

To: Chair Deborah Kafoury  
Kim Melton, Chief of Staff  
Christian Elkin, Budget Director

From: Ebony Clarke, Interim Health Department Director

Date: March 2<sup>nd</sup> 2021

RE: FY 2022 Budget Submission Transmittal Letter

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## Department Overview

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The Health Department's work is anchored in our vision of "thriving communities that nurture the health and resilience of all." Our mission affirms, "we work with communities to advance health equity, protect the most vulnerable, and promote health and wellness for everyone." The Health Department acknowledges that racism negatively affects the health of all who live in our county, and commits to accelerating our progress in addressing racial inequities. In order to best reach the diverse populations we serve, the Health Department has specialized programs and services located throughout our region. Our service areas align with the following long term goals:

- Improve health outcomes and health equity.
- Assure access to affordable, high quality medical and behavioral health care services, especially for our racially and ethnically diverse and economically vulnerable populations.
- Implement prevention and health promotion strategies at a policy, systems and environmental level, focusing on leading causes of death across the life span.
- Foster community partnerships, prioritizing culturally specific programs, policies and services.
- Support a healthy and sustainable organization.

The Health Department's work is closely aligned with the County's mission, vision and values. The Health Department works collaboratively to ensure that our policies and programs amplify people's voices and uplift community-driven solutions. Our programs promote and protect the

health of all people in our County and the communities in which they live. We prioritize health equity across all service areas.

We provide quality care to our most vulnerable populations, including individuals housed in the County's jails and juvenile detention centers. Our core values affirm our commitment to serve with compassion and care, further connection and belonging, lead with integrity, uplift community driven solutions, and accelerate our progress in eliminating racial inequities.

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## Diversity, Equity, and Inclusion Efforts

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In February of 2020, the Health Department adopted a new vision, mission and values statement after an intentional process that included feedback from over 400 employees at all levels of the organization. Our mission is rooted in our belief that to build thriving communities we must nurture resilience and advance health equity. Our values speak to how we engage with our diverse communities and one another. They set the intention for the organizational culture we aspire to create.

### Health Department Values

- **Compassion and Care:** We treat all with kindness, dignity and respect as we seek to uplift one another's humanity.
- **Racial Equity:** We acknowledge that racism negatively affects everyone in our county, and we commit to accelerating our progress in eliminating racial inequities.
- **Integrity:** In protecting our community's health, we lead with conviction, honor our commitments, and deliver on our promises.
- **Empowerment:** We work collaboratively to ensure that our policies and programs amplify people's voices and uplift community-driven solutions.
- **Connection:** Our success depends on the diversity, brilliance, and care of one another. So that employees reach their full potential, we further environments that instill trust, promote safety and foster belonging

### Equity in Budgeting

All divisions of the Health Department engaged in an equity analysis during the FY22 budget process. Corrections Health, Epidemiology, Analytics and Evaluation and Finance and Business Management eliminated vacancies to protect recently hired staff, as they represent greater diversity. Behavioral Health and Integrated Clinical Services held staff forums and town halls to engage and inform employees of core values and division-level direction in budgeting. Behavioral Health avoided cuts to contracts with culturally specific providers. The Workforce

Equity Strategic Plan (WESP) Committee appointed a budget subcommittee to assess investments in workforce equity. Restoration requests in Corrections Health prepare for projected increases if the jail population returns to pre-pandemic levels and chronic conditions of vulnerable community members who are incarcerated.

In preparation for FY 2023, the Department will engage our community advisory committees and a representative group of staff, (including members of Employee Resource Groups, division equity committees, the Equity Leadership Program and the WESP Committee), to strengthen our budget process. Our Community Budget Advisory Committee is already equipped with the values and focus to hold the Department accountable to its equity goals. In order to ensure the informed engagement of our stakeholders we will need to offer training, tools and support to all who participate in the process.

