Multnomah County, Oregon

Recovery Plan

State and Local Fiscal Recovery Funds

Recovery Plan as of July 31, 2023

(July 1, 2022-June 30, 2023)

Multnomah County

2023 Recovery Plan

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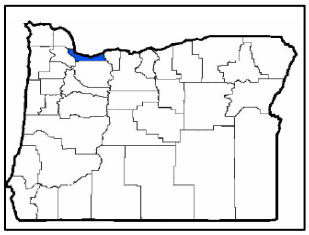
GENERAL OVERVIEW

Executive Summary



Multnomah County is home to approximately 810,242 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 645,316) and Gresham (population 114,833) 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 ("obligated") 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 and economic recovery. 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 and recovery framework; developed our strategies to reach communities of color who have felt disproportionately impacted by the severe health and economic impacts of COVID-19; and to guide 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:

As the local Public Health Authority and Safety Net Provider, Multnomah County has played a leading role in the regional COVID-19 response and economic recovery. 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 appropriated $99.5 million of direct ARPA funds in the fiscal year 2023 budget cycle ($9.8m was appropriated through a subsequent budget action). The fiscal year budget included the second ARPA tranche of $78.9 and ARPA underspend from fiscal year 2022 (first tranche). 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.

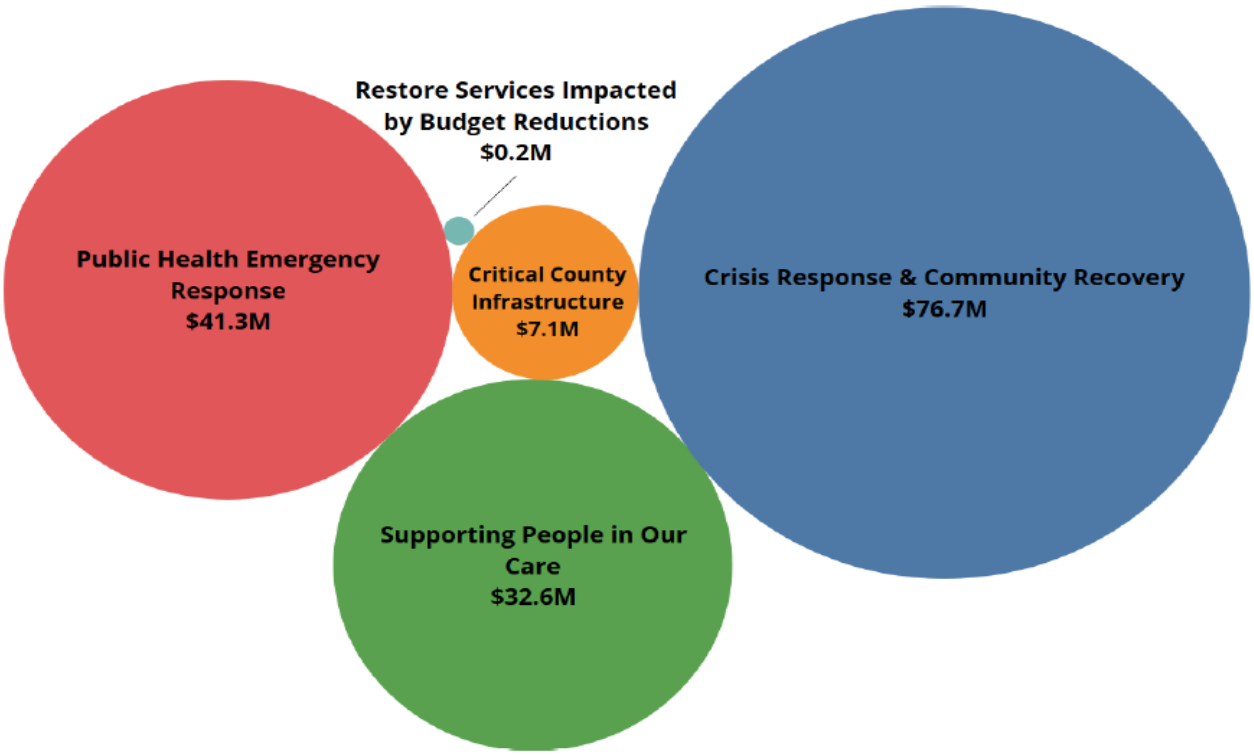
Much of the Federal assistance has gone towards serving the most vulnerable people in our community, who have been disproportionately impacted by COVID-19. Throughout the crisis, Multnomah County has had the unique local responsibility of both leading the public health response to a virus we had never seen, COVID-19, and responding to the unprecedented need in the community for shelter, housing, food, and healthcare.

The County continues to respond to the needs surrounding the pandemic, including outbreak response; testing and vaccination in clinical; community; and corrections settings; crisis counseling; behavioral health services; and culturally specific isolation/quarantine supports. As the pandemic evolves with improving conditions, the County will pivot from emergency response to long-term disease management efforts.

The County is focused on preserving 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. 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.

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 (including State, Federal, and County funding) into FY 2023 and included $47.5 million to support more households with rent assistance.

In Fiscal Year 2023, Multnomah County budgeted a total $157.9 million across the five priority areas to continue its COVID-19 response and economic recovery efforts. The funding includes direct ARPA funding in addition to other federal and state funding. Below is a visual graphic and table of all programmed funding being spent in fiscal year 2023, followed by a detailed program description of priority activities.



American Rescue Plan/COVID-19 Resources	FY 2023 Adopted Budget
American Rescue Plan - Direct County Allocation*	$89,644,715
Public Health - State & Federal Funding	8,164,835
Rent Assistance - Federal Funding	5,567,357
Rent Assistance - State Funding	16,489,544
Aging Service - Federal Funding	754,593
Housing & Homelessness Services - Federal Funding	9,417,525
Housing & Homelessness Services - City of Portland	11,972,333
American Rescue Plan - State Funding	2,320,000
Energy Assistance and Weatherization - Federal Funding	3,984,538
Roads & Transportation - Federal Funding	1,580,000
ICS Federal Health Center Funding	8,075,272
Total ARP Funding	**$157,970,712**

*The table above does not include $9.8 million in direct APRA investments that were budgeted through a subsequent budget action in fiscal year 2023. Details on additions are described under “Critical County Infrastructure-Programs” under program descriptions below.

Public Health Emergency Response - Programs

Total Fiscal Year 2023 Budget: $41.3 million

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 further 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 and 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.

