



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

(Revised: 9-24-15)

**Board Clerk Use Only**

**Meeting Date:** 080416  
**Agenda Item #:** C.15  
**Est. Start Time:** 9:30 am  
**Date Submitted:** 062816

**Agenda NOTICE OF INTENT to submit an application to HRSA Delivery System  
 Title: Health Information Investment supplemental funding opportunity**

*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>July 14, 2016</u>	<b>Time Needed:</b>	<u>N/A; consent</u>
<b>Department:</b>	<u>Health</u>	<b>Division:</b>	<u>Integrated Clinical Services</u>
<b>Contact(s):</b>	<u>Vanetta Abdellatif, Marc Harris</u>		
<b>Phone:</b>	<u>503-988-8887</u>	<u>88887;</u>	<u>160/9</u>
<b>Presenter Name(s) &amp; Title(s):</b>	<u>503-988-8693</u>	<b>Ext.</b> <u>88693</u>	<b>I/O Address:</b> <u>160/9</u>
	<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.

*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>	Health Resources and Services Administration
<b>Proposal due date</b>	July 20,2016
<b>Grant period</b>	September 2016 – August 2017
<b>Approximate level of funding by year</b>	\$135,070
<b>Program Offer(s) potentially impacted</b>	Multiple Integrated Clinical Services Program Offers
<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)
<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 Health Resources and Services Administration (HRSA) Delivery System Health Information Investment (DSHII) will provide supplemental funding to existing Federally Qualified Health Center Program grantees. The Health Department's funding level was determined by number of patients. The funding can support the following health IT efforts: purchasing equipment and supplies; health information system enhancements; training; and data aggregation, analytics, and data quality improvements. The Health Department will utilize this funding to support these efforts within community health centers, school-based health centers, and/or dental clinics with the intent of improving operational efficiency and patient and population health outcomes.

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

Program activities are aligned with the Health Department's mission *to assure, promote, and protect the health of the people of Multnomah County in partnership with the communities we serve*; Integrated Clinical Services' mission to *provide quality health services for people who experience barriers to accessing care*; and Integrated Clinical Services' strategic framework, which includes a focus on patient health outcomes and health IT support quality and safety.

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

The Community Health Council has approved the submission of the HRSA DSHII application.

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

Consultants may be funded to support health IT activities.

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

Grantees will submit annual reports.

**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:** 6/28/2016

**Budget Analyst:**      Jeff Renfro /s/      **Date:** 6/28/2016

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