



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

(Revised: 10/27/14)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # C-1 DATE 11/12/15  
MARINA BAKER, ASST BOARD CLERK

**Board Clerk Use Only**

Meeting Date: 11/12/15  
Agenda Item #: C.1  
Est. Start Time: 9:30 AM  
Date Submitted: 10/30/15

**Agenda NOTICE OF INTENT to submit an application to the State of Oregon**  
**Title: Vocational Rehabilitation Request for Applications**

*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:** 11/12/2015 **Time Needed:** N/A - Consent  
**Department:** Health **Division:** Mental Health & Addictions Services  
**Contact(s):** Marc Harris, Health Services Development Administrator; William Baney, MHASD Direct Clinical Services Manager  
**Phone:** 503-988-8693; 88693;  
503-988-8768 Ext. 88768 **I/O Address:** 160/9; 167/1/520  
**Presenter Name(s) & Title(s):** N/A - Consent

**General Information**

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

Authorization for the Director of the Health Department to submit an application for up to \$50,000 per year for up to 5 years to the State of Oregon Department of Human Services Vocational Rehabilitation State-wide Job Placement Services 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.**

Oregon Department of Human Services (DHS) Vocational Rehabilitation grant program is providing funding for job placement services. These services are to be focused on participants whose Individualized Plan for Employment identifies job placement services as necessary for the individual to obtain or maintain employment. Such participants present a number of obstacles, including vocational, social, psychological, and medical conditions, as well as unique strengths, including resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

The Health Department's Mental Health and Addictions Services Division (MHASD) Early Assessment and Support Alliance (EASA) program has been providing state-funded Job Placement Services for over three years. EASA focuses on identifying young people experiencing the first episodes of psychosis and offers them a broad array of individualized treatment avenues and community-based care. Services include assessment, treatment planning, case management, medication management, psycho-educational workshops, multi-family groups, occupational assessments and interventions, evidence based supported employment services, and educational supports. These services are provided by a multidisciplinary team that includes a psychiatrist, a nurse, a vocational and occupational therapist, peer support specialist and mental health consultants. The proposed project will provide EASA with supplemental funding focused on providing vocational and occupational assistance to clients. The funding amount will be based determined by the number of clients who receive services. EASA currently serves over 140 unduplicated individuals annually. The proposed project will impact Program Offer 40078 by providing additional funds that better reflect the scope of services currently being provided. Funding will be used to support staff FTE within the program.

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

If successful, this application will result in the Health Department's MHASD receiving \$50,000 per year over a period of up to five years to support program 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.**

None.

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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 State of Oregon Department of Human Services Vocational Rehabilitation Program.
- **Specify grant (matching, reporting and other) requirements and goals.**  
No matching is required. No reporting requirements are specified.
- **Explain grant funding detail – is this a one time only or long term commitment?**  
The funding is one-time only to last a contract period of up to five years.
- **What are the estimated filing timelines?**  
Applications may be submitted for review by the close of business on the last business day of each month during the open period of the RFA , which is a period of 60 months. DHS will review all applications within the first week of the next month after the RFA is received.
- **If a grant, what period does the grant cover?**  
There is no specified start date, but the funding will cover a period of up to five years.
- **When the grant expires, what are funding plans?**  
When the funding expires, there will be the opportunity to re-apply.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**  
Yes, 100% of indirect costs are covered.

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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:** 10/30/2015

**Budget Analyst:**

Jeff Renfro /s/      **Date:** 10/30/2015

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