In Fiscal Year 2022, more than 6,500 contact tracing interviews were conducted to help identify and mitigate potential outbreaks.

Public Health Communicable Disease Community Immunization Program: 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.

In Fiscal Year 2022, this project 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. Vaccination (fully) rate is over 83% among Multnomah County residents, 96% for residents with at least one dose.

Due to the high rate of vaccination in Multnomah County, the FY23 investment reflects a ramp down of money allocated for COVID-19 testing and vaccine distribution. The program has been renamed to "Public Health Communicable Disease Community Immunization Program," which supports providers in their use of federally subsidized Vaccines for Children (VFC) and 317 (adults

at high risk) programs. The program also assures that schools and childcare facilities comply with state school immunization rules and supports the provision of COVID-19 vaccines and testing and annual influenza vaccinations.

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.

In Fiscal Year 2022, this project helped 3,321 households successfully quarantine by providing rent or mortgage, utilities or food access support. This investment also helped 5,237 households with food assistance.

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 Support Services: Funding supported finance and business management services that directly impacted our community-based partners, many of which are culturally specific organizations that depend on expedited contracts and prompt payment of services. Additionally, funding supported County infrastructure to help distribute client assistance, business relief and other large-scale community support efforts.

The allocation also supported additional human resources staff focused on recruitment and hiring support related to the COVID-19 response.

Integrated Clinical Services 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.

In Fiscal Year 2022, this program supported the distribution of 19,490 vaccinations.

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.

Health Department - Health Officer Health Data Exchange: This funding provided a Health Data Exchange platform to push Emergency Medical Services data to hospital electronic charting systems and to push data and information from the hospital electronic charting systems back to the emergency medical service charting systems.

Sustainability – Wood Stove Replacement Pilot: This program piloted the implementation of a woodstove exchange program. The program is helping households replace a wood stove, wood insert, or fireplace used as a primary source of heat with a cleaner burning and more efficient device. Non-wood burning replacement devices emit less greenhouse gas and particulate matter; they also are less likely to be a fire risk or degrade indoor air quality. The program prioritized geographic areas in diverse and highly impacted neighborhoods.

Sustainability – Electric School Buses: This program works with local school districts in collaboration with Portland General Electric to expand the purchase and usage of electric powered buses instead of conventional diesel powered buses. The aim is to reduce exposure to diesel exhaust within Multnomah County.

Public Health CDC COVID-19 Health Disparities: This program includes coordinating Public Health COVID-19 response (Testing and Vaccination) and recovery activities; support for internal project management, administrative infrastructure; implementing communications and health literacy strategies; building community partner capacity through technical assistance and collaboration; emergency preparedness planning for COVID-19 and future events; and developing policy, systems, and environmental change strategies that work to improve health, social, and economic disparities within the BIPOC and other underserved communities.

Public Health REACH COVID-19/Flu Vaccine Supplement: This program helps identify barriers to vaccine uptake through enhanced community assessment and engagement. This includes providing technical assistance and other wraparound support connections to community health workers, faith ministries, and other community spokespersons to support data collection; developing social media content; and collaborating with State and local Public Health and Integrated Clinical Services Federally Qualified Health Center. This also includes implementing vaccine clinics: connecting vaccine providers with places of worship, community organizations, and other trusted community settings to set up COVID-19 and flu vaccination sites.

Early Assessment and Support Alliance (EASA) COVID-19: The Early Assessment and Support Alliance (EASA) is an early psychosis intervention program addressing the needs of young people aged 12 to 25 who demonstrate initial symptoms of psychosis or are found to be at high risk for developing psychosis. This program aimed to enhance existing program to develop a long-term recovery and support plan. The program offers formal mental health treatment services, educational support, employment support, and involves client's family and other support paths in the treatment.

Core Services Supporting People In Our Care – Programs

Total Fiscal Year 2023 Budget $32.6 million

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.

In Fiscal Year 2022, 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.

In Fiscal Year 2022, this project 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.

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.

Multnomah County Sheriff's Office Physical Distancing Dorms, Phone Access for Clients Supplies: This program funded operations for an additional housing unit to allow for increased physical distancing for adults in custody.

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.

Safety Off the Streets – Emergency Shelter Strategic Investment: This program funds the acquisition of a 137-unit motel shelter in Northeast Portland. The site will be used as a temporary emergency shelter before being converted to affordable housing. This strategic shelter investment aims to reduce homelessness. These funds come from the HOME Investment Partnership Program through the US Department of Housing and Urban Development (HUD).

ARPA Community Violence Pilot: This program will establish a pilot project that will leverage the existing incubator program and seek to use the lived experience and expertise of Habilitation,

Empowerment, Therapy, Accountability (HEAT) graduates by incentivizing participation in a community violence interruption program. The HEAT curriculum is a culturally responsive cognitive behavioral intervention program designed to reflect and address the unique experiences and needs of participants. The ability to address antisocial thinking is an effective way to reduce recidivism especially as it relates to gun violence. While the program was originally focused on Black men leaving prison, it has since expanded to include Black women as well as the Latinx population.

Crisis Response and Community Recovery – Programs

Total Fiscal Year 2023 Budget $76.7 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.

In Fiscal Year 2022, 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.

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.

Food Access – CROPS focused on BIPOC Farmers: One of Multnomah County's goals is to increase access to culturally appropriate, organically grown food and offer more access to economic development opportunities for populations that have historically experienced marginalization and discrimination, particularly in relation to farmland access. This funding was used to increase community access to fresh, culturally appropriate food, and to offer culturally specific training of new farmers that focused on Black and African immigrant residents.

Department of County Human Services - 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.

In Fiscal Year 2022, 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.

In Fiscal Year 2022, 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.

Department of Human Services - 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.

Culturally Specific Behavioral Health Programs: 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.

This investment also supported the expansion of Behavioral Health Telehealth and In-person Access for Immigrant and Refugee Populations, which 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.

This project also 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.

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.

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.

Department of Human Services – COVID-19 Youth and Family Energy & Housing Services, Domestic Violence Motel Vouchers, and Aging Disability and Veterans Support Services: Funding supports energy and water assistance, weatherization and housing supports focused on low-income households in Multnomah County. Weatherization of homes reduces a household's overall energy costs. Program will provide assistance through bill payment for energy and water services. Project will support rent assistance in Mid and East County to support housing stability. Project will also provide emergency motel vouchers for survivors of domestic violence.

