



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

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # C-5 DATE 2/11/16
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 2/11/16
Agenda Item C.5
Est. Start 9:30 am
Date 1/19/16

Agenda Title: NOTICE OF INTENT for the Health Department to submit an application of up to \$100,000 to the Oregon Health Authority for Jail Diversion Services

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>2/4/16</u>	Time Needed:	<u>N/A - Consent</u>
Department:	<u>Health</u>	Division:	<u>Mental Health and Addictions Services</u>
Contact(s):	<u>Neal Rotman and Alison Frye</u>		
Phone:	<u>x88291</u>	Ext.	<u>167/520</u>
Presenter Name(s) & Title(s):	<u>x88687</u>	I/O Address:	<u>160/9</u>
	<u>N/A - consent</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:

Granting Agency	Oregon Health Authority
Proposal due date	2/9/16
Grant period	Approximately March 1, 2016 through June 30, 2017
Approximate level of funding by year	\$80,000
Program Offer(s) potentially impacted	40066-16
How do you expect to spend the majority of funds? (check all that apply)	X Personnel Sub-contracts Capital (including equipment)
Does grant require match? If so, describe type (cash, FTE, etc) and %	No

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

The State of Oregon, acting by and through the Oregon Health Authority (OHA), Health Systems Division is issuing this Request for Grant Proposals to solicit Proposals from qualified Community Mental Health Programs (CMHPs) or Local Mental Health Authorities (LMHAs) to expand the availability of Jail Diversion Services in Oregon. Funding will be awarded to the successful Proposers as an amendment to the current OHA Financial Assistance Agreement to add the appropriate service element and funding for the period of January 1, 2016 through June 30, 2017 with options for additional services and funding up to a maximum of seven years.

Multnomah County was a recipient of State Jail Diversion funds in 2013. These funds have supported an array of Diversion services in the Mental Health and Addiction Services Division (MHASD) and Corrections Health and have been sustained with OHA funds. CMHPs and LMHAs that were awarded 2013 Mental Health Jail Diversion Investments may submit a Proposal for a supplemental award of up to \$100,000 (estimated 15 month implementation period). With this supplemental funding MHASD will expand diversion case management services by adding FTE focused on culturally responsive services for African Americans experiencing mental illness.

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

The proposed project fits squarely within 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. In addition, the proposal supports MHASD's strategic direction as the county's CMHP and LMHA, which make it responsible for planning the delivery of services for persons with mental or emotional disturbances, drug abuse, alcohol abuse, and gambling addiction problems under an agreement with the OHA.

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

The proposed expansion addresses gaps identified through planning activities that occurred during the MacArthur Foundation's Safety and Justice Challenge.

4. What partners may be included in program activities?

Diversion continuum partners include Department of Community Justice, Law Enforcement, Cascadia, Courts, CCOs and other community agencies.

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

The successful Proposer will report data for individuals who receive Jail Diversion Services into Measures and Outcomes Tracking System on a quarterly basis.

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.

Required Signatures

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

Wendy Lear on behalf of Joanne Fuller/s/ **Date:** 1/19/2016

Budget Analyst: Jeff Renfro /s/ **Date:** 1/19/2016

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