Multnomah County, Oregon

Recovery Plan

State and Local Fiscal Recovery Funds

Recovery Plan as of July 31, 2022
(July 1, 2021-June 30, 2022)

Multnomah County

2022 Recovery Plan

Table of Contents

GENERAL OVERVIEW

Executive Summary

Multnomah County is home to approximately 820,672 residents, making it the most populous county in the state of Oregon. The county is located in Northwestern Oregon where the Columbia and Willamette rivers meet. It is bordered by the State of Washington to the north and is surrounded by Hood River, Clackamas, Washington and Columbia Counties in Oregon. The county seat is in Portland, which is also the largest city in the State of Oregon.
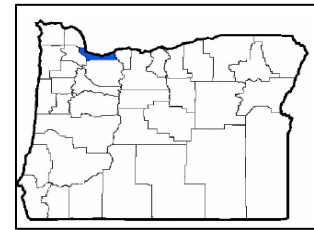
Multnomah County is governed according to its Home Rule Charter. Multnomah County's legislative body, the Board of County Commissioners, is composed of four non-partisan County Commissioners elected from geographical districts and the County Chair, who is elected at-large and serves as both Chief Administrator and Legislator. The County has three other independently elected positions -- the Sheriff, the District Attorney and the Auditor. There are 42 governmental taxing districts located wholly or partially inside of Multnomah County. Portland (population 656,298) and Gresham (population 114,361) are the two largest cities in Multnomah County. Other major governmental entities located within Multnomah County include Metro, Portland Public Schools, the Port of Portland, TriMet, and Portland Community College. Overlapping districts share a tax base, infrastructure and services with Multnomah County. Multnomah County provides a full range of services including:

- Law Enforcement
- Elections
- Adult and Juvenile Corrections
- Animal Controls
- Public Health
- Construction and Maintenance of Roads, Highways, Bridges and Other Infrastructure
- Parole and Probation
- Aging and Disability Services
- Health Services (Clinical and Dental Services)
- Mental and Addiction Services
- Library and Community Enhancement
- Homeless Services
- Internal Business Support

The American Rescue Plan Act of 2021 (ARPA) was signed into law on March 11, 2021, and provided $350 billion in emergency funding for state, local, territorial, and tribal governments to help navigate the impacts of the public health emergency. Funds were distributed by the U.S. Treasury to eligible governments and were to be used for expenditures associated with public health emergency including responding to the negative economic impacts. Funds were also available to support revenue loss replacement under certain conditions. Multnomah County's total direct allocation from ARPA was $157.8 million. Funds were provided in two tranches: $78.9 million (50%) in May of 2021 and June of 2022. Funds are available to be spent through December 31, 2024.

Multnomah County's Public Health Emergency Response Guiding Principles

Since the onset of the pandemic, Multnomah County has employed a set of principles to guide our decision-making throughout the crisis. These principles provide critical direction when the County faces challenging choices, while grounding our process in Multnomah County's values.

The County has relied on these values as we developed our reopening framework; our strategies to reach communities of color who have felt disproportionately severe health and economic impacts of COVID-19; and our investments using funds from the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020. Moreover, they have remained integral in developing proposals for investing the resources that Multnomah County received from the American Rescue Plan.

- **Inclusively lead with race** in order to best serve people and populations who been disproportionately impacted by inequities. We honor the expertise, relationships, and resilience within communities of color through our partnerships and co-create solutions.
- **Using an equity and racial justice approach** helps us take into consideration inequities, current disease trends and a deeply held belief that there is tremendous value and positive impact in services provided in the language and cultural traditions or our diverse communities.
- **Listening to those closest to the work** providing excellent service and supporting people in our community is a hallmark of what we do as a government, safety net system and local Public Health Authority. County employees and our community partners are the heart of this work. Our work is at its best when we engage and listen to the expertise and insight of those who are on the front lines working with our community members each day.

- **Embedding a public health approach within our priorities** by integrating a public health approach into our spending priorities, we are able to consider opportunities to improve the health and wellness of our community at individual, community and population levels, using data and making investments that can have short-term and long-term benefits.
- **Partnership with our jurisdictional partners, community leaders and community-based organizations** is a key component to increasing the effectiveness and impact of the resources being deployed throughout the county, region and state.

Multnomah County ARPA funding used the following priority areas:

01 Public Health Emergency Response
Testing, tracing, outbreak response, vaccination, call center, emergency ops, communication, education & engagement.

02 Core Services Supporting People in our Care
Uphold the welfare of people in our direct care, particularly those in congregate settings like shelter, jail and juvenile detention.

03 Restore Services Impacted by Budget Reductions
Restore and continue important services that are impacted by budget cuts at the local, state or federal level.

04 Crisis Response & Community Recovery
Maintain the social service safety net, and make investments that address the negative impacts of the pandemic to help our community recover.

05 Critical County Infrastructure
Investments in key County infrastructure like improved air quality in our buildings and expanded technology.

As the local Public Health Authority, Multnomah County played a leading role in the regional COVID-19 response. In addition to the work of coordinating the response, COVID-19 and the associated economic impacts have increased the demand for County safety net services, while also disrupting County operations. The Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act and American Rescue Plan (ARPA) have provided resources to support this work. The negative health and economic impacts of COVID-19 have fallen disproportionately on communities of color. The County's COVID-19 response has been culturally specific and has targeted resources to communities hardest hit by both the virus and the economic contraction. The County provides an equity lens to all policy decisions. The County remains diligent, focused on serving the most vulnerable in our community, and maintaining essential services.

The Multnomah County Board of County Commissioners fully allocated (first tranche) $78.9 million ARPA distribution in the fiscal year 2022 adopted budget. The second tranche was allocated during the County's fiscal year 2023 budget cycle. For more information on Multnomah County's approach in allocating ARPA resources, see the Multnomah County Chair's Budget Message.

Multnomah, Clackamas, Washington, and Yamhill Counties have collaborated to improve public health's response to communicable diseases, including COVID-19. The regional partners maintain a [Regional COVID-19 Dashboard](). The dashboard provides information on COVID-19 cases, hospitalizations and deaths broken down by age, gender, race, and ethnicity. The dashboard also details data on testing, housing status, underlying health conditions and symptoms. As a result, of timing issues, regional numbers may be slightly different from those reported by the Oregon Health Authority.

For the latest County [COVID-19]() public guidance

Uses of Funds

Local Public Health Authority and Safety Net Provider

The pandemic has required Multnomah County to enhance services provided as part of several of its core functions, including acting as the Local Public Health Authority and the Safety Net Provider.

Much of the Federal assistance has gone towards serving the most vulnerable people in our community, who have been disproportionately impacted by COVID-19. Throughout the crisis, Multnomah County has had the unique local responsibility of both leading the public health response to a virus we had never seen, COVID-19, and responding to the unprecedented need in the community for shelter, housing, food, and healthcare.
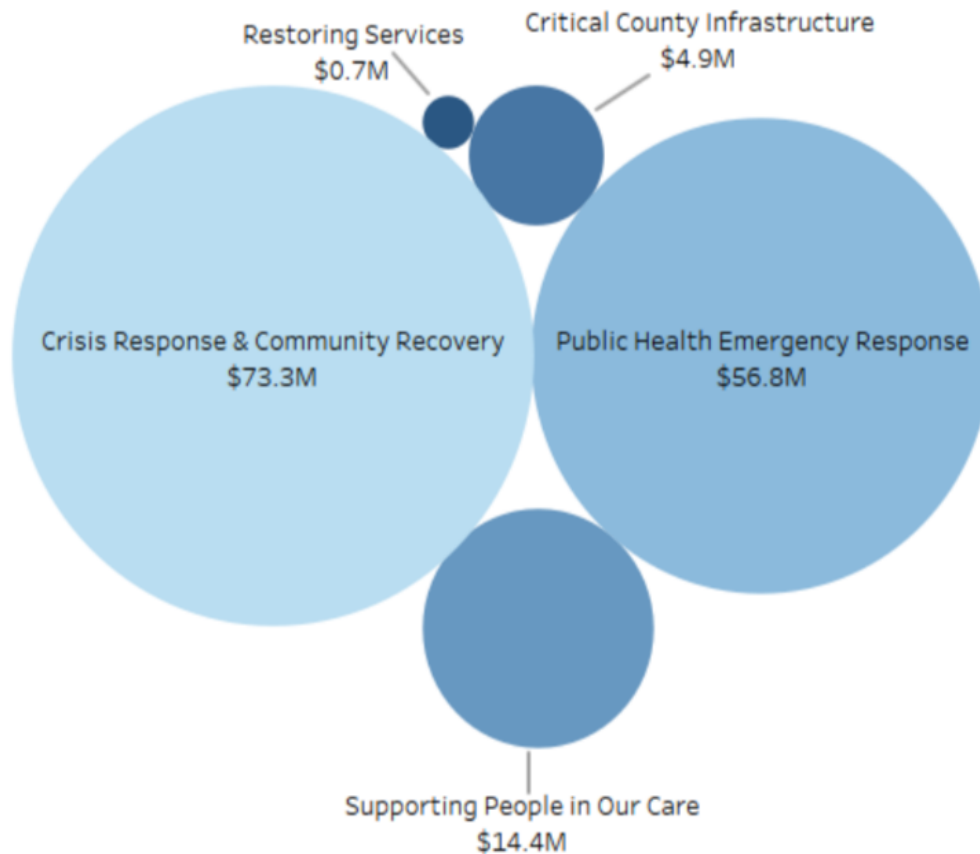
The County has charted a course forward, with a goal to preserve essential County services to the fullest extent possible. This includes housing stability, behavioral healthcare, and culturally specific wraparound services. These services are lifelines for individuals and families who face increased housing insecurity, food instability, trauma, and inadequate access to healthcare. The County continues to respond to the urgent needs surrounding the pandemic, including continuing to detect and contain cases and outbreaks, and expand vaccinations. Where possible, the County seeks to deepen supports for current clients and reach more individuals and families in our community who are now in need of our services. Additionally, the pandemic has created the need for expanded investments to respond to acute COVID-19 impacts, including supports for children returning to school, older adults, those experiencing domestic and sexual violence, and those impacted by increased gun violence in our community.

The local eviction moratorium implemented during the pandemic has prevented a wave of evictions in response to large-scale employment loss, but renters will ultimately still owe this back rent. Throughout the pandemic, the Census Household Pulse survey reported that 10-14% of households in Oregon responded that they were worried about their ability to pay rent.

Stable housing is linked to a number of positive health and social outcomes for individuals, families, and communities. Rental assistance is a key strategy to support renters. The COVID-19 pandemic has resulted in unprecedented numbers of layoffs and furloughs, leading to even deeper racial disparities and challenges to pay rent and remain stably housed. A COVID-19 Emergency Rent Assistance program continued into FY 2022 and included $48.8 million to support more households with rent assistance.

In fiscal year, 2022 Multnomah County budgeted a total $150.1 million across the five priority areas to continue and expand its COVID-19 response. The funding includes direct ARPA funding in addition to other federal and state funding. Below is a visual breakdown of all programmed funding being spent in fiscal year 2022, followed by a detailed program description of emergency activities.

Restoring Services
$0.7M

Critical County Infrastructure
$4.9M

Crisis Response & Community Recovery
$73.3M

Public Health Emergency Response
$56.8M

Supporting People in Our Care
$14.4M

Public Health Emergency Response - Programs

Total Budget: $56.8 million

Emergency Management Logistics/Community and County PPE: Since the beginning of our COVID-19 response activities, Multnomah County has been a critical resource in providing personal protective equipment (PPE) and other supplies to reduce the spread of the virus. Much of this focus was on supporting County departments and their employees, County contractors, community organizations that support people experiencing homelessness, and organizations that support Black, Indigenous and other communities of color and other underserved communities.