Youth Connect: The COVID-19 pandemic has exacerbated economic and social inequities, creating prolonged emotional and financial stress that has fueled a significant uptick in community violence particularly in low-income communities of color. Adolescents especially in these communities have experienced psychological distress from increased isolation, disconnection from schools, and disruption of healthy routines and social supports leading to an escalation of risky behaviors and mental health challenges. Youth Connect project will identify and engage youth from these communities to provide essential skills training, service learning opportunities, caring adult mentors and stipends to help them successfully transition into adulthood and toward economic self-sufficiency.

Youth and Family Services Food Security Pantry Enhancement: SUN Community Schools serves as an anchor strategy to deliver additional nutritional support for the SUN Service System. In response to the COVID-19 pandemic, additional resources and staffing is critical to supporting the community. East County continues to see high rates of food insecurity, and this funding seeks to bolster the existing services at high volume service sites. Funds will be used to support food pantry sites who are addressing food access, this includes food pantries and Free Food Markets that partner with the Oregon Food Bank. Equitable access through innovative strategies such as food delivery, student backpacks, grocery gift cards and outreach will be implemented. These services will be especially vital to those who are ill or quarantined, lack transportation, are experiencing houselessness or have limited access to a kitchen/food storage, and when schools are closed.

Youth and Family Services Rent Assistance Team Staffing: 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 economic and social impact of this will remain for years to come. This has led to high levels of housing instability and even deeper racial disparities and challenges to pay rent. This program continues the County's leadership role in providing rent assistance and related supports. These funds will support system partners and staff who support housing stability for those who are struggling to pay rent and remain stably housed. This includes system access, information, and referral through 211info, legal navigation and support through Metropolitan Public Defenders and Oregon Law Center, centralized data entry, and rent assistance payments - both through jurisdictional partners.

COVID-19 Aging Disability and Veterans Services Older Americans Act: The Older Americans Act ARPA funding provides meals to older adults, people with disabilities, and Veterans who may be at nutritional risk. The program meets diverse needs and expectations. Nutrition services increase health and reduce social isolation. The program uses culturally responsive and culturally specific services. These services help maintain participants' independence and improve their quality of life. A network of community partners provides nutrition education and nutritious meals.

COVID-19 Benefits and Entitlements Specialist Team (Best) Expansion: This program expands capacity to provide people experiencing homelessness who have serious and persistent disabling conditions with the support they need to complete the application for, and be approved to receive, Supplemental Security Income (SSI) and other long-term disability benefits from the Federal Government. This investment responds to the backlog of demand for these critical benefits acquisition services created during the pandemic, and represents a very effective use of funds to help people experiencing chronic homelessness obtain an ongoing source of income.

Old Town Portland Inreach: Social services providers have experienced challenges in providing support in the downtown Portland area due to the increase in critical incidents that affect safety for those experiencing houselessness, provider teams, area businesses and other community members. These incidents interfere with service provision, such as meal services, which are vital supports for community members. The Old Town Inreach program is a partnership between the County and multiple provider agencies and provides peer support and provider coordination to decrease critical incidents and support individual's connection to behavioral health resources. The program has been designed by community partners and peers with an equity lens, recognizing that Black, Indigenous, and other People of Color (BIPOC) are disproportionately represented among houseless persons who are also experiencing behavioral health challenges. The impact of COVID-19 has significantly upset our community and escalated the mental health and addiction crisis among people experiencing homelessness and income insecurity in the Old Town and Pearl District neighborhoods.

Critical County Infrastructure – Programs

Total Fiscal Year 2023 Budget $16.9 million (including $9.8 million from subsequent budget action)

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 through fiscal year 2023.

Multnomah County has focused on retaining essential workers delivering services related to public safety and public health (including clinical health services). Like many public sector employers across the nation, the County has struggled with retention issues exacerbated by the

pandemic. In certain instances, funding was used to provide retention incentives to employees dedicated to supporting the County's continued COVID-19 response.

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.

The COVID-19 pandemic has highlighted the essential function of the internet in everyday life, as many aspects of school, work, healthcare, and government services continue to operate online. Funding was provided to support enhanced digital access program partners to address community disparities in digital access and affordability. The program will identify barriers to interest access, identify and assess strategies to address barriers, and implement changes to address disparities.

Restored Services – Programs

Total Fiscal Year 2023 Budget $191K

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 a budget summary (direct ARPA allocation) for Fiscal Year 2023

PRIORITY CATEGORIES & PROGRAM DESCRIPTION	AMOUNT
Crisis Response & Community Recovery	**48,358,578**
ARP - Add'l Close Street Supervision Positions	348,461
ARP - Behavioral Health - Continuing COVID Response	1,625,888
ARP - Civil Process – Reducing Community Violence Involving Firearms	314,382
ARP - COVID-19 Benefits and Entitlements Specialist Team (BEST) Expansion	200,000
ARP - Culturally Specific Behavioral Health Programs	625,000
ARP - DCHS Client Assistance	5,400,000
ARP - Detectives Unit – Reducing Community Violence Involving Firearms	161,977
ARP - Domestic Violence Services	782,000
ARP - Emergency Rent Assistance	22,785,668
ARP - Gun Violence Case Backlog	821,802
ARP - Gun Violence Impacted Families Behavioral Health Team	1,214,400
ARP - Multnomah Mothers' Trust Project (MMTP)	1,350,000
ARP - Old Town Inreach	1,100,000
ARP - Outreach Hotspots	200,000
ARP - Peer Support Tenant Services & Housing Stability	534,580
ARP - SUN Community Schools: Family Resource Navigators	4,276,420
ARP - YFS Division Support Staff Expansion	148,000
ARP - YFS Food Security / Pantry Enhancement	150,000
ARP - YFS Rent Assistance Team Staffing Capacity	2,730,000
ARP - YFS Sex Trafficked Youth Services - New Day Collaborative Backfill	70,000
ARP - Client Assistance	275,000
ARP - Countywide Client Assistance	2,230,000
ARP - COVID-19 Policy and Project Coordination	215,000
ARP - Gun Violence Prevention Incubator Pilot	300,000
ARP - Office of Sustainability Food Access Focus	500,000
Critical County Infrastructure	**15,381,471**
ARP - Digital Access Coordinator	165,592
ARP - Countywide Federal Leave	3,000,000
ARP - Facilities Air Quality Improvements	800,000
ARP - Federal Grant Compliance and Monitoring	160,000
ARP - Future of Work Coordinator and Space Planning	2,705,000
ARP - Labor Relations Expanded Support	235,000
ARP - Employee Retention Incentives	6,378,445
ARP - Staff Telework Software Bundle	1,937,434

