



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
NOTICE OF INTENT
(Revised: 9-24-15)**

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C-6 DATE 2/11/16
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 2/11/16
Agenda Item C.6
Est. Start 9:30 am
Date 1/19/16

Agenda Title: NOTICE OF INTENT for the Health Department to submit an application for \$100,000 to the Oregon Health Authority for Mobile Crisis Services

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>2/4/16</u>	Time Needed:	<u>N/A - Consent</u>
Department:	<u>Health</u>	Division:	<u>MHASD</u>
Contact(s):	<u>Neal Rotman and Marc Harris</u>		
Phone:	<u>X88219</u>	Ext.	<u>167/1/520</u>
Presenter Name(s) & Title(s):	<u>x88693</u>	I/O Address:	<u>160/9</u>
	<u>N/A - consent</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	Oregon Health Authority
Proposal due date	2/10/2016
Grant period	March 1, 2016 through June 30, 2017
Approximate level of funding by year	\$80,000
Program Offer(s) potentially impacted	40069A, 40069B
How do you expect to spend the majority of funds? (check all that apply)	X Personnel X 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.

Oregon Health Authority (OHA) is requesting applications from Community Mental Health Programs (CMHP) and Local Mental Health Authorities (LMHA) to support Mobile Crisis Services. As the county's CMHP and LMHA, Multnomah County Health Department (MCHD) Mental Health & Addictions Services Division (MHASD) is planning to submit an application. MHASD received 2013 Mental Health Crisis Investment funding to support Mobile Crisis Services, which has been rolled into its current State General Fund allocation, and is eligible to apply for \$100,000 over 16 months in supplemental funding through this current opportunity to expand these services.

MHASD's current Crisis Services Program includes 24/7 Mental Health Call Center; Urgent Walk-in Clinic; 24/7 Mobile Crisis Services; Crisis Assessment and Treatment Center; Justice Mental Health Triage; Crisis Respite Services; Emergency Department Liaisons; and Crisis Prevention & Outreach. Crisis Services are collaboratively implemented with community partners and form an integrated network designed to meet the needs of individuals experiencing a mental health crisis. The Crisis Services Program has a successful history of diverting individuals from jail, emergency services, and hospitals. Mobile Crisis Services are a critical component of this overall network. MHASD contracts with Cascadia Behavioral Healthcare to implement Mobile Crisis Services through mobile crisis teams, which include mental health professionals who perform on-site evaluations of people in crisis and determine the appropriate level of treatment to stabilize their symptoms. The Mental Health Call Center is the dispatcher for teams, which are available 24/7, 365 days a year. Mobile Crisis teams perform follow up "check-ins" and short term "on-going" outreach to individuals who are identified as in crisis but not receptive to engage in treatment and/or do not meet emergency hold criteria. MHASD will utilize the requested funds to expand Mobile Crisis Services by contracting with Cascadia to add a 0.8 FTE Peer Specialist to support existing teams. The Peer Specialist will work in both community and emergency department settings by providing brief crisis intervention and connections to ongoing community mental health services and supports.

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

The proposed project fits squarely within 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. In addition, the proposal supports MHASD's strategic direction as the county's CMHP and LMHA, which make it responsible for planning the delivery of services for persons with mental or emotional disturbances, drug abuse, alcohol abuse, and gambling addiction problems under an agreement with the OHA.

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

MHASD works closely with Cascadia to plan and implement Mobile Crisis Services.

4. What partners may be included in program activities?

MHASD will contract with Cascadia to implement program activities.

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

As is currently the case, data will be reported into the State of Oregon Measures and Outcomes Tracking System (MOTS) for individuals who receive Mobile Crisis Services. OHA may request ad hoc reports of the number of individuals served as a result of the requested funds.

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: Wendy Lear on behalf of Joanne Fuller/s/ **Date:** 1/19/2016

Budget Analyst: Jeff Renfro /s/ **Date:** 1/19/2016

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