



**MULTNOMAH COUNTY  
AGENDA PLACEMENT REQUEST  
BUDGET MODIFICATION**

(revised 12/31/09)

<b>Board Clerk Use Only</b>	
<b>Meeting Date:</b>	<u>5/6/2010</u>
<b>Agenda Item #:</b>	<u>R-7</u>
<b>Est. Start Time:</b>	<u>10:30am</u>
<b>Date Submitted:</b>	<u>4/19/2010</u>

**BUDGET MODIFICATION: HD-10-37**

<p><b>BUDGET MODIFICATION - HD-37 - Request approval to appropriate Agenda \$252,000 in revenue from the State of Oregon – Department of Human Services, Title: Adolescent Health Division – School Based Health Centers.</b></p>
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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.*

<b>Requested Meeting Date:</b>	<u>May 6, 2010</u>	<b>Amount of Time Needed:</b>	<u>5 minutes</u>
<b>Department:</b>	<u>Health Department</u>	<b>Division:</b>	<u>Integrated Clinical Services</u>
<b>Contact(s):</b>	<u>Lester A. Walker - Budget &amp; Finance Manager</u>		
<b>Phone:</b>	<u>(503) 988-3663</u>	<b>Ext.:</b>	<u>26457</u>
<b>I/O Address:</b>	<u>167/2/210</u>		
<b>Presenter(s):</b>	<u>Susan Kirchoff, Health Centers Operations Director</u>		

**General Information**

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

Approval of appropriation of \$252,000 in additional funding from the State of Oregon – Department of Human Services – Local Public Health Authority FY2010 Financial Award: School Based Health Centers.

**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 State of Oregon Department of Human Services – Adolescent Health Division conducted an evaluation of the School Based Health Center (SBHC) funding formula for the purpose of making the formula more equitable across all of the state certified School Based Health Centers. The evaluation of the funding formula resulted in a redistribution of how funds are allocated to SBHCs. Under the old formula there was little incentive to have multiple centers. Under the new formula Local Public Health Authorities receive additional funding for each certified center in operation with

no cap. This resulted in the Multnomah County Health Department receiving an additional \$252,000 from the State of Oregon for the SBHC program. This additional funding will be used to increase student access to SBHC services by expanding staff and days of service primarily for the David Douglas SBHC location.

This increase in funding affects Program Offer 40024 – School Based Health Centers. Since 1986, Multnomah County School Based Health Centers have provided significant access to comprehensive healthcare to uninsured school-aged youth, as well as youth with insurance who cannot or do not access providers. The services are confidential, culturally competent, and age-appropriate.

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

Approval of this budget modification will increase the Health Department's federal/state FY10 budget by \$252,000.

**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.**

A funding formula work group was convened to evaluate the previous funding formula which included stakeholders from Oregon State Health Department, Oregon School-Based Health Center Network, SBHC administrators and was approved by Conference of Local Health Officials (CLHO).

# 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 \$252,000 in FY10 as a result of the work performed under this award.

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

Integrated Clinic Services budget is increased by \$252,000 by direct state revenue.

Permanent	\$24,354
Temporary	\$15,704
Overtime	\$3,029
Salary Related Expenses	\$8,198
Non Base Fringe	\$2,930
Insurance Benefits	\$6,294
Non Base Insurance	\$668
Professional Services	\$49,308
Printing	\$13,350
Repairs and Maintenance	\$4,500
Postage	\$120
Supplies	\$18,700
Medical & Dental Supplies	\$7,370
Food	\$500
Travel & Training	\$1,640
Local Travel/Mileage	\$494
Drugs	\$18,500
Dues & Subscriptions	\$75
Central Indirect	\$6,269
Dept Indirect	\$15,278
Intl Svc Telephone	\$3,500
Intl Svc Data Proc	\$8,500
Intl Svc Bldg Mgmt	\$30,000
Intl Svc Dist/Postage	\$12,719
<b>Total</b>	<b>\$252,000</b>

- **What do the changes accomplish?**

The majority of this funding increase will be used to ramp up student access at the David Douglas SBHC location by expanding staff and days of service. Additionally, some of this funding will be used to enhance SBHC services at other existing locations throughout the county.

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

1. Existing Nurse Practitioner position 703134 is increased by 0.10 FTE from 0.70 to 0.80 FTE.
2. Existing Nurse Practitioner position 700119 is increased by 0.12 FTE from 0.42 to 0.54 FTE.

3. Existing Office Assistant Senior position 707351 is increased by 0.10 FTE from 0.67 to 0.77 FTE.

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

The revenue covers 100% of 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?**

This is an ongoing source of revenue.

- **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 covers budget period 7/1/09 – 6/30/10. This is an ongoing source of revenue that is expected to be renewed annually. There are no cash match or in kind match requirements for this grant nor are there are any non-standard reporting requirements.

## ATTACHMENT B

BUDGET MODIFICATION: HD-10-37

### Required Signatures

Elected Official or  
Department/  
Agency Director:

KaRin Johnson for

04-13-2010

Date:

*Lillian Shurley*

Budget Analyst:

Date:

FOR KATHLEEN-FULLER-POE  
*L. Brown, HR*

Department HR:

Date: 4/7/2010

Countywide HR:

Date: 4/12/2010

*Jordace J. Busby*