



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST BUDGET MODIFICATION

(Revised: 09/23/13)

Board Clerk Use Only

Meeting Date: 8/14/14
 Agenda Item #: R.4
 Est. Start Time: 10:05 am
 Date Submitted: 7/30/14

Agenda Title: BUDGET MODIFICATION # HD-04-15 – Request approval to appropriate \$189,583 from the Health Share of Oregon.

Note: if Contingency, use that form. If item other than a BudMod, please use different APR. : Title should not be more than 2 lines but sufficient to describe the action requested.

Requested Meeting Date: 14 August 2014 Time Needed: 5 Minutes
 Department: Health Department Division: Corrections Health
 Contact(s): Robert Stoll – Budget & Finance Manager
 Phone: (503) 988-8445 Ext. 88445 I/O Address: 167/2/210
 Presenter Name(s) & Title(s): Nancy Griffith, Corrections Health Director

General Information

1. What action are you requesting from the Board?

Approval to appropriate \$189,583 from the Health Share of Oregon.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The Multnomah County Health Department (MCHD) has received a grant from the Health Share of Oregon for the Inmate Intensive Care Coordination Pilot project. This project will provide comprehensive community health nursing services to prevent disease and promote community health through the application of critical thinking to screen, assess, plan, deliver, and evaluate health interventions for individuals and designated populations.

This grant will fund a nurse and a community health worker in Corrections Health. These staff will work closely with the Department of Community Justice (DCJ) to help transition clients with chronic health concerns like diabetes, heart disease, mental illness and substance abuse from the jail back to community supervision. With support from existing DCJ staff, including a substance abuse evaluator and a corrections counselor, and an

existing Corrections Health psychiatric nurse practitioner, this intensive supervision team will closely monitor and support clients transitioning back to the community. The goal of the grant is to intervene on the chronic care needs that prevent clients from being successful in the community.

This budget modification supports Program Offer 40050A Corrections Health Multnomah County Detention Center (MCDC).

3. Explain the fiscal impact (current year and ongoing)

Approval of this budget modification will increase Multnomah County's federal/state FY 2015 budget by \$189,583. There is no increase to County General Fund expenses.

4. Explain any legal and/or policy issues involved.

None.

5. Explain any citizen and/or other government participation that has or will take place.

None.

Budget Modification

If the request is a **Budget Modification**, please answer **all** of the following in detail:

• **What revenue is being changed and why? If the revenue is from a federal source, please list the Catalog of Federal Assistance Number (CFDA).**

The County's federal/state revenue budget will increase by \$189,583 in FY 2015 as a result of this budget modification.

• **What budgets are increased/decreased?**

The County's budget will have the following changes:

- Temporary budget will increase by \$89,755
- Non Base Fringe budget will increase by \$28,079
- Non Base Insurance budget will increase by \$29,786
- Direct Client Assistance budget will increase by \$25,000
- Supplies budget will increase by \$10
- Central Indirect budget will increase by \$4,040
- Department Indirect budget will increase by \$12,913

• **What do the changes accomplish?**

As a result of this funding, MCHD seeks to:

- Improve client engagement in appropriate primary care, mental health care, and substance use disorder treatment;
- Improve health outcomes;
- Reduce recidivism; and
- Avoid high cost and inappropriate utilization of emergency room services.

• **Do any personnel actions result from this budget modification? Explain.**

Grant-supported staff will be hired for this project. The positions are posted as limited duration and will be temporary for the duration of the grant.

• **If a grant, is 100% of the central and department indirect recovered? If not, please explain why.**

Central and department indirect costs are fully covered.

- **Is the revenue one-time-only in nature? Will the function be ongoing? What plans are in place to identify a sufficient ongoing funding stream?**

This is a one-time-only funding opportunity and the project will be completed with the grant funds provided.

- **If a grant, what period does the grant cover? When the grant expires, what are funding plans? Are there any particular stipulations required by the grant (i.e. cash match, in kind match, reporting requirements etc)?**

The grant period is July 1, 2014 to June 30, 2015.

There are no match requirements or non-standard reporting requirements.

NOTE: Attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

Required Signatures

Elected Official or Dept Director: Wendy Lear for Joanne Fuller /s/ **Date:** July 29, 2014

Budget Analyst: Althea Gregory /s/ **Date:** July 29, 2014

Department HR: Kathleen Fuller-Poe **Date:** July 29, 2014

Countywide HR: N/A **Date:** N/A

Note: Please submit electronically. Insert names of your approvers followed by /s/ - we no longer use actual signatures. Please date each signature. Use "n/a" when signature not applicable."