



# Multnomah County Agenda Placement Request Budget Modification

(Revised 9/23/13)

## Board Clerk Use Only

Meeting Date: \_\_\_\_\_

Agenda Item #: \_\_\_\_\_

Est. Start Time: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**Agenda Title: BUDGET MODIFICATION # HD-10-15: Request approval to appropriate \$200,000 from the State of Oregon, Oregon Health Authority**

**Requested Meeting Date:** 1/8/15 **Time Needed:** 5 Minutes

**Department:** 40 - Health Department **Division:** Integrated Clinic Services

**Contact(s):** Robert Stoll, Budget and Finance Manager

**Phone:** 503-988-8445 **Ext.** 88445 **I/O Address** 167/2/210

**Presenter Name(s) & Title(s):** Alexandra Lowell, School Based Health Centers Manager;  
Vanetta Abdellatif, Integrated Clinic Services Director

## General Information

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

Approval to appropriate \$200,000 in revenue from the State of Oregon - Oregon Health Authority, Public Health Division, Integrated IT Solution for School Based Health Centers and Behavioral Health 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 Multnomah County Health Department (MCHD), in partnership with the Department of County Human Services (DCHS), and the Department of County Assets (DCA), has been awarded a planning grant to explore solutions that integrate key components of client records in both the School Based Health Centers (SBHC) electronic health record (EPIC) and the school mental health record (Evolv). This will allow SBHC staff to operate from the same record, share information, and improve patient care. MCHD, DCHS, and DCA will work with County partners to understand the information technologies capabilities of both EVOLV and EPIC and to determine the feasibility and costs to implement an integrated electronic record for clients receiving both SBHC and school mental health services.

This budget modification supports Program Offer 40024: School Based Health Centers.

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

Approval of this budget modification will increase Multnomah County's federal/state FY 2015 budget by \$200,000. There is no increase to County General Fund expenses.

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

None.

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

This project is a collaboration with the Department of County Human Services.

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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 Health Department's federal/state revenue budget will increase by \$200,000 in FY 2015 as a result of the work performed under this award. This is not federal revenue.

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

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

- Temporary budget will increase by \$6,354
- Non-Base Fringe budget will increase by \$2,089
- Non-Base Insurance budget will increase by \$143
- Supplies budget will increase by \$8,530
- Central Indirect budget will increase by \$4,262
- Department Indirect budget will increase by \$13,622
- Internal Services Data Processing budget will increase by \$165,000

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

As a result of this grant, the School Based Health Center program will increase the capacity of SBHCs to provide mental health services to their clients.

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

There are no personnel actions associated with this budget modification. The internal services costs necessary to support any temporary/on-call or limited duration staff utilized on this grant are included in the current FY 2015 budget.

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

This award covers the central and department indirect costs.

**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 award is one-time only in nature and the project will be completed with the award funds provided.

**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 grant period is December 1, 2013 to June 30, 2015.

There are no match requirements or non-standard reporting requirements.

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