Resources and practices that are still needed to implement more robust equity in budgeting practices include:

- Administrative supports for the Division of Finance and Business Management and the Organization Development Division's Office of Equity and Inclusion to support staff and volunteer recruitment, track information, define and coordinate an inclusive process (i.e. 1FTE of an Administrative Analyst). Currently there are no administrative staff in either division.
- Dedicated staff from all divisions (i.e. budget analysts, operations deputies and staff typically closest to budget preparation) to accompany a process that begins early in the year
- Training for all staff engaged in the process
- Selection or development of an appropriate *equity in budgeting* tool.

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## FY 2022 Budget Priorities and Key Issues

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In FY 2022, the Department's strategic priorities will center on our COVID-19 response. These priorities will shift periodically to address evolving community needs. Five broad strategic goals have informed our budget submission:

- Minimize the impacts and spread of COVID-19 and ensure access to critical and essential services.
- Prevent serious illness and death among our most vulnerable community members.
- Prioritize internal infrastructure to shore up the COVID-19 response.

- Facilitate the coordination of COVID-19 related strategies and communications within the County.
- Support the wellbeing and effectiveness of our workforce.

### **Priorities Spanning Multiple Budget Years**

As in prior years, several Department priorities extend beyond the current budget year. Some of these priorities stem from year-over-year budget reductions. Other priorities are driven by the lasting impacts of two pandemics: systemic racism and COVID-19. We anticipate that the following broad goals and priorities will span multiple budget years:

- **Strengthen Public Health infrastructure.** Several years of budget reductions have impacted our public health infrastructure. Given the critical role that public health plays in protecting our community, we must shore up our infrastructure and make ongoing investments in the areas of communicable disease investigation and response, public health communications, and community partnerships, especially within our vulnerable and Black, Indigenous and People of Color (BIPOC) communities.
- **Rectify race-based inequities.** We anticipate long term impacts on health outcomes and health equity caused by structural racism and the COVID-19 pandemic. We must therefore continue to ensure access to affordable, high quality medical and behavioral health care services, especially for our racially and ethnically diverse and economically vulnerable populations.
- **Monitor jail census and redirect health resources accordingly.** The costs of providing care to individuals detained in our jails has historically exceeded budget because the cost of medical transports and pharmacy are costly and typically exceed normal inflationary factors. Criminal justice reforms implemented at the beginning of the COVID-19 pandemic helped to reduce the jail census and contain costs. Recently however, we've seen increases in the jail population and are unsure how this will impact expenses. We will continue to advocate with our criminal justice partners to lower arrest rates and invest in diversion programs. We will also plan for the needs of our current patient population, and expect the census to fluctuate until justice reforms demonstrate longer term positive impacts.
- **Advocate for increased behavioral health resources.** Our community's need for behavioral health services, such as counseling, addictions treatment, case management, continues to outpace service capacity and resources. The underfunding of behavioral health systems requires greater investment from Federal and State partners. Through coordination with Multnomah County's Government Relations team, we are continuing to meet and discuss with State legislators about right-sizing investments in community behavioral health services and system capacity.

### **Critical Priorities for FY2022 and Related Program Offers**

In FY 2022, the Health Department will continue to play an integral role in the County's response to COVID-19, including transitioning EOC roles to Health, as other departments return to their lines of business.

We have determined the Department requires a temporary dedicated infrastructure and additional capacity for teams deployed to the COVID-19 response effort. This includes resources to expedite procurements and contracts; expanded HR support to efficiently hire and onboard a racially/ethnically diverse workforce with multi-lingual capacity; and robust communications capacity to reach all county residents in multiple languages, especially those most impacted by the pandemic, (BIPOC communities, houseless, elderly and other communities).

The Department remains committed to its community partnerships and continues to prioritize culturally specific services, housing and early childhood/intervention investments. In order to amplify our impact on the social determinants of health and racial equity, the Health Department is partnering across County departments in two emerging arenas: the Preschool for All initiative and the Metro Supportive Housing Measure.