Communication focus on Culturally Specific Communities: Expanded connections to communities with low use of existing communication channels, allowing the County to offer more videos, social media and graphics in multiple languages. This investment furthered equity through

new distribution channels, which included partnering with community organizations and culturally specific media.

Enhanced Cleaning Juvenile Justice/Adult Transportation Services: Enhanced cleaning in Juvenile detention facilities, as well as transport from voluntary isolation motels to transitional housing or private residence. Funds from this investment were also used to transport clients to vaccinations and follow-up medical appointments.

Aging Disability & Veterans Services (ADVSD) Home Assessments and Infection Prevention/Intellectual and Developmental Disabilities Support: Funding supported training and provided technical assistance to adult care home providers to ensure residents' health and safety needs are met in a culturally appropriate, safe, and welcoming 24-hour care setting.

Also supported the delivery of technology, education, vaccine coordination, and financial support to clients with intellectual and developmental disabilities, as well as Personal Support Workers who are from Black, Indigenous and other communities of color and/or experienced language or economic barriers to accessing technology.

Public Health COVID-19 Contact Tracing and Case Investigation: The investment helped protect community health by responding to reportable communicable diseases with prompt investigation to limit spread through disease control interventions, particularly in BIPOC communities.

More than 6,500 contact tracing interviews were conducted to help identity and mitigate potential outbreaks.

Public Health COVID-19 Testing and Vaccination Distribution: Provided low-barrier, no-cost testing and outbreak response in partnership with culturally specific community-based organizations, with testing locations in geographically sited areas with high rates of COVID-19 infection among BIPOC and immigrant/refugee communities, especially areas without other low-barrier testing access. Outbreak response focused on deploying resources to outbreak facilities (large congregate care, worksites, etc.) to reduce virus spread. Working with culturally specific organizations and healthcare providers, funding helped ensure access to COVID-19 vaccination, implementing a phased vaccination plan and providing vaccination clinics.

The investment supported the distribution of 12,672 rapid test kits through community partnership programs and resulted in a rapid and effective deployment of vaccinations across the community, contributing to a current [vaccination rate of 93% among Multnomah County residents](#).

Public Health COVID-19 Isolation and Quarantine: Wraparound services were provided to COVID-19-positive individuals, their families, and households and their close contacts with the goal to slow community disease transmission by providing the resources needed to successfully isolate or quarantine. Services include timely, low-barrier rental, mortgage, utility, and food assistance, and other resources to minimize the financial impact of self-isolating, as well as access to the Voluntary Isolation Motel (VIMo) program. Individuals were also linked to behavioral health and other services as needed.

This funding helped 6,354 households successfully quarantine by providing rent or mortgage, utilities or food access support**.** This investment also helped 5,237 households with food assistance.

Behavioral Health COVID-19 Response: Provided behavioral health counseling and connection to ongoing behavioral health services for residents impacted by COVID including culturally specific Asian, Latinx, and African American services. This funding also supported connections to culturally specific peer support, as well as to resources like the Voluntary Isolation Motel program and other supports in the community at large. These funds also supported the development of culturally specific services in the African American community that reflect community cultural values.

Health Officer COVID-19 Response: Funding for a Health Officer that supported ongoing vaccination coordination and community engagement, tracking of severe weather shelter needs, voluntary isolation motel workflows, and coordination of licensed volunteers for ongoing county efforts.

COVID-19 Vaccine Access and Addressing Health Disparities: Provide low-barrier, no-cost testing and outbreak response in partnership with culturally specific community-based organizations, with testing locations in geographic areas with high rates of COVID-19 infection among BIPOC and immigrant/refugee communities, and especially in areas without other low-barrier testing access. The County's outbreak response focused on deploying resources to outbreak facilities (large congregate care, worksites, etc.) to reduce virus spread. Working with culturally specific organizations and healthcare providers, this funding helped ensure access to COVID-19 vaccination through the implementation of a phased vaccination plan and providing vaccination clinics.

Direct and other grant ARPA funds supported the distribution of over 20,000 vaccinations.

Core Services Supporting People In Our Care – Programs

Total Budget $14.4 million

Joint Office of Homeless Services (JOHS) Portland Street Medicine: This investment built on the success of an existing volunteer team of medical professionals by adding a Medical Care Coordinator that coordinated care in the field for the most medically complex patients, supported them with follow-up medical case management, and conducted outreach and engagement to partner organizations.

This expansion of this team allowed the group to offer street-based medical care to 154 individuals living unsheltered and in shelter programs throughout Multnomah County.

Expanded Access to Hygiene Services: For those experiencing unsheltered homelessness, access to basic hygiene services is one of the most challenging needs to meet. The importance of addressing basic hygiene needs was made even more apparent during the COVID-19 pandemic because of the importance of hand washing and basic sanitation to prevent the spread of the disease. Funding supported an expanded investment in basic hygiene services for the unsheltered population, with a focus on increasing access to toilets, hand washing and showers in areas currently most underserved with those resources.

This investment resulted in the deployment of 25 stations that made hygiene services more accessible to over 10,000 people**.**

Social Distancing Shelters and Isolation Motels: The County initially opened voluntary isolation programs in motels to help unhoused people who tested positive for or experienced high-

risk exposure to COVID-19 isolate or quarantine and receive wraparound services until they recovered.

Funds supported the operation of physical distancing and voluntary COVID-19 isolation shelters, safety on the streets outreach and support for contracted service providers, which were critical to ensuring adequate physical distancing capacity within the shelter system including in motels, as well as adequate space for nearly 750 people experiencing homelessness and other community members with COVID-19 symptoms to isolate and recover.

C3PO Outdoor Shelter: As an element of the emergency response, three emergency outdoor shelters were established for people experiencing homelessness. As people experiencing homelessness continued to feel the various health and financial impacts of COVID-19, this investment supported the continuation of existing operations at the three emergency outdoor shelter sites as part of the broader COVID-19 homeless services recovery strategy.

Alternative Shelter for Adults: Staff capacity to ensure that the Joint Office of Homeless Services could continue to rapidly expand non-congregate alternative shelter options for people experiencing unsheltered homelessness.

Joint Office of Homeless Services Culturally Specific Outreach: Street outreach is a critical strategy to ensure people experiencing unsheltered homelessness are provided with access to basic survival supplies, receive critical information on available resources, and are assisted to navigate to those resources. Especially in the midst of the COVID-19 pandemic, having individuals who can bring services and supports to where people are is more essential than ever. This funding helped to significantly expand culturally specific outreach services, recognizing that to be most effective, outreach services should be delivered by and for the diverse racial and ethnic communities that make up our unsheltered populations.

Corrections Health Restoration and Expanded Services for COVID-19: An investment in Corrections Health to continue to provide essential services related to screening for and management of COVID-19, as well as provision of COVID-19 vaccinations to selected adults in custody based on public health recommendations.

Expanded Rent Assistance for Justice Involved Individuals: This funding was used to increase our capacity to provide short- and long-term housing/shelter for high-risk adults with special needs using several contracted community agencies.

Crisis Response and Community Recovery – Programs

Total Budget $73.3 million

Direct Client Assistance for those impacted by public emergency: Direct client assistance has played an important role in supporting community members' ability to address housing instability, food insecurity, and household and family needs.

More than 4,300 individuals and families received critical direct cash assistance, with more than 70% of the funding dispersed to residents from communities that were disproportionately impacted by COVID-19.

Community Violence Prevention: HEAT, Elevate, Gun Violence Prevention: In order to prevent, intervene and address the impacts of gun violence, Multnomah County has invested in

helping community members re-establish connections and interpersonal relationships to increase resilience in individuals, families and communities; addressing the impacts of both generational and recent trauma for survivors, offenders, families and community members affected by violence, and; expanding and enhancing access to high-quality culturally competent and coordinated mental and behavioral health supports to ensure the emotional and social well-being of all community members, including and especially those working and living on the front lines of the crisis.

The Habilitation, Empowerment, Accountability, and Therapy (HEAT) curriculum is a groundbreaking culturally responsive cognitive behavioral intervention program designed for African American individuals involved in the criminal legal system. Watch additional HEAT coverage here.

The Elevate program, part of the widely recognized Community Healing Initiative (CHI), is designed for men 18 to 25 years old in the Latinx and African immigrant communities who are affected by gang involvement and gun violence. CHI Elevate works to help high-risk young men gain employment, education, mentoring and more.

Community Health Specialists work in collaboration with the Health Department and the Department of County Human Services to provide families with safety plans and trauma support for those who have felt the direct impacts of gun violence.

Gun Violence Prevention Incubator Pilot: Helped build capacity in community-based organizations by providing them with the necessary skills and experience to create gun violence intervention programming centered around high-intensity life-coaching for individuals at the greatest risk of gun violence.

The pilot program provided intensive case management and life coaching for justice-involved individuals ages 18 to 25 who were at a high risk of gun violence that was provided by trusted community members with relevant lived experience.

Eviction Moratorium Support: Renters in Multnomah County were connected to resources that provided accurate and timely information to help them access the legal protections and rental assistance they may have been entitled to for eviction protection.

DCHS Expanded Domestic Violence Services including Case Management, Victims Advocates: Culturally specific community-based advocacy services and system-based advocacy embedded with law enforcement are both vital components of the response to domestic violence.

ARPA funding helped more than 180 adults and children connect with specialized, population-specific domestic and sexual violence services, including trauma-informed care, ongoing risk assessment, safety planning, intensive support, advocacy, case management and help accessing other community resources.

SUN Summer School Support and Resource Navigators: Throughout the pandemic, families have experienced greater levels of basic needs. This investment provided additional staffing capacity at each SUN Community School site that helped support families' access to resources like food, housing, employment, healthcare and more. This capacity was also critical to working collaboratively with school building administrators.

The culturally responsive Family Resource Navigators prioritized support to families of color and worked alongside close to 2,000 families to help reduce barriers in the home and foster students' abilities to learn and thrive.

Multnomah Mother's Trust – Pilot: The Multnomah Mothers' Trust Project worked with approximately 100 Black female-headed households with children who were receiving services from one of two community-based programs, with a focus on households living east of 82nd Avenue. Families received an unconditional monthly basic income, and were invited to serve as participant researchers in an equity and human centered collaborative design process to explore and plan for future implementation of a Baby Bonds program, debt reduction, homeownership and other asset building initiatives.

Expanded Housing Stability and Eviction Prevention/Department Infrastructure: This investment helped to connect renters in Multnomah County with timely and accurate legal support for navigating issues and impacts from COVID-19, including access to direct legal support when they were faced with eviction.

More than 1,800 individuals and households gained access to legal and other supports that helped keep them in their homes.

Culturally Specific Renter Support focusing on East County: ARPA funding was allocated to the Peer Navigation Program, which provided ongoing, culturally specific peer support to BIPOC households with the goal of improving housing stability or connecting them with stable housing and preventing homelessness.

Department of Human Services/Joint Office of Homeless Services Emergency Rent Assistance Program: Rental assistance is a key strategy to supporting stable housing, which is linked to positive health and social outcomes for individuals, families and communities. The COVID-19 pandemic has resulted in unprecedented numbers of layoffs and furloughs, the impacts of which will continue for years to come. This has led to high levels of housing instability and even deeper racial disparities and challenges to pay rent. This investment was used to provide rent assistance and related supports.

