



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(revised 08/02/10)

Board Clerk Use Only

Meeting Date: 11/3/11
Agenda Item #: R.2
Est. Start Time: 9:35am
Date Submitted: 10/18/11

Agenda Title: **NOTICE OF INTENT to submit an application for up to \$5 million to the Health Resources and Services Administration's Capital Development – Building Capacity Grant Program.**

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date: 11/3/2011 **Amount of Time Needed:** 5 min.
Department: Health **Division:** Integrated Clinical Services
Contact(s): Susan Kirchoff and Marc Harris
Phone: (503) 988-3663 **Ext.** 25870/29778 **I/O Address:** 160/9
Presenter Name(s) & Title(s): Susan Kirchoff, Health Centers Operations Director; and Marc Harris, Health Services Development Administrator

General Information

1. What action are you requesting from the Board?

Authorize the Director of the Health Department to submit an application for up to \$5 million to the Health Resources and Services Administration's Capital Development – Building Capacity 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 Capital Development – Building Capacity grant program, part of the Affordable Care Act, is open to all Health Center Program grantees who did not receive funding through the FY 2010 Facility Investment Program or the FY 2011 Capital Development opportunities. Applicants must request between \$500,000 and \$5,000,000 for capital improvements (construction/renovation and equipment) at a single site. The Health Department did not receive FY10 or FY11 capital funding and plans to submit a proposal to renovate the Southeast Health Center (SEHC) to begin providing primary care services at the facility.

Residents of the Southeast Health Center service area (zip codes 97232, 97214, 97215, 97202, and 97206) experience multiple barriers to accessing health care. Throughout most of the area, the rate of uninsurance is higher than it is in the county as a whole. Racial and ethnic minorities in Southeast are more heavily impacted by poverty than they are county-wide. African Americans most clearly illustrate this discrepancy, as almost half of African Americans in SE (49.3%) earn below 100% FPL, compared to about a third in the entire county (32.1%). Southeast also contains the highest concentration of homeless persons in the county.

The SEHC renovations will enable the Department to better meet the health care needs of these vulnerable Southeast residents, and will result in a reception and waiting area, exam rooms for three provider teams, a group visit room, client bathrooms, a lab, a pharmacy, and staff offices. They will not impact the area where dental services are currently and will continue to be provided. Equipment purchases will include lab equipment and furniture, exam room equipment and furniture, waiting and reception furniture, and office equipment and furniture. Upon completion, the project will enable the Health Department to provide comprehensive primary care, pharmacy, enabling, mental health, and lab services (in addition to the existing dental services) to around 3,000 clients at SEHC annually. With an anticipated project start date of April 1, 2012, the Department plans on completing the renovations by mid FY 2014.

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

This grant will provide the Multnomah County Health Department with up to \$5 million dollars to renovate the Southeast Health Center. Renovations must be completed in three years and will result in a reception and waiting area, exam rooms for three provider teams, a group visit room, client bathrooms, a lab, a pharmacy, and staff offices.

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.

The Multnomah County Community Health Council has already approved the project.

ATTACHMENT A

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 Health Resources and Services Administration

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

The purpose of this grant is to build capacity through capital improvements. Cost sharing/matching is not required, although MCHD will contribute in-kind funds for unallowable costs such as moving. Post-award reporting includes compliance with audit requirements, quarterly electronic Federal Financial Report Cash Transaction Reports, and Federal Financial Reports at the end of each of the three project years.

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

The grant will provide the Health Department with a one-time award of up to \$5 million to be used over a three-year project period.

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

The grant is due November 9, 2011.

- **If a grant, what period does the grant cover?**

The grant covers a three-year time period beginning April 2012, and ending March 2015.

- **When the grant expires, what are funding plans?**

No additional funds will be needed for the project, as the renovation will be complete when the grant expires.

- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**

No, the grant does not cover indirect costs; they are an unallowable cost.


Required Signatures

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

Lillian Shirley

Date:

10/18/2011



Budget Analyst:

Shannon Busby

Date: 10/18/2011