- **Preschool for All**

Quality preschool connects directly to life course health and equity. We are working with the Department of County Human Services to help shape the implementation of the Preschool for All initiative through strategic public health and behavioral health partnerships. The Preschool for All partnership is an opportunity to support children in developing building blocks for healthy mental wellness for lifelong success. Our department's goal in this partnership is to promote wellness and success in relationships, home, community and school and we do that by working upstream to mitigate long-term mental health issues that could result in hospitalization and/or incarceration.

- **Metro Supportive Housing Measure**

The Metro Supportive Housing Measure is another key priority for the Health Department, as we know that adequate housing is one of the biggest challenges faced by individuals who are impacted by behavioral health issues. Housing is an essential foundation of health. The Department is coordinating with the Joint Office of Homeless Service and with partners across the County to integrate a health services focus in the new initiative. Our aim is to reduce hospitalizations, emergency department visits, and incarcerations by supporting individuals impacted by behavioral health challenges to maintain both their recovery and housing status.

Our commitment to workforce equity continues into FY 2022. In FY 2021, the Health Department had approximately 1.20 FTE specifically dedicated to the WESP. We launched the Equity Leadership Program (ELP) and supported the work of our WESP Committee with this resource, most of which included personnel in temporary stretch assignments.

To effectively implement the next phase of the WESP, the Department has reorganized some existing resources and dedicated additional FTE within Health Human Resources and Organizational Development. Specifically, 3.00 FTE within Organization Development will be dedicated to support the implementation of several workforce equity priorities including manager onboarding and training, employee mentoring and WESP oversight. All three of these positions are being financed with existing and repurposed resources and positions.

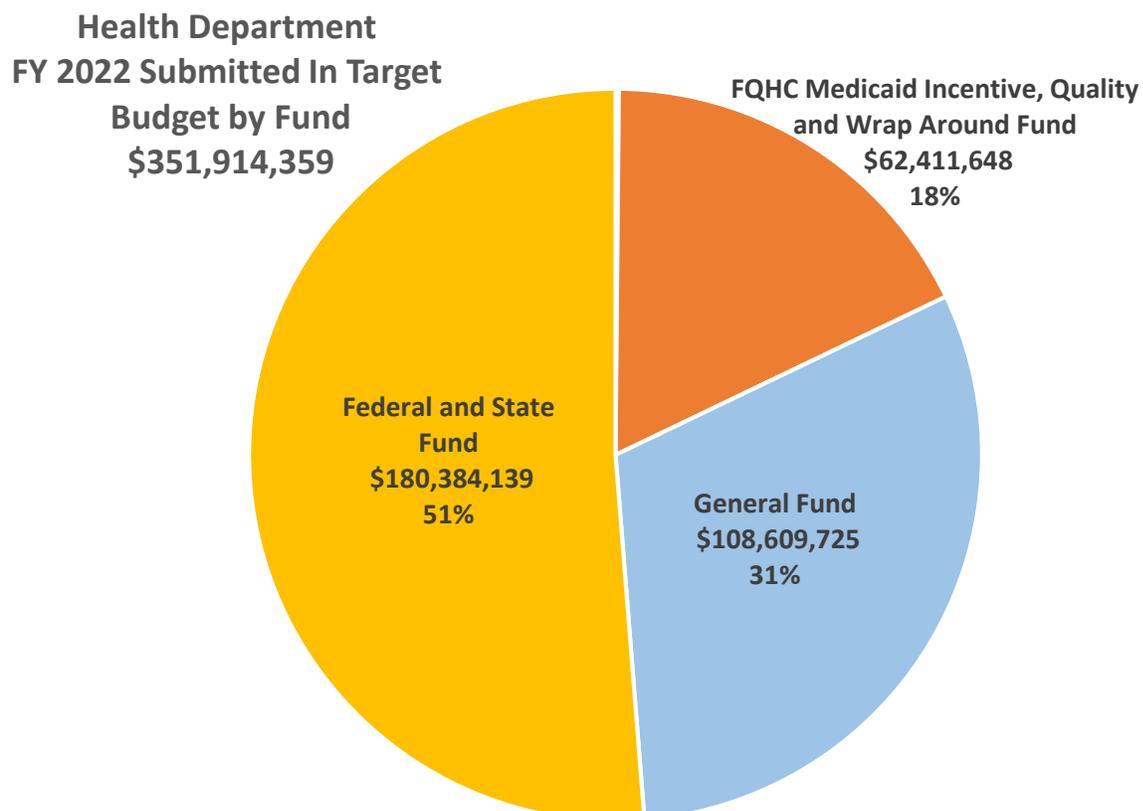
Within Human Resources, 1.00FTE of an existing position will support the College to Career program. An additional 0.80 FTE for an HR Analyst 2 (HRA2) is included among the Out of Target requests. This added resource will support and enhance our equity efforts related to Americans with Disabilities Act (ADA) compliance and classification and compensation. This addition will free up current staff to implement higher impact strategies and workforce equity recommendations. These strategies include establishing a clearinghouse with up to date information on the ADA, launching the ADA Champions Team, providing additional supports to improve job descriptions and ensuring that an equity lens is applied to the development and classification of positions (class comp process).

