

# Multnomah County, Oregon

## **Recovery Plan**

### **State and Local Fiscal Recovery Funds**

Recovery Plan as of July 31, 2025  
(July 1, 2024-June 30, 2025)



# Multnomah County, Oregon

## 2025 Recovery Plan

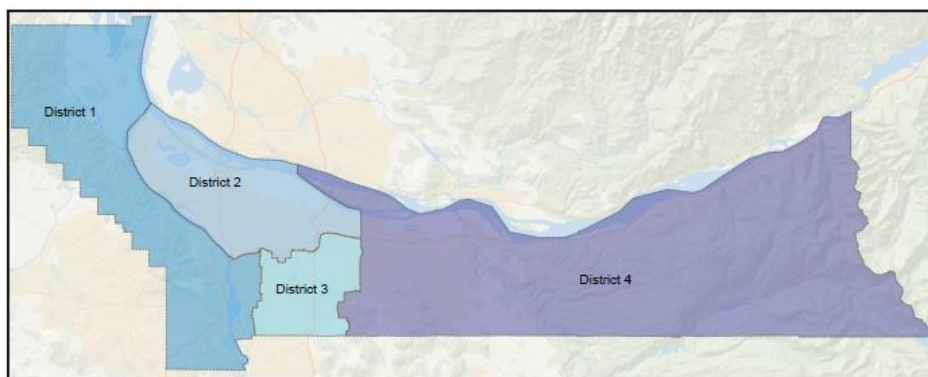
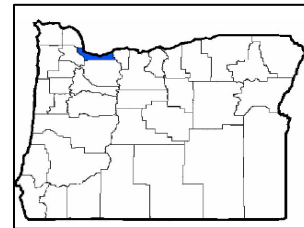
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## GENERAL OVERVIEW

### **Executive Summary**

Multnomah County is home to approximately 801,557 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 43 governmental taxing districts located wholly or partially inside of Multnomah County. Portland (population 637,026) and Gresham (population 115,233) 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:

- Public Safety (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
- Services to Houseless Individuals
- Internal Business Support

## Multnomah County Elected Officials



Jessica **Vega Pederson**  
County Chair



Meghan **Moyer**  
Commissioner  
District One



Shannon **Singleton**  
Commissioner  
District Two



Julia **Brim-Edwards**  
Commissioner  
District Three



Vince **Jones-Dixon**  
Commissioner  
District Four



Jennifer **McGuirk**  
County Auditor



Nicole **Morrissey O'Donnell**  
Sheriff



Nathan **Vasquez**  
District Attorney

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 \$157,887,555. Funds were provided in two tranches: \$78,943,777.50 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

From the onset of the pandemic to the post recovery period, Multnomah County has employed a set of principles to guide our decision-making throughout the crisis and economic recovery. These principles have provided 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 of 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's five priority areas for usage of ARPA funding:

- **Public Health Emergency Response**  
Testing, tracing, outbreak response, vaccination, call center, emergency ops, communication, education & engagement.
- **Core Services Supporting People in our Care**  
Uphold the welfare of people in our direct care, particularly those in congregate settings like shelter, jail and juvenile detention.
- **Restore Services Impacted by Budget Reductions**  
Restore and continue important services that are impacted by budget cuts at the local, state or federal level.
- **Crisis Response & Community Recovery**  
Maintain the social service safety net, and make investments that address the negative impacts of the pandemic to help our community recover.
- **Critical County Infrastructure**  
Investments in key County infrastructure like improved air quality in our buildings and expanded technology.

As the local Public Health Authority and Safety Net Provider, Multnomah County 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 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) provided resources to support this work. The negative health and economic impacts of COVID-19 fell 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 has remained diligent, focused on serving the most vulnerable in our community, and maintaining essential services.

The Multnomah County Board of County Commissioners appropriated \$2.7 million of direct ARPA funds in the fiscal year 2025 budget cycle (\$254,357 was appropriated through a subsequent mid-year budget action). The \$2.7 million represented all remaining direct ARPA funds available, see page 20 for a detailed total spending "actuals" summary by fiscal year, 2022-2025. For information on Multnomah County's approach in allocating resources, see the [fiscal year 2025 Multnomah County Chair's Executive Budget Message](#). Multnomah County accounts for all COVID-19 related expenditures and revenues in a dedicated special revenue fund, which includes direct ARPA funding. See [Multnomah County Annual Comprehensive Financial Report \(ACFR\)](#) for details.





Multnomah, Clackamas, Washington, and Yamhill Counties have collaborated to improve public health’s response to communicable diseases, including COVID-19. The regional partners maintained a [Regional COVID-19 Dashboard](#) during the worse stages of pandemic. The dashboard provided information on COVID-19 cases, hospitalizations and deaths broken down by age, gender, race, and ethnicity. The dashboard also detailed data on testing, housing status, underlying health conditions and symptoms. As a result of timing issues, regional numbers may have been slightly different from those reported by the Oregon Health Authority. The dashboard last updated in October 2024, is no longer active.



## 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 pandemic. During the public health emergency, Multnomah County 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’s efforts were very successful in mitigating the spread of COVID-19 and controlling its impacts. As the public emergency ended, the County has focused its investments on long-term disease management, economic recovery efforts, and key safety net services.

The County 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 older adults, those experiencing child abuse, those experiencing domestic and sexual violence, and those impacted by increased gun violence in our community.

