



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

(Revised: 10/27/14)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C-4 DATE 10-8-15
LYNDA GROW, BOARD CLERK

Board Clerk Use Only

Meeting Date: 10/8/15
Agenda Item #: C.4
Est. Start Time: 9:30 am
Date Submitted: 9/23/15

**NOTICE OF INTENT to Submit an Application to HRSA for up to
Agenda \$325,000 per Year for 2 years to Support Substance Abuse Service
Title: Expansion**

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: 10/08/15 **Time Needed:** N/A – Consent
Department: Health **Division:** ICS
Contact(s): Vanetta Abdellatif, Marty Grasmeder, and Marc Harris
X 88887
X 86393
Phone: X 88693 **Ext.** _____ **I/O Address:** 160/9
Presenter Name(s) & Title(s): NA – Consent Item

General Information

1. What action are you requesting from the Board?

Authorization for the Director of Integrated Clinical Services to submit a grant application to the Health Resources and Services Administration (HRSA) for up to \$325,000 a year for two years to the Bureau of Primary Health Care Substance Abuse Expansion 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 Health Department Health Center Program provides substance abuse services as part of its primary care patient-centered medical home model. HRSA requires Health Center Program grantees to provide substance abuse services. The purpose of this Health Center Program supplemental funding opportunity is to improve and expand the delivery of

substance abuse services at existing health centers, with a focus on Medication-assisted Treatment (MAT) in opioid use disorders.

The number of unintentional overdose deaths from prescription pain medications has nearly quadrupled from 1999 to 2013, and deaths related to heroin increased 39 percent between 2012 and 2013. Abuse or dependence on opioid pain medications is the strongest risk factor for heroin abuse or dependence. As of 2011, Oregon had the highest rate of non-medical use of prescription pain relievers over the previous year by persons aged 12 or older (6.4% vs. a national rate of 4.6%).

Research demonstrates that a combination of medication and behavioral therapies is most successful in treating opioid use disorders. Medication-assisted Treatment (MAT) includes combining medications with counseling and behavioral therapies to provide a whole-patient approach to treatment. The proposed project builds on the Health Center Program's current behavioral health integration efforts by increasing capacity within primary care teams to provide 1) Screening Brief Intervention and Referral to Treatment (SBIRT); 2) MAT to treat health center patients with opioid dependence and other substance use disorders; and 3) behavioral health interventions and care coordination for health center patients receiving MAT. This combination of services aligns with best practices described above as well as the Health Center Program's strategic direction. It directly builds off of current services, including health center-wide implementation of SBIRT, which began in Spring of 2014; limited provision of MAT for patients with substance abuse disorders; and service and referral relationships with community-based substance abuse providers. This project affects multiple program offers with Integrated Clinical Services.

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

This opportunity provides up to \$325,000 a year for 2 years. Funds will primarily support approximately 2.0 FTE behavioral health staff, associated quality/project management staff, and training of primary care staff.

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.

The Community Health Council approves all Health Center Program grant applications.

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?**

HRSA's Bureau of Primary Health Care.

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

The goals of the project are to:

- Establish or enhance an integrated primary care/behavioral health model.

- Increase the number of patients screened for substance use disorders and connected to treatment via Screening, Brief Intervention, and Referral to Treatment (SBIRT) and other evidence-based practices.
- Increase the number of patients with health center-funded access to MAT for opioid use and other substance use disorders.
- Coordinate services necessary for patients to achieve and sustain recovery.
- Provide training and educational resources, including updated prescriber guidelines, to help health professionals make informed prescribing decisions and address the over-prescribing of opioids.

Reporting requirements include:

- 1) Quarterly Progress Report; 2) Annual Progress Report and 3) Uniform Data System Reports (annual)

No matching is required.

- **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 on October 14, 2015.
- **If a grant, what period does the grant cover?**
March 1, 2016 – February 28, 2018.
- **When the grant expires, what are funding plans?**
If successful, the Health Center Program will explore sustaining services through generated revenue.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**
All indirect costs are covered.

Required Signatures

**Elected Official
or Department/**

Agency Director: Wendy Lear on behalf of Joanne Fuller /s/ **Date:** 9/23/2015

Budget Analyst: Jeff Renfro /s/ **Date:** 9/23/2015

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