## Budget Overview

The Health Department budget submission totals \$355,034,790 and 1,414.78 FTE for FY 2022 for both in and out of target programs. The submission is detailed in the table below showing the total allocation.

<b>FY 2022 Health Department Budget Submission</b>				
	FY 2022 General Funds	FY 2022 Other Funds	Total Funds	Total FTE
In Target Programs	\$171,021,373	\$180,892,986	\$351,914,359	1,397.68
Out of Target Programs	\$3,120,431		\$3,120,431	17.10
<b>Total FY 2022 Submission</b>	<b>\$174,141,804</b>	<b>\$180,892,986</b>	<b>\$355,034,790</b>	<b>1,414.78</b>

The Health Department is primarily funded by Federal and State funds, including Medicaid, with the General Fund making up nearly one third of the total budget. The pie chart below shows the budget by fund. (This chart excludes \$0.5 million in the BH Managed Care Fund)



The In-Target budget supports and maintains the Health Departments capacity to:

- Monitor and treat communicable and sexually transmitted diseases and prevent disease outbreaks;
- Disseminate critical health alerts and educational guidelines during public health emergencies;
- Promote healthy and safe behaviors;
- Track the safety of our air, ground and water;
- Provide medical and dental care for diverse and economically vulnerable populations;
- Ensure the accessibility of trauma-informed behavioral health crisis services, early childhood and school-based mental health services, and suicide prevention services;
- Manage specialized behavioral health care for people experiencing serious mental illness;
- Provide medical and behavioral health care for individuals housed in the county's jails and the juvenile detention facility; and
- Partner in the development of policies and standards that address existing and emerging community health challenges.

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## General Fund Target Allocation

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In December 2021, the Health Department received the County-wide internal constraint figures, reducing the Department's General Fund by 2% or \$1,745,019. Public Health and the Health Officer were held harmless, from all General Fund reductions, in recognition of their critical role in the COVID-19 response. The \$1.7 million reduction was distributed across the other divisions.

The County General Fund makes up about a third of the Health Department's total budget, but because each division has a different funding mix, general fund reductions have different implications across divisions, and programs. Reductions across all divisions were assessed for equity impacts. Vacancies were cut before considering reductions to existing FTE. Divisions also examined potential impacts to BIPOC communities and protected programmatic and contractual investments that further health equity.