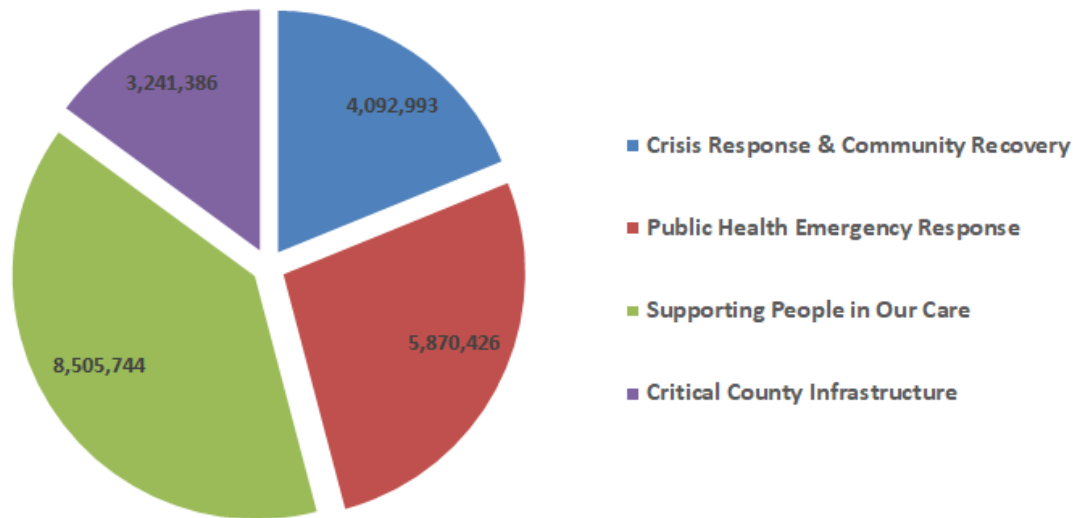
Stable housing is linked to a number of positive health and social outcomes for individuals, families, and communities. Rental assistance is a key strategy to support renters. The COVID-19 pandemic initially resulted in unprecedented numbers of layoffs and furloughs, leading to even deeper racial disparities and challenges to pay rent and remain stably housed. Housing stability remains a recovery priority for the County. In fiscal year 2023, the County provided over \$45 million (using Federal, State, and Local funds) in emergency rental assistance to over 8,500 households. In fiscal year 2024, the County invested another \$24.9 million continuing to support emergency rental assistance programs.

Multnomah County as the local public health and human services provider focused much of the ARPA Federal assistance on fighting the pandemic and economic downturn at its worst stages. By the end of fiscal year 2024, the County had spent 98% (\$155,246,190) of its direct ARPA allocation. In fiscal year 2025, the County focused its remaining direct ARPA funding on the continued support of emergency rental assistance programs through the County's Department of County Humans Services.

In fiscal year 2025, Multnomah County budgeted a total \$21.7 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 local, state, and federal funding. The County budgeted \$2.7 million in direct ARPA funding. Below is a visual graphic and table of all programmed "Budgeted" funding being spent in fiscal year 2025 followed by a detailed program description of direct ARPA funding. The County spent nearly all of its remaining direct ARPA funding in fiscal year 2025 (see page 21 for a summary), the remaining unspent balance of \$13,150 will be assessed during ARPA funding close out activities.



## MULTNOMAH COUNTY - FISCAL YEAR 2025 - COVID-19 BUDGET



### AMERICAN RESCUE PLAN/COVID-19 RESOURCES - FISCAL YEAR 2025 BUDGET

COUNTY PRIORITY AREA	PROGRAM OFFER ID	PROGRAM OFFER DESCRIPTION	DIRECT ARPA FUNDING	OTHER LOCAL, STATE, AND FEDERAL COVID-19 FUNDING
Crisis Response & Community Recovery	25033	ADVSD Nutrition Program		73,484
Crisis Response & Community Recovery	25034	ADVSD Health Promotion		31,272
Crisis Response & Community Recovery	25038	ADVSD Advocacy & Community Program Operations		168,836
Crisis Response & Community Recovery	25039	ADVSD Family Caregiver Program		101,922
Crisis Response & Community Recovery	25119	YFS - Energy Assistance		863,122
Crisis Response & Community Recovery	25133B	YFS - Emergency Rent Assistance	2,754,357	-
Crisis Response & Community Recovery	25140	YFS - Community Development in East Multnomah County		100,000
Public Health Emergency Response	40010B	Communicable Disease Clinical and Community Services		240,000
Public Health Emergency Response	40010C	Communicable Disease Community Immunization Program		1,449,966
Public Health Emergency Response	40020	FQHC-Northeast Health Clinic		359,477
Public Health Emergency Response	40022	FQHC-Mid County Health Clinic		331,642
Public Health Emergency Response	40034A	FQHC-Administration and Operations		51,020
Public Health Emergency Response	40037	Environmental Health Community Programs		250,000
Public Health Emergency Response	40048	Community Epidemiology		1,593,467
Public Health Emergency Response	40053	Racial and Ethnic Approaches to Community Health		794,521
Public Health Emergency Response	40056	Healthy Families		338,000
Public Health Emergency Response		Early Assessment and Support Alliance (EASA) COVID-19		
Public Health Emergency Response	40078B	Stimulus Funding		133,333
Public Health Emergency Response	40096	Public Health Office of the Director		329,000
Public Health Emergency Response		ARP - COVID-19 Emergency Response - Outdoor Physical		
Supporting People in Our Care	30905	Distancing Shelters & Safe Rest Villages		8,505,744
Critical County Infrastructure	60215A	Sheriff Office - Human Resources		965,885
Critical County Infrastructure		Transportation Coronavirus Response and Relief		
Critical County Infrastructure	90016	Supplemental Appropriations Act (CRRSAA)		2,275,501
<b>TOTAL FY 2025 COVID-19 BUDGET</b>			<b>2,754,357</b>	<b>18,956,192</b>

## **CRISIS RESPONSE AND COMMUNITY RECOVERY – PROGRAMS**

**TOTAL FISCAL YEAR 2025 BUDGET - \$2,754,357 (\$257,357 was programmed through mid-year budget action)**

**Department of Human 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 resulted in unprecedented numbers of layoffs, rising cost of rent, increased barriers to employment, and increased evictions. This has led to high levels of housing instability and even deeper racial disparities and challenges to pay rent. This program provides eviction prevention services, rent assistance, client assistance, and other support services aimed at creating stable housing.

Eviction Prevention Program and other eviction prevention supports are key strategies to support renters to remain stably housed and prevent the homelessness crisis from getting worse. Eviction prevention supportive services and rent assistance are critical interventions to keep our homelessness crisis from getting worse.

This Eviction Prevention program supports the County's priority for long term stability while maintaining a significant effort to avoid imminent eviction. These funds support eviction prevention for households who meet any of these criteria; those with an eviction notice, written notice to vacate, or households at high risk who need longer short-term case management to support housing stability. The Eviction Prevention program led by Bienestar de la Familia provides outreach, intake and case management services for households who are referred and meet the required criteria.