Public Health Community Partnerships and REACH Expansion: This ARPA investment was used to increase capacity within Pacific Islander, Latinx, Black/African American, and African immigrant and refugee communities to focus on youth violence prevention; chronic disease prevention; mentoring, training, and technical assistance across multiple content areas; and convening stakeholders to advance community priorities, including strategies focused on COVID-19 recovery.

Public Health Communicable Disease Prevention, Intervention and Surveillance: This investment helped address disparities by identifying racial, ethnic and other community groups who are at either risk of, or being impacted by, infectious diseases.

Behavioral Health Trauma Healing and Recovery Program: Funding supported a pilot initiative designed for African American women who may be emerging from abuse, abandonment, incarceration, or addiction to help improve mental and physical health outcomes.

Behavioral Health Telehealth and In-person Access Expansion for Immigrant and Refugee Populations: This investment helped organizations that work with immigrant and refugee

communities address COVID-19-related barriers to care by supporting technology improvements or the creation of safe spaces for in-person meetings.

Behavioral Health Gun Violence Response and Services for Gang-impacted Youth and Families: Gun violence is a racial justice issue that is fueled by discrimination and structural inequities in our society. Gun violence in our community is disproportionately impacting our African American, Latinx, Asian and African Refugee communities. Multiple community organizations and community leaders have been proactively addressing community gun violence for decades, working side-by-side with the communities most impacted and advocating for racial justice. This investment provided additional direct mental health services to youth (ages 10-18) and their families impacted by gun violence, specifically focusing on the African American, Latinx and African Refugee community.

Behavioral Health Peer Recovery Support Services: Funded the expansion of two culturally specific peer behavioral health recovery support programs, one of which serves the Native American community and the other the Latinx community.

Demonstration Project for Neighborhood Focused Violence Prevention Coalition: A healthy and intact social fabric is a critical protective factor against community violence, as well as numerous chronic diseases. However, that benefit is compromised by disparities that disproportionately impact local BIPOC communities — including neighborhood conditions, social determinants of health, trauma, racism, disinvestment, over-criminalization and displacement.

Taking a public health approach, coalitions can work together to create a vision for community safety, utilizing community voice and data to create and implement solutions that support the protective factors and the social fabric of the neighborhood. The coalition can consist of neighborhood residents, community-based organizations, neighborhood institutions, and relevant jurisdictional partners that help identify, advocate for, and implement specific, local solutions and responses to violence.

This ARPA investment provided capacity to support [neighborhood-focused gun violence coalitions](#) to address both neighborhood violence and its root causes.

Critical County Infrastructure – Programs

Total Budget $4.9 million

Funded a dedicated position to track County ARPA use of funding, complete all federal required reporting, support general compliance to laws and regulations, support County departments with ARPA fund usage, and support enhanced external audit activities as it relates to COVID-19 relief funding.

Funded a Work Coordinator to provide leadership and project management for countywide planning for transitioning back to onsite work, as well as developing rules and processes that support a safe onsite staffing environment.

Funded extended COVID-19 emergency sick leave (FCCRA) for employees.

Funded assessing and modernizing the Heating, Ventilation and Air Conditioning (HVAC) systems in prioritized certain County-owned buildings, and making air quality improvements in facilities through assessment, upgrades and replacements of HVAC systems.

Funding was used to identify, acquire and implement new technology to support certain employees in a hybrid work environment.

Restored Services – Programs

Total Budget $710K

Health Department Public Health Nurse Family Partnerships: Funded the Nurse Family Partnership, which supports a partnership between low-income, first-time mothers with a home-visiting Community Health Nurse to offer the care and support they need to have a healthy pregnancy.

District Attorney Domestic Violence Backlog created by COVID-19 restrictions: Funded an additional prosecutor to help address the increased number of unresolved domestic violence cases.

The table below provides summary of (direct ARPA allocation) budgeted usage:

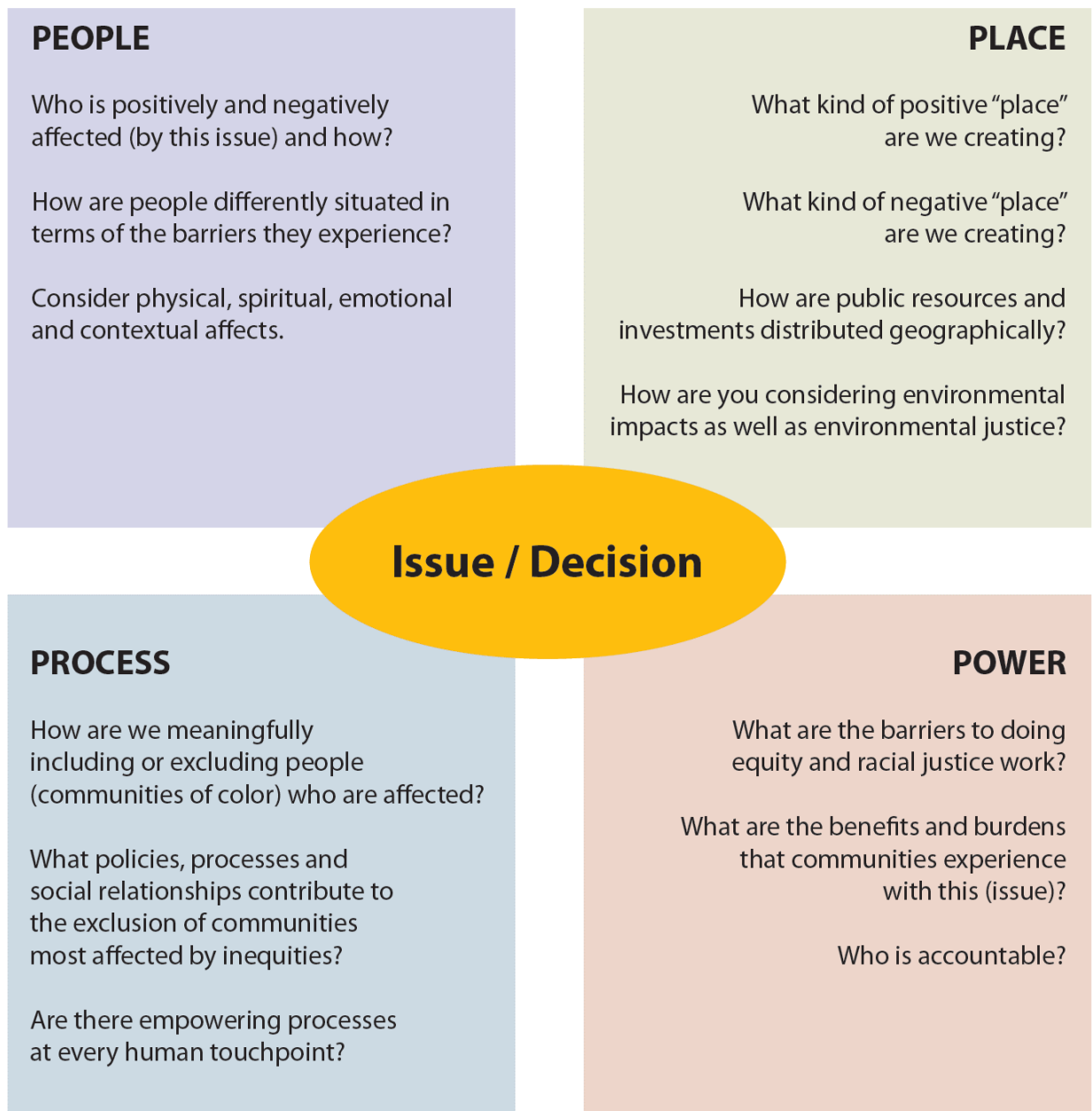| FISCAL YEAR 2022 - ARPA BUDGET *(EXPRESSED IN MILLIONS)*		
PRIORITY CATEGORIES	**PROGRAM DESCRIPTION**	**AMOUNT ($)**
Crisis Response & Community Recovery	ARP - Client Assistance	2.2
	ARP - Culturally Specific Behavioral Health Programs	0.6
	ARP - DCHS Client Assistance	4.9
	ARP - Demonstration Project for Neighborhood Focused Violence Prevention	0.1
	ARP - Domestic Violence Services	0.8
	ARP - Eviction Moratorium & Prevention Support	0.4
	ARP - Gun Violence Impacted Families Behavioral Health Team	1.2
	ARP - Health Data Exchange	0.4
	ARP - HR and Business Services Support	0.5
	ARP - Library Tech Mobile	0.5
	ARP - Multnomah Mothers' Trust Project (MMTP)	0.6
	ARP - Peer Support Tenant Services & Housing Stability	0.5
	ARP - SUN Community Schools: Family Resource Navigators	4.1
	ARP - SUN Community Schools: Summer Support	1.5
	ARP - YFS Rent Assistance Team Staffing Capacity	0.2
	ARP - YFS Staffing Capacity Increase	0.1
	ARP - Client Assistance	0.2
	ARP - Community Violence Intervention Programs	1.3
	ARP - Countywide Client Assistance	1.9
	ARP - Gun Violence Prevention Incubator Pilot	0.3
	ARP - Office of Sustainability Food Access Focus	0.2
	ARP - Public Health Communicable Disease Services Expansion	1.0
	ARP - Public Health Community Partners and Capacity Building Expansion	1.2
Critical County Infrastructure	ARP - Countywide Federal Leave	1.3
	ARP - Facilities Air Quality Improvements	1.0
	ARP - Federal Grant Compliance and Monitoring	0.2
	ARP - Future of Work Coordinator	0.2
	ARP - Labor Relations Expanded Support	0.2
	ARP - Staff Telework Software Bundle	2.1
Public Health Emergency Response	ARP - ACHP Registered Nurse	0.2
	ARP - Behavioral Health - Continuing COVID Response	1.6
	ARP - COVID-19 Response Clinical Services	2.1
	ARP - COVID-19 Response Coordination	0.1
	ARP - COVID-19 Response Health Officer	0.2
	ARP - COVID-19 Response Support Services	1.4
	ARP - Public Health - Community Testing, Vaccination, and Distribution	10.4
	ARP - Public Health - Contact Tracing	4.9
	ARP - Public Health - Isolation and Quarantine	11.9
	ARP - Adult Transportation Services	0.02
	ARP - Communications Office Public Health Emergency Response	0.3
	ARP - COVID-19 Policy and Project Coordination	0.2
	ARP - Emergency Management Community Personal Protective Equipment (PPE) & County Supplies	1.0
	ARP - Emergency Management Logistics	2.9
	ARP - Enhanced Cleaning Juvenile Justice Center and East Campus	0.1
Restoring Services	ARP - Domestic Violence Backlog from COVID-19	0.2
	ARP - Nurse Family Partnership Restoration	0.5
Supporting People in Our Care	ARP - Corrections Health Multnomah County Detention Center (MCDC) - Restoration	0.6
	ARP - COVID-19 Emergency Response - Culturally Specific Outreach	0.4
	ARP - COVID-19 Emergency Response - Expanded Hygiene Access	0.8
	ARP - COVID-19 Emergency Response - Expanded Street-Based Medical Care	0.2
	ARP - COVID-19 Emergency Response - Ongoing Operations	5.1
	ARP - COVID-19 Emergency Response - Outdoor Physical Distancing Shelters	1.5
	ARP - COVID-19 Recovery - Alternative Shelter for Adults - Staffing Capacity	0.3
	ARP - COVID-19 Response Corrections Health	0.5
	ARP - Elect Signage/Remote Court Hearings/Washing Machine/Microsoft Teams Licensing	0.1
	ARP - MCIJ Dorm 13	0.5
	ARP - MCIJ Dorm 5 & Provide Phone Calls for AIC	0.9
	ARP - Expanded Rent Assistance of Justice Involved Individuals	0.5
	Total Allocation Fiscal Year 2022	**78.9**

Promoting Equitable Outcomes

Goals:

The County has an organizational commitment to equitable service delivery and Inclusively Leading With Race.

