



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

(Revised: 8/18/11)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C-4 DATE 1/31/13
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 1/31/13
Agenda Item #: C.4
Est. Start Time: 9:30 am
Date Submitted: 1/23/13

Agenda NOTICE OF INTENT to submit an application for \$11,000 to the National Association of County and City Health Officials (NACCHO)

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date:	<u>1/31/2012</u>	Time Needed:	<u>N/A - Consent</u>
Department:	<u>Health</u>	Division:	<u>Integrated Clinical Services</u>
Contact(s):	<u>Marc Harris and Christine Bernsten</u>		
Phone:	<u>503-988-3663</u>	Ext.	<u>29778/ 28751</u>
Presenter Name(s) & Title(s):	<u>N/A - Consent</u>		
I/O Address:	<u>160/9</u>		

General Information

1. What action are you requesting from the Board?

Authorization for the Director of the Health Department to submit an application for \$11,000 to the NACCHO Developing the Capacity to Deliver Chronic Disease Self-Management Programs (CDSMP) Workshops 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.

The National Association of County and City Health Officials (NACCHO) is offering this opportunity for local health departments (LHDs) to develop the capacity to deliver effective chronic disease self-management programs (Stanford Chronic Disease Self-Management Program (CDSMP)).

The CDSMP is a 6 week educational workshop for people with chronic conditions (e.g. arthritis, diabetes, lung and heart disease). Evidenced-based, self-management education programs have been proven to significantly help people with chronic diseases. Coupled with clinical care, this program teaches participants how to exercise and eat

properly, use medications appropriately, solve everyday problems relative to their medical conditions and to communicate effectively with family, friends and health care providers. The CDSMP workshops are provided in community settings such as senior centers, churches, libraries and hospitals. Each workshop is led by a pair of trained leaders; it is recommended that at least one of the leaders is a person with chronic disease.

The Health Department's Integrated Clinical Services (ICS) unit currently has two Community Health Workers (CHWs) licensed in CDSMP. ICS will utilize the requested funds to implement two educational workshops for clients receiving medical care at the Department's health centers. Educational workshops will include six 2.5 hour sessions for 10-16 clients with chronic conditions. Funds will cover costs associated with implementing the sessions, including supplies, educational materials, child care, etc. In addition, funds will support the training of two community members with chronic conditions to become licensed in CDSMP and stipends to co-facilitate the workshops with the CHWs. The CHWs and community members will constitute the trained leaders for the workshops.

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

This grant will provide the Health Department with \$11,000 to be spent between 2/15/2013 and 9/10/2013.

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.

Community members will participate in the project through training and facilitation.

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 National Association of County and City Health Officials

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

The goal of the grant is to expand the availability of the CDSMP to local jurisdictions, and thus expand the use of evidenced-based programs while enhancing the well-being and self-efficacy of persons with a chronic illness. There are no matching requirements. Reporting of progress will take place throughout the project period.

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

This is a one time only commitment. However, once trained in CDSMP, individuals can continue to facilitate workshops after the project period.

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

The application was due on 1/28/2013. If the Board does not approve this NOI, the application will be withdrawn.

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

2/15/2013-9/10/2013

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

The project will be completed upon expiration. However, ICS plans to continue to offer CDSMP workshops and will continue to utilize those trained during the project period.

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

Yes.

Required Signatures

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

KaRin Johnson for

Date: 1-23-13



(signature)

Name/Title:

Budget Analyst:

Althea Gregory /s/

Date: 1-23-13

(signature)

Name/Title: