



Office of Community Involvement



Health Department CBAC

TO: Chair Jessica Vega Pederson and Board of County Commissioners 13 pages

FROM: Health Department Community Budget Advisory Committee (CBAC)

DATE: March 14, 2025

SUBJECT: Health Community Budget Advisory Committee Report & Recommendations

EXECUTIVE SUMMARY

FY26 marks a significant transition for our CBAC committee as we welcome four new members following the conclusion of our previous members' tenure. We extend our deepest gratitude to our committee members who have moved on, for their dedication, expertise, and commitment to advancing health equity over the past several budget cycles. Their contributions have shaped critical investments in behavioral health, corrections health, and workforce support, leaving a lasting impact on our community.

As we move forward, we enthusiastically welcome our new committee members and look forward to their insights and leadership in guiding the next phase of our work. Together, we remain committed to advocating for transformative investments that address systemic health disparities and strengthen the department's ability to serve our community effectively.

Additionally, workforce support across the department remains foundational to maintaining high-quality health services. Chronic vacancies and turnover place an unsustainable burden on existing staff, jeopardizing service delivery. Investing in recruitment, retention, and professional development is essential to ensuring long-term sustainability.

As we develop this report and our recommendations, we reaffirm our commitment to equity, dignity, and ethical leadership.

Your Health Department CBAC presents these recommendations with deep appreciation for the Department's ongoing efforts. We also acknowledge the importance of continued dialogue and collaboration to strengthen CBAC's role in shaping an equitable and impactful budget process.

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PROCESS

The Committee kicked off the planning year in September 2024 with monthly presentations from Division Leadership and other subject matter experts, including:

- Rachael Banks, Health Department Director
- Derrick Moten, Interim Director of Financial & Business Management Division
- Andrea Hamberg, Interim Public Health Director
- Kirsten Aird, Public Health Director
- Heather Mirasol, Behavioral Health Director
- Valdez Bravo, Interim Corrections Health Director
- Richard Bruno, Multnomah County Health Officer
- Aaron Monnig, Multnomah County Health Officer
- Jessica Guernsey, Health Department Project Support

To orient new members who joined the Committee after Divisions had already presented, Director Banks gave a thorough review of Health Department services at the January meeting. Director Banks returned twice more to provide an overview of the Health Department's budget process and orient the committee to FY26 details, once they became available.

When deliberating and developing the report the Committee remained grounded in our shared [values](#), summarized by the following guiding principles:

- We are transformative leaders
- We offer expert knowledge
- We uphold racial justice
- We operate with dignity and respect
- We believe in intercultural intelligence
- We hold ethics at the core

In previous years, the team primarily focused on analyzing and making recommendations for programs and requests that fell outside of target funding. However, with the shift to reviewing and recommending restoration priorities, the process required a significantly different approach. Budget reductions inevitably impact services—often affecting the most vulnerable

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populations—or place additional strain on county staff by requiring them to maintain operations with fewer resources.

To ensure well-informed recommendations, the committee grounded its review in the Health Department’s budget rubric and the CBAC values. This framework provided a clear foundation for evaluating priorities.

- The committee conducted a thorough review of 16 program offers, beginning with an initial assessment on 2/27/25. During this phase, members documented questions and engaged in discussions that leveraged the diverse expertise and perspectives within the group. These conversations helped surface key considerations and ensured a more comprehensive evaluation.
- Each committee member ranked their priorities in an individual document based on the information available at that time. They also reviewed each program offering’s alignment with CBAC values as well as reviewed for Health Department alignment with its rubric. Members were able to document notes on their prioritization decisions.
- Following the initial review, the team received further clarifications and context from county leadership and staff. Department leaders were then invited to meet with CBAC, offering an opportunity for direct engagement, clarification, and deeper insight into program needs.
- With updated information the team once again reviewed restoration priorities individually in order to support a final ranking list.