The health and economic impacts of COVID-19 have fallen disproportionately on communities of color. The County has targeted its resources, including American Rescue Plan (ARPA) funding, to these communities that have been hit hardest.

The County Chair prioritized equity in developing the fiscal year 2022 COVID-19 response plan. During the budget preparation, departments were instructed to apply the County's Equity and Empowerment Lens — a transformative quality improvement tool used to improve planning, decision-making, and resource allocation leading to more racially equitable policies and programs — to their processes. This included directing department leaders to consider the process they use to develop budget, the narrative they construct in program offers and the measures they used to determine program success. More specifically, this approach included:

- Preparing the budget with equity impacts in mind and document the analysis used. Equity analysis does not make the choices for departments, but it can lift up where the benefits are and illuminate where potential negative impacts occur.
- Taking a fresh look at the language used in each program offer and write descriptions that keep the public in mind. Departments were encouraged to think about how they describe what they do, what they invest in, and how these investments benefit the community in ways that the community can understand and access.
- Examining performance measures to see if they can better reflect the goals of the program. This is an opportunity to effectively identify disparities that a program is seeking to address, or to better describe the population the program serves in terms of demographics and other indicators.

Equity and Empowerment Lens

PEOPLE

Who is positively and negatively affected (by this issue) and how?

How are people differently situated in terms of the barriers they experience?

Consider physical, spiritual, emotional and contextual affects.

PLACE

What kind of positive "place" are we creating?

What kind of negative "place" are we creating?

How are public resources and investments distributed geographically?

How are you considering environmental impacts as well as environmental justice?

Issue / Decision

PROCESS

How are we meaningfully including or excluding people (communities of color) who are affected?

What policies, processes and social relationships contribute to the exclusion of communities most affected by inequities?

Are there empowering processes at every human touchpoint?

POWER

What are the barriers to doing equity and racial justice work?

What are the benefits and burdens that communities experience with this (issue)?

Who is accountable?

The County performed extensive outreach to cultural communities, clients, and community partners to better understand what they needed to both endure the pandemic and begin their recovery from its impacts. The County listened and built its COVID-19 response around the feedback we received.

As referenced in the general overview, Multnomah County employed a set of principles to guide our decision making throughout the crisis, notably during the development of our reopening framework; our strategies to reach and support communities of color; and our priorities for investing federal funds. These guiding principles include:

- Inclusively Leading with Race
- Using an Equity and Racial Justice Approach
- Listening to Those Closest to the Work
- Embedding a Public Health Approach
- Partnering with Diverse Stakeholders
- Being Driven by Outcomes

The County invested ARPA dollars in efforts to build and maintain a rapid, robust and effective public health response. In order to help community members stabilize and recover, we prioritized wraparound support to individuals and families. We made investments that helped us ensure the safety of people under the County's direct care in congregate settings safe, while also making critical investments in County infrastructure that helped our workforce safely and successfully pivot to a new paradigm of work. We used ARPA funding to continue or restore critical County services that faced the potential of being impacted by local, state and federal budget cuts.

Based on historical data, data gathered throughout the pandemic and input from impacted communities, the County has acted intentionally to focus our resources into efforts that increase access to supports and services for communities and populations experiencing disproportionate harms as a result of the pandemic. This included Black, Indigenous, Latinx and other communities of color, low-income residents, older adults, people experiencing homelessness, low-paid essential workers and business owners in impacted industries, incarcerated residents, and residents in geographic locations that historically have not had equitable access to services.

In relation to health outcomes, data from the early part of the pandemic demonstrated clearly that BIPOC communities, including Latinx, Pacific Islander, and Asians populations, as well as immigrants and refugees, were experiencing disproportionate case rates, hospitalizations, and deaths from COVID-19. In order to address these disparate impacts of the pandemic, the County developed comprehensive [BIPOC Reopening Priorities and Strategies for Support](#) and [Vaccine Equity Plan](#)

Awareness:

The County conducted robust community engagement to inform our American Rescue Plan investments and launched a targeted, well-resourced information and outreach campaign so impacted residents and businesses were aware of the resources available to them.

Broadly speaking, the County's central and Public Health communication teams developed tailored public awareness and culturally specific outreach efforts to raise awareness of available services and resources. In order to reduce and remove the persistent and pre-existing barriers to services experienced by underserved communities, the County partnered with and invested in culturally specific community-based organizations to co-create effective communications and outreach strategies.

The County also invested heavily in translation services and sharing messages through culturally specific communication channels to reach affected communities. The County expanded its connection to communities that had low levels of engagement with existing communication channels by utilizing new distribution channels, which included culturally specific media and

leveraging our partnerships with culturally specific community organizations. We also offered more videos, social media and graphics in multiple languages.

A notable example of these enhanced outreach efforts was an awareness campaign the County launched to ensure that all residents knew about the availability of rent assistance and eviction protection services The County developed a comprehensive, multilingual education effort that included the delivery of text messages to approximately 380,000 residents; a mailer sent to approximately 300,000 households (every residential address in Multnomah County); and a targeted paid digital social media campaign that reached more than 95,000 Facebook users. As a result, we saw a significant increase in referrals to 211info, the County's one-stop information and referral partner, for rent assistance.

Specific to County Public Health's response, we prioritized our partnerships with culturally specific organizations to ensure access for BIPOC experiencing greater health inequities. We also added several culturally specific positions to shore up Public Health's work in leading with race to improve access to services and resources for impacted communities.

In addition, the County developed accessible and transparent information for the community about COVID-19 and services available to them funded by the American Rescue Plan. Key initiatives to raise awareness included:

- A website that included information, education and resources about COVID-19 that was translated into 25 languages, as well as outreach materials (e.g., informational handouts, videos, posters ,etc.) that were regularly translated into more than 20 languages, including several Indigenous languages. Languages included Amharic, Arabic, Burmese, traditional and simplified Chinese, Chuukese, Kinyarwanda, Korean, Nepali, Portuguese, Rohingya, Somali, Spanish, Swahili, Tigrinya and Vietnamese.
- Ongoing social media posts in multiple languages announcing services and resources on the County and Health Department's digital platforms.
- A popular education curriculum available in 15 languages that was used by those who do culturally or population-specific work in the community, including community health workers, home visitors, patient navigators and peer support specialists. The curriculum included information about how the COVID-19 vaccination works and where people could get vaccinated.
- The Joint Office of Homeless Services engaged a group of culturally specific providers to ensure community members experiencing homelessness had equitable access to shelter, health and mental health care, hygiene services, and quarantine and isolation supports. Additional community outreach workers bolstered our capacity to directly engage with people surviving outside.
- Online education resources to ensure access to information and resources for specific communities, including:
    - COVID-19 Information & Resources for People with Disabilities & Older Adults that contained information about accessing services funded with ARPA dollars for healthcare, food and supplies, transportation, and housing.
    - Business Economic Resources
    - Resources to Support BIPOC communities
    - "Ask a Black Doctor"

In addition to these outreach and communication efforts about ARPA funded services, the County has leveraged the relationships and connections we have fostered with the thousands of community members who have been, or are being, served by our safety net services. That includes the 60,000 patients we serve through Multnomah County Health Centers and the 90,000 students we serve through our School Uniting Neighborhoods (SUN) Community Schools.

Access and Distribution:

The County works to ensure the community has equitable access to information and services. A number of foundational policies and practices guide equitable access, including the County's Language, Communication and Cultural Access Policy, which ensures meaningful access to programs, activities, and services for persons with limited English proficiency and persons with disabilities.

In addition to applying established policies and practices, the County Chair's office and department leaders have continually evaluated the ability for the community members to gain equitable access to services and benefits throughout the COVID-19 crisis. With ongoing engagement and feedback from culturally-specific providers and community members and ongoing program evaluation, the County identified and removed barriers to accessing services.

Efforts to identify and remove barriers to access and improve equitable distribution of services included:

- The County's Health Department applied lessons learned from early COVID-19 response efforts. After identifying the challenges caused by the organizational strain of building and expanding access to testing and vaccination for BIPOC communities, Public Health rebuilt the Communicable Disease Program and invested specific resources to support teams to lead with racial equity.
- The County partnered with more than 45 culturally specific community-based organizations to provide access to wraparound support to households that needed to isolate or quarantine due to COVID-19. Working through organizations that have existing relationships with community members lowered barriers, increased access and improved the distribution of resources to impacted communities.
- The Behavioral Health Division supported the health and recovery needs of communities most impacted by COVID-19 by employing culturally specific behavioral health counseling and peer support to ensure that individuals needing care could connect to long- and short-term resources.
- The County utilizes the Regional COVID-19 Dashboard to analyze racial disparities in our pandemic response. The dashboard includes COVID-19 cases, cumulative tests and percentage of positive tests by race/ethnicity, as well as other important factors such as age, sex, housing status and coexisting conditions. The data enabled the County to focus COVID-19 resources and supports to communities most impacted by the pandemic and engage community members directly about how best to provide that support and access.
- Understanding the barriers to services that many older residents faced, the County developed the Aging & Disability Resource Connection (ADRC) team to operate the COVID-19 Call Center, fielding more than 50,000 calls and emails from community members about testing, vaccines and services.

- In order to remove language and physical barriers to services, the County partnered with Bienestar de la Familia to provide culturally specific wraparound services for people isolating or quarantining due to COVID-19. The Department of County Human Services coordinated vaccinations and testing for homebound community members.
- As homelessness disproportionately impacts people of color, the County's Joint Office of Homeless Services expanded street-based and shelter-based outreach, hygiene and medical care, and physical distancing and voluntary medical isolation in motel shelters.
- Building off of the Schools Uniting Neighborhood (SUN) partnerships with public schools, the County increased its investment in site-based, culturally responsive Family Resource Navigators who helped families access resources like food, housing, employment, healthcare and more. Family Resource Navigators prioritized support to families of color and worked alongside nearly 2,000 families to help reduce barriers in the home and foster students' abilities to learn and thrive.
- Working with existing culturally specific provider partners helped ensure that community members learned about and were able to access client assistance funds and resources through trusted sources, and in culturally responsive ways. Leveraging these partnerships was an important strategy for lowering barriers to critical supports available to our residents.

Outcomes:

The County sought to achieve multiple outcomes in our areas of our COVID-19 response supported by our ARPA investments:

- **A universal level of services for vital public health services like testing and vaccination**: As a result, Multnomah County has the highest first-dose vaccination rate of all 36 counties in Oregon at more than 93% and the second-highest fully vaccinated rate in the state at over 81% (as of July 2022).
- **Closing existing gaps in health outcomes and social determinants of health**:
    - The Department of County Human Services implemented Unconditional Cash Transfer (UCT) pilot projects to increase household security for BIPOC community members while addressing the impacts of systemic racism and intergenerational poverty. This included direct client assistance to more than 4,300 individuals and families, with more than 70% of the funding dispersed to residents from communities that were disproportionately impacted by COVID-19.
    - In addition to responding to immediate pandemic-related community needs, the County also focused on building the pathway to a racially just and equitable economic recovery, and to close or eliminate the African American racial wealth gap. The Multnomah Mothers' Trust Project (MMTP) provided 100 Black female-headed households with children with an unconditional, basic income of approximately $500 per month. These households also served as participant researchers in an equity- and human-centered collaborative design process to inform how to address debt reduction, homeownership and other asset building initiatives.
- **Disaggregating progress by race, ethnicity, income, age and other impacted and underserved communities such as incarcerated persons, people experiencing homelessness and older residents**: The County's Health Department, Department of Community Justice, Department of County Human Services and the Joint Office of

Homeless Services collects and tracks disaggregated data by race, age and income for most of its public-facing programs and services.

