



Multnomah County Agenda Placement Request Budget Modification

(Revised 9/23/13)

Contingency Request

Board Clerk Use Only

Meeting Date: _____

Agenda Item #: _____

Est. Start Time: _____

Date Submitted: _____

Agenda Title: BUDGET MODIFICATION # HD-48-17: Requesting General Fund contingency transfer to appropriate \$900,000

Requested Meeting Date: _____ **Time Needed:** 5 minutes

Department: 40 - Health Department **Division:** Corrections Health

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

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

Presenter Name(s) & Title(s): Dr. Michael Seale, Deputy Director of Corrections Health

General Information

1. What action are you requesting from the Board?

Approval to appropriate \$900,000 in General Fund contingency revenue for the Corrections Health Multnomah County Detention Center (MCDC) and Corrections Health Inverness Jail (MCIJ) Clinical Services programs.

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 Health Department is making this contingency request, which will increase Corrections Health FY2017 general fund budget by \$900,000 to cover outsourced medical expenditures in the MCDC and MCIJ Clinical Services programs. The outsourced medical expenses exceeded the budget due to an increasing number of inmates with serious medical conditions without Medicaid coverage. Along with the rising cost of hospital and emergency room care.

These changes will impact program offers:

40050A Corrections Health Multnomah County Detention Center (\$540,000)

40051A Corrections Health Inverness Jail Clinical Services (\$360,000)

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

This change will increase the Health Department General Fund budget in FY17 by \$900,000.

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).

County contingency funds will be transferred to the Health Department which will increase the department's FY 2017 general fund by \$900,000. Funds will be used to cover the outsourced medical expenses of MCDC program by \$540,000 and MCIJ Clinical Services by \$360,000.

7. What budgets are increased/decreased?

The Health Department's professional services budget will increase by \$900,000.

8. What do the changes accomplish?

To cover outsourced medical expenses of MCDC and MCIJ Clinical Services programs.

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

N/A

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?

This contingency transfer action is one-time-only.

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)?

The outsourced medical expenses for fiscal years 2015 and 2016 were under a \$1 million; this year has been an exception based on patients' needs without Medicaid coverage.

For Contingency Requests Only:

13. Why was the expenditure not included in the annual budget process?

This year the MCDC and MCIJ Clinical Services programs have experienced inmates with serious health conditions without Medicaid coverage.

14. What efforts have been made to identify funds from other sources within the department/agency to cover this expenditure?

There are no other sources of funding for Corrections Health. We are, however, contracting with a claims administrator to lower the cost of outside medical care.

15. Why are no other department/agency fund sources available?

N/A

16. Describe any new revenue this expenditure will produce, any cost savings that will result, and any anticipated payback to the contingency account. What are the plans for future ongoing funding?

N/A

17. Has this request been made before? When? What was the outcome?

No

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

Required Signature

Elected Official or Dept. Director:	_____	Date:	_____
Budget Analyst:	_____	Date:	_____
Department HR:	_____	Date:	_____
Countywide HR:	_____	Date:	_____