



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 8/18/11)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # R-4 DATE 3/14/13
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only - REVISED

Meeting Date: 3/14/13
Agenda Item #: R.4
Est. Start Time: 9:45 am
Date Submitted: 3/12/13

Agenda Title: NOTICE OF INTENT to apply for a \$596,498 Grant from the Oregon Health Authority-Addictions and Mental Health Division.

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: March 7, 2013 **Time Needed:** 10-minutes
Department: DCHS **Division:** MHASD
Contact(s): Neal Rotman, Teri Beemer
Phone: 503-988-5464 **Ext.** 26382 **I/O Address:** 167/1/520
Presenter Name(s) & Title(s): Neal Rotman, MHASD Community Mental Health Program Manager

General Information

1. What action are you requesting from the Board?

The Mental Health and Addiction Services Division (MHASD), Department of County Human Services (DCHS) requests approval to submit a grant proposal to the Oregon Health Authority-Addictions and Mental Health Division for \$298,249 per year, the biennial award is \$596,498.

Due to the short filing timelines for this grant, the department is requesting retroactive approval to apply. In the event that the board does not approve this request, MHASD will withdraw from consideration.

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 Projects for Assistance in Transition from Homeless (PATH) grant has been awarded to Multnomah County MHASD for several years. The PATH funding supports both the Bridgeview Transitional Supported Housing Program and the MHASD Emergency Voucher

Program. The majority of the funds, \$265,332, supports the Bridgeview program which provides 39-transitional, low-barrier single room occupancy units and 9-long-term subsidized housing units. The Bridgeview receives additional funding from Portland Housing Bureau and matching County General Funds in program offer #25060. The remaining \$32,917 is distributed to homeless individuals by the Post-Commitment Unit staff to provide rent deposit and rent subsidy vouchers.

3. **Explain the fiscal impact (current year and ongoing).** These funds contribute to the on-going operations of the Bridgeview program. For FY13 Portland Housing Bureau reduced funding by 14% and has proposed to reduce funding by 10% in FY14. Without PATH funding and matching County General Funds this program would need to close, putting 48-vulnerable individuals who suffer from Severe and Persistent Mental Illness in homeless status. This would impact approximately another 46-individuals requiring transitional housing throughout the year as the program serves approximately 95-individuals annually.

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.**

Luke-Dorf, Inc., the Bridgeview service provider, and MHASD are active members of Multnomah County's Continuum of Care planning process, which is coordinated by the City of Portland, and the city's 10-Year Plan to End Homelessness. Luke-Dorf and MHASD staff regularly attend the collaborative process that involves all levels of community partners, overseen by the Coordinating Committee to End Homelessness (CCEH), which meets monthly to review community strategies for reducing homelessness and coordinating housing efforts city-wide. Staff are actively involved in these efforts as well in other coordination such as attending regular neighborhood and community safety meetings. Program staff are involved in the Downtown Neighborhood Association and the Goose Hollow Neighborhood Association as well as the Portland Safety Neighborhood Association and Enhanced Safety Properties. Luke-Dorf and MHASD staff worked for several months with the Office of Neighborhood Involvement to establish a Good Neighbor Agreement.

Grant Application/Notice of Intent

If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

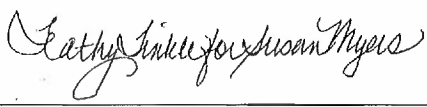
- **Who is the granting agency?** Oregon Health Authority/Addictions and Mental Health

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

Match funding is provided by Multnomah County General Funds in the amount of \$154,988 for both the Bridgeview and Emergency Voucher Program. The Bridgeview also receives \$273,000 in CDBG funds from the City of Portland- Portland Housing Bureau which is passed through by Multnomah County. These funds are not considered matched funding but are extremely necessary to meet the overall budget requirements of the Bridgeview program. The PATH grant requires adherence to Federal requirements of expenditure reports on a quarterly basis and an annual program review by the Oregon Health Authority/AMH.

- **Explain grant funding detail – is this a one time only or long term commitment?**
Multnomah County has applied for and received PATH funding for several biennium. This current PATH grant is for the period of July1, 2013-June 30, 2015. The Biennial award amount is \$596,498.
- **What are the estimated filing timelines?**
The application is due on 2/26/13.
- **If a grant, what period does the grant cover?**
July 1, 2013-June 30, 2015
- **When the grant expires, what are funding plans?**
Reapply for PATH or equivalent Homeless/transitional housing grants. Advocate and secure state AMH funding for supportive housing programs that serve Severe and Persistent Mentally Ill individuals. Work with CCOs on funding supportive housing programs that integrate both behavioral and physical health care.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.** Indirect charges are not allowed by the agreement with the State.

Required Signatures

Elected Official or Department/ Agency Director:		03/12/2013
	Date:	
Name/Title:	(signature)	
Budget Analyst:	Jennifer Unruh /s/	Date: 3/12/13
	(signature)	
Name/Title:		



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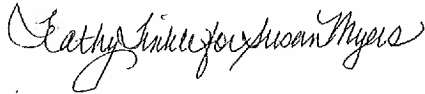
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Budget Analyst:	<u>Jennifer Unruh /s/</u>	Date: 3/12/13
	(signature)	
Name/Title:		