values are:

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

Diversity, Equity, and Inclusion

Equity is at the forefront of the Health Department's mission and is the foundation of our vision. Our values also speak to how we engage with our diverse communities and with one another. They set the intention for our organizational culture. The Health Department uses many strategies and provides many services including:

Meeting people where they are, geographically and linguistically – We offer services in locations across the County and in languages people understand. For example, the Community Health Center/Integrated Clinical Services Division operates nine Student Health Centers located in schools throughout the County. Services are available at no cost to any young person aged 5-18, regardless of where they go to school or if they have insurance. Staff across the Department have specialized language skills and cultural knowledge that improve our ability to effectively reach diverse populations. Staff often serve as trusted messengers in their communities.

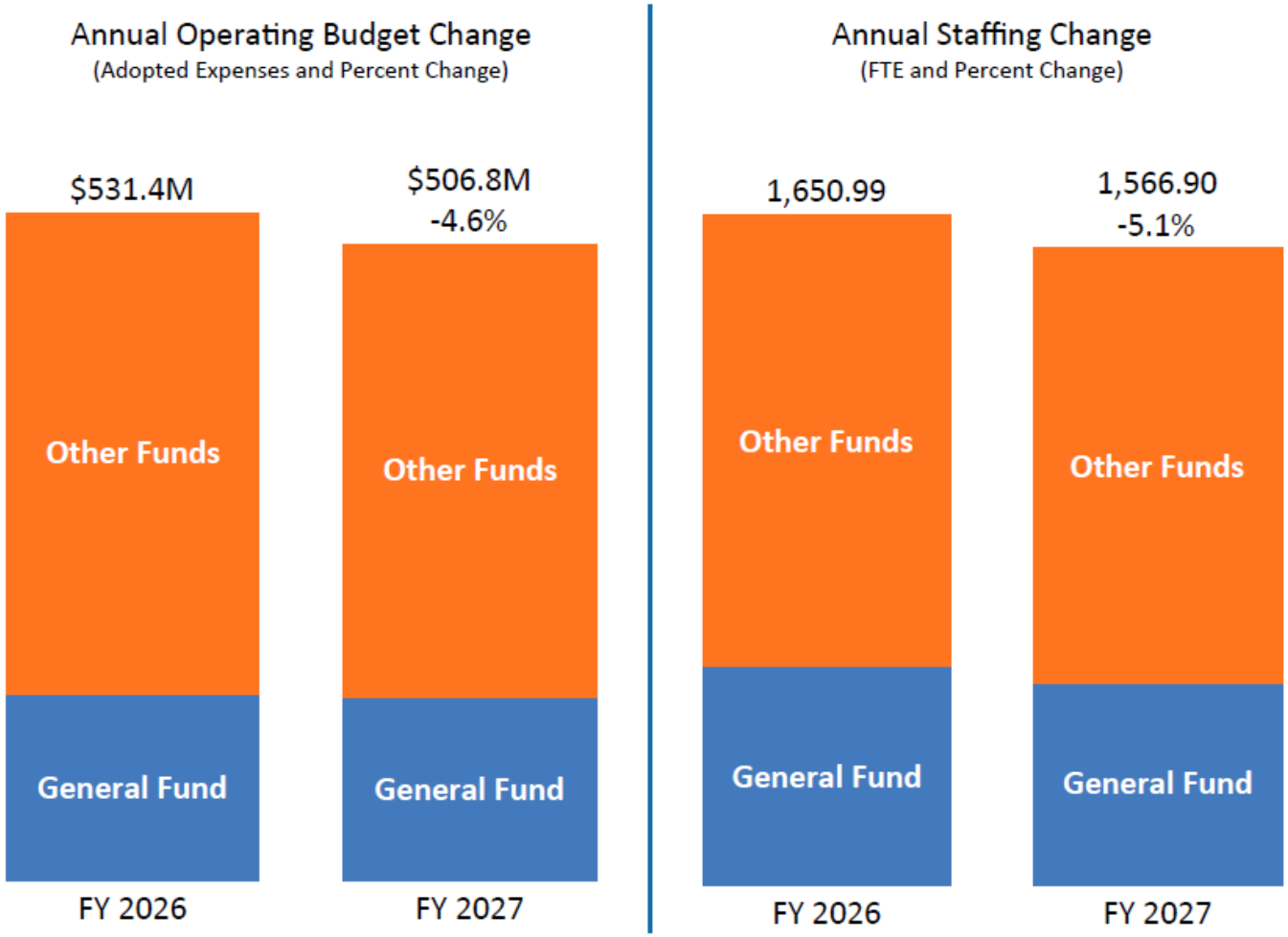
Serving the most vulnerable – We serve people across many program areas regardless of their ability to pay. One example is the Corrections Health Division, which provides medical, dental and behavioral health services to more than 17,300 adults and youth in custody annually. A disproportionate number of people in custody come from communities of color. This underscores the need for an equity-focused approach to delivering care. The Behavioral Health Division makes sure supports are available to people who are under- or uninsured. It also acts as a primary pillar of the local behavioral health crisis response system. It runs the Behavioral Health Call Center, partners to provide urgent walk-in care and provides mobile crisis intervention and support to communities, including culturally and linguistically specific communities.

Building community partnerships – Teams work to center the needs of the community through strategic partnerships. For example, the Office of Health Equity partners with culturally specific communities, many of which experience disproportionately negative health outcomes from historic and ongoing structural and systemic inequities. Also, the Office of Consumer Engagement – a team of people with lived experience of substance use disorder – partners with peer outreach specialists to provide direct outreach and support to community members facing the intersections of substance use, homelessness and/or mental health issues. They also advocate for policy level changes to improve support for people at these intersections.

Basing decisions on data and science – The Health Department uses data and science to build equity into budget and programming decisions. We address the leading causes of premature and preventable death based on scientific data and information provided by the community. We use culturally-specific and evidence-based interventions and programming that focus on supporting communities that are most impacted by health inequities and negative health outcomes.

Budget Overview

The FY 2027 Health Department operating budget is $506.8 million, a $24.6 million (-4.6%) decrease from the FY 2026 Adopted budget. These amounts exclude cash transfers, contingencies, and unappropriated balances. The General Fund accounts for 29.0% of the budget, and General Fund expenses decreased by $2.0 million (-1.4%). Other Funds decreased by $22.6 million (-5.9%).



A full list of General Fund additions, reductions, and reallocations can be found on the following pages and are also described in the divisions' significant changes sections. The decrease in Other Funds is largely due to the following changes in Behavioral Health:

- Reduction of $8.6 million resulting from a nonrenewal notice from CareOregon in the fall of 2025 (About half was implemented in mid-FY 2026, the other half was backfilled with one-time-only funding in FY 2026 and fully realized in FY 2027).
- Reduction of $10.4 million in Supportive Housing Services (SHS) funding. Of this amount, $6.9 million came from the end of one-time-only capital funds for a Substance Use Disorder Stabilization project.

- Reduction of $1.8 million of Preschool for All Funding. This Preschool for All Early Childhood Mental Health program that was previously in the Health Department is shifting back to the Department of County Human Services who will use a different model for services.

There were also significant changes to the County Financial Assistance Agreement (CFAA) that changed how some behavioral health programs are funded. Now, the CFAA funds must first be used to help specific groups of people the state has determined are top priorities. This has resulted in some programs receiving more CFAA funding than previously, freeing up General Fund. This General Fund was then used to backfill some programs where CFAA is no longer eligible.

The Behavioral Health division also reallocated $2.0 million from contracts that had consistent underspending to help provide other Health Department services. See the reallocation table below for more details.

In Public Health, the Tobacco Retail Licensing (40006) and Health Inspections & Education (40007) programs are both increasing their fees in order to support full cost recovery for the programs. See the Public Health section for more details.

In Integrated Clinical Services, the estimated revenues were decreased in FY 2027 based on anticipated impacts from Federal House Resolution 1 (H.R.1) that cuts Medicaid spending. See the Integrated Clinical Services section for more details.

In Corrections Health, there have been significant reallocations to fund rising costs for pharmaceutical costs and medical needs. This has resulted in the Transition Services Program (40047) being partially reduced, even after an additional investment of $677,023. See reallocation table below and the Corrections Health section for more details.

The following tables show the new or expanded ongoing and one-time-only programs, as well as reductions and backfill. These tables, along with information on the Health Department reallocations, can be found in the Overview of Additions, Reductions, and Reallocations section of the Budget Director's Message in Volume 1. In addition, the Budget Director's Message contains a list of one-time-only programs for all departments.

New One-Time-Only Programs

Prog. #	Program Offer Name	General Fund Additions Ongoing	General Fund Additions OTO	Total Additions	FTE Addition
40004B	Ambulance Service Plan Continuation	0	362,000	362,000	0.00
40096B	Safe School Zones Policy Enforcement	0	159,800	159,800	0.70
The programs below received one-time-only funding that offset reductions.					
40080A	Community Based Mental Health Services for Children & Families	0	490,329	490,329	2.90
40080B	Gun Violence Response Program	0	164,689	164,689	1.00
40084	Culturally Specific Mental Health Services	0	10,000	10,000	0.00
Total	**Health Department Additions**	**0**	**1,186,818**	**1,186,818**	**4.60**

Backfill

Prog. #	Program Offer Name	GF Backfill Ongoing	GF Backfill OTO	Total Backfill	FTE Backfill
40047*	Corrections Health Transition Services	677,023	0	677,023	5.00
40080B	Gun Violence Response Program	541,320	0	541,320	3.00
40082	School Based Mental Health Services	417,808	0	417,808	2.84
40088B	Mental Health Court	173,000	0	173,000	1.00
Total	**Health Department Backfill**	**1,809,151**	**0**	**1,809,151**	**11.84**

*This partially backfills a reallocation made by the Health Department.

General Fund Reductions

This table reflects $6.2 million of reductions taken due to Countywide budget reductions.

Prog. #	Program Offer Name or Reduction Description	General Fund Reductions	Total Reductions	FTE Reduction
40000A	Health Department Director's Office	(526,284)	(526,284)	(2.79)
40018	Women Infants & Children (WIC)	(432,353)	(432,353)	(3.60)
40039	Human Resources	(241,104)	(241,104)	(1.00)
40040	Financial and Business Management Services	(588,086)	(588,086)	(3.00)
40042	Contracts & Procurement	(168,950)	(168,950)	(1.00)
40059	Corrections Health Behavioral Health Services	(874,458)	(874,458)	(3.40)
40061	Harm Reduction	(1,140,704)	(1,140,704)	(5.80)
40065	Behavioral Health Division Administration	(173,000)	(173,000)	0.00
40069	Behavioral Health Crisis Services	(77,621)	(77,621)	0.00
40084A	Culturally Specific Mental Health Services	(95,393)	(95,393)	0.00
40084B*	Culturally Specific Mobile Outreach and Stabilization Treatment Program	(744,607)	(744,607)	0.00
40089	Addictions Detoxification & Post Detoxification Housing	(24,210)	(24,210)	0.00
40099	Early Childhood Mental Health Program	(469,878)	(469,878)	(2.00)
40104	Deflection and Sobering Program	(323,496)	(323,496)	0.00
40105A/B	Behavioral Health Resource Center	(323,494)	(323,494)	0.00
Total	**Health Department Reductions**	**(6,203,638)**	**(6,203,638)**	**(22.59)**

*Program Eliminated

The table below reflects $3.2 million of reductions the Health Department made in their requested budget due to a reduction in the loss of indirect revenue.

Division	General Fund Indirect Reductions	FTE Reductions
Director's Office	(462,148)	(2.00)
Financial and Business Management	(319,452)	(1.00)
Operations	(432,273)	(2.00)
Behavioral Health	(1,239,430)	0.00
Public Health	(772,258)	(4.30)
Total	**(3,225,561)**	**(9.30)**

General Fund Reallocations

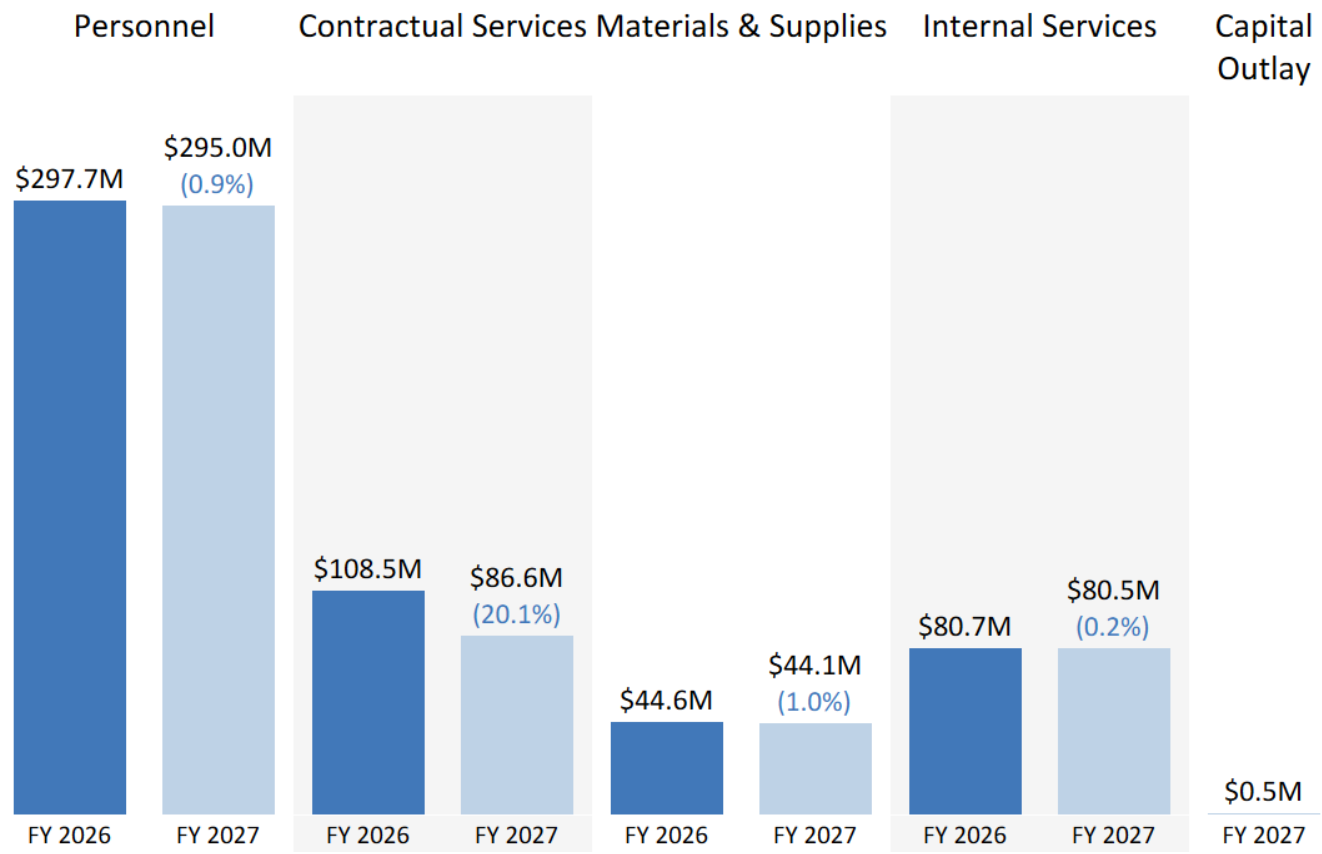
Prog. #	Program Offer Name or Description	General Fund Reallocated	FTE Reallocated
Made these reductions			
40040	Financial and Business Management Services (supplies)	(136,870)	0.00
To fund these programs			
40040	Financial and Business Management Services (Finance Shared Services - Travel & Training)	136,870	1.00
Made these reductions			
Various	Behavioral Health Contract Underspend Reallocation	(1,651,000)	0.00
To fund these programs			
40000B	Overdose Prevention and Response	612,614	1.00
40052	Medical Examiner	267,590	0.00
40105A	Behavioral Health Resource Center	451,000	0.00
Made these reductions			
40010A	Communicable Disease Prevention and Control	(330,770)	(2.00)
40000A	Director's Office	(361,539)	(2.00)

Prog. #	Program Offer Name or Description	General Fund Reallocated	FTE Reallocated
To fund these programs			
40046	Health Operations Administration	166,766	1.00
40096	Public Health Office of the Director	250,000	0.00
40039	Human Resources	262,715	2.00
Made these reductions			
40051	Corrections Health Inverness Jail (MCIJ) Clinical Services	(401,494)	(2.30)
40050	Corrections Health Multnomah County Detention Center (MCDC) Clinical Services	(109,259)	(1.20)
40049	Corrections Health Juvenile Clinical Services	(120,035)	(0.60)
40045	Corrections Health Operations	(780,645)	(4.46)
40047	Corrections Health Transition Services	(1,495,077)	(10.00)
40040	Financial and Business Management Services	(288,662)	(1.00)
Various	Behavioral Health Contract Underspend Reallocation	(300,000)	0.00
To fund these programs			
Various	Various Corrections Health Program Offers - Premium	1,060,021	0.00
Various	Various Corrections Health Program Offers - Professional Services	2,435,151	0.00
Total	**Health Reallocations**	**(332,624)**	**(18.56)**

Health Department

FY 2027 Adopted Budget

The chart below provides a breakdown of the budget's expense categories from FY 2026 to FY 2027. The majority of the reductions in the Health Department were in the Contractual Services category.



Health Department

FY 2027 Adopted Budget

The Budget Trends table below details the changes in expense categories from FY 2025 Actual to FY 2027 Adopted.

Category	FY 2025 Actual	FY 2026 Current Estimate	FY 2026 Adopted Budget	FY 2027 Adopted Budget	Difference
Personnel Services	266,739,347	279,259,354	297,716,844	295,032,912	(2,683,932)
Contractual Services	110,593,846	104,075,822	108,501,346	86,643,662	(21,857,684)
Materials & Supplies	46,120,382	73,132,883	44,550,525	44,105,539	(444,986)
Internal Services	81,346,540	45,944,495	80,671,464	80,502,055	(169,409)
Capital Outlay	141,819	0	0	520,000	520,000
Total Operating Budget	**504,941,934**	**502,412,554**	**531,440,179**	**506,804,168**	**(24,636,011)**
Contingency (All Funds)*	N/A	N/A	16,714,328	12,618,544	(4,095,784)
Internal Cash Transfers	12,132,343	13,399,156	13,400,000	0	(13,400,000)
Unappropriated (Reserves)*	N/A	N/A	64,081,549	76,880,633	12,799,084
Total Budget	**517,074,277**	**515,811,710**	**625,636,056**	**596,303,345**	**(29,332,711)**
FTE	**1,706.31**	**1,640.31**	**1,650.99**	**1,566.90**	**(84.09)**

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

Total Budget by Division

Division Name	General Fund	Other Funds	Total Division Cost	Total FTE
HD Director's Office	9,811,186	1,719,826	11,531,012	37.50
Operations	10,237,171	218,967	10,456,138	37.88
Financial And Business Management	13,929,372	1,500,000	15,429,372	51.50
Health Officer	8,213,332	2,248,998	10,462,330	36.88
Public Health	35,455,010	35,897,729	71,352,739	250.24
Integrated Clinical Services		308,822,469	308,822,469	727.72
Corrections Health	37,524,770	234,684	37,759,454	129.35
Behavioral Health	32,040,406	98,449,425	130,489,831	295.83
Total Health Department	**147,211,247**	**449,092,098**	**596,303,345**	**1,566.90**

Includes cash transfers, contingencies, and unappropriated balances.

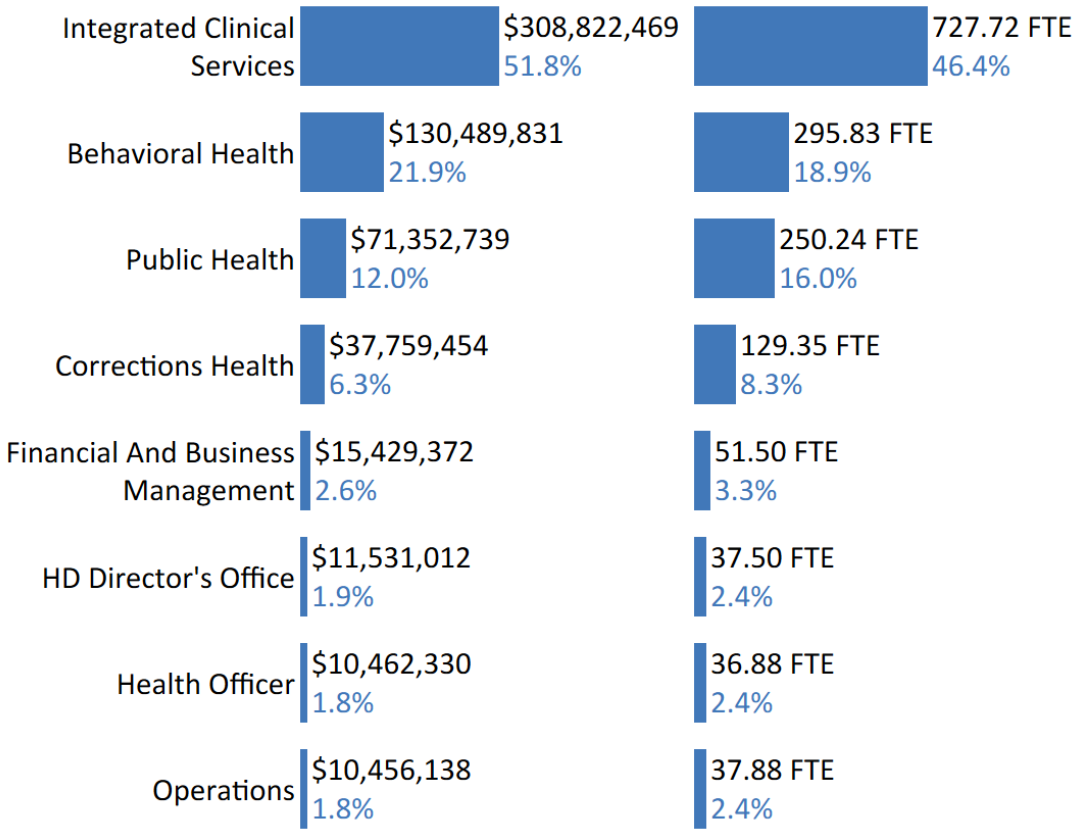


Table of All Program Offers

The following table shows the programs by division that make up the department's total budget, including cash transfers, contingencies, and unappropriated balances. The individual programs follow, grouped by division.

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	Total FTE
Health Department Director's Office						
40000A	Health Department Director's Office		7,807,442	1,719,826	9,527,268	30.80
40000B	Overdose Prevention & Response		1,373,164	0	1,373,164	4.00
40000C	Behavioral Health CLP+ & System Transformation		630,580	0	630,580	2.70
	Total Director's Office		**9,811,186**	**1,719,826**	**11,531,012**	**37.50**
Health Operations						
40039	Human Resources		5,593,016	218,967	5,811,983	26.88
40044	Data Governance & Quality		2,782,154	0	2,782,154	2.00
40046	Health Operations Administration		1,862,001	0	1,862,001	9.00
	Total Health Operations		**10,237,171**	**218,967**	**10,456,138**	**37.88**
Financial and Business Management						
40040	Financial and Business Management Services		9,447,974	1,500,000	10,947,974	29.50
40041	Medical Accounts Receivable		2,303,341	0	2,303,341	12.00
40042	Contracts & Procurement		2,178,057	0	2,178,057	10.00
	Total Financial and Business Management		**13,929,372**	**1,500,000**	**15,429,372**	**51.50**
Health Officer						
40002	Tri-County Health Officer		855,945	469,658	1,325,603	2.03
40004A	Ambulance Services (Emergency Medical Services)		3,110,190	1,486,873	4,597,063	14.75

Health Department

FY 2027 Adopted Budget

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	Total FTE
40004B	Ambulance Service Plan Continuation	X	362,000	0	362,000	0.00
40005	Public Health & Regional Health Systems Emergency Preparedness		22,213	292,467	314,680	1.10
40052	Medical Examiner		3,862,984	0	3,862,984	19.00
	Total Health Officer		**8,213,332**	**2,248,998**	**10,462,330**	**36.88**
Public Health						
40006	Tobacco Retail Licensing		1,086,704	510,612	1,597,316	6.95
40007	Health Inspections and Education		8,234,578	39,891	8,274,469	38.35
40008	Vector-Borne Disease Prevention and Code Enforcement		2,186,846	0	2,186,846	8.75
40009	Vital Records		82,212	852,564	934,776	3.85
40010A	Communicable Disease Prevention and Control		1,913,478	2,840,544	4,754,022	17.22
40010B	STI Clinical and Community Services		2,076,800	2,499,970	4,576,770	18.19
40011	Services for Persons Living with HIV - Regional Education and Outreach		141,700	6,200,222	6,341,922	5.85
40018	Women, Infants, and Children (WIC)		4,007,917	4,396,797	8,404,714	44.30
40037	Environmental Health Community Programs		1,003,150	1,621,324	2,624,474	8.70
40048	Epidemiology, Evaluation, and Policy Research		1,878,259	1,712,093	3,590,352	12.31
40053	Prevention and Health Promotion		2,694,456	1,838,968	4,533,424	15.90
40061	Harm Reduction		2,264,723	1,522,331	3,787,054	10.91
40096A	Public Health Office of the Director		3,484,273	3,910,576	7,394,849	26.51

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	Total FTE
40096B	Safe School Zones Policy Enforcement	X	159,800	0	159,800	0.70
40097A	Parent, Child, and Family Health Management		4,240,114	7,704,825	11,944,939	30.55
40097B	Home and Community-Based Consulting		0	247,012	247,012	1.20
	Total Public Health		**35,455,010**	**35,897,729**	**71,352,739**	**250.24**
Integrated Clinical Services						
40012	FQHC-HIV Clinical Services		0	10,018,216	10,018,216	38.40
40016	FQHC-Medicaid/Medicare Eligibility		0	3,289,900	3,289,900	18.00
40017	FQHC-Dental Services		0	33,132,918	33,132,918	129.64
40019	FQHC-North Portland Health Clinic		0	8,066,212	8,066,212	28.40
40020	FQHC-Northeast Health Clinic		0	9,283,398	9,283,398	31.55
40022	FQHC-Mid County Health Clinic		0	17,214,721	17,214,721	58.90
40023	FQHC-East County Health Clinic		0	15,431,093	15,431,093	49.90
40024	FQHC-Student Health Centers		0	9,857,645	9,857,645	36.35
40026	FQHC-Fernhill Health Center		0	4,922,747	4,922,747	17.68
40027	FQHC-Southeast Health Clinic		0	8,418,271	8,418,271	30.70
40029	FQHC-Rockwood Community Health Clinic		0	8,767,833	8,767,833	31.00
40030	FQHC-Medical Director		0	1,870,756	1,870,756	2.80
40031	FQHC-Pharmacy		0	41,387,927	41,387,927	54.50
40032	FQHC-Lab and Medical Records		0	5,094,927	5,094,927	22.80
40033	FQHC-Primary Care and Dental Access and Referral		0	10,474,589	10,474,589	59.80
40034A	FQHC-Administration and Operations		0	12,696,173	12,696,173	45.40
40034B	FQHC - Contingency and Reserves		0	89,499,177	89,499,177	0.00

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	Total FTE
40036	FQHC-Community Health Council and Civic Governance		0	462,029	462,029	1.00
40102	FQHC Allied Health		0	9,153,028	9,153,028	42.45
40103	FQHC-Quality Assurance		0	9,780,909	9,780,909	28.45
	Total Integrated Clinical Services		**0**	**308,822,469**	**308,822,469**	**727.72**
Corrections Health						
40043	Corrections Health Dental		774,395	0	774,395	2.00
40045	Corrections Health Operations		4,368,632	0	4,368,632	13.50
40047	Corrections Health Transition Services		2,018,477	234,684	2,253,161	13.05
40049	Corrections Health Juvenile Clinical Services		1,957,392	0	1,957,392	6.20
40050	Corrections Health Multnomah County Detention Center (MCDC) Clinical Services		13,857,176	0	13,857,176	44.00
40051	Corrections Health Inverness Jail (MCIJ) Clinical Services		10,485,215	0	10,485,215	32.90
40059	Corrections Health Behavioral Health Services		4,063,483	0	4,063,483	17.70
	Total Corrections Health		**37,524,770**	**234,684**	**37,759,454**	**129.35**
Behavioral Health						
40065	Behavioral Health Division Administration		1,390,706	1,642,195	3,032,901	10.80
40067	Medical Records for Behavioral Health Division		162,451	696,976	859,427	4.75
40068	Behavioral Health Quality Management		1,096,242	3,988,715	5,084,957	20.98
40069	Behavioral Health Crisis Services		2,835,897	17,018,918	19,854,815	38.35

Health Department

FY 2027 Adopted Budget

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	Total FTE
40071	Behavioral Health Division Adult Protective Services		326,863	1,334,932	1,661,795	7.40
40072	Mental Health Commitment Services		0	6,700,265	6,700,265	32.50
40074A	Mental Health Residential Services		1,407,865	9,222,357	10,630,222	9.80
40074B	Bridgeview Mental Health Residential Services		642,256	275,000	917,256	0.00
40075	Choice Model		173,614	5,326,424	5,500,038	13.88
40077	Mental Health Treatment & Medication for the Uninsured		197,933	0	197,933	0.00
40078	Early Assessment & Support Alliance		649,456	2,497,506	3,146,962	12.98
40080A	Community Based Mental Health Services for Children & Families		632,837	399,132	1,031,969	3.77
40080B	Gun Violence Response Program		706,009	0	706,009	4.00
40081	Multnomah County Care Coordination		0	10,496,455	10,496,455	33.12
40082	School Based Mental Health Services		3,721,080	1,256,807	4,977,887	22.82
40083	Behavioral Health Promotion, Suicide Prevention and Postvention Services		226,941	547,794	774,735	3.56
40084	Culturally Specific Mental Health Services		1,618,136	0	1,618,136	0.00
40085	Adult Addictions Treatment Continuum		2,164,125	10,289,423	12,453,548	6.60
40086	Addiction Services Gambling Treatment & Prevention		0	638,360	638,360	2.54
40087	Addiction Services Alcohol & Drug Prevention		0	1,461,174	1,461,174	2.09

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	Total FTE
40088A	Coordinated Diversion for Justice Involved Individuals		250,360	6,943,241	7,193,601	27.50
40088B	Mental Health Court		173,000	343,023	516,023	3.00
40089	Addictions Detoxification & Post Detoxification Housing		1,041,829	1,114,773	2,156,602	1.50
40099	Early Childhood Mental Health Program		2,290,310	285,724	2,576,034	11.99
40101	Promoting Access To Hope (PATH) Care Coordination Continuum		829,041	594,878	1,423,919	6.90
40104	Deflection and Sobering Program		467,783	5,150,000	5,617,783	10.00
40105A	Behavioral Health Resource Center (BHRC) - Day Center		5,366,693	314,988	5,681,681	2.00
40105B	Behavioral Health Resource Center (BHRC) - Shelter/Housing		1,872,170	1,726,045	3,598,215	0.00
40108	Stabilization and Integration Housing Services		1,745,797	0	1,745,797	1.00
40112	Shelter, Housing and Supports		51,012	8,184,320	8,235,332	2.00
	Total Behavioral Health		**32,040,406**	**98,449,425**	**130,489,831**	**295.83**
	Total Health Department		**147,211,247**	**449,092,098**	**596,303,345**	**1,566.90**

Director's Office

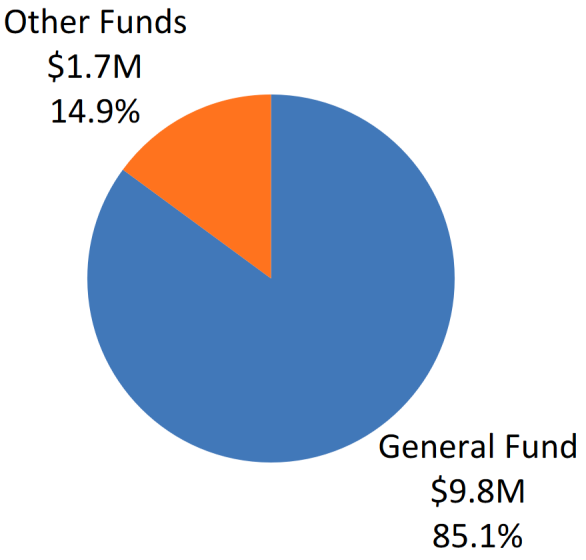
$11.5 million

Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.

