



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

## Board Clerk Use Only

Meeting Date: 050516  
Agenda Item #: C.2  
Est. Start Time: 9:30 am  
Date Submitted: 041816

## Agenda NOTICE OF INTENT for submission of a grant application to the Title: Substance Abuse and Mental Health Administration

*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: May 5, 2016 Time Needed: N/A, consent only  
Department: Health Division: Mental Health and Addiction Services  
Contact(s): Devarshi Bajpai, Laurel Moses  
Phone: 503.988-6566, Ext. N/A I/O Address: 167/1/520; 160/9  
Presenter Name(s) & Title(s): N/A, consent only.

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:**

<b>Granting Agency</b>	Substance Abuse and Mental Health Services Administration.
<b>Proposal due date</b>	May 10, 2016
<b>Grant period</b>	Sept 2016 – Sept 2020
<b>Approximate level of funding by year</b>	\$50,000 per year for up to 4 years. (\$200,000 total over 4 years)
<b>Program Offer(s) potentially impacted</b>	#401200 - HD- MH – Addictions Prevention
<b>How do you expect to spend the majority of funds? (check all that apply)</b>	<input checked="" type="checkbox"/> Personnel <input type="checkbox"/> Sub-contracts <input type="checkbox"/> Capital (including equipment)
<b>Does grant require match? If so, describe type (cash, FTE, etc) and %</b>	No match required.

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

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention - 2016 Sober Truth on Preventing Underage Drinking Act (STOP Act) grant goals are to prevent and reduce alcohol use among youth and young adults ages 12-20 in communities throughout the United States. The STOP grant funding is intended to build upon current and former SAMHSA Drug Free Communities (DCF) grantees and aims to support work to prevent and reduce alcohol use among youth in communities working on community substance abuse prevention for DFC. Mental Health and Addictions Services (MHASD) is a current DCF grantee. The MHADS DCF program currently convenes community members through the Big Village Coalition to reduce the impact of alcohol use on the community; this opportunity will build off this current work to focus on youth-directed prevention strategies to reduce youth use and access to alcohol.

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

Program activities are aligned with the Health Department's mission *to assure, promote, and protect the health of the people of Multnomah County in partnership with the communities we serve*. The program also aligns with the Health Department's strategic direction of *relentlessly pursuing health equity*, as it seeks to mitigate disparities experienced by the most vulnerable populations.

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

The Big Village Coalition, comprised of community members, city partners, schools, and local business owners will have direct input on planning for this grant submission and will participate in the development of grant activities. The Youth Committee of the Big Village Coalition will be particularly involved in development and implementation due to the youth-focused nature of this grant.

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

Big Village Coalition member representatives will participate in implementation of program activities as appropriate to their representative sector (schools, local government, business owners, etc). Youth Committee members will take leadership in implementing activities with the help of MCHD staff.

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

Applicants must report on youth alcohol use and perception measures as well as provide semi-annual progress reports and yearly standard federal finance 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.**

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## Required Signatures

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**Elected Official  
or Department/**

**Agency Director:** Wendy Lear on behalf of Joanne Fuller/s/ **Date:** 4/18/2016

**Budget Analyst:** Jeff Renfro /s/ **Date:** 4/18/2016

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