## Promoting Equitable Outcomes – (applicable to fiscal years 2022-2024)

### 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 2022-2024 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 to the recovery period, Multnomah County performed 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. These were held during the peak periods of pandemic. 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's 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 2020, January and February 2021 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 led 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:

<ul style="list-style-type: none"><li>• African American Chamber of Commerce</li><li>• African Family Holistic Health Organization</li><li>• Africa House</li><li>• African Women's Coalition</li><li>• African Youth &amp; Community Organization</li></ul>	<ul style="list-style-type: none"><li>• Highland Haven</li><li>• Impact NW - Multicultural Senior Center</li><li>• Innovation Lab</li><li>• Immigrant and Refugee Community Organization</li><li>• Latino Network</li><li>• Lutheran Community Services NW</li></ul>
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<ul style="list-style-type: none"> <li>• Asian Health &amp; Services Center</li> <li>• Asian Pacific American Network of Oregon (APANO)</li> <li>• Community for Positive Aging</li> <li>• Bienestar</li> <li>• Black Mental Health Oregon</li> <li>• Black Parent Initiative</li> <li>• Brown Hope</li> <li>• Cascade AIDS Project</li> <li>• Catholic Charities of Oregon</li> <li>• Causa</li> <li>• Center for African Immigrants and Refugees Organization (CAIRO)</li> <li>• Chinese Friendship Association of Portland</li> <li>• Coalition of Communities of Color</li> <li>• COFA Alliance National Network</li> <li>• Ecumenical Ministries of Oregon's Russian Oregon Social Service</li> <li>• El Programa Hispano</li> <li>• Ethiopian and Eritrean Cultural and Resource Center</li> <li>• Familias en Accion</li> <li>• Friendly House</li> <li>• Future Generations Collaborative</li> <li>• Hacienda Community Development Corporation</li> </ul>	<ul style="list-style-type: none"> <li>• Metropolitan Public Defenders</li> <li>• NAACP</li> <li>• Native American Rehabilitation Association</li> <li>• Native American Youth and Family Center</li> <li>• Native Wellness Institute</li> <li>• Portland Indian Leaders Roundtable</li> <li>• Portland Youth and Elder Council</li> <li>• Pueblo Unido</li> <li>• Self Enhancement Inc.</li> <li>• Senior Advocates for Generational Equity</li> <li>• Sponsors to Assist Refugees</li> <li>• United Way of the Columbia-Willamette</li> <li>• Urban League of Portland</li> <li>• Verde</li> <li>• Voz</li> <li>• YWCA of Greater Portland</li> </ul>
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### 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 supported 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 economic recovery.

As part of the annual budget process, Multnomah County holds public hearings to collect public input on the budget. For fiscal year 2025 budget cycle, virtual hearings were held on May 8<sup>th</sup>, May 15<sup>th</sup>, and May 29<sup>th</sup> of 2024. Multnomah County Board meeting agendas, board documents, videos, and minutes can be accessed here:

[https://multnomah.granicus.com/ViewPublisher.php?view\\_id=3](https://multnomah.granicus.com/ViewPublisher.php?view_id=3)

## 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 13 bargaining units listed below, the largest being general employees with about 3,580 members.

- Facilities & Maintenance & Repairs (Engineers)
- Sign Painters
- Prosecuting Attorneys
- Juvenile Custody Workers
- General Employees
- Correctional Officers
- Nurses
- Probation and Parole Officers



- Deputy Sheriffs
- Electrical Workers
- Physicians
- Pharmacists
- 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 utmost 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 7/31/2025 reporting period (July 1, 2024-June 30, 2025). 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 ARPA expenditure activity in a dedicated special revenue fund to provide greater transparency to the public on Multnomah County COVID-19 response activities.

