



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
NOTICE OF INTENT**

(Revised: 10/27/14)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # R-7 DATE 7/16/15
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 7/16/15
Agenda Item #: R.7
Est. Start Time: Approx. 11:10
Date Submitted: 7/8/15

Agenda Title: NOTICE OF INTENT to apply for \$419,326 for a 12 month period from the Health Resources and Services Administration

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 Date: July 16, 2015 **Time Needed:** 5 minutes
Department: Health **Division:** ICS
Contact(s): Vanetta Abdellatif, Christy Ward, and Alison Frye

Phone: _____ **Ext.** 88887 **I/O Address:** 160/9
Presenter Name(s) & Title(s): Vanetta Abdellatif, Integrated Clinical Services Director; Christy Ward, Primary Care Services Director; Alison Frye, Grant Writer

General Information

1. What action are you requesting from the Board?

Approval for the Director of the Health Department to submit a grant application for \$419,326 for a 12 month funding period to the Health Resources and Services Administration (HRSA) Fiscal Year 2015 Expanded Services Supplemental Funding Opportunity.

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.

HRSA will award approximately \$350 million through formula-based supplements to eligible Health Center Program grantees. Funding allocations are determined based on each Health Center Program grantee's 2014 Uniform Data System (UDS) report. The maximum amount of funding that can be requested through the Expanded Services opportunity is derived from the following formula: base amount of \$220,000, plus, an additional \$2.00 per

health center patient, plus an additional \$4.00 per health center uninsured patient. Expanded Services funding will support increased access to comprehensive primary health care services at existing health center sites through:

- Expanded service hours;
- Increased numbers of staff/providers;
- Increased availability of eligible services; and/or
- Enhanced enabling services.

With these funds, MCHD plans to 1) expand access to dental services at one MCHD dental site and 2) increase access and retention to primary care for refugees. Funds will support a dental team, a primary care team, as well as support and quality staff.

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

The 12 month award amount will be rolled into MCHD current base award for the Bureau Primary Health Care Federally Qualified Health Center (FQHC) grant, currently approximately \$8 million.

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.

The Community Health Council approves all grant requests impacting the FQHC.

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 Health Resources and Services Administration.

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

The goal of the Expanded Services funding opportunity is to increase access to comprehensive primary health care services for underserved populations. Applicants must provide projections of the number of patients who will benefit from this supplemental funding. Applicants must fully implement their Expanded Services projects and realize the full impact of Expanded Services funding within 2 years of funding. Additionally, health centers will be required to provide updates on their progress in meeting established Expanded Services goals in Budget Period Progress Report submissions. No Expanded Services-specific reports will be required. No matching is required.

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

The 12 month award amount will be rolled into MCHD current base award for the Bureau of Primary Health Care grant, currently approximately \$8 million.

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

The grant is due on July 20th, 2015.

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

The funding cycle is 12 months beginning 9/1/2015. Funding will be rolled into the base award of the Bureau of Primary Health Care FQHC grant.

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

Funding becomes part of the Bureau of Primary Health Care award.

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

All indirect costs are covered.

Required Signatures

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

Wendy Lear on behalf of Joanne Fuller/s/

Date: 7/7/2015

Budget Analyst:

Shannon Gutierrez

Date: 07/08/2015

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