37.50 FTE

(full time equivalent)



The Director's Office provides executive leadership committed to equity and serving the community. The Director is the Local Public Health Administrator (LPHA) and supports the Board as the Local Mental Health Authority (LMHA), ensuring that the department performs its unique governmental roles, achieves legal requirements, and reduces preventable deaths while increasing equitable health outcomes. Director's Office teams include:

The **Director's Executive Leadership Team** implements department-wide initiatives and legal mandates. It convenes divisional leadership to provide strategic direction, solve shared problems, and ensure organizational alignment.

The **Office of Health Equity (OHE)** leads the racial justice and equity based efforts, serving as a departmental strategic hub. The team aligns action-oriented, equity-focused strategic plans and investments with the Department's mission, vision, and values to achieve positive population level health outcomes. The OHE guides division-level culturally specific and cross-cultural community engagement and partnership strategies by cultivating community-centered networks and providing critical language and liaison support in emergencies. These strategies focus on community health priorities that address social, structural, and institutional root causes of health inequities. The strategies seek to improve health outcomes across multiple demographics on the continuums of both physical and behavioral health. The OHE team also supports internal capacity building and equity literacy through popular education, cultural competence and awareness, and implementation of the County's Workforce Equity Strategic Plan (WESP).

The **Communications and Marketing team** develops health communications and behavior change strategies that focus on protecting health at a community level. They also develop campaigns to promote essential health services and disseminate timely, accurate, trustworthy information to our diverse communities. Team members collaborate with County and regional partners and serve as Public Information Officers during an emergency. Health communications is a unique governmental capability that fulfills state legal requirements for public health. Specialized communications are key to achieving positive health outcomes and protecting communities from health harms.

The **Strategy and Grant Development team** develops department-wide funding strategies and secures resources to launch new initiatives and maintain long-standing programs, including legally required programs and workforce strategies. The team uses equity-based, data-driven program development focused on preventing unnecessary deaths and ensuring wellness for all.

The HD Director's Office coordinates department-wide initiatives to support core priorities that include:

- **Overdose Prevention & Response** - The Health Department's Overdose Prevention and Response Plan was developed in FY 2024 to address a rise in overdose deaths, a leading cause of preventable deaths in the County. It will be updated for FY 2027 to integrate new activities with ongoing ones. County General Fund supports prevention work focused on youth and families, naloxone distribution, and harm reduction technical assistance to coordinate strategies across homeless, behavioral health, and addictions systems.
- **Behavioral Health Data Analytics and System Transformation** - The Director's Office supports the Behavioral Health Division as the Community Mental Health Program (CMHP), ensuring the Health Department fulfills its legal role and advances equity. A core CMHP responsibility is developing a Comprehensive Local Plan (CLP) to assess needs and deliver services. It is a plan that has evolved from a compliance-based plan to a systems-focused approach that maps a population-level strategy for behavioral health. This framework strengthens data, accountability, access, and workforce capacity to connect clients with the right care at the right time. It replaces fragmented efforts with coordinated partnerships. Current projects include the School-Based Mental Health evaluation and future efforts will target high-acuity behavioral health needs at the intersections of homelessness, mental health, and substance use.

The Director's Office has responsibility for assuring Health Department services and activities align with the County's Strategic Plan and is involved in the ongoing development of the plan. Each division holds responsibility for their work outlined in the outcomes and indicators in the plan. The Director's Office coordinates across divisions to make sure the Department is meeting the appropriate measures.

Significant Division Changes

The Director's Office will reduce project management capacity (1.00 FTE Project Manager, Represented), Community Health Worker (CHW) training capacity (1.79 FTE Program Specialist and Program Specialist Senior), and communications capacity (2.00 FTE Program Communications Coordinators). In addition, the office eliminated 1.00 FTE Manager 2.

There is also a $177,000 reduction in the supplies budget for Community Partnerships and Capacity Building, which includes community health worker training costs. This reduces capacity for community engagement, events, Community Health Worker training, and professional development. There is a new $150,000 investment for contracted services for additional epidemiological services for Behavioral Health.

Additionally, $1.6 million and 6.00 FTE from the Public Health Infrastructure Grant have been moved to the Public Health Division as a departmental reallocation.

Overdose Prevention & Response added 1.00 FTE to expand community-based technical assistance and increased the budget for lifesaving naloxone supplies.

Director's Office Outcomes

1. 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.

Key Performance Indicator (KPI) 1.1: Average monthly traffic, engagement rate, and total impressions on Health Department digital platforms.

KPI 1.1 Description: While there isn't a "one-size-fits-all" standard (due to varying population sizes, geography and needs), in the government sector, an engagement rate of 1% - 3% is generally considered successful, though this varies by platform (e.g., Instagram usually sees higher engagement than X). In addition to the general public, social media can often reach specific populations with messaging including vulnerable and marginalized groups, youth and young adults, community partners, and Health Department patients and clients.

The goal is to identify long term trends in large data sets (core population health work) and go from "How many people saw this?" (views) to "How many people changed their behavior because they saw this?" (behavior change data). This requires a long-term programmatic level of data collection and evaluation of social media analytics. In general, social media analytics are a pretty good measure of

community trust, engagement, and reliability, especially if you look at deeper engagement metrics (i.e., shares, comments, links clicked, registrations, etc.). In general, it does tell us accurately how many people saw the health information and alerts we provided and can also ensure we are being responsive to community concerns.

FY 2026 Estimate: 1.3 million total impressions across all social media platforms.	**FY 2027 Target:** 1 million total impressions across all social media platforms. This reduced target for FY 2027 reflects a continued decrease in programmatic marketing budgets and fewer opportunities for paid ads which boost impressions.

KPI 1.1 Equity Considerations: Social media analytics can be broken down by gender, age and device type. If we place ads, we can focus on particular populations and interests, e.g., parents with children or Spanish speakers, or gardening. Meta no longer provides race or income data.

Outcome 1 Program Offers

The following program offers contribute to Outcome 1. Division-specific administrative program offers are not included, as they support all outcome statements:

- 40000A - Health Department's Director's Office

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2. Crisis and risk communications during an emergency are population wide and focused on those most impacted by the emergency or public health crisis.

Making sure that life-saving information is available to all community members, in particular those facing the greatest risk or disparity of disease or risk of preventable death, is an essential function. Health Communications supports the regional development of emergency plans and messages in coordination with the Regional Disaster Preparedness Organization (RDPO). Preparing for possible events during non-emergency periods ensures we have a readily available library of messages and alerts in diverse languages.

Key Performance Indicator (KPI) 2.1: Average response time to direct messages on Facebook and Instagram

KPI 2.1 Description: Communication is only effective if it is timely, if it conveys information that is necessary to the people receiving it, and if it is understood. This is particularly important during an

emergency. These measures assess how timely Health Department emergency and crisis communications are and how culturally specific or relevant they are. The population served varies by incident, but in general includes those who need the information to maintain their health and safety during an event and those most likely to be left out or overlooked because of social factors like language, digital access, etc.

FY 2026 Estimate: Maintain an average response time of 6 hours and 15 minutes across Instagram and Facebook	**FY 2027 Target:** Maintain an average response time of 6 hours and 10 minutes across Instagram and Facebook

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Key Performance Indicator (KPI) 2.2: Number of hazards and available languages in Regional Critical Safety Messaging Bank

There are currently 15 hazards in the Regional Critical Safety Messaging Bank available in a minimum of 26 languages.

FY 2026 Estimate: Complete translations for boil water messages in 3 additional languages	**FY 2027 Target:** Add a new hazard with approved messages developed in at least 10 languages

KPI 2.2 Equity Considerations: The disaster preparedness work is a regional collaboration to ensure messaging consistency with our neighboring counties to not confuse folks who may receive multiple alerts/messages. This is a best practice as emergencies don't respect jurisdictional boundaries and require consistent messaging, but there are equity considerations when working with other partners (e.g., the speed of the work, the consensus on which hazard to add next, which languages to prioritize, etc.)

Outcome 2 Program Offers

The following program offers contribute to Outcome 2. Division-specific administrative program offers are not included, as they support all outcome statements:

- 40000A - Health Department's Director's Office

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3. Equity is embedded into policies, practices, and partnerships across the Health Department to advance community-driven, culturally responsive, population-level health solutions that address the root causes of health inequities and improve health outcomes for all.

By partnering with communities and aligning policies, programs, and investments with the HD's values and vision, the Department advances health equity and justice, and strategies that strengthen trust, foster an inclusive internal culture, and improve health outcomes across the population.

Key Performance Indicator (KPI) 3.1: Number of Health Department initiatives co-designed with community partners to identify population-level health solutions

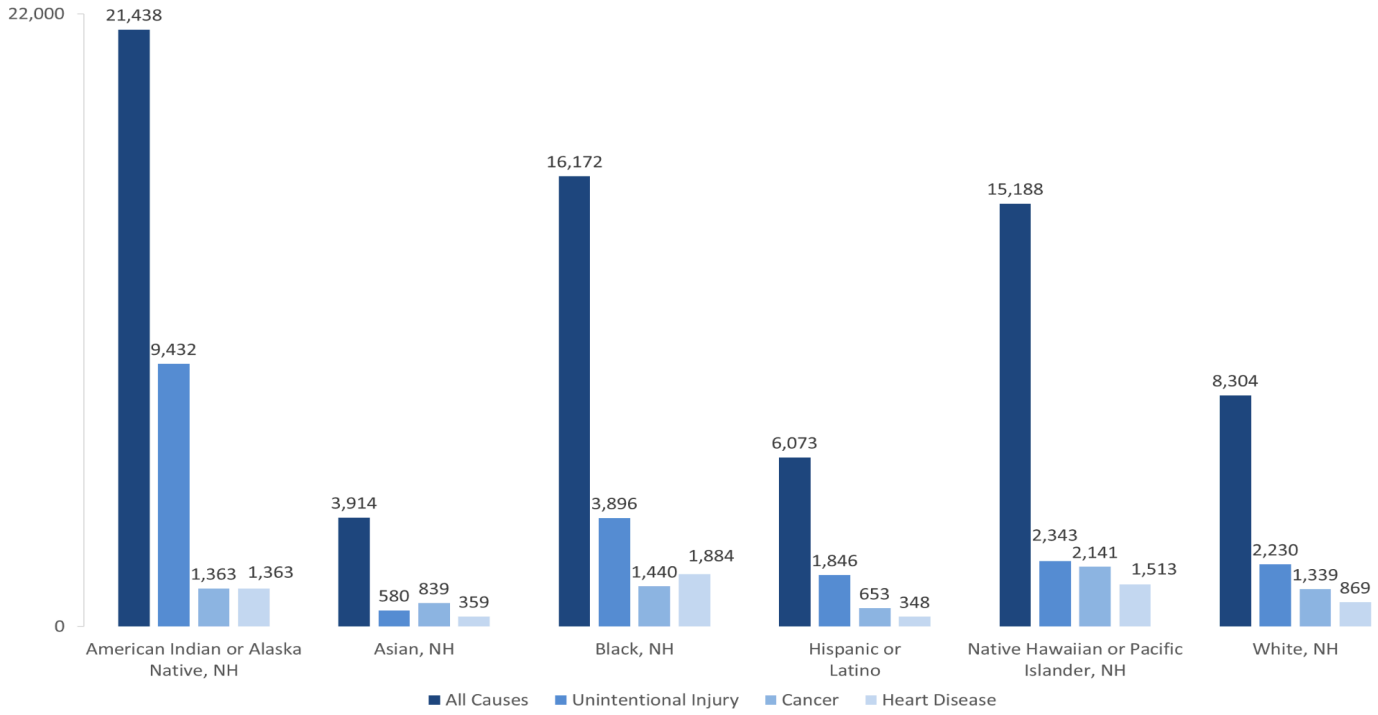
The following data shows current information for the leading causes of death by race and ethnicity and years of preventable life lost. They show populations most impacted and experiencing disproportionate differences in health and health outcomes. These data inform strategies to address the root causes of health inequities, shape community solutions, inform partnerships and reduce preventable deaths.

	Multnomah County Population	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White
1	Cancer	Unintentional Injury	Cancer	Heart Disease	Cancer	Cancer	Cancer
2	Heart Disease	Heart Disease	Heart Disease	Cancer	Heart Disease	Heart Disease	Heart Disease
3	Unintentional Injury	Cancer	Stroke	Unintentional Injury	Unintentional Injury	Stroke	Unintentional Injury
4	Stroke	Liver Disease	COVID	Stroke	COVID	Unintentional Injury	Stroke
5	Alzheimer's	COVID	Unintentional Injury	Diabetes	Stroke	Diabetes	Alzheimer's

Rank of leading causes for full Multnomah County population

#1 Cancer #2 Heart Disease #3 Unintentional Injury #4 Stroke #5 Alzheimer's #6 COVID #8 Diabetes #10 Liver Disease

Years of potential life lost per 100,000 population by race/ethnicity - Multnomah County, 2020-2024



FY 2026 Estimate: 3-5 Initiatives addressing root causes of health inequities are co-designed with community partners	**FY 2027 Target:** 6-8 Initiatives are developed or implemented through formal community partnership and co-design processes

KPI 3.1 Equity Considerations: These data show where health inequities exist across race and ethnicity, and guide our focus to advance health equity. Using our local data allows us to center those who are most impacted and design health solutions that are grounded in quantitative and qualitative data — including community voice and lived experience — for greater impact.

Outcome 3 Program Offers

The following program offers contribute to Outcome 3. Division-specific administrative program offers are not included, as they support all outcome statements:

- 40000A - Health Department's Director's Office

Table of Division Programs

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

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	Total FTE
40000A	Health Department Director's Office		7,807,442	1,719,826	9,527,268	30.80
40000B	Overdose Prevention & Response		1,373,164	0	1,373,164	4.00
40000C	Behavioral Health CLP+ & System Transformation		630,580	0	630,580	2.70
	Total Director's Office		**9,811,186**	**1,719,826**	**11,531,012**	**37.50**

Division: HD Director's Office

Program Characteristics:

Program Description

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

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$5,733,945	$2,266,609	$5,700,204	$869,834
Contractual Services	$1,113,113	$886,390	$1,380,318	$484,390
Materials & Supplies	$237,623	$106,952	$72,112	$1,513
Internal Services	$615,065	$355,405	$654,808	$364,089
Total GF/non-GF	**$7,699,746**	**$3,615,356**	**$7,807,442**	**$1,719,826**
Total Expenses:	**$11,315,102**		**$9,527,268**	
Program FTE	28.98	12.60	25.60	5.20
Program Revenues				
Intergovernmental	$0	$3,615,356	$0	$1,719,826
Total Revenue	**$0**	**$3,615,356**	**$0**	**$1,719,826**

Performance Measures

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

Division: HD Director's Office

Program Characteristics:

Program Description

The Health Department's Overdose Prevention and Response (OPR) Plan covers the substance use and addiction service continuum to reduce health inequities. The plan was developed in FY 2024 to address overdose deaths, gaps in prevention, harm reduction, treatment, and recovery services. It will be updated for FY 2027 to integrate ongoing activities, as well as new ones. The plan's goal is to slow and reduce overdose rates and ultimately end preventable deaths. This is accomplished through preventing exposure to opioids, stimulants, and other illicit substances; reducing harms; and increasing utilization of treatment and recovery services.
This program offer maintains capacity for prevention focused on youth and families, naloxone distribution, and harm reduction technical assistance to integrate strategies across homeless, behavioral health, and addictions systems. Prevention efforts educate and support BIPOC, LGBTQ2SIA+, and other priority youth to prevent drug use and the development of substance use disorders. Behavioral Health and Public Health staff work to expand partnerships with County leadership, multisectoral partners, schools, community and faith-based organizations, and people with lived experience. They provide partners with harm reduction and other technical assistance, educational toolkits, and coordinate culturally specific forums.

Naloxone distribution remains critical to curbing and eventually ending overdose deaths. This program supports a naloxone specialist acting as a central resource for coordinating training and purchasing naloxone. The program distributes lifesaving naloxone through partnerships with the Homeless Services Department and community organizations. Since July 2024, the program (including funding in other program offers such as Harm Reduction - 40061) has distributed over 56,327 naloxone kits, equating to 112,654 doses, to community partners and County programs.

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$452,332	$0	$629,858	$0
Materials & Supplies	$150,000	$0	$743,306	$0
Total GF/non-GF	**$602,332**	**$0**	**$1,373,164**	**$0**
Total Expenses:	**$602,332**		**$1,373,164**	
Program FTE	3.00	0.00	4.00	0.00
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of substance use prevention and harm reduction education or technical assistance sessions conducted	13	15	20
Number of naloxone kits distributed through the funding in this specific program offer	3,500	3,750	45,652

Division: HD Director's Office

Program Characteristics:

Program Description

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

In FY 2026, the Oregon Health Authority updated the CLP template and Multnomah County's CLP was adopted by the Board in January 2026. The HD continues to expand on the traditional compliance-based CLP required by the state, toward a system transformation plan providing a roadmap for a population-level, systems-based approach to a behavioral health system. This approach builds structures for a collective impact model to improve data, accessibility, and workforce capacity, ensuring the right services reach the right people.

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

Equity Statement

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

Revenue/Expense Detail

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

Performance Measures

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

Operations

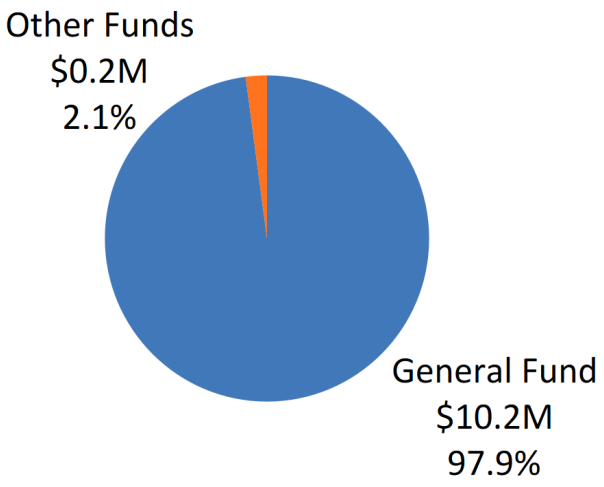
$10.5 million

Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.

37.88 FTE

(full time equivalent)



The Operations division works across the Department to support Health Department programs in all of their work with the ultimate goal of ensuring statutory obligations and minimizing preventable deaths and ending health inequities across Multnomah County. The core work of Operations and the goals for community change include the following:

- **Response and Recovery** coordinates and champions response and recovery functions in the event of an emergency, large disease outbreak, severe weather, or other crisis situations so that health is maintained and avoidable deaths are minimized.
- **Data Governance and Quality Management** through a commitment to continuous improvement, these programs lead planning and administrative controls and promote adherence to regulations.
- **Continuity of Operations (CoOP)** provides essential coordination to safeguard public health, particularly in the event of loss of staff, systems, and facilities by ensuring continuity, regulatory compliance, and community trust.
- **Facilities, Safety & Security** coordinates with contracted security personnel to safeguard staff and clients. This program provides support for operations at each location working closely with the County Facilities Department.

The division is directly involved in work to address **Focus Area 3: Strengthen Community Vitality and Resilience** in the Countywide Strategic Plan**.**

Significant Division Changes

In FY 2027 the Human Resources (HR) program shifted from the Director's Office to the Operations Division. Additional analytical capacity was added to the Data Governance and Quality program to ensure adequate support is available to the Department's financial reporting team.

Operations Outcomes

1. Documented assessment of current state of maintenance, security and structure of Health Department data and files to include the development of workflow improvements to reduce time and resources spent to maintain and remain in compliance with statutory requirements.

Transparency is both a county goal and a matter of Oregon law. The public's right to request public records from the Health Department is assisted by a privacy specialist using the GOV QA digital platform.

Key Performance Indicator (KPI) 1.1: Public Records Requests completed within statutory deadlines

KPI 1.1 Description: The Department is required to acknowledge receipt of requests for public records within five business days and has a standard 15-day goal for completion. Meeting this goal requires consideration of public records law, patient privacy laws (HIPAA), and agency policies related to public records information sharing.

FY 2026 Estimate: 96% completed within statutorily-required timeframe	**FY 2027 Target:** 99% completed within statutorily-required timeframe

KPI 1.1 Equity Considerations: Clear and transparent privacy and records request procedures mitigate navigational barriers that are likely to disproportionately impact people for whom English is a second language. Having and maintaining clear records request systems and privacy policies also helps build and repair trust with communities, especially those who have experienced systemic marginalization.

Outcome 1 Program Offers

The following program offers contribute to Outcome 1. Division-specific administrative program offers are not included, as they support all outcome statements:

- 40044 - Data Governance & Quality

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2. By the end of FY 2027, 60% of Health Department continuity plans will meet or exceed established Continuity of Operations (CoOP) quality standards, strengthening the department's ability to sustain essential services during emergencies and prolonged disruptions.

CoOP planning ensures that vital daily government functions can continue to operate while facilities, systems, or personnel may be reduced because of an emergency.

Key Performance Indicator (KPI) 2.1: Percent of continuity plans meeting expectations

KPI 2.1 Description: measures the percentage of Health Department programs whose Continuity of Operations Plan (CoOP) meets established standards through an annual internal assessment aligned with Federal Emergency Management Agency (FEMA) continuity guidance.

FY 2026 Estimate: 45% Meeting expectations	**FY 2027 Target:** 60% Meeting expectations

KPI 2.1 Equity Considerations: Continuity Planning supports equitable service delivery and prevents avoidable negative health outcomes for County residents communities disproportionately impacted by emergencies.

Outcome 2 Program Offers: The following program offers contribute to Outcome 2.

- 40046 - Health Operations Administration

Table of Division Programs

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

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	Total FTE
40039	Human Resources		5,593,016	218,967	5,811,983	26.88
40044	Data Governance & Quality		2,782,154	0	2,782,154	2.00
40046	Health Operations Administration		1,862,001	0	1,862,001	9.00
	Total Health Operations		**10,237,171**	**218,967**	**10,456,138**	**37.88**

Division: Operations

Program Characteristics:

Program Description

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

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$5,356,382	$120,851	$5,215,340	$0
Contractual Services	$12,060	$0	$12,458	$0
Materials & Supplies	$41,271	$41,066	$43,025	$310
Internal Services	$372,901	$237,095	$322,193	$218,657
Total GF/non-GF	**$5,782,614**	**$399,012**	**$5,593,016**	**$218,967**
Total Expenses:	**$6,181,626**		**$5,811,983**	
Program FTE	27.88	0.00	26.88	0.00
Program Revenues				
Intergovernmental	$0	$399,012	$0	$218,967
Total Revenue	**$0**	**$399,012**	**$0**	**$218,967**

Performance Measures

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

Division: Operations

Program Characteristics:

Program Description

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

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$410,514	$0	$430,960	$0
Contractual Services	$245,559	$0	$0	$0
Materials & Supplies	$1,988,892	$0	$1,969,372	$0
Internal Services	$413,117	$0	$381,822	$0
Total GF/non-GF	**$3,058,082**	**$0**	**$2,782,154**	**$0**
Total Expenses:	**$3,058,082**		**$2,782,154**	
Program FTE	2.00	0.00	2.00	0.00
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

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

Division: Operations

Program Characteristics:

Program Description

Operations supports the Health Department's effectiveness by helping to set a unified departmental strategy and developing leaders who foster a culture of safety, trust, and belonging.

Services include strategic planning, executive coaching, leadership and team development, onboarding, mentorship, succession planning, equity and inclusion coaching and training, communications and marketing, and culture change with the support of a project manager facilitating and tracking these efforts.

The Operations Division encompasses Health Department Response and Recovery functions in the event of an emergency, severe weather, or other crises/situations that affect normal department operations to include Continuity of Operations (CoOP) and Safety & Security.

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

Equity Statement

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

Revenue/Expense Detail

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

Performance Measures

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

Financial and Business Management

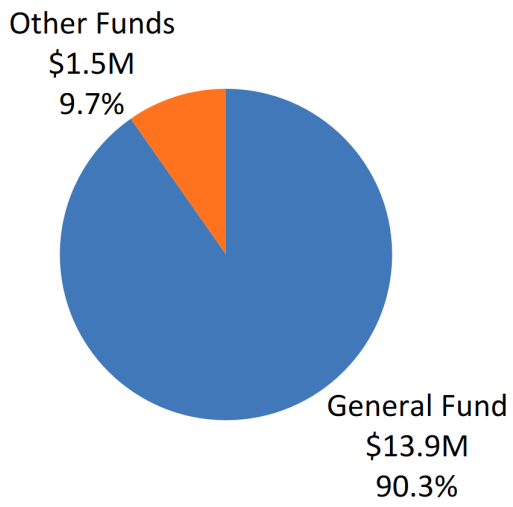
$15.4 million

Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.

51.50 FTE

(full time equivalent)



The Financial and Business Management Division (FBM) provides business and finance support for all divisions including financial reporting and forecasting, fiscal compliance, budget development, grants management, cash management, and accounts payable. FBM supports the management of services that are contracted with our community partners.

The division adheres to the principles laid out in **Focus Area 4: Be Accountable, Collaborative, and Transparent** in the Countywide Strategic Plan.

Significant Division Changes

Personnel reductions include 6.00 FTE: 1.00 FTE Finance Manager Senior, 3.00 FTE Finance Supervisors, 1.00 FTE Procurement Analyst Senior, and 1.00 Project Management Specialist across the division. These reductions will constrain the division's capacity and service delivery timelines in Cash Management, Grants Management, Financial Reporting, Year-End closing and Community Contracting Services.

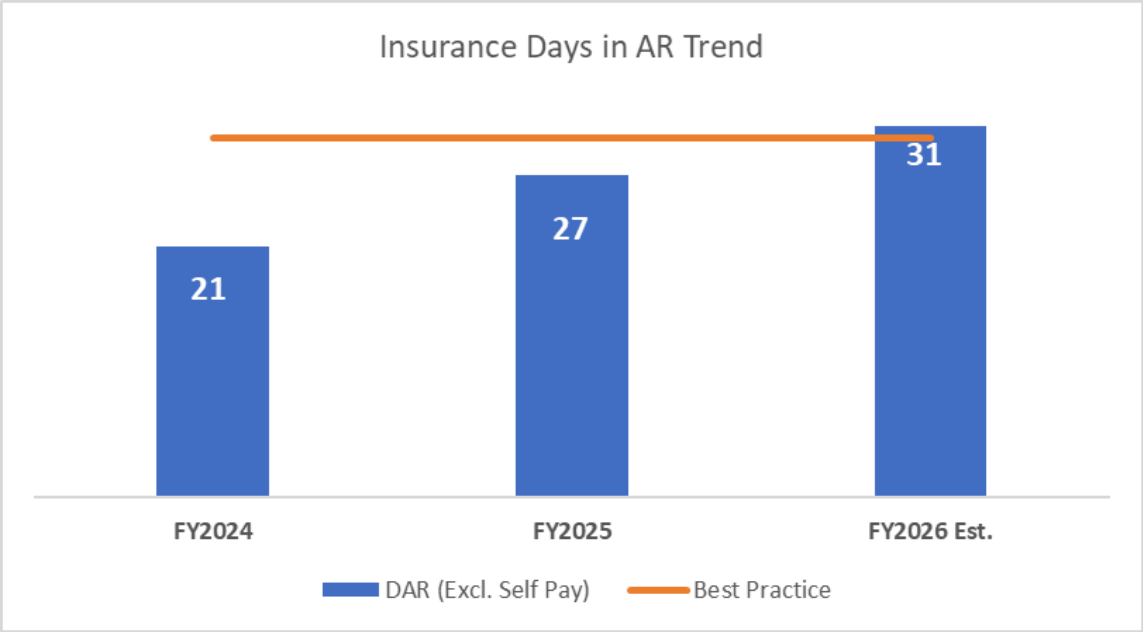
Financial and Business Management Outcomes

1. Revenues from medical accounts receivable are processed and managed in a timely and accurate manner, including billing, collections, and cash handling.

Key Performance Indicator (KPI) 1.1: Days in Accounts Receivable (excluding self-pay)

KPI 1.1 Description: Days in Accounts Receivable (DAR) is the average days it takes to collect payment after services are provided. Volume alone does not ensure financial performance. The effectiveness of converting submitted claims into collected revenue is equally critical.

Industry Benchmarks: Best Practice ≦30 days.



FY 2026 Estimate: 31 days	**FY 2027 Target:** 30 days Goal aligns with best practice as Behavioral Health workflows stabilize, vacant positions are filled, and payor processing issues are resolved

KPI 1.1 Equity Considerations: The Health Department serves a large proportion of people on Medicaid, people who are uninsured and people living on low incomes. To ensure that performance measurement reflects operational efficiency, rather than patient financial barriers, Insurance Days in Accounts Receivable (Insurance DAR) is used as one of the primary indicators of revenue cycle performance.

Outcome 1 Program Offers

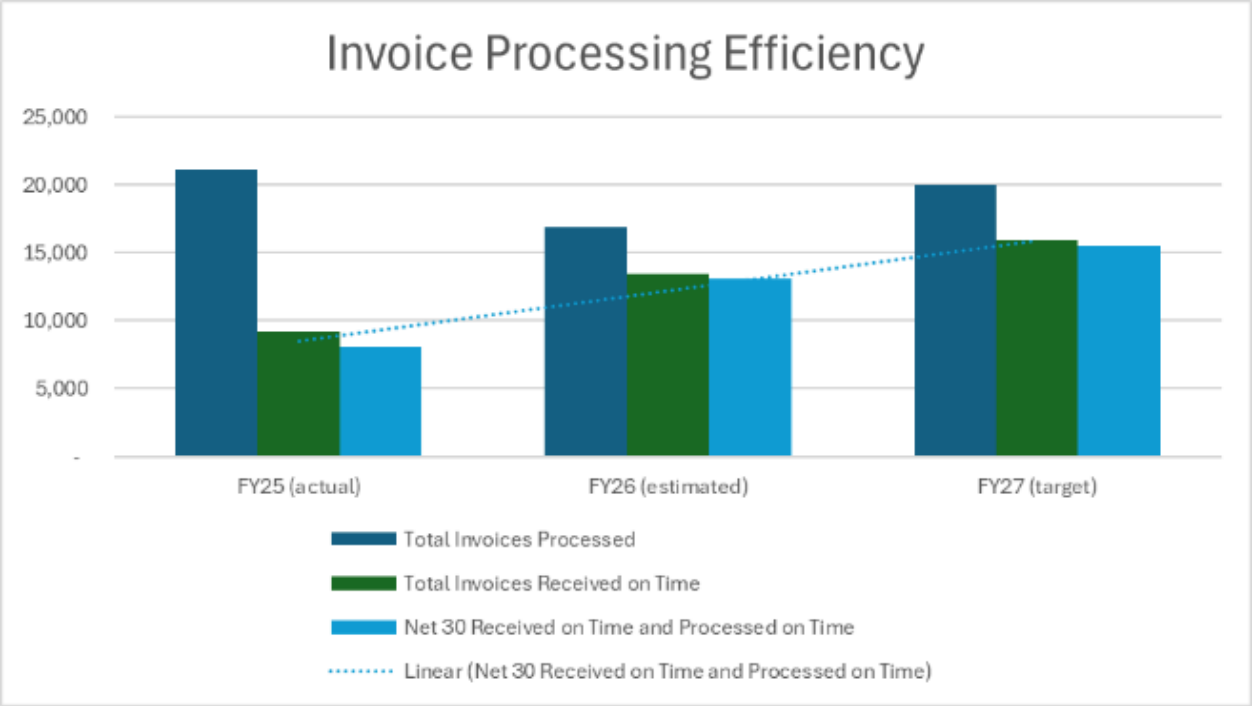
The following program offers contribute to Outcome 1. Division-specific administrative program offers are not included, as they support all outcome statements:

- 40041 - Medical Accounts Receivable

2. Expenditures are incurred, recorded, monitored, and reported in accordance with County policies and procedures.

Key Performance Indicator (KPI) 2.1: Invoice processing efficiency

KPI 2.1 Description: Invoices that are due in full within 30 days, are processed on time by the Accounts Payable (AP) Unit. The Unit processed 21,147 invoices in FY 2025. Given the volume of invoices, a target timeline has been set that all invoices must be processed within 10 days.



