



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 10/27/14)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C.3 DATE 10-8-15
LYNDA GROW, BOARD CLERK

Board Clerk Use Only

Meeting Date: 10/8/15
Agenda Item #: C.3
Est. Start Time: 9:30 am
Date Submitted: 9/21/15

Agenda Title: NOTICE OF INTENT to submit a grant application to FamilyCare Health.

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: 10/8/15 Time Needed: N/A - Consent
Department: Health Division: Public Health
Contact(s): Noelle Wiggins, Community Capacitation Center Manager; Marc Harris, Health Services Development Administrator
Phone: 503-988-9460; 89460;
503-988-8693 Ext. 88693 I/O Address: 160/9
Presenter Name(s) & Title(s): N/A - Consent

General Information

1. What action are you requesting from the Board?

Authorization for the Director of the Health Department to apply for up to \$60,000 to FamilyCare Health.

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 Health Department's Community Capacitation Center (CCC) supports communities to identify and solve their own most pressing health issues by addressing the underlying causes of those issues. Staff achieve this function via three primary categories of activities: 1) Providing training for Community Health Workers (CHW) and technical assistance for CHW organizations; 2) Conducting community-based participatory research regarding CHWs and popular/people's education; and 3) Managing programs and projects that involve CHWs and Community Education Workers (CEWs). The CCC has trained over 800 CHWs over the past 15 years, including a large number of CHWs from the Latino community.

While many of the roots of the CCC are in the Latino community and much work has been conducted in Spanish, the CCC has been unable to conduct a full cultural adaptation and translation of its 90-hour CHW curriculum because of a lack of resources. If funded, the FamilyCare Health application would provide the needed resources to convene and facilitate a steering committee composed of Latino-specific community based organizations, complete a full cultural adaptation and translation, conduct the CHW training for 25 Spanish-speaking CHWs, and evaluate the training. The CCC has already convened a group of partners with long and deep experience working with the local Latino community to participate on the steering committee, including El Programa Hispano, the Latino Network, Nuestra Comunidad Sana, and Northwest Family Services. The input of these organizations will drive the cultural adaptation and translation of the curriculum and they will also co-facilitate the training. The focus of the training will be on the tri-County area and some slots will be reserved for partner organizations; however, the training will be open to Latino CHWs from around the state. Once developed, the training will become part of the standard menu of training series offered by the CCC. The FamilyCare grant request impacts Program Offer 40038 (Health Promotion and Community Capacity Building).

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

The grant will provide up to \$60,000 from October 2015 through April 2015 to provide CHW training. Funds will support CCC training costs (snacks, existing CCC staff time, materials, and mileage); translation; and facilitators from partner organizations (both planning and facilitation time).

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 CCC will partner with El Programa Hispano, the Latino Network, Nuestra Comunidad Sana, and Northwest Family Services to adapt the curriculum and conduct the training. Additional members of the Latino community may also be engaged.

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?**
FamilyCare Health
- **Specify grant (matching, reporting and other) requirements and goals.**
No match is required. A final report will be submitted.
- **Explain grant funding detail – is this a one time only or long term commitment?**
This is one time only funding.
- **What are the estimated filing timelines?**
The grant has a rolling deadline. It will be submitted once approved by the Board.
- **If a grant, what period does the grant cover?**
There is no required period. The proposed project will cover the period of October 2015 through April 2016.
- **When the grant expires, what are funding plans?**
The curriculum adaptation/translation, trainings, and evaluation will be completed. The new curriculum will be utilized in future CHW trainings.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**
Yes.

Required Signatures

**Elected Official
or Department/**

Agency Director: Wendy Lear on behalf of Joanne Fuller/s/ **Date:** 9/21/2015

Budget Analyst: Jeff Renfro /s/ **Date:** 9/21/15

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