As part of the County's efforts to infuse equity into our budgeting process, departments are also including disaggregated data in their analysis and development of budget proposals and narratives for the Chair, the Board of County Commissioners and the community.

In addition to the ongoing efforts of the County to disaggregate data, the Oregon Legislature passed a law that requires healthcare providers, including Multnomah County Public Health, to collect race, ethnicity, language and disability information at healthcare encounters related to COVID-19. The intent of this legislation is to better understand which communities are most impacted by COVID-19 and to help prioritize funding and services.

Community Engagement

The County has been a regional leader in responding to the pandemic, from the onset of the COVID-19 pandemic, Multnomah County preformed ongoing and extensive outreach to the public, cultural-specific communities, clients, and community partners to understand the unique needs of the community to effectively address the crisis.

Town Halls and Public Meetings

Multnomah County held regular virtual town hall meetings to engage the community and inform our COVID response efforts. The town hall events were hosted by the office of the Multnomah County Chair, members of the Board of Commissioners, the County Health Department and the Office of Community Involvement and often included the County' Public Health Director and other local, state and federal elected officials. These town halls, including an event that focused on mental health, wellness & Covid-19, were intended to reach a broad audience. Additionally, the Board invites public testimony during their weekly board meetings.

In order to inform our COVID-19 response and ARPA investments, the County applied the feedback and learnings from a months-long engagement process with community members, community-based organizations and other impacted stakeholders. In the months leading up to the proposed budget, the Chair's Office engaged with dozens of community organizations to gather their feedback around community needs and budget priorities. Later during the budget process, the County held more than six hours of public hearings and received more than 100 pieces of written testimony.

Multnomah County prioritized engaging communities who have had historic and persistent barriers to accessing services and who have been hardest hit by the pandemic. Toward that end, the County partnered with community organizations to hold culturally-specific engagements such as the County's Covid Black Town Halls which was co-sponsored by REACH (Racial and Ethnic Approaches to Community Health) and Covid-19 informational sessions with the Immigrant and Refugee Community Organization.

The County's outreach included a COVID website available in 25 languages and materials (informational handouts, videos, posters,etc.) regularly translated into more than 20 languages, including some in indigenous languages.

Culturally and Community Specific Engagement

In addition to town hall and other public meetings, the County held more than 50 different engagements, representing an inclusive and diverse set of stakeholders, community members and partners to inform the ARPA investments and service delivery. This includes more than 20 meetings conducted by the County Chair's Office with different community-specific stakeholder groups in December, January and February to help inform and drive the Chair's executive budget.

The County also made a focused effort to directly engage people from Black, Indigenous and other communities of color, as they have been disproportionately impacted by the pandemic and continue to face historical barriers in accessing services. These inequities that are grounded in systemic racism lead to disparities in health and economic outcomes.

The County continually engaged culturally specific community partners to guide our investments, as well as our approach to effective, equitable and rapid vaccine delivery and other vital support services. This included:

- A weekly gathering between County staff and BIPOC community members to share information and resources, and to help improve access to services.
- Regular meetings and strategy sessions of a network of culturally specific community health workers.
- Biweekly meetings with the leadership of culturally specific community-based providers serving the Latinx community.
- Regular and ongoing conversations with immigrant, refugee and other culturally specific organizations and community leaders to inform vaccine planning and the distribution of other services and resources.
- Regular and ongoing meetings with the Future Generations Collaborative and the Pacific Islander Coalition to share resources, mobilize an effective culturally specific crisis response and to bring community voice into a decision-making space.
- A series of community forums for specific audiences, including faith leaders, child care providers, business and transportation leaders, a school-based migrant education program, and cultural coalitions.

We engaged with and provided resources to dozens of community-based organizations, strengthening and leveraging long-standing partnerships, while simultaneously building connections with newer partners and emerging organizations. These partnerships were critical to ensuring that various County efforts to respond to the COVID-19 — like the distribution of rent assistance or the use of community health workers — could meet the scale of need while being delivered in ways that were most effective for specific communities. Our community partners included organizations like:

- African American Chamber of Commerce - African Family Holistic Health Organization - Africa House	- Highland Haven - Impact NW - Multicultural Senior Center - Innovation Lab

• African Women's Coalition • African Youth & Community Organization • Asian Health & Services Center • Asian Pacific American Network of Oregon (APANO) • Community for Positive Aging • Bienestar • Black Mental Health Oregon • Black Parent Initiative • Brown Hope • Cascade AIDS Project • Catholic Charities of Oregon • Causa • Center for African Immigrants and Refugees Organization (CAIRO) • Chinese Friendship Association of Portland • Coalition of Communities of Color • COFA Alliance National Network • Ecumenical Ministries of Oregon's Russian Oregon Social Service • El Programa Hispano • Ethiopian and Eritrean Cultural and Resource Center • Familias en Accion • Friendly House • Future Generations Collaborative • Hacienda Community Development Corporation	• Immigrant and Refugee Community Organization • Latino Network • Lutheran Community Services NW • Metropolitan Public Defenders • NAACP • Native American Rehabilitation Association • Native American Youth and Family Center • Native Wellness Institute • Portland Indian Leaders Roundtable • Portland Youth and Elder Council • Pueblo Unido • Self Enhancement Inc. • Senior Advocates for Generational Equity • Sponsors to Assist Refugees • United Way of the Columbia-Willamette • Urban League of Portland • Verde • Voz • YWCA of Greater Portland

Investing and expanding capacity in Community Based Organizations

Using ARPA funds, the County expanded its investment in a number of community partners to expand their capacity to address the pandemic crisis and create a strong foundation for community recovery.

In Public Health, the County invested over $1.6 million in the County's Partnership and Capacity Building (CPCB) efforts during the pandemic to build the capacity of community organizations to serve people with significant barriers to services. The CBCB partnership supports hubs for developing, supporting, and maintaining partnerships across BIPOC communities. This expansion increased capacity within Asian, Pacific Islander, Latinx, Black/African American, and African immigrant and refugee communities. This included programming the REACH (Racial and Ethnic Approaches to Community Health) and Community & Adolescent Health (CAH) programs which added culturally specific Community Health Specialists to work with these communities to support youth violence prevention, injury prevention, and chronic disease prevention strategies.

The investment of ARP dollars also helped grow the capacity of the [Future Generations Collaboration](), a collective striving to generate a healthy, healing and growing Indigenous community. ARP funds that helped bolster the Pacific Islander Coalition enabled coalition partners like [Utopia Portland]() to add community health workers to serve LGBTQIA+ Pacific Islanders.

The County's Department of Community Justice invested $300,000 of ARP funds in community-based organizations to help address the surge in community violence. Resources were distributed to organizations like the [Portland Opportunities Industrialization Center + Rosemary Anderson High School]() to expand their capacity to provide culturally specific intervention services and support to community members impacted by violence, with the goal of reducing the number of gun violence incidents in Multnomah County. This investment also grew the capacity of several other community-based organizations to provide intensive case management, peer life coaching, grief support groups and recreational activities for justice-involved individuals who demonstrated a high risk for being engaged in gun violence.

The County develops the annual budget with the support of the Community Budget Advisory Committees (CBAC). CBAC are groups of community members that review and make recommendations on County departmental budgets and operations. CBAC is a way the County receives community feedback on key budgetary decisions/priorities. Nine CBAC's represent each County Department. CBAC members meet with department leaders and other staff about program and services. The CBAC is tasked with making recommendations to the County Board of Commissioners on how best to use key resources in the community. The CBAC prioritized providing input on the COVID-19 response and recovery.

The County established a dedicated governmental fund to account for all COVID-19 response expenditures and revenues to provide greater transparency and accountability to the public. The County's annual audited financial statements detail all COVID-19 related expenditures in a clear and transparent approach.

Labor Practices

Multnomah County's current plan does not include water, sewer, and broadband infrastructure projects as it applies to direct ARPA funding. Below is some basic information about Multnomah County's labor workforce and COVID-19 safety resources.

Multnomah County has approximately 6,000 positions including full-time equivalent (FTE) and temporary and on-call staffing. The County has 12 bargaining units list below, the largest being general employees with about 3,500 members.

- Facilities & Maintenance & Repairs
- Sign Painters
- Prosecuting Attorneys
- Juvenile Custody Workers
- General Employees
- Correctional Officers
- Nurses
- Probation and Parole Officers
- Deputy Sheriffs
- Electrical Workers

- Physicians
- Dentists
- Management/Executive (Non Represented)

For general County Human Resources information see link

Due to the public health emergency, Multnomah County has made it a priority to maintain latest workplace safety protocols in alignment with Oregon OSHA requirements. The safety and well-being of County employees is of the upmost importance. The County maintains and makes available to all employees the latest employee policies, practices, and procedures that may be impacted by COVID-19, including workplace safety guidance, COVID-19 FAQ, telework guidance, vaccine information, etc.

Use of Evidence

Multnomah County is still working to incorporate evidence-based interventions and/or program evaluations into the recovery plan. More specific will be provided in the next reporting period.

Performance Reports

Multnomah County's budget development requires all programs develop performance measurements, including output and outcomes. Performance measures help decision makers understand the extent to which a program is effective in achieving its intended outcomes and desired results. Measures must be meaningful and meet the mission of Multnomah County. Performance measures help monitor goals and objectives, help program managers adjust strategies when necessary to improve results, help build community support, and ensure program goals are met. Data on measures is collected throughout the fiscal year and reported to key decision makers/stakeholders. All program performance measures are developed with equity lens in mind. Performance measure data is collected quarterly for all ARPA related program investments. Please see performance measure results under "**Project Inventory**" section of report. These measures are the latest figures as of the 7/31/2022 reporting period. In certain areas, a data lag exists and will be updated in future reporting periods. Performance measures are being reported by "Project Name".

Table of Expenses by Expenditure Category

July 1, 2021 - June 30, 2022 (as of 7/31/2022 Reporting Period)		
EXPENDITURE CATEGORY - SUBCATEGORY		**ACTUAL EXPENDITURES**
1-Public Health	$	**30,415,410.05**
1.1-COVID-19 Vaccination	$	4,601,877.25
1.2-COVID-19 Testing	$	2,614,848.33
1.3-COVID-19 Contact Tracing	$	4,913,301.42
1.4-Prevention in Congregate Settings	$	1,974,637.12
1.5-Personal Protective Equipment	$	879,311.51
1.8-Other COVID-19 Public Health Expenses	$	13,462,441.37
1.10-Mental Health Services	$	930,993.05
1.12-Other Public Health Services	$	1,038,000.00
2-Negative Economic Impacts	$	**9,611,938.02**
2.1-Household Assistance: Food Programs	$	8,398,193.62
2.2-Household Assistance: Rent, Mortgage, and Utility Aid	$	1,213,744.40
3-Services to Disproportionately Impacted Communities	$	**11,286,194.88**
3.11-Housing Support: Services for Unhoused persons	$	7,825,000.00
3.13-Social Determinants of Health: Other	$	1,795,318.98
3.16-Social Determinants of Health: Violence Interventions	$	1,665,875.90
7-Administrative and Other	$	**4,759,507.34**
7.1-Administrative Expenses	$	4,759,507.34
TOTAL EXPENDITURES	$	**56,073,050.29**
6-Revenue Replacement - Standard Allowance $10 million	$	**3,265,849.44**
General Government - Economic Impact - Client Assistance	$	2,987,231.67
General Government - Emergency Response - Administrative Exp	$	278,617.77
TOTAL EXPENDITURES (Including General Government)	$	**59,338,899.73**

Multnomah County is in the process of closing out fiscal year 2022; underspend (Budget-Actual Expenditures) for fiscal year 2022 will be programmed for the following fiscal year.