The AP team is successfully meeting the goal and is processing these invoices within 5 days of receipt.

FY 2026 Estimate: 97% of invoices will be processed within 10 days of receipt. Total of 17,000 invoices	**FY 2027 Target:** 97% of invoices will be processed within 10 days of receipt

KPI 2.1 Equity Considerations: On time payments are beneficial particularly to smaller organizations. Timely payments help to address long-standing inequities that disproportionately affect historically underrepresented owners and businesses, who may face barriers to financial resources.

Outcome 2 Program Offers

The following program offers contribute to Outcome 2. Division-specific administrative program offers are not included, as they support all outcome statements:

- 40040 - Financial and Business Management Services

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3. Contracts with service providers are executed in accordance with County policies to ensure that they are paid accurately and in a timely manner.

Key Performance Indicator (KPI) 3.1: Time in days that a contract is with the Health Purchasing unit for processing.

KPI 3.1 Description: The Health Department defines timely contract performance as 60-90 days from start to completion and reviews performance monthly.

FY 2026 Estimate: 60.38 days average time for a contract to cycle from creation to execution	**FY 2027 Target:** 60 days average for contract cycle time

KPI 3.1 Equity Considerations: Monitoring this outcome ensures that community partners and suppliers receive their contracts in a manner that allows for a thorough review and the opportunity for a kick off meeting. Once executed, finance can process the standard Net30 and ensure that supplier invoices are processed on time.

Outcome 3 Program Offers

The following program offers contribute to Outcome 3. Division-specific administrative program offers are not included, as they support all outcome statements:

- 40042 - Contracts & Procurements

Table of Division Programs

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

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	Total FTE
40040	Financial and Business Management Services		9,447,974	1,500,000	10,947,974	29.50
40041	Medical Accounts Receivable		2,303,341	0	2,303,341	12.00
40042	Contracts & Procurement		2,178,057	0	2,178,057	10.00
	Total Financial and Business Management		**13,929,372**	**1,500,000**	**15,429,372**	**51.50**

Division: Financial And Business Management

Program Characteristics:

Program Description

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

The Financial and Business Management division is committed to centering equity in policy and practice and in service to the Health Department's value of racial equity and mission to reduce health inequities.

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$6,253,175	$0	$5,553,883	$99,915
Contractual Services	$34,186	$0	$35,314	$0
Materials & Supplies	$106,556	$0	$43,243	$0
Internal Services	$3,963,728	$0	$3,815,534	$1,400,085
Total GF/non-GF	**$10,357,645**	**$0**	**$9,447,974**	**$1,500,000**
Total Expenses:	**$10,357,645**		**$10,947,974**	
Program FTE	33.00	0.00	29.00	0.50
Program Revenues				
Intergovernmental	$0	$0	$0	$1,500,000
Other / Miscellaneous	$20,306,624	$0	$18,501,943	$0
Total Revenue	**$20,306,624**	**$0**	**$18,501,943**	**$1,500,000**

Performance Measures

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

Division: Financial And Business Management

Program Characteristics:

Program Description

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$1,890,990	$0	$1,971,353	$0
Materials & Supplies	$113,694	$0	$117,446	$0
Internal Services	$253,051	$0	$214,542	$0
Total GF/non-GF	**$2,257,735**	**$0**	**$2,303,341**	**$0**
Total Expenses:	**$2,257,735**		**$2,303,341**	
Program FTE	12.00	0.00	12.00	0.00
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

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

Division: Financial And Business Management

Program Characteristics:

Program Description

Annually, this program processes more than 1,000 contract and procurement action requests, and an additional 5,298 actions in the Multnomah MarketPlace (MMP) and outside, for direct purchase of goods. Staff procure a wide array of products, goods and services, totaling more than $67 million per year. By writing clear and comprehensive agreements and by complying with federal, state and county procurement laws and regulations, the program safeguards the department from risk and procures cost effective high quality goods and services. This program offer includes the vaccine depot where vaccines are received, stored and distributed. The depot processes on average 85+ orders per month. This is the primary point of contact for routine vaccine services management. The depot has a key role in emergency public health responses that require vaccine prophylaxis that reduce the spread and severity of disease.

We strive to build trusting partnerships with community partners we depend on and we genuinely engage with communities and staff to drive positive changes, especially in the areas of business, operational and financial management. We pride ourselves on our ability to recruit, retain and promote a diverse, inclusive and high-performing workforce.

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$2,222,913	$0	$1,885,736	$0
Materials & Supplies	$0	$0	$196	$0
Internal Services	$381,410	$0	$292,125	$0
Total GF/non-GF	**$2,604,323**	**$0**	**$2,178,057**	**$0**
Total Expenses:	**$2,604,323**		**$2,178,057**	
Program FTE	12.00	0.00	10.00	0.00
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of Action Request Forms Submitted	950	1,000	1,100
MMP Item Purchasing	$4.5M	$4.2M	$4.4M

Health Officer

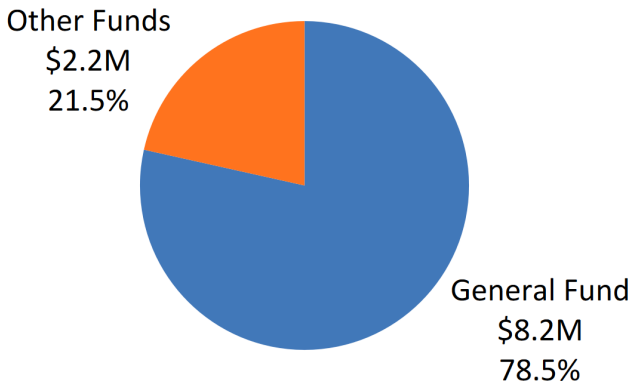
$10.5 million

Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.

36.88 FTE

(full time equivalent)



The Health Officer division is composed of four functions required by law:

1. The **Health Officer** program provides public health physician consultation, technical direction, and leadership to support public health response activities across the Portland metro tri-county region. The regional Multnomah County Health Officer supervises four health officers and serves as the physician link to health systems and underserved communities. Together, regional Health Officers act as physician ambassadors, communicate critical health alerts and warnings in public health emergencies and monitor and respond to emerging community health challenges.
2. The **Medical Examiners Office (MEO)** operates 24/7/365, investigating the cause and manner for approximately 1 in 3 deaths in Multnomah County. The law requires investigation for certain deaths including homicides, suicides, overdoses, and accidental deaths.
3. The **Emergency Medical Services (EMS)** program includes the EMS Medical Director and EMS Administration, which includes the Tri-County 911 (TC911) social worker intensive case management program for frequent users of 911 and emergency departments.
4. **Public Health Emergency Preparedness and Response (PHEPR)** works to improve response readiness by maintaining emergency plans, operations, and public health response capabilities. The Health Officer team supports the Health Department's aim of reducing preventable deaths in large part through this emergency preparedness work.

The Health Officer supports **Focus Area 1: Support Community Health and Wellness and Focus Area 3: Strengthen Community Vitality and Resilience** in the Countywide Strategic Plan**.**

Significant Division Changes

The **Medical Examiner's Office** has an increased need for additional death investigation staff to perform investigations, as a result of requiring 24-hour a day, 7-day a week field response coverage. Both the number of deaths and the complexity of the investigative work required have increased. A reallocation to the Medical Examiner (40052) adds 2.00 FTE Medicolegal Death Investigators to provide capacity for addressing increased need.

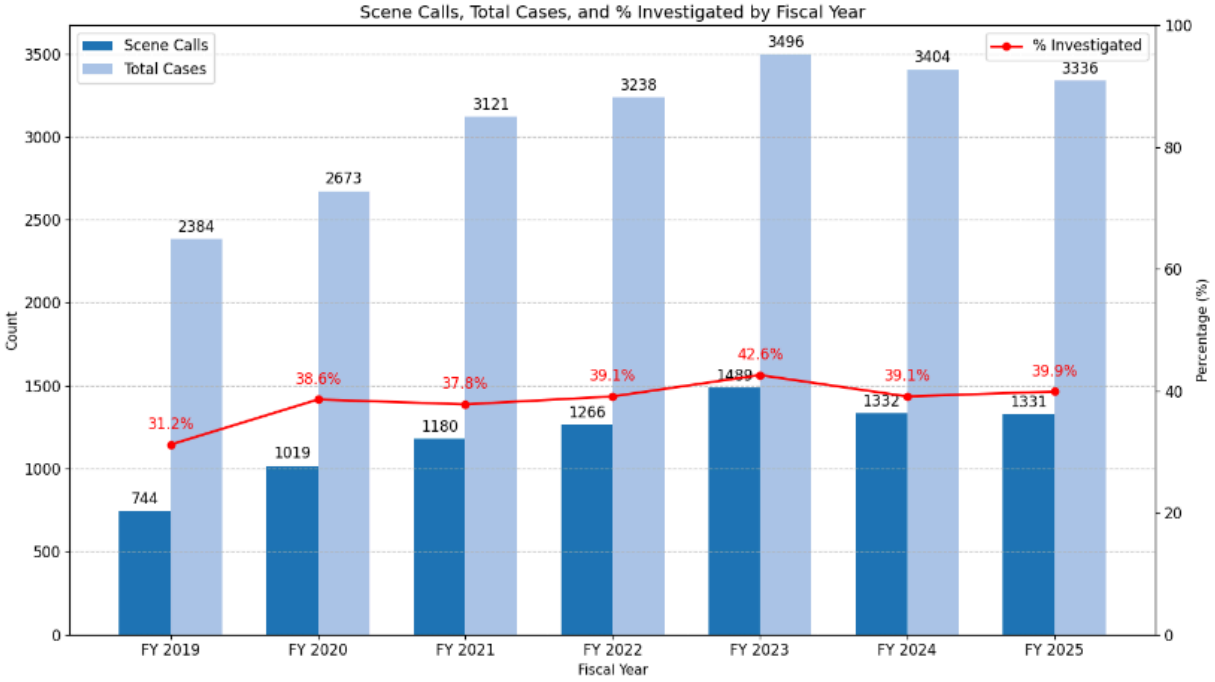
A $362,000 one-time-only continuation for the **Ambulance Service Plan** (40004B) is funded in order to implement recommended changes and procurement of updated services in FY 2027. State law requires counties to develop and maintain Ambulance Service Plans for all areas in their county.

Health Officer Outcomes

1. 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.

Key Performance Indicator (KPI) 1.1: Death investigation scene responses

KPI 1.1 Description: Number of death scene responses made by qualified death investigators. There is no industry standard number of responses that is considered acceptable. However, a recent study suggested that upwards of 80% of cases should get an in-person investigator to the scene.



FY 2026 Estimate: 1,650 scene calls	**FY 2027 Target:** 1,550 scene calls (decreased due to population loss and staffing limitations)

KPI 1.1 Equity Considerations: People who die while under the care of a physician or of natural causes are not investigated by the Medical Examiner. People who die while not under a physician's care are over represented by people who are economically disadvantaged. Economically disadvantaged individuals are more representative of vulnerable populations with whom medical systems have not adequately engaged.

Outcome 1 Program Offers

The following program offers contribute to Outcome 1. Division-specific administrative program offers are not included, as they support all outcome statements:

- 40052 - Medical Examiner
- 40048 - Epidemiology, Evaluation, and Policy Research

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2. Medical coordination for communicable disease infections throughout the tri-county region will be maintained through coordinated responses, consistent messaging, and collaboration across public health systems in Clackamas, Multnomah, and Washington Counties.

Key Performance Indicator (KPI) 2.1: Communicable Disease Tri-County Coordination - Percentage of high-priority communicable disease surveillance, investigation, and response protocols consistently coordinated across the Tri-County area (Multnomah, Clackamas, and Washington Counties).

KPI 2.1 Description: Counties are responsible to monitor, track, and respond to various reportable communicable diseases. Data on Communicable Disease Trends for all counties in Oregon can be found in the OHA Monthly Communicable Disease Report.

FY 2026 Estimate: 100% of high-priority communicable disease events are consistently coordinated per response protocols	**FY 2027 Target:** 100% of high-priority communicable disease events are consistently coordinated per response protocols

KPI 2.1 Equity Considerations: Disease response planning and actions are guided by an equity lens, ensuring all areas of the County are considered. Specific attention is given to communities and areas

experiencing disproportionate disease impact, coordinating efforts with culturally specific and geographically focused approaches to reduce disease burden effectively.

Outcome 2 Program Offers

The following program offers contribute to Outcome 2. Division-specific administrative program offers are not included, as they support all outcome statements:

- 40002 - Tri-County Health Officer
- 40010A - Communicable Disease Prevention and Control
- 40048 - Epidemiology, Evaluation, and Policy Research

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3. People in Multnomah County can expect consistent ambulance response times that are monitored regularly, with statistics reported publicly.

Key Performance Indicator (KPI) 3.1: Public reporting of ambulance response times

KPI 3.1 Description: Ambulance response time performance is solely the ambulance franchisee's responsibility, County Emergency Medical Services is responsible for measuring, monitoring, and making monthly performance reports available. Response time data is updated regularly. The goal is that 90% of responses meet that benchmark.

FY 2026 Estimate: 100% of aggregate monthly reports posted publicly (Response performance is currently 82% for life threatening urban responses meeting the metric.)	**FY 2027 Target:** 100% of aggregate monthly reports posted publicly (Response time goal is that 90% of life threatening urban responses meet the metric.)

KPI 3.1 Equity Considerations: Responses must acknowledge and address the disproportionate impact on communities, particularly those with reduced access to Emergency Medical Services (EMS).

Outcome 3 Program Offers: The following program offers contribute to Outcome 3

- 40004A - Ambulance Services (Emergency Medical Services)

Table of Division Programs

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

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	Total FTE
40002	Tri-County Health Officer		855,945	469,658	1,325,603	2.03
40004A	Ambulance Services (Emergency Medical Services)		3,110,190	1,486,873	4,597,063	14.75
40004B	Ambulance Service Plan Continuation	X	362,000	0	362,000	0.00
40005	Public Health & Regional Health Systems Emergency Preparedness		22,213	292,467	314,680	1.10
40052	Medical Examiner		3,862,984	0	3,862,984	19.00
	Total Health Officer		**8,213,332**	**2,248,998**	**10,462,330**	**36.88**

Division: Health Officer

Program Characteristics:

Program Description

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$685,278	$367,818	$749,424	$403,809
Materials & Supplies	$49,754	$10,308	$0	$6,000
Internal Services	$109,142	$57,674	$106,521	$59,849
Total GF/non-GF	**$844,174**	**$435,800**	**$855,945**	**$469,658**
Total Expenses:	**$1,279,974**		**$1,325,603**	
Program FTE	1.07	0.87	1.15	0.88
Program Revenues				
Intergovernmental	$0	$435,800	$0	$469,658
Total Revenue	**$0**	**$435,800**	**$0**	**$469,658**

Performance Measures

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

Division: Health Officer

Program Characteristics:

Program Description

The Multnomah County Emergency Medical Services (MCEMS) Program includes all of the functions related to the regulation, coordination, and operational and clinical oversight required of a County by ORS 682.062, OAR 333-260, County Ordinance 1238, and County Code 21.400. The program carries out the enforcement of County Code 21.400, implementation of the County's Ambulance Service Plan Ordinance 1238, and the medical direction of all EMS providers within the county. MCEMS inspects and licenses all ambulances doing business in the County. This includes inspections and for-cause investigations related to the care and services performed by EMS providers. The EMS Medical Director provides medical direction to all EMS providers in the county. The program administers contracts related to the Ambulance Service Plan including: administration of the contract for on-line medical control with Oregon Health Sciences University (OHSU), providing medical consultation to EMS providers and managing patient distribution when the system's hospitals are stressed, and during multi-casualty emergencies and disaster; contracts that provide general fiscal support of 911 medical first response in the areas of the county without fire department coverage. MCEMS also operates a number of Quality Assurance groups to perform these functions. Program staff work with a number of entities who provide the EMS system services: the City of Portland Bureau of Emergency Communications (BOEC) who is the Primary Public Safety Answering Point for the geographic county, and serves as a consolidated communications center that triages and dispatches all resources to all 911 requests; the Port of Portland as the Secondary Public Safety Answer Point; Portland Fire and Rescue; Gresham Fire Department; Port of Portland Fire; Corbett Fire; Sauvie Island Fire; Scappoose; and Cascade Locks. All of these agencies provide 911 medical first response as well as other services as jurisdictional partners.

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$2,234,513	$1,094,233	$2,246,527	$1,169,951
Contractual Services	$481,401	$29,643	$511,818	$15,678
Materials & Supplies	$101,715	$6,433	$89,541	$12,550
Internal Services	$206,740	$324,013	$262,304	$288,694
Total GF/non-GF	**$3,024,369**	**$1,454,322**	**$3,110,190**	**$1,486,873**
Total Expenses:	**$4,478,691**		**$4,597,063**	
Program FTE	7.87	6.13	8.35	6.40
Program Revenues				
Fees, Permits & Charges	$3,029,606	$0	$3,022,716	$0
Intergovernmental	$0	$0	$0	$1,486,873
Other / Miscellaneous	$0	$1,454,322	$0	$0
Total Revenue	**$3,029,606**	**$1,454,322**	**$3,022,716**	**$1,486,873**

Performance Measures

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

Division: Health Officer

Program Characteristics: One-Time-Only Request

Program Description

State statute (ORS 682.062) directs counties to develop and maintain Ambulance Service Plans (ASP) for all areas within their jurisdiction. The ASP specifies the structure of the emergency medical services (EMS) system. Multnomah County is statutorily obligated to assess and revise its ASP when significant changes occur. Revisions to the ASP would lead to a procurement for the described services.

The County's ASP, last adopted in 2016, establishes one contracted emergency ambulance service provider. Persistent contract compliance issues, changes in the EMS landscape, and proposals to alter fundamental elements of the ASP necessitate a reassessment.

In 2024, the County EMS Program began a comprehensive ASP assessment. This work requires internal staff and an external consultant with EMS expertise. The assessment includes an in-depth review, stakeholder engagement with partners and providers, and recommendations. Policy recommendations were delivered in early FY26, with implementation of changes and procurement of updated services slated for FY27. Funding will be required in subsequent years to implement these changes.

Equity Statement

The revised Ambulance Service Plan is the guiding document that is legally required that describes the components of the Emergency Medical Services in the County. This system ensures pre-hospital ambulance services and medical care to everyone in the County.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$192,000	$0	$171,500	$0
Contractual Services	$208,000	$0	$190,500	$0
Total GF/non-GF	**$400,000**	**$0**	**$362,000**	**$0**
Total Expenses:	**$400,000**		**$362,000**	
Program FTE	1.00	0.00	0.00	0.00
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Recommended and revised Ambulance Service Plan based on recommendations for the EMS System Assessment and State required components of the plan	0	0	1
Procurement process of required updated services for implementation no later than August 30, 2028	0	0	1

Division: Health Officer

Program Characteristics:

Program Description

The Public Health Emergency Preparedness & Response (PHEPR) program coordinates and informs to ensure an equitable response to emergencies with severe health impacts, such as natural disasters, severe epidemics/pandemics, bioterrorism and terrorist attacks, and other incidents requiring coordinated action to: 1) focus the response on priority needs; and 2) effectively leverage resources of government, private healthcare providers, and non-profit organizations. PHEPR activities include:
1) Emergency plans and protocols linked to the County's Emergency Response Plan, specifically the Emergency Support Function-8 (ESF-8) Annex;
2) Coordinating with Health Department leadership, managers and supervisors, and incident management team members on training, preparedness, and response actions;
3) Participation in exercises to test and refine plans and capabilities and establish relationships with response partners; and
4) Plan development with responsible programs to increase capacity for key public health functions (e.g., epidemiology capacity to investigate and analyze an emergency's health impacts and make informed decisions on culturally and linguistically appropriate responses for impacted communities).

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$24,593	$301,539	$0	$254,457
Materials & Supplies	$0	$8	$0	$0
Internal Services	$26,203	$52,774	$22,213	$38,010
Total GF/non-GF	**$50,796**	**$354,321**	**$22,213**	**$292,467**
Total Expenses:	**$405,117**		**$314,680**	
Program FTE	0.08	1.31	0.00	1.10
Program Revenues				
Intergovernmental	$0	$354,321	$0	$292,467
Total Revenue	**$0**	**$354,321**	**$0**	**$292,467**

Performance Measures

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

Division: Health Officer

Program Characteristics:

Program Description

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

MEO staff work directly with community/family members to investigate deaths that fall under County jurisdiction to provide support and crucial information regarding the cause and manner of death. The MEO strives to provide in-person investigations, to minimize the number of scenes in which law enforcement is the sole agency present. This provides increased public service, often to those most underserved. The MEO works diligently with the community and external partners to provide equitable services to all impacted communities. Many of the individuals served are from under-resourced or marginalized populations and may lack consistent access to formal healthcare, including those experiencing mental health crises or substance use disorders. Deaths that occur under active medical care are not typically investigated by the MEO, which can result in these populations being disproportionately represented in MEO caseloads.

Equity Statement

Investigations conducted by the MEO provide critical data trends that shape the Department's work in addressing health inequities in preventable causes of death. This provides information to inform and shape programs for those experiencing chronic medical illnesses, homelessness, substance use disorder, mental health crisis, weather impacts like extreme heat and cold, gun violence, and traffic fatalities, among some of the more notably preventable causes of death.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$2,816,822	$0	$3,113,842	$0
Contractual Services	$94,627	$0	$97,750	$0
Materials & Supplies	$22,994	$0	$75,589	$0
Internal Services	$349,502	$0	$575,803	$0
Total GF/non-GF	**$3,283,945**	**$0**	**$3,862,984**	**$0**
Total Expenses:	**$3,283,945**		**$3,862,984**	
Program FTE	17.00	0.00	19.00	0.00
Program Revenues				
Fees, Permits & Charges	$0	$0	$0	$0
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of in-person scene responses, as required in ORS 146	1,331	1,650	1,550
Number of external exams performed, as dictated by State Medical Examiner	550	500	600

Public Health

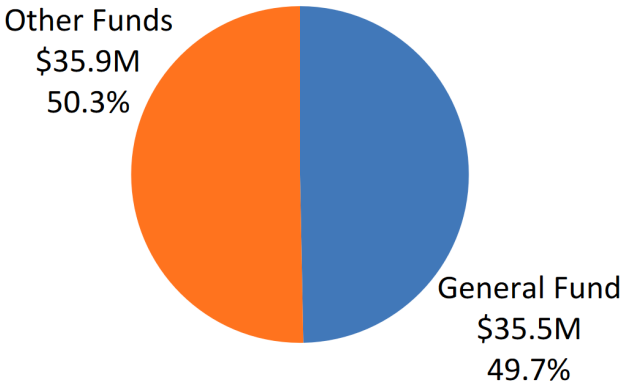
$71.4 million

Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.

250.24 FTE

(full time equivalent)



The Public Health Division carries out the unique governmental legal responsibilities under Multnomah County's Local Public Health Authority (LPHA). The Public Health Division protects the health of the public and reduces preventable deaths by:

- Investigating and responding to disease outbreaks, climate events, and other emergencies
- Supporting community health and wellness and increasing years of life
- Providing community-centered safety net services and serving those most impacted by inequities

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

- **Communicable Disease Services (40010A)** prevents the spread of reportable contagious diseases through epidemiology, disease investigation, and case management for tuberculosis, H5N1 (avian influenza), measles and other infectious diseases.
- **Environmental Health Services (40007, 40008, 40009, 40037)** protects the safety of residents by inspecting licensed facilities, including restaurants; controlling animals and insects that spread diseases; and addressing lead poisoning, air and water quality, climate change, and neighborhood/transportation design.
- **Epidemiology, Evaluation and Policy Research (40048)** collects and evaluates health data to improve programs, inform community planning and support policy development to promote healthy communities and reduce health differences and inequities.

- **HIV/STI Prevention and Harm Reduction (40010B, 40011, 40061)** provides culturally and community-specific clinical services for sexually transmitted infections including screening, testing, case management, harm reduction and treatments.
- **Parent, Child, and Family Health (40097A/B)** provides home visiting services, helps families navigate complicated healthcare systems, and implements focused strategies for pregnant people through Healthy Birth Initiatives (HBI) that address inequities in maternal and infant deaths. Other home visiting programs include Healthy Families, Home and Community Based Consultation through Multnomah Early Childhood Program in David Douglas School District, and Family Connects.
- **Prevention & Health Promotion (40006, 40053)** reduces the leading causes of preventable death from chronic diseases, overdose and violence by improving the neighborhoods people live in, implementing policies that keep kids safe and providing technical assistance to partners to limit known health harms in a variety of settings. Initiatives include chronic disease and violence prevention, promoting immunizations, enforcing tobacco regulations, youth tobacco and substance use prevention, and implementing the Overdose Prevention & Response Plan.
- **Women, Infants, and Children (40018 WIC)** increases access to nutritious foods and improves health outcomes for families with children five years of age and younger.
- **Public Health Administration (40096A, 40096B)** ensures the division's workforce has the knowledge and skills necessary to comply with funding requirements and implement and enforce federal, state or local public health laws and mandates.

The Public Health Division's programs and outcomes most specifically address **Focus Area 1: Support Community Health and Wellness** in the County's Strategic Plan.

Significant Division Changes

The Public Health Division was impacted by the loss of two federal grants mid-FY 2026. The resulting changes in appropriation were recognized in the state rebalance, including:

- A reduction of $222,222 from Centers for Disease Control and Prevention supplemental grant for Racial and Ethnic Approaches to Community Health (40053) intended to support community trusted messengers and vaccine ambassadors to promote immunizations.
- A reduction of $348,463 from the cancellation of the Bureau of Justice Assistance (BJA) STOP grant for Community and Adolescent Health (40060 in FY 2026). This grant served youth who are economically disadvantaged or at higher risk to become victims of gun violence.

Tobacco Retail Licensure (40006) - Increasing the tobacco retail licensing fee by $501, providing full cost recovery for the program. This reduced the County General Fund needs for this program.

Health Inspections & Education (40007) - New Oregon Pool/Spa Code became law in 2025. A 13% increase in state fees, and a transition to an online payment system have significantly increased credit card processing fees. These increased costs result in a 6.5% inspection fee increase. To contain costs and meet program needs, staffing has decreased by 1.00 FTE in Office Assistant Senior capacity and includes a new 1.00 FTE Finance Technician position. Changes also include reduced supervisory capacity by 0.75 FTE and increased Health Inspector capacity by 0.50 FTE. Revenue forecast was lowered, which led to further reduction of 0.80 FTE Office Assistant 2.

Communicable Disease Prevention & Control (40010A) - A net reduction of 2.00 FTE reduces program capacity to respond to communicable disease, but enhances our epidemiologic capacity in the program. The movement of the STI Disease Intervention Specialist (DIS) team back to **STI Clinical and Community Services (40010B)** is part of our clinical integration which retains core clinical services with some changes in service location across the STI clinic and the Harm Reduction Clinic. There will be limited capacity to back up our lab staff which means people may need to wait longer for results. The model will prioritize symptomatic and exposure evaluations and treatment, nPEP, PrEP, and specialized wound management under a leaner staffing structure. A 0.80 FTE Community Health Nurse will move from Harm Reduction (40061).

Women, Infants, Children (WIC) (40018) - Due to administrative efficiencies, there is a loss of 2.60 FTE (2.10 FTE Community Health Specialist 2 and 0.50 Program Specialist). With fewer staff working across screening, scheduling and breastfeeding support, there may be longer wait times to answer calls. Also, culturally specific breastfeeding classes may be larger due to fewer offerings

Epidemiology, Evaluation, & Policy Research (40048 EEPR) - (Formerly known as "Community Epidemiology.") To centralize epidemiologic and evaluation capacity, EEPR added 2.40 FTE from other division program offers: 1.50 FTE (1.00 FTE Research Evaluation Analyst 2 and 0.50 FTE Research Evaluation Scientist) moved from 40053, 0.90 FTE Epidemiologist Senior from 40037. 2.27 FTE were allocated to other program offers in the division to support funding epidemiology and evaluation services.

40053 Prevention & Health Promotion (40053) - $209,911 of opioid prevention funding moved from Public Health Office of the Director (40096A) adding a 0.90 FTE Project Manager, and $50,000 for strategic planning resources for Alzheimer's. Moved two FTE (1.00 FTE Research Evaluation Analyst 2 and 1.00 FTE Research Evaluation Scientist) to Epidemiology, Evaluation, and Policy Research (40048). Three FTE (1.00 FTE Community Health Specialist, 1.00 FTE Program Specialist and 1.00 FTE Program Communication Specialist) are being reduced due to the conclusion of two Centers for Disease Control (CDC) grants. This will result in delays in getting health messages out to the community, and fewer opportunities for community members to get referrals to chronic disease self-management programs and other health promoting programs.

Harm Reduction (40061) - Elimination of mobile outreach services (5.00 FTE: 1.00 FTE Program Supervisor, 1.00 FTE Program Specialist, and 3.00 FTE Community Health Specialists). This will change the program's direct impact with mobile outreach. Staffing in the Department's Overdose Prevention and Response work will offset much of this loss by building capacity across other outreach teams to integrate lessons learned from the mobile outreach services. This will reduce total engagements from 54,590 to 50,700. Additionally, a 0.80 FTE Community Health Nurse will move to STI Clinical and Community Services (40010B).

Safe School Zones (40096B) - Upon adoption of the Safe School Zone resolution, this program offer with $159,800 of one-time-only funding creates the Safe School Zone program. The initiative will manage public and provider communications, complaints, and enforcement regarding authorized operating perimeters for mobile syringe exchange programs outside of designated school zones.

Parent Child Family Health (40097A) - Maintains services for families by combining client screening, eligibility, billing and clinical/community referral functions for all home visiting programs, rather than having these staff for each home visiting program. This change results in significant administrative efficiencies. Staff reductions total 5.00 FTE and include a 1.00 FTE Program Supervisor, 1.50 FTE Community Health Specialist 2, 1.00 FTE Office Assistant 2 and 1.00 FTE Program Specialist. Other fund reductions from the federal Health Resources and Services Administration (HRSA) and the Oregon Department of Early Learning and Childcare are adjustments made in a FY 2026 rebalance that will continue in FY 2027.

Parent Child Family Health (40097B) - Preschool for All, a program of Preschool & Early Learning Division, has allocated funding for an additional 1.20 FTE Community Health Nurse. The addition of these nurses will support the increased number of families participating in the program.

Public Health Outcomes

1. 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 live in Multnomah County will be less likely to get seriously sick, to be harmed by sudden health issues, or to experience preventable emergencies because they can quickly access the help they need. Overall, the goal is to reduce individual health risks by making sure that people in Multnomah County can easily access effective public health and emergency services when needed.

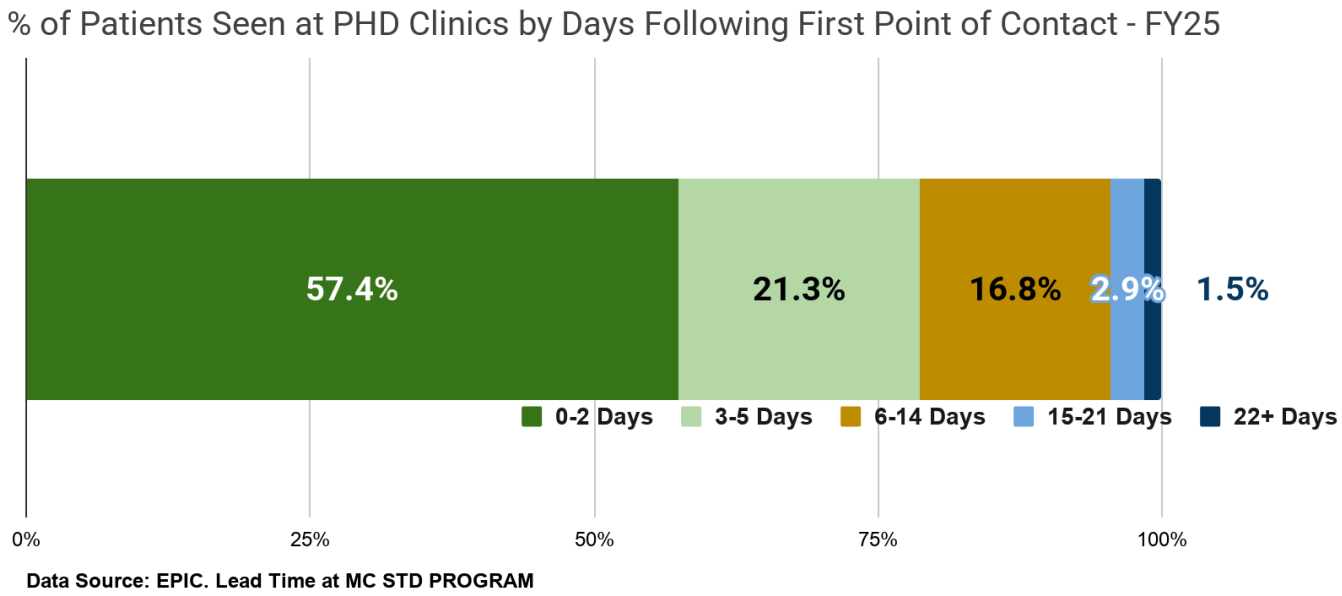
Key Performance Indicator (KPI) 1.1: Average wait time for a newly exposed or symptomatic patient to receive an appointment at Public Health Division clinics.

