



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

(Revised: 9/23/13)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # R-7 DATE 4/17/14  
LYNDA GROW, BOARD CLERK

**Board Clerk Use Only**

Meeting Date: 4/17/14  
Agenda Item #: R.7  
Est. Start Time: 11:00 am  
Date Submitted: 4/2/14

**Agenda Title: NOTICE OF INTENT to submit an application for \$250,000 to the Health Resources and Services Administration Facility Improvements Program**

*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:** April 17, 2014 **Time Needed:** 5 min.  
**Department:** Health **Division:** ICS  
**Contact(s):** Marc Harris, Laurel Bentley, Christy Ward

**Phone:** 503-988-8693;  
503-988-8648; 88693; I/O  
503-988-6642 Ext. 88648;86642 **Address:** 160/9 for all contacts.

**Presenter Name(s) & Title(s):** Christy Ward, Laurel Bentley, Marc Harris

**General Information**

**1. What action are you requesting from the Board?**

Authorization for the Director of the Health Department to submit an application for \$250,000 to the Health Resources and Services Administration (HRSA) Patient Centered Medical Home (PCMH) Facility Improvements (P-FI) Grant Program.

**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 HRSA PCMH P-FI Grant Program, as authorized by the Patient Protection and Affordable Care Act, will award funds to existing Health Center Program grantees through competitive, one-time capital development grants. Projects are to address facility modifications needed to improve or enhance capacity to deliver care using the PCMH model at a single site.

The Health Department is proposing an Alteration and Renovation project that would

renovate space at its Rockwood Community Health Center to allow for the addition of a fourth provider team. In addition to creating exam and work space for this team, the project would alter the clinic's pharmacy layout to accommodate workflows to serve the resulting increase in clients. Equipment will also be purchased to support the new capacity, including computers and other equipment to support the newest version of the clinic's EHR, pharmacy dispensing equipment, and other clinical equipment to be used by the new provider team.

The main PCMH principle to be addressed is *Enhance Access/Continuity*, as the project will increase clinic capacity and will also accommodate updated EHR use. Project execution will support HRSA priorities to *Identify/Manage Patient Populations*, *Track/Coordinate Care*, and *Measure/Improve Performance* by enhancing EHR use, as well as *Plan/Manage Care* and *Provide Self-Care Support/Community Resources* by expanding the practice of team-based care and pharmacy services.

The Department has vast capital project management experience, including constructing a new school-based health center through ARRA Capital Improvement Program (HRSA-09-244) funds, renovating three school based health center sites through ACA FY11 School-Based Health Center Capitol Program (HRSA-11-127) funds, and renovating existing space in a local high school to build the first school-based health center in East Multnomah County through the ACA FY13 Grants for School-Based Health Center Capital Program (HRSA-13-140). MCHD is well positioned to successfully execute the proposed activities.

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

This grant will provide the Health Department with \$250,000 for capital improvements and equipment.

**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.**

Multnomah County Health Department has already obtained approval for capital developments from CareOregon, owners of the building where MCHD leases space for the Rockwood Community Health Center. MCHD is also working with the City of Gresham to ensure all changes meet required city codes. The Community Health Council has already approved the project.

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**Grant Application/Notice of Intent**

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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 granting agency is the Health Resources and Services Administration.

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

The goal of this grant is to provide capital funding to increase access to primary care services and improve patient centered medical home services. The reporting requirements include yearly financial reports, quarterly progress reports, documentation of finalized designs and contracting agreements, and a year end summary report.

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

This is a one time funding opportunity.

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

The application is due April 17<sup>th</sup>, 2014.

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

Funding covers a two year project period.

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

When the grant expires there will be no additional capital funding needs as renovations will be complete. Operational funding will be covered through a combination of fee for service and Health Department funds.

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

No, indirect costs are an unallowable expense for capital projects.

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**Required Signatures**

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**Elected Official or Department/ Agency Director:** KaRin Johnson for Joanne Fuller/s/ **Date:** 4/2/2014

**Budget Analyst:** Althea Gregory /s/ **Date:** 4/2/2014

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