



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

(Revised 08/02/10)

Board Clerk Use Only

Meeting Date: 8/26/2010
Agenda Item #: C-2
Est. Start Time: 10:30 am

**Agenda
Title:**

NOTICE OF INTENT: Department of County Human Services, Aging and Disability Services Division is requesting approval to apply for Providence Health & Services grant of \$25,000 for two years to expand availability of evidence-based chronic disease management program to ethnic/racial minority elders in Multnomah County.

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date: August 26, 2010 **Amount of Time Needed:** N/A
Department: DCHS **Division:** ADSD
Contact(s): Kathy Tinkle
Phone: 503-988-3691 **Ext.** 26858 **I/O Address:** 167/1/620
Presenter Name(s) & Title(s): Consent Agenda

General Information

1. What action are you requesting from the Board?

The Department of County Human Services (DCHS) Aging and Disability Services Division (ADSD) is requesting approval of this Notice of Intent permission to apply for a grant from Providence Health & Services for \$25,000 for 2 years to expand the availability of Living Well with Chronic Conditions classes in Multnomah County.

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.

These funds will be used to expand an evidence-based program called Living Well with Chronic Conditions for ethnic/racial minority older adults in Multnomah County. The program consists of a 6-week course that coaches people with chronic conditions how to assume more control of and manage their condition. ADSD is proposing to partner with Northwest Parish Nurse Ministries, Asian Health & Service Center (AHSC), Catholic Charities El Program Hispano (EPH) and Native American Youth & Family Center (NAYA) on the project. The Housing Authority of Portland

**Notice of Intent APR
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(HAP) has also agreed to be a partner in the project, providing access to meeting space in their building for no cost.

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

The grant will provide a total of \$25,000 for 2 years which will be passed through to community organizations to assist them in implementing an evidence-based program. All funds will be passed through and there will be no impact to County staffing.

4. Explain any legal and/or policy issues involved.

n/a

5. Explain any citizen and/or other government participation that has or will take place.

Input from NW Parish Ministries, NAYA, EPH, AHSC and HAP on grant proposal development and ongoing partnership to implement the grant, if awarded.

ATTACHMENT A

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?**
Providence Health & Services
- **Specify grant (matching, reporting and other) requirements and goals.**
The grant goal is to improve the health of the elderly by supporting projects in areas of “care for vulnerable seniors” or “living well with chronic conditions”. Projects will address the needs of low income seniors. The grant does not require specific matching but does require evidence of ability to leverage other funds. Our application proposes to 1) improve the health status of Multnomah County seniors 60 years of age and older with chronic conditions, by serving a specified number of seniors with Living Well with Chronic conditions workshops through 4 community based organizations and 2) to increase the health status of minority seniors with chronic conditions by establishing new culturally appropriate Living Well workshop sites, training new Living Well trainers for the new sites and providing culturally appropriate recruitment material.
- **Explain grant funding detail – is this a one time only or long term commitment?**
One-time only funding for 2 years for a total of \$25,000.
- **What are the estimated filing timelines?**
August 27, 2010
- **If a grant, what period does the grant cover?**
2 years
- **When the grant expires, what are funding plans?**
Partners will be pursuing plans for sustainability past the grant period. If not new funds found then grant activities will cease when the grant expires.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**
Yes – The grant allows for the recovery of indirect costs at the approved rate of 4.68%, which includes a Department rate of 2.98% and a Central rate of 1.70%.

ATTACHMENT B

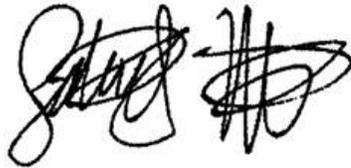
Required Signatures

Elected Official or
Department/
Agency Director:



Date: 08/19/10

Budget Analyst:



Date: 08/19/10