The effectiveness of this process became evident on March 13, when the team was informed that the Health Department had updated its restoration priorities. While multiple factors may have influenced this shift, it was clear that the committee’s clarifying questions and discussions played a role in shaping these adjustments. This outcome reinforced the value of a rigorous, collaborative, and transparent review process in making budget decisions.

EMERGING THEMES/TRENDS -

Over recent budget cycles, the operations and funding of the department have been notably influenced by the COVID-19 response. The department is committed to actively restoring its core services. At present, we are seeing a decline in property tax revenue, and shifts in federal administration may impact federal and state funding sources, alongside rising healthcare costs. Consequently, we must thoughtfully consider the proposed 12% reduction as presented by the Health Department leadership.

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Members of the Community Budget Advisory Committee recognize the impending budget cuts, the reduction in available revenue sources, and the increasing demand for services within the community. The committee expresses its support for the department's rubric, as highlighted in the transmittal letter, to prioritize significant investments in health, address racial disparities in service delivery, and promote plans for the restoration and stabilization of the workforce.

In light of the proposed reduction, committee members have collaboratively identified key priorities for restoration and investment, including:

- Prioritizing the restoration of the STI Clinic, School-Based Mental Health Services, and Harm Reduction Initiatives to maintain critical service to our most vulnerable, mitigate potential increases in demand on emergency and crisis systems.
- Investments in workforce retention and safety initiatives aimed at rebuilding and sustaining a skilled, diverse, and resilient workforce to effectively meet public health demands.
- The strengthening of community partnerships through financial administrative support to ensure timely invoicing and payment to local organizations and culturally specific providers can continue to deliver essential care to those in need.
- Ongoing commitment to data-driven performance and efficiency enhancements to bolster financial sustainability and workforce efficiency through skilled technical personnel.

Our committee has consistently advocated for earlier and more meaningful engagement in the budget process. Throughout the FY25 budget cycle, we sought clarity on how our contributions influence decision-making. While there were initial delays in responses, department leadership and the Chair's Office have acknowledged our outreach and expressed their commitment to enhancing engagement. Additionally, the Office of Community Initiatives (OCI) has outlined plans to improve the community engagement process.

The committee appreciates these commitments and encourages ongoing efforts to ensure that community voices are truly incorporated into the budget process.

BUDGET/PROGRAM OFFERS FEEDBACK -

The Multnomah County Health Department is confronting significant budgetary constraints in the FY 2026 cycle, necessitating reductions across various important programs and critical

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operational infrastructures. As representatives of the Health Department CBAC, we understand the difficult decisions that result from funding reductions and limited resources. Reduction decisions, while never easy, present Department leaders and CBAC members with profound responsibility and care in centering equity in our decision making. With that, we are deeply concerned about the potential impacts the proposed reductions may have, particularly on culturally specific services and the foundational operations that support our community's health initiatives.

Impact on Culturally Specific Services

Our community's strength lies in its diversity, and culturally specific services are essential in addressing the unique health needs of various populations. Budget reductions threaten programs tailored to communities of color, immigrants, refugees, and other marginalized groups, potentially widening existing health disparities.

Of specific focus and concern for the CBAC, the STI clinic and the vital services the staff provide encompass an integrative, holistic, and culturally specific approach to healthcare. The reduction or elimination of culturally specific STI services will directly impact already marginalized community members and reduce trust of the health system at large.

School-based mental health services may also be impacted or eliminated. These services offer language-specific mental health counseling, pre-engagement support, and community health outreach utilizing culturally relevant and responsive approaches. Such reductions could lead to decreased trust and engagement between these communities and the health department, hindering efforts to promote preventive care and early intervention.

The CBAC recommends that culturally specific services be preserved and/or prioritized for restoration should the budget allow.

Concerns Regarding Operational Infrastructure

As echoed by many of the Department's leaders, operational infrastructure underpins the delivery of all health services, ensuring efficiency, compliance, and quality. Budget cuts affecting administrative functions, data management systems, and workforce development can have cascading effects on service delivery. Of specific concern to the CBAC are potential reductions in facility security, safety, and strategic operations across Health Department facilities. Such security infrastructure acts as the bedrock of employee and community safety, health access,

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and trust. Interruptions and loss of strategic leadership could have dire implications for county and department health equity initiatives.