The General Fund Reductions table below provides a summary of reductions and FTE impacts by division. Detailed reductions are as follows:

- Program Offer 40039: The reduction of two administrative staff in Human Resources, is in an out-of-target restoration request. While the positions are currently vacant, permanently eliminating them would shift additional administrative workload onto HR managers, impacting their effectiveness.
- Program Offer 40040: Finance and Business Management eliminated two vacant finance positions. The work of the Finance Technician has been transferred to other members of the team and the Financial Analyst reduction will reduce the capacity to provide financial reports and analysis.
- Program Offer 40046: Organizational Development cut on-call hours and training supplies.
- Program Offer 40049-40059: Corrections Health eliminated vacant positions, across all facilities to avoid reductions to existing staff. In recognition of the continued high demand for behavioral health services, however, cuts to mental health consultant positions in the County's detention facilities are being restored. A portion of the remaining personnel reductions are in an out-of-target restoration request.
- Program Offer 40070: Behavioral Health reduced sub-acute beds at the Crisis Assessment and Treatment Center (CATC). This reduction is an out-of-target restoration request. Individuals who do not qualify for Medicaid already have few options for care and this would further reduce community access and impact those with higher acuity.
- Program Offer 40080 and 40088: Behavioral Health also reduced two programs in response to changes in demand for services. These reductions will result in the elimination of two positions. The Community Court program has been furloughed throughout COVID-19, though staff continued to work with clients to offer support and connection where possible. Options and staffing are being evaluated with CARES NW to reimagine our role and increase culturally specific services in that area.
- Program Offer 40098: The Epidemiology, Analytics and Evaluation Division cut vacant positions to meet constraint. Although the positions were vacant, these cuts impact the ability to monitor underlying conditions among vulnerable and BIPOC populations, which ultimately impacts clients via programmatic quality, performance, and compliance.

All general fund reductions, with the exception of those noted above, can be mitigated by realigning or reprioritizing work; redesigning programs and services, and/or securing other sources of funding.

## General Fund Reductions

<b>Proposal For Meeting 2% Reduction in General Fund Target Allocation</b>				
<b>Offer Number</b>	<b>Program Name</b>	<b>General Fund</b>	<b>FTE Reduction</b>	<b>% of GF Reduced</b>
40039	Human Resources	-\$89,425	-2.00	-2.5%
40040	Financial and Business Management Services	-\$232,774	-2.00	-2.8%
40046	Organizational Development	-\$64,241	0.00	-2.7%
40049	Corrections Health Juvenile Detention	-\$222,864	-1.40	-16.3%
40050A	Corrections Health Multnomah County Detention Center (MCDC)	-\$346,008	-7.20	-8.5%
40051A	Corrections Health Inverness Jail (MCIJ) Clinical Services	-\$84,202	-1.00	-2.1%
40059	Corrections Health Mental Health Services	-\$40,664	-0.80	-1.0%
40070	Mental Health Crisis Assessment & Treatment Center (CATC)	-\$250,295		-54.3%
40080	Community Based MH Services for Children & Families	-\$56,858	-0.10	-23.3%
40088	Coordinated Diversion for Justice Involved Individual	-\$250,265	-1.90	-27.9%
40098	Epidemiology, Analytics and Evaluation (EAE)	-\$361,526	-3.75	-15.8%
	Divisional reductions were slightly higher than constraint	\$254,103		
<b>Totals</b>		<b>-\$1,745,019</b>	<b>-20.2</b>	<b>N/A</b>

## Reallocations

Our reallocation of general fund, (also known as County General Fund or CGF), align with our key priorities for the coming year. We will continue our response to the COVID-19 pandemic. \$848,992 in reallocated general fund represents the shift of epidemiology personnel back to the Public Health Division to better support their efforts responding to the pandemic.

Significant Departmental Changes (Reallocations)					
Offer Number	Program Name	Description	General Fund	Other Funds	% of GF Changed
40096	Public Health Office of the Director	move 4.45 FTE from EAE.	\$848,992		29%
40098	Epidemiology, Analytics and Evaluation	move 4.45 FTE to Public Health.	-\$848,992		-37%
		<b>Totals</b>	<b>\$0</b>		<b>N/A</b>

## Reallocations of Integrated Clinical Services General Fund

Integrated Clinical Services (ICS) is a Federal Qualified Health Center (FQHC), also referred to as a Community Health Center, approved and established by Health Resources and Services Administration (HRSA) in the late 1990s. In FY 2021, ICS received technical assistance from the HRSA regarding financial and governance requirements related to FQHCs. This included clarification of how FQHC funds could be applied to services of the health center. HRSA also provided guidance on whether FQHC staff roles could provide support to non-health center activities in Corrections Health and Public Health Programs. HRSA clarified that funds from the FQHC cannot be spent on these out of scope programs or activities.