## MULTNOMAH COUNTY - TOTAL DIRECT ARPA SPEND BY EXPENDITURE CATEGORY

EXPENDITURE CATEGORY - SUBCATEGORY	FISCAL YEAR 2022 - ACTUAL EXPENDITURES	FISCAL YEAR 2023 - ACTUAL EXPENDITURES	FISCAL YEAR 2024 - ACTUAL EXPENDITURES	FISCAL YEAR 2025 - ACTUAL EXPENDITURES	Total Actual Expenditures By Category
<b>1-Public Health</b>	\$ 32,081,285.95	\$ 13,913,689.56	\$ 2,357,461.47	\$ (594.50)	\$ 48,351,842.48
1.1-COVID-19 Vaccination	\$ 4,601,877.25	\$ -	\$ (8.36)	\$ -	\$ 4,601,868.89
1.2-COVID-19 Testing	\$ 2,614,848.33	\$ -	\$ -	\$ 3.46	\$ 2,614,851.79
1.3-COVID-19 Contact Tracing	\$ 4,913,301.42	\$ 890,095.98	\$ 99.27	\$ -	\$ 5,803,496.67
1.4-Prevention in Congregate Settings	\$ 1,974,637.12	\$ 1,607,928.83	\$ 888,092.99	\$ (597.96)	\$ 4,470,060.98
1.5-Personal Protective Equipment	\$ 879,311.51	\$ 27,998.50	\$ -	\$ -	\$ 907,310.01
1.7-Other COVID-19 Public Health Expenses	\$ 13,462,441.37	\$ 7,190,888.92	\$ (33,513.50)	\$ -	\$ 20,619,816.79
1.11-Community Violence Interventions	\$ 1,665,875.90	\$ 2,900,479.29	\$ 1,502,791.07	\$ -	\$ 6,069,146.26
1.12-Mental Health Services	\$ 930,993.05	\$ 1,278,718.93	\$ -	\$ -	\$ 2,209,711.98
1.14-Other Public Health Services	\$ 1,038,000.00	\$ 17,579.11	\$ -	\$ -	\$ 1,055,579.11
<b>2-Negative Economic Impacts</b>	\$ 19,232,257.00	\$ 39,287,923.86	\$ 25,994,771.53	\$ 2,521,357.24	\$ 87,036,309.63
2.1-Household Assistance: Food Programs	\$ 8,398,193.62	\$ 6,248,433.15	\$ (67,326.23)	\$ -	\$ 14,579,300.54
2.2-Household Assistance: Rent, Mortgage, and Utility Aid	\$ 1,213,744.40	\$ 21,699,338.00	\$ 20,555,096.55	\$ 2,611,977.24	\$ 46,080,156.19
2.4-Household Assistance: Internet Access Programs	\$ -	\$ 630,309.12	\$ -	\$ -	\$ 630,309.12
2.16-Long-Term Housing Security: Services for Unhoused Persons	\$ 6,011,541.21	\$ 4,425,036.30	\$ -	\$ -	\$ 10,436,577.51
2.18-Housing Support: Other Housing Assistance	\$ 1,813,458.79	\$ 1,753,584.93	\$ -	\$ -	\$ 3,567,043.72
2.37-Economic Impact Assistance: Other	\$ 1,795,318.98	\$ 4,531,222.36	\$ 5,507,001.21	\$ (90,620.00)	\$ 11,742,922.55
<b>3-Services to Disproportionately Impacted Communities</b>	\$ -	\$ 6,384,620.54	\$ (3,438.08)	\$ -	\$ 6,381,182.46
3.3-Public Sector Workforce: Other	\$ -	\$ 6,384,620.54	\$ (3,438.08)	\$ -	\$ 6,381,182.46
<b>7-Administrative and Other</b>	\$ 4,759,507.34	\$ 3,344,695.30	\$ (203,714.76)	\$ -	\$ 7,900,487.88
7.1-Administrative Expenses	\$ 4,759,507.34	\$ 3,344,695.30	\$ (203,714.76)	\$ -	\$ 7,900,487.88
<b>TOTAL EXPENDITURES</b>	\$ 56,073,050.29	\$ 62,930,929.26	\$ 28,145,080.16	\$ 2,520,762.74	\$ 149,669,822.45
<b>6-Revenue Replacement - Standard Allowance \$10 million</b>	\$ 3,104,768.06	\$ 2,741,898.94	\$ 2,250,463.34	\$ 107,452.08	\$ 8,204,582.42
<b>TOTAL FISCAL YEAR EXPENDITURES (Including General Government)</b>	\$ 59,177,818.35	\$ 65,672,828.20	\$ 30,395,543.50	\$ 2,628,214.82	
<b>TOTAL EXPENDITURES (Including General Government)</b>	\$ 59,177,818.35	\$ 124,850,646.55	\$ 155,246,190.05	\$ 157,874,404.87	

## 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 2025 Total Actual Expenditures:** None

**Fiscal Year 2024 Total Actual Expenditures:** (\$279.31)

**Fiscal Year 2023 Total Actual Expenditures:** \$2,078,030.68

**Fiscal Year 2022 Total Actual Expenditures:** \$9,025,610.78

**Reporting Period:** July 1, 2024 – June 30, 2025

**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 ramped down in fiscal year 2023 as the worst stages of the pandemic had passed, but wraparound services have remained vital. Beginning in quarter two of fiscal year 2023, certain wraparound services and client assistance were being tracked under COVID Emergency Operations and Client Assistance – Food, Housing Assistance, and Healthcare Projects. This project ended in fiscal year 2023 but a prior year expenditure adjustment was made in fiscal year 2024.

DESCRIPTION	OUTPUTS/OUTCOMES	FY22 RESULTS	FY23 RESULTS
Public Health - Isolation, Quarantine, 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, Quarantine, 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 2025 Total Actual Expenditures:** None  
**Fiscal Year 2024 Total Actual Expenditures:** (\$203,714.76)  
**Fiscal Year 2023 Total Actual Expenditures:** \$3,344,695.30  
**Fiscal Year 2022 Total Actual Expenditures:** \$4,759,507.34  
**Reporting Period:** July 1, 2024 – June 30, 2025

**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. 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. This program ended in fiscal year 2023 but certain expenditures reported in a prior year were moved to the General Government Project (primarily costs associated with future of work coordination) in fiscal year 2024.

**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 2025 Total Actual Expenditures:** None  
**Fiscal Year 2024 Total Actual Expenditures:** None  
**Fiscal Year 2023 Total Actual Expenditures:** \$27,998.50  
**Fiscal Year 2022 Total Actual Expenditures:** \$879,311.51  
**Reporting Period:** July 1, 2024 – June 30, 2025

**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 ramped down in fiscal year 2023 as the worst stages of the pandemic were behind us, but PPE remains an important part of the County's ongoing 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 2025 Total Actual Expenditures:** None

**Fiscal Year 2024 Total Actual Expenditures:** (\$33,234.19)

**Fiscal Year 2023 Total Actual Expenditures:** \$5,112,858.24

**Fiscal Year 2022 Total Actual Expenditures:** \$4,436,830.59

**Reporting Period:** July 1, 2024 – June 30, 2025

**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). This project ended in fiscal year 2023 but a prior year expenditure adjustment was made in fiscal year 2024.



DESCRIPTION	OUTPUTS/OUTCOMES	FY22 RESULTS
Response - Clinical Services	Number of active age-appropriate patients who have been offered/provided a vaccine	8,579
		<b>BIPOC rates as follows:</b> Black/AA - 96% Asian - 65% AI - 76% Pacific Islander - 59% Native Hawaiian - 78% Alaskan Native - 65% Hispanic - 76%
Response - Clinical Services	COVID-19 vaccine rates for patients self-identifying as BIPOC	
Response - 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 2025 Total Actual Expenditures:** None

**Fiscal Year 2024 Total Actual Expenditures:** (\$8.36)

**Fiscal Year 2023 Total Actual Expenditures:** None

**Fiscal Year 2022 Total Actual Expenditures:** \$4,601,877.25

**Reporting Period:** July 1, 2024 – June 30, 2025

**Project Description:** Multnomah County's Public Health division worked with other local public health authorities (LPHAs), hospital systems, and Community Based Organizations to ensure access to COVID-19 vaccination. Scopes of work included 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 supported Multnomah County employee vaccinations. Vaccination efforts prioritized essential workers, patients, high-risk individuals, underserved communities. Vaccination clinics were planned with culturally specific community organizations and BIPOC community leadership. Countywide vaccination data was evaluated and shared publicly to assess success in matching vaccination access to communities with the highest need. This project ended in fiscal year 2022 but a prior year expenditure adjustment was made in fiscal year 2024.

