



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
BUDGET MODIFICATION**

(Revised: 5/24/13)

Board Clerk Use Only

Meeting Date: 9/26/13
Agenda Item #: R.4
Est. Start Time: 11:05 am
Date Submitted: 8/19/13

Agenda Title: **BUDGET MODIFICATION # HD-14-03—Request to appropriate \$50,000 in grant revenue from the Oregon Health Authority Office of Equity and Inclusion**

Note: if Contingency, use that form. If item other than a BudMod, please use different APR. : Title should not be more than 2 lines but sufficient to describe the action requested.

Requested Meeting Date: September 26, 2013 **Time Needed:** 5 Minutes

Department: Health Department **Division:** Human Resources

Contact(s): Lester A. Walker – Budget & Finance Manager

Phone: (503) 988-3663 **Ext.** 26457 **I/O Address:** 167/2/210

Presenter Name(s) & Title(s): Tenora Grigsby – Training and Development Manager

General Information

1. What action are you requesting from the Board?

Approval to appropriate \$50,000 in revenue from the Oregon Health Authority Office of Equity and Inclusion 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.

The Oregon Health Authority Office of Equity and Inclusion has provided a unique funding opportunity focused on developing organizational strategies to promote inclusion and equity in workforce development efforts in the state. The Multnomah County Health Department (MCHD) applied for and was awarded the grant with the intent of using the funds to design, develop, and implement a cultural competence training program that would increase both the capacity and capability of our workforce to provide services and programs in a professional and culturally competent manner to the diverse individuals and communities served in Multnomah County. The approach will be holistic with the end product being one that is sustainable and integral to the organization’s culture. The funds

will support the hiring of an external consultant to work with the MCHD HR Workforce and Development team to achieve the grant project deliverables. As a result of the work performed under this grant, the Health Department will have:

- a cultural competence assessment that identifies the gaps, discrepancies, strengths, and weaknesses of the MCHD and highlights opportunities for development;
- a sustainable cultural competence training curriculum and staff trained to deliver cultural competence training to MCHD staff, both clinical and non-clinical;
- an implementation of the Cultural Competence Policy Framework administrative policies, the Cultural Competence Needs Assessment Policy, and the Cultural Competence Training Policy.

This budget modification supports Program Offer:

40039—Business and Quality – Human Resources and Training

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

This grant will provide the Health Department with up to \$50,000 to design, develop, and implement a cultural competence training program. No local funding is requested in addition to the grant funding. This is a capacity building project designed to train the MCHD workforce to provide services and programs in a professional and culturally competent manner. The grant will cover consultation, printing, and supplies expenses. There is no ongoing fiscal impact because this grant is one-time only in nature. Any administrative costs associated with this grant will be funded with existing resources.

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.

MCHD's Department Leadership Team approved a Cultural Competence Policy Framework that serves as the overarching vision for the Health Department. The purpose of the policy framework is to promote and advance diversity, health equity, organizational cultural competence, and improve health outcomes for all Multnomah County residents. A presentation of this policy framework was delivered at the June 2013 meeting of the Community Health Council.

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 \$50,000 in FY 2014 as a result of the work performed under this award. This is not federal revenue.

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

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

- Professional Services will increase by \$40,000
- Printing will increase by \$1,805
- Supplies will increase by \$4,000
- Central Indirect budget will increase by \$989
- Department Indirect budget will increase by \$3,206

- **What do the changes accomplish?**

The work accomplished as a result of this grant will be that a cultural competence training program will be designed, developed, and implemented which increases both the capacity and capability of our workforce to provide services and programs in a professional and culturally competent manner to the diverse individuals and communities served in Multnomah County.

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

None.

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

The revenue covers the central and department indirect 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 award is one-time only in nature and the project will be completed with grant funds provided.

- **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 award period is from June 15, 2013 to July 31, 2014. When the grant expires, the results of the work performed will continue within current resources. There are no match requirements or non-standard reporting requirements.

NOTE: Attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

Required Signatures

Elected Official or Dept Director: KaRin Johnson for Lillian Shirley /s/ **Date:** 8/19/13

Budget Analyst: Althea Gregory /s/ **Date:** 8/19/13

Department HR: Kathleen Fuller-Poe/s/ **Date:** 8/15/13

Note: Please submit electronically. Insert names of your approvers followed by /s/ - we no longer use actual signatures. Please date each signature. Use "n/a" when signature not applicable."