In response, Multnomah County removed County General Fund allocations from the ICS Budget and re-allocated a portion to Corrections Health and Public Health to support activities that were deemed out-of-scope (i.e. laboratory, pharmacy, EPIC support) formerly budgeted in ICS. Multnomah County will use County General Fund to support these critical services in FY 2022 and going forward. The remaining general fund that in past years was dedicated to ICS and the Community Health Centers has been moved to the Health Department Director's budget. While ICS found revenue sources to replace the general fund in FY2022, the remaining unallocated general fund will remain in the Health department's Director's Office. The department will continue to monitor this division's financial needs and make the general fund available to support the important work of ICS.

The table following shows the reallocation of ICS general fund.

<b>Significant Departmental Changes (Reallocations) of General Fund to Address HRSA Compliance Requirements</b>					
Offer Number	Program Name	Description	General Fund	FTE	New or Existing
40050D	Corrections Health	New lab and medical services capacity in Corrections Health, since the Community Health Center can no longer provide this support.	\$337,304	3.00	New Ongoing
40050D	Corrections Health	Medical record services and support ICS will continue to provide, but charge to Corrections Health	\$285,616	1.95	Existing
40050D	Corrections Health	Services and support ICS will continue to provide, but charge to Corrections Health	\$179,604	1.68	New Ongoing
40096B	Public Health	New lab and medical services capacity in Public Health, since the Community Health Center can no longer provide this support.	\$76,977	0.72	New Ongoing
40096B	Public Health	Medical record services and support ICS will continue to provide, but charge to Public Health	\$384,611	2.95	Existing
40000B	Directors Office	Annual support to the Coalition of Community Health Clinics, a safety net clinic association.	\$90,000		Existing
40082B	School Based Mental Health Services	The two proposed MHC positions would have a large impact on the ability to serve children in those schools. Both positions are in East County, both in schools with diverse population	\$210,593	1.50	Existing
<b>Totals</b>			<b>\$1,564,705</b>	<b>11.80</b>	<b>N/A</b>

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## State, Federal, Large Grant Funds

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To deliver the wide array of community health services for all who live in our county, the Health Department pursues funding from a wide array of State, Federal and local sources. Some of the more significant changes in other revenue sources are as follows:

### **Public Health Division**

- The Communicable Disease Program will receive \$884,340 and will add 2.31 FTE with HIV Early Intervention Services and Outreach (EISO) funding
- The Nurse Family Partnership program is estimating a reduction of -\$468,595 in fee revenue generated by home visiting case management activities, because in-home services have been significantly reduced during the COVID pandemic. The Health Department has submitted a request for bridge funding to sustain the program until home visiting is feasible again. This is in an out-of-target program offer request for one-time-only restoration.
- The Harm Reduction program has an increase of \$472,028 in revenue to address Opioid addiction
- Community & Adolescent Health have a new teen pregnancy prevention grant for \$1,109,857 and are adding 3.75 FTE

### **Integrated Clinical Services division/Community Health Centers**

- The Pharmacy program right sized their revenue projections to reflect current earnings of increasing the revenue estimate by \$5,594,444

### **Behavioral Health Division**

- FY 2021 was a transitional year, when Health Share of Oregon (HSO) assumed the insurance responsibilities previously managed by the Behavioral Health Division. The budget for FY2021 included anticipated costs for translation services and other contracts which in the end were not needed. The \$1,313,045 reduction in the amount of Beginning Working Capital (BWC) budgeted in Behavioral Health Administration did not impact staff or services.
- Health Share of Oregon is dedicating \$2,311,324 to fund the Multnomah Intensive Treatment Team (MITT), which is staffed by the Behavioral Health division and serves HSO's members who need support and treatment. Historically MITT has been funded by Multnomah Behavioral Health using Medicaid dollars that we received as incentive payments. Last year was the final year of receiving incentive payments. In 2021, HSO added MITT to the list of services they are responsible for funding. As an aside, we do not currently provide MITT services to Trillium clients.