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 2025 Total Actual Expenditures:** \$3.46

**Fiscal Year 2024 Total Actual Expenditures:** None

**Fiscal Year 2023 Total Actual Expenditures:** None

**Fiscal Year 2022 Total Actual Expenditures:** \$2,614,848.33

**Reporting Period:** July 1, 2024 – June 30, 2025

**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 but a prior year expenditure adjustment was made in fiscal year 2025.

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 communities (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 2025 Total Actual Expenditures:** None

**Fiscal Year 2024 Total Actual Expenditures:** \$99.27

**Fiscal Year 2023 Total Actual Expenditures:** \$890,095.98

**Fiscal Year 2022 Total Actual Expenditures:** \$4,913,301.42

**Reporting Period:** July 1, 2024 – June 30, 2025

**Project Description:** The Public Health division implemented 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 was 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 worked 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 referred individuals to specific CHW's, who provided supports for isolation, basic needs, and referrals. For identified outbreaks in congregate residential settings, the program coordinated testing, PPE, infection control inspections, and quarantine/isolation planning with the facility and state partners. This project ended in fiscal year 2023 but a prior year expenditure adjustment was made in fiscal year 2024.

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 2025 Total Expenditures:** (\$597.96)

**Fiscal Year 2024 Total Expenditures:** \$888,092.99

**Fiscal Year 2023 Total Expenditures:** \$1,607,928.83

**Fiscal Year 2022 Total Expenditures:** \$1,974,637.12

**Reporting Period:** July 1, 2024 – June 30, 2025

**Project Description:** Sherriff's Office, Corrections Health, and Juvenile Justice Centers - supported 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 aimed 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.

In fiscal 2024, this project funded two programs: 1. The operation of the additional Inverness jail housing unit, Dorm 5 (50 beds), to allow cohort housing/infectious disease management, assist in population management to avoid forced releases, or temporary use when other dorm closures are necessary due to repairs or construction. Multnomah County Inverness Jail dorms are used to appropriately house adults in custody to ensure safe, efficient, and equitable operation of the jail system. Open dorm housing is the least restrictive for Adults in Custody, providing the most access to programs and activities to help address individual needs. Deputies facilitate access to programs, medical, religious and professional services adults in custody require daily while providing safety and security supervision and direction in the dorms. 2. Child Abuse Team Detective, children who are abused or neglected are at increased risk for experiencing future violence victimization and perpetration, substance abuse, delayed brain development, lower educational attainment, and limited employment opportunities. Between 2017 and 2022, child abuse cases received by the Multnomah County Sherriff's Office increased 370.5%. Timely intervention and prosecution of child abuse cases can help mitigate these outcomes while providing critical support to victims. This program funds an additional detective position to support the Child Abuse Protective Team. This project ended in fiscal year 2024 but a prior year expenditure adjustment was made in fiscal year 2025.

DESCRIPTION	OUTPUTS/OUTCOMES	FY22 RESULTS	FY23 RESULTS	FY24 RESULTS
COVID-19 Response Corrections Health	Number of Screenings for signs/symptoms of COVID-19 during booking process	12,234	N/A	N/A
COVID-19 Response Corrections Health	Completed COVID-19 vaccinations for adults in custody in high risk groups	1,900	N/A	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	N/A
Expanded Rent Assistance of Justice Involved Individuals	Total Number of Referrals for Rent Assistance (Housing Preservation)	53	85	N/A
Expanded Rent Assistance of Justice Involved Individuals	Percent of Justice involved individuals moved from short term to long term housing	65%	75%	N/A
Expanded Rent Assistance of Justice Involved Individuals	Percent of clients referred to OHP and SNAP	80%	95%	N/A
Child Abuse Team Detective	Number of abuse reports investigated	N/A	N/A	700
Child Abuse Team Detective	Number of reports cleared and presented to DA and Federal Prosecutors	N/A	N/A	425

**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 2025 Total Actual Expenditures:** None

**Fiscal Year 2024 Total Actual Expenditures:** None

**Fiscal Year 2023 Total Actual Expenditures:** \$17,579.11

**Fiscal Year 2022 Total Actual Expenditures:** \$1,038,000.00

**Reporting Period:** July 1, 2024 – June 30, 2025

**Project Description:** Multnomah County increased 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 helped address disparities by identifying racial, ethnic, and other community groups who were 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 provided critical capacity in this area. The program utilized 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 enabled 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 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 and Homeless Services – Outdoor Distancing Shelters, Street Medicine, Hygiene Services

**Project Identification Number:** 2-2.18.30905 and 3-3.11.30900

**Project Expenditure Category:** 2-Negative Economic Impacts

**Project Expenditure Subcategory:** 2.16-Long-Term Housing Security: Services for Unhoused Persons and 2.18-Housing Support: Other Housing Assistance

**Fiscal Year 2025 Total Actual Expenditures:** None

**Fiscal Year 2024 Total Actual Expenditures:** None

**Fiscal Year 2023 Total Actual Expenditures:** \$6,178,621.23

**Fiscal Year 2022 Total Actual Expenditures:** \$7,825,000.00

**Reporting Period:** July 1, 2024 – June 30, 2025

**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 were based on public health imperatives and ensured that people who were at the highest risk of severe and fatal consequences from COVID-19 were out of congregate and semi-congregate shelter settings and remained isolated until the individual's condition improved 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 took 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. In fiscal year 2023, this project maintained a baseline capacity of 200 rooms of motel shelter and 100 beds of congregate shelter. Shelters offered the safety of a fully supported motel room that opens to the outdoors. The rooms were supported with basic amenities, including private bathroom and shower, meals, and access to laundry services. There was 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 provided for emergency outdoor shelters for people experience homelessness. The sites were 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). This project ended in fiscal year 2023.

