



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C.1 DATE 6/7/18
MARINA BAKER, BOARD CLERK

Board Clerk Use Only

Meeting Date: 6/7/18
Agenda Item #: C.1
Est. Start Time: 9:30 a.m.
Date Submitted: 5/21/18

Agenda Title: NOTICE OF INTENT to submit a grant application to the SAMHSA for up to \$125,000 per year for three years

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:	<u>6/07/18</u>	Time Needed:	<u>N/A; consent</u>
Department:	<u>Health</u>	Division:	<u>Mental Health and Addictions</u>
Contact(s):	<u>Leticia Sainz, Alison Frye</u>		
Phone:	<u>503-988-9406</u>	<u>Ext. 89920</u>	<u>455</u>
Presenter Name(s) & Title(s):	<u>503-988-8687</u>	<u>Ext. 88687</u>	<u>I/O Address: 160/9</u>
	<u>N/A</u>		

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:

Granting Agency	Substance Abuse and Mental Health Administration
Proposal due date	March 30 2018
Grant period	September 30, 2018 to September 29, 2021
Approximate level of funding by year	\$125,000
Program Offer(s) potentially impacted	40069-19
How do you expect to spend the majority of funds? (check all that apply)	<input checked="" type="checkbox"/> Personnel <input type="checkbox"/> Sub-contracts <input type="checkbox"/> Capital (including equipment)
Does grant require match? If so, describe type (cash, FTE, etc.) and %	No

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

The purpose of the Substance Abuse and Mental Health Administration (SAMHSA) Mental Health Awareness Training (MHAT) grant program to: (1) train individuals (e.g., school personnel, emergency first responders, law enforcement, veterans, armed services members and their families) to recognize the signs and symptoms of mental disorders, particularly serious mental illness (SMI) and/or serious emotional disturbance (SED); (2) establish linkages with school- and/or community-based mental health agencies to refer individuals with the signs or symptoms of mental illness to appropriate services; (3) train emergency services personnel, veterans, law enforcement, fire department personnel, and others to identify persons with a mental disorder and employ crisis de-escalation techniques; and (4) educate individuals about resources that are available in the community for individuals with a mental disorder.

The proposed project would implement *Youth Mental Health First Aid* training with a focus on reaching underserved communities, including communities of color and immigrant and refugee communities, with a priority on reaching populations experiencing mental health disparities. Project activities will be planned and implemented in partnership with schools, law enforcement and community-based organizations, as appropriate.

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 Strategic Framework's broad goal to *prioritize investments in programs and infrastructure that improve health outcomes and health equity*.

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

MCHD has been engaging with school district and community partners to plan implementation activities.

4. What partners may be included in program activities?

Potential partners include school districts, law enforcement agencies and community-based organizations.

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

Recipients will be required to report data quarterly into SAMHSA's Performance Accountability and Reporting System (SPARS) after entry of annual goals and budget information. Recipients will be required to submit an annual performance assessment progress report

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.

Required Signatures

Elected Official
or Department/
Agency Director:

Mark Lewis /s/

Date: 03/13/2018

Budget Analyst:

/s/

Date:

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