



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9/23/13)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS

AGENDA # R-5 DATE 11/14/13  
MARINA BAKER, ASST BOARD CLERK

## Board Clerk Use Only

Meeting Date: 11/14/13  
Agenda Item #: R.5  
Est. Start Time: 10:00 am  
Date Submitted: \_\_\_\_\_

**Agenda Title:** NOTICE OF INTENT to submit proposal to State of Oregon to expand  
Mental Health Crisis Services in Multnomah County

*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:** November 14, 2013 **Time Needed:** 15 minutes  
**Department:** County Human Services **Division:** Mental Health and Addiction Services  
**Contact(s):** Chris Murphy  
**Phone:** 503-988-8125 **Ext.** \_\_\_\_\_ **I/O Address:** 167/1/520  
**Presenter Name(s) & Title(s):** David Hidalgo, MHASD Director and Neal Rotman, MHASD Community Mental Health Program Manager

## General Information

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

Approval of a Notice of Intent to submit a proposal application to Oregon Health Authority for crisis service expansion funding. The funding announcement was released on October 18, 2013 with a submission deadline of November 18, 2013.

### 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.

Program offer impacted is Behavioral Health Crisis Services 25055A.

In October 2013, the State of Oregon, through the Oregon Health Authority, began to release multiple funding announcements related to "Mental Health Investments", including a request for application for crisis services funding. Historically, funding has been allocated across the state to counties using a funding formula based on population and utilization. Due to Medicaid expansion, a portion of the State

funding will now be allocated via a competitive process requiring counties and other entities to respond to requests for proposals such as this one.

The intent of this funding is to expand and improve crisis services in the community by expanding the use of mobile crisis services and complementary interventions. Applicants must be Community Mental Health Programs with the ability to either directly provide or sub-contract for crisis services and must provide letters of support from area coordinated care organizations with the application.

MHASD requests permission to submit a response to this funding announcement with the goal of increasing the capacity of the existing mobile crisis team and related crisis services. We will partner with Cascadia Behavioral Healthcare to increase the Project Respond team's availability. Additional capacity will enhance our ability to meet community need and decrease unnecessary police involvement with individuals in crisis.

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

If awarded, MHASD estimates a range of \$700,000 to \$1,000,000 would be available for crisis services for the period of January 1, 2014 through June 30, 2015, the last 18 months of the 13-15 biennium.

**4. Explain any legal and/or policy issues involved.**

N/A

**5. Explain any citizen and/or other government participation that has or will take place.**

Community members, advocates, and partner agencies participated in a series of meetings to recommend changes to the Multnomah County crisis system of care. Their input informed our decision to respond to this state procurement.

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**Grant Application/Notice of Intent**

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If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

- **Who is the granting agency?**  
State of Oregon Addictions and Mental Health Division
- **Specify grant (matching, reporting and other) requirements and goals.**  
This grant does not require matching funding.

Reports must be submitted to State of Oregon Addictions and Mental Health Division through submission of quarterly data reports entered into the state's data system, MOTS. Awardees will report on progress attained in the two areas listed below

- a. Increased number of mobile crisis contacts
- b. Reduced hospitalization of consumers utilizing mobile crisis services and reduced law enforcement involvement

Goal of this grant is to increase the number of mobile crisis contacts, decrease the number of individuals utilizing hospital services and reduce police involvement with individuals in crisis.

- **Explain grant funding detail – is this a one time only or long term commitment?**  
The state makes funding commitments on a biennial basis. This grant award would commit funding through June 30, 2015, the remainder of the current biennium. The existing financial agreement with the State of Oregon would be amended to include the amount awarded.
- **What are the estimated filing timelines?**  
Grant application is due to the State of Oregon on November 18, 2013.
- **If a grant, what period does the grant cover?**  
January 1, 2014 through June 30, 2015, the last 18 months of the 13-15 biennium
- **When the grant expires, what are funding plans?**  
This is an expansion of currently existing services. Dependent upon the success of this expansion in achieving the goals of the Triple Aim, we would evaluate whether funding should be re-allocated to continue expansion at the end of the 2013 – 2015 biennium. In addition, Medicaid expansion may result in more individuals accessing treatment prior to their symptoms resulting in the need for crisis services, in which case amount of crisis funding necessary would decrease.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**  
This is a contracted service with an existing provider and will not increase any central or departmental indirect costs.

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### Required Signatures

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**Elected Official  
or Department/  
Agency Director:** Kathy Tinkle for Susan Myers /s/ **Date:** 11/6/2013

**Budget Analyst:** Jennifer Unruh /s/ **Date:** 11/6/13

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