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 2025 Total Actual Expenditures:** None

**Fiscal Year 2024 Total Actual Expenditures:** \$4,326,900.01

**Fiscal Year 2023 Total Actual Expenditures:** \$3,381,023.59

**Fiscal Year 2022 Total Actual Expenditures:** \$318,927.64

**Reporting Period:** July 1, 2024 – June 30, 2025

**Project Description:** Multnomah County provided 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 and post 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 reduced 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 collaborated with school staff, other SUN Service System programs, and community partners to identify families who might need extra support. Services included case management, group skill building, reducing language barriers, family engagement, and outreach. This project also continued the SUN Community Schools hunger relief services by providing increased food assistance through school-based distribution and increased staffing capacity to distribute food safely. This project ended in fiscal year 2024.

DESCRIPTION	OUTPUTS/OUTCOMES	FY22 RESULTS	FY23 RESULTS	FY24 RESULTS
SUN Community Schools	Number of students engaged in summer enrichment in SUN Community Schools	3,521	N/A	N/A
SUN Community Schools	Percent of school districts that provide additional resources to support summer enrichment in SUN Community Schools	100%	N/A	N/A
SUN Community Schools	Percent of students engaged in summer enrichment who identify as Black, Indigenous, and Students of Color	74%	N/A	N/A
SUN Schools: Family Resource Navigators	Number of households who receive support from Family Resource Navigator	5,532	11,792	5,700
SUN Schools: Family Resource Navigators	Percent of Black, Indigenous, and Families of Color who receive support with basic needs and system navigation	78%	87%	76%
Food Security - Pantry Enhancement	Number of meals provided to children and families	N/A	1,097,332	633,559
Food Security - Pantry Enhancement	Percent of Black, Indigenous, and Families of Color who receive food security support	N/A	78%	77%

**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 infrastructure, Family Resource Navigators work at each SUN Community School 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 receive 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 2025 Total Actual Expenditures:** None

**Fiscal Year 2024 Total Actual Expenditures:** \$1,502,791.07

**Fiscal Year 2023 Total Actual Expenditures:** \$2,900,479.29

**Fiscal Year 2022 Total Actual Expenditures:** \$1,665,875.90

**Reporting Period:** July 1, 2024 – June 30, 2025

**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 provided services that helped reduce risk factors: building resilience in individuals, families and communities who were most affected by violence in the community. Multnomah County expanded Behavioral Health support teams to support families impacted by gun violence. The support teams provided evidence based mental health services, consultation, and training for the community. The County increased capacity for domestic violence service providers. Services provided specialized, population-specific domestic and sexual violence services, including trauma informed care, ongoing risk assessment, safety planning, intensive support, advocacy, case management, and helped access other community resources. The County worked 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 also expanded its Habilitation Empowerment Accountability Therapy (HEAT) program that targets cognitive behavioral intervention 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 added resources to the County Sheriff's Office to focus on the timely service of family protection orders and dispossession of firearms and ammunition when ordered by the court. Resources also focused on gun violence investigations involving illegal possession of firearms. Program funding for Behavioral Health teams supporting families impacted by gun violence ended in fiscal year 2023. This project ended in fiscal year 2024.

DESCRIPTION	OUTPUTS/OUTCOMES	FY22 RESULTS	FY23 RESULTS	FY24 RESULTS
Public Health Gun Violence	Number of referral and connection healing and safety net resources	N/A	N/A	45
Public Health Gun Violence	Number of trainings provided	N/A	N/A	28
Domestic Violence Prevention	Number of domestic violence cases resolved	109	143	N/A
Domestic Violence Prevention	Number of gun violence cases prosecuted	55	55	N/A
Domestic Violence Services	Number of individuals receiving culturally/population-specific domestic violence services	219	335	229
Domestic Violence Services	Percentage of adult survivors who engage in safety planning with an advocate by exit	100%	100%	99%
Domestic Violence Services	Number of survivors receiving multi-disciplinary, intensive intervention	13	94	94
Civil Process - Reducing Community Violence Involving	Number of individuals served through civil process	N/A	N/A	500
Civil Process - Reducing Community Violence Involving	Number of gun dispossession affidavits processed	N/A	N/A	300
Gun Violence Impacted Families Behavioral Health Team	Number of children who received behavioral health services from impacted families	5	92	N/A
Community Violence Intervention	Number of clients referred for services between ASD and JSD	23	N/A	N/A
Community Violence Intervention	Number of clients reporting working with Community Health Worker to be useful	85%	N/A	N/A
Community Violence Intervention	Letters sent to victims informing them of rights	2404	N/A	N/A
Community Violence Intervention	Total number of victims requesting rights	1319	N/A	N/A
Community Violence Intervention	Number of Justice Involved Individuals served the HEAT curriculum	20	11	Currently not available
Community Violence Intervention	Percent of Justice Involved Individuals completing the program	85%	N/A	Currently not available
Community Violence Intervention - Client Assistance	Number of clients served by Victim and Survivor Services	51	62	N/A
Community Violence Intervention - Client Assistance	Number of need supplies distributed (food, blankets, socks, hygiene items, etc.)	Not Available	5351	N/A
Community Violence Intervention - Client Assistance	Number of households served by month	570 Per Month	253 Per Month	N/A

**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 2025 Total Actual Expenditures:** (\$90,620.00)  
**Fiscal Year 2024 Total Actual Expenditures:** \$1,180,101.20  
**Fiscal Year 2023 Total Actual Expenditures:** \$1,150,198.77  
**Fiscal Year 2022 Total Actual Expenditures:** \$1,476,391.34  
**Reporting Period:** July 1, 2024 – June 30, 2025

**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 was able to provide certain female-headed households with children and affected economically by COVID-19 with basic monthly income support. The goal was 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 partnered with approximately 100 black female-headed households with children that are currently receiving services from one or two community-based programs. Program aimed 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) added 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 added 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 led 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.

In fiscal year 2024, this project only provided services through the Mother's Trust Program, all other program efforts ended in fiscal year 2023. This Mother's Trust project ended in fiscal year 2024 but a prior year expenditure adjustment was made in fiscal year 2025, resulting from contractor refund.

