



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

(Revised: 9-24-15)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # R.6 DATE 7/27/17
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 7/27/17
Agenda Item #: R.6
Est. Start Time: 11:25 am
Date Submitted: 7/10/17

**Agenda NOTICE OF INTENT to submit a grant application to CareOregon Dental
Title: for \$476,600**

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:	<u>7/27/17</u>	Time Needed:	<u>5 min.</u>
Department:	<u>Health</u>	Division:	<u>Integrated Clinical Services</u>
Contact(s):	<u>Vanetta Abdellatif and Marc Harris</u>		
Phone:	<u>503-988-8887</u>	<u>88887</u>	I/O Address: <u>160/9</u>
Presenter Name(s) & Title(s):	<u>503-988-8693 Ext. 88693</u>		
	<u>Vanetta Abdellatif and Len Barozzini, Dental Director</u>		

A Notice of Intent is required to obtain approval from the Board of County Commissioners to ensure a competitive grant proposal is in alignment with the County's mission; to receive an indication from the Board of its willingness to commit the necessary County resources to support the grant. A Budget Modification is required to appropriate funds received from a successful grant proposal.

Notice of Intent Specific Information

Department recommendation for consent agenda placement (must meet all criteria):

- Proposal is under \$500,000/ year.
- Proposal does not require cash match as part of the budget.
- Proposal does not commit County to on-going programming following award.
- Proposal adheres to the County's indirect guidelines.
- Proposal is within the Department's strategic direction.
- Proposal does not have policy and/or legal implications that warrant a public dialog.

To the best of my knowledge, this proposal adheres to all of the above criteria and may be placed on the Board of County Commissioner's Consent Agenda. I understand the proposal can be moved to the regular Board Agenda for any reason by Commissioners or their staff.

To the best of my knowledge, this proposal does not meet criteria for placement on the Consent Agenda and should be placed on the Regular Agenda.

Please complete for any NOI:

Granting Agency	CareOregon
Proposal due date	July 31, 2017
Grant period	September, 2017 – August, 2019
Approximate level of funding by year	\$238,300/year
Program Offer(s) potentially impacted	Multiple in ICS
How do you expect to spend the majority of funds? (check all that apply)	<input checked="" type="checkbox"/> Personnel <input type="checkbox"/> Sub-contracts <input type="checkbox"/> Capital (including equipment)
Does grant require match? If so, describe type (cash, FTE, etc) and %	No

1. Brief overview of grant’s purpose and/or impact.

CareOregon Dental (COD) is inviting proposals for dental provider partners to develop innovative initiatives that are in alignment with three current priorities: dental-medical integration, access to care, and care coordination. The Health Department is proposing to support quality/project management staff and clinical staff to meet these priorities. The proposed project will develop strategies aimed at impacting patients across the Federally Qualified Health Center system. Year 1 activities will include developing shared quality and clinical metrics for dental and primary care; convening a dental-medical innovation leadership team; developing an access to care plan for the new North Portland dental clinic and other sites as appropriate; developing dental-medical integration strategies, including supporting the implementation of First Tooth (oral health assessment and varnish application in primary care); and developing care coordination strategies, including offering immunizations and flu shots for patients seen at the dental program’s Baby Day Clinics. Year 2 activities will include expanded implementation and evaluation of integration and coordination pilots.

2. Brief overview of how proposal is aligned with Department’s strategic direction.

The proposed project fits within the Health Department’s mission: *In partnership with the communities we serve, the Health Department assures, promotes and protects the health of the people of Multnomah County.* In addition, this work supports Health Department Strategic Framework Goals to 1) Genuinely engage with communities and staff to drive positive change and 2) Prioritize investments in programs and infrastructure that improve health outcomes and health equity.

3. Describe any community and/or government input considered in planning for this grant.

The Community Health Council has approved submission of the grant application.

4. What partners may be included in program activities?

CareOregon Dental will support program activities.

5. Generally, what are the grant's reporting requirements?

Reporting requirements include the submission of quarterly and annual reports.

Please complete for NOIs on the Regular Board Agenda ONLY:

6. When the grant expires, will your Department continue to fund the program? If so, how?

The main scope of work will be completed once the grant ends and will not need to be continually funded. The Department anticipates that any clinical work which continues after the grants ends will be sustained through revenue.

7. Are 100% of the central and departmental indirect costs recovered? If not, please explain.

No, CareOregon placed a 5% cap on indirect costs.

8. If the proposal is not aligned with your Department's strategic direction, explain why you are pursuing it at this time.

The proposal aligns with the Health Departments' strategic direction.

9. If the grant requires a cash match, how will you meet that requirement?

A cash match is not required.

10. Are there policy issues and/or legal implications related to this proposal that may warrant a public dialog? If so, please explain.

There are no issues or implications that warrant a public dialog.

Required Signatures

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

Wendy Lear on behalf of Joanne Fuller/s/

Date: 7/7/2017

Budget Analyst: Jeff Renfro/s/

Date: 7/10/2017

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