



# 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-13-18: Mid-Year: 40075 Adult Mental Health Initiative Rebalance**

**Requested Meeting Date:** \_\_\_\_\_ **Time Needed:** \_\_\_\_\_

**Department:** 40 - Health Department **Division:** Mental Health & Addiction Services

**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):** David Hidalgo, Mental Health & Addiction Services Director

## General Information

### 1. What action are you requesting from the Board?

Approval to appropriate \$280,000 in General Fund revenue to mitigate the service impacts due to State/Federal cuts in the Mental Health division of the Health Department (HD), program offer #40075 Adult Mental Health Initiative.

### 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 services to adults leaving the State hospital.

Program #40075 Adult Mental Health Initiative diverts individuals from Oregon State Hospital (OSH), coordinates successful discharge from OSH into appropriate community placements and services. The program coordinates care of individuals residing primarily in licensed residential facilities in order to move them into the least restrictive housing possible and develops support to maximize independent living. The State increased funding by \$200,000, reducing the need for County General Fund to \$280,000; allowing for a gradual ramp down of services to this very vulnerable population.

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

This change will reduce State funds by \$456,000 and will increase the HD General Fund budget FY 18 by \$280,000.

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

N/A

**5. Explain any citizen or other government participation.**

N/A

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**Budget Modification**

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**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 \$456,000; the HD General Fund revenue will increase by \$280,000. Funds will be used to mitigate the State funding cuts in the Mental Health division, program offer #40075 Adult Mental Health Initiative.

**7. What budgets are increased/decreased?**

State funds revenue will decrease by \$456,000; the pass-through budget will increase by \$280,000.

**8. What do the changes accomplish?**

Program #40075 Adult Mental Health Initiative diverts individuals from Oregon State Hospital (OSH), coordinates successful discharge from OSH into appropriate community placements and services. The program coordinates care of individuals residing primarily in licensed residential facilities in order to move them into the least restrictive housing possible and develops support to maximize independent living. The State increased funding by \$200,000, reducing the need for County General Fund to \$280,000; allowing for a gradual ramp down of services to this very vulnerable population.

**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?**

Program #40075 Adult Mental Health Initiative is a one-time only funding of \$280,000.

**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

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**Required Signature**

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**Elected Official or  
Dept. Director:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Budget Analyst:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Department HR:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Countywide HR:** \_\_\_\_\_

**Date:** \_\_\_\_\_