DESCRIPTION	OUTPUTS/OUTCOMES	FY22 RESULTS	FY23 RESULTS	FY24 RESULTS
Multnomah Mothers' Trust Project	Number of Black female-headed households with children served	100	98	99
Public Health Community Partners and Capacity Building Expansion	Number of impacted communities engaged in promoting improved health outcomes	6	38	N/A
Public Health Community Partners and Capacity Building Expansion	Number of meetings with impacted communities engage in promoting improved health outcomes	35	76	N/A
Public Health Community Partners and Capacity Building Expansion	Number of organizations from impacted communities engaged in Public Health initiatives	40	50	N/A
Nurse Family Partnership	Number of visits	2967	N/A	N/A
Nurse Family Partnership	Number of families served	323	N/A	N/A
Nurse Family Partnership	Percent of families who need and receive housing assistance	11%	N/A	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 2025 Total Actual Expenditures:** None  
**Fiscal Year 2024 Total Actual Expenditures:** None  
**Fiscal Year 2023 Total Actual Expenditures:** \$1,278,718.93  
**Fiscal Year 2022 Total Actual Expenditures:** \$930,993.05  
**Reporting Period:** July 1, 2024 – June 30, 2025

**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 worked 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 added resources to manage the increased volume of calls related to COVID-19 or other. Services targeted the most vulnerable in the community including culturally specific individuals. Peer support services were available through workshops, one-on-one support, and retreats aimed at improving mental and physical health outcomes. This project also supported 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 provided rapid response intervention and services to the individuals experiencing homelessness and poverty. This project ended in fiscal year 2023.

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 2025 Total Actual Expenditures:** \$2,611,977.24

**Fiscal Year 2024 Total Actual Expenditures:** \$20,555,096.55

**Fiscal Year 2023 Total Actual Expenditures:** \$21,699,338.00

**Fiscal Year 2022 Total Actual Expenditures:** \$1,213,744.40

**Reporting Period:** July 1, 2024 – June 30, 2025

**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. This project focuses on eviction prevention and rent assistance. Eviction prevention and diversion services are provided so that households who are facing imminent eviction will be connected to rent assistance funds. This happens in three primary ways: outreach in the community, referrals and connecting with households through eviction court. Funding supports rent assistance to households throughout Multnomah County. Funds have been disbursed largely through the infrastructure set up through the Youth and Family Services (YFS) Program (Bienestar de la Familia) and through non-profit organizations coordinated by the City of Portland (Expanded Partner Network) and Home Forward (Short Term Rent Assistance). This project also funded housing placement and rental assistance through the County's Joint Office of Homeless Services. Emergency rental assistance was primarily done through culturally specific community based organizations and focused on individuals that are on the brink of homelessness. The Joint Office of Homeless Services funded operational capacity of basic hygiene services for people living unsheltered. The precise nature and location of services was determined in consultation with the City of Portland and the East County municipalities, as well as with outreach providers and other community stakeholders. The funding helped complement and expand countywide the City of Portland's project to offer portable restrooms and hygiene stations geographically distributed to identified areas of concentrated unmet need, as well as shower access through the use of site-based and mobile shower services. Rental assistance and expanded hygiene services through the Joint Office of Homeless Services ended in fiscal year 2024.

This project supported enhanced Youth and Family Services rental assistance team capacity. Services included system access and 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. Staff capacity was provided by public and non-profit organizations.

In fiscal year 2025, Multnomah County continued to support emergency rent assistance services through the Department of Humans Services. Services focused on eviction prevention and housing stability. The program was led by Bienestar de la Familia, which handled intake and case management for individuals who met eligibility requirements.

DESCRIPTION	OUTPUTS/OUTCOMES	FY22 RESULTS	FY23 RESULTS	FY24 RESULTS	FY25 RESULTS
Eviction Moratorium Support	Number of people receiving legal information, education and referral services	1,458	N/A	N/A	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	N/A	N/A
Rental Assistance Staff Capacity	Number of staff supporting rent assistance distribution	22	N/A	N/A	N/A
Rental Assistance Staff Capacity	Aligned and coordinated rent assistance guidance to support staff	100%	N/A	N/A	N/A
Peer Support Tenant Services and Stability	Number of households supported by peer mentors	N/A	106	N/A	N/A
Emergency Rent Assistance	Number of households receiving rent assistance	N/A	3,911	2,775	521
Emergency Response - Expanded Hygiene	Number of uses of expanded hygiene services	N/A	N/A	17,651	N/A
Homeless Services - Emergency Rent Assistance	Number of households prevented from losing housing	N/A	N/A	835	N/A

**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 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 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 2025 Total Actual Expenditures:** None

**Fiscal Year 2024 Total Actual Expenditures:** (\$67,326.23)

**Fiscal Year 2023 Total Actual Expenditures:** \$6,248,433.15

**Fiscal Year 2022 Total Actual Expenditures:** \$8,398,193.62

**Reporting Period:** July 1, 2024 – June 30, 2025

**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 focused on food access, essential living expenses, clothing, childcare, housing, transportation, and medical care. The direct assistance offered low barrier and highly accessible support to the most vulnerable in the community. This project supported 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. This project ended in fiscal year 2023 but a prior year expenditure adjustment was made in fiscal year 2024.

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 Programa 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 culturally 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 2025 Total Actual Expenditures:** None  
**Fiscal Year 2024 Total Actual Expenditures:** (\$3,438.08)  
**Fiscal Year 2023 Total Actual Expenditures:** \$6,384,620.54  
**Fiscal Year 2022 Total Actual Expenditures:** None  
**Reporting Period:** July 1, 2024 – June 30, 2025

**Project Description:** During the worse stages of the pandemic, Multnomah County 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 struggled with retention issues, increased retirement rates, and struggles to hire essential frontline staff. Multnomah County in certain instances used ARPA funding to provide one-time retention incentives to retain staff dedicated to supporting the County's 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. A prior year adjustment was processed in fiscal year 2024, the project ended 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 2025 Total Actual Expenditures:** None  
**Fiscal Year 2024 Total Actual Expenditures:** None  
**Fiscal Year 2023 Total Actual Expenditures:** \$630,309.12  
**Fiscal Year 2022 Total Actual Expenditures:** None  
**Reporting Period:** July 1, 2024 – June 30, 2025

**Project Description:** This program established 500 new hotspots to meet the public demand for wireless internet resources. This program supported 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 were part of the library's Tech Lending program that supported 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 prioritized BIPOC patrons, but anyone who needed access to technology were able to participate. Most patrons were 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. This project ended in fiscal year 2023.

