



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

(Revised: 9-24-15)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C-4 DATE 4/20/17
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 04/20/17
Agenda Item #: C.4
Est. Start Time: 9:30 am
Date Submitted: 4/3/17

**Agenda NOTICE OF INTENT to submit a grant application for \$100,000 per year
Title: for three years to support Opioid Overdose Outreach**

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: 4/20/2017 **Time Needed:** N/A Consent

Department: Health **Division:** Public Health

Contact(s): Kim Toevs and Alison Frye

Phone: 88764 **Ext.** 88687 **I/O Address:** 160/6; 160/9

Presenter Name(s) & Title(s): N/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.

X *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	Bureau of Justice Assistance
Proposal due date	April 25, 2017
Grant period	October 1, 2017 – September 29, 2020
Approximate level of funding by year	\$100,000
Program Offer(s) potentially impacted	40011C-17
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 Comprehensive Opioid Abuse Site-based Program is to provide financial and technical assistance to states, units of local government, and Indian tribal governments to plan, develop, and implement comprehensive diversion and alternatives to incarceration programs that expand outreach, treatment, and recovery efforts to individuals impacted by the opioid epidemic who come into contact with justice system. The goals of the program are twofold. First, the program aims to reduce opioid misuse and the number of overdose fatalities. Second, the program supports the implementation, enhancement, and proactive use of prescription drug monitoring programs (PDMP) to support clinical decision-making and prevent the misuse and diversion of controlled substances. MCHD received a PDMP award last funding cycle (Harold Rogers PDMP). In this round of funding the Health Department will apply for a funding under **Category 1: Overdose Outreach Projects**. If funded the proposed project would support expansion of naloxone distribution; on-site addictions benefit coordination and referral to recovery services; and training to increase law-enforcement capacity to respond and refer to recovery support including naloxone.

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

The proposed project fits squarely within the Health Department’s mission: *In partnership with the communities we serve, the Health Department assures, promotes and protects the health of the people of Multnomah County*. Multnomah County has been on the forefront of local and national efforts to curb opioid prescribing and opioid and heroin overdose in the community. This effort aligns with work that is currently underway by the Portland Tri-county Opiate Safety Coalition (POSC), of which Multnomah County is a participant and convener.

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

Planning for this funding opportunity has been done in consultation with POSC, made up of representatives from Washington, Clackamas and Multnomah Counties, the Oregon Health Authority, Coordinated Care Organizations, Health Systems, and other community partners. Public safety is also being engaged in the planning and implementation of this work.

4. What partners may be included in program activities?

MCHD will include members of POSC (described above) in advisory and project planning.

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

Recipients typically must submit quarterly financial reports, semi-annual progress reports, final financial and progress 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.**

Required Signatures

**Elected Official
or Department/
Agency Director:**

Joanne Fuller /s/

Date: 4/3/2017

Budget Analyst:

Jeff Renfro /s/

Date: 4/3/2017

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