KPI 1.1 Description: This indicator addresses an operational standard for accessible, responsive, and equitable public health delivery. Reducing wait times for newly exposed or symptomatic individuals minimizes potential community transmission, ensures timely medical intervention, and directly reflects organizational efficiency and care quality during a critical public health event.

Importance - Quickly addressing people who have symptoms or who have been exposed narrows the window of time they are infectious and slows the spread of diseases in the community. Using express services for people without symptoms helps see a large number of people efficiently while keeping specialized resources for more complex needs.

National / Regional Standards - Centers for Disease Control and Prevention (CDC) and National Coalition of STD Directors (NCSD) protocols prioritize treating people with symptoms and people who have been exposed within the critical 48-72 hour window for the best clinical outcomes.

Definition of Success - We achieve success by ensuring that all projected 4,500+ individual services for FY 2026, including STI treatment and preventative care, are typically accessible within two to four business days.



Data Source: EPIC. Lead Time at MC STD PROGRAM

FY 2026 Estimate: Average Wait Time: 4 Days	**FY 2027 Target:** Average Wait Time: 5 Days* *As a result of the upcoming budget reductions and reduced staffing, we expect an increase in average wait times.

KPI 1.1 Equity Considerations: The Public Health STI Clinic serves a diverse, high-priority demographic, primarily supporting uninsured and underinsured people who face significant barriers to traditional

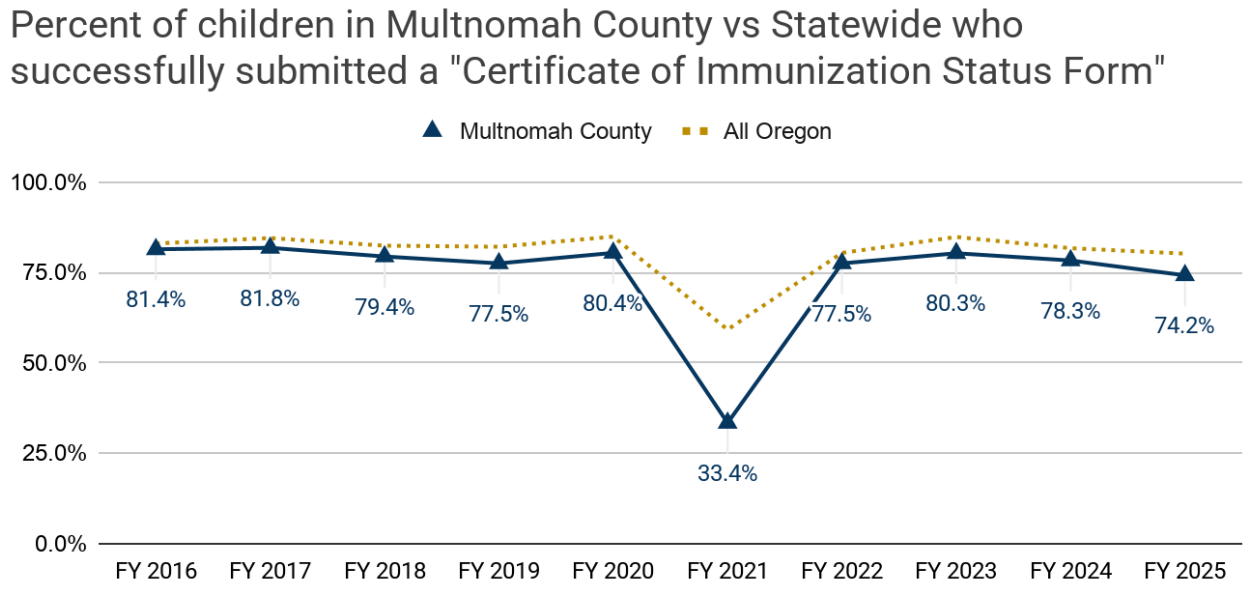
primary care. Services are tailored to reach high-risk and vulnerable populations in the settings they are in. This includes youth and communities disproportionately impacted by STI and HIV rates due to socioeconomic factors and those experiencing homelessness.

Key Performance Indicator (KPI) 1.2: Percent of children who receive a letter from the County about being behind on required immunizations who then successfully submit a completed "Certificate of Immunization Status Form" to their school within 21 days

KPI 1.2 Description: This indicator addresses a statutory requirement to uphold legal mandates concerning immunizations, a cornerstone of disease prevention and control. Compliance with health, wellness, and safety ordinances is a key indicator of trust.

National / Regional Standards - The statewide percentage of children who receive a letter from their county and successfully submit a completed "Certificate of Immunization Status Form" to their school within 21 days.

Population Served - All children and students attending a certified childcare, preschool, kindergarten, or school in Multnomah County (~109,000 children and students, attending ~750 schools and childcare providers).



Data Source: Oregon Health Authority IRIS (Immunization Information System Resources). Exclusions

FY 2026 Estimate: Successfully Submitted Immunization Forms: 75%	**FY 2027 Target:** Successfully Submitted Immunization Forms: 80%

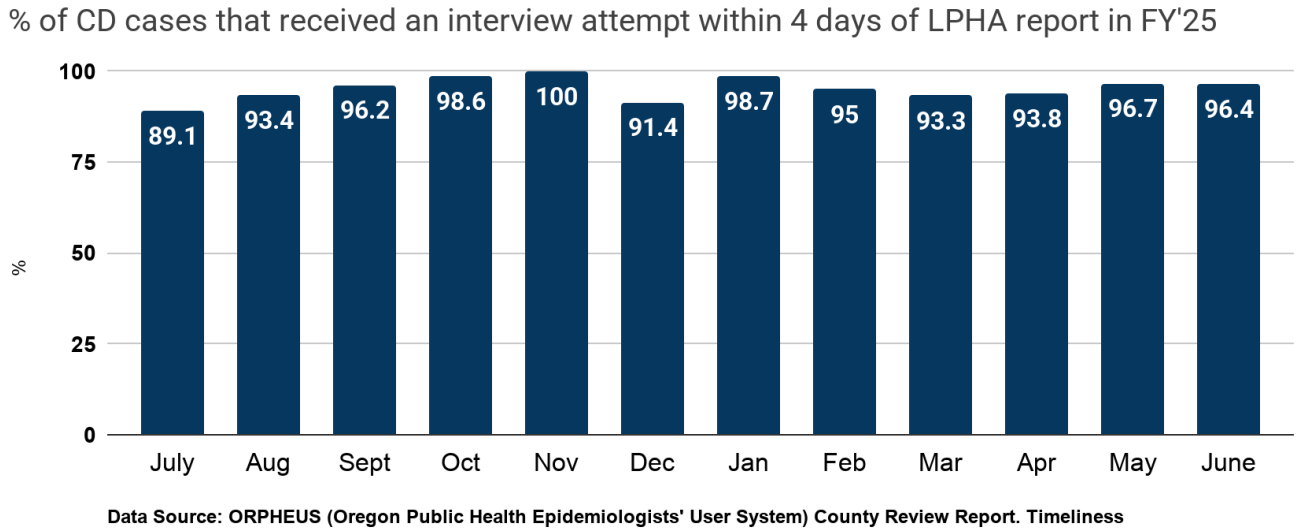
KPI 1.2 Equity Considerations: We look at racial and ethnic differences by using two analyses: the analysis of Oregon immunization registry data and analysis of public school data since school level exclusion data is unable to be broken down by individual level demographics.

Key Performance Indicator (KPI) 1.3: Percent of communicable disease cases that received an interview attempt within 4 days of the Local Public Health Authority (LPHA) report

KPI 1.3 Description: This metric is a triennial communicable disease review metric, required by the Oregon Health Authority (OHA). OHA requires that all Communicable Disease programs statewide are 80% compliant (or above).

Definition of Success - Exceed the OHA standard. As the most populated county in Oregon, with the greatest chance for communicable disease to spread, success for the division is defined as 95% of cases receiving an interview within four days following the report.

Population Served - The population served in this instance is anyone at risk of contracting a communicable disease within Multnomah County, which includes everyone in the county.



Data Source: ORPHEUS (Oregon Public Health Epidemiologists' User System) County Review Report. Timeliness

FY 2026 Estimate: Interview attempts within 4 days: 95%	**FY 2027 Target:** Interview attempts within 4 days: 96%

KPI 1.3 Equity Considerations: Race, Ethnicity, Language, and Disability (REALD) and Sexual Orientation and Gender Identity (SOGI) data is collected during the interview process. The state only reports statewide aggregate data for racial, ethnic, gender, and geographic inequities in communicable disease spread. County level data is not reported by the state.

Outcome 1 Program Offers

The following program offers contribute to Outcome 1. Division-specific administrative program offers are not included, as they support all outcome statements:

- 40010A - Communicable Disease Prevention and Control
- 40010B - STI Clinical and Community Services
- 40037 - Environmental Health Community Programs
- 40053 - Prevention and Health Promotion
- 40061 - Harm Reduction
- 40048 - Epidemiology, Evaluation, and Policy Research

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2. People who spend time in Multnomah County restaurants, retail establishments, schools, and homes will have a lower risk of exposure to health hazards and infectious disease through inspections, licensing, and policies that promote health and prevent disease.

Key Performance Indicator (KPI) 2.1: Percent of inspections in which all violations were corrected within the required timeframe.

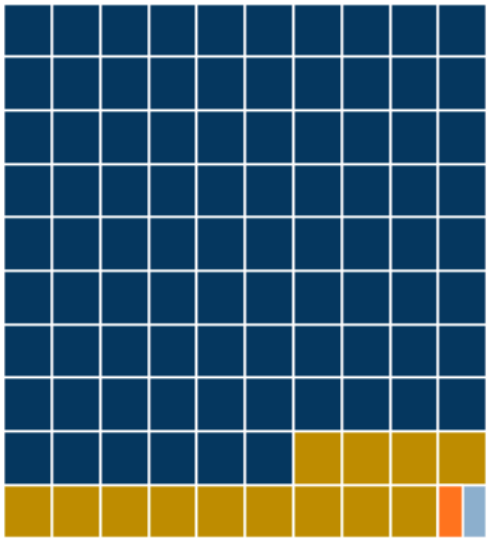
KPI 2.1 Description: Harmful germs can spread through both food and water. There is a direct link between uncorrected "priority" food violations and the number of emergency room visits and between a lower number of temperature violations (food preparation) and a lower number of salmonella and listeria cases. In swimming pools and spas, proper water chemistry results in fewer cases of cryptosporidium and giardia. Certain violations can be so dangerous they require the facility to stop operating until the violation is fixed. Correcting violations can stop outbreaks before they start.

National / Regional Standards - Health codes are modeled after the 2022 Food & Drug Administration (FDA) Food Code and the CDC Model Aquatic Health Code. both national standards for health & safety.

Definition of Success - 80% (or more) of inspections, in which at least one violation was found, resulting in the correction of all identified violations on-site, and not requiring closure or reinspections.

Population Served - Health codes and inspections serve the entire community, especially vulnerable people.

Health Inspections and Outcomes FY'25 (Total Inspections = 13,949)



Number of Inspections Completed with All Violations Corrected	85% (11914)
Number of Reinspections Needed	13% (1845)
Number of Facilities Closed	1% (175)
Number of Facilities Failed to Comply	.01% (15)

Data Source: Health Inspections Health Space Database

FY 2026 Estimate: Inspections Resulting in All Violations Corrected: 80%	**FY 2027 Target:** Inspections Resulting in All Violations Corrected: 80%* *FY 2027 there are two new codes for food service and pools/spas. The goal is to keep our inspection results the same as FY 2026 with increased educational outreach.

KPI 2.1 Equity Considerations: Health codes are written to protect all including those who are not able to protect themselves. The result of these inspections is a healthier, more productive workforce, lower healthcare costs, and increased consumer trust in local hospitality and tourism businesses.

Food safety is a shared community responsibility that transcends language boundaries. A person's ability to safely handle food and make a living should not be dictated by their proficiency in English. To address this, we've added preferred language options to our Food Handler card website to better serve our diverse workforce.

Outcome 2 Program Offers

The following program offers contribute to Outcome 2. Division-specific administrative program offers are not included, as they support all outcome statements:

- 40006 - Tobacco Retail Licensing
- 40007 - Health Inspections and Education
- 40008 - Vector-Borne Disease Prevention and Code Enforcement
- 40037 - Environmental Health Community Programs
- 40053 - Prevention & Health Promotion

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3. Multnomah County residents will have increased access to safe and climate-resilient neighborhoods, nutritious foods, early childhood education, perinatal services, and lactation support.

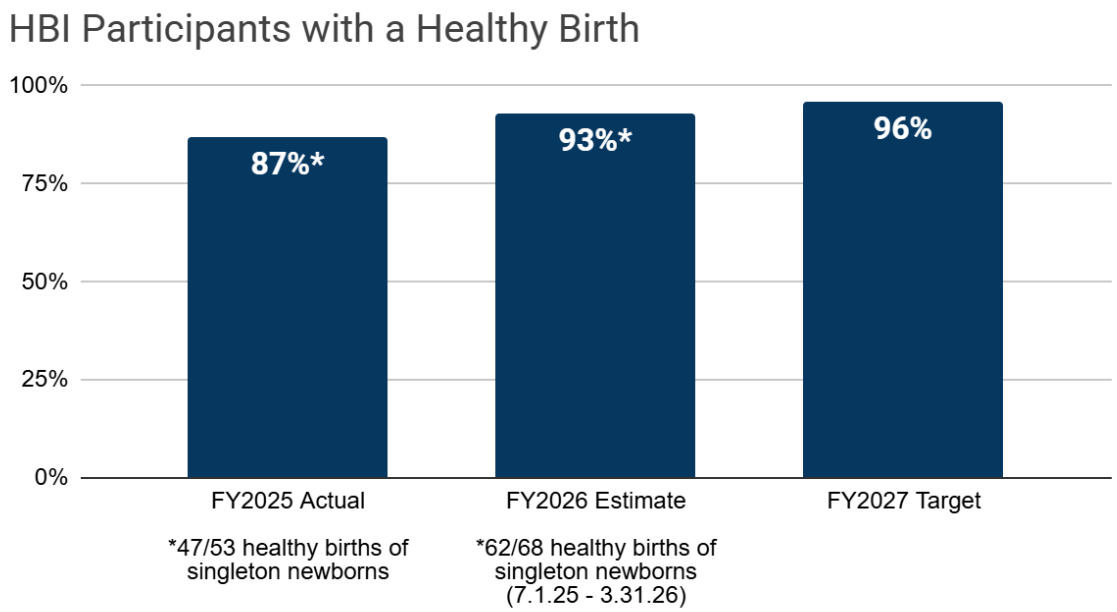
This outcome means that people in Multnomah County will have better access to the basic conditions that support healthy families and children, including safe places to live, healthy food, and strong wraparound support for the children that live in our community. These are key milestones to decreasing early preventable deaths from chronic diseases and injury.

Key Performance Indicator (KPI) 3.1: Percent of HBI participants who have a healthy birth outcome Success is a healthy birth outcome - delivering a baby at full-term and at a healthy birth weight.

KPI 3.1 Description: Rates of preterm birth (born too early) and low birth weight (born too small) have been rising steadily in Multnomah County since 2011. Significant inequities persist: Black and African American families experience higher infant mortality (deaths) and low birth weight than other communities. Black and African American mothers in Multnomah County have a healthy birth rate (healthy weight babies born at term) of 87% (OHA 2023). This is significantly lower than the healthy birth rate for all people who gave birth in Multnomah County in the same time period, which is 93%.

National / Regional Standards - Nationally, the leading causes of deaths between birth and 27 days among all races are low birth weight and birth defects. The Health Resources and Services Administration (HRSA) prioritizes areas of the country where low birth weight is 1.5 times the national average, or where pre-term rates are high. **Preterm Birth** is a live birth that occurs before 37 completed weeks of pregnancy. **Low Birth Weight (LBW)** is a birth weight less than <5 lbs 8 oz. **Infant Mortality** is death occurring within the first year of life.

Population Served - HBI provides services to those most at risk of inequities in perinatal birth outcomes. Birthing people from the African American or African immigrant and refugee communities in Multnomah County are eligible.



Source Data: Nurse-Family Partnership Database (Flo). Health Outcomes Report

FY 2026 Estimate: Successful birth outcomes for HBI participants: 93%* *As of 3/31/2026, 62 of the 68 births to HBI participants in FY 2026 have been healthy births	**FY 2027 Target:** Successful birth outcomes for HBI participants: 96%

KPI 3.1 Equity Considerations: Culturally-specific services for Black and African American families are especially beneficial for eliminating racial health inequities in maternal and infant illness and death (morbidity and mortality). Healthy Birth Initiatives participants have a lower rate of preterm birth than community members who do not participate in the program.

Outcome 3 Program Offers

The following program offers contribute to Outcome 3. Division-specific administrative program offers are not included, as they support all outcome statements:

- 40018 - Women, Infants, and Children (WIC)
- 40061 - Harm Reduction
- 40037 - Environmental Health Community Programs
- 40053 - Prevention and Health Promotion
- 40097A - Parent, Child, and Family Health Management

Table of Division Programs

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

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	Total FTE
40006	Tobacco Retail Licensing		1,086,704	510,612	1,597,316	6.95
40007	Health Inspections and Education		8,234,578	39,891	8,274,469	38.35
40008	Vector-Borne Disease Prevention and Code Enforcement		2,186,846	0	2,186,846	8.75
40009	Vital Records		82,212	852,564	934,776	3.85
40010A	Communicable Disease Prevention and Control		1,913,478	2,840,544	4,754,022	17.22
40010B	STI Clinical and Community Services		2,076,800	2,499,970	4,576,770	18.19
40011	Services for Persons Living with HIV - Regional Education and Outreach		141,700	6,200,222	6,341,922	5.85
40018	Women, Infants, and Children (WIC)		4,007,917	4,396,797	8,404,714	44.30
40037	Environmental Health Community Programs		1,003,150	1,621,324	2,624,474	8.70
40048	Epidemiology, Evaluation, and Policy Research		1,878,259	1,712,093	3,590,352	12.31
40053	Prevention and Health Promotion		2,694,456	1,838,968	4,533,424	15.90
40061	Harm Reduction		2,264,723	1,522,331	3,787,054	10.91
40096A	Public Health Office of the Director		3,484,273	3,910,576	7,394,849	26.51
40096B	Safe School Zones Policy Enforcement	X	159,800	0	159,800	0.70
40097A	Parent, Child, and Family Health Management		4,240,114	7,704,825	11,944,939	30.55
40097B	Home and Community-Based Consulting		0	247,012	247,012	1.20
	Total Public Health		**35,455,010**	**35,897,729**	**71,352,739**	**250.24**

Division: Public Health

Program Characteristics:

Program Description

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

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$779,448	$359,328	$811,948	$389,028
Contractual Services	$8,776	$195,404	$8,775	$35,612
Materials & Supplies	$21,052	$22,397	$48,762	$2,456
Internal Services	$178,566	$127,387	$217,219	$83,516
Total GF/non-GF	**$987,842**	**$704,516**	**$1,086,704**	**$510,612**
Total Expenses:	**$1,692,358**		**$1,597,316**	
Program FTE	4.90	2.15	4.75	2.20
Program Revenues				
Fees, Permits & Charges	$738,588	$0	$1,086,704	$0
Intergovernmental	$0	$535,612	$0	$510,612
Beginning Working Capital	$0	$168,904	$0	$0
Total Revenue	**$738,588**	**$704,516**	**$1,086,704**	**$510,612**

Performance Measures

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

Division: Public Health

Program Characteristics:

Program Description

The Health Inspections and Education program works to eliminate the spread of illnesses by food and water. The program activities are required by law and paid for with fees from the facilities we inspect.
The program works with facility owners and staff to ensure safe food and water by:
• Training licensed facilities on State rules that keep people safe.
• Enforcing those rules through facility inspections.
• Providing food service workers with accessible training.
• Making workplaces safer and reducing accidental injuries.
The program also works to stop the spread of sicknesses carried by food and water by:
• Educating people on how to report illnesses or complaints.
• Investigating outbreaks of diseases that spread through food and water.
• Providing the Public Health Division with data to track communicable diseases.
We make facilities safer for visitors and reduce accidental injuries and illnesses. To do this we raise awareness:
• To help the general public to make safer food and water choices.
• To help facility operators and staff understand safety standards and inspections outcomes.
New facilities open, new employees are hired, and new regulations get enacted on an ongoing basis. This turnover demands an ongoing effort of training, oversight, and investigation to ensure safe food and water every hour of the day and every day of the year.

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$5,982,673	$31,472	$6,231,954	$32,661
Contractual Services	$514,919	$0	$613,900	$0
Materials & Supplies	$147,337	$1,585	$193,383	$2,439
Internal Services	$1,172,210	$4,935	$1,195,341	$4,791
Total GF/non-GF	**$7,817,139**	**$37,992**	**$8,234,578**	**$39,891**
Total Expenses:	**$7,855,131**		**$8,274,469**	
Program FTE	38.05	0.20	38.15	0.20
Program Revenues				
Fees, Permits & Charges	$7,833,551	$0	$8,236,354	$0
Intergovernmental	$0	$37,992	$0	$39,891
Total Revenue	**$7,833,551**	**$37,992**	**$8,236,354**	**$39,891**

Performance Measures

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

Division: Public Health

Program Characteristics:

Program Description

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

• Disease Surveillance: Collect, monitor, and test mosquitos, rats, birds, and other animals for diseases that are harmful to humans.

• Mosquito Control: Use an Integrated Pest Management (IPM) program to cut down on the number of mosquito larvae. This lowers the risk of West Nile Virus and other mosquito-borne diseases. It also makes communities more livable.

• Rodent Inspections: The program responds to complaints from property owners and businesses. We offer onsite checks, information, advice, and free traps to manage rodents.

• Nuisance Code Enforcement: The program also enforces health-based nuisance codes. These include codes for keeping small livestock (chickens, pigs, bees), harboring mice and rats, and illegal dumping.

• Outreach and Education: We empower residents to take actions that keep their homes and communities safe. Our goal is a culture of sustained prevention against vector-borne diseases.

• Addressing Climate Change: Changing climate brings new weather patterns and shifting disease risks to our area. We identify new species and habitat conditions that change those risks and address them.

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$1,579,811	$0	$1,523,784	$0
Contractual Services	$84,434	$0	$98,397	$0
Materials & Supplies	$108,194	$0	$111,842	$0
Internal Services	$501,843	$0	$452,823	$0
Total GF/non-GF	**$2,274,282**	**$0**	**$2,186,846**	**$0**
Total Expenses:	**$2,274,282**		**$2,186,846**	
Program FTE	9.80	0.00	8.75	0.00
Program Revenues				
Service Charges	$343,441	$0	$275,629	$0
Total Revenue	**$343,441**	**$0**	**$275,629**	**$0**

Performance Measures

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

Division: Public Health

Program Characteristics:

Program Description

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

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

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$677,247	$0	$555,974
Contractual Services	$0	$39,857	$0	$37,200
Materials & Supplies	$0	$26,066	$0	$32,690
Internal Services	$151,390	$252,830	$82,212	$226,700
Total GF/non-GF	**$151,390**	**$996,000**	**$82,212**	**$852,564**
Total Expenses:	**$1,147,390**		**$934,776**	
Program FTE	0.00	5.32	0.00	3.85
Program Revenues				
Fees, Permits & Charges	$0	$996,000	$0	$852,564
Total Revenue	**$0**	**$996,000**	**$0**	**$852,564**

Performance Measures

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

Division: Public Health

Program Characteristics:

Program Description

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

CDS collects and studies data on diseases, investigates outbreaks, and uses specific actions to control the diseases. CDS shares important data with state and national health partners to track disease threats. This contributes to a global disease surveillance system. CDS is the only group in Multnomah County that can provide this information.
The Communicable Disease team investigates reported diseases. The team figures out what caused the illness and finds people and places that might have been exposed. They recommend actions to stop the disease from spreading. Actions can include isolation or quarantine, better infection control, health education, and behavior changes. The team responds to disease outbreaks in places like restaurants, nursing homes, schools/daycares, and shelters.
The Tuberculosis (TB) Case Management team checks on possible TB infections in the community. They make sure people diagnosed with TB disease stick to their treatment plans. Following state rules, they test people who have been near TB clients and offer treatment for Latent TB Infection (LTBI) if needed. The team also checks refugees arriving in the area for TB. The state and federal governments require this testing.

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$2,423,893	$1,933,009	$1,702,455	$1,721,256
Contractual Services	$47,627	$208,534	$46,821	$199,815
Materials & Supplies	$52,176	$86,493	$9,518	$75,692
Internal Services	$331,851	$1,340,809	$154,684	$843,781
Total GF/non-GF	**$2,855,547**	**$3,568,845**	**$1,913,478**	**$2,840,544**
Total Expenses:	**$6,424,392**		**$4,754,022**	
Program FTE	13.73	11.99	8.27	8.95
Program Revenues				
Intergovernmental	$0	$3,288,222	$0	$2,566,944
Other / Miscellaneous	$0	$255,623	$0	$265,305
Service Charges	$0	$25,000	$0	$8,295
Total Revenue	**$0**	**$3,568,845**	**$0**	**$2,840,544**

Performance Measures

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

Division: Public Health

Program Characteristics:

Program Description

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$426,976	$1,242,323	$963,894	$2,091,794
Contractual Services	$184,203	$4,815	$172,608	$3,812
Materials & Supplies	$117,902	$19,282	$93,171	$79,533
Internal Services	$1,202,170	$194,797	$847,127	$324,831
Total GF/non-GF	**$1,931,251**	**$1,461,217**	**$2,076,800**	**$2,499,970**
Total Expenses:	**$3,392,468**		**$4,576,770**	
Program FTE	2.00	6.80	5.99	12.20
Program Revenues				
Intergovernmental	$0	$815,017	$0	$1,669,703
Other / Miscellaneous	$0	$200,000	$0	$179,508
Beginning Working Capital	$0	$0	$0	$417,500
Service Charges	$0	$446,200	$0	$233,259
Total Revenue	**$0**	**$1,461,217**	**$0**	**$2,499,970**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of syphilis and HIV case investigations	473 Interviewed	372 Interviewed	385 Interviewed
Number of STI encounters (outreach and clinic)	5,200	4,684	3,700

Division: Public Health

Program Characteristics:

Program Description

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

- Healthcare: Provides coordinated medical, dental, mental health, and substance abuse treatment.
- Peer Support and Service Navigation: Identifies people living with HIV and links them to medical care.
- Service Coordination: Provides case management to connect clients with health insurance, housing, and other essential services critical to staying in care.
- Housing: Provides support to find and stay in housing so clients can stay in medical care and take their medications.
- Food: Offers group meals, home-delivered meals, and access to food pantries to reduce food insecurity.
- Planning: A community-based Planning Council (including ⅓ consumers) identifies service needs and allocates funding.

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$32,885	$1,067,218	$37,207	$1,095,049
Contractual Services	$2,918	$5,067,056	$2,643	$4,898,261
Materials & Supplies	$556	$33,082	$1,575	$16,711
Internal Services	$107,315	$212,294	$100,275	$190,201
Total GF/non-GF	**$143,674**	**$6,379,650**	**$141,700**	**$6,200,222**
Total Expenses:	**$6,523,324**		**$6,341,922**	
Program FTE	0.20	6.05	0.20	5.65
Program Revenues				
Intergovernmental	$0	$6,379,650	$0	$6,200,222
Total Revenue	**$0**	**$6,379,650**	**$0**	**$6,200,222**

Performance Measures

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

Division: Public Health

Program Characteristics:

Program Description

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$2,571,830	$3,443,838	$2,943,318	$3,259,887
Contractual Services	$50,774	$48,322	$29,945	$16,362
Materials & Supplies	$117,027	$319,325	$41,658	$46,593
Internal Services	$799,977	$1,488,662	$992,996	$1,073,955
Total GF/non-GF	**$3,539,608**	**$5,300,147**	**$4,007,917**	**$4,396,797**
Total Expenses:	**$8,839,755**		**$8,404,714**	
Program FTE	20.33	26.37	21.41	22.89
Program Revenues				
Intergovernmental	$0	$4,688,819	$0	$4,396,797
Beginning Working Capital	$0	$611,328	$0	$0
Total Revenue	**$0**	**$5,300,147**	**$0**	**$4,396,797**

Performance Measures

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

Division: Public Health

Program Characteristics:

Program Description

Environmental Health Community Programs (EHCP) works to reduce exposure to environmental hazards and promote neighborhood wellbeing. The team fulfills state-required public health functions, including:
- Handling lead poisoning cases and investigating other environmental toxic exposures;
- Building resilience to the health impacts of climate change;
- Working with land use and transportation planners to ensure safe, healthy neighborhoods;
- Maintaining data on environmental hazards and monitoring related health conditions; and
- Providing actionable information to decisionmakers.

EHCP educates people on how to reduce risks from environmental dangers. The program also implements part of the Environmental Protection Agency (EPA) superfund clean-up at Portland Harbor, enforces the County's wood smoke ordinance, responds to environmental emergencies, and prepares for future public health challenges. Collectively these activities:
- Reduce chronic disease,
- Improve birth outcomes,
- Avoid injury and neurological harm, and
- Increase social connections and wellbeing.

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$940,861	$1,426,419	$676,237	$1,120,093
Contractual Services	$19,334	$650,285	$36,800	$293,238
Materials & Supplies	$73,723	$48,173	$14,751	$43,530
Internal Services	$898	$271,042	$275,362	$164,463
Total GF/non-GF	**$1,034,816**	**$2,395,919**	**$1,003,150**	**$1,621,324**
Total Expenses:	**$3,430,735**		**$2,624,474**	
Program FTE	5.38	8.20	3.15	5.55
Program Revenues				
Intergovernmental	$0	$2,395,919	$0	$1,611,324
Other / Miscellaneous	$0	$0	$0	$10,000
Total Revenue	**$0**	**$2,395,919**	**$0**	**$1,621,324**

Performance Measures

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

Division: Public Health

Program Characteristics:

Program Description

Epidemiology, Evaluation, and Policy Research (EEPR) (formerly Community Epidemiology Services and Program Design and Evaluation Services) collaborates with leadership, programs, and community partners to generate data for decision making. The goals are to ensure public health programs and policies are responsive to community needs, to improve health outcomes in the Multnomah County population, and to reduce health inequities. EEPR's services include:
1) Epidemiology and assessment: Gathering and reporting data on health outcomes for the leading causes of death, risk and protective factors, underlying determinants, inequities, and community priorities to inform interventions and to use for evaluating interventions. EEPR collaborates closely with epidemiologists in Communicable Disease Services.
2) Program evaluation: Supporting programs by conducting formative assessments to inform program design, monitoring what is working well and not working well, and conducting evaluations of program outcomes.
3) Policy research: Conducting literature reviews and formative research to inform policy agendas, collecting and analyzing existing local policies, and evaluating the effectiveness and unintended consequences of implemented policies.
4) Quality Improvement: Developing and maintaining a performance management system that uses process measures, evaluation results, and epidemiological outcomes to inform ongoing quality improvement at leadership and program levels.