The CBAC underscored our concerns regarding proposed reductions to the office of Financial & Business Management, specifically the position(s) that support the timely processing of Community Based Organization (CBO) invoices. We know that small CBOs rely on timely payment for their lifesaving services and that interruptions or delays could reduce the efficacy and continuity of key health services.

Additionally, reductions in administrative data support may slow down the processing of vital health data, delaying responses to emerging public health threats. Further, constraints on workforce training and development can impede staff readiness to adopt best practices or respond to health emergencies effectively.

The CBAC recommends operational infrastructure be preserved and/or prioritized for restoration should the budget allow.

DEPARTMENT BUDGET/PROGRAM OFFER RECOMMENDATIONS

CBAC's Position and Recommendations

The CBAC acknowledges the fiscal challenges and emphasizes the importance of preserving services that directly impact the health outcomes of our most vulnerable populations. We recommend exploring alternative cost-saving measures that do not compromise culturally specific programs or critical operational infrastructures. Investments in preventive care and community-based interventions often result in long-term savings by reducing the need for more intensive services.

The CBAC has carefully reviewed the proposed budget reductions and their potential impact on critical health services and departmental infrastructure. In collaboration with Health Department leadership, the CBAC has developed a set of recommendations and priority rankings for reduction and/or restoration. Our prioritization framework is rooted in the principles of health equity, service accessibility, and long-term community impact, ensuring that the most vulnerable populations continue to receive the care and support they need.

While we recognize the fiscal constraints facing the county, we strongly advocate for strategic investments that uphold public health priorities and minimize disproportionate harm to marginalized communities. The following recommendations reflect our commitment to

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maintaining the Health Department's capacity to serve all residents effectively while addressing the budgetary challenges ahead.

Our specific recommendations are as follows, in priority of restoration:

1. 40010B - STI Clinic

The HIV/Sexually Transmitted Infections (STIs) program is foundational to public health practice and part of a statutory role to protect the health of the community. The STI Clinical Services component focuses on providing sexual health services and community testing/prevention to prevent STI and HIV transmission and ensure access to treatment, particularly for underserved and marginalized populations. It provides low barrier, stigma-free services to people who may not otherwise have access to services or who are hesitant to access their typical provider. The STI Clinic works closely with the Disease Intervention Team and Community Epidemiology Services to collaborate on data related to STI trends and spread of disease.

2. 40082 & 40068 - School Based Mental Health (MH) & Related Quality Management (QM)

40082: School Based Mental Health (SBMH) and K12 Case Management are essential components of the system of care for children and families. Our 21 SBMH clinicians and 9 Case Managers serve over 1,000 children and teens with mental health needs in 34 schools across six school districts: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose, and Portland Public Schools. Mental health professionals provide evidence-based treatment, utilizing an anti-racist equity lens, in school and Student Health Center settings and via telehealth. K-12 Case Managers help students and their families meet unmet needs by connecting them to mental health services, housing, clothing, and food access. These additional case management services will also seek to reduce racial and health inequities and support increased attendance and educational success.

40068: The Quality Management (QM) Unit provides critical infrastructure support for the entire Behavioral Health Division. QM includes five individual programs: Compliance, Evolv (Electronic Health Record (EHR) system), Records, Reporting, and Revenue. The teams work collaboratively to provide statutorily required, essential, functional, and safety services to the client-facing programs within the Division. These teams advance racial equity by providing real time information and data on systems, programs, and policies that perpetuate systemic barriers to opportunities and benefits for BIPOC and underserved populations.