PRIORITY CATEGORIES & PROGRAM DESCRIPTION	AMOUNT
Public Health Emergency Response	**24,099,490**
ARP - ACHP Registered Nurse	200,000
ARP - COVID-19 Response Coordination	80,000
ARP - COVID-19 Response Health Officer	205,848
ARP - COVID-19 Response Support Services	1,406,494
ARP - Health Data Exchange	400,000
ARP - Public Health - COVID-19 Investigation and Response	4,800,720
ARP - Public Health - Isolation and Quarantine	11,341,425
ARP - Public Health Communicable Disease Services Expansion	711,208
ARP - Public Health Community Partners and Capacity Building Expansion	1,023,795
ARP - Communications Office Public Health Emergency Response	325,000
ARP - Emergency Management Community Personal Protective Equipment (PPE) & County Sup	1,040,000
ARP - Emergency Management Logistics	2,425,000
ARP - Enhanced Cleaning Juvenile Justice Center and East Campus	120,000
ARP - Transportation Services	20,000
Restore Services Impacted by Budget Reductions	**191,354**
ARP - Domestic Violence Case Backlog	191,354
Supporting People in Our Care	**11,456,701**
ARP - COVID-19 Emergency Response - Culturally Specific Outreach	425,000
ARP - COVID-19 Emergency Response - Expanded Hygiene Access	750,000
ARP - COVID-19 Emergency Response - Shelter Operations and Outreach Supplies	8,261,000
ARP - Electronic Signage and Washing Machine	60,000
ARP - MCIJ Dorm 13	637,357
ARP - MCIJ Dorm 5	773,344
ARP - Community Violence Interruption Pilot	300,000
ARP - Expanded Rent Assistance of Justice Involved Individuals	250,000
TOTAL FISCAL YEAR 2023 ARPA BUDGET	**99,487,594**

Promoting Equitable Outcomes

Goals:

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

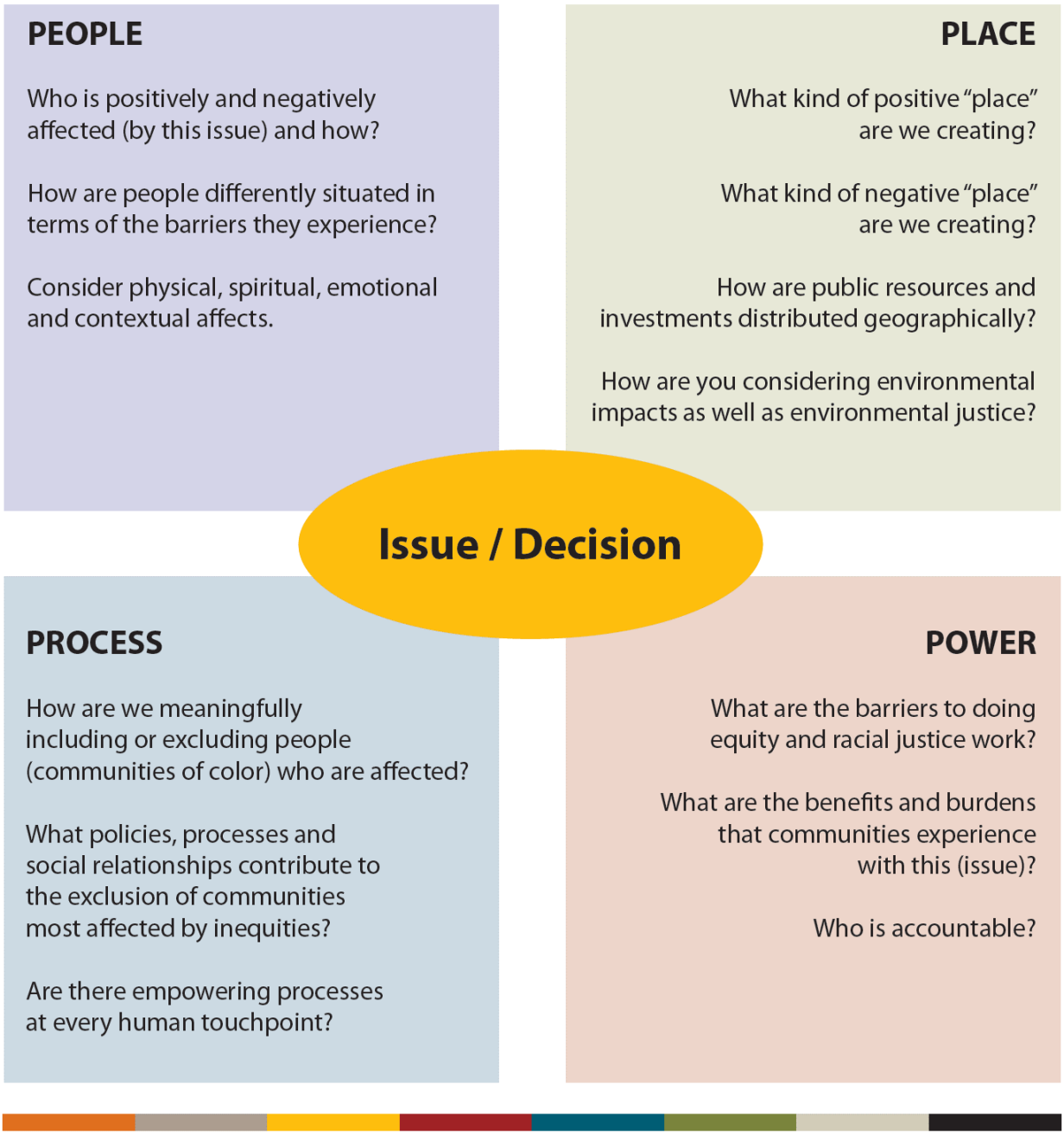
The health and economic impacts of COVID-19 have fallen disproportionately on communities of color. The County has targeted its resources, including American Rescue Plan (ARPA) funding, to these communities that have been hit hardest.

