



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS

AGENDA # C-1 DATE 10/5/17
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 10/5/17
Agenda Item #: C.1
Est. Start Time: 9:30 am
Date Submitted: 9/19/17

Agenda Title: NOTICE OF INTENT to submit a grant application for \$300,000 for 18 months to CareOregon for ED Reduction and Care Coordination

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: 10/5/17 Time Needed: N/A Consent

Department: Health Division: ICS

Contact(s): Vanetta Abdellatif and Alison Frye

Phone: X88887 Ext. X88687 I/O Address: 160/9

Presenter Name(s) & Title(s): Vanetta Abdellatif , Integrated Clinical Services Director and Alison Frye, Health Services Development Administrator

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:

Granting Agency	CareOregon
Proposal due date	10/9/17
Grant period	10/2017 – 1/2019
Approximate level of funding by year	Up to \$300,000
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.

Among CareOregon Metro members who went to the Emergency Department (ED) over 12 months, high utilizers (those with at least 5 visits) represented 6.4% of members accessing the ED, but accounted for 26.9% of total ED visits. The adult (18+) population of high utilizers also has higher rates of substance use disorder (61.8%) and bipolar and/or schizophrenia (40.4%) than adult populations with lower ED visit frequencies. Additionally, many CareOregon members visited the ED during primary care office hours, suggesting a need for enhanced primary care access.

CareOregon seeks to reduce unnecessary ED utilization by leveraging existing HIE technology in coordination with primary care clinic-specific strategies. These interventions are expected to improve patient experience, improve population health, and reduce per capita costs. Additionally, reducing unnecessary ED utilization is a key strategy in working towards meeting targets for the OHA CCO Incentive Metric, Ambulatory Care: Emergency Department and Outpatient Utilization.

CareOregon is seeking robust programs designed to reduce avoidable utilization by targeting one or more of the following areas of focus:

- Increasing primary care access, especially during times of high ED utilization
- Providing enhanced care coordination or case management for high ED utilizers
- Addressing behavioral health needs by leveraging integrated behavioral health services and/or coordinating with Specialty Mental Health

Multnomah County Integrated Clinical Service plans to submit an application for funding to support two initiatives in its primary care system

- 1) Develop and implement materials to inform and educate patients on information such as
 - when to use ED - what conditions constitute an emergency
 - out-of-hours services - Phone Med, how to contact and what they do

- outline what other services are available when primary care isn't (e.g. urgent care)

The initiative will also include developing and implementing an outreach process to follow up patients who have been in the Emergency Department

2) Identify patients with Severe and Persistent Mental Illness (SPMI) who are at risk of /are using ED:

- develop cohort using PreManage
- develop notification
- agree process using Behavioral Health Provider to follow up and implement care plan
- ensure SPMI patients also linked to Health Resilience Specialist

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

The proposed project fits squarely 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.*

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

The Community Health Council informs ICS operations on an on-going basis and approves submission of all grant applications.

4. What partners may be included in program activities?

MCHD will partner with Emergency Departments and CareOregon

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

Quarterly reporting will be based on the information the applicant provides in below table. We will be evaluating the monitoring plan based on measures that are SMART (Specific, Measureable, Achievable, Relevant, and Timely).

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: 9/19/2017

Budget Analyst:

Mike Paruszkiewicz/s/

Date: 9/19/2017

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