- In FY2021 the full amount of Choice BWC was budgeted. Half of the \$1.3 million was spent in FY2021 and the remaining amount \$650,000 is budgeted for FY2022.
- In FY2022 many programs and services in the Behavioral Health Division are kept whole using beginning working capital. The reserve of this one-time-only funding is nearly depleted. In FY2022 we propose using \$1,465,263 less BWC than in FY2021. This represents a reduction of -9.5 FTE.

The table below highlights significant changes in revenue across the Department.

Other Fund Changes			
Offer Number	Program Name	Other Funds	FTE Impacts
40010B	Communicable Disease Clinical and Community Services-ELC Gonococcal and HIV EIOS	\$884,340	2.31
40031	Pharmacy	\$5,594,444	
40054	Nurse Family Partnership	-\$468,595	-2.40
40060	Community & Adolescent Health	\$1,109,857	3.75
40061	Harm Reduction	\$472,028	0.68
40065	Behavioral Health Division Administration BWC	-\$1,313,045	-
40081	Behavioral Health Managed Care Fund	\$2,311,324	
40075	Crisis, Residential and Choice	-\$650,000	
Various	QM 40067-40068, 40069 Crisis Services, 40074 Residential, 40082 SBMH, 40080 ComBased MH Cares, 40099 Early Childhood, 40088 Coordinated Diversion, 40081 Care Coordination - reductions in BWC	-\$1,465,263	-9.50
<b>Totals</b>		<b>\$6,475,090</b>	<b>-5.16</b>

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## Out of Target Requests

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The following list represents our requests for ongoing restorations, new programs and one-time-only requests. The Program Offers are listed in priority order.

1. **Program Offer 40070B Restoration \$250,295:** Restores one Mental Health Crisis Assessment & Treatment Center (CATC) treatment bed. Individuals who do not qualify for Medicaid already have few options for care. Restoring this cut would maintain

current bed capacity for some of the most vulnerable individuals with higher acuity in our community.

2. **Program Offer 40080B New Ongoing \$160,000 and 1.00 FTE:** Adds community-based mental health services for Children and Families with an African American culturally specific focus. This investment assures mental health outreach and services to gang impacted youth and families.
3. **Program Offer 40085C New Ongoing \$186,000 and 1.20 FTE:** Enhances the Adult Addictions Treatment Continuum with a culturally-specific focus for justice involved clients. The resource adds an Addictions Benefit Coordinator to bridge the intersection of criminal justice and unmet behavioral health needs for the overrepresented African American community in the justice system
4. **Program Offer 40050F New Ongoing Corrections Health Director \$196,246 and 1.00 FTE:** Restores the organizational structure that was in place in 2015, when Corrections Health had a Medical Director and Division Director. The current Medical Director in Corrections Health has been serving in both roles since 2015. It also brings the division structure closer to other divisions of a comparable size, which typically includes a Director and an Operation Deputy
5. **Program Offer 40052 New Ongoing \$126,184 and 1.00 FTE:** Adds an additional Deputy Medical Examiner. Current staffing is below the minimum needed for a jurisdiction of our size, this addition would right size the program. Death investigations informs public health policy on deaths that may be related to health equity (homicide, suicide, overdose, accidents and suspicious deaths).
6. **Program Offer 40085 Restructure One Time Only LEAD ramp-down \$252,000:** The LEAD program is being redesigned and brought in-house effective July 1, 2021. Central City Concern will stop taking new referrals for LEAD June 30th and this will allow time for a warm hand off of clients.
7. **Program Offer 40054B Backfill One Time Only Nurse Family Partnership (NFP) \$468,595 2.60 FTE:** This program offer covers the projected Medicaid revenue shortfall in FY2022, allowing NFP to maintain service level capacity and support 2.6 FTE Community Health Nurses and associated costs. These staff will continue to implement NFP to fidelity with culturally reflective practices to improve outcomes in BIPOC and low-income communities. Staff will also support COVID-19 response by linking NFP families to housing assistance and other services that support basic needs.
8. **Program Offer 40050E Restoration Ongoing \$1,210,684 and 7.50 FTE** Corrections Health staffing: This restoration will allow Corrections Health to continue to provide essential services to the population of the adult detention facilities and at the juvenile Donald E. Long Detention Center. The positions are currently vacant and are proposed for elimination in FY2022 to meet constraint. Should the population in custody increase from the lower levels achieved in 2020 during the COVID-19 pandemic, these positions will become essential.