The County Chair prioritized equity in developing the fiscal year 2022 and 2023 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

Multnomah County Office of Diversity and Equity



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.
    - 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 and fully vaccinated rates of all 36 counties in Oregon at more than 96% and 83% respectively (as of December 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. In Fiscal Year 2023, 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	• Highland Haven • Impact NW - Multicultural Senior Center • Innovation Lab

• Africa House • 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 (In Fiscal Year 2022) 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 ARPA dollars also helped grow the capacity of the Future Generations Collaboration, a collective striving to generate a healthy, healing and growing Indigenous community. ARPA 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 (In Fiscal Year 2023) $300,000 of ARPA 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 recovery 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 will provide updated information on evidence-based interventions and/or program evaluations into Recovery Plan when ARPA projects/investments are appropriate.

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 7/31/2023 reporting period (July 1, 2022-June 30, 2023). In certain areas, a data lag exists and will be updated in future reporting periods. Performance measures are being reported by "Project Name". Multnomah County accounts for all APRA expenditure activity in a dedicated special revenue fund to provide greater transparency to the public on Multnomah County COVID-19 response activities.

Table of Actual ARPA Spend by Expenditure Category

EXPENDITURE CATEGORY - SUBCATEGORY		ACTUAL EXPENDITURES
Fiscal Year 2022 Expenditures	**$**	**59,338,899.73**
July 1, 2022 - June 30, 2023 (as of 7/31/2023 Reporting Period)		
1-Public Health	**$**	**13,913,689.56**
1.3-COVID-19 Contact Tracing	$	890,095.98
1.4-Prevention in Congregate Settings	$	1,607,928.83
1.5-Personal Protective Equipment	$	27,998.50
1.7-Other COVID-19 Public Health Expenses	$	7,190,888.92
1.11-Community Violence Interventions	$	2,900,479.29
1.12-Mental Health Services	$	1,278,718.93
1.14-Other Public Health Services	$	17,579.11
2-Negative Economic Impacts	**$**	**39,287,923.86**
2.1-Household Assistance: Food Programs	$	6,248,433.15
2.2-Household Assistance: Rent, Mortgage, and Utility Aid	$	21,699,338.00
2.4-Household Assistance: Internet Access Programs	$	630,309.12
2.16-Long-Term Housing Security: Services for Unhoused Persons	$	6,178,621.23
2.37-Economic Impact Assistance: Other	$	4,531,222.36
3-Public Health-Negative Economic Impact: Public Sector Capacity	**$**	**6,384,620.54**
3.3-Public Sector Workforce: Other	$	6,384,620.54
7-Administrative	**$**	**3,344,695.30**
7.1-Administrative Expenses	$	3,344,695.30
TOTAL EXPENDITURES	**$**	**62,930,929.26**
6-Revenue Replacement - Standard Allowance $10 million	**$**	**2,537,408.65**
TOTAL FY23 EXPENDITURES (Including General Government)	**$**	**65,468,337.91**
TOTAL FY22-23 EXPENDITURES (Including General Government)	**$**	**124,807,237.64**

Multnomah County is in the process of closing out fiscal year 2023; underspend (Budget-Actual Expenditures) for fiscal year 2023 will be programmed for the following fiscal year.

PROJECT INVENTORY

Project Name: Isolation, Quarantine, Wraparound Services
Project Identification Number: 1-1.7.40199C
Project Expenditure Category: 1-Public Health
Project Expenditure Subcategory: 1.7-Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)
Fiscal Year 2023 Total Actual Expenditures: $2,078,030.68
Fiscal Year 2022 Total Actual Expenditures: $9,025,610.78
Reporting Period: July 1, 2022 – June 30, 2023

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. The project has ramped down in fiscal year 2023 as the worst stages of the pandemic are behind us, but wraparound services have remained vital. Beginning in quarter two of fiscal year 2023, certain wraparound services and client assistance are being tracked under COVID Emergency Operations and Client Assistance – Food, Housing Assistance, and Healthcare Projects.

DESCRIPTION	OUTPUTS/OUTCOMES	FY22 RESULTS	FY23 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	2,870
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%	80%
COVID - Response Coordination - Financial Assistance	Number of gift cards distributed to clients	1,973	N/A

Project Name: Critical County Infrastructure
Project Identification Number: 7-7.1.72903
Project Expenditure Category: 7-Administrative
Project Expenditure Subcategory: 7.1-Administrative Expenses
Fiscal Year 2023 Total Actual Expenditures: $3,344.695.30
Fiscal Year 2022 Total Actual Expenditures: $4,759,507.34
Reporting Period: July 1, 2022 – June 30, 2023

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 work completion. 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
Fiscal Year 2023 Total Actual Expenditures: $27,998.50
Fiscal Year 2022 Total Actual Expenditures: $879,311.51
Reporting Period: July 1, 2022 – June 30, 2023

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, test kits, 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. The project has ramped down in fiscal year 2023 as the worst stages of the pandemic are behind us, but PPE remains an important part of the County's strategy to reduce the spread of communicable diseases.

Project Name: COVID Emergency Operations
Project Identification Number: 1-1.8.10093A
Project Expenditure Category: 1-Public Health
Project Expenditure Subcategory: 1.7-Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)
Fiscal Year 2023 Total Actual Expenditures: $5,112,858.24
Fiscal Year 2022 Total Actual Expenditures: $4,436,830.59
Reporting Period: July 1, 2022 – June 30, 2023

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	FY22 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
Fiscal Year 2023 Total Actual Expenditures: None
Fiscal Year 2022 Total Actual Expenditures: $4,601,877.25
Reporting Period: July 1, 2022 – June 30, 2023

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. This project ended in fiscal year 2022.

DESCRIPTION	OUTPUTS/OUTCOMES	FY22 RESULTS	FY23 RESULTS
Public Health - Vaccination	Number of vaccinations	20,323	N/A

Project Name: Testing
Project Identification Number: 1-1.2.40199B
Project Expenditure Category: 1-Public Health
Project Expenditure Subcategory: 1.2-COVID-19 Testing
Fiscal Year 2023 Total Actual Expenditures: None
Fiscal Year 2022 Total Actual Expenditures: $2,614,848.33
Reporting Period: July 1, 2022 – June 30, 2023

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 higher 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. This project ended in fiscal year 2022.

