



**MULTNOMAH COUNTY**  
**AGENDA PLACEMENT REQUEST**  
**NOTICE OF INTENT**  
(revised 08/02/10)

**Board Clerk Use Only**

<b>Meeting Date:</b>	<u>5/26/11</u>
<b>Agenda Item #:</b>	<u>R.9</u>
<b>Est. Start Time:</b>	<u>11:00 am</u>
<b>Date Submitted:</b>	<u>5/12/11</u>

**Agenda Title:** **NOTICE OF INTENT to submit an application for \$450,000 to the Office of Refugee Resettlement Refugee Preventive Health Discretionary Grant Competition.**

*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.*

<b>Requested Meeting Date:</b>	<u>5/26/2011</u>	<b>Amount of Time</b>	<u>5 minutes</u>
<b>Department:</b>	<u>Health</u>	<b>Division:</b>	<u>Communicable Disease</u>
<b>Contact(s):</b>	<u>Amy Sullivan/Marc Harris</u>		
<b>Phone:</b>	<u>503-988-3663</u>	<b>Ext.</b>	<u>22852/29778</u>
<b>Presenter Name(s) &amp; Title(s):</b>	<u>I/O Address: 160/3</u>		
	<u>Amy Sullivan, Communicable Disease Services Manager;</u>		
	<u>Marc Harris, Health Services Development Administrator</u>		

## **General Information**

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

Authorize the Director of the Health Department to submit an application for \$450,000 over 3 years to the Administration for Children and Families, Office of Refugee Resettlement's Refugee Preventive Health Discretionary Grant 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.**

The purpose of the Office of Refugee Resettlement Refugee Preventive Health (RPH) Discretionary Grant Program is to support refugee medical screening and initial treatment for refugees upon arrival to the U.S. in order to identify contagious conditions that may affect the public health and prove to be barriers to self-sufficiency.

RPH grants are awarded to agencies with statewide responsibility for refugee preventative health screening. As the vast majority of Oregon refugees enter through Multnomah County (during FY 2006-2010, Multnomah County screened 98% of Oregon refugees and provided technical assistance to those other Health Departments that screened the remaining 2%), the Multnomah County Health

Department has been delegated by the State of Oregon to assume this responsibility and has received RPH grant funds for a number of years.

Tuberculosis is the most prevalent disease among refugees. During 2009-2010, 18.2% of Oregon refugees had a TB classification indicative of active or latent TB disease or close contact with an active TB case. RPH funds allow the Health Department's Communicable Disease Services to provide follow-up assessment and treatment for refugees who test positive for active or latent tuberculosis. RPH funds will also provide other health services such as viral hepatitis screening and vaccination and health education and outreach. The current funding cycle will end this year, and this competitive renewal application is necessary for the continuation of these essential refugee health services.

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

This grant would provide the MCHD Communicable Disease Services with \$150,000 per year for three years to continue its refugee preventive health services, including outreach related to latent tuberculosis treatment, viral hepatitis screening, assuring adult vaccination, and health education and outreach. This grant supplements County General funds needed for tuberculosis treatment and outreach services to vulnerable high-risk populations.

**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.**

Refugee services stakeholders are represented on the MCHD Communicable Disease Services Refugee Health Advisory Board. The project will involve working with representatives from refugee organizations, the Oregon Health Division, Oregon State Refugee Program, and community-based refugee organizations.

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## ATTACHMENT A

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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 federal Office of Refugee Resettlement

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

The purpose of this grant is to ensure that refugees receive all available interventions to promote follow-up and adherence to latent TB therapy, as well as hepatitis screening, and vaccination for high-risk adults. Efforts to overcome specific cultural and linguistic barriers will be addressed by having culturally appropriate materials, written information, and interpretive services for clients. In addition, culturally appropriate health outreach and education will be provided in conjunction with refugee-serving agencies and community organizations.

Cost-sharing/matching is not required. Grantees will be required to submit program progress and financial reports semi-annually, including final program progress and financial reports at the end of the project period.

- **Explain grant funding detail – is this a one time only or long term commitment?**

The grant will provide the Health Department with \$150,000 per year for three years.

- **What are the estimated filing timelines?**

The grant application is due May 30, 2011.

- **If a grant, what period does the grant cover?**

The grant period covers the three-year period of July 1, 2011- June 30, 2014.

- **When the grant expires, what are funding plans?**

As MCHD has received RPH funds for many years and is the state's designated refugee screening and treatment agency, MCHD will reapply for the next RPH funding cycle and expects funds to be awarded.

- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**

All indirect costs associated with the project will be covered with grant funds.

## ATTACHMENT B

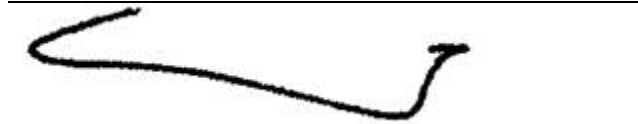
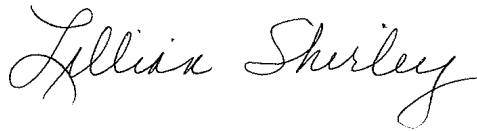
### Required Signatures

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

**Kj for**

**5-10-2011**

**Date:**



**05/11/2011**

**Budget Analyst:**

**Date:**