



**Multnomah County
Agenda Placement Request
Budget Modification**
(FY 2018)

Board Clerk Use Only

Meeting Date: _____

Agenda Item #: _____

Est. Start Time: _____

Date Submitted: _____

Agenda Title: BUDGET MODIFICATION # HD-21-18: Mid-Year: 40060 Chronic Disease and Violence Prevention Rebalance

Requested Meeting Date: _____ **Time Needed:** _____

Department: 40 - Health Department **Division:** Public Health

Contact(s): Angel Landrón-González- Budget & Finance Manager

Phone: 503-988-7438 **Ext.** 87438 **I/O Address** 167/2/210

Presenter Name(s) & Title(s): Rachel Banks- Interim Public Health Director and Wendy Lear- Deputy Director

General Information

1. What action are you requesting from the Board?

Approval to appropriate \$100,000 in General Fund revenue to mitigate the service impacts due to State/Federal cuts in the Public Health division of the Health Department (HD), program offer #40060 Chronic Disease and Violence Prevention.

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 FY 2018 budget was built using the Governor's budget; now that the State Budget has been approved the Health Department is requesting County General Fund to mitigate reductions in Chronic Disease and Violence Prevention services.

Program #40060 Chronic Disease and Violence Prevention program includes the STRYVE and Healthy Communities programs. These programs work to reduce documented health inequities by focusing services on neighborhoods with the highest rates of crime and poor health. Strategies include community-informed planning and decision-making; initiatives implemented by community health workers; and activities focused on policy, system and neighborhood improvements. The \$100,000 will allow the Health Department to retain 0.5 FTE Program Specialist and continue the healthy communities' prevention work in this program.

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

This change will reduce State funds by \$100,000 and will increase the HD General Fund budget FY 18 by \$100,000.

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

N/A

5. Explain any citizen or other government participation.

N/A

Budget Modification

6. 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 HD State funds revenue for FY 18 will decrease by \$100,000; the HD General Fund revenue will increase by \$100,000. Funds will be used to mitigate the State funding cuts in the Public Health division, program offer #40060 Chronic Disease and Violence Prevention.

7. What budgets are increased/decreased?

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

- Supplies budget will increase by \$7,238
- Local Travel/Mileage budget will decrease by \$642
- Central Indirect budget will decrease by \$1,459
- Dept Indirect budget will decrease by \$5,137

8. What do the changes accomplish?

Program #40060 Chronic Disease and Violence Prevention program includes the STRYVE and Healthy Communities programs. These programs work to reduce documented health inequities by focusing place-based strategies on neighborhoods with the highest rates of crime and disease. Strategies include community-informed planning and decision-making; initiatives implemented by community health workers; and activities focused on policy, system and environmental improvements. The \$100,000 will allow the Health Department to continue the healthy communities' prevention work in this program.

9. Do any personnel actions result from this budget modification?

No

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

N/A

11. 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?

N/A

12. 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 (e.g. cash match, in kind match, reporting requirements, etc)?

N/A

Required Signature

**Elected Official or
Dept. Director:** _____

Date: _____

Budget Analyst: _____

Date: _____

Department HR: _____

Date: _____

Countywide HR: _____

Date: _____