



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST BUDGET MODIFICATION

(revised 12/31/09)

Board Clerk Use Only

Meeting Date:	5/26/11
Agenda Item #:	R.10
Est. Start Time:	11:05 am
Date Submitted:	5/5/11

BUDGET MODIFICATION: HD-11-24

Agenda Title:	BUDGET MODIFICATION – HD-11-24 - Request approval to appropriate \$15,000 in revenue from the State of Oregon – Department of Human Services – Emerging Infections grant.
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Note: For all other submissions (i.e. Notices of Intent, Ordinances, Resolutions, Orders or Proclamations) please use the APR short form.

Requested Meeting Date:	May 26, 2011	Amount of Time Needed:	5 minutes
Department:	Health Department	Division:	Community Health Services
Contact(s):	Lester A. Walker – Budget & Finance Manager		
Phone:	(503) 988-3663	Ext.	26457
I/O Address:	167/2/210		
Presenter(s):	Amy Sullivan, Program Supervisor; Loreen Nichols, Division Director		

General Information

1. What action are you requesting from the Board?

Approval of appropriation of \$15,000 in funding from the State of Oregon – Department of Human Services – Emerging Infections, Healthcare Associated Infections grant.

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.

Healthcare-associated infections (HAI) are among the top ten leading causes of death in the US, accounting for an estimated 1.7 million infections among and 99,000 deaths in hospitals alone in 2002.

In collaboration with the Centers for Disease Control and Prevention (CDC) and Oregon Department of Human Services (DHS), Public Health Division, Multnomah County Health Department (MCHD) is participating in two HAI related projects: a point prevalence survey for HAIs in the Portland

metropolitan area will assess the one-day prevalence of HAIs in participating hospitals; and, a statewide project for validating the mandated reported rate of Central Line Associated Blood Stream Infections (CLABSI).

This budget modification supports Program Offer 40010: Communicable Disease Prevention & Control.

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

Approval of this budget modification will increase the Health Department's federal/state FY 2011 budget by \$15,000.

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.

N/A

ATTACHMENT A

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 Health Department's federal/state revenue budget will increase by \$15,000 in FY 2011 as a result of the work performed under this award.

This is federal revenue, CFDA 93.283: Centers for Disease Control and Prevention Investigations and Technical Assistance.

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

The Health Department's budget will have the following changes:

- Temporary budget will increase by \$9,139
- Non base fringe budget will increase by \$2,744
- Non base insurance budget will increase by \$297
- Supplies budget will increase by \$300
- Local Travel/Mileage budget will increase by \$800
- Central indirect budget will increase by \$236
- Department indirect budget will increase by \$892
- Internal service telecommunications budget will increase by \$592

• **What do the changes accomplish?**

MCHD will utilize this grant funding to:

- Improve surveillance for health-care associated infections (HAIs)
- Build the public health system's capacity for investigating outbreaks of HAIs
- Validate the use of the National Healthcare Safety Network (NHSN) in Oregon
- Work with healthcare facilities to improve the NHSN user experience

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

No additional FTE will result from this budget modification. The internal services costs necessary

to support any temp/on-call staff utilized on this grant are included in the current FY 2011 budget.

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

The revenue covers these costs.

- **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?**

The project funding is one-time-only, and the project is self-limiting. Project activities and expenditures will end when the grant expires.

- **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, 2010 to June 30, 2011.

There are no match requirements for this grant. There are additional reporting requirements since the grant funds are ARRA funds.

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

ATTACHMENT B

BUDGET MODIFICATION: HD-11-24

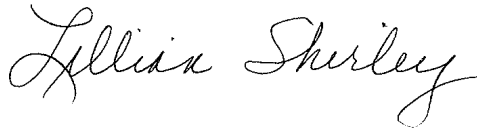
Required Signatures

Elected Official or
Department/
Agency Director:

KaRin Johnson for:

5-2-11

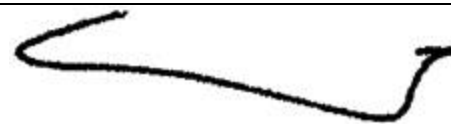
Date:



05/04/11

Budget Analyst:

Date:



Department HR:

Date: 04/26/2011