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$1,367,292	$1,262,115	$1,605,799	$1,353,602
Contractual Services	$40,000	$524,358	$25,000	$0
Materials & Supplies	$71,064	$36,534	$107,878	$47,963
Internal Services	$142,634	$261,777	$139,582	$310,528
Total GF/non-GF	**$1,620,990**	**$2,084,784**	**$1,878,259**	**$1,712,093**
Total Expenses:	**$3,705,774**		**$3,590,352**	
Program FTE	6.13	6.26	6.90	5.41
Program Revenues				
Intergovernmental	$0	$1,655,784	$0	$1,662,093
Beginning Working Capital	$0	$429,000	$0	$50,000
Total Revenue	**$0**	**$2,084,784**	**$0**	**$1,712,093**

Performance Measures

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

Division: Public Health

Program Characteristics: Backfill Other Funds

Program Description

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

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

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$2,182,571	$1,357,865	$1,796,330	$1,095,267
Contractual Services	$81,244	$679,941	$124,552	$511,200
Materials & Supplies	$67,749	$132,767	$57,984	$69,829
Internal Services	$663,149	$228,785	$715,590	$162,672
Total GF/non-GF	**$2,994,713**	**$2,399,358**	**$2,694,456**	**$1,838,968**
Total Expenses:	**$5,394,071**		**$4,533,424**	
Program FTE	13.74	7.86	9.80	6.10
Program Revenues				
Intergovernmental	$0	$2,399,358	$0	$1,838,968
Total Revenue	**$0**	**$2,399,358**	**$0**	**$1,838,968**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of people reached through PHP community engagement activities/events	N/A	10,000	15,000
Number of children who received exclusion orders who provided vaccine documentation prior to Exclusion Day	5,000	5,000	4,750

Division: Public Health

Program Characteristics:

Program Description

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

The program operates a Syringe Services Program which has several core elements. Staff provide trauma-informed counseling to reduce risk and provide culturally appropriate referrals. Staff deliver overdose prevention education and distribute naloxone and fentanyl test strips. To reduce the risk of HIV, hepatitis C, and bacterial infection, the program offers sterile injection supplies and used syringe takeback. The Harm Reduction Clinic provides low barrier wound and abscess care, testing and treatment for HIV and sexually transmitted infections, and pre-exposure prophylaxis (PrEP) for HIV in collaboration with the STI Clinic (40010B). Staff work with Corrections Health to support continuity of Medication Supported Recovery for individuals leaving Multnomah County jails. The program subcontracts with community-based providers to provide prevention services for priority populations. In FY27, dedicated harm reduction outreach services are eliminated from this program. The Health Department will advance a capacity-building strategy to integrate core harm reduction work into other existing outreach teams through Overdose Prevention & Response Plan work (40000B). Performance measures below reflect direct and subcontracted services.

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$1,790,840	$918,184	$1,133,192	$815,992
Contractual Services	$261,125	$355,693	$281,854	$355,693
Materials & Supplies	$620,453	$913,852	$328,026	$220,171
Internal Services	$389,967	$173,523	$521,651	$130,475
Total GF/non-GF	**$3,062,385**	**$2,361,252**	**$2,264,723**	**$1,522,331**
Total Expenses:	**$5,423,637**		**$3,787,054**	
Program FTE	11.80	5.53	6.44	4.47
Program Revenues				
Intergovernmental	$0	$1,511,299	$0	$1,522,331
Other / Miscellaneous	$0	$849,953	$0	$0
Beginning Working Capital	$0	$0	$0	$0
Total Revenue	**$0**	**$2,361,252**	**$0**	**$1,522,331**

Performance Measures

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

Division: Public Health

Program Characteristics:

Program Description

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

To do this, the PHD DO makes sure the workforce has the knowledge and experience to work with partners to meet the county's needs, enforce public health laws, and align with the Community Health Improvement Plan and County Strategic Plan. Specifically, the DO:
• Provides leadership and organizational guidance, stewardship of public funds, and accountability.
• Leads implementation of the Health Equity Action Plan (HEAP).
• Guides public health communication and health education campaigns.
• Develops public health policy recommendations that are evidence-based, grounded in law, and achieve health equity.
• Engage with and listen to the community to inform public health interventions.

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$2,419,407	$1,825,853	$2,403,395	$2,881,118
Contractual Services	$156,242	$2,206	$300,000	$240,511
Materials & Supplies	$239,828	$4,451	$282,336	$56,506
Internal Services	$629,044	$336,264	$498,542	$732,441
Total GF/non-GF	**$3,444,521**	**$2,168,774**	**$3,484,273**	**$3,910,576**
Total Expenses:	**$5,613,295**		**$7,394,849**	
Program FTE	13.11	10.07	12.11	14.40
Program Revenues				
Intergovernmental	$0	$2,168,774	$0	$3,910,576
Total Revenue	**$0**	**$2,168,774**	**$0**	**$3,910,576**

Performance Measures

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

Division: Public Health

Program Characteristics: New Request, One-Time-Only Request

Program Description

Upon passage of the Safe Schools Zone Ordinance, the Public Health Division will set up a Safe School Zone program inclusive of communicating with the public and providers where mobile syringe exchange programs can operate outside of the safe school zone. The Division will set up a complaint system that will receive, monitor and track complaints 365 days a year. Staff will investigate and provide education and technical assistance to organizations operating mobile syringe exchange programs during county business hours (M-F).

Equity Statement

People who use drugs experience higher incidence of HIV than the general population and face many barriers to effective treatment and care. Data show we are serving people from the groups most impacted by fatal overdose. The safe school zones ordinance establishes an area where mobile syringe services can be provided to keep children from being exposed to used syringes near schools.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$0	$133,247	$0
Materials & Supplies	$0	$0	$26,553	$0
Total GF/non-GF	**$0**	**$0**	**$159,800**	**$0**
Total Expenses:	**$0**		**$159,800**	
Program FTE	0.00	0.00	0.70	0.00
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Percent of complaints investigated	N/A	N/A	100%
Percent of mobile syringe service programs receiving technical assistance following a validated complaint	N/A	N/A	100%

Division: Public Health

Program Characteristics:

Program Description

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

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$2,601,133	$2,882,753	$1,841,797	$3,708,662
Contractual Services	$1,072,151	$4,244,189	$1,651,981	$2,835,794
Materials & Supplies	$149,320	$269,899	$147,477	$69,504
Internal Services	$772,380	$1,019,862	$598,859	$1,090,865
Total GF/non-GF	**$4,594,984**	**$8,416,703**	**$4,240,114**	**$7,704,825**
Total Expenses:	**$13,011,687**		**$11,944,939**	
Program FTE	16.13	16.37	10.05	20.50
Program Revenues				
Intergovernmental	$0	$6,328,377	$0	$6,206,673
Other / Miscellaneous	$0	$25,092	$0	$29,403
Beginning Working Capital	$0	$400,000	$0	$0
Service Charges	$0	$1,663,234	$0	$1,468,749
Total Revenue	**$0**	**$8,416,703**	**$0**	**$7,704,825**

Performance Measures

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

Division: Public Health

Program Characteristics:

Program Description

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

Multnomah Early Childhood Program (MECP) provides support for families with children who have special health needs. David Douglas School District and the Preschool for All program contract with the Multnomah Early Childhood Program to provide these services in the classroom setting and other community settings.

Families who participate in MECP services are:

- More likely to participate in early childhood education programs;
- More likely to experience a teacher better trained to support children with special needs;
- More likely to experience support in implementing their Individualized Family Service Plan;
- More likely to be connected with mental health support services;
- More likely to be prepared for Kindergarten.

Equity Statement

Support before birth and in early childhood improves health across the lifespan. PCFH offers all families in Multnomah County some level of support during this time. MECP provides support to families experiencing limited access to early learning for children with special needs. MECP works with preschools and other community settings to ensure all children can be successful in school and ready to learn. This approach improves the overall health of Multnomah County.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$0	$0	$218,849
Materials & Supplies	$0	$0	$0	$20,000
Internal Services	$0	$0	$0	$8,163
Total GF/non-GF	**$0**	**$0**	**$0**	**$247,012**
Total Expenses:	**$0**		**$247,012**	
Program FTE	0.00	0.00	0.00	1.20
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Numbers of families served by Multnomah Early Childhood Program	2,115	2,250	3,000
Number of visits completed by Multnomah Early Childhood Program	2,540	2,800	3,500

Integrated Clinical Services

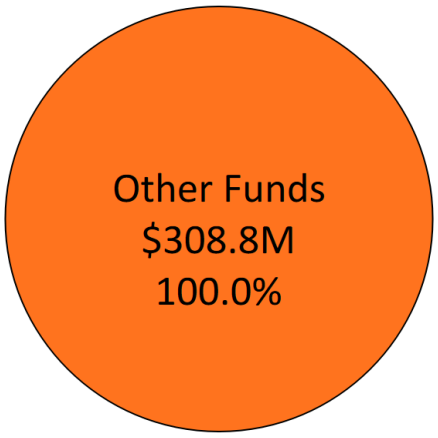
$308.8 million

Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.

727.72 FTE

(full time equivalent)



Multnomah County's Community Health Center provides comprehensive primary care, integrated behavioral health, dental, pharmacy, and wraparound services across eighteen sites, including student health centers and a mobile van, to communities across Multnomah County. The Health Center services include highly specified care for people living with HIV, as well as for immigrant and refugee populations. As a Federally Qualified Health Center, the program must follow federal Health Resources and Services Administration (HRSA) regulatory requirements and specific governance, financial, operational, and clinical quality policies.

The Health Center Program welcomes all persons, regardless of insurance status or ability to pay. Our Health Center prioritizes culturally and linguistically appropriate care, supporting clients in a way that works for them. In the calendar year 2025, the Health Center served 60,201 unique clients with a focus on people who otherwise have limited access to healthcare. The Health Center client demographics reflect Multnomah County's diverse population and especially represent under-resourced and marginalized communities that experience structural barriers to healthcare. The vast majority of clients (96%) in 2025 had an income at or below 200% of the federal poverty level (FPL), and 76% had an income at or below 100% FPL. All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The partnerships, programs, and services of the Integrated Clinical Services Division/Community Health Center directly support the Health Department's aim of reducing preventable deaths by providing high quality integrated health care. The Community Health Center also supports the focus areas and outcomes outlined in the County's Strategic Plan. The division's work is most specifically in alignment with **Focus Area 1: Support Community Health and Wellness.**

Significant Division Changes

In FY 2027, the Health Center anticipates negative impacts due to Federal House Resolution 1 (H.R.1) that enacts significant cuts to Medicaid spending. Reduced state and federal funding, combined with Medicaid policy shifts like changes to how often people must reapply for assistance and work requirements to get assistance, are expected to increase the rate of uninsured clients. Furthermore, Coordinated Care Organizations (CCOs) will have fewer quality incentive dollars for the Health Center to earn, and projected changes to the 340B drug pricing program will lead to a decrease in pharmacy revenue[1]. These challenges are compounded by rising personnel, internal services, and indirect rate costs that exceed revenue growth.

The Health Center's budget preserves patient access and prioritizes investments in patient care, ensuring we protect the Health Center's core purpose—patient care. The budget reflects difficult, but necessary, reductions. In an effort to preserve patient care roles when possible, our reductions included vacant roles that had not been filled for over 12 months and some filled central administrative roles. A reduction of 19.10 FTE, occurred across all program offers. When additions are factored in, the net FTE change is an increase of 1.19 FTE.

Integrated Clinical Services Outcomes

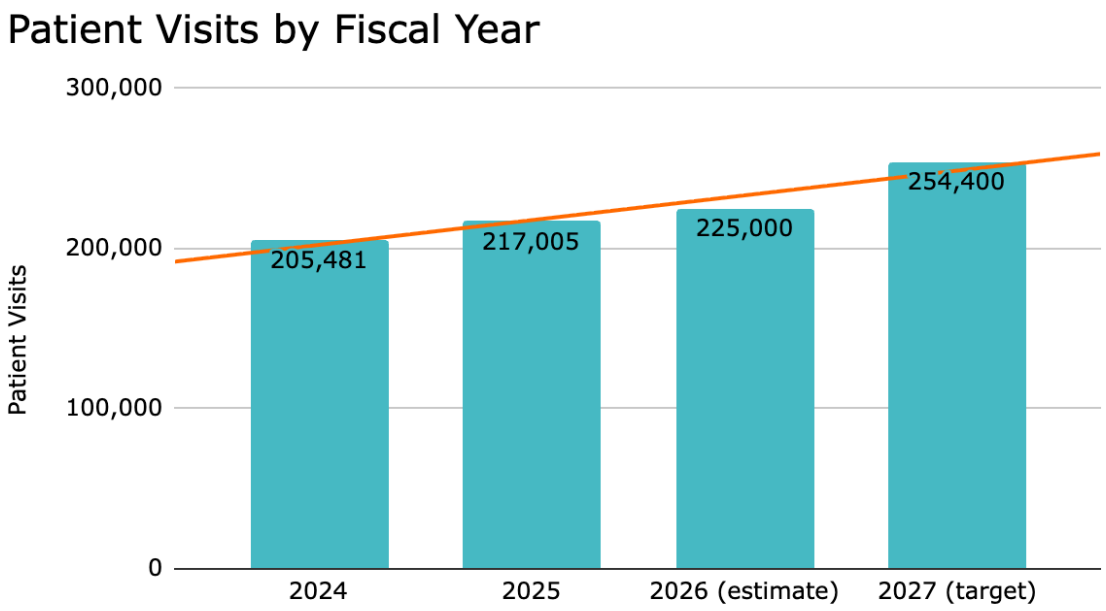
1. Residents in Multnomah County living on low incomes will have increased access to a medical home model that includes primary care, integrated behavioral health services, dental, and pharmacy services.

The Community Health Center will provide increased access to the services offered in a medical home model. This would mean that community members will see an increase in available new and existing patient appointments.

Key Performance Indicator (KPI) 1.1: Completed patient visits

KPI 1.1 Description: Encounters are completed visits for patients under primary care, student health, and dental services regardless of reimbursement models. Access to services in integrated behavioral health are documented in this data as a primary care service.

[1] The 340B Program refers to a federal drug access program which helps improve access to medication for people who are low income and/or underinsured. The Community Health Center is a 340B Covered Entity and participates in the 340B program to assure clients can access pharmacy services and medications. Proposed changes to the 340B Program will increase drug acquisition costs for the Community Health Center, which reduces financial assistance to clients.



FY 2026 Estimate: 225,000 Completed patient visits	**FY 2027 Target:** 254,400 Completed patient visits

KPI 1.1 Equity Considerations: The Community Health Center's vision is to ensure care is tailored to each individual's needs and that they receive reliable, inclusive, and high-quality healthcare. This work is carried out by a workforce that has unique skills and experiences to serve the diversity of our communities and by reducing the financial, administrative, language, and social barriers that contribute to health inequities.

Outcome 1 Program Offers The following program offers contribute to Outcome 1.

- 40017 - FQHC-Dental Services
- 40019 - FQHC-North Portland Health Clinic
- 40020 - FQHC-Northeast Health Clinic
- 40022 - FQHC-Mid County Health Clinic
- 40023 - FQHC-East County Health Clinic
- 40024 - FQHC-Student Health Center
- 40026 - FQHC-Fernhill Health Center
- 40027 - FQHC-Southeast Health Clinic
- 40029 - FQHC-Rockwood Community Health Clinic
- 40031 - FQHC-Pharmacy

2. Through the Health Center workforce development programs, community members, including current staff and clients, will have access and opportunities to advance their careers and further their education in healthcare.

Key Performance Indicator (KPI) 2.1: Workforce development placements in the Health Center

KPI 2.1 Description: These are the number of filled workforce development, training, and student rotation roles offered through the community health center. Increased participation in these roles show an ongoing interest in healthcare careers, especially under a team-based care and the community health center model. Opportunities are offered in the following areas:

- Primary care through the Advanced Practice Clinician (APC) Fellowship
- Dental pathways through endodontic and other specialty students, Dentist Students, and Dental Hygiene Student Rotations

FY 2026 Estimate: 100% of positions filled with staff graduating programs in FY 2026 Positions for FY 2026 include six employees in the APC Fellowship program and six in Dental Pathways.	**FY 2027 Target:** 100% of positions filled with staff progressing towards completion or having graduated the program Positions for FY 2027 include five employees in the APC fellowship program and six in Dental Pathways

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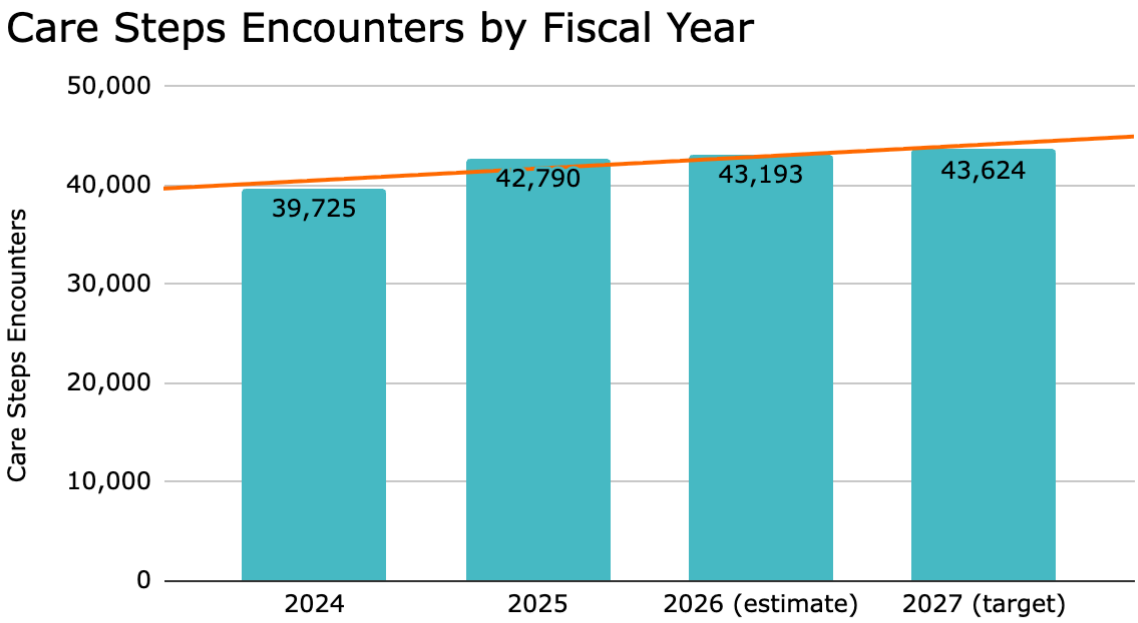
Outcome 2 Program Offers

The following program offers contribute to Outcome 2. Division-specific administrative program offers are not included, as they support all outcome statements:

- 40017 - FQHC-Dental Services
- 40019 - FQHC-North Portland Health Clinic
- 40020 - FQHC-Northeast Health Clinic
- 40022 - FQHC-Mid County Health Clinic
- 40023 - FQHC-East County Health Clinic
- 40029 - FQHC-Rockwood Community Health Clinic

3. Clients of the Health Center have increased support for wrap-around and navigation services, including standard screening for social drivers of health (e.g., economic stability, housing, food insecurity, etc.) with referral for services and support, insurance enrollment assistance, phone navigation, and intensive care management for patients at high and rising risk.

Key Performance Indicator (KPI) 3.1: Community Health Center Patient Care Steps are documented interactions between staff and clients. These steps track a patient's ongoing needs, such as finding community resources, addressing social factors that affect health, coordinating medical care, and providing health education. This model is unique to Oregon and is recognized by the Oregon Health Authority (OHA). It is specifically designed for Community Health Centers participating in Alternative Payment Methodologies (APM). Unlike the traditional "fee-for-service" model—where providers bill for every individual appointment or procedure—the APM model rewards high-quality, cost-efficient care. Under APM, health centers are reimbursed for managing a patient's overall health over time, focusing on long-term improvements in health outcomes rather than the volume of services provided.



FY 2026 Estimate: 43,193 Care Steps encounters	**FY 2027 Target:** 43,624 Care Steps encounters

Outcome 3 Program Offers The following program offers contribute to Outcome 3.

- 40102 - FQHC Allied Health
- 40034A - FQHC Administration and Operations
- 40033 - FQHC Primary Care and Dental Access and Referral

Table of Division Programs

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

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	Total FTE
40012	FQHC-HIV Clinical Services		0	10,018,216	10,018,216	38.40
40016	FQHC-Medicaid/Medicare Eligibility		0	3,289,900	3,289,900	18.00
40017	FQHC-Dental Services		0	33,132,918	33,132,918	129.64
40019	FQHC-North Portland Health Clinic		0	8,066,212	8,066,212	28.40
40020	FQHC-Northeast Health Clinic		0	9,283,398	9,283,398	31.55
40022	FQHC-Mid County Health Clinic		0	17,214,721	17,214,721	58.90
40023	FQHC-East County Health Clinic		0	15,431,093	15,431,093	49.90
40024	FQHC-Student Health Centers		0	9,857,645	9,857,645	36.35
40026	FQHC-Fernhill Health Center		0	4,922,747	4,922,747	17.68
40027	FQHC-Southeast Health Clinic		0	8,418,271	8,418,271	30.70
40029	FQHC-Rockwood Community Health Clinic		0	8,767,833	8,767,833	31.00
40030	FQHC-Medical Director		0	1,870,756	1,870,756	2.80
40031	FQHC-Pharmacy		0	41,387,927	41,387,927	54.50
40032	FQHC-Lab and Medical Records		0	5,094,927	5,094,927	22.80
40033	FQHC-Primary Care and Dental Access and Referral		0	10,474,589	10,474,589	59.80
40034A	FQHC-Administration and Operations		0	12,696,173	12,696,173	45.40
40034B	FQHC - Contingency and Reserves		0	89,499,177	89,499,177	0.00
40036	FQHC-Community Health Council and Civic Governance		0	462,029	462,029	1.00
40102	FQHC Allied Health		0	9,153,028	9,153,028	42.45
40103	FQHC-Quality Assurance		0	9,780,909	9,780,909	28.45
	Total Integrated Clinical Services		**0**	**308,822,469**	**308,822,469**	**727.72**

Division: Integrated Clinical Services

Program Characteristics:

Program Description

This program offer funds the HIV Health Services Center (HHSC), one of few Ryan White HIV clinics in Oregon. The clinic offers culturally specific LGBTQI HIV/Hepatitis C outpatient medical care, mental health services, case management, health education, HIV prevention, art therapy, anal cancer screening and treatment, support for those experiencing intimate partner violence, universal education and screening with referral to community resources, risk reduction support, medication-assisted therapy, and treatment adherence counseling.

Onsite clinical pharmacy services increase patients' access to and use of HIV medications. HHSC integrates prevention into all services to reduce client risk of HIV transmission. HHSC integrates primary/specialty care via telehealth, telemedicine, and in-person visits in coordination with field services provided by our navigation and nursing care management team using National HIV best practices and treatment guidelines.

The clinic is supported by an active Client Advisory Council and a well-established network of HIV social service providers. HHSC is an AIDS Education and Training Center site, training more than 40 doctors, nurses, clinic administrators, quality directors, and pharmacists each year. The clinic serves as a Practice Transformation Training Site to mentor providers in rural Federally Qualified Health Centers caring for clients living with HIV. The clinic provides a monthly Nursing Community of Practice webinar for the Mountain West region to address current HIV nursing-related best practices including Rapid Start and other evolving care standards.

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$6,581,005	$0	$7,395,196
Contractual Services	$0	$269,318	$0	$153,603
Materials & Supplies	$0	$1,323,489	$0	$541,394
Internal Services	$0	$1,820,756	$0	$1,928,023
Total GF/non-GF	**$0**	**$9,994,568**	**$0**	**$10,018,216**
Total Expenses:	**$9,994,568**		**$10,018,216**	
Program FTE	0.00	37.30	0.00	38.40
Program Revenues				
Intergovernmental	$0	$3,316,998	$0	$3,422,818
Beginning Working Capital	$0	$1,739,492	$0	$1,739,492
Service Charges	$0	$4,938,078	$0	$4,855,906
Total Revenue	**$0**	**$9,994,568**	**$0**	**$10,018,216**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of unduplicated HIV clinic patients.	1,512	1,575	1,625
Percent of patients whose last viral load test is below 200 copies.	90%	90%	91%

Division: Integrated Clinical Services

Program Characteristics:

Program Description

This program offer funds Medicaid enrollment to help Oregonians get the healthcare they need. We help uninsured and under-insured Oregonians sign up for state and federal medical and dental insurance coverage as well as other types of medical assistance programs. Patients unable to obtain insurance coverage are screened for the health center sliding fee discounts to make visits more affordable. Last year, our staff connected with patients 21,823 times and helped over 2,000 people enroll in the Oregon Health Plan (OHP). Connecting with patients is known as patient contacts. We monitor this data to ensure we are working to provide the type and volume of support needed. Patient contact activities include but are not limited to are:
-Following up on submitted applications.
-Answering complex insurance questions.
-Helping submit the correct necessary data to ensure eligibility for insurance coverage is accurate and that insurance coverage is not lost due to missing or incorrect data during insurance redetermination periods.
-Outreach and education aimed at increasing the number of patients who complete the OHP enrollment process, remain insured when eligible, and have an understanding of important topics such as what it means to receive care by providers that are in network or contracted to accept the patient's insurance type.
96% of patients seen at the Multnomah County Community Health Center in 2025 had an income at or below 200% of the federal poverty limit, including 76% of patients who had an income at or below 100% of the federal poverty level.

Equity Statement

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

Revenue/Expense Detail

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

Performance Measures

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

Division: Integrated Clinical Services

Program Characteristics:

Program Description

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

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

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

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

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$23,300,959	$0	$23,110,331
Contractual Services	$0	$1,005,735	$0	$339,067
Materials & Supplies	$0	$1,939,290	$0	$1,749,435
Internal Services	$0	$7,733,988	$0	$7,934,085
Total GF/non-GF	**$0**	**$33,979,972**	**$0**	**$33,132,918**
Total Expenses:	**$33,979,972**		**$33,132,918**	
Program FTE	0.00	123.99	0.00	129.64
Program Revenues				
Intergovernmental	$0	$312,000	$0	$312,000
Other / Miscellaneous	$0	$2,541,371	$0	$0
Beginning Working Capital	$0	$6,080,499	$0	$4,582,456
Service Charges	$0	$25,046,102	$0	$28,238,462
Total Revenue	**$0**	**$33,979,972**	**$0**	**$33,132,918**

Performance Measures

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

Division: Integrated Clinical Services

Program Characteristics:

Program Description

This program offer funds the North Portland Health Center (NPHC), which is a designated Patient-Centered Medical Home. This model of primary care includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. We provide comprehensive, culturally appropriate services to keep our community healthy. Services include but are not limited to:
-Primary care services including treatment of acute and chronic illnesses, behavioral health, drug and alcohol treatment, family planning, prenatal and preventive services (well-child visits, immunizations), acupuncture, and community health education.
-Community pharmacy and lab services.
-Clinical pharmacists who assist clients and providers with medication management and adherence support, conduct medication reconciliation upon hospital discharge, and independently manage ongoing medical conditions such as diabetes and high blood pressure.
-Enabling services including Medicaid eligibility screening, medical interpretation, transportation, case management, and health education.
In calendar year 2025, the Multnomah County Community Health Center collectively served more than 60,200 patients whose demographics reflected Multnomah County's diverse population and especially represented under-resourced and marginalized communities that experience structural barriers to healthcare. For example, 96% of patients had an income at or below 200% of the federal poverty level (FPL), including 76% of patients who had an income at or below 100% FPL.

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$5,547,556	$0	$5,632,603
Contractual Services	$0	$122,693	$0	$150,000
Materials & Supplies	$0	$185,438	$0	$353,153
Internal Services	$0	$1,875,889	$0	$1,930,456
Total GF/non-GF	**$0**	**$7,731,576**	**$0**	**$8,066,212**
Total Expenses:	**$7,731,576**		**$8,066,212**	
Program FTE	0.00	29.90	0.00	28.40
Program Revenues				
Intergovernmental	$0	$673,895	$0	$673,895
Service Charges	$0	$7,057,681	$0	$7,392,317
Total Revenue	**$0**	**$7,731,576**	**$0**	**$8,066,212**

Performance Measures

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

Division: Integrated Clinical Services

Program Characteristics:

Program Description

This program offer funds the Northeast Health Center (NEHC), which is a designated Patient-Centered Medical Home. This model of primary care includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. We provide comprehensive, culturally appropriate services to keep our community healthy. Services include but are not limited to:
-Primary care services including treatment of acute and chronic illnesses, behavioral health, drug and alcohol treatment, family planning, prenatal and preventive services (well-child visits, immunizations), acupuncture, and community health education.
-Community pharmacy and lab services.
-Clinical pharmacists who assist clients and providers with medication management and adherence support, conduct medication reconciliation upon hospital discharge, and independently manage ongoing medical conditions such as diabetes and high blood pressure.
-Enabling services including Medicaid eligibility screening, medical interpretation, transportation, case management, and health education
In calendar year 2025, the Multnomah County Community Health Center collectively served more than 60,200 patients whose demographics reflected Multnomah County's diverse population and especially represented under-resourced and marginalized communities that experience structural barriers to healthcare. For example, 96% of patients had an income at or below 200% of the federal poverty level (FPL), including 76% of patients who had an income at or below 100% FPL.

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$6,182,599	$0	$6,294,514
Contractual Services	$0	$143,286	$0	$238,700
Materials & Supplies	$0	$310,470	$0	$390,842
Internal Services	$0	$2,293,146	$0	$2,359,342
Total GF/non-GF	**$0**	**$8,929,501**	**$0**	**$9,283,398**
Total Expenses:	**$8,929,501**		**$9,283,398**	
Program FTE	0.00	32.45	0.00	31.55
Program Revenues				
Intergovernmental	$0	$985,060	$0	$885,060
Service Charges	$0	$7,944,441	$0	$8,398,338
Total Revenue	**$0**	**$8,929,501**	**$0**	**$9,283,398**

Performance Measures

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

Division: Integrated Clinical Services

Program Characteristics:

Program Description

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

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

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$12,239,890	$0	$11,767,838
Contractual Services	$0	$664,621	$0	$821,425
Materials & Supplies	$0	$623,380	$0	$1,235,581
Internal Services	$0	$3,747,315	$0	$3,389,877
Total GF/non-GF	**$0**	**$17,275,206**	**$0**	**$17,214,721**
Total Expenses:	**$17,275,206**		**$17,214,721**	
Program FTE	0.00	62.30	0.00	58.90
Program Revenues				
Intergovernmental	$0	$1,466,185	$0	$928,950
Service Charges	$0	$15,809,021	$0	$16,285,771
Total Revenue	**$0**	**$17,275,206**	**$0**	**$17,214,721**

Performance Measures

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

Division: Integrated Clinical Services

Program Characteristics:

Program Description

This program offer funds the East County Health Center (ECHC), which is a designated Patient-Centered Medical Home. This model of primary care includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. We provide comprehensive, culturally appropriate services to keep our community healthy. Services include but are not limited to:
-Primary care services including treatment of acute and chronic illnesses, behavioral health, drug and alcohol treatment, family planning, prenatal and preventive services (well-child visits, immunizations), acupuncture, and community health education.
-Community pharmacy and lab services.
-Clinical pharmacists who assist clients and providers with medication management and adherence support, conduct medication reconciliation upon hospital discharge, and independently manage ongoing medical conditions such as diabetes and high blood pressure.
-Enabling services including Medicaid eligibility screening, medical interpretation, transportation, case management, and health education
In calendar year 2025, the Multnomah County Community Health Center collectively served more than 60,200 patients whose demographics reflected Multnomah County's diverse population and especially represented under-resourced and marginalized communities that experience structural barriers to healthcare. For example, 96% of patients had an income at or below 200% of the federal poverty level (FPL), including 76% of patients who had an income at or below 100% FPL.

