



Office of Community Involvement



Health Department CBAC

TO: Department Director, Chair Jessica Vega Pederson, and the Board of County Commissioners

FROM: Health Department Community Budget Advisory Committee (CBAC)

DATE: March 6, 2026

SUBJECT: Health CBAC Report & Recommendations

EXECUTIVE SUMMARY

The Health Department Community Budget Advisory Committee (CBAC) appreciates the opportunity to provide input on the FY 2027 requested budget. After reviewing the department's transmittal letter, budget overview, and proposed reduction packages, the CBAC is broadly supportive of the department's decision-making approach and the framework it has applied to navigate an exceptionally challenging fiscal environment.

The CBAC acknowledges the difficult tradeoffs inherent in this budget cycle, including significant reductions in federal and state funding, the loss of CareOregon delegation revenues, and changes to the County Financial Assistance Agreement (CFAA). We recognize that the department has worked thoughtfully to protect statutory functions, advance health equity, and preserve frontline services. We are grateful to our committee members for their continued commitment to bringing community insight and expertise to that work.

As we have in previous years, the committee recommends prioritizing the restoration of key investments in behavioral health, transition services, and harm reduction programs, which remain among the most visible and intersectional issues facing Multnomah County. These services are critical given the significant socioeconomic challenges many of our neighbors face and the compounding impacts of substance use disorders on both our behavioral health and carceral systems.

At the same time, the proposed reductions to several high-impact programs raise serious concerns for the communities we represent. The CBAC offers the following recommendations to the Board of Commissioners and department leadership.

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PROCESS

Following the conclusion of the FY 2026 budget sessions, the Health CBAC welcomed five new committee members and said farewell to two departing members who stepped down due to work and family obligations. The planning year launched in September 2026 with a CBAC orientation facilitated by the Office of Community Involvement (OCI). New members were required to attend, and existing members were encouraged to participate.

Throughout the year, the committee received monthly presentations from Health Department division leadership and subject matter experts, including:

- Rachael Banks, Health Department Director
- Derrick Moten, Interim Director of Financial & Business Management Division
- Kirsten Aird, Public Health Director
- Dr. Bruno, Multnomah County Health Officer
- Aaron Monnig, Multnomah County Health Officer
- Valdez Bravo, Operations & Interim Corrections Health Director
- Stephen Kane, Tony Gaines, Lori Dolo Scott, Corrections Health
- Anthony Jordan, Behavioral Health Director
- Anirudh Padmala, Integrated Clinical Services Director
- Jessica Guernsey, Health Department Project Support

Additionally, Director Banks provided a comprehensive review of Health Department services, the budget process, and anticipated FY 2027 reductions at the January and February meetings to further familiarize new members with the department's work.

Before evaluating proposed reductions, the committee grounded its review in both the Health Department's decision-making rubric and the CBAC's own values — a framework that provided a clear and consistent foundation for assessing priorities. The committee recognizes the Health Department's continued acknowledgment of the historical impacts of health disparities and the inequities in health outcomes that continue to shape our community's present and future.

Our recommendations reflect values we hold collectively and return to often:

- We are transformative leaders
- We offer expert knowledge
- We uphold racial justice

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- We operate with dignity and respect
- We believe in intercultural intelligence
- We hold ethics at our core

In previous years, the committee focused primarily on analyzing and recommending programs and requests that fell outside of target funding. Since FY 2026, however, the committee has shifted to reviewing and recommending restoration priorities, a process that requires a meaningfully different approach than in prior years.

- The committee evaluated 12 program offers proposed for reduction and ranked them in order of restoration priority. Members utilized a matrix summarizing each program's services, anticipated FTE loss, and projected cost savings under the proposed 5% reduction package. Each member ranked their priorities independently, evaluated their rankings against the Health Department's rubric, and documented their justifications in an individual form attached to the matrix.

Following the initial individual rankings, members convened to discuss their assessments, drawing on the committee's diverse expertise and perspectives. These conversations surfaced key considerations and outstanding questions, which Health Department leaders addressed by providing additional clarification and context. This process ultimately led to consensus on the committee's final rankings.

The committee has found this process to be effective in facilitating meaningful discussion and producing well-rounded recommendations. We appreciate the Health Department's continued commitment to this engagement and encourage ongoing efforts to ensure that community voices are genuinely incorporated into the budget process.

Opportunities for Improvement

The committee also took time this year to reflect on its process and identify opportunities to strengthen engagement in future cycles. Several themes emerged consistently across meetings.

