



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9-24-15)

**Board Clerk Use Only**

**Meeting Date:** 8/3/17  
**Agenda Item #:** C.5  
**Est. Start Time:** 9:30 am  
**Date Submitted:** 7/24/17

**Agenda Title:** **NOTICE OF INTENT:** The Multnomah County Sheriff’s Office Requests Department of Public Safety Standards and Training reimbursement of Mental Health First Aid training manual expenses in Fiscal Year 2018.

*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>Next Available</u>	<b>Time Needed:</b> <u>N/A – Consent Calendar</u>
<b>Department:</b> <u>Multnomah County Sheriff’s Office</u>	<b>Division:</b> <u>Training Unit</u>
<b>Contact(s):</b> <u>Stephanie Prybyl, Chief of Staff</u>	
<b>Phone:</b> <u>971-347-6106</u> <b>Ext.</b> _____	<b>I/O Address:</b> <u>419/Training</u>
<b>Presenter Name(s) &amp; Title(s):</b> <u>N/A - Consent Calendar</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:**

<b>Granting Agency</b>	Department of Public Safety Standards and Training
<b>Proposal due date</b>	August 1, 2017
<b>Grant period</b>	Fiscal Year 2018
<b>Approximate level of funding by year</b>	Up to \$9500
<b>Program Offer(s) potentially impacted</b>	No program offers are impacted
<b>How do you expect to spend the majority of funds? (check all that apply)</b>	<input type="checkbox"/> Personnel <input type="checkbox"/> Sub-contracts <input checked="" type="checkbox"/> Capital (including equipment) <i>Reimbursement of MHFA training manual expenses in Fiscal Year 2018</i>
<b>Does grant require match? If so, describe type (cash, FTE, etc) and %</b>	No match required

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

- The Department of Public Safety Standards and Training (DPSST) has received legislative grant funding to support training opportunities for public safety agencies that are progressing toward a Crisis Intervention Team (CIT) model. Public safety agencies may apply for *reimbursement* of student training manual expenses related to Mental Health First Aid (MHFA) training curriculum.
- The Multnomah County Sheriff's Office (MCSO) has developed a behavioral health program that is designed to screen, identify, and channel appropriate healthcare services to adults in custody who have mental health or substance abuse concerns. Our behavioral health team operates within jail facilities, in collaboration with dedicated medical and mental health professionals, to ensure that mental health services are maximized through the coordination of common approaches.
- The focus on addressing the immediate needs of adults in custody who require specialized mental health attention ensures: necessary care is facilitated and provided as soon as possible by those best positioned to conduct corresponding evaluations; further care is directed and facilitated, and/or medications are prescribed and administered consistent with a mental health diagnosis.
- MCSO instructors completed the MHFA Train-the-Trainer course in June 2017. All 450 MCSO Corrections members will be fully trained in MHFA in Fiscal Year 2018. This training will assist members in supporting the goals of the behavioral health program, as well as provide members with tools to encourage thoughtful and compassionate responses to the complex situations they face each day on the job. In keeping with its commitment to professionally develop members and practice fiscal responsibility, MCSO

intends to request DPSST for *reimbursement* of its student training manual expenses related to Mental Health First Aid (MHFA) training curriculum.

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

- The primary mission of MCSO is public safety in accordance with public trust. With all Corrections members participating in MHFA training, it will improve member response to public safety incidents within its facilities, thereby furthering the trust of the adults in our custody, their support systems, and the public alike.

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

- Through communication and collaboration, the National Alliance on Mental Illness (NAMI), DPSST, Multnomah County's Mental Health and Addiction Services Division, and MCSO's Training Unit, learned about the International Association of Chiefs of Police (IACP) One Mind Campaign. The One Mind Campaign seeks to ensure successful interactions between public safety members and persons affected by mental illness. To participate, public safety agencies must commit to implementing key practices over time, including:
  - Establishing a clearly defined and sustainable partnership with one or more community mental health organization(s), and
  - Training public safety members in Mental Health First Aid for Public Safety (MHFA) and Crisis Intervention Team (CIT).
- By providing training, MCSO is making significant progress in aligning with best practices, as well as to provide necessary skills to staff members assigned to the care of adults in custody who may be experiencing mental health or substance abuse concerns.

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

- Members from DPSST, MCSO and the Gresham Police Department participated in the MHFA Train-the-Trainer course. Discussions will continue between these public safety agencies to ensure collective training goals are met. Additionally, MCSO will continue to build valuable relationships with partnering social service and healthcare providers as it implements the new skills and practices it is developing.

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

- The MCSO Training Unit Manager will submit a reimbursement request letter to DPSST detailing the specific training that will be provided, the amount requested, and the estimated time frame that the funds will be utilized. Following the purchase of the student training materials by MCSO, MCSO will submit the invoices to DPSST for reimbursement.

**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:** Sheriff Michael Reese /s/ **Date:** 07/24/17

**Budget Analyst:** \_\_\_\_\_ /s/ **Date:** \_\_\_\_\_

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