



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

(Revised: 9-24-15)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C.1 DATE 7/27/17
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 7/27/17
Agenda Item #: C.1
Est. Start Time: 9:30 am
Date Submitted: 7/10/17

Agenda Title: NOTICE OF INTENT to submit a grant application to the Health Resources and Services Administration for up to \$150,000

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>N/A Consent</u>
Department:	<u>Health</u>	Division:	<u>Integrated Clinical Services</u>
Contact(s):	<u>Vanetta Abdellatif and Alison Frye</u>		
Phone:	<u>503-988-8887</u>	<u>Ext. 88887</u>	I/O Address: <u>160/9</u>
Presenter Name(s) & Title(s):	<u>N/A</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	Food and Drug Administration
Proposal due date	July 26, 2017
Grant period	September 2017 – August 2018
Approximate level of funding by year	\$150,000/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.

The Health Resources and Services Administration (HRSA) Access Increases in Mental Health and Substance Abuse Services (AIMS) supplemental funding opportunity is for existing Health Center Program grantees. The purpose of AIMS funding is to expand access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse. The Health Department’s project will build off of previous HRSA grant-funded activities and current integrated behavioral health and substance abuse services. The project includes ongoing, clinic-based activities and one-time (12 months) quality and project management activities. Ongoing clinical activities (\$75,000) will expand the provision of mental health and substance abuse services through hiring a new staff. One time quality and project management activities (\$75,000) will include assessing how to improve integrated mental health and substance abuse services. The ongoing funding will be added to the Department’s current Federally Qualified Health Center base award; activities supported by one time funds will be completed within the 12 month project period.

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?

The Federally Qualified Health Center Program currently partners with CODA to provide integrated substance abuse services.

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

There are annual reporting requirements.

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

**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