



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 10/27/14)

Board Clerk Use Only

Meeting Date: 5/21/15
Agenda Item #: C.1
Est. Start Time: 9:30 am
Date Submitted: 4/29/15

Agenda NOTICE OF INTENT to apply to the OHA School-Based Health Center Title: Mental Health Expansion Support Projects Grant for up to \$100,000

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>May 21, 2015</u>	Time Needed:	<u>N/A Consent</u>
Department:	<u>Health</u>	Division:	<u>Integrated Clinical Services</u>
Contact(s):	<u>Laurel Moses, Alexandra Lowell, and Sonja Miller</u>		
Phone:	<u>503-988-8648</u>	Ext.	<u>X89751</u>
Presenter Name(s) & Title(s):	<u>N/A Consent Item</u>	I/O Address:	<u>160/9</u> <u>437</u> <u>167/1/520</u>

General Information

1. What action are you requesting from the Board?

Approval for the Director of the Health Department's Integrated Services Division to submit an application for up to \$100,000 over two years to the Oregon Health Authority's School-Based Health Center (SBHC) Program Office's Mental Health Expansion Support Projects Grant 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 Oregon Health Authority budget for 2015-2017 currently includes funding to the Addictions and Mental Health Division to support Oregon's community mental health system. A portion of this funding is allocated for children's mental health, allowing for a

funding opportunity for School-Based Health Centers (SBHCs) to increase their capacity to provide mental health services to their clients. SBHCs are a health care model in which comprehensive physical, mental, and preventive health services are provided to youth and adolescents in a primary care setting based in a school.

The grant affects Program Offer #40024 (School Based Health Centers). Awarded monies must be used to support mental health projects within the school-based health center system and help the SBHC integrate physical and mental health. As such, funds awarded through this application process would support developing and piloting a Youth Advisory Council (YAC) model at Centennial high school that is sustainable and replicable, and that includes Youth Participatory Action Research focused on behavioral health. Funds will support Project Coordinator time and YAC outreach and engagement supplies.

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

This would provide up to \$100,000 over two years for FTE and supplies.

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.

Centennial High School is the host site. Youth will participate as part of the YAC.

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?**

The Oregon Health Authority

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

No match is required. The goal of the program is to increase the capacity of SBHCs to provide mental health services to their clients. Once determined qualified, the State Program Office will work with eligible applicants to negotiate funding award amounts and reporting expectations.

- **Explain grant funding detail – is this a one time only or long term commitment?**

This is one-time only funding. Future funding will be based on each biennium's legislatively adopted budget.

- **What are the estimated filing timelines?**

The application is due on May 22, 2015.

- **If a grant, what period does the grant cover?**
The grant covers the period of July 1, 2015 through June 30, 2017.
- **When the grant expires, what are funding plans?**
The YAC model that is developed and piloted is intended to be sustainable after the funding period.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**
All indirect costs are covered with this opportunity.

Required Signatures

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

Wendy Lear on behalf of Joanne Fuller/s/ **Date:** 4/29/2015

Budget Analyst:

Wendy Lin-Kelly /s/ **Date:** 4/29/2015

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