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$9,672,189	$0	$10,559,728
Contractual Services	$0	$379,928	$0	$764,872
Materials & Supplies	$0	$326,301	$0	$734,865
Internal Services	$0	$3,167,304	$0	$3,371,628
Total GF/non-GF	**$0**	**$13,545,722**	**$0**	**$15,431,093**
Total Expenses:	**$13,545,722**		**$15,431,093**	
Program FTE	0.00	48.40	0.00	49.90
Program Revenues				
Intergovernmental	$0	$1,085,315	$0	$853,306
Service Charges	$0	$12,460,407	$0	$14,577,787
Total Revenue	**$0**	**$13,545,722**	**$0**	**$15,431,093**

Performance Measures

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

Division: Integrated Clinical Services

Program Characteristics:

Program Description

This program offer funds healthcare for school-aged youth as a basic need. The Student Health Center (SHC) provides nine critical points of access to health care regardless of insurance status through partnerships with schools, families, healthcare providers, and community agencies. SHC contributes to learning readiness by linking health and education to student success in school and life. The SHC's comprehensive approach enables preventive care and early identification and intervention. It promotes healthy behaviors and resilience as well as reducing risk behaviors. SHC services include:
-Chronic, acute, and preventive healthcare;
-Age-appropriate reproductive health;
-Exams, risk assessments, immunizations, healthy lifestyle education/counseling, and referrals; and
-Prescriptions.
Program locations are geographically diverse, and all Multnomah County K-12 aged youth are eligible to receive services at any SHC location, including students who attend other schools, those not currently attending school, and students experiencing houselessness. In calendar year 2025, the Multnomah County Community Health Center collectively served more than 60,200 patients whose demographics reflected Multnomah County's diverse population and especially represented under-resourced and marginalized communities that experience structural barriers to healthcare. For example, 96% of patients had an income at or below 200% of the federal poverty level (FPL), including 76% of patients who had an income at or below 100% FPL.

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$6,719,341	$0	$6,591,643
Contractual Services	$0	$322,262	$0	$361,135
Materials & Supplies	$0	$563,507	$0	$474,610
Internal Services	$0	$2,374,946	$0	$2,430,257
Total GF/non-GF	**$0**	**$9,980,056**	**$0**	**$9,857,645**
Total Expenses:	**$9,980,056**		**$9,857,645**	
Program FTE	0.00	35.84	0.00	36.35
Program Revenues				
Intergovernmental	$0	$1,312,379	$0	$1,293,279
Other / Miscellaneous	$0	$306,319	$0	$199,720
Service Charges	$0	$8,361,358	$0	$8,364,646
Total Revenue	**$0**	**$9,980,056**	**$0**	**$9,857,645**

Performance Measures

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

Division: Integrated Clinical Services

Program Characteristics:

Program Description

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

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

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$3,015,129	$0	$3,495,789
Contractual Services	$0	$59,650	$0	$183,250
Materials & Supplies	$0	$203,789	$0	$221,182
Internal Services	$0	$937,171	$0	$1,022,526
Total GF/non-GF	**$0**	**$4,215,739**	**$0**	**$4,922,747**
Total Expenses:	**$4,215,739**		**$4,922,747**	
Program FTE	0.00	14.50	0.00	17.68
Program Revenues				
Intergovernmental	$0	$826,068	$0	$826,068
Service Charges	$0	$3,389,671	$0	$4,096,679
Total Revenue	**$0**	**$4,215,739**	**$0**	**$4,922,747**

Performance Measures

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

Division: Integrated Clinical Services

Program Characteristics:

Program Description

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

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

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$5,324,051	$0	$5,990,370
Contractual Services	$0	$424,083	$0	$186,125
Materials & Supplies	$0	$391,600	$0	$465,874
Internal Services	$0	$1,649,193	$0	$1,775,902
Total GF/non-GF	**$0**	**$7,788,927**	**$0**	**$8,418,271**
Total Expenses:	**$7,788,927**		**$8,418,271**	
Program FTE	0.00	28.60	0.00	30.70
Program Revenues				
Intergovernmental	$0	$1,366,158	$0	$1,365,404
Service Charges	$0	$6,422,769	$0	$7,052,867
Total Revenue	**$0**	**$7,788,927**	**$0**	**$8,418,271**

Performance Measures

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

Division: Integrated Clinical Services

Program Characteristics:

Program Description

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

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

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$5,303,026	$0	$5,936,569
Contractual Services	$0	$195,555	$0	$516,022
Materials & Supplies	$0	$206,356	$0	$367,228
Internal Services	$0	$1,806,416	$0	$1,948,014
Total GF/non-GF	**$0**	**$7,511,353**	**$0**	**$8,767,833**
Total Expenses:	**$7,511,353**		**$8,767,833**	
Program FTE	0.00	29.30	0.00	31.00
Program Revenues				
Intergovernmental	$0	$764,768	$0	$764,768
Service Charges	$0	$6,746,585	$0	$8,003,065
Total Revenue	**$0**	**$7,511,353**	**$0**	**$8,767,833**

Performance Measures

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

Division: Integrated Clinical Services

Program Characteristics:

Program Description

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

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

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$1,252,239	$0	$1,225,447
Contractual Services	$0	$157,000	$0	$172,200
Materials & Supplies	$0	$123,052	$0	$97,246
Internal Services	$0	$370,757	$0	$375,863
Total GF/non-GF	**$0**	**$1,903,048**	**$0**	**$1,870,756**
Total Expenses:	**$1,903,048**		**$1,870,756**	
Program FTE	0.00	3.00	0.00	2.80
Program Revenues				
Intergovernmental	$0	$115,115	$0	$111,592
Other / Miscellaneous	$0	$1,547,451	$0	$1,100,000
Service Charges	$0	$240,482	$0	$659,164
Total Revenue	**$0**	**$1,903,048**	**$0**	**$1,870,756**

Performance Measures

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

Division: Integrated Clinical Services

Program Characteristics:

Program Description

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

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

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

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

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$12,222,722	$0	$11,175,597
Contractual Services	$0	$178,924	$0	$102,800
Materials & Supplies	$0	$27,114,970	$0	$26,363,427
Internal Services	$0	$3,570,340	$0	$3,446,103
Capital Outlay	$0	$0	$0	$300,000
Total GF/non-GF	**$0**	**$43,086,956**	**$0**	**$41,387,927**
Total Expenses:	**$43,086,956**		**$41,387,927**	
Program FTE	0.00	56.50	0.00	54.50
Program Revenues				
Service Charges	$0	$43,086,956	$0	$41,387,927
Total Revenue	**$0**	**$43,086,956**	**$0**	**$41,387,927**

Performance Measures

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

Division: Integrated Clinical Services

Program Characteristics:

Program Description

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

The primary care clinic labs handle approximately 250,000 specimens per year. The lab program manages external laboratory contracts, prepares for emergencies (including bioterrorism), and assists with the surveillance of emerging infections. Access to laboratory testing assists in the diagnosis, treatment, and monitoring of clients receiving healthcare in Health Department facilities.

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

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$3,228,322	$0	$3,338,285
Contractual Services	$0	$2,700	$0	$22,100
Materials & Supplies	$0	$193,032	$0	$150,510
Internal Services	$0	$1,294,510	$0	$1,364,032
Capital Outlay	$0	$0	$0	$220,000
Total GF/non-GF	**$0**	**$4,718,564**	**$0**	**$5,094,927**
Total Expenses:	**$4,718,564**		**$5,094,927**	
Program FTE	0.00	23.80	0.00	22.80
Program Revenues				
Beginning Working Capital	$0	$334,426	$0	$334,426
Service Charges	$0	$4,384,138	$0	$4,760,501
Total Revenue	**$0**	**$4,718,564**	**$0**	**$5,094,927**

Performance Measures

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

Division: Integrated Clinical Services

Program Characteristics:

Program Description

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

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

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$7,359,950	$0	$8,145,201
Contractual Services	$0	$510,000	$0	$201,054
Materials & Supplies	$0	$169,465	$0	$159,583
Internal Services	$0	$1,865,655	$0	$1,968,751
Total GF/non-GF	**$0**	**$9,905,070**	**$0**	**$10,474,589**
Total Expenses:	**$9,905,070**		**$10,474,589**	
Program FTE	0.00	56.80	0.00	59.80
Program Revenues				
Intergovernmental	$0	$906,600	$0	$906,600
Other / Miscellaneous	$0	$2,440,000	$0	$1,877,700
Beginning Working Capital	$0	$569,548	$0	$569,548
Service Charges	$0	$5,988,922	$0	$7,120,741
Total Revenue	**$0**	**$9,905,070**	**$0**	**$10,474,589**

Performance Measures

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

Division: Integrated Clinical Services

Program Characteristics:

Program Description

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

Activities supported in this program include:
-Development and implementation of fiscal accountability and monitoring infrastructure.
-Management of revenue cycle activities.
-Implementation of strategic projects.
-Medical coding and registration.
-Support for operational workflows to increase patient access to care.
-Other projects designed to improve health outcomes; examples of this type of work include support for transitioning and training clinical teams to expand virtual care, designing patient communications campaigns for managing chronic diseases, and designing reporting materials to reflect operational needs to monitor metrics and value based pay performance.

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$9,181,741	$0	$8,501,949
Contractual Services	$0	$500,000	$0	$342,329
Materials & Supplies	$0	$226,760	$0	$721,731
Internal Services	$0	$3,081,024	$0	$3,130,164
Total GF/non-GF	**$0**	**$12,989,525**	**$0**	**$12,696,173**
Total Expenses:	**$12,989,525**		**$12,696,173**	
Program FTE	0.00	50.90	0.00	45.40
Program Revenues				
Intergovernmental	$0	$1,225,755	$0	$1,457,764
Other / Miscellaneous	$0	$6,960,509	$0	$6,773,550
Beginning Working Capital	$0	$1,275,617	$0	$491,177
Service Charges	$0	$3,527,644	$0	$3,973,682
Total Revenue	**$0**	**$12,989,525**	**$0**	**$12,696,173**

Performance Measures

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

Division: Integrated Clinical Services

Program Characteristics:

Program Description

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

Projected billable visits payer mix for FY 2027 reflects 82% Medicaid/Medicare visits for primary care, HIV Health Services Center (HHSC), and Student Health Center visits. Dental projected billable visits include 90% Medicaid visits. During FY 2022, the State approved and implemented new reimbursement rates and made retroactive payments. These funds are required to be utilized for the continuation of mandated healthcare services for the most vulnerable people of Multnomah County. Reserve and contingency funds will create ongoing stability for the Multnomah County Community Health Center and protect the program from unexpected revenue declines from economic fluctuations and unexpected costs. These fiscal stability approaches are informed by government accounting best practices, Health Resources and Services Administration guidelines, and Multnomah County's Financial and Budget Policies.

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

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Revenue/Expense Detail

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

Performance Measures

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

Division: Integrated Clinical Services

Program Characteristics:

Program Description

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

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

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

Equity Statement

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Revenue/Expense Detail

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

Performance Measures

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

Division: Integrated Clinical Services

Program Characteristics:

Program Description

Allied Health (AH) integrated Behavioral Health (IBH) and Community Health Worker (CHW) services, which are critical to our core clinical operations. This integration is delivered through two primary components:
-AH-Integrated Behavioral Health (AH-IBH) offers mental health assessment, diagnosis and brief evidence-based psychotherapy, long-term mental health support, and peer support for patients experiencing complex medical, mental health, and/or substance use disorders. As part of the primary care medical team, AH-IBH provides care coordination, consultation, peer support, and education regarding psychosocial treatments and specific behavioral issues or barriers that arise related to a patient's health issues. Services are provided via telehealth or office visits.
-The AH-Community Health Worker (AH-CHW) program serves clients who experience barriers to care that may keep them from achieving their health goals and optimal health outcomes. Our CHWs work with clients on the social determinants of health (SDOH) and health education/promotion related to their clinical care needs. In addition to direct client services, SDOH work includes establishing partnerships in the community. CHWs serve as bridge-builders and liaisons with case managers and other client advocates and also facilitate health education/promotion.

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

Equity Statement

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$7,361,629	$0	$7,091,900
Contractual Services	$0	$117,502	$0	$19,800
Materials & Supplies	$0	$328,059	$0	$199,979
Internal Services	$0	$1,917,583	$0	$1,841,349
Total GF/non-GF	**$0**	**$9,724,773**	**$0**	**$9,153,028**
Total Expenses:	**$9,724,773**		**$9,153,028**	
Program FTE	0.00	45.50	0.00	42.45
Program Revenues				
Intergovernmental	$0	$1,458,651	$0	$1,112,678
Other / Miscellaneous	$0	$198,301	$0	$0
Beginning Working Capital	$0	$1,224,142	$0	$1,224,142
Service Charges	$0	$6,843,679	$0	$6,816,208
Total Revenue	**$0**	**$9,724,773**	**$0**	**$9,153,028**

Performance Measures

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

Division: Integrated Clinical Services

Program Characteristics:

Program Description

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

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

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

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Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$5,226,319	$0	$5,514,704
Contractual Services	$0	$2,705,000	$0	$2,214,000
Materials & Supplies	$0	$412,024	$0	$113,044
Internal Services	$0	$1,862,618	$0	$1,939,161
Total GF/non-GF	**$0**	**$10,205,961**	**$0**	**$9,780,909**
Total Expenses:	**$10,205,961**		**$9,780,909**	
Program FTE	0.00	27.45	0.00	28.45
Program Revenues				
Intergovernmental	$0	$150,000	$0	$150,000
Other / Miscellaneous	$0	$3,886,026	$0	$3,885,544
Beginning Working Capital	$0	$4,235,059	$0	$3,728,430
Service Charges	$0	$1,934,876	$0	$2,016,935
Total Revenue	**$0**	**$10,205,961**	**$0**	**$9,780,909**

Performance Measures

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

Corrections Health

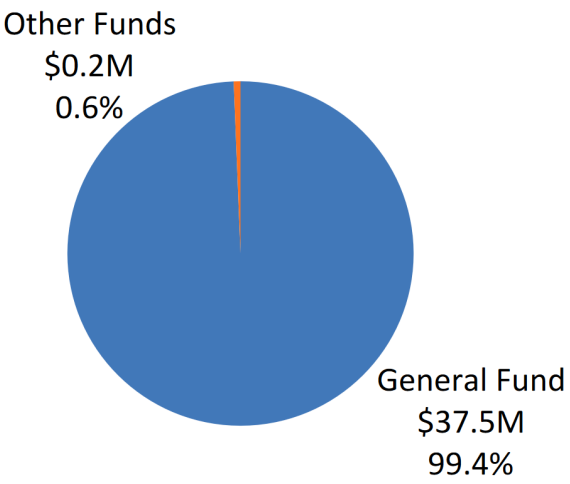
$37.8 million

Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.

129.35 FTE

(full time equivalent)



The Corrections Health Division is responsible for providing medical, mental health, and dental care to roughly 17,000 people in Multnomah County jails and juvenile detention annually. We are required to offer the same quality of care found in the community to the thousands of adults and youth we serve each year.

Many justice impacted people deal with serious illnesses, mental health struggles, or addiction. More than 65% receive mental health treatment. Because these issues often affect marginalized groups more deeply, providing high-quality treatment helps close the gap in health fairness. Staff work 24/7 in adult facilities and 16 hours a day for youth to treat these conditions and prevent avoidable deaths.

Improving the health of people in custody helps everyone. When patients receive treatment for contagious diseases or stabilize their mental health, they can better participate in their legal cases. Since most people eventually return home, these health improvements lead to safer transitions and stronger, healthier families and neighborhoods.

The Corrections Health Division's work specifically addresses **Focus Area 2: Create a Safe and Just Community** in the County's Strategic Plan**.**

Significant Division Changes

Medication Supported Recovery
In order to enhance Medication Supported Recovery (MSR) in carceral settings, Corrections Health is reallocating resources to support the administration of prescription medication to treat opioid addiction and manage withdrawal symptoms to more adults in custody with active substance use disorder. Clinical staff, currently under the Transition Services Program (TSP), will shift to operate under the Multnomah County Detention Center. To manage the financial aspects of this transition, the budget was adjusted by reducing 4.40 FTE Community Health Nurse (CHN) positions, a 1.00 FTE Operations Supervisor position, a 0.50 FTE Physician position, and a 1.00 FTE Corrections Health Division Director position. These funds were then allocated to accommodate the following positions, under the MSR Program: a Community Health Nurse (CHN) position totaling 0.80 FTE, a Licensed Community Practical Nurse (LPN) position totaling 0.73 FTE, and an Advanced Practice Clinician position totaling 0.60 FTE.

Clinical changes that enhance the Corrections Health Division's ability to expand capacity to incorporate long-acting injectable medications will continue to be a significant undertaking throughout FY 2027. The Health Resources and Services Administration (HRSA) has provided $169,290 of grant funding for the Integrated Clinical Services Division (ICS) and Corrections Health to partner around a program called "Transition In Care." This program is designed to help clients exiting jail connect with and continue receiving care from ICS.

Drug Pricing Program Corrections Health is in the process of submitting its application for the 340B Drug Pricing Program to help reduce the cost of pharmaceutical medications.

Behavioral Health Services (40059) Changes in this program include the loss of a 1.00 FTE Behavioral Health Manager; 0.80 FTE Psychiatrist (Represented); and 1.60 FTE Mental Health Consultants. The two remaining Behavioral Health supervisors will report to the Medical Director. Corrections Health will seek psychiatric services from our academic affiliate or other internal Health Department employees. The mental health consultants were long-vacant evening/weekend positions. Their work will be covered through on-call and staffing structure changes.

Transition Services Program (40047) is reduced to meet the rising costs associated with increasingly complex medical needs and to offset rising pharmaceutical costs. The reduction was partially offset by a $677,023 and 5.00 FTE General Fund investment. After this investment, there is still a reduction of 3.00 FTE Clinical Support Specialists, 1.00 FTE Community Health Specialist 2, and 1.00 FTE Program Manager. The division maintains the ability to provide critical transition support services and continue processing Medicaid/OHP eligibility. The program will continue the Medication-Assisted Treatment (MAT) and suboxone administration within the carceral settings, administration of long-acting injectables while in custody and at release, as well as continued work to introduce methadone.

Corrections Health Outcomes

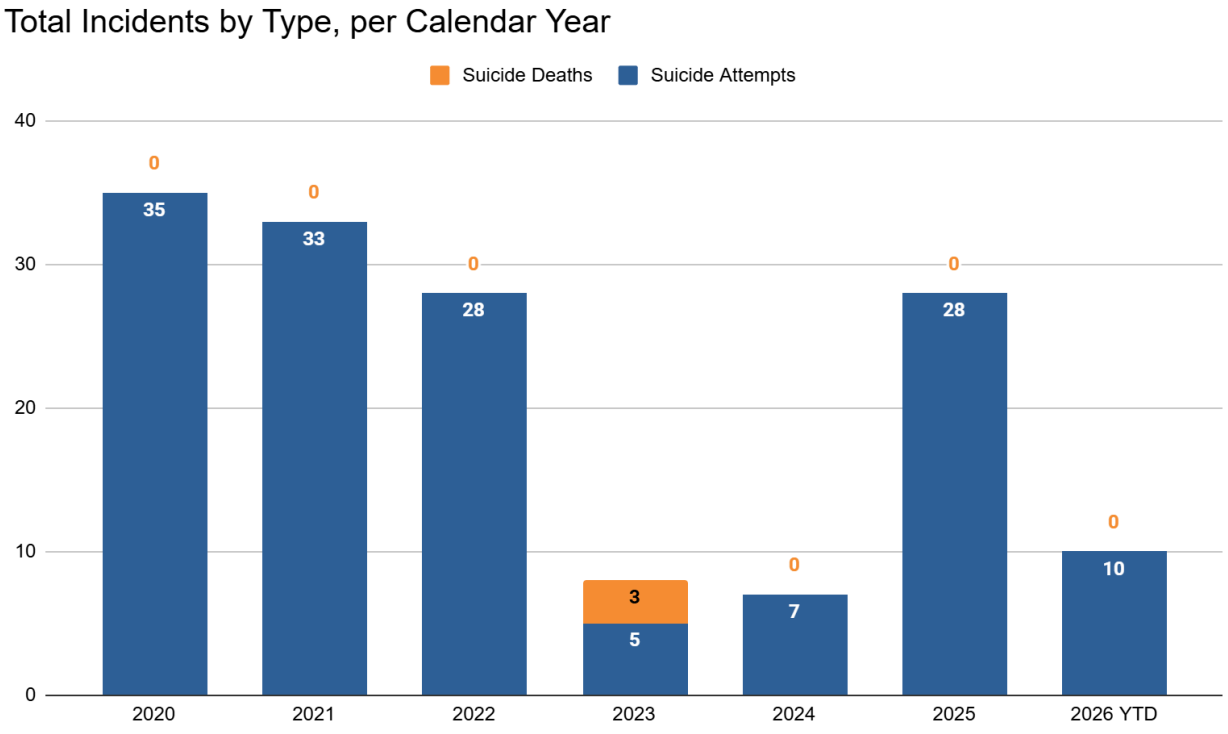
1. Adults and youth in custody in Multnomah County's three carceral settings have access to safe, timely, effective, equitable, efficient, patient-centered care.

Incarceration can increase the risk of poor health outcomes for those incarcerated. Corrections Health prioritizes access to health care that meets the needs of those in their care, addressing all aspects of health and well-being including health outcomes that disproportionately impact people in custody like drug overdose and suicide.

Key Performance Indicator (KPI) 1.1: Number of suicide attempts and suicide deaths

KPI 1.1 Description: Corrections Health working in close partnership with the Multnomah County Sheriff's Office (MCSO) is focused on lowering the number of suicide attempts and suicide deaths within the jail facilities. In 2025, Corrections Health received a grant and implemented Zero Suicide, a national evidence-based model, to support education and suicide prevention efforts.

Additionally, the Mental Health Team implemented an evidence-based Case Model to support Adults in Custody (AICs) who are at risk of or experiencing a suicidal crisis and are in need of mental health care. Corrections Health also implemented a new suicide severity screening tool and is providing training on its use to all clinical staff to better assess, screen for, and respond to suicide risk.



FY 2026 Estimate: Approximately 35-50 suicide attempts for all of FY 2026, across all sites and zero suicide deaths	**FY 2027 Target:** 30-45 suicide attempts for FY 2027 and zero suicide deaths

KPI 1.1 Equity Considerations: Youth, communities of color, and individuals with limited access to care are disproportionately impacted by incarceration and suicide. By strengthening early identification, enhancing trauma-informed crisis response, and improving data collection and analyses across all demographics and engaging those with lived experience to address systemic inequities as well as suicide risk, we can better understand and mitigate suicide attempts within our corrections facilities.

Outcome 1 Program Offers

The following program offers contribute to Outcome 1. Division-specific administrative program offers are not included, as they support all outcome statements:

- 40049 - Corrections Health Juvenile Clinical Services
- 40050 - Corrections Health Multnomah County Detention Center Clinical Services
- 40051 - Corrections Health Inverness Jail Clinical Services
- 40059 - Corrections Health Behavioral Health Services

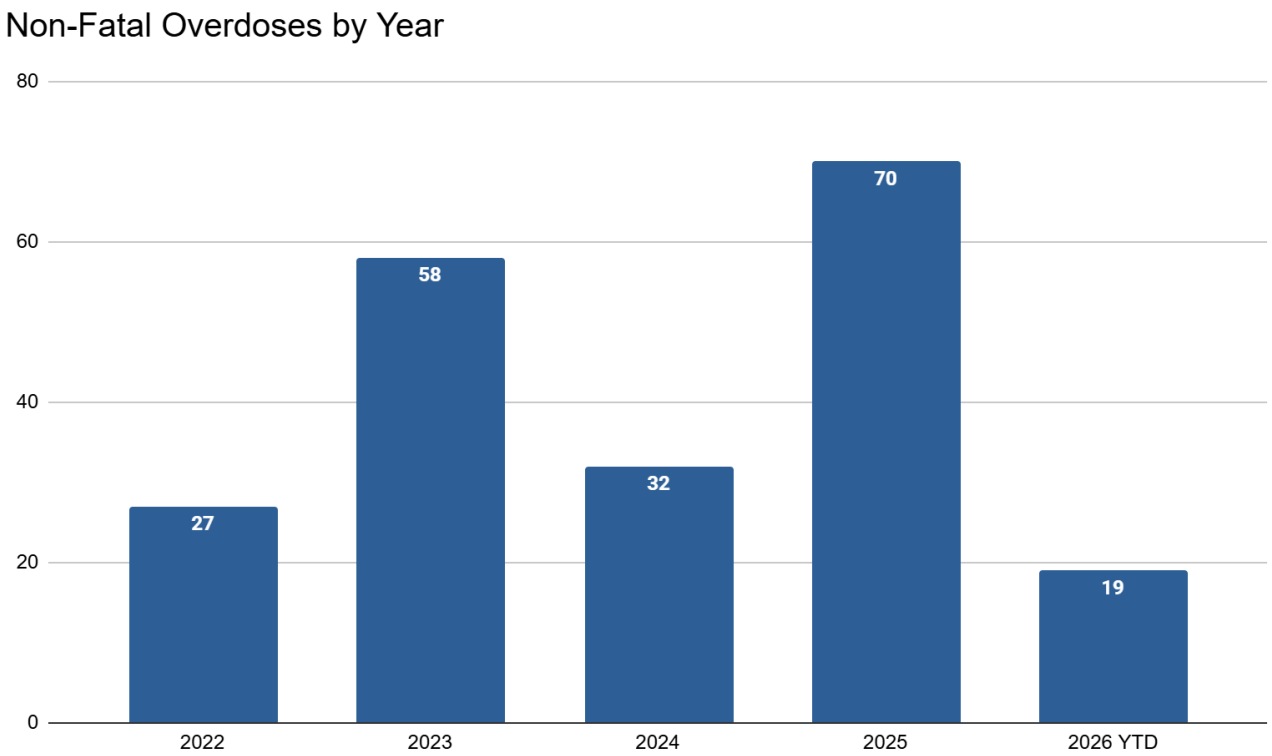
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2. Adults in custody experience reduced overdose and withdrawal effects through the availability of multi-pronged medication supported recovery.

Overdoses are one of the leading causes of preventable injury and death as a whole and disproportionately affect communities of color. Corrections Health and the Multnomah County Sheriff's Office are working to decrease the number of overdoses and overdose deaths from contraband drugs that get into jail facilities.

Key Performance Indicator (KPI) 2.1: Number of overdoses and overdose deaths in custody

KPI 2.1 Description: The expanded use of Medication Supported Recovery (MSR) including suboxone, methadone, and long-acting injectables for people in custody and experiencing opioid addiction is one strategy being used to reduce injury and death from overdose. Other strategies include provider education and training, patient assessment, and additional support.



FY 2026 Estimate: Between 35-45 overdose incidents within Multnomah County jail facilities	**FY 2027 Target:** 20-30 overdoses within Multnomah County jail facilities

KPI 2.1 Equity Considerations: The average age of Adults in Custody (AICs) who had an overdose was between 26 and 49, with the 35–49 age range being the most prevalent. Regarding race and ethnicity, white/Caucasians showed the highest rate of overdose, followed by Black/African Americans. Most overdoses occurred within less than two days in custody, often at the time of booking, with the 2–4 day period after booking being the next most frequent time. Data on fentanyl overdose across Multnomah County can be found in the County's Fentanyl Overdose Deaths report.

Outcome 2 Program Offers The following program offers contribute to Outcome 2.

- 40045 - Corrections Health Operations
- 40049 - Corrections Health Juvenile Clinical Services
- 40050 - Corrections Health Multnomah County Detention Center Clinical Services
- 40051 - Corrections Health Inverness Jail Clinical Services
- 40059 - Corrections Health Behavioral Health Services

Table of Division Programs

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

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	Total FTE
40043	Corrections Health Dental		774,395	0	774,395	2.00
40045	Corrections Health Operations		4,368,632	0	4,368,632	13.50
40047	Corrections Health Transition Services		2,018,477	234,684	2,253,161	13.05
40049	Corrections Health Juvenile Clinical Services		1,957,392	0	1,957,392	6.20
40050	Corrections Health Multnomah County Detention Center (MCDC) Clinical Services		13,857,176	0	13,857,176	44.00
40051	Corrections Health Inverness Jail (MCIJ) Clinical Services		10,485,215	0	10,485,215	32.90
40059	Corrections Health Behavioral Health Services		4,063,483	0	4,063,483	17.70
	Total Corrections Health		**37,524,770**	**234,684**	**37,759,454**	**129.35**

Division: Corrections Health

Program Characteristics:

Program Description

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

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

Through our connections with on-call dentists, we are able to limit the days where we are not providing services. We also mentor OHSU 4th year dental students who provide care to people in custody to further develop our public health system and expand the provider workforce.

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$538,591	$0	$594,162	$0
Materials & Supplies	$103,212	$0	$106,814	$0
Internal Services	$65,569	$0	$73,419	$0
Total GF/non-GF	**$707,372**	**$0**	**$774,395**	**$0**
Total Expenses:	**$707,372**		**$774,395**	
Program FTE	2.00	0.00	2.00	0.00
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Adult Dental Visits at the Inverness Jail and Detention Center Combined	1,332	1,300	1,320
Youth Dental Visits at the Donald E. Long Juvenile Detention Center	196	100	66

Division: Corrections Health

Program Characteristics:

Program Description

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

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

Services such as skilled nursing, IV therapy, and post-surgical care are provided in the jails instead of a high cost hospital. Corrections Health is staffed 24/7 with nursing personnel to provide needed care and emergency medical response. This program offer includes the Corrections Health Quality Team which provides accreditation monitoring and support, to include policy creation, tracking, and recertification; as well as augmented data support and electronic medical record data support.

Equity Statement

As health risk and diseases rarely impact all communities equally, the work of Corrections Health addresses the groups disparately impacted. That care is delivered to BIPOC populations that are disproportionately brought into the justice system. Recruitment and hiring practices have been refined to promote a workforce that more closely resembles the demographics of the population we serve.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$3,541,244	$0	$3,533,921	$0
Materials & Supplies	$12,412	$0	$28,106	$0
Internal Services	$736,311	$0	$806,605	$0
Total GF/non-GF	**$4,289,967**	**$0**	**$4,368,632**	**$0**
Total Expenses:	**$4,289,967**		**$4,368,632**	
Program FTE	18.11	0.00	13.50	0.00
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of External Referrals Submitted/Monthly	624/52	690/57	745/62
Number of Outside Appointments (All Facilities)	1,206	1,330	1,410

Division: Corrections Health

Program Characteristics: Backfill Other Funds

Program Description

Each year, Corrections Health provides care for over 36,000 adults and 2,500 young people. Being in jail or prison affects these individuals directly, and it also affects their families. When people leave jail or prison care, they might end up returning to jail. The Transition Services Program (TSP) at Corrections Health aims to help people leaving the correctional system. It gives them a basis and a support system to become part of our community again, while also offering the opportunity to become eligible for the Oregon Health Plan (i.e. Medicaid). About 200 people each month receive support services through TSP. Across the country, TSP's job is also called discharge planning, continuing care, or re-entry care coordination. This includes providing supplies upon exiting from the jails such as clothes, shoes, under garments, and safety supplies that can be used during inclement weather.

According to rules set by the National Commission on Correctional Health Care (NCCHC), jails must plan for the safe release of people who have major health issues, including medical needs, mental health treatment, help for substance use disorders, and disability services. Starting in FY25, TSP grew its role to offer more Medication Addiction Treatment (MAT) to more adults in custody than before. This was done by using specific MAT medications (Suboxone, Long-Acting Injectable Buprenorphine, and Sublingual Buprenorphine). These medications fight addiction and help people recover while they are in jail or prison. They also greatly lower the chance of an overdose after release.

TSP clinical staff is also in the beginning phases of establishing the use of methadone in the adult jail sites through a trial partnership with an opioid treatment program (OTP).

Equity Statement

As members of BIPOC communities are disproportionately represented in carceral populations, both locally and nationally, it is critical that we provide strong programming to support people exiting care as they seek to reintegrate into our community. The Transitions Services Program provides needs assessments, existing care plans, and coordinates with various service providers to ensure continuity of care, post-release, while also providing support in the reduction of recidivism.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$2,401,800	$558,364	$2,014,299	$138,253
Contractual Services	$0	$265,136	$0	$71,500
Materials & Supplies	$26,272	$162,990	$4,178	$8,322
Internal Services	$0	$80,991	$0	$16,609
Total GF/non-GF	**$2,428,072**	**$1,067,481**	**$2,018,477**	**$234,684**
Total Expenses:	**$3,495,553**		**$2,253,161**	
Program FTE	16.28	2.99	13.05	0.00
Program Revenues				
Intergovernmental	$0	$1,067,481	$0	$234,684
Total Revenue	**$0**	**$1,067,481**	**$0**	**$234,684**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of Adults in Custody (AIC) Oregon Health Plan (OHP) Applications Completed/Month	136/12	145/12	170/12
Number of Adults In Custody (AIC) Seen/Evaluated with No Application Needed	1,693	1,800	2,100

Division: Corrections Health

Program Characteristics:

Program Description

Providing health care to detained youth is the responsibility of Corrections Health. Corrections Health personnel care for 30-40 detained youth at any one time (1,000 - 1,200 / year) from Multnomah County or other jurisdictions and other community holding facilities.