PROJECT INVENTORY

Project Name: Isolation, Quarantine, Wraparound Services
Project Identification Number: 1-1.8.40199C
Project Expenditure Category: 1-Public Health
Project Expenditure Subcategory: 1.8-Other COVID-19 Public Health Expenses (including Communications, Enforcement)
Total Actual Expenditures: $9,025,610.78
Reporting Period: July 1, 2021 – June 30, 2022

Project Description: The quarantine and isolation period for individuals, families and households who are exposed to the virus or become sick need external support. Wraparound services are provided to COVID-19-positive individuals, their families, and households and their close contacts with the goal to slow community disease transmission by providing the resources needed to

successfully isolate or quarantine. Services include timely, low-barrier rental, mortgage, utility, and food assistance, and other resources to minimize the financial impact of self-isolating, as well as access to a Voluntary Isolation Motel (VIMo). Individuals are also linked to behavioral health and other services as needed.

DESCRIPTION	OUTPUTS/OUTCOMES	RESULTS
Public Health - Isolation, Quaratine, and Wraparound Services	Number of households assisted with wraparound support to prevent food and housing insecurity (and successfully quarantine)	6,354
Public Health - Isolation, Quaratine, and Wraparound Services	Percent of COVID-19 impacted households referred for wraparound support to prevent food and housing insecurity (and successfully quarantine)	85%
COVID - Response Coordination - Financial Assistance	Number of gift cards distributed to clients	1,973

Project Name: Critical County Infrastructure
Project Identification Number: 7-7.1.72903
Project Expenditure Category: 7-Administrative and Other
Project Expenditure Subcategory: 7.1-Administrative Expenses
Total Actual Expenditures: $4,759,507.34
Reporting Period: July 1, 2021 – June 30, 2022

Project Description: This program focuses on various Multnomah County support areas including administrative services related to the COVID-19 response. Grant compliance, reporting, and monitoring, return to work coordination focused on complying to Oregon OSHA COVID-19 safety requirements, enhanced air quality improvements for County buildings providing in person community services, and providing expanded emergency sick leave (FCCRA) for County employees (and family members encountering similar instances) who have contracted COVID-19, have symptoms, are under quarantine, or have been vaccinated. Any HVAC upgrades will occur on County owned facilities providing essential in person services. Upgrades will have consultation from Environmental Health and Sustainability experts prior to any work being completed. The aim is to improve indoor air quality to Oregon OSHA recommendations as it relates to reducing the spread of COVID-19.

Project Name: COVID Emergency Operations - PPE
Project Identification Number: 1.1.5.10093B
Project Expenditure Category: 1-Public Health
Project Expenditure Subcategory: 1.5-Personal Protective Equipment
Total Actual Expenditures: $879,311.51
Reporting Period: July 1, 2021 – June 30, 2022

Project Description: The acquisition and distribution of essential Personal Protective Equipment (PPE) to reduce the spread of COVID-19. This includes protective masks (including child masks), hand sanitizer, gloves, and other essential equipment. Equipment is distributed to Multnomah County staff providing frontline services to the community, community partners providing support services, people experience homelessness, and other underserved communities. PPE remains an important part of the County's strategy to reduce the spread of COVID-19.

Project Name: COVID Emergency Operations
Project Identification Number: 1.1.8.10093A
Project Expenditure Category: 1-Public Health
Project Expenditure Subcategory: 1.8-Other COVID-19 Public Health Expenses (including Communications, Enforcement)
Total Actual Expenditures: $4,436,830.59
Reporting Period: July 1, 2021 – June 30, 2022

Project Description: Provide essential investment in Multnomah County's emergency operation activities, including emergency call center, central communications, emergency transportation, emergency logistics, and increased staffing to support Emergency Operations Center (in order to maintain core elements of the County emergency COVID-19 response).

DESCRIPTION	OUTPUTS/OUTCOMES	RESULTS
Response - Clinical Services	Number of active age-appropriate patients who have been offered/provided a vaccine	8,579
Response - Clinical Services	COVID-19 vaccine rates for patients self-identifying as BIPOC	**BIPOC rates as follows:** Black/AA - 96% Asian - 65% AI - 76% Pacific Islander - 59% Native Hawaiin - 78% Alaskan Native - 65% Hispanic - 76%
Reponse - Health Officer	Number of projects with detailed project plans	Provided detailed clinical oversight and project planning to COVID vaccination, and testing operations

Project Name: Vaccination
Project Identification Number: 1.1.1.40199B
Project Expenditure Category: 1-Public Health
Project Expenditure Subcategory: 1.1-COVID-19 Vaccination
Total Actual Expenditures: $4,601,877.25
Reporting Period: July 1, 2021 – June 30, 2022

Project Description: Multnomah County's Public Health division works with other local public health authorities (LPHAs), hospital systems, and Community Based Organizations to ensure

access to COVID-19 vaccination. Scopes of work include communication strategies; engaging the community in vaccine planning; coordinating with partners to implement a phased vaccination plan; and providing vaccination clinics. Public Health division also supports Multnomah County employee vaccinations. Vaccination efforts prioritize essential workers, patients, high-risk individuals, underserved communities. Vaccination clinics will be planned with culturally specific community organizations and BIPOC community leadership. Countywide vaccination data will be evaluated and shared publicly to assess success in matching vaccination access to communities with the highest need.

DESCRIPTION	OUTPUTS/OUTCOMES	RESULTS
Public Health - Vaccination	Number of vaccinations	20,323
Public Health - Vaccination	Percent of county received vaccine allocated to BIPOC, unhoused/sheltered, or incarcerated indivduals	3.6% - incomplete, pending further data gathering

Project Name: Testing
Project Identification Number: 1-1.2.40199B
Project Expenditure Category: 1-Public Health
Project Expenditure Subcategory: 1.2-COVID-19 Testing
Total Actual Expenditures: $2,614,848.33
Reporting Period: July 1, 2021 – June 30, 2022

Project Description: Multnomah County's Public Health division provides low barrier testing and outbreak response following Oregon Health Authority LPHA guidelines. Testing is provided at no cost, regardless of immigration status and is coordinated with County Federally Qualified Health Center program, Oregon Health Authority, regional LPHSs, regional hospital systems, and culturally specific Community Based Organizations. Public Health implements testing and vaccination strategies with the goal to slow the community disease transmission. Testing locations are geographically sited in areas with high rates of COVID-19 infection among BIPOC and immigrant/refugee communities, especially areas without other low barrier testing access. Testing data is monitored monthly to ensure appropriate outreach.

DESCRIPTION	OUTPUTS/OUTCOMES	RESULTS
Public Health - Community Testing and Distribution	Rapid kits distributed through community partnership program	12,672
Public Health - Community Testing and Distribution	Percent of tests distributed to impacted communites (Culturally Specific Organizations)	85%
Public Health - Community Testing and Distribution	Number of AMR Tests	1,034

Project Name: Contact Tracing and Disease Investigation
Project Identification Number: 1.1.3.40199A
Project Expenditure Category: 1-Public Health
Project Expenditure Subcategory: 1.3-COVID-19 Contact Tracing
Total Actual Expenditures: $4,913,301.42
Reporting Period: July 1, 2021 – June 30, 2022

Project Description: The Public Health division continues to implement COVID-19 epidemiology, contract tracing, and case investigation of positive cases and close contacts in alignment with Oregon Health Authority's LPHA guidelines. The goal is to slow community disease transmission especially in the most vulnerable and priority populations. Epidemiologists, community health nurses, disease investigation specialists, and community health workers (CHWs) comprise the investigation and response teams, which are the backbone of surveillance, case investigation, and contract tracing. For positive tests, Public Health investigators and contact tracers work to identify an individual's close contacts, work sites, living quarters, and health care settings and provide health and isolation/quarantine information. Public Health staff refer individuals to specific CHW's, who provide supports for isolation, basic needs, and referrals. For identified outbreaks in congregate residential settings, the program coordinates testing, PPE, infection control inspections, and quarantine/isolation planning with the facility and state partners.

DESCRIPTION	OUTPUTS/OUTCOMES	RESULTS
COVID-19 Contact Tracing	Number of COVID-19 cases interviewed	6,600
COVID-19 Contact Tracing	Number of outbreaks managed	2,067
COVID-19 Contact Tracing	Number of businesses provided with outbreak prevention or response	1,564

Project Name: Prevention in Congregate Setting – Public Safety and Corrections Health
Project Identification Number: 1-1.4.60997
Project Expenditure Category: 1-Public Health
Project Expenditure Subcategory: 1.4-Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work)
Total Expenditures: $1,974,637.12
Reporting Period: July 1, 2021 – June 30, 2022

Project Description: Sherriff's Office and Corrections Health - supports staffing and dorm capacity enhancements to ensure compliance with required State and Federal COVID-19 requirements and protocols, vaccine administration, and digital reader boards to share vaccination and COVID-19 information.

DESCRIPTION	OUTPUTS/OUTCOMES	RESULTS
COVID-19 Response Corrections Health	Number of Screenings for signs/symptoms of COVID-19 during booking process	12,234
COVID-19 Response Corrections Health	Completed COVID-19 vaccinations for adults in custody in high risk groups	1,900
Corrections Health Detention Center (MCDC) - Restoration	Number of reception screenings that indicate someone has a mental health diagnosis which could be impacted by the COVID-19 pandemic	2,690
Expanded Rent Assistance of Justice Involved Individuals	Total Number of Referrals for Rent Assistance (Housing Preservation)	53
Expanded Rent Assistance of Justice Involved Individuals	Percent of clients referred to OHP and SNAP	80%

Project Name: Disease Prevention, Intervention, and Surveillance
Project Identification Number: 1-1.12.40199K
Project Expenditure Category: 1-Public Health
Project Expenditure Subcategory: 1.12-Other Public Health Services
Total Actual Expenditures: $1,038,000.00
Reporting Period: July 1, 2021 – June 30, 2022

Project Description: Multnomah County will expand staffing in Communicable Disease Services. COVID-19 is compounding the effects of other diseases (Ebola, Tuberculosis, Syphilis, etc...) due to the lack of access to care or hesitancy to receive care during the pandemic. Expanded capacity in Communicable Disease Services will support expanded contact investigations and the ability to ensure the completion of necessary treatment. As the current pandemic has made clear, public health must be prepared to prevent, control, and investigate emerging infectious diseases. Additional staffing and the 24/7 call system will provide critical capacity in this area. The expansion in program capacity will also address disparities by identifying racial, ethnic, and other community groups who are at greater risk of being impacted by infectious diseases. The program utilizes multiple data sources, including case and contact interviews, syndromic surveillance, and immunization data. The Communicable Disease Services Program has long addressed vaccine hesitancy and access to vaccines as prevention strategies. The expansion will enable the program to work more closely with communities most impacted by communicable diseases, including BIPOC and unstably housed communities, through engaging trusted community leaders and building relationships focused on preventing diseases.