With respect to orientation and engagement with the Health Department, members expressed a desire for deeper, more experiential learning opportunities, including on-site tours and greater familiarity with the department's day-to-day work. While division presentations were valued, members felt they would benefit from receiving materials and discussion questions in advance to enable more conversational, substantive dialogue. The committee also noted that, as the

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county's largest department, the Health CBAC's orientation and preparation time should reflect that scale rather than following a one-size-fits-all model applied across all advisory committees.

On timelines and Chair requests, general time constraints for reviewing program offers and producing recommendations are a recurring challenge. The loss of one week of report development time this cycle created exceptional pressure on the process. The committee would benefit from more time to enable thoughtful planning and thorough engagement, so that all members can meaningfully participate in the budgetary process.

Members also identified the desire for a more hands-on orientation to the Board of County Commissioners, including attending a BOCC meeting and building direct relationships with Commissioners and their offices, as a valuable addition to the annual process.

The committee recognized several areas of genuine progress worth sustaining: stipends, OCI-facilitated onboarding, recruitment efforts, and access to information were all highlighted as meaningful improvements. Virtual meetings continue to improve accessibility for members, though the committee noted ongoing challenges around connection, relationship-building, and tech accessibility for those less comfortable in digital environments.

On recruitment, year-round outreach has helped the committee maintain healthy membership levels. However, recruiting during late winter and spring leaves limited time to orient new members before report development and the budget cycle begins. To protect the integrity of the process, the committee has opted not to conduct member interviews during the active budget cycle. Moving recruitment earlier in the year, ideally in the fall, would give incoming members more time to onboard and engage meaningfully before the work begins in earnest.

EMERGING THEMES/TRENDS -

The FY 2027 budget cycle reflects a confluence of fiscal pressures that are reshaping the landscape of public health services in Multnomah County. Declining property tax revenue, significant reductions in federal and state funding, the loss of CareOregon delegation revenues, and changes to the County Financial Assistance Agreement (CFAA) have collectively created conditions that demand thoughtful, values-driven prioritization. The proposed 5% General Fund reduction, as presented by Health Department leadership, must be understood within this broader context of compounding financial constraints.

At the same time, community demand for health services continues to grow, particularly among populations already facing the greatest barriers to care. The CBAC supports the

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department's decision-making rubric, as outlined in the transmittal letter, to prioritize investments that advance health equity, address racial disparities in service delivery, and protect the programs most critical to our community's well-being.

While the committee acknowledges the thoughtful approach Corrections Health has taken in proposing reductions, persistent staffing challenges and difficulty filling positions in this area remain serious concerns. The committee urges the Board of Commissioners to recognize the importance of sustained funding for corrections health services, particularly during periods of economic hardship when the needs of this population are greatest.

In response to the proposed reductions, committee members have collaboratively identified the following key themes and priorities for restoration and investment:

Restoring direct services for vulnerable populations. The committee prioritizes restoring programs that provide direct services and maintain critical access to care for our most vulnerable community members, while also mitigating compounding pressures on emergency and crisis systems. In order of restoration priority, these programs include:

- Culturally Specific Mobile Outreach & Stabilization Treatment
- Women, Infants, and Children (WIC)
- Community-Based Mental Health Services for Children & Families
- Early Childhood Mental Health Program
- Harm Reduction Outreach & Naloxone
- Director's Office — Community Health Worker Training Program

Building Strong & Resilient Communities. Investing in communities that have historically experienced barriers to accessing care is vital to ensuring the county leads with our values. Members highlighted the particular needs of individuals living in East County, as well as people with marginalized identities and those for whom English is a second language. Ensuring language access, culturally responsive services, and strong partnerships with trusted community organizations were identified as critical strategies for strengthening community health and improving equitable access to services.

Investing in workforce retention. The committee recommends sustained investment in retaining a skilled, culturally competent, and resilient workforce capable of meeting growing public health demands — recognizing that staff reductions in this cycle may have long-term consequences for service capacity that are difficult to reverse.

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Strengthening community partnerships. Maintaining and deepening relationships with local organizations and culturally specific providers is essential to sustaining community trust and ensuring that essential care reaches those who need it most. The committee encourages continued investment in partnership infrastructure and community-based capacity building.

BUDGET/PROGRAM OFFERS FEEDBACK

The Multnomah County Health Department enters the FY 2027 cycle confronting significant budgetary constraints that will necessitate reductions across behavioral health programming; cuts that disproportionately affect vulnerable and marginalized communities.

As representatives of the Health Department CBAC, we understand the weight of these decisions and the care required to center equity throughout the process. Reduction decisions, while never easy, carry a profound responsibility. We remain concerned about the potential impacts of the proposed reductions, particularly on culturally specific services and the foundational operational capacity that supports the Health Department's community health initiatives.