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 <sup>27</sup>	Previous EC <sup>28</sup>
<b>1: Public Health</b>		
<b>COVID-19 Mitigation &amp; Prevention</b>		
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	-
<b>Community Violence Interventions</b>		
Community Violence Interventions*^	1.11	3.16
<b>Behavioral Health</b>		
Mental Health Services*^	1.12	1.10
Substance Use Services*^	1.13	1.11
<b>Other</b>		
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

Expenditure Category	EC <sup>27</sup>	Previous EC <sup>28</sup>
<b>2: Negative Economic Impacts</b>		
<b>Assistance to Households</b>		
Household Assistance: Food Programs*^	2.1	2.1
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
<b>Assistance to Small Businesses</b>		
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	
<b>Assistance to Non-Profits</b>		
Assistance to Impacted Nonprofit Organizations (Impacted or Disproportionately Impacted)^	2.34	2.10
<b>Aid to Impacted Industries</b>		
Aid to Tourism, Travel, or Hospitality^	2.35	2.11
Aid to Other Impacted Industries^	2.36	2.12
<b>Other</b>		

Expenditure Category	EC <sup>27</sup>	Previous EC <sup>28</sup>
Economic Impact Assistance: Other**^	2.37	2.13
Household Assistance: Eviction Prevention**^	-	2.5
Education Assistance: Other**^	-	3.5
Healthy Childhood Environments: Other**^	-	3.9
Social Determinants of Health: Other**^	-	3.13
<b>3: Public Health-Negative Economic Impact: Public Sector Capacity</b>		
<b>General Provisions</b>		
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	-
<b>4: Premium Pay</b>		
Public Sector Employees	4.1	4.1
Private Sector: Grants to Other Employers	4.2	4.2
<b>5: Water, Sewer, and Broadband Infrastructure</b>		
<b>Water and Sewer</b>		
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: IJJA Bureau of Reclamation Match	5.17	-
Water and Sewer: Other	5.18	-
<b>Broadband</b>		
Broadband: "Last Mile" projects	5.19	5.16
Broadband: IJJA Match	5.20	-
Broadband: Other projects	5.21	5.17
<b>6: Revenue Replacement</b>		
Provision of Government Services	6.1	6.1
Non-federal Match for Other Federal Programs	6.2	-
<b>7: Administrative</b>		
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
Costs Associated with Satisfying Certain Legal and Administrative Requirements of the SLFRF Program After December 31, 2024	7.3	

Expenditure Category	EC <sup>27</sup>	Previous EC <sup>28</sup>
<b>8: Emergency Relief from Natural Disasters</b>		
Temporary Emergency Housing	8.1	-
Food Assistance	8.2	-
Financial Assistance for Lost Wages	8.3	-
Other Immediate Needs: Emergency Protective Measures	8.4	-
Other Immediate Needs: Debris Removal	8.5	-
Other Immediate Needs: Public Infrastructure Repair	8.6	-
Other Immediate Needs: Home Repairs for Uninhabitable Primary Residences	8.7	-
Other Immediate Needs: Cash Assistance for Uninsured or Underinsured Expenses	8.8	-
Other Immediate Needs: Cash Assistance for Low Income Households	8.9	-
Other Immediate Needs: Increased Operational and Payroll Costs	8.10	-
Other Emergency Relief: Natural Disaster that Has Occurred/Expected to Occur Imminently	8.11	-
Mitigation Activities	8.12	
Other Emergency Relief: Natural Disaster that is Threatened to Occur in the Future	8.13	-
<b>9: Surface Transportation projects</b>		
Surface Transportation Projects receiving funding from DOT	9.1	-
Surface Transportation Projects not receiving funding from DOT: Streamlined Framework	9.2	-
Non-federal share requirements for a Surface Transportation project or repaying a TIFIA loan	9.3	-
<b>10: Title I projects</b>		
Acquisition of real property	10.1	-
Acquisition, construction, reconstruction, or installation of public works, sites, or other public purposes	10.2	-
Code enforcement in deteriorated or deteriorating areas	10.3	-
Clearance, demolition, removal, reconstruction, and rehabilitation	10.4	-
Removal of barriers restricting mobility and accessibility of elderly and handicapped persons	10.5	-
Payments to housing owners for losses of rental income for holding units for relocation of displaced persons	10.6	-
Disposition or retention of real property	10.7	-
Provision of public services	10.8	-
Payment of non-federal match or cost-share requirements of a federal financial assistance program in support of activities that would be eligible under Title I	10.9	-
Payment of the cost of completing a project funded under title I of the Housing Act of 1949	10.10	
Relocation payments and assistance for displaced individuals, families, businesses, organizations, and farm operations	10.11	-
Community development plan or policy-planning-management capacity development	10.12	-
Payment of reasonable administrative costs related to establishing and administering federally approved enterprise zones, administering the HOME program, or planning and executing community development and housing activities.	10.13	-
Provision of assistance for activities carried out by public or private nonprofit entities	10.14	-

Expenditure Category	EC <sup>27</sup>	Previous EC <sup>28</sup>
Assistance to carry out a neighborhood revitalization or community economic development or energy conservation project, or for development of shared housing opportunities	10.15	-
Development of energy use strategies	10.16	-
Assistance to private, for-profit entities to carry out economic development projects	10.17	-
Rehabilitation or development of housing assisted under 42 U.S.C. 1437o	10.18	-
Technical assistance to public or nonprofit entities to increase their capacity to carry out neighborhood revitalization or economic development activities	10.19	-
Housing services	10.20	-
Assistance to institutions of higher education	10.21	-
Assistance to public and private organizations, agencies, and other entities to facilitate economic development	10.22	-
Activities necessary to make essential repairs and to pay operating expenses to maintain habitability of housing units acquired through tax foreclosure proceedings	10.23	-
Direct assistance to facilitate and expand homeownership	10.24	-
Construction or improvement of tornado-safe-shelters and assistance to nonprofit and for-profit entities for such construction or improvement	10.25	-
Lead-based paint hazard evaluation and reduction	10.26	-