DESCRIPTION	OUTPUTS/OUTCOMES	RESULTS
Public Health Communicable Disease Services Expansion	Number of communicable disease-focused community engagement events	3
Public Health Communicable Disease Services Expansion	Number of epidemiologic reports or analyses provided to internal and external partners	45
Public Health Communicable Disease Services Expansion	Number of schools supported for communicable disease prevention activities, including COVID-19.	288

Project Name: Homeless Services – Distancing Shelters, Isolation Shelters, Street Medicine
Project Identification Number: 3.3.11.30900
Project Expenditure Category: 3-Services to Disproportionately Impacted Communities
Project Expenditure Subcategory: 3.11-Housing Support: Services for Unhoused persons
Total Actual Expenditures: $7,825,000.00
Reporting Period: July 1, 2021 – June 30, 2022

DESCRIPTION	OUTPUTS/OUTCOMES	RESULTS	PROMOTING EQUITY
Joint Office of Homeless Service - COVID-19 Emergency Response	Average daily number of beds/rooms of emergency shelter provided	317	
Joint Office of Homeless Service - COVID-19 Emergency Response	Number of individuals served in emergency shelter	740	Overrepresented BIPOC participate in program at rate as high or higher than percent of comparison homeless population - (39.9% vs. 37.1%)
Joint Office of Homeless Service - COVID-19 Emergency Response - Outdoor Physical Distancing Shelters	Average daily number of beds/rooms of alternative shelter provided	108	
Joint Office of Homeless Service - COVID-19 Emergency Response - Outdoor Physical Distancing Shelters	Number of individual served in emergency shelter	154	

Project Description: Multnomah County is offering physical distancing and isolation motel shelter beds for people experiencing homelessness who are at the highest risk of dying or experiencing serious symptoms from COVID-19. The County's Joint Office of Homeless Services took immediate steps to ensure that all congregate and semi-congregate shelters within the shelter system provided necessary physical separation, hygiene, and cleaning practices for occupancy, sleeping, eating, and access to services. Shelters are based on public health imperatives and ensure that people who are at highest risk of severe and fatal consequences from COVID-19 are out of congregate and semi-congregate shelter settings and remain isolated until a vaccine and/or effective treatments are widely available. The COVID-19 pandemic made both access to basic hygiene services for the unsheltered population more critical than ever and made finding those services even more difficult. Public buildings that offer places to go to the bathroom, wash up, and shower closed, including community centers, libraries, and office buildings. Multnomah County has taken a number of critical steps to address this need for hygiene access, including countywide distribution of hygiene supplies, the placement of dozens of hand washing stations and new portable bathrooms. In addition, Multnomah County is expanding street-based medical care for individuals living unsheltered and in a variety of shelter programs.

Project Name: Wraparound Supports for Youth and Families
Project Identification Number: 3-3.13.25399E
Project Expenditure Category: 3-Services to Disproportionately Impacted Communities
Project Expenditure Subcategory: 3.13-Social Determinants of Health: Other
Total Actual Expenditures: $318,927.64
Reporting Period: July 1, 2021 – June 30, 2022

Project Description Multnomah County will provide additional family resource navigators for its SUN Community schools, a critical form of support and navigation that emerged as part of the County's pandemic response for children and families. The link with academic performance and student experiences related to health, well-being, family and community are undeniable. During the pandemic, SUN Community School site managers have supported families 24/7 in order to help meet their basic needs. Though the need for resource navigation has begun to decrease as schools reopen the need for basic needs support soars, particularly for black, indigenous, and families of color. The pandemic exacerbated existing inequities in technology, food access, and housing, as well as health. Having a Family Resource Navigator reduces these barriers by allowing providers to walk alongside families who are navigating these systems of support, building skills and confidence along the way, so that families can access all potential resources and help their students learn. Program efforts will focus on students and families most directly impacted by the COVID-19 pandemic.

DESCRIPTION	OUTPUTS/OUTCOMES	RESULTS	PROMOTING EQUITY
SUN Community Schools	Number of students engaged in summer enrichment in SUN Community Schools	3521	Community School strategies nationally are seen as a promising approach to mitigate the impacts of COVID-19 for students and their families, impacts that have most deeply affected Black, Indigenous, and Communities of Color. SUN Community Schools have focused on centering relationships, employing culturally responsive practices, and ensuring trauma-informed principles are embedded in all that we do. This approach has proven even more critical during the pandemic, at a time when collective trauma, stress, and racial and social injustice has harmed our community. SUN Community Schools provide summer programming that supports academic learning and offers students opportunities for enrichment and social emotional support.
SUN Community Schools	Percent of school districts that provide additional resources to support summer enrichment in SUN Community Schools	100%	
SUN Community Schools	Percent of students engaged in summer enrichment who identify as Black, Indigenous, and Students of Color	74%	

Project Name: Addressing Community Violence through Prevention, Intervention and Healing
Project Identification Number: 3-3.16.50099B
Project Expenditure Category: 3-Services to Disproportionately Impacted Communities
Project Expenditure Subcategory: 3.16-Social Determinants of Health: Violence Interventions
Total Actual Expenditures: $1,665,875.90
Reporting Period: July 1, 2021 – June 30, 2022

Project Description The surge in community violence comes on the heels of long-existing inequities and other underlying factors that were made worse and more volatile by the COVID-19 pandemic. Multnomah County is providing services that help reduce risk factors: build resilience in individuals, families and communities who have been most affected by violence in the community. Multnomah County will expand Behavioral Health support teams to support families impacted by gun violence. The support teams will provide evidence based mental health services, consultation, and training for the community. The County will increase capacity for domestic violence service providers. Services will provide specialized, population-specific domestic and sexual violence services, including trauma informed care, ongoing risk assessment, safety

planning, intensive support, advocacy, case management, and help accessing other community resources. The County will work to build up capacity in Community Based Organizations with the necessary skills and experience to provide gun violence intervention programming centered on high-intensity life coaching for individuals at the greatest risk of gun violence. The County will also expand its Habilitation Empowerment Accountability Therapy (HEAT) program that targets cognitive behavioral invention designed to reflect and address unique experiences and needs of participants. The ability to address antisocial thinking is an effective way to reduce recidivism especially as it related to gun violence.

DESCRIPTION	OUTPUTS/OUTCOMES	RESULTS
Domestic Violence Prevention	Number of domestic violence cases resolved	109
Domestic Violence Prevention	Number of gun violence cases prosecuted	55
Culturally-Specific Domestic Violence Services Expansion	Number of individuals receiving culturally/population-specific domestic violence services	219
Culturally-Specific Domestic Violence Services Expansion	Percentage of adult survivors who engage in safety planning with an advocate by exit	100%
Culturally-Specific Domestic Violence Services Expansion	Number of survivors receiving multi-disciplinary, intensive intervention	13
Gun Violence Impacted Families Behavioral Health Team	Number of children who received behavioral health services	5
Community Violence Intervention	Number of clients referred for services between ASD and JSD	23
Community Violence Intervention	Number of clients reporting working with Community Health Worker to be useful	85%
Community Violence Intervention	Letters sent to victims informing them of rights	2404
Community Violence Intervention	Total number of victims requesting rights	1319
Community Violence Intervention	Number of Justice Involved Individuals served the HEAT curriculum	20
Community Violence Intervention	Percent of Justice Involved Individuals completing the program	85%

Project Name: Building Community Connection, Assets and Resilience
Project Identification Number: 3-3.13.40199J
Project Expenditure Category: 3-Services to Disproportionately Impacted Communities
Project Expenditure Subcategory: 3.13-Social Determinants of Health: Other
Total Actual Expenditures: $1,476,391.34
Reporting Period: July 1, 2021 – June 30, 2022

Project Description Building social safety net services are one facet of Multnomah County's work to build a stable, healthy and thriving community. Through the Mother's Trust Project, the County will provide certain female-headed households with children and affected economically by COVID-19 with basic monthly income support. The goal is to provide financial assistance that could support economic stability, improvement in quality of life, and support improved educational success for children. Multnomah County's Public Health division (Chronic Disease Prevention & Health Promotion and Community & Adolescent Health Programs) will add culturally specific Community Health Specialists to work with communities to support youth violence prevention, injury prevention, and chronic disease prevention strategies. The REACH Program will add capacity to coordinate communication and policy, system, and environment change activities for nutrition, built environment, and community-clinical linkages strategies, as well as Black COVID-19 response and recovery efforts. These increases in Public Health and community capacity will lead to collective problem solving with BIPOC communities. The results of these efforts will be policy, system, and environment change strategies that improve overall community health by addressing the impacts of racism and social determinants such as education and economic opportunities.

DESCRIPTION	OUTPUTS/OUTCOMES	RESULTS	PROMOTING EQUITY
Multnomah Mothers' Trust Project	Number of Black female-headed HH with children served	100	Hope is a research based component for change. The challenge of supporting BIPOC families living on a low-income in building hope (and autonomy, self-determination, and mastery), using County provided resources, in the face of structural white supremacy is real. Success will require the willingness to question "what we know" and who is in poverty and why, and to take smart risks to test new approaches and strategies. As we continue to respond to the immediate needs of our community in the pandemic, we must also focus on building the pathway to a racially just and equitable economic recovery. Our community's recovery from the pandemic must close or eliminate the African American racial wealth gap. PROGRAM GOAL: There is a growing body of national and international research that points to the availability of unconditional cash transfer, basic income, debt reduction, and asset building as particularly effective strategies in meeting this challenge. Locally conducted applied research tests show that when households living on a low-income are trusted to know what they need, and are provided access to financial resources, they are able to inoculate against the negative impacts of poverty and make improvement in their quality of life, economic stability, and their children's educational success in spite of white supremacy structures and culture.
Public Health Community Partners and Capacity Building Expansion	Number of impacted communities engaged in promoting improved health outcomes	6	
Public Health Community Partners and Capacity Building Expansion	Number of meetings with impacted communities engage in promoting improved health outcomes	35	
Public Health Community Partners and Capacity Building Expansion	Number of organizations from impacted communities engaged in Public Health initiatives	40	
Nurse Family Partnership	Number of visits	2967	The funding supports identifying barriers to vaccine uptake, equipping community members to support vaccination strategies, and implementing vaccine clinics. These activities are focused on the local Black/African American and African immigrant and refugee communities.
Nurse Family Partnership	Number of families served	323	
Nurse Family Partnership	Percent of families who need and receive housing assistance	11%	

Project Name: COVID-19 Mental Health Services
Project Identification Number: 1-1.10.40199D
Project Expenditure Category: 1-Public Health
Project Expenditure Subcategory: 1.10-Mental Health Services
Total Actual Expenditures: $930,993.05
Reporting Period: July 1, 2021 – June 30, 2022

Project Description Multnomah County has prioritized providing behavioral health services to individuals impacted by COVID-19. Behavioral health counseling services and outreach mechanisms have been enhanced. The behavioral health crisis call center has added resources to manage the increased volume of calls related to COVID-19. Services have been targeted at the most vulnerable in the community including culturally specific individuals. Peer support services are available through workshops, one-on-one support, and retreats aimed at improving mental and physical health outcomes.