The CBAC also recognizes the difficult fiscal realities facing the Health Department and the statutory mandates that require the County to provide certain core public health services. At the same time, members expressed concern about the potential long-term impacts of reducing or eliminating programs that support prevention, early intervention, and community-based care. The committee noted that reductions in key service areas may increase downstream costs and deepen existing health inequities. CBAC members encouraged careful consideration of how program changes may affect the County's ability to maintain a strong preventative health infrastructure while continuing to meet its required public health obligations.

Prevention & Community Investment

Through our discussions, reviews, and deliberations, the CBAC consistently emphasized the importance of investing in preventive health strategies that strengthen community well-being and reduce long-term system costs. Members highlighted early childhood intervention as a critical foundation for lifelong health, alongside the essential role of accessible STI clinic services and harm-reduction outreach in protecting public health and preventing adverse health outcomes. The CBAC underscored that these services are most effective when they are low-barrier, community-based, and designed to reach people before crises emerge.

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As noted above, the CBAC stresses the importance of culturally specific care and the need for health systems that reflect and respond to the diverse communities of Multnomah County. Members expressed particular concern about ensuring that schools have the health and behavioral health providers necessary to support students and families, recognizing that early access to care in school settings can mitigate the impacts of systemic racism and other structural harms. Strengthening these preventative and community-rooted services was identified as a key strategy for advancing health equity across the county.

Impact on Culturally Specific Services

Our community's strength lies in its diversity, and culturally specific services are crucial to addressing the unique health needs of communities of color, immigrants, refugees, system-impacted individuals, and other historically marginalized groups. Budget reductions that target these programs risk widening existing health disparities at a time when the need for equitable, responsive care has never been greater.

Of particular concern to the CBAC are proposed reductions to Mobile Outreach & Stabilization Treatment, Community-Based Mental Health Services for Children & Families, and Harm Reduction Outreach, programs that collectively embody an integrative, holistic, and culturally grounded approach to behavioral health in our community. We are equally concerned about the potential elimination of the Community Health Worker Training Program, a 20-year-old legacy program that has served as a critical regional hub for culturally responsive workforce development. Losing this program would not only reduce capacity within the Health Department but also diminish a pipeline of trusted community health workers that the broader region depends on.

Community-Based Mental Health Services for Children & Families provide language-specific mental health counseling, pre-engagement support, and community health outreach through culturally relevant and responsive approaches. Their reduction or elimination would erode trust between historically underserved communities and the Health Department, undermining years of relationship-building and hindering efforts to promote preventive care and early intervention.

The CBAC strongly recommends that culturally specific services and outreach be preserved as a core priority and prioritized for restoration should the budget allow.

DEPARTMENT BUDGET/PROGRAM OFFER RECOMMENDATIONS -

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Having reviewed the department's transmittal letter, budget overview, and proposed reduction packages in depth, the CBAC's recommendations reflect both our support for the department's decision-making framework and our commitment to ensuring that the communities most impacted by these reductions remain at the center of this process.

The CBAC used the County's budget rubric tool as part of its review process to guide thoughtful, transparent evaluation of program proposals. Committee members used the rubric as a framework to consider how investments align with County values, community impact, and equity priorities. This process supported structured dialogue among members and helped surface important considerations related to access, prevention, and long-term community wellbeing.

Through the use of the rubric, collaborative discussions, and equity-centered review of the department's proposal, the CBAC worked to ensure that its recommendations reflect a commitment to advancing equity and strengthening partnerships with Multnomah County. Members approached their role with the goal of supporting budget decisions that center on community voice, address disparities, and promote sustainable investments in public health systems that serve all residents.

We respectfully urge the Board of Commissioners and department leadership to prioritize the restorations outlined below, to carefully monitor the cumulative equity impacts of these reductions on the communities most served by this department, and to pursue every available opportunity to maintain and strengthen the County's public health infrastructure in the year ahead.

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

1. 40084B Culturally Specific Mobile Outreach & Stabilization Treatment \$850,000

This program prevents the displacement of 14 currently housed individuals and is a housing justice imperative. Stable housing directly prevents homelessness, mental health crises, and recidivism, outcomes that fall disproportionately on Black males who face systemic barriers to behavioral health care and higher rates of incarceration. Culturally specific services are essential to addressing these disparities.

2. 40018 Woman, Infants and Children (WIC) \$432,353

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The Women, Infants, and Children (WIC) program prevents administrative burdens from shifting to other staff, which could create workload inequities and reduce capacity to deliver essential services. Restoration also advances health equity by improving nutrition and food security for low-income, culturally and linguistically diverse families, delivering approximately \$8.7M in food benefits and supporting vulnerable women and children.