Detainees include females and males who need their health issues addressed in a timely manner in order to prevent emergencies and alleviate pain and suffering which is the constitutionally mandated measure of quality care. Stabilizing their health allows them to participate fully in their legal processes. This program offer ensures that the health program meets the constitutionally mandated standards that ensure access to care, safeguards the health of all those who are in detention, and controls the legal risk to the County.

Health professionals at the Donald E. Long (DEL) Juvenile Detention Home work 16 hours/day, seven days a week providing care for approximately 20-35 youth daily in 4-5 individual housing units. Care ranges from minor ailments and injuries to major chronic and emotional diseases resulting from substance abuse, trauma, sex trafficking, lack of health care, gunshot wounds, lack of knowledge of hygiene and self care, frequent infections and a high rate of medical and mental illness.

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$1,654,594	$0	$1,525,187	$0
Contractual Services	$135,818	$0	$264,460	$0
Materials & Supplies	$84,526	$0	$113,424	$0
Internal Services	$54,256	$0	$54,321	$0
Total GF/non-GF	**$1,929,194**	**$0**	**$1,957,392**	**$0**
Total Expenses:	**$1,929,194**		**$1,957,392**	
Program FTE	6.80	0.00	6.20	0.00
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of client visits conducted by Corrections Health nursing per year	2,526	1,950	1,800
Percentage of detained youth with an active prescription who are receiving mental health medications monthly	40%	55%	60%

Division: Corrections Health

Program Characteristics:

Program Description

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

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$8,718,672	$0	$9,762,553	$0
Contractual Services	$1,254,393	$0	$1,914,789	$0
Materials & Supplies	$565,504	$0	$1,396,539	$0
Internal Services	$674,059	$0	$783,295	$0
Total GF/non-GF	**$11,212,628**	**$0**	**$13,857,176**	**$0**
Total Expenses:	**$11,212,628**		**$13,857,176**	
Program FTE	42.60	0.00	44.00	0.00
Program Revenues				
Intergovernmental	$0	$0	$0	$0
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Average number of Entry Process Forms completed in one month	1,405	1,450	1,400
Average number of 14 day Health and Physical assessments completed per month	105	120	105

Division: Corrections Health

Program Characteristics:

Program Description

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

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$7,348,571	$0	$7,293,005	$0
Contractual Services	$1,254,393	$0	$1,420,452	$0
Materials & Supplies	$607,177	$0	$1,153,795	$0
Internal Services	$535,859	$0	$617,963	$0
Total GF/non-GF	**$9,746,000**	**$0**	**$10,485,215**	**$0**
Total Expenses:	**$9,746,000**		**$10,485,215**	
Program FTE	35.85	0.00	32.90	0.00
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Average number of 14 day Health and Physical assessments completed per month	149	150	150
Average number of Medial Request Forms received monthly	1,946	2,000	2,000

Division: Corrections Health

Program Characteristics:

Program Description

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$3,752,749	$0	$3,316,609	$0
Contractual Services	$89,460	$0	$223,000	$0
Materials & Supplies	$400,627	$0	$58,981	$0
Internal Services	$406,029	$0	$464,893	$0
Total GF/non-GF	**$4,648,865**	**$0**	**$4,063,483**	**$0**
Total Expenses:	**$4,648,865**		**$4,063,483**	
Program FTE	20.95	0.00	17.70	0.00
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Average number of AICs placed on Suicide Watch verses completed deaths by suicide.	686/0	692/0	700/0
Annual number of behavioral health evaluations completed by behavioral health team staff	6,262	6,400	6,600

Behavioral Health

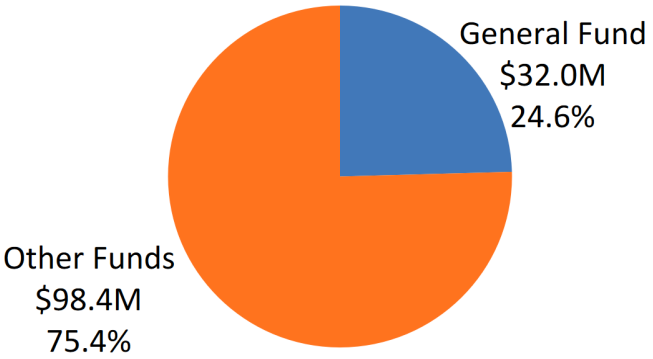
$130.5 million

Total Adopted Budget

Including cash transfers, contingencies, and unappropriated balances.

295.83 FTE

(full time equivalent)



The Behavioral Health Division (BHD) enhances and maintains high-quality, accessible, client-driven, culturally-responsive and trauma-informed behavioral health care across Multnomah County. The division's efforts support the Health Department's goal of delivering on it's unique governmental statutory requirements and reducing preventable deaths – in particular the division's suicide prevention work, substance use prevention programs, and efforts to mitigate the impacts of addiction and supporting treatment and recovery. The division promotes wellness and recovery for youth, adults and older adults experiencing mental health or addiction challenges.

The BHD administers the County's Community Mental Health Program (CMHP) under Multnomah County's Board as Local Mental Health Authority (LMHA). This work includes:

- System management and coordination
- 24/7 crisis services – providing a call center, crisis assessment and treatment center, and outreach services
- Care coordination – including the CHOICE Model Program
- Pre- and post-commitment services – a legal process where a person alleged to need involuntary treatment for a mental health disorder may be ordered into treatment
- Older adult behavioral health services
- Adult protective services – investigating reports of abuse and neglect of older adults and adults with disabilities
- Aid and assist and forensic diversion services – providing people with the necessary services, skills, and psychological stability to aid and assist in their own legal defense if required

- Early Assessment and Support Alliance (EASA) – help for young people who have recently experienced psychosis

The division also provides prevention and early intervention to children, youth, and young adults. This includes services such as School-Based Mental Health, Early Childhood Intervention, Wraparound, and the Gun Violence Behavioral Health Response Team. In addition, the BHD provides recovery services and prevention programs to address gambling, substance use disorders, and suicide for children and adults.

The BHD is committed to addressing gaps in the system of care for the most vulnerable people in the County, including individuals experiencing chronic houselessness, people who have experienced abuse, and other people who have been marginalized.

In FY 2027, the BHD will continue to prioritize programs and services at the intersection of homelessness and behavioral health, specifically focusing on making the most of the capacity we have and using strategies that have proven effective in Multnomah County. These include County-delivered services, as well as those provided by contracted community partners.

The Behavioral Health Division specifically supports **Focus Area 1: Support Community Health and Wellness and Focus Area 6: Invest in Our Future** in the Countywide Strategic Plan**.**

Significant Division Changes

Major Changes to the County Financial Assistance Agreement: The Oregon Health Authority (OHA) recently changed how it gives the County Financial Assistance Agreement (CFAA) funding to counties for mental health and addiction services. While the total funding is going up—from $38.6 million this year to a proposed $43.4 million for FY 2027, a $4.8 million increase—the rules for using that money have changed.

In the past, the state required the county to spend money on very specific tasks. Now, they are giving the county more flexibility, with the requirement that the money must first be used to help specific groups of people the state has labeled as top priorities.

Because of these new rules, the county has shifted the CFAA funding in FY 2027. Some significant examples are:

- **School-Based Mental Health (40082):** This program lost about $1.0 million in state funding because it didn't fit the new state priorities. The county is now using General Fund to backfill these services.

- **Coordinated Diversion for Justice Involved Individuals (40088):** This program, which helps people in the legal system, fits within the state's new priorities. About $1.0 million is now being funded from the state CFAA allocation offsetting the transfer of General Funds to other programs.

By shifting these funds, the county can meet the new state requirements while still providing essential services to the community.

Changes to CareOregon Delegation Agreement: In the fall of 2025, CareOregon notified the Behavioral Health Division that they would not be renewing their contract. This led to a loss of $8.6 million of Medicaid funding and required FY 2026 mid-year budget reductions of $2.0 million ($4.1 million annualized) and 10.65 FTE (21.30 FTE annualized). These midyear reductions eliminated three Care Coordination teams within the division that focused on: Youth Intensive Care, Adult Intensive Care and Jail Care Coordination. These teams had been charged with providing specific care coordination services to CareOregon clients.

The division used one-time funds in FY 2026 to cover some of the lost funds, allowing more time to thoughtfully implement these reductions in FY 2027. Many of the changes in the division budget year over year are the result of this reduction.

Changes to Program Offers:

Behavioral Health Division Administration (40065): Eliminates two contracts for Peer Support and 1.00 FTE in the Office of Consumer Engagement (OCE), as well as a 1.00 FTE Administrative Analyst Senior position. The remaining team members will continue to prioritize outreach to affected communities and ensure that community perspectives are elevated in OCE's work.

Behavioral Health Quality Management (40068): Substantial reductions in funding have affected the Quality Management program, including:

- The Behavioral Health Workforce Initiative Grant ends in FY 2027. The state allocated a total of $3,314,108 one-time-only funds in FY 2024 to be used to fund training, tuition reimbursement, contracted clinical supervision, licensure costs, and other behavioral health workforce development activities. The program includes the remaining balance of $250,000.
- Other reductions resulted in the elimination of 1.88 FTE Data Analyst positions in the division and will impact response times on Electronic Health Record requests and projects.

Additionally, a 1.00 FTE Program Specialist Senior was moved from program 40082 into this program as it is related to quality management and billing. There is no change in services anticipated from this move.

Finally, reductions in other programs include: a 1.00 FTE Program Specialist Senior from Coordinated Diversion for Justice Involved Individuals (40088) and 1.00 Program Specialist from School Based Mental Health Services (40082) will have an additional impact on the programs and services the Quality Management team supports.

Behavioral Health Crisis Services (40069): A $548,795 reduction in Supportive Housing Services (SHS) funding for Shelter In Reach. The reduction will reduce outreach to approximately half the number of shelters currently served, from 16 sites to 8 sites. Additionally, there is a reduction in two days of access, from 7 to 5 days per week. The loss of SHS funding also results in the elimination of a 1.00 FTE Program Specialist Senior. Additional revenue was added to fund expanded call center coverage for Washington and Clackamas Counties.

Mental Health Crisis Assessment & Treatment Center (CATC 40070): This program will be eliminated. A $317,047 reduction in Beginning Working Capital (BWC) funding results in the loss of one bed in the Mental Health Crisis Assessment & Treatment Center (CATC). This resource was underutilized due to the majority of adults having insurance. CATC will continue to operate with Medicaid payers.

Behavioral Health Division Adult Protective Services (40071): A reduction of three Mental Health Consultant positions from 1.00 FTE to 0.80 FTE for a total of a 0.60 FTE reduction. The anticipated effect is a slower timeline for processing referrals received by Adult Protective Services while still maintaining required timelines.

Reallocation of 1.00 FTE Mental Health Consultant to program 40074 (Residential) to allocate staffing where it is most needed to meet legal requirements and CFAA expectations.

Mental Health Commitment Services (40072): An additional $1,062,574 annual state funding supporting 5.00 FTE was allocated from House Bill 2005 (2025) to Multnomah County's Community Mental Health Program due to increased civil commitment responsibilities.

Mental Health Residential Services (40074): A $360,115 reduction in CFAA funding eliminates 2.00 FTE from the Older Adult Behavioral Health Initiative due to changes in CFAA expectations and metrics as it relates to serving older adults. This reduces the BHD's capacity to offer consultation and training for community partners and internal teams working with older adults.

There is an increase of $1,000,000 in state funding for residential clients who do not have Medicaid.

A 1.00 FTE Residential Specialist was moved to this program from program 40071 to allocate staffing where it is most needed to meet legal requirements and CFAA expectations.

Bridgeview (40074B): One-time-only County General Fund in FY 2026 ended. Ongoing funding of $642,256 for Bridgeview was moved to this program offer from program 40074A. Ongoing Supportive

Housing Services (SHS) funding of $275,000 was added, which covers a known funding gap in FY 2027 and ensures the program remains viable in FY 2027.

Early Assessment & Support Alliance (EASA 40078): $298,402 of one-time only CareOregon funding ended, resulting in the reduction of 1.00 FTE Supervisor and 0.30 FTE Nurse. Reductions were anticipated and work on the Step Down Program will continue.

Community Based Mental Health Services for Children & Families (40080A): In FY 2026, 5.00 FTE were funded in the Gun Violence Behavioral Health Response Team with Beginning Working Capital (BWC), a one-time-only resource. The FY 2027 budget invests $541,321 of ongoing and $164,689 of one-time-only County General funds to backfill the loss of the BWC and retain 4.00 FTE to serve 125 youth and families. This investment is now reflected in program **40080B**.

Funding for 1.90 FTE to support the CARES NW (Child Abuse Response and Evaluation Services) was retained. The division also retains a 1.00 FTE Mental Health Consultant in a non-client facing role to provide culturally specific LGBTQIA2S+ clinical review and consultation across the youth facing programs.

Multnomah County Care Coordination (40081): There was a funding reduction due to the mid-year loss of $2,040,872 of CareOregon funding and the nonrenewal of the Delegation Agreement. This resulted in the elimination of 21.30 FTE across fiscal years. This reduction resulted in the end of three care coordination programs that provided intensive support to youth and adults with complex behavioral health needs. $784,905 of contract reductions to Peer Services will impact three vendors providing: peer services, brokerage, and rent assistance, and workforce development. These funds are reallocated to Crisis Services (40069) to align with current system priorities.

School Based Mental Health Services (SBMH 40082): A more accurate revenue projection for FY 2027 resulted in a decrease in revenue projections from FY 2026. FY 2027 projections are in line with actual revenue for FY 2026, this change is being backfilled with $417,808 in County General Funds. A reduction in CFAA funding resulted in additional County General Fund being moved to this program. Additionally, a reduction of $177,664 of one-time-only Beginning Working Capital eliminates a 1.00 FTE Billing Specialist, which may result in a reduced capacity for billing support.

Culturally Specific Mental Health Services (40084): $0.6 million of Supportive Housing Services (SHS) funds were reallocated to program Behavioral Health Resource Center (40105B) and an $850,000 reduction in County General Funds eliminates funding for a culturally specific (14 bed) transitional housing program. The program serves Black/African American men and prioritizes referrals for individuals with criminal justice involvement. It provides care coordination, mental health and substance use screening and support, peer services, housing support and serves approximately 45 people annually. This service is contracted out and does not result in any loss of County FTE.

Coordinated Diversion for Justice Involved Individuals and Mental Health Court (40088A/B): Additional CFAA funding was allocated to support this program as it is both a top priority service and a top priority population for CFAA. Changes to this program include a reallocation of 3.00 FTE (out of 5.00 FTE) funded with CFAA from Mental Health Court to provide diversion services as required by law. However, 1.00 FTE was added to partially backfill the reduction with General Fund. The total FTE for Mental Health Court is now 3.00 FTE and separated out into program 40088B. A 1.00 FTE Executive Specialist position was eliminated. An additional 1.00 FTE Program Specialist Senior providing quality management support was also eliminated and funding was used to mitigate the loss of other funding for quality management. A 1.00 FTE Data Technician was added to address business needs.

Family Involvement Team (40091): This program is eliminated due to internal reductions to Health Department General Funds and a CFAA reduction due to changes in the CFAA that prioritize other populations and services. This will impact contractual services for case management for women who have lost custody of their children. As of this year, 150 women have been served. Impact may be mitigated by treatment providers who collaborate with the Oregon Department of Human Services to serve this population.

Early Childhood Mental Health Program (40099): Because CFAA funding was reallocated away from this function, a contract for Early Childhood prevention services was eliminated. The service provider will continue to provide early childhood mental health services with other funding, but may reduce the service level.

Also as a result of CFAA funding reallocation, this program is reduced by 2.00 FTE spread across several positions. Five 1.00 FTE positions were reduced to 0.80 FTE each resulting in a 1.00 total FTE reduction. This will be accomplished by eliminating the summer work of these positions, but having them remain full time during the school year, when most programs are operating. The reduction also includes 1.00 FTE of culturally specific treatment services delivered by division staff.

Preschool For All Early Childhood Mental Health (40099B): The Department of County Human Services (DCHS) will retain this program (see program PEL - Program Quality & Provider Capacity Building - 25204) and will provide these services using a different model or provider. This shift back to DCHS resulted in an elimination of this program offer from the Behavioral Health Division and a reduction of 10.73 FTE.

Promoting Access to Hope (PATH) Care Coordination Continuum (40101): A reduction of $0.6 million in Supportive Housing Services funding resulted in a reduction of 1.00 FTE PATH Care Coordinator and direct client assistance funding used for short term rent assistance, transportation, and other basic needs to support recovery. In addition, 1.00 FTE was moved to Adult Addictions Treatment Continuum (40085).

Behavioral Health Resource Center (BHRC 40105A&B): There is a reduction of $825,690 Supportive Housing Services (SHS). County General Funds were reallocated to partially offset the reduction. No service impacts are anticipated for either program. This program reduced a 1.00 FTE Manager to improve span of control and added a 1.20 FTE Program Specialist Senior to balance workload.

Shelter, Housing and Supports (40112): A $1,431,557 reduction of Supportive Housing Services funds will result in the closure of 40 beds and services to approximately 110 participants annually at the Bridging Connections shelter program. This closure is compounded by funding reductions due to the end of one-time-only funding from CareOregon that supported Bridging Connections in FY 2026.

Behavioral Health Outcomes

1. Multnomah County residents are aware of and can access available Multnomah County Behavioral Health resources for assessment, referral, and engagement with appropriate care for mental health and substance use needs.

Key Performance Indicator (KPI) 1.1: Percent of Urgent Walk-in Clinic (UWIC) clients who receive care without need to be referred to emergency service care

KPI 1.1 Description: UWIC offers support and services to reduce the need for an individual to access more expensive higher levels care in Emergency Departments and hospitals. Providing care in a behavioral health setting specific to the needs of patients in crisis is more effective and efficient for the patient and a better use of resources for the community.

FY 2026 Estimate 95% not referred to Emergency Department Q1 5% referred to ED (53 referred 1,085 total) Q2 5.1% referred to ED (61 referred, 1,215 total)	**FY 2027 Target:** 95% not referred to the Emergency Department

KPI 1.1 Equity Considerations: Anyone can access this service at no cost/charge regardless of insurance coverage or demographic group. This mitigates barriers to payment that may prevent an individual from accessing needed services. The program aims to fill gaps in availability of services, reduce crises, and increase support in the community.

Key Performance Indicator (KPI) 1.2: Percent of Behavioral Health Call Center clients who receive care without need to be referred to emergency services or law enforcement

KPI 1.2 Description: The Call Center goal is to support individuals and reduce the need for dispatch of emergency services and specifically law enforcement. Emergency services include referral to: 911 medical, 911 law enforcement, mobile crisis (Project Respond/PR), and Portland Street Response (PSR).

The Call Center provides some support to other counties by contract. Data shown is for lines specific to Multnomah County support.

FY 2026 Estimate: 81.5% did not need referral to emergency services or law enforcement (17,045 among 20,942 total calls in FY 2026 Q1 and Q2 combined)). Referrals were as follows in FY26 Q1 and Q2 combined: ● 911 Law Enforcement 3.5% (738 calls) ● 911 medical 2% (461 calls) ● Project Respond 10% (2,172 calls) ● Portland Street Response 2% (342 calls) ● 911 non-emergency 1% (184 calls) In FY 2025, the last year for which complete data are available, 49,810 total inbound calls were received.	**FY 2027 Target:** 81% not referred to emergency services or law enforcement

KPI 1.2 Equity Considerations: We aim to reduce unnecessary law enforcement involvement in crises. Additionally, we understand the trauma that can be caused by the emergency response of other professionals as well. We seek to support the individual in accessing care on their own through connection to UWIC, referral, and linkage to community and personal support.

Key Performance Indicator (KPI) 1.3: Percent of clients served annually in Promoting Access to Hope (PATH) care coordination who were successfully placed

KPI 1.3 Description: Successfully placed means people have been verified as enrolled in services, and engaged with a provider who is working with them.

FY 2026 Estimate: 46% placed in one or more services For the period 7/1/2025-3/12/2026 this includes 740 unique clients.	**FY 2027 Target:** 50% placed in one or more services

KPI 1.3 Equity Considerations: The Promoting Access to Hope (PATH) Care Coordination Continuum is a low-barrier program supporting individuals with substance use disorders. PATH's goal is to support anyone in need of services by creating personalized care plans. The program helps clients successfully navigate the continuum of care.

Outcome 1 Program Offers All Behavioral Health program offers contribute to Outcome 1 except for the following:

- 40065 - Behavioral Health Division Administration
- 40067 - Medical Records for Behavioral Health Division
- 40068 - Behavioral Health Quality Management
- 40106 - Specialized Street-based Outreach Services

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2. 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.

This outcome is to help people in Multnomah County to achieve and sustain well-being through improved mental health and reduced substance use harms that can lead to avoidable early deaths.

Key Performance Indicator (KPI) 2.1: Percent of individuals accessing the Urgent Walk-in Clinic (UWIC) accessing onsite Licensed Medical Provider (LMP) services

KPI 2.1 Description: Individuals accessing the UWIC that request and are clinically appropriate to meet with an LMP can do so the same day and for follow up care.

FY 2026 Estimate Q1 46% of individuals met with the LMP (438 served, 951 total) FY 2026 Q2 44% of individuals met with the LMP (426 served, 973 total) Approximately 4,000 people were served FY 2024	**FY 2027 Target:** 45% of individuals who access the UWIC meet with the LMP

KPI 2.1 Equity Considerations: This service is available to anyone at no cost/charge to the individual regardless of insurance. This ensures that people don't lose access to medications due to barriers.

Key Performance Indicator (KPI) 2.2: Percent of individuals engaged in deflection who access a service in <90 days

KPI 2.2 Description: Criteria for deflection completions were revised effective January 2026.

For FY 2027, this new KPI is defined as % of individuals referred to deflection who engage in deflection by receiving services at the pathway center within 90 days. This update will not allow for direct comparisons to prior years. Going forward the KPI provides a constant indicator to measure against. Prior to January 2026, deflection completion was defined as accessing a service within 30 days.

FY 2026 Estimate: From the period of July 1st - December 31st, 2025, among 268 total people referred to deflection, 35% of individuals engaged in by accessing a service within 30 days	**FY 2027 Target:** 70%, using the revised KPI definition of people accessing services within 90 days

KPI 2.2 Equity Considerations: The Deflection Program closely tracks and assesses referrals into and engagement with the program, including participant demographics, to identify and address health inequities related to race/ethnicity and housing status. This service is available to anyone referred who voluntarily participates in the program, at no cost to the individual and regardless of insurance.

Key Performance Indicator (KPI) 2.3: Number of individuals served in treatment and recovery support services

KPI 2.3 Description: Services provided to uninsured or underinsured adult County residents (at or below 200% poverty) for Substance Use Disorder treatment and recovery support services. These services contribute to a reduction in secondary health complications, a decreased likelihood of involvement in drug-related criminal activities, and offer individuals a pathway toward recovery ultimately avoiding potential preventable early deaths. These services are for people who meet low income requirements and any insurance they might have doesn't cover the required services.

FY 2026 Estimate: 4,000 uninsured/underinsured people served (1,547 treatment, 2,453 recovery support services)	**FY 2027 Target:** 4,000 uninsured/underinsured people served (1,547 treatment, 2,453 recovery support services)

KPI 2.3 Equity Considerations: The continuum of treatment and recovery includes culturally-specific and responsive programs staffed by people with lived experience with demonstrated success working with the diverse populations being served, including: communities of color; people living with HIV, LGBTQIA2+, pregnant women and parents whose children live with them while they are in residential treatment.

Outcome 2 Program Offers: The following program offers contribute to Outcome 2.

- 40069 - Behavioral Health Crisis Services
- 40072 - Mental Health Commitment Services
- 40074 - Mental Health Residential Services
- 40075 - Choice Model
- 40078 - Early Assessment & Support Alliance
- 40080A - Community Based Mental Health Services for Children & Families
- 40080B - Gun Violence Response Program
- 40081 - Multnomah County Care Coordination
- 40082 - School Based Mental Health Services
- 40083 - Behavioral Health Promotion, Suicide Prevention and Postvention Services
- 40084 - Culturally Specific Mental Health Services
- 40085 - Adult Addictions Treatment Continuum
- 40088 - Coordinated Diversion for Justice Involved Individuals
- 40089 - Addictions Detoxification & Post Detoxification Housing
- 40099 - Early Childhood Mental Health Program
- 40101 - Promoting Access To Hope (PATH) Care Coordination Continuum
- 40105B - Behavioral Health Resource Center (BHRC) - Shelter/Housing
- 40108 - Stabilization and Integration Housing Services
- 40112 - Shelter, Housing and Supports

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3. 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.

Key Performance Indicator (KPI) 3.1: Percent reduction in hospitalization rate 3 months pre- and 6 months post-enrollment - a core goal of the Early Assessment and Support Alliance (EASA) program

KPI 3.1 Description: EASA is an evidence-based model showing that early intervention and immediate access to treatment can directly reduce hospitalization rates and the long-term disabling consequences of psychosis.

FY 2026 Estimate	**FY 2027 Target:**
Total Clients Served: 116 78% reduction in hospitalization rate	Total clients served: 120 85% reduction in hospitalization rate

KPI 3.1 Equity Considerations: EASA provides individualized, community-based services reducing access barriers and addressing health inequities. Services are culturally responsive and 30% of our providers have culturally specific knowledge, skills and abilities. In FY 2026, 61% of participants that were served were people of color.

Key Performance Indicator (KPI) 3.2: Percent of youth and families enrolled in the Mobile Response and Stabilization Services (MRSS) connected to "clinically recommended aftercare" at discharge

KPI 3.2 Description: Per OHA website, Mobile Response and Stabilization Services (MRSS) is a nationally recognized best practice for crisis response. The MRSS model is designed to provide youth and their families with developmentally appropriate crisis intervention that is designed to meet the unique needs of children, youth, young adults, and their families." Youth under age 20 are eligible and referral comes from mobile crisis, hospital, or UWIC.

FY 2026 Estimate: 77% of youth and families are enrolled in the MRSS connected to "clinically recommended aftercare" at discharge (FY 2025 39 connected to aftercare among 49 total discharged) OHA recently changed the process and no data has been shared for FY 2026. We expect the data to be similar to FY 2025.	**FY 2027 Target:** 80% of youth and families are enrolled in the MRSS connected to "clinically recommended aftercare" at discharge.

KPI 3.2 Equity Considerations: This service is available to all Multnomah County youth and families in crisis, at no cost to the family. The goal is to provide short term (56 days) service to connect and link to appropriate ongoing care to reduce the likelihood of future or ongoing crisis.

Outcome 3 Program Offers All Behavioral Health program offers contribute to Outcome 3 **except** for the following:

- 40065 - Behavioral Health Division Administration
- 40067 - Medical Records for Behavioral Health Division
- 40068 - Behavioral Health Quality Management
- 40075 - Choice Model
- 40106 - Specialized Street-based Outreach Services

Table of Division Programs

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

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	Total FTE
40065	Behavioral Health Division Administration		1,390,706	1,642,195	3,032,901	10.80
40067	Medical Records for Behavioral Health Division		162,451	696,976	859,427	4.75
40068	Behavioral Health Quality Management		1,096,242	3,988,715	5,084,957	20.98
40069	Behavioral Health Crisis Services		2,835,897	17,018,918	19,854,815	38.35
40071	Behavioral Health Division Adult Protective Services		326,863	1,334,932	1,661,795	7.40
40072	Mental Health Commitment Services		0	6,700,265	6,700,265	32.50
40074A	Mental Health Residential Services		1,407,865	9,222,357	10,630,222	9.80
40074B	Bridgeview Mental Health Residential Services		642,256	275,000	917,256	0.00
40075	Choice Model		173,614	5,326,424	5,500,038	13.88
40077	Mental Health Treatment & Medication for the Uninsured		197,933	0	197,933	0.00
40078	Early Assessment & Support Alliance		649,456	2,497,506	3,146,962	12.98
40080A	Community Based Mental Health Services for Children & Families		632,837	399,132	1,031,969	3.77
40080B	Gun Violence Response Program		706,009	0	706,009	4.00
40081	Multnomah County Care Coordination		0	10,496,455	10,496,455	33.12
40082	School Based Mental Health Services		3,721,080	1,256,807	4,977,887	22.82
40083	Behavioral Health Promotion, Suicide Prevention and Postvention Services		226,941	547,794	774,735	3.56

Prog. #	Program Name	One-Time-Only	General Fund	Other Funds	Total Cost	Total FTE
40084	Culturally Specific Mental Health Services		1,618,136	0	1,618,136	0.00
40085	Adult Addictions Treatment Continuum		2,164,125	10,289,423	12,453,548	6.60
40086	Addiction Services Gambling Treatment & Prevention		0	638,360	638,360	2.54
40087	Addiction Services Alcohol & Drug Prevention		0	1,461,174	1,461,174	2.09
40088A	Coordinated Diversion for Justice Involved Individuals		250,360	6,943,241	7,193,601	27.50
40088B	Mental Health Court		173,000	343,023	516,023	3.00
40089	Addictions Detoxification & Post Detoxification Housing		1,041,829	1,114,773	2,156,602	1.50
40099	Early Childhood Mental Health Program		2,290,310	285,724	2,576,034	11.99
40101	Promoting Access To Hope (PATH) Care Coordination Continuum		829,041	594,878	1,423,919	6.90
40104	Deflection and Sobering Program		467,783	5,150,000	5,617,783	10.00
40105A	Behavioral Health Resource Center (BHRC) - Day Center		5,366,693	314,988	5,681,681	2.00
40105B	Behavioral Health Resource Center (BHRC) - Shelter/Housing		1,872,170	1,726,045	3,598,215	0.00
40108	Stabilization and Integration Housing Services		1,745,797	0	1,745,797	1.00
40112	Shelter, Housing and Supports		51,012	8,184,320	8,235,332	2.00
	Total Behavioral Health		**32,040,406**	**98,449,425**	**130,489,831**	**295.83**

Division: Behavioral Health

Program Characteristics:

Program Description

The Behavioral Health Division (BHD) operates as the Community Mental Health Program (CMHP). The CMHP is required to maintain a director and other leadership positions that have the credentials to complete the work for which the CMHP is responsible -- supporting a system of locally available, effective safety net services. Safety net services provide behavioral health care to people who might not otherwise have access to this care. Services must be accessible, coordinated, and effective. Required core services include screening, assessment, referrals to providers and community-based organizations, and emergency or crisis services. BHD directly provides these services, as well as contracts with providers. The BHD administration provides leadership and oversight for a comprehensive, recovery-focused system of care. Through annual, data-driven strategic planning, BHD works to prevent, intervene in, and treat mental illness and addiction.