- 9. Program Offer 40039 Restoration \$181,467 and 2.00 FTE:** Restores an Office Assistant Senior and an Office Assistant 2 that were eliminated to meet constraint. Restoring these positions will allow Human Resources to function efficiently without unnecessary delays or impacts to compliance and quality.
- 10. Program Offer 40039 New Ongoing \$88,960 and 0.80 FTE:** A new HR Analyst 2 will allow Human resources to strengthen personnel classification and compensation requests, ADA administration and quality in support of the workforce equity commitments in these areas.

The table below summarizes our out of target program requests.

<b>Out of Target Program Requests (Ongoing)</b>					
<b>Priority</b>	<b>Offer Number</b>	<b>Program Name</b>	<b>General Fund</b>	<b>FTE</b>	<b>New or Existing</b>
1	40070B	Community Mental Health Program	\$250,295		Existing
2	40080B	Direct Clinical Services	\$160,000	1.00	New
3	40085C	Alcohol and Drug Treatment	\$186,000	1.20	New
4	40050F	Corrections Health	\$196,246	1.00	New
5	40052	Medical Examiner	\$126,184	1.00	New
8	40050E	Corrections Health	\$1,210,684	7.50	Existing
9	40039	Human Resources	\$181,467	2.00	Existing
10	40039	Human Resources	\$88,960	0.80	New
<b>Totals</b>			<b>\$2,399,836</b>	<b>14.50</b>	
<b>Out of Target Program Requests (One-time-only)</b>					
<b>Priority</b>	<b>Offer Number</b>	<b>Program Name</b>	<b>General Fund</b>	<b>FTE</b>	<b>New or Existing</b>
6	40085	LEAD	\$252,000		Existing
7	40054	Nurse Family Partnership	\$468,595	2.60	Existing
<b>Totals</b>			<b>\$720,595</b>	<b>2.60</b>	
<b>Grand Total Ongoing and OTO</b>			<b>\$3,120,431</b>	<b>17.10</b>	

## Span of Control

The Health Department's span of control is 1:8.37 which is comparable to our rate in FY 2021.

## Division Level Organization Chart

The Health Department experienced an executive leadership transition at the end of calendar year 2020 with the departure of Dr. Patricia Charles-Heathers. Ebony Sloan Clarke is now serving as Interim Health Department Director. Ebony has worked for Multnomah County for over ten years. Most recently, she served as the Director for the Behavioral Health Division. Aside from her commitment to continuous quality improvement, Ebony brings her lived experience to the role. She has a long-standing commitment to building trauma-informed organizations and advancing racial equity.

Ebony will oversee a team responsible for nine divisions and functions: the Health Officer, Public Health, Behavioral Health, Integrated Clinical Services which includes the Federally Qualified Health Center, Epidemiology, Analytics and Evaluation, Finance and Business Management, Human Resources, and Organization Development.

