



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS

AGENDA # C.1 DATE 7/20/17  
MARINA BAKER, ASST BOARD CLERK

## Board Clerk Use Only

Meeting Date: 7/20/17  
Agenda Item #: C.1  
Est. Start Time: 9:30 am  
Date Submitted: 7/12/17

## Agenda Title: Notice of Intent for Chronic Disease Self-Management Education (CDSME)

*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: 7/20/17 Time Needed: N/A

Department: DCHS Division: ADVSD

Contact(s): Lee Girard

Ext                      Phone: 83768 I/O Address:                     

Presenter Name(s) & Title(s): Lee Girard, Division Director 2 ADVSD

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.

X 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:**

<b>Granting Agency</b>	US Administration for Community Living
<b>Proposal due date</b>	May 12, 2017
<b>Grant period</b>	September 1, 2017 - August 31, 2020
<b>Approximate level of funding by year</b>	Yr 1- \$395,000 Yr 2 - \$306,000 Yr 3 - \$197,000
<b>Program Offer(s) potentially impacted</b>	ADVSD 25034-18 Health Promotion
<b>How do you expect to spend the majority of funds? (check all that apply)</b>	<input checked="" type="checkbox"/> Personnel <input checked="" type="checkbox"/> Sub-contracts <input type="checkbox"/> Capital (including equipment)
<b>Does grant require match? If so, describe type (cash, FTE, etc) and %</b>	N/A

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

The purpose of this grant is to support the development and expansion of business relationships between area agencies on aging and health systems and health insurers to expand the availability of evidence-based programs that positively impact the health of older adults. Through this opportunity, Aging, Disability and Veterans Services Division (ADVSD) will act as lead for a state-wide collaborative that will develop a business model, billing processes, new financial agreements and availability of services throughout the state.

Bring to scale and sustain evidence-based programs that empower older adults and adults with disabilities to better manage their chronic conditions. Goal 1: Significantly increase the number of older adults and adults with disabilities who participate in evidence-based self-management programs to empower them to better manage their chronic conditions; and Goal 2: Implement innovative funding arrangements (e.g. contracts with integrated health care systems) to support the Chronic Disease Self Management Education (CDSME) programs beyond the grant period, while embedding the programs into an integrated, sustainable evidence-based prevention program network.

Multnomah County Aging, Disability and Veterans Services Division (ADVSD) will serve as the fiscal agent and lead agency for Area Agencies on Aging and Disabilities (AAAADs) across Oregon to expand and target Chronic Disease Self-Management Education (CDSME), embed CDSME in multiple health sectors, and build business capacity for sustainable CDSME. The Oregon Association of Area Agencies on Aging and Disabilities has recently developed the Oregon Wellness Network (OWN). OWN, a Division designed to serve as a network hub on behalf of its member agencies. ADVSD will contract with OWN to:

- Develop a calendar of CDSME classes;

- Assure quality and consistency in CDSME programs;
- Collect state-wide data and reports regarding program participation and outcome metrics;
- Provide technical assistance with marketing, recruiting and training leaders, and participant retention;
- Support local areas with participant materials and incentives and volunteer leader stipends;
- Expand closed loop referral systems and develop third-party billing processes from at least 3 payer sources to reimburse the cost of providing CDSME in local areas;
- ADVSD staff will serve as the Grant Project Director to coordinate grant activities, monitor progress on work plans, support CDSME network meetings, participate in grant-related meetings and coordinate submission of all budget and progress reports; and manage the contract with OWN. In addition to building a robust, self-sustaining CDSME infrastructure, outcomes of this project will include:
  - Greatly expanded variety and frequency of CDSME;
  - Greater availability of CDSME to rural, low-income, and non-English speaking populations;
  - A reliable bank of trained, active leaders in each type of CDSME; and
  - Higher rates of participant enrollment and completion in CDSME.

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

This grant aligns with the Department of County Human Services' North Star that in Multnomah County every person, at every stage of life, has equitable opportunities to thrive. It addresses one of the current three priorities - quality of life.

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

ADVSD considered input from consumers during the FY17 planning sessions for the division's 4-year Area Plan, which is a requirement of the US Administration for Community Living. ADVSD conducted planning sessions with almost 500 older adults and people with disabilities. During these sessions the County identified the need to improve county-wide access to and utilization of services by racial, ethnic, cultural minority and other underserved groups of elders that address the social determinants of health and/or forge links between health systems and community services.

**4. What partners may be included in program activities?**

Oregon Association of Area Agencies on Aging  
 Northwest Senior & Disabilities Services  
 Clackamas County Social Services  
 Washington County Disability, Aging & Veterans Services  
 Lane Council of Governments  
 Community Action Team of Columbia County  
 Klamath/Lake Council on Aging  
 Community Connections of NE Oregon

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

Monthly fiscal invoicing and twice yearly project 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?**
- 7. Are 100% of the central and departmental indirect costs recovered? If not, please explain.**
- 8. If the proposal is not aligned with your Department's strategic direction, explain why you are pursuing it at this time.**
- 9. If the grant requires a cash match, how will you meet that requirement?**
- 10. Are there policy issues and/or legal implications related to this proposal that may warrant a public dialog? If so, please explain.**

## Required Signatures

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<b>Elected Official or Department/ Agency Director:</b>	Liesl Wendt	/s/	<b>Date</b>	07/12/2017
	_____		:	_____

<b>Budget Analyst:</b>	Adam Brown	/s/	<b>Date</b>	07/10/2017
	_____		:	_____

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