

March 24, 2022

Board of County Commissioner
Clackamas County

Members of the Board:

Approval of the Non-Federal Subrecipient Agreement with the Clackamas County Children's Commission for the Help Me Grow Program. The funds will pay for a cross-systems team. Funding is provided by Providence Health & Services Oregon Grant. Contract maximum value is \$87,000.00.

No County General Funds are involved.

Purpose/Outcomes	In collaboration with Providence Health & Services Oregon , the Early Learning Hub, and Public Health/APHP, CCCC will ensure that Help Me Grow (HMG) aligns with other maternal, child, and family health and early learning systems.
Dollar Amount and Fiscal Impact	Contract maximum value is \$87,000.00
Funding Source	Funding through the Providence Health & Services Oregon Grant
Duration	This Agreement is effective upon signature and terminates on December 31, 2022 The Award period is January 1, 2022 – December 31, 2022
Previous Board Action	No previous board action.
Strategic Plan Alignment	1. Improved Community Safety and Health 2. Ensure safe, healthy and secure communities
Counsel Review	County counsel has reviewed and approved this document on February 22, 2022 KR
Procurement Review	1. Was the item processed through Procurement? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> 2. This item is a Grant
Contact Person	Philip Mason-Joyner, Public Health Director – (503)742-