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3. 40003, 40040, 40039A, 40044 - Facilities, Safety & Security, Operations, FBM

Newly bundled and resubmitted as Restoration Priority #3, this package includes FTE supporting Health Department infrastructure from the following program offers:

40003: This program provides facilities, safety, and administrative support for the department and includes the Health Department (HD) Headquarters at Gladys McCoy. The work is executed by the Facilities, Safety & Security Senior Strategist and one Office Assistant Senior. The Senior Strategist conducts safety planning, coordinates contracted security personnel and leads development and revisions of department safety and security policy and procedures, collaborating with the office of Workplace Security to ensure compliance. In 2023, the Facilities, Safety & Security Senior Strategist implemented the Health Department Safety & Security Advisory committee. The Committee utilizes a multi-disciplinary approach to safety and security, emphasizing collaboration and creativity with collaborators, to strategize, develop procedures and policy, and identify best practices. The Facilities, Safety & Security Senior Strategist also leads and facilitates Health Department activation and response to critical incidents, facilities emergencies, and inclement weather operations. The Senior Strategist Supports and tracks Health Department relocation efforts, liaises with Safety Committee,s and ensures proper operations at each HD location/building in collaboration with Risk Management.

40040: 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.

40039A: Health Department Human Resources (HR) provides expertise, consultation, and leadership to ensure a highly skilled workforce reflective of the communities served is hired and retained while upholding the department's core values of non- discrimination and valuing varied lived experiences and perspectives, managing the compliance of personnel rules and legal requirements, and developing and maintaining partnerships with labor unions and community stakeholders. The HR team is staffed with individuals of diverse educational, professional, cultural, and lived backgrounds to offer a high level of expertise and competency

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to support a well-rounded and effective workforce.

40044: This program offer includes a team of developers, analysts, and project managers who provide report development and analytic services to the department. In addition, the annual cost of the Epic practice management and the Electronic Health Record (EHR) system used by the Health Department is budgeted here.

4. 40052 - Medical Examiner

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

5. 40008, 40061SA, 40096 - Vector Supplies; Harm Reduction supplies & FTE; WIC Gateway Clinic Supplies

40008: The Vector Control and Code Enforcement program protects the public from vector-borne diseases through the collection, monitoring, and testing of mosquitoes, rats, birds, and other animals for pathogens harmful to humans. The program also works to enforce health-based nuisance codes like keeping of small livestock (chickens, pigs, bees), rodent harborages, and illegal dumping. Vector Control and Code Enforcement are core public health services that protect the public from diseases carried by and transmitted through contact with animals. ORS 431.141 stipulates that Environmental Public Health Programs must be included as a foundational program for a public health and safety program. Furthermore, ORS 431.143 (2) specifically mandates that an Environmental Public Health Program must protect the public from biotic and abiotic factors in the environment including but not limited to vector borne diseases. Additionally, ORS 452.240 provides additional measures to the county to perform the functions mandated. This is accomplished through: Mosquito Control – Active suppression of

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

40061SA: The program goal is to improve the quality of life for people who use drugs by reducing the potential harms of drug use. Harm Reduction serves people who may not be ready to stop substance use, offering strategies to mitigate negative outcomes from drug use for individuals and the larger community. Services use trauma-informed risk reduction counseling and culturally appropriate referrals based on client readiness. The program educates clients regarding one-time use of injection supplies, which is critical to reducing HCV, HIV, and bacterial transmission. The program distributes those supplies and offers used syringe takeback at field-based and clinical sites in targeted locations. Staff provide opioid overdose prevention education, and naloxone and fentanyl test strip distribution help reduce fatal overdoses. The program subcontracts with Outside In to duplicate these listed activities at their fixed location in SW Portland.

40096: The Office of the Director supports the Board of Health (BOH) to set health policy for Multnomah County and provides administrative support and project management to ensure that the Public Health Division (PHD) fully performs its unique governmental role and achieves legal requirements for Multnomah County's local public health authority. The PHD is responsible for systems that promote and protect the health of, and prevent disease for, diverse communities within Multnomah County. The PHD accomplishes this work through policy interventions; prevention initiatives; public education and communications; community partnerships; planning; and research, evaluation, and assessment. The main goal is to improve the health of the entire population and reduce inequities experienced by BIPOC communities, especially in chronic disease and injury, and to lower rates of the leading causes of preventable death.

