



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

**Board Clerk Use Only**

<b>Meeting Date:</b>	<u>4/21/16</u>
<b>Agenda Item</b>	<u>C.5</u>
<b>Est. Start</b>	<u>9:30 am</u>
<b>Date</b>	<u>4/8/16</u>

**Agenda Title:** **NOTICE OF INTENT to apply for up to \$500,000 over 18 months for Peer Delivered Services Technical Assistance Centers**

*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.*

<b>Requested Meeting Date:</b>	<u>4/21/2016</u>	<b>Time Needed:</b>	<u>N/A Consent</u>
<b>Department:</b>	<u>Health</u>	<b>Division:</b>	<u>Mental Health and Addictions Services</u>
<b>Contact(s):</b>	<u>Devarshi Bajpai, Alicia Bartz, and Marc Harris</u>		
	<u>503.988.6566</u>	<u>86566</u>	<u>167/510</u>
	<u>503.988.8129</u>	<u>88129</u>	<u>167/510</u>
<b>Phone:</b>	<u>503.988.8693</u>	<b>Ext.</b>	<u>88693</u>
<b>Presenter Name(s) &amp; Title(s):</b>	<u>N/A</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.

**X** 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>	Oregon Health Authority
<b>Proposal due date</b>	April 26, 2016
<b>Grant period</b>	January 1, 2016– June 30, 2017
<b>Approximate level of funding by year</b>	\$333,333
<b>Program Offer(s) potentially impacted</b>	40085-17
<b>How do you expect to spend the majority of funds? (check all that apply)</b>	<input checked="" type="checkbox"/> Personnel <input checked="" 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 State of Oregon, Oregon Health Authority, Health Systems Division (OHA), is issuing this Request for Grant Applications (RFGA) to establish Facilitating Centers that will provide enhanced Peer Delivered Services (PDS) and technical assistance (TA) on PDS to PDS providers and others that support recovery from Substance Use Disorders (SUD) in Oregon. This RFGA is open to Oregon Community Mental Health Programs (CMHP) or Local Mental Health Authority's (LMHA) with expertise in providing PDS to support recovery from SUD.

As the CMHP and LMHA, Multnomah County Health Department (MCHD) Mental Health and Addictions Services Division (MHASD) will submit an application in partnership with the Addiction Counselor Certification Board of Oregon (AACBO) and Impact NW, a regional Access to Recovery Center. Scope of services includes training and technical assistance for peers providing services, supervisors of peers, and organizations that employ peers; and participating in a statewide network of TA centers. Populations of focus for the Portland Metropolitan regional TA center include: Culturally Specific Population(s) (Ethnicity, Gender, Language, Race); Seniors; Young adults (18-25); and people who have been incarcerated.

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

The proposed project fits squarely within the Health Department's mission: *In partnership with the communities we serve, the Health Department assures, promotes and protects the health of the people of Multnomah County.* Health Department programs are committed to engaging affected communities in developing programming and providing services to those experiencing health challenges. This includes expanded integration of peers to support people with SUD.

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

Involvement of those in recovery through ACCBO and Impact NW has been critical to planning for this grant.

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

Primary partners include ACCBO and Impact NW. Project staff will also participate in the statewide network of Peer Facilitation Centers.

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

OHA may request ad hoc reports of the number of individuals served as a result of this funding, and request other information, including referrals, demographic information and any other information deemed appropriate by OHA regarding client characteristics and engagement in these services.

**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.**

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**Required Signatures**

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

Wendy Lear on behalf of Joanne Fuller /s/

**Date:** 4/8/2016

**Budget Analyst:** Shannon Gutierrez /s/

**Date:** 04/08/16

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