



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

(Revised: 9/23/13)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS

AGENDA # C-4 DATE 12/5/13
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 12/5/13
Agenda Item #: C.4
Est. Start Time: 9:30 am
Date Submitted: 11/20/13

**NOTICE OF INTENT for Multnomah County Health Department to submit
Agenda an application for a grant for up to \$10,000 to the HSPRP PHEP
Title: Carryover Project – Emergency Preparedness (1 of 2)**

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: December 5, 2013 **Time Needed:** NA – Consent Item
Department: Health **Division:** Director's Office
Contact(s): Jerusha Kasch and Laurel Bentley
Phone: 503-988-3663 **Ext.** 22999; 25343 **I/O Address:** 160/7; 160/9
Presenter Name(s) & Title(s): NA – Consent Item

General Information

1. What action are you requesting from the Board?

Approval for the Director of the Health Department to submit an application for up to \$10,000 to the Oregon Health Network Health Security, Preparedness, and Response Program: Public Health Emergency Preparedness BP1 Carryover Projects Application.

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 State Health Security, Preparedness and Response Program (HSPRP) anticipates unobligated funds from the immediate past period will be available for carryover in the Public Health Emergency Preparedness (PHEP) federal funding stream. HSPRP has invited local health departments to submit preparedness project proposals for consideration. Projects should be focused primarily on improving the Medical Surge, Fatality Management, and/or Volunteer Management capabilities. Applicants may submit multiple applications for funding; projects should range from a minimum of \$5,000.00 to a

maximum of \$10,000.00, including indirect and administrative costs, and should be able to be completed by June 30, 2014.

Multnomah County Health Department (MCHD) intends to submit an application to assist the Director's Office Emergency Preparedness unit to support strategic training and recruitment to the Multnomah County Health Reserve Corps. Multnomah County's Medical Reserve Corp. (MRC) housed within Multnomah County Health Department (MCHD), is a voluntary unit consisting of 200+ licensed/certified healthcare providers that assist MCHD in during large-scale public health emergency response. While MCHD's emergency preparedness efforts recently received NACCHO's Project Public Health Ready award, there is untapped potential the MRC. Multnomah County plans to increase local emergency preparedness by engaging community stakeholders in building out current MCR readiness and capacity and response capability. Currently, only 43% of current MRC volunteers have completed basic orientation course and only 197 (42%) of MRC volunteers participated in MCHDs most recent exercise in May, 2013.

To address these gaps and create a more robust Multnomah County MRC that is capable of meeting the needs of a metropolitan area, MCHD will use funding to engage local stakeholders in strategic planning process to expand volunteer recruitment, create a volunteer workforce development plan, and increase MRC volunteer training/exercise completion rates. Time will be spent training volunteers on current notification and activation systems, Incident Command Systems (ICS) training, and personal readiness. MCHD will track all volunteer data in a newly designed data management system and provide ongoing evaluation of this community resilience strategy. By engaging community stakeholders in updating and revising the MRC recruitment and training to better match area needs, MCHD will strengthen the ability of the Multnomah County community to prepare for, and recover from public health emergencies. The MRC will request \$10,000 for staff time, meeting supplies, and recruitment materials for this project.

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

This is a one-time funding opportunity for up to \$10,000.

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

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?**

The Oregon Health Network Health Security, Preparedness, and Response Program.

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

Projects must be completed by June 30, 2014. Approved projects/proposals may be asked to present at the 2014 Preparedness Conference.

- **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?**
Grant applications were due November 22, 2013. If the NOI is not approved, the application will be withdrawn.
- **If a grant, what period does the grant cover?**
The grant covers a project period from January 1, 2014 to June 30, 2014.
- **When the grant expires, what are funding plans?**
When grant funds expire the project will be complete.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**
All central and indirect costs are recovered in this project.

Required Signatures

Elected Official or Department/ Agency Director:	KaRin Johnson for Lillian Shirley/s/kj	11/05/2013 Date:
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Budget Analyst:	Althea Gregory /s/	Date: 11/20/2013
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Note: Please submit electronically. We are no longer using actual signatures. Insert names of your approvers followed by /s/. Please insert date approved