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

Equity Statement

The BHD is grounded in values of racial and social equity, consumer driven services and trauma informed principles. With culturally responsive and evidence-based practices, BHD serves people who are underinsured or uninsured, and people experiencing homelessness.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$1,586,786	$1,322,119	$1,312,790	$1,343,921
Contractual Services	$384,579	$0	$0	$0
Materials & Supplies	$8,494	$5,426	$6,391	$6,797
Internal Services	$309,433	$258,437	$71,525	$291,477
Unappropriated & Contingency	$0	$3,154,660	$0	$0
Total GF/non-GF	**$2,289,292**	**$4,740,642**	**$1,390,706**	**$1,642,195**
Total Expenses:	**$7,029,934**		**$3,032,901**	
Program FTE	7.60	4.98	6.24	4.56
Program Revenues				
Intergovernmental	$0	$983,638	$0	$1,034,909
Beginning Working Capital	$0	$3,757,004	$0	$607,286
Total Revenue	**$0**	**$4,740,642**	**$0**	**$1,642,195**

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$279,054	$489,164	$31,459	$667,617
Materials & Supplies	$0	$87	$2,235	$6
Internal Services	$53,054	$146,653	$128,757	$29,353
Total GF/non-GF	**$332,108**	**$635,904**	**$162,451**	**$696,976**
Total Expenses:	**$968,012**		**$859,427**	
Program FTE	1.75	4.00	0.25	4.50
Program Revenues				
Intergovernmental	$0	$489,856	$0	$539,265
Beginning Working Capital	$0	$146,048	$0	$157,711
Total Revenue	**$0**	**$635,904**	**$0**	**$696,976**

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

The Quality Management (QM) Unit supports the Behavioral Health Division (BHD) with the following essential infrastructure: Compliance, Electronic Health Records (EHR), Reporting, and Revenue. These teams deliver legally required and vital functional and safety services to client-facing programs, while also helping retain the workforce by aiding in staff onboarding, providing tools and training, and enhancing divisional efficiencies.
1) The Compliance team ensures adherence to regulations and policies, helping BHD quickly identify, stop, and reduce risks to client and staff safety. It conducts internal and external investigations and audits, assists with staff onboarding, develops BHD policies, reviews contracts, oversees credentialing, manages critical incidents and grievances, implements corrective measures, and offers technical support. 2) The Evolv team locally oversees the EHR, maintaining, updating, and customizing Evolv to meet clinicians' needs and ensure compliance with clinical documentation requirements. 3) The Records team manages all clinical records in Evolv with a limited scope in Epic, ensuring secure entry into Evolv and Epic, fulfilling records requests, maintaining EHR integrity, and evaluating deletion requests for privacy issues. 4) The Reporting team provides timely data to measure outcomes, demonstrate responsible use of public funds, and inform program development. 5) The Revenue team increases billable revenue by managing authorizations and claims for Direct Clinical Services, Multnomah Treatment Fund, and other Multnomah Alcohol and Drug treatment services, reviewing claims for accurate documentation and reimbursement.

Equity Statement

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

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$971,422	$3,504,015	$914,508	$3,010,180
Contractual Services	$0	$186,301	$0	$12,500
Materials & Supplies	$6,446	$745,035	$74,763	$432,593
Internal Services	$47,783	$788,394	$106,971	$533,442
Total GF/non-GF	**$1,025,651**	**$5,223,745**	**$1,096,242**	**$3,988,715**
Total Expenses:	**$6,249,396**		**$5,084,957**	
Program FTE	5.12	17.24	5.00	15.98
Program Revenues				
Intergovernmental	$0	$3,154,848	$0	$2,378,999
Beginning Working Capital	$0	$2,068,897	$0	$1,609,716
Total Revenue	**$0**	**$5,223,745**	**$0**	**$3,988,715**

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

As the Community Mental Health Program (CMHP), the Behavioral Health Division is responsible for a 24/7 crisis system (per OAR 309-019 and 309-072). This program funds five crisis services:
1) The Multnomah County Behavioral Health Call Center - provides 24/7/365 phone support, including risk assessment, crisis counseling in the caller's preferred language, safety planning, de-escalation, referrals, and triage/dispatch of mobile crisis outreach. Dedicated warm transfer lines with 911 and 988 improve coordination and reduce law enforcement intervention. The Latine Mental Health Line offers a culturally specific option. 2) Mobile Crisis Intervention Teams - clinicians and peer support specialists respond county-wide to meet with individuals in crisis, perform in-person risk assessments, and develop safety plans. Services provide follow-up/wrap-around support and aim to reduce Law Enforcement response. 3) Mobile Response and Stabilization Services - specific follow-up and wrap-around services for youth and families in crisis, focusing on service connection and reducing future crisis episodes. 4) The Urgent Walk-In Clinic (UWIC) - provides immediate access to assessment and support from clinicians, Peer Support Specialists, and licensed medical professionals. This program reduces the use of emergency departments and offers immediate drop-off support for law enforcement. 5) Disaster Behavioral Health - provides a behavioral lens and response coordinated with emergency management. Supports on-scene emotional and practical support to victims, families, and communities impacted by traumatic events.

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$407,567	$6,856,229	$2,353,933	$5,950,819
Contractual Services	$1,230,830	$10,156,169	$419,722	$9,555,993
Materials & Supplies	$537	$63,211	$2,571	$40,417
Internal Services	$0	$1,558,241	$59,671	$1,471,689
Total GF/non-GF	**$1,638,934**	**$18,633,850**	**$2,835,897**	**$17,018,918**
Total Expenses:	**$20,272,784**		**$19,854,815**	
Program FTE	2.00	36.85	12.56	25.79
Program Revenues				
Intergovernmental	$0	$17,633,850	$0	$16,567,713
Total Revenue	**$0**	**$17,633,850**	**$0**	**$16,567,713**

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

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

The division's Adult Protective Services (APS) protects adults with severe and persistent mental illness from abuse and victimization and investigates abuse and neglect per Oregon law. Activities include providing consultation and screening of abuse reports from mandatory reporters, community members and victims of abuse. Guidance comes from Oregon State's Office of Training, Investigations and Safety (OTIS) and includes information regarding the scope of the program's authority and the interpretation and application of the relevant state statutes. BHD consults and exchanges with the other APS programs in the county, namely with Aging, Disability, and Veterans' Service Division and Intellectual and Developmental Disability Services. The program also includes risk case management (RCM), which serves as an additional layer of support and connection for those with a mental health disability, substance use disorder, homelessness, or abuse. Additionally, the program provides community education and training to internal and external partners.

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$1,324,583	$261,435	$167,169	$1,268,123
Materials & Supplies	$3,247	$62	$3,354	$62
Internal Services	$206,124	$29,531	$156,340	$66,747
Total GF/non-GF	**$1,533,954**	**$291,028**	**$326,863**	**$1,334,932**
Total Expenses:	**$1,824,982**		**$1,661,795**	
Program FTE	7.49	1.51	0.80	6.60
Program Revenues				
Intergovernmental	$0	$291,028	$0	$1,334,932
Total Revenue	**$0**	**$291,028**	**$0**	**$1,334,932**

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

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

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$1,558,730	$3,259,926	$0	$5,867,811
Contractual Services	$136,070	$327,733	$0	$287,000
Materials & Supplies	$5,813	$31,620	$0	$65,059
Internal Services	$505,548	$131,655	$0	$480,395
Total GF/non-GF	**$2,206,161**	**$3,750,934**	**$0**	**$6,700,265**
Total Expenses:	**$5,957,095**		**$6,700,265**	
Program FTE	8.80	18.00	0.00	32.50
Program Revenues				
Intergovernmental	$0	$3,750,934	$0	$6,700,265
Total Revenue	**$0**	**$3,750,934**	**$0**	**$6,700,265**

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$1,171,850	$664,779	$386,791	$1,444,713
Contractual Services	$0	$7,700,691	$872,283	$7,698,285
Materials & Supplies	$0	$17,928	$0	$17,928
Internal Services	$257,518	$96,856	$148,791	$61,431
Total GF/non-GF	**$1,429,368**	**$8,480,254**	**$1,407,865**	**$9,222,357**
Total Expenses:	**$9,909,622**		**$10,630,222**	
Program FTE	6.75	4.05	1.86	7.94
Program Revenues				
Intergovernmental	$0	$8,480,254	$0	$9,222,357
Total Revenue	**$0**	**$8,480,254**	**$0**	**$9,222,357**

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

The Bridgeview supported housing program provides essential housing and supportive services to individuals in downtown Portland. It fills an important role within supported housing programs in the City of Portland and Multnomah County. It helps fill the gap that exists between independent living and residential treatment and provides a lower-barrier opportunity for people exiting homelessness who are also experiencing behavioral health challenges. The program helps people to gain stability and begin to work toward their future goals, decreasing their use of other services such as acute care hospitals.

This vital resource provides housing, pharmacy services, the ability to build rental history, 24/7 support from residential staff, and access to onsite clinical care including case management, individual therapy, skills training, and group engagement. Medical staff including a licensed medical practitioner (LMP) and nurse are on-site several days a month to provide medication management and additional nursing support. The building has 47 Single Room Occupancy units without kitchens, prompting the need to provide 3 meals per day to residents in the cafeteria. The program aims to increase housing retention, reduce hospitalizations and support mental health recovery for a population of individuals who are entering housing from homelessness.

Equity Statement

This program is designed to serve some of the most marginalized individuals and those most impacted by systemic racism in the community who are struggling with behavioral health concerns and houselessness, by offering housing services to individuals who would not otherwise have access to housing.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Contractual Services	$0	$0	$642,256	$275,000
Total GF/non-GF	**$0**	**$0**	**$642,256**	**$275,000**
Total Expenses:	**$0**		**$917,256**	
Program FTE	0.00	0.00	0.00	0.00
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Number of individuals served	46	49	51
Number of participants who retain stable housing at Bridgeview for 2+ years	N/A	N/A	40

Division: Behavioral Health

Program Characteristics:

Program Description

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

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$2,396,543	$0	$2,459,258
Contractual Services	$0	$3,086,499	$0	$2,715,313
Materials & Supplies	$0	$17,387	$0	$7,914
Internal Services	$0	$569,749	$173,614	$143,939
Total GF/non-GF	**$0**	**$6,070,178**	**$173,614**	**$5,326,424**
Total Expenses:	**$6,070,178**		**$5,500,038**	
Program FTE	0.00	14.32	0.00	13.88
Program Revenues				
Intergovernmental	$0	$6,070,178	$0	$5,326,424
Total Revenue	**$0**	**$6,070,178**	**$0**	**$5,326,424**

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Contractual Services	$298,127	$0	$197,933	$0
Total GF/non-GF	**$298,127**	**$0**	**$197,933**	**$0**
Total Expenses:	**$298,127**		**$197,933**	
Program FTE	0.00	0.00	0.00	0.00
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

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

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

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$599,082	$1,960,965	$647,814	$1,832,496
Contractual Services	$9,640	$179,633	$531	$177,399
Materials & Supplies	$0	$6,805	$989	$1,960
Internal Services	$87	$492,193	$122	$485,651
Total GF/non-GF	**$608,809**	**$2,639,596**	**$649,456**	**$2,497,506**
Total Expenses:	**$3,248,405**		**$3,146,962**	
Program FTE	3.23	11.17	3.11	9.87
Program Revenues				
Intergovernmental	$0	$1,911,588	$0	$1,737,506
Service Charges	$0	$728,008	$0	$760,000
Total Revenue	**$0**	**$2,639,596**	**$0**	**$2,497,506**

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

Community Based Mental Health for Children, Youth and Families offers essential safety net services, providing culturally-responsive mental health support for children and youth impacted by child abuse and trauma. The program uses evidence-based, trauma-informed practices for family support, individual/group therapy, skill-building, and violence prevention.

This program offer also includes a Mental Health Consultant position with an LGBTQIA2S+ Knowledge, Skills, and Ability (KSA) that provides internal teams with consultation and training.

Equity Statement

Mental health consultants placed in the CARES NW program work with children and their families, using culturally responsive practices to mitigate and reduce the negative impact of trauma on long-term health, including mental health. Our consultants have knowledge, skills, and abilities to work with the communities that we serve both culturally and linguistically.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$731,873	$1,041,853	$577,382	$153,890
Contractual Services	$0	$119,763	$0	$0
Materials & Supplies	$1,342	$206	$62	$21,085
Internal Services	$44,577	$289,584	$55,393	$224,157
Total GF/non-GF	**$777,792**	**$1,451,406**	**$632,837**	**$399,132**
Total Expenses:	**$2,229,198**		**$1,031,969**	
Program FTE	4.15	6.20	2.90	0.87
Program Revenues				
Intergovernmental	$0	$545,066	$0	$0
Beginning Working Capital	$0	$906,340	$0	$56,737
Service Charges	$0	$0	$0	$342,395
Total Revenue	**$0**	**$1,451,406**	**$0**	**$399,132**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Total children who receive Mental Health or Family Support Services at CARES NW from Mult Co staff	147	236	236
Total children who receive a suicide screening from the CARES NW team	N/A	N/A	30

Division: Behavioral Health

Program Characteristics: Backfill Other Funds

Program Description

The Behavioral Health Gun Violence Response Team (GVBHRT) was established in 2021 to address the sharp rise in gun violence, particularly within communities disproportionately impacted by systemic inequities.

The team provides a range of culturally relevant, evidence-based mental health services for the impacted community. These trauma-informed services are provided to improve the social and emotional functioning of youth and families who are impacted by community and gang violence. The team of mental health consultants utilizes lived experience and community informed practices to provide: Outreach and Engagement, Culturally specific mental health prevention support, Culturally specific mental health treatment, and Consultation and education to schools and communities.

Equity Statement

GV-BHRT mental health consultants work with children and their families, using culturally responsive practices to mitigate and reduce the negative impact of trauma on long-term health, including mental health. Our consultants have knowledge, skills, and abilities to work with the communities that we serve both culturally and linguistically.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$0	$706,009	$0
Total GF/non-GF	**$0**	**$0**	**$706,009**	**$0**
Total Expenses:	**$0**		**$706,009**	
Program FTE	0.00	0.00	4.00	0.00
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Provide outreach and engagement at Community events.	N/A	N/A	20
Total # of children who received behavioral health services from the Gun Violence BH Response Team	119	150	125

Division: Behavioral Health

Program Characteristics:

Program Description

The Care Coordination Unit improves health outcomes and experiences through two specialized programs: Wraparound (serving youth and families) and the Multnomah Intensive Transition Team (M-ITT, serving adults). Wraparound, funded by the Oregon Health Plan, provides high fidelity care coordination to address complex, cross-system barriers. Care Coordinators facilitate a team-based planning process with the youth, family, and partners to develop a unified, strength-based care plan. The goal is to empower youth to be healthy, achieve school success, and safely remain in their communities.
M-ITT is funded by HealthShare and is a critical component of the Crisis Services continuum of care. It provides specialized, short-term intervention for adults exiting psychiatric hospitals who are not connected to an outpatient behavioral health provider. The core function is to successfully bridge clients to ongoing support, including long-term behavioral health services, primary care, substance use disorder treatment, and addressing social determinants of health like shelter/housing.

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$9,570,438	$0	$5,990,668
Contractual Services	$0	$2,742,984	$0	$1,677,185
Materials & Supplies	$0	$139,483	$0	$129,312
Internal Services	$0	$3,171,133	$0	$2,699,290
Total GF/non-GF	**$0**	**$15,624,038**	**$0**	**$10,496,455**
Total Expenses:	**$15,624,038**		**$10,496,455**	
Program FTE	0.00	54.68	0.00	33.12
Program Revenues				
Intergovernmental	$0	$15,624,038	$0	$9,641,182
Beginning Working Capital	$0	$0	$0	$855,273
Total Revenue	**$0**	**$15,624,038**	**$0**	**$10,496,455**

Performance Measures

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

Division: Behavioral Health

Program Characteristics: Backfill Other Funds

Program Description

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

Cultural alignment with students improves their therapeutic alliance with SBMH clinicians, which helps address mental health concerns, build trust, and improve school attendance. This culturally-specific approach contributes to youth completing school, a strong indicator for lifelong economic wellbeing and improved overall health. SBMH Mental Health Consultants provide screening, crisis intervention, mental health assessment, clinical case management, and individual, group, and family treatment. They also provide training and consultation to school staff to optimize educational planning for youth with mental health concerns.

Multnomah County and School Districts collaborate to address the continuum of needs for students and their families and to fulfill the School District's mandate to provide these services. In FY 2027, the program will operate under a model that continues to invest in quality improvement efforts to increase revenue through billable services and build sustainability. Information from the Program Evaluation and Design team's FY 2026 program evaluation will be incorporated into the FY 2027 model and operations.

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$1,989,047	$2,526,382	$3,405,659	$981,640
Contractual Services	$75,000	$7,870	$0	$8,000
Materials & Supplies	$10,775	$295	$4,178	$12,331
Internal Services	$425,222	$417,262	$311,243	$254,836
Total GF/non-GF	**$2,500,044**	**$2,951,809**	**$3,721,080**	**$1,256,807**
Total Expenses:	**$5,451,853**		**$4,977,887**	
Program FTE	10.61	14.21	17.85	4.97
Program Revenues				
Intergovernmental	$0	$1,636,336	$0	$536,807
Beginning Working Capital	$0	$177,664	$0	$0
Service Charges	$0	$1,137,809	$0	$720,000
Total Revenue	**$0**	**$2,951,809**	**$0**	**$1,256,807**

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

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

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$263,883	$279,423	$154,846	$468,815
Contractual Services	$0	$0	$0	$20,320
Materials & Supplies	$0	$7,600	$0	$11,393
Internal Services	$51,550	$49,661	$72,095	$47,266
Total GF/non-GF	**$315,433**	**$336,684**	**$226,941**	**$547,794**
Total Expenses:	**$652,117**		**$774,735**	
Program FTE	1.54	1.76	0.86	2.70
Program Revenues				
Intergovernmental	$0	$336,684	$0	$547,794
Total Revenue	**$0**	**$336,684**	**$0**	**$547,794**

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

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

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Contractual Services	$1,836,478	$556,970	$1,618,136	$0
Total GF/non-GF	**$1,836,478**	**$556,970**	**$1,618,136**	**$0**
Total Expenses:	**$2,393,448**		**$1,618,136**	
Program FTE	0.00	0.00	0.00	0.00
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$575,887	$420,720	$776,326	$449,506
Contractual Services	$1,731,384	$9,813,044	$1,181,156	$9,767,194
Materials & Supplies	$2,871	$610	$3,175	$15,294
Internal Services	$154,946	$36,880	$203,468	$57,429
Total GF/non-GF	**$2,465,088**	**$10,271,254**	**$2,164,125**	**$10,289,423**
Total Expenses:	**$12,736,342**		**$12,453,548**	
Program FTE	3.00	2.40	4.00	2.60
Program Revenues				
Intergovernmental	$0	$8,255,389	$0	$8,021,348
Beginning Working Capital	$0	$0	$0	$185,685
Total Revenue	**$0**	**$8,255,389**	**$0**	**$8,207,033**

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

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

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

Equity Statement

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

Revenue/Expense Detail

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

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

The Addictions Services Alcohol and Drug Prevention program addresses risk and protective factors for substance use that can lead to alcohol, tobacco, and other drug addiction. Funding comes from a variety of state and federal grants to support: media campaigns, prevention education, youth leadership activities, policy development, and support for schools and parents. This program offers services to schools, community organizations, parents, youth, and other community groups. Programming is developed using evidence-based prevention models that are driven by community assessments. Priorities include increasing capacity for prevention in schools, convening partners to assess community needs, and offering prevention activities at school sites and organizations serving youth and parents.

Program activities include: 1) Contracting with local providers to offer programming to all Multnomah County school districts and interested community-based organizations. Programming includes youth-led media campaigns, youth leadership opportunities, evidence-based prevention curriculum for local schools, and family engagement courses that educate on primary prevention strategies. 2) The Big Village Coalition is a community-based coalition that focuses on reducing underage drinking and marijuana use. This program focuses on parent education and youth leadership development. 3) Expanding our Safety Starts at Home campaign which focuses on educating the community on the importance of safe storage and disposal of prescription drugs within the home (including handing out medication lock bags and Deterra kits to Multnomah County residents). 4) Supporting and expanding on substance-free community events to normalize alcohol and marijuana free spaces for youth throughout our community.

Equity Statement

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

Revenue/Expense Detail

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

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

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

When an individual is found unable to aid and assist, they may be ordered to the Oregon State Hospital (OSH) for treatment or be released to the community and ordered to participate in competency restoration services. For every individual ordered to community restoration, the CMHP is required to link the individual to treatment, housing, and healthcare benefits, provide intensive community-based care management, facilitate legal skills training, link to rehabilitation services, and provide frequent status reports to the court until competency is resolved.

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

Equity Statement

Coordinated Diversion services reduce the unfair overrepresentation and over incarceration of persons with mental health needs in the criminal justice system. These services intervene at an individual level while also addressing larger systemic barriers that are root causes for individuals with mental health and other disabilities being overrepresented in the criminal justice system.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$805,358	$4,153,335	$0	$4,692,774
Contractual Services	$235,709	$2,103,636	$0	$1,766,710
Materials & Supplies	$5,493	$47,031	$0	$62,412
Internal Services	$305,201	$297,752	$250,360	$421,345
Total GF/non-GF	**$1,351,761**	**$6,601,754**	**$250,360**	**$6,943,241**
Total Expenses:	**$7,953,515**		**$7,193,601**	
Program FTE	4.70	25.50	0.00	27.50
Program Revenues				
Intergovernmental	$0	$6,601,754	$0	$6,943,241
Total Revenue	**$0**	**$6,601,754**	**$0**	**$6,943,241**

Performance Measures

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

Division: Behavioral Health

Program Characteristics: Backfill Other Funds

Program Description

The Multnomah County Mental Health Court is a specialized treatment court, designed to reduce recidivism of individuals with qualifying mental health diagnoses, by offering enhanced supervision by the court that is supported by court partners. The court is a cooperative effort among multiple agencies, including the Multnomah County District Attorney's Office, Multnomah County Circuit Court, Multnomah County Mental Health Department, Metropolitan Public Defender, Multnomah County Department of Community Justice, and the Multnomah County Sheriff's Office. Mental Health Court participants are on probation; both supervised (formal probation) and unsupervised (bench probation). As a condition of probation, defendants are offered an opportunity to participate in the Mental Health Court program. The Behavioral Health Division allocates 3.0 FTE to support the specialty court to link individuals under supervision of the court to community based services and report continued progress back to the court.

Equity Statement

The Adult Mental Health Court reduces the overrepresentation and overincarceration of persons with mental health needs in the criminal justice system. This specialty court intervenes at an individual level to support successful completion of probation by linking individuals to community support.

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$0	$172,890	$343,023
Materials & Supplies	$0	$0	$110	$0
Total GF/non-GF	**$0**	**$0**	**$173,000**	**$343,023**
Total Expenses:	**$0**		**$516,023**	
Program FTE	0.00	0.00	1.00	2.00
Program Revenues				
Intergovernmental	$0	$0	$0	$343,023
Total Revenue	**$0**	**$0**	**$0**	**$343,023**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
# of Mental Health Court hearings attended	N/A	N/A	36
# of individuals in Mental Health Court supported	N/A	N/A	80

Division: Behavioral Health

Program Characteristics:

Program Description

Withdrawal management is a critical level of treatment care in the Substance Use Disorder (SUD) continuum of services. It medically stabilizes a highly vulnerable and diverse client population, preparing people for residential, outpatient, and recovery support services. Services are provided 24 hours/day, 7 days/week with medical oversight. Services are provided by medical professionals and clinical staff that address: SUD, physical health, and co-occurring disorders. Withdrawal management also includes: counseling, case management, referrals to supportive housing units, food, transportation, job training, employment opportunities, benefits eligibility screening, and discharge linkage to continuing treatment and recovery support services.

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

Care Coordination serves people who are houseless or without safe housing conducive to recovery, and provides additional engagement and stability throughout the transition from this level of care to continued treatment and recovery support. Supportive Housing greatly increases treatment engagement rates post discharge from withdrawal management treatment. For people who are houseless, chemically dependent, and early in recovery, this can be a vital resource in the work towards long-term recovery. Without housing, clients lack the stability necessary to address their substance use disorder.

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$220,456	$0	$231,666
Contractual Services	$1,515,449	$577,559	$1,041,829	$877,558
Materials & Supplies	$0	$8	$0	$8
Internal Services	$0	$5,972	$0	$5,541
Total GF/non-GF	**$1,515,449**	**$803,995**	**$1,041,829**	**$1,114,773**
Total Expenses:	**$2,319,444**		**$2,156,602**	
Program FTE	0.00	1.50	0.00	1.50
Program Revenues				
Intergovernmental	$0	$803,995	$0	$1,114,773
Total Revenue	**$0**	**$803,995**	**$0**	**$1,114,773**

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

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

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$1,420,153	$789,576	$2,028,083	$129,117
Contractual Services	$192,608	$1	$5,050	$0
Materials & Supplies	$6,661	$154	$5,144	$87
Internal Services	$152,640	$212,060	$252,033	$156,520
Total GF/non-GF	**$1,772,062**	**$1,001,791**	**$2,290,310**	**$285,724**
Total Expenses:	**$2,773,853**		**$2,576,034**	
Program FTE	8.47	4.71	11.31	0.68
Program Revenues				
Intergovernmental	$0	$716,067	$0	$0
Service Charges	$0	$285,724	$0	$285,724
Total Revenue	**$0**	**$1,001,791**	**$0**	**$285,724**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Total children receiving prevention services	6,358	5,422	5,500
Total children receiving culturally specific treatment services.	43	38	15

Division: Behavioral Health

Program Characteristics:

Program Description

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

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$679,122	$838,290	$817,114	$442,759
Contractual Services	$4,108	$104,004	$5,301	$0
Materials & Supplies	$4,563	$2,244	$4,714	$2,244
Internal Services	$32,359	$168,291	$1,912	$149,875
Total GF/non-GF	**$720,152**	**$1,112,829**	**$829,041**	**$594,878**
Total Expenses:	**$1,832,981**		**$1,423,919**	
Program FTE	4.08	4.82	4.48	2.42
Program Revenues				
Intergovernmental	$0	$561,662	$0	$594,878
Total Revenue	**$0**	**$561,662**	**$0**	**$594,878**

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

The Deflection and Sobering program is part of the Behavioral Health Division's Addiction Services unit and is funded through a State of Oregon Criminal Justice Commission grant, the County, and the City of Portland. The program operates 24/7 at the Coordinated Care Pathway Center (a temporary location), with a field-based option in Gresham. Per HB 4002, deflection is a collaboration between law enforcement and behavioral health to keep individuals out of the carceral system.

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

Services help people who are intoxicated get sober and connect with community services, including treatment, recovery, and shelter/housing. The center has 13 sobering stations. Sobering includes observation, stabilizing medication, and peer support. Care plans, referrals, and transportation are provided once clients complete sobering. Funding from the City of Portland funds costs including sobering operations and for two outreach workers dedicated to connections to recovery housing, transportation, direct client assistance, and program evaluation. Deflection and sobering services will move to a permanent 24/7 Sobering & Crisis Stabilization Center in 2027. Recovery Housing Rental Voucher Program is now also tied to this program offer. The PATH team has historically provided care coordination across the full continuum of Substance Use Disorder (SUD) services, including SUD treatment, other recovery-related services, and placements in recovery housing. Two PATH team employees will now be dedicated to recovery housing.

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$201,289	$994,017	$207,863	$1,354,241
Contractual Services	$0	$4,354,704	$0	$2,368,460
Materials & Supplies	$0	$307	$0	$408,056
Internal Services	$0	$864,824	$259,920	$1,019,243
Total GF/non-GF	**$201,289**	**$6,213,852**	**$467,783**	**$5,150,000**
Total Expenses:	**$6,415,141**		**$5,617,783**	
Program FTE	1.00	6.00	1.00	9.00
Program Revenues				
Intergovernmental	$0	$6,213,852	$0	$5,150,000
Total Revenue	**$0**	**$6,213,852**	**$0**	**$5,150,000**

Performance Measures

Performance Measure	FY25 Actual	FY26 Estimate	FY27 Target
Percent of individuals referred to deflection who engage in deflection by receiving services at the pathway center	N/A	65%	70%
Number of individuals referred to recovery housing	N/A	N/A	100

Division: Behavioral Health

Program Characteristics:

Program Description

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

* The Day Center currently serves around 115 people daily through a system that reduces competition for resources and supports engagement with peers. Services include access to showers, bathrooms, laundry, clothing, computers and printing, WIFI and charging stations, mail service, snacks, coffee, activity space, and safe, calming spaces to relax and get support from peer staff. The program increases access to referrals and housing options, provides access to medical services through partnerships with other Health Department programs, and operates during severe weather. Peer support reduces stigma and increases access to support and resources helping people take a first step towards housing stability.
* The Referral Van operates daily from 6am-2pm offering initial support and connection to over 250 people a day. Clients can access coffee, resources, and basic supplies as well as entry tickets to the Day Center. This connection increases treatment readiness and likelihood of engaging at the Day Center.
* The Outreach Team engages with people in a 2-10 block radius around the facility, inviting them to the BHRC for services or referring them immediately to other community partners. This team successfully refers three people to detox a day, and dozens more to community services, including emergency beds on-site in the BHRC Shelter. They also partner with police to help get people into culturally competent services, treatment and shelter in real time.

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$481,854	$342,359	$0
Contractual Services	$2,180,248	$1,771,907	$3,678,493	$307,620
Materials & Supplies	$196	$8,368	$2,827	$0
Internal Services	$1,147,489	$194,894	$1,343,014	$7,368
Total GF/non-GF	**$3,327,933**	**$2,457,023**	**$5,366,693**	**$314,988**
Total Expenses:	**$5,784,956**		**$5,681,681**	
Program FTE	0.00	1.80	2.00	0.00
Program Revenues				
Intergovernmental	$0	$791,223	$0	$86,988
Beginning Working Capital	$0	$228,000	$0	$228,000
Total Revenue	**$0**	**$1,019,223**	**$0**	**$314,988**

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

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

The Shelter Program has 33 beds and is a mixed gender shelter. The length of stay is 1-30 days. The Bridge Housing program provides 19 beds, offers mixed gender housing, and the length of stay is 1-90 days. A contractor, staffed by peers and clinical professionals with lived experience, operates both programs and offers 24/7 support and connection to those in the program. Nearly every participant receives individualized case/care management, which includes support such as access to basic needs, bus fare, cell phones, clothing, employment services, food stamps, medical services, mental health services, and referrals for SUD services. Participants that exit early for any reason are able to access support in the future; staff maintain open communication and opportunities for re-engagement, ensuring critical longer-term support when needed. The Shelter Program has served over 426 people since opening, and the Bridge Program has served 136. Between the two programs, there have been over 138 successful transitional housing placements beyond onsite housing services.

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Contractual Services	$2,032,953	$1,113,935	$812,169	$1,726,045
Internal Services	$969,811	$0	$1,060,001	$0
Total GF/non-GF	**$3,002,764**	**$1,113,935**	**$1,872,170**	**$1,726,045**
Total Expenses:	**$4,116,699**		**$3,598,215**	
Program FTE	0.00	0.00	0.00	0.00
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

This Program Offer provides implementation of Opioid Settlement resources, including support for a 6-month stabilization housing program for people transitioning from detoxification, residential treatment, and those facing the risk of houselessness. The program is divided into a stabilization phase (first 90 days) and a relapse prevention phase (next 90 days), both with supportive housing available. The last phase, beyond intensive outpatient treatment, offers tools and support for sustained sobriety and long-term stability.

A second program, the Preparation & Integration Housing model, also within this Program Offer provides two levels of recovery support. The first - a stabilization model - provides a flexible 14-day need-based stabilization and evaluation service for individuals transitioning between withdrawal management and residential services. This program focuses on high-acuity people with substance use disorder and/or co-occurring conditions, offering intensive peer support, onsite staff, and care coordination. The second level - an integration model - is intended for individuals who have completed residential services, providing 4–6 months of housing with a live-in house manager. This includes peer support, employment support, life-skills services, and case management.

These programs target the highest acuity individuals who are most vulnerable to relapse without appropriate options for step up/step down support in their recovery. The proximity and relationships of the program providers allow for building more direct referrals into the next appropriate level of support, depending on where an individual is in their recovery.

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$142,163	$0	$208,727	$0
Contractual Services	$1,889,854	$0	$1,537,070	$0
Total GF/non-GF	**$2,032,017**	**$0**	**$1,745,797**	**$0**
Total Expenses:	**$2,032,017**		**$1,745,797**	
Program FTE	1.00	0.00	1.00	0.00
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

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

Division: Behavioral Health

Program Characteristics:

Program Description

Using Metro Supportive Housing Services Measure funding, this Program Offer funds critical short-term shelter, transitional housing and permanent housing capacity for people experiencing or at imminent risk of chronic homelessness, in particular individuals living with serious and persistent mental illness. The offer leverages and builds on existing intensive behavioral health programs in the Health Department's Behavioral Health Division that serve this vulnerable population.

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

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

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

Equity Statement

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

Revenue/Expense Detail

	2026 General Fund	2026 Other Funds	2027 General Fund	2027 Other Funds
Personnel	$0	$0	$0	$267,961
Contractual Services	$413,573	$9,615,877	$51,012	$7,877,049
Internal Services	$0	$0	$0	$39,310
Total GF/non-GF	**$413,573**	**$9,615,877**	**$51,012**	**$8,184,320**
Total Expenses:	**$10,029,450**		**$8,235,332**	
Program FTE	0.00	0.00	0.00	2.00
Total Revenue	**$0**	**$0**	**$0**	**$0**

Performance Measures

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