3. **40080** Community-Based MH Services - Children & Families \$657,761

Community-Based Mental Health Services for Children & Families preserves its strong focus on prevention and the unique role of the GVBHRT team as one of the only culturally specific behavioral health providers. It further promotes equity by delivering culturally tailored mental health services to African-American, Latine, and LGBTQIA2S+ youth, supporting trauma reduction and fostering long-term safety.

4. **40099** Early Childhood Mental Health Program \$494,088

The Early Childhood Mental Health Program supports healthy social, emotional, and developmental outcomes for children from birth through age six through culturally, linguistically, and trauma-responsive services, including consultation, assessment, family-centered treatment, and evidence-based practices for at-risk youth. Preserving the program's Spanish-language KSA position is a key priority given the populations served. Proposed cuts carry significant risks: diminished access to early mental health services, widening equity gaps, and increased strain on downstream systems, consequences exacerbated by ongoing changes to the Oregon Health Plan.

5. **40061** Harm Reduction Outreach & Naloxone \$1,140,704

Harm Reduction Services preserve access to critical care while maintaining psychological safety for clients. STI and Harm Reduction clinics serve overlapping but distinct populations, and other outreach teams may lack the training, capacity, or appropriateness to assume Harm Reduction responsibilities. It further promotes equity by reducing overdose and disease risk, enhancing overall well-being, and serving low-income and BIPOC communities affected by substance use, while ensuring continued access and continuity of care.

6. **40000A** Director's Office Community Health Worker Training \$316,249

A 20-year-old legacy equity program that preserves a key component of the department's strategy to address structural racism and advance equity. The program also supports system-wide impact by centralizing efforts to improve social and economic outcomes across communities.

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7. 40069 Behavioral Health Crisis Services - Military & Youth Hotlines **\$77,621**

The crisis hotline provides population-specific, trauma-informed crisis support that prioritizes BIPOC and marginalized communities, helping reduce behavioral health crises, emergency department visits, and law enforcement involvement. While utilization is lower and similar services exist, the program still provides important social and economic benefits and ensures access to tailored support for these populations.

8. 40059 Corrections Health Behavioral Health Services **\$874,458**

Behavioral Health Services provides critical mental health support for BIPOC and LGBTQIA2S+ incarcerated populations, reduces suicide and behavioral health crises, and maintains social and economic benefits through safer custody. The program also addresses structural challenges, including staffing and weekend coverage gaps, and supports the department's priorities to maintain service scope while reducing General Fund use, with particular attention to preserving Mental Health Consultant roles.

9. 40042 Contracts & Procurement - Procurement Analyst Sr. **\$168,950**

Maintains critical infrastructure that supports operational efficiency and helps community-based organizations navigate administrative processes, ensuring program continuity. While the equity impact is indirect, the role enables direct service programs to function effectively and sustain services for vulnerable populations.

10. 40040 Cash Management Supervisor **\$203,632**

This infrastructure position ensures program continuity and operational efficiency, particularly following prior-year reductions. The role also supports equity indirectly by enabling direct service programs to operate effectively and continue serving vulnerable populations.

11. 40000A Director's Office - Manager 2 **\$226,103**

The Health Director's office and Office of Health Equity provide leadership committed to equity and community engagement. The office serves as a liaison to elected officials and advances capabilities in partnerships, communication, planning, epidemiology, and workforce. The Director's office supports the capacity and implementation of these capabilities to launch initiatives, maintain programs, promote essential services, and provide trustworthy information to the community.

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ACKNOWLEDGEMENTS

The Committee extends its sincere gratitude to the many individuals whose support and dedication have strengthened our work this year.

We would especially like to acknowledge Commissioner Julia Brim-Edwards for her leadership in championing School-Based Mental Health Services, an issue of deep importance to the communities we serve — and the Chair and the Chair's Office for their ongoing efforts to create more accessible and meaningful ways for community members to engage with the budgetary process.

We also thank Amara Pérez, Director of the Office of Community Involvement, for her meaningful work to improve the CBAC's orientation, recruitment, and engagement processes — efforts that reflect a shared commitment to transparency and participation, which we look forward to building on together.

As always, we thank Director Rachael Banks and Jonathan Livingston for their continued support of the Health CBAC, and our Health Department Division Directors for their informative presentations and thoughtful responsiveness to the committee's questions and concerns. We could not do this work without you.

Finally, we honor our departed committee member Courtney Woods, whose contributions helped move the committee's work forward.

Thank you all for your commitment to public health and to the communities of Multnomah County.

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