CLARK COUNTY STAFF REPORT

DEPARTMENT:

Clark County Public Health (CCPH)

SUBMISSION DATE:

January 27, 2015

REQUESTED ACTION:

- Board of County Councilors' approval to submit an application to the Community Foundation
 for a three-year grant opportunity of up to \$155,000 in funding and authorization for the Public
 Health Director to sign application, contracts and amendments related to this funding.
- Further, this action will be presented to the Board of County Councilors for ratification at the February 3, 2015 hearing.

SR Number:

YES	NO	ACTION
		County Manager review and approval
		Referral to BOCC
	- 10	Hearing required
		Proposed hearing date if referred to BOCC

BACKGROUND

Studies clearly link the incidence of adverse childhood experiences (ACEs) with chronic disease, poor executive functioning, suicide, addiction, and crime. Additionally, ongoing childhood stress creates inheritable physical and mental health impacts. This funding would allow CCPH to: (1) provide education about ACEs to law enforcement and school district professionals in the community of Battle Ground, Washington; and (2) assist them in applying a trauma-informed lens to to their work in order to build resilience and reduce the occurrence and impact of ACEs. ACEs work in other communities has shown that investment in a collaborative approach to ACEs makes an immediate difference today and helps shape the health of our communities tomorrow.

ADMINISTRATIVE POLICY IMPLICATIONS

There are no administrative policy implications.

COUNCIL POLICY IMPLICATIONS

There is a change of budget should this grant be awarded to CCPH.

PREVIOUS REVIEWS AND ACTIONS

N/A

COMMUNITY OUTREACH

Clark County Public Health Advisory Council, Educational Service District 112, and the Battle Ground Police Department will provide letters of support.

BUDGET IMPLICATIONS

YES	NO	
		Action falls within existing budget capacity.
		Action falls within existing budget capacity but requires a change of purpose within
		existing appropriation
		Additional budget capacity is necessary and will be requested at the next supplemental.
XX		If YES, please complete the budget impact statement. If YES, this action will be
		referred to the county council with a recommendation from the county manager.

DISTRIBUTION OF BOARD STAFF REPORTS:

Distribution of staff reports is made via the Grid. http://www.clark.wa.gov/thegrid/ Copies are available by close of business on the Thursday after council deliberations.

DISTRIBUTION OF COUNTY MANAGER STAFF REPORTS: N/A

SUBMITTED BY:

Alan Melnick, MD, MPH, CPH

Public Health Director/Health Officer

DATE:

January 27, 2015

ATTACHMENTS:

Staff Report with Fiscal Impact and Two Original Contracts

APPROVAL BOARD OF COUNTY COUNCILORS CLARK COUNTY, WASHINGTON

Approved: __

Clark County Washington, Board of County Councilors

DATE:

1en. 3,201

SR#

The Board office will use this signature block to document the Board's action, if Board action is required. Otherwise, this block will be left blank.

COUNTY MANAGER ACTION\RECOMMENDATION

By: M. Date: SR Number:	Iark McCauley	
for a three-yea Health Directo Further, this a February 3, 20	nty Councilors' approval to submit an application to r grant opportunity of up to \$155,000 in funding an or to sign application, contracts and amendments re- ction will be presented to the Board of County Cou	nd authorization for the Public elated to this funding.
Action	Conditions	Referral to council?
Approval\denial	Enter conditions or requests here	Yes\No
	completed by the manager's office	

Enter the distribution list from page 1here for staff reports where the manager takes action.

BUDGET IMPACT ATTACHMENT

Part 1: Narrative

If awarded, the grant amount of \$155,000 would include the addition of a 1.0 FTE Public Health Nurse II. The proposed budget would also include \$14,150 in new operating costs (supplies, services), while also partially funding an existing Program Manager II position. The funding request also covers the Department's full indirect (overhead) cost rate.

Part 2: Budget Impact

Expenditure:

Fund	Dept	Obj	Expense	Expense	Expense	Expense	Expense	Expense	One time
			change	change	change	change	change	change	or
			Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	ongoing
1025	705	1xx	68,935						
1025	705	2xx	36,146						
1025	705	4xx	49,919						
Total			155,000						

Revenue

Fund	Dept	Obj	Revenue	Revenue	Revenue	Revenue	Revenue	Revenue	One time
			change	change	change	change	change	change	or
			Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	ongoing
1025	705		155,000						
Total			155,000						

Part 3: FTE Profile Over Time

# FTE	Type*	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
1.0	Revenue	1.0					
				,			

^{*}operating, revenue, project, temporary

Estimated start date for employees:

Departments may insert an excel spreadsheet into the staff report.