



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
NOTICE OF INTENT**
(Revised: 9/23/13)

Board Clerk Use Only

Meeting	<u>12/5/13</u>
Agenda Item	<u>R.9</u>
Est. Start	<u>11:00 am</u>
Date	<u>11/20/13</u>

Agenda Title: NOTICE OF INTENT to submit an application to the OHA to support mental health integration in School-Based Health Centers.

Note: This APR is for NOI's only. APRs are available for other types of submittals. Title should not be more than 2 lines but be sufficient to describe the action requested.

Requested Meeting:	<u>Dec 5, 2013</u>	Time Needed:	<u>5 minutes</u>
Department:	<u>Health</u>	Division:	<u>Integrated Clinical Services</u>
Contact(s):	<u>Marc Harris and Jill Daniels</u>		
Phone:	<u>503.988.3663</u>	Ext.	<u>29778/29751</u>
Presenter Name(s) & Title(s):	<u>Marc Harris, Health Services Development Administrator and Jill Daniels, School Based Health Center Program Manager</u>		
		I/O Address:	<u>160/9 and 439</u>

General Information

1. What action are you requesting from the Board?

Approval for the Director of the Health Department to submit an application for up to \$450,000 to the Oregon Health Authority's School-Based Health Center (SBHC) Program Office's Mental Health Expansion Support Project Grant Program.

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 State Legislature recently approved the Oregon Health Authority budget for 2013-2015, which included increased funding to the Addictions and Mental Health Division to support Oregon's community mental health system. A portion of this funding was allocated for children's mental health, allowing for a funding opportunity for SBHCs to increase their capacity to provide mental health services to their clients.

Following this budget approval, the SBHC State Program Office (SPO) released the SBHC Request for Qualifications (RFQ) for School-Based Health Center Mental Health Expansion Grant: Mental Health Support Projects. These monies will be awarded to the Local Public Health Authorities (LPHA) based on a competitive proposal review process conducted by the SPO.

Funds must be used to support mental health projects within the SBHC system and help the SBHC integrate physical and mental health. Electronic Health Records (EHRs) are essential ways to achieve this integration. As such, MCHD intends to apply for funding to foster the set up and implementation of an EHR system that will integrate physical and mental health data and support meaningful use. The SBHC program will pilot this project at David Douglas and Franklin High School SBHCs with plans to implement integration program wide.

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

Approximately \$1 million is available to support all projects over an 18 month period. Future funding will be based on each biennium's legislatively adopted budget.

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.

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

Grant Application/Notice of Intent

If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

• **Who is the granting agency?**

The granting agency is the Oregon Health Authority School-Based Health Center State Program Office.

• **Specify grant (matching, reporting and other) requirements and goals.**

No matching is required. The goal of the program is to increase the capacity of SBHCs to provide mental health services to their clients. Once determined qualified, the SPO will work with eligible applicants to negotiate funding award amounts and reporting expectations.

• **Explain grant funding detail – is this a one time only or long term commitment?**

This is one-time only funding. Future funding will be based on each biennium's legislatively adopted budget.

- **What are the estimated filing timelines?**

The application was due on November 22, 2013. If the NOI is not approved, the application will be withdrawn.

- **If a grant, what period does the grant cover?**

January , 2014 – June 30 2015

- **When the grant expires, what are funding plans?**

EHR integration activities will be completed by the end of the funding period.

- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**

All indirect costs are covered with this opportunity.

Required Signatures

**Elected Official
or Department/
Agency
Director:**

KaRin Johnson for
Lillian Shirley/s/kj

Date: 11-05-13

Budget Analyst:

Althea Gregory /s/

Date: 11/20/13

Note: Please submit electronically. We are no longer using actual signatures. Insert names of your approvers followed by /s/. Please insert date approved