



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

(revised 08/02/10)

**Board Clerk Use Only**

**Meeting Date:** 7/7/11  
**Agenda Item #:** C.2  
**Est. Start Time:** 9:30 am  
**Date Submitted:** 6-29-11

**Agenda Title:** **NOTICE OF INTENT to submit an application of up to \$50,000 to the Oregon Health Authority Public Health Division’s Local Public Health Authority Accreditation Readiness program.**

*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:** July, 7 2011      **Amount of Time:** N/A – Consent

**Department:** Health      **Division:** Health and Social Justice

**Contact(s):** Sandy Johnson and Marc Harris

**Phone:** (503) 988-3663    **Ext.** 28790/29778    **I/O Address:** 160/9

**Presenter Name(s) & Title(s):** N/A – Consent

**General Information**

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

Authorize the Director of the Health Department to submit an application for up to \$50,000 to the Oregon Health Authority Public Health Division’s Local Public Health Authority Accreditation Readiness 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 Public Health Accreditation Board is currently finalizing a national voluntary accreditation program for state, local, territorial and tribal public health departments. The goal of this national accreditation program is to improve and protect the health of every community by advancing the quality and performance of public health departments. Accreditation will drive public health departments to continuously improve services and performance. For a public health department to be accredited, it must meet stringent requirements listed within the 11 Accreditation Domains while demonstrating a commitment to continuous improvement. These requirements include, in part, a department-wide strategic plan, community health assessment, and community health improvement plan.

The purpose of the Oregon Health Authority Public Health Division's Accreditation Readiness grant program is to support local public health departments in accomplishing movement towards meeting accreditation requirements. Eligible programmatic activities include:

- Development of a community health assessment
- Development of a community health improvement plan
- Development of a department-wide strategic plan.
- Organizing the agency workforce and documentation for accreditation; including, but not limited to, identification of essential staff roles, team charters, ensuring leadership support, assessment and examples of simple changes in daily work culture to help prepare for evidence collection and documentation in meeting accreditation standards.
- Quality improvement activities to address a deficiency related to a specified accreditation standard or measure.

To position itself to be accredited, the Health Department has been undertaking readiness activities since 2009. The Department currently has a strategic plan, has been organizing staff and documentation for accreditation, and is in the process of finalizing a community health assessment, which will lead to a community health improvement plan. To help steer the internal accreditation process, the Department also completed a preliminary gap assessment to determine deficiencies related to the standards and measures of the 11 Accreditation Domains.

Based on this assessment and internal discussions, the Department has determined that Oregon Accreditation Readiness grant funding should be utilized to address gaps within Accreditation Domain 8 (Maintain a competent public health workforce). To address these gaps, the Department's project will focus on the development of a workforce development plan that includes, but is not limited to, nationally adopted Core Competencies for Public Health Professionals, use of results from customer satisfaction surveys, curricula and training schedules, succession planning, etc. As part of developing the workforce development plan, Health Assessment and Evaluation and Health Department Human Resources staff will work closely together to undertake a gap/need assessment directly related to workforce development, and then utilize this assessment to develop the workforce development plan.

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

This grant will provide the Multnomah County Health Department's Health Assessment and Evaluation and Human Resources units with up to \$50,000 to develop a workforce development plan.

**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.**

None.

## ATTACHMENT A

### 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 Public Health Division
- **Specify grant (matching, reporting and other) requirements and goals.**  
Cost sharing/matching is not required. Reports will be due quarterly throughout the project period.

The goal of this grant is to increase grantees capacity to prepare for applying for national accreditation.

- **Explain grant funding detail – is this a one time only or long term commitment?**  
The grant will provide the Health Department with one-time funds of up to \$50,000.
- **What are the estimated filing timelines?**  
The application is due July 15, 2011.
- **If a grant, what period does the grant cover?**  
The grant covers the period of August 1, 2011 to July 30, 2012.
- **When the grant expires, what are funding plans?**  
When the grant expires, the project will be completed and no additional funding will be needed.
- **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:

KaRin Johnson for

06-29-2011

Date:



Budget Analyst:



Date: 06-29-11