DESCRIPTION	OUTPUTS/OUTCOMES	RESULTS
Public Health - Mental Health Response	Number of individuals served through culturally specific behavioral health programs	583
Public Health - Mental Health Response	Number of individuals connected to services by peers	550
Public Health - Mental Health Response	Percent of BIPOC and/or older adults served across all services.	39%

Project Name: Housing Stability, Rental Assistance and Eviction Prevention
Project Identification Number: 2-2.2.25399J
Project Expenditure Category: 2-Negative Economic Impacts
Project Expenditure Subcategory: 2.2-Household Assistance: Rent, Mortgage, and Utility Aid
Total Actual Expenditures: $1,213,744.40
Reporting Period: July 1, 2021 – June 30, 2022

Project Description COVID-19 has led to various economic impacts that affect the most vulnerable in our communities, creating conditions for housing instability for renters across Multnomah County. Multnomah County will be creating new teams that will manage and process rent assistance applications, coordination with applicable landlords, and support a host of outreach engagement/events in communities of color to ensure access is broadly available. Rent assistance will be distributed directly by Multnomah County, Community Based Programs, and through other local government partners. Multnomah County will work collaboratively with the Community Alliance of Tenants to ensure the following items are provided to County renters: legal information, referral and education to residential tenants. Services will be provided via hotline, website, written material, social medical, and other effective means to support eviction prevention. Multnomah County will also provide peer support and coaching to renters that support good financial planning/management. Counselors will use trauma informed assertive engagement approach and will coordinate and facilitate culturally specific education and empowerment groups on subjects such as tenant protections and rent ready courses.

DESCRIPTION	OUTPUTS/OUTCOMES	RESULTS	PROMOTING EQUITY
Eviction Moratorium Support	Number of people receiving legal information, education and referral services	1458	Renters in Multnomah County, particularly those from Black, Indigenous and People of Color, have been disproportionately impacted by the economic, social and emotional devastation of the COVID-19 pandemic. This program supports renters to remain stably housed by providing access to accurate and up to date informaiton about their rights as renters, and legal representation to clear non-payment eviction notices.
Eviction Prevention Legal Support	Renters who engage with legal representation whose case is closed with a positive outcome for the tenant	100%	
Rental Assistance Staff Capacity	Number of staff supporting rent assistance distribution	22	Stable housing is linked to a number of positive health and social outcomes for individuals, families and communities--and rental assistance is a key strategy to support renters. The COVID-19 pandemic has resulted in unprecedented numbers of layoffs and furloughs; the impacts of which will be felt for years to come. This has lead to high levels of housing instability and even deeper racial disparities and challenges to pay rent. This program makes available rent assistance and related supports. Racial disparities existed before COVID-19 and current national and local trends indicate that the economic hardships of the global pandemic are widening racial inequalities. Specifically in Multnomah County, the majority of people who rent are BIPOC (Black, Indigenous and People of Color).
Rental Assistance Staff Capacity	Aligned and coordinated rent assistance guidance to support staff	100%	

Project Name: Client Assistance – Food, Housing Assistance, and Healthcare
Project Identification Number: 2-2.1.25399N
Project Expenditure Category: 2-Negative Economic Impacts
Project Expenditure Subcategory: 2.1-Household Assistance: Food Programs
Total Actual Expenditures: $8,398,193.62
Reporting Period: July 1, 2021 – June 30, 2022

Project Description: Multnomah County is committed to maintaining an enhanced social safety net because of the pandemic. Direct client assistance plays an important role in supporting the most vulnerable in the community. The County will be investing in services that increase access to food, housing assistance, healthcare, mental health services and case management to those most directly impacted by COVID-19. The direct assistance will focus on food access, essential living expenses, clothing, childcare, housing, transportation, and medical care. The direct assistance will offer low barrier and highly accessible support to the most vulnerable in the community. The County utilizes the Regional COVID-19 Dashboard to analyze racial disparities for COVID-19 response. The Dashboard includes COVID-19 cases, cumulative tests, and percentage of positive tests by race/ethnicity, as well as other important factors such as age, sex, housing status, and coexisting conditions. This data enables the County to focus COVID-19 resources and supports on communities most affected by the pandemic and engage community members directly about how best to provide that support.

DESCRIPTION	OUTPUTS/OUTCOMES	RESULTS	PROMOTING EQUITY
Human Services - Client and Plan of Care Assistance, Bienestar Food Assistance, SUN Schools Assistance, Housing & Immigration Client Assistance	Number of households served	6,056	The Aging Disability & Aging Services (ADVSD) Community Services team has done targeted outreach and collaboration with our Enhancing Equity community partners. The outreach and collaboration with El Programma Hispano, Asian Health and Services Center, IRCO, The Urban League of Portland, NARA and NAYA has yielded many great referrals and connection with elders in these cultural specific communities in need of this support.
Human Services - Client and Plan of Care Assistance, Bienestar Food Assistance, SUN Schools Assistance, Housing & Immigration Client Assistance	Percentage of recipients from Black, Indigenous or People of Color communities	80%	
Public Health Client Assistance	Number of clients that have been presumed eligible and been negatively impacted (economic) by COVID-19 public health emergency	13,201	
Public Health Client Assistance	Percent of clients who received financial assistance	51%	The direct assistance provided by this program will be low barrier, highly accessible flexible funding for clients served by the Health Department in programs that serve vulnerable communities. Client assistance will primarily address the needs of the impacted communities that are presumed eligible and most impacted by COVID-19.
Public Health Client Assistance	Percent of clients identified for outreach that were financially impacted by COVID, as evidenced by their participation in qualifying programs	100%	
Public Health Client Assistance	Number of household served	6,750	
Mental Health & Domestic Violence Client Assistance	Number of survivors served through client assistance dollars	148	

List of Expenditure Categories - Reference

Expenditure Category	EC[28]	Previous EC[29]
1: Public Health		
COVID-19 Mitigation & Prevention		
COVID-19 Vaccination^	1.1	1.1
COVID-19 Testing^	1.2	1.2
COVID-19 Contact Tracing^	1.3	1.3
Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, Child care facilities, etc.)*^	1.4	1.4
Personal Protective Equipment^	1.5	1.5
Medical Expenses (including Alternative Care Facilities)^	1.6	1.6
Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)^	1.7	1.8
COVID-19 Assistance to Small Businesses^	1.8	-
COVID 19 Assistance to Non-Profits^	1.9	-
COVID-19 Aid to Impacted Industries^	1.10	-
Community Violence Interventions		
Community Violence Interventions*^	1.11	3.16
Behavioral Health		
Mental Health Services*^	1.12	1.10
Substance Use Services*^	1.13	1.11
Other		
Other Public Health Services^	1.14	1.12
Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency	-	1.7
2: Negative Economic Impacts		
Assistance to Households		
Household Assistance: Food Programs*^	2.1	2.1

Expenditure Category	EC[28]	Previous EC[29]
Household Assistance: Rent, Mortgage, and Utility Aid*^	2.2	2.2
Household Assistance: Cash Transfers*^	2.3	2.3
Household Assistance: Internet Access Programs*^	2.4	2.4
Household Assistance: Paid Sick and Medical Leave^	2.5	-
Household Assistance: Health Insurance*^	2.6	-
Household Assistance: Services for Un/Unbanked*^	2.7	-
Household Assistance: Survivor's Benefits^	2.8	-
Unemployment Benefits or Cash Assistance to Unemployed Workers*^	2.9	2.6
Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment supports or incentives)*^	2.10	2.7
Healthy Childhood Environments: Child Care*^	2.11	3.6
Healthy Childhood Environments: Home Visiting*^	2.12	3.7
Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System*^	2.13	3.8
Healthy Childhood Environments: Early Learning*^	2.14	3.1
Long-term Housing Security: Affordable Housing*^	2.15	3.10
Long-term Housing Security: Services for Unhoused Persons*^	2.16	3.11
Housing Support: Housing Vouchers and Relocation Assistance for Disproportionately Impacted Communities*^	2.17	-
Housing Support: Other Housing Assistance*^	2.18	3.12
Social Determinants of Health: Community Health Workers or Benefits Navigators*^	2.19	3.14
Social Determinants of Health: Lead Remediation*^	2.20	3.15
Medical Facilities for Disproportionately Impacted Communities^	2.21	-
Strong Healthy Communities: Neighborhood Features that Promote Health and Safety^	2.22	-
Strong Healthy Communities: Demolition and Rehabilitation of Properties^	2.23	-
Addressing Educational Disparities: Aid to High-Poverty Districts^	2.24	3.2
Addressing Educational Disparities: Academic, Social, and Emotional Services*^	2.25	3.3
Addressing Educational Disparities: Mental Health Services*^	2.26	3.4
Addressing Impacts of Lost Instructional Time^	2.27	-
Contributions to UI Trust Funds^	2.28	2.8
Assistance to Small Businesses		
Loans or Grants to Mitigate Financial Hardship^	2.29	2.9
Technical Assistance, Counseling, or Business Planning*^	2.30	
Rehabilitation of Commercial Properties or Other Improvements^	2.31	-
Business Incubators and Start-Up or Expansion Assistance*^	2.32	
Enhanced Support to Microbusinesses*^	2.33	
Assistance to Non-Profits		
Assistance to Impacted Nonprofit Organizations (Impacted or Disproportionately Impacted)^	2.34	2.10
Aid to Impacted Industries		
Aid to Tourism, Travel, or Hospitality^	2.35	2.11
Aid to Other Impacted Industries^	2.36	2.12
Other		
Economic Impact Assistance: Other*^	2.37	2.13
Household Assistance: Eviction Prevention*^	-	2.5
Education Assistance: Other*^	-	3.5

Expenditure Category	EC[28]	Previous EC[29]
Healthy Childhood Environments: Other*^	-	3.9
Social Determinants of Health: Other*^	-	3.13
3: Public Health-Negative Economic Impact: Public Sector Capacity		
General Provisions		
Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers	3.1	1.9
Public Sector Workforce: Rehiring Public Sector Staff	3.2	2.14
Public Sector Workforce: Other	3.3	-
Public Sector Capacity: Effective Service Delivery	3.4	7.2
Public Sector Capacity: Administrative Needs	3.5	-
4: Premium Pay		
Public Sector Employees	4.1	4.1
Private Sector: Grants to Other Employers	4.2	4.2
5: Infrastructure		
Water and Sewer		
Clean Water: Centralized Wastewater Treatment	5.1	5.1
Clean Water: Centralized Wastewater Collection and Conveyance	5.2	5.2
Clean Water: Decentralized Wastewater	5.3	5.3
Clean Water: Combined Sewer Overflows	5.4	5.4
Clean Water: Other Sewer Infrastructure	5.5	5.5
Clean Water: Stormwater	5.6	5.6
Clean Water: Energy Conservation	5.7	5.7
Clean Water: Water Conservation	5.8	5.8
Clean Water: Nonpoint Source	5.9	5.9
Drinking water: Treatment	5.10	5.10
Drinking water: Transmission & Distribution	5.11	5.11
Drinking water: Lead Remediation, including in Schools and Daycares	5.12	5.12
Drinking water: Source	5.13	5.13
Drinking water: Storage	5.14	5.14
Drinking water: Other water infrastructure	5.15	5.15
Water and Sewer: Private Wells	5.16	-
Water and Sewer: IIJA Bureau of Reclamation Match	5.17	-
Water and Sewer: Other	5.18	-
Broadband		
Broadband: "Last Mile" projects	5.19	5.16
Broadband: IIJA Match	5.20	-
Broadband: Other projects	5.21	5.17
6: Revenue Replacement		
Provision of Government Services	6.1	6.1
Non-federal Match for Other Federal Programs	6.2	-
7: Administrative		
Administrative Expenses	7.1	7.1
Transfers to Other Units of Government	7.2	7.3
Transfers to Non-entitlement Units (States and territories only)	-	7.4