DESCRIPTION	OUTPUTS/OUTCOMES	FY22 RESULTS	FY23 RESULTS
Public Health - Community Testing and Distribution	Rapid kits distributed through community partnership program	12,672	N/A
Public Health - Community Testing and Distribution	Percent of tests distributed to impacted communites (Culturally Specific Organizations)	85%	N/A
Public Health - Community Testing and Distribution	Number of AMR Tests	1,034	N/A

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
Fiscal Year 2023 Total Actual Expenditures: $890,095.98
Fiscal Year 2022 Total Actual Expenditures: $4,913,301.42
Reporting Period: July 1, 2022 – June 30, 2023

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. The project has ramped down in fiscal year 2023 as the worst stages of the pandemic are behind us.

DESCRIPTION	OUTPUTS/OUTCOMES	FY22 RESULTS	FY23 RESULTS
COVID-19 Contact Tracing	Number of COVID-19 cases interviewed	6,600	N/A
COVID-19 Contact Tracing	Number of outbreaks managed	2,067	838
COVID-19 Contact Tracing	Number of businesses provided with outbreak prevention or response	1,564	N/A

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 Sites, Schools, Child Care Facilities, etc.)
Fiscal Year 2023 Total Expenditures: $1,607,928.83
Fiscal Year 2022 Total Expenditures: $1,974,637.12
Reporting Period: July 1, 2022 – June 30, 2023

Project Description: Sherriff's Office, Corrections Health, and Juvenile Justice Centers - 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. Project also increased capacity to provide short and long-term housing/shelter for high-risk justice involved individuals. Program aims to circumvent justice-involved individuals from entering the homeless service delivery system; the County's Department of Community Justice manages program. Corrections Health portion of project was ramped down in fiscal year 2023.

DESCRIPTION	OUTPUTS/OUTCOMES	FY22 RESULTS	FY23 RESULTS
COVID-19 Response Corrections Health	Number of Screenings for signs/symptoms of COVID-19 during booking process	12,234	N/A
COVID-19 Response Corrections Health	Completed COVID-19 vaccinations for adults in custody in high risk groups	1,900	N/A
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	N/A
Expanded Rent Assistance of Justice Involved Individuals	Total Number of Referrals for Rent Assistance (Housing Preservation)	53	85
Expanded Rent Assistance of Justice Involved Individuals	Percent of Justice involved individuals moved from short term to long term housing	65%	75%
Expanded Rent Assistance of Justice Involved Individuals	Percent of clients referred to OHP and SNAP	80%	95%

Project Name: Disease Prevention, Intervention, and Surveillance
Project Identification Number: 1-1.12.40199K
Project Expenditure Category: 1-Public Health
Project Expenditure Subcategory: 1.14-Other Public Health Services
Fiscal Year 2022 Total Actual Expenditures: $17,579.11
Fiscal Year 2022 Total Actual Expenditures: $1,038,000.00
Reporting Period: July 1, 2022 – June 30, 2023

Project Description: Multnomah County will expand staffing in Communicable Disease Services. COVID-19 compounded 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 help address disparities by identifying racial, ethnic, and other community groups who are either at risk of or being impacted by infectious diseases. The pandemic 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 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. The project has ramped down in fiscal year 2023 as the worst stages of the pandemic are behind us.

DESCRIPTION	OUTPUTS/OUTCOMES	FY22 RESULTS	FY23 RESULTS
Public Health Communicable Disease Services Expansion	Number of communicable disease-focused community engagement events	3	N/A
Public Health Communicable Disease Services Expansion	Number of epidemiologic reports or analyses provided to internal and external partners	45	39
Public Health Communicable Disease Services Expansion	Number of schools supported for communicable disease prevention activities, including COVID-19.	288	47

Project Name: Homeless Services – Distancing Shelters, Isolation Shelters, Street Medicine
Project Identification Number: 3-3.11.30900
Project Expenditure Category: 2-Negative Economic Impacts
Project Expenditure Subcategory: 2.16-Long-Term Housing Security: Services for Unhoused Persons
Fiscal Year 2023 Total Actual Expenditures: $6,178,621.23
Fiscal Year 2022 Total Actual Expenditures: $7,825,000.00
Reporting Period: July 1, 2022 – June 30, 2023

Project Description: Multnomah County provided 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 the individual's condition improves with required treatment. 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. Multnomah County has taken a number of critical steps to address the need for hygiene access, including countywide distribution of hygiene supplies, the placement of dozens of hand washing stations, new portable bathrooms, and access to showers. In addition, Multnomah County expanded street-based medical care for individuals living unsheltered and in a variety of shelter programs.

Though the conditions regarding the pandemic have greatly improved, the impact of the pandemic has created a growing need to expand shelter capacity. This project maintains a baseline capacity of 200 rooms of motel shelter and 100 beds of congregate shelter. Shelters offer the safety of a fully supported motel room that opens to the outdoors. The rooms are supported with basic amenities, including private bathroom and shower, meals, and access to laundry services. There is also 24/7 on-site staffing, in order to be able to routinely check on guests, as well as on-site access to technology and staff to support transitions out of motel shelter and into permanent housing as rapidly as possible. In addition, this project provides for emergency outdoor shelters for people experience homelessness. The sites are each outfitted with prefabricated, insulated hard wall pallet shelters with beds, climate controls, safety features, and electricity, providing approximately 110 residents each night with food, clean water, sanitation, social service navigation, mental health supports, and more. One of the existing sites was designed to specifically serve members of the LGBTQIA2S+ community and another is prioritized to the needs of Black, Indigenous and People of Color (BIPOC)

DESCRIPTION	OUTPUTS/OUTCOMES	FY22 RESULTS	FY23 RESULTS
Joint Office of Homeless Service - COVID-19 Emergency Response	Average daily number of beds/rooms of emergency shelter provided	317	49 (Partial)
Joint Office of Homeless Service - COVID-19 Emergency Response	Number of individuals served in emergency shelter	740	162 (Partial)
Joint Office of Homeless Service - COVID-19 Emergency Response - Outdoor Physical Distancing Shelters	Average daily number of beds/rooms of alternative shelter provided	108	N/A
Joint Office of Homeless Service - COVID-19 Emergency Response - Outdoor Physical Distancing Shelters	Number of individual served in emergency shelter	154	N/A

Project Name: Wraparound Supports for Youth and Families
Project Identification Number: 2-2.37.25399E
Project Expenditure Category: 2-Negative Economic Impacts
Project Expenditure Subcategory: 2.37-Economic Impact Assistance: Other
Fiscal Year 2023 Total Actual Expenditures: $3,381,023.59
Fiscal Year 2022 Total Actual Expenditures: $318,927.64
Reporting Period: July 1, 2022 – June 30, 2023

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. 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. This program is culturally responsive and prioritizes to families of color. Family resource navigators collaborate with school staff, other SUN Service System programs, and community partners to identify families who might need extra support. Services include case management, group skill building, reducing language barriers, family engagement, and outreach. This project also continues the SUN Community Schools hunger relief services by providing increased food assistance through school-based distribution and increased staffing capacity to distribute food safely.

