



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # C.1 DATE 5/11/17  
MARINA BAKER, ASST BOARD CLERK

## Board Clerk Use Only

Meeting Date: 5/11/17  
Agenda Item #: C.1  
Est. Start Time: 9:30 am  
Date Submitted: 4/17/17

**Agenda Title:** NOTICE OF INTENT to apply for the Office of Refugee Resettlement  
Refuge Health Promotion grant for up to \$135,000 a 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:** May 11, 2017 **Time Needed:** N/A - consent  
**Department:** Health **Division:** Public Health  
**Contact(s):** Amy Sullivan and Marc Harris  
503-988-8822; 88822;  
**Phone:** 503-988-8693 **Ext.** 88693 **I/O Address:** 160/3; 160/9  
**Presenter Name(s) & Title(s):** N/A

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:**

<b>Granting Agency</b>	Office of Refugee Resettlement
<b>Proposal due date</b>	May 15, 2017
<b>Grant period</b>	August 15, 2017 – August 14, 2020
<b>Approximate level of funding by year</b>	\$135,000
<b>Program Offer(s) potentially impacted</b>	40010; 40053A
<b>How do you expect to spend the majority of funds? (check all that apply)</b>	<input checked="checked" type="checkbox"/> Personnel <input type="checkbox"/> Sub-contracts <input type="checkbox"/> Capital (including equipment)
<b>Does grant require match? If so, describe type (cash, FTE, etc) and %</b>	No

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

The Refugee Health Promotion (RHP) program seeks to integrate health equity into a sustainable refugee resettlement model through a comprehensive approach that supports and streamlines activities focused on promoting health and emotional wellness. The goal of the RHP program is to incorporate a framework of health services from arrival to self-sufficiency, ranging from attending health orientation and education classes to accessing health services and obtaining affordable ongoing health care. The Oregon Health Authority has delegated the Health Department as lead applicant for RHP funds for a number of years. For this competitive cycle of funding, the Department will apply to continue providing 1) health education classes on topics including navigating the U.S. health care system, nutrition, oral health, communicable and chronic disease; 2) case management, including tuberculosis treatment, assistance managing complex medical need, and linkage to health services; and 3) systems coordination among existing refugee services in the community. The services provided by RHP funding are not offered through any other federally funded refugee program and are designed to complement other existing services.

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

MCHD's RHP program directly aligns with the Health Department's Strategic Framework goal of prioritizing 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.**

Local refugee services stakeholders are represented on the Oregon Refugee Health Advisory Group, which includes MCHD, the Immigrant and Refugee Community Organization (IRCO), Ecumenical Ministries of Oregon, Sponsors Organized to Assist Refugees (SOAR), Catholic Charities, and Lutheran Community Services. The project will involve working with representatives from these community-based refugee organizations and the Oregon Health Division, Oregon State Refugee Program.

**4. What partners may be included in program activities?**

MCHD partners with IRCO to provide space for the health education sessions and works closely with the Advisory Group to implement activities.

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

The grant requires semi-annual progress and financial 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

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Elected Official  
or Department/

Agency Director: Wendy Lear on behalf of Joanne Fuller/s/ Date: 4/17/2017

Budget Analyst: Jeff Renfro/s/ Date: 4/17/2017

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