



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-18-18: Mid-Year: 40006 Tobacco Prevention and Control 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 \$111,494 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 #40006 Tobacco Prevention and Control.

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 tobacco and nicotine use prevention programs in Multnomah County.

Program #40006 Tobacco Prevention and Control works to prevent and reduce tobacco and nicotine use and exposure in Multnomah County. Tobacco use continues to be the leading cause of death and disability in Multnomah County and nationally. The program includes community interventions, as well as issuing licenses and retailer inspections. Reducing youth access is a central focus of the program. \$111,494 will allow the Health Department to maintain current capacity for prevention-focused work and retain a 0.5 FTE Program Specialist.

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

This change will reduce State funds by \$125,550 and will increase the HD General Fund budget FY 18 by \$111,494.

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 \$125,550; the HD General Fund revenue will increase by \$111,494. Funds will be used to mitigate the State funding cuts in the Public Health division, program offer #40006 Tobacco Prevention and Control.

7. What budgets are increased/decreased?

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

- Central Indirect budget will decrease by \$3,109
- Dept Indirect budget will decrease by \$10,947

8. What do the changes accomplish?

Program #40006 Tobacco Prevention and Control works to prevent and reduce tobacco and nicotine use and exposure in Multnomah County. Tobacco use continues to be the leading cause of death and disability in Multnomah County and nationally. The program includes community interventions, as well as issuing licenses and retailer inspections. Reducing youth access is a central focus of the program. \$111,494 will allow the Health Department to maintain current capacity for prevention-focused work.

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

Yes, without this funding a 0.5 FTE Program Specialist will be cut.

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: _____