6. 40040 – FBM (*Finance Specialist Sr. now bundled in #3*)

This program 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.

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7. 40000A - Director's Office

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

8. 40003 - Facilities, Safety & Security *(Administrative Analyst Sr. now bundled in #3)*

This program provides facilities, safety, and administrative support for the department and includes the Health Department (HD) Headquarters at Gladys McCoy. The work is executed by the Facilities, Safety & Security Senior Strategist and one Office Assistant Senior. The Senior Strategist conducts safety planning, coordinates contracted security personnel and leads development and revisions of department safety and security policy and procedures, collaborating with the office of Workplace Security to ensure compliance. In 2023 the Facilities, Safety & Security Senior Strategist implemented the Health Department Safety & Security Advisory committee. The Committee utilizes a multi-disciplinary approach to safety and security, emphasizing collaboration and creativity with collaborators, to strategize, develop procedures and policy, and identify best practices. The Facilities, Safety & Security Senior Strategist also leads and facilitates Health Department activation and response to critical incidents, facilities emergencies, and inclement weather operations. The Senior Strategist Supports and tracks Health Department relocation efforts, liaises with Safety Committees and ensures proper operations at each HD location/building in collaboration with Risk Management.

9. 40044 - Health Data & Analytic Team *(Development Analyst now bundled in #3)*

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

10. 40039A - HR Learning & Development *(Two HR Analysts now bundled in #3)*

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11. 40054 - Nurse Family Partnership

Nurse Family Partnership (NFP) is a nurse home visiting program under the Parent, Child, and Family Health (PCFH) program, which offers services to first-time pregnant people living on low incomes. It is delivered through two Multnomah County teams that serve the entire County. The goals of NFP are to improve pregnancy outcomes by promoting health-related behaviors and to improve child health, development, and safety by promoting competent caregiving. Funding provided in this budget will maintain NFP for this fiscal year while PCFH considers a possible restructuring of home visiting programs with community input.

12. 40040, 40042, 40037B – FBM Supplies & OT; Contracts & Procurement Technical Assistance for CBOs; Gas-Powered Leaf Blower (Not prioritized for restoration by HD)

40040: This program 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.

40042: This program 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 to reduce the spread and severity of disease.

40037B: Starting on January 1, 2026, gas-powered leaf blowers will be prohibited, except during the fall and winter. In 2028, gas blowers will be banned in the fall and winter as well. Those who violate the policy will face a fine of up to \$1,000. The City of Portland and Multnomah County

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are negotiating an intergovernmental agreement that delegates enforcement authority to the County. The program increases awareness and compliance with the City of Portland's gas leaf blower phaseout ordinance. It will engage leaf blower operators to better understand their perspectives on issues, needs and opportunities to inform policy and communications, and to learn more about the need or desire for occupational health interventions.

ACKNOWLEDGEMENTS

The Committee would like to give special and sincere appreciation to the members of the previous Community Budget Advisory Committee (CBAC) for their significant contributions. We would especially like to recognize volunteers Jimmy Mak and CJ Alicandro for their commendable support during the committee's transition and recruitment efforts. Their dedication has helped ensure continued community engagement in the budget process. The Committee would also like to thank its newest member, Dema Abu Alia. We look forward to fully collaborating with you for FY27.

Furthermore, we would like to express our appreciation to Director Banks, CBAC Support Staff Jonathan Livingston and our Health Department Division Directors for their presentations, and their responsiveness to the committee's concerns and inquiries.

We would like to extend a warm welcome to Amara Pérez as the new Director of the Office of Community Involvement. Special thanks to Sara Ryan and Natalie Minas from the Chair's Office for their insightful presentation on the ways the community can provide feedback on the budgetary process. We look forward to a fruitful collaboration aimed at enhancing community participation and promoting transparency.

Thank you all for your ongoing commitment to advancing public health within our community.

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