DESCRIPTION	OUTPUTS/OUTCOMES	FY22 RESULTS	FY23 RESULTS
SUN Community Schools	Number of students engaged in summer enrichment in SUN Community Schools	3521	N/A
SUN Community Schools	Percent of school districts that provide additional resources to support summer enrichment in SUN Community Schools	100%	N/A
SUN Community Schools	Percent of students engaged in summer enrichment who identify as Black, Indigenous, and Students of Color	74%	N/A
SUN Schools: Family Resource Navigators	Number of households who receive support from Family Resource Navigator	5532	11792
SUN Schools: Family Resource Navigators	Percent of Black, Indigenous, and Families of Color who receive support with basic needs and system navigation	78%	87%
Food Security - Pantry Enhancement	Number of meals provided to children and families	N/A	1,097,332
Food Security - Pantry Enhancement	Percent of Black, Indigenous, and Families of Color who receive food security support	N/A	78%

Promoting Equity: SUN Community Schools are sited at 92 schools throughout the County in schools where there are a majority of students of color and on free and reduced lunch (an indicator of poverty). Overall, over 70% of the students SUN Community Schools serve in extended day programming are students of color. Within the SUN Community School established infrastucture, Family Resource Navigators work at each SUN Community Schools in partnership with building administrators and site manager to identify families who need support accessing resources. Program expectations include these required service elements: language access, case management for families experiencing increased need of support, skill building, family engagement support, and distribution of information and outreach. The expectation of the program is that community organizations provide support to families in a culturally responsive way ensuring families recieve the support they need in the language they prefer.

Project Name: Addressing Community Violence through Prevention, Intervention and Healing
Project Identification Number: 1-1.11.50099B
Project Expenditure Category: 1-Public Health
Project Expenditure Subcategory: 1.11-Community Violence Interventions
Fiscal Year 2023 Total Actual Expenditures: $2,900,479.29
Fiscal Year 2022 Total Actual Expenditures: $1,665,875.90
Reporting Period: July 1, 2022 – June 30, 2023

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. This project will add resources to the County Sherriff's Office to focus on the timely service of family protection orders and dispossession of firearms and ammunition when ordered by the court. Resources will also focus on gun violence investigations involving illegal possession of firearms.

DESCRIPTION	OUTPUTS/OUTCOMES	FY22 RESULTS	FY23 RESULTS
Domestic Violence Prevention	Number of domestic violence cases resolved	109	143
Domestic Violence Prevention	Number of gun violence cases prosecuted	55	55
Domestic Violence Services	Number of individuals receiving culturally/population-specific domestic violence services	219	335
Domestic Violence Services	Percentage of adult survivors who engage in safety planning with an advocate by exit	100%	100%
Domestic Violence Services	Number of survivors receiving multi-disciplinary, intensive intervention	13	94
Gun Violence Impacted Families Behavioral Health Team	Number of children who received behavioral health services from impacted families	5	92
Community Violence Intervention	Number of clients referred for services between ASD and JSD	23	N/A
Community Violence Intervention	Number of clients reporting working with Community Health Worker to be useful	85%	N/A
Community Violence Intervention	Letters sent to victims informing them of rights	2404	N/A
Community Violence Intervention	Total number of victims requesting rights	1319	N/A
Community Violence Intervention	Number of Justice Involved Individuals served the HEAT curriculum	20	11
Community Violence Intervention	Percent of Justice Involved Individuals completing the program	85%	N/A
Community Violence Intervention - Client Assistance	Number of clients served by Victim and Survivor Services	51	62
Community Violence Intervention - Client Assistance	Number of need supplies distributed (food, blankets, socks, hygiene items, etc.)	Not Available	5351
Community Violence Intervention - Client Assistance	Number of households served by month	570 Per Month	253 Per Month

Project Name: Building Community Connection, Assets and Resilience
Project Identification Number: 2-2.37.40199J
Project Expenditure Category: 2-Negative Economic Impacts
Project Expenditure Subcategory: 2.37-Economic Impact Assistance: Other
Fiscal Year 2023 Total Actual Expenditures: $1,150,198.77
Fiscal Year 2022 Total Actual Expenditures: $1,476,391.34
Reporting Period: July 1, 2022 – June 30, 2023

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. The Mother's Trust Project partners will approximately 100 black female-headed households with children that are currently receiving services from one or two community based programs. Program aims to create a racially just and equitable economic recovery. Multnomah County's Public Health division (Community Partnerships & Capacity Building and Chronic Disease Prevention & Health Promotion) will add culturally specific Community Health Specialists to work with communities to support youth violence prevention, injury prevention, chronic disease prevention, mentoring, training, and technical assistance. The 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	FY22 RESULTS	FY23 RESULTS
Multnomah Mothers' Trust Project	Number of Black female-headed HH with children served	100	98
Public Health Community Partners and Capacity Building Expansion	Number of impacted communities engaged in promoting improved health outcomes	6	38
Public Health Community Partners and Capacity Building Expansion	Number of meetings with impacted communities engage in promoting improved health outcomes	35	76
Public Health Community Partners and Capacity Building Expansion	Number of organizations from impacted communities engaged in Public Health initiatives	40	50
Nurse Family Partnership	Number of visits	2967	N/A
Nurse Family Partnership	Number of families served	323	N/A
Nurse Family Partnership	Percent of families who need and receive housing assistance	11%	N/A

Promoting Equity – Mother's Trust Project: 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.

Project Name: COVID-19 Mental Health Services
Project Identification Number: 1-1.12.40199D
Project Expenditure Category: 1-Public Health
Project Expenditure Subcategory: 1.12-Mental Health Services
Fiscal Year 2023 Total Actual Expenditures: $1,278,718.93
Fiscal Year 2022 Total Actual Expenditures: $930,993.05
Reporting Period: July 1, 2022 – June 30, 2023

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. This project works to address the increase in behavioral health and addiction rates with access to culturally specific supports through multiple program investments. The behavioral health crisis call center has added resources to manage the increased volume of calls related to COVID-19 or other. 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. This project also supports Old Town Portland in reach, which provides peer support focused on: recovery, hope, personal responsibility, self-determination, positive social connection and increasing natural support, and to improve the interconnection between service agencies. Project teams provide rapid response intervention and services to the individuals experiencing homelessness and poverty.

DESCRIPTION	OUTPUTS/OUTCOMES	FY22 RESULTS	FY23 RESULTS
Public Health - Mental Health Response	Number of individuals served through culturally specific behavioral health programs	583	284
Public Health - Mental Health Response	Number of individuals connected to services by peers	550	900
Public Health - Mental Health Response	Percent of BIPOC and/or older adults served across all services.	39%	35%
Public Health - Mental Health Response - Old Town Portland	Number of enrolled or intentionally engaged persons	N/A	400

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
Fiscal Year 2023 Total Actual Expenditures: $21,699,338.00
Fiscal Year 2022 Total Actual Expenditures: $1,213,744.40
Reporting Period: July 1, 2022 – June 30, 2023

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. Stable housing is linked to a number of positive health and social outcomes for individuals, families and communities, and rental assistance is key strategy to support renters. Multnomah County has established and maintained teams that 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 is distributed directly by Multnomah County, Community Based Programs, and through other local government partners. Multnomah County works 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 are 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	FY22 RESULTS	FY23 RESULTS
Eviction Moratorium Support	Number of people receiving legal information, education and referral services	1458	N/A
Eviction Prevention Legal Support	Renters who engage with legal representation whose case is closed with a positive outcome for the tenant	100%	N/A
Rental Assistance Staff Capacity	Number of staff supporting rent assistance distribution	22	N/A
Rental Assistance Staff Capacity	Aligned and coordinated rent assistance guidance to support staff	100%	N/A
Peer Support Tenant Services and Stability	Number of households supported by peer mentors	N/A	106
Emergency Rent Assistance	Number of households receiving rent assistance	N/A	3911

Promoting Equity: 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 led to high levels of housing instability and even deeper racial disparities and challenges to pay rent. This project 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).

The Peer Navigation Program is a system of peer counselors that can provide one-on-one culturally specific peer coaching and resource sharing to support Black, Indigenous and People Of Color, impacted by the COVID-10 pandemic, to reach their housing stability goals.

Project Name: Client Assistance – Food, Housing Assistance, and Healthcare
Project Identification Number: 2-2.1.25399P
Project Expenditure Category: 2-Negative Economic Impacts
Project Expenditure Subcategory: 2.1-Household Assistance: Food Programs
Fiscal Year 2023 Total Actual Expenditures: $6,248,433.15
Fiscal Year 2022 Total Actual Expenditures: $8,398,193.62
Reporting Period: July 1, 2022 – June 30, 2023

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 has invested in services that increase access to food, housing assistance, healthcare, mental health services and case management to those most directly impacted by COVID-19 (health and economic impacts). 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. This project supports approximately 6,900 households in the community. The County utilized the Regional COVID-19 Dashboard to analyze racial disparities for COVID-19 response. This data enabled 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	FY22 RESULTS	FY23 RESULTS
Human Services - Direct Client Assistance	Number of households served	6,056	11,467
Human Services - Direct Client Assistance	Percentage of recipients from Black, Indigenous or People of Color communities	80%	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	N/A
Public Health Client Assistance	Percent of clients who received financial assistance	51%	N/A
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%	N/A
Public Health Client Assistance	Number of household served	6,750	N/A

Promoting Equity: The direct assistance provided by this project is low barrier, highly accessible flexible funding for clients served. Client assistance will primarily address the needs of the COVID-19 impacted communities.

The Aging Disability and Veterans 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.

Project Name: Retention Incentive
Project Identification Number: 3-3.3.10000X
Project Expenditure Category: 3-Public Health-Negative Economic Impact: Public Sector Capacity
Project Expenditure Subcategory: 3.3-Public Sector Workforce: Other
Fiscal Year 2023 Total Actual Expenditures: $6,384,620.54

Fiscal Year 2022 Total Actual Expenditures: None
Reporting Period: July 1, 2022 – June 30, 2023

Project Description: Multnomah County has focused on retaining essential workers delivering services related to public safety and public health (including clinical health services). Like many public sector employers across the nation Multnomah County has struggled with retention issues, increased retirement rates, and struggles to hire essential frontline staff. Multnomah County in certain instances has used ARPA funding to provide one-time retention incentives to retain staff dedicated to supporting the County's continued COVID-19 response. Retention payments were made in quarter two of fiscal year 2023 and included essential public safety, public health, healthcare, and mental health staff. One-time Incentive payments generally ranged between $2,000-$2,500 per employee (but varied). Approximately 1,900 essential ARPA employees received a retention payment in fiscal year 2023.

Project Name: Community Internet Access
Project Identification Number: 2.4.80099
Project Expenditure Category: 2-Negative Economic Impacts
Project Expenditure Subcategory: 2.4-Household Assistance: Internet Access Programs
Fiscal Year 2023 Total Actual Expenditures: $630,309.12
Fiscal Year 2022 Total Actual Expenditures: None
Reporting Period: July 1, 2022 – June 30, 2023

Project Description: This program will establish 500 new hotspots to meet the public demand for wireless internet resources. This program will support the efforts by the Library's IT Services Program to lend Chromebooks and hotspots to people in communities with gaps in digital access. WiFi hotspots are part of the library's Tech Lending program that supports digital access for BIPOC/marginalized communities disproportionately impacted by COVID-19, and others who need digital access, by lending Chromebooks and internet hotspot devices.

The program prioritizes BIPOC patrons, but anyone who needs access to technology may participate. Most patrons are referred to the program through community partners or by staff specifically working with BIPOC communities.

The Library's digital equity and inclusion strategy revolves around the "3 legged stool" which includes access to computers, internet and digital literacy training. High speed internet (without cost as a barrier) allows patrons the opportunity to be part of the digital economy, participate in online learning environments, attend doctor visits (telehealth), pay bills (banking), access much needed resources (library and benefits), connect with family, friends and follow current events. Access to virtual meeting technology even gives them a seat at the table for conversations about digital equity, what our infrastructure should include, and how it should evolve to meet growing needs.

DESCRIPTION	OUTPUTS/OUTCOMES	FY22 RESULTS	FY23 RESULTS
Library - Outreach Hotspots	Number of Households Served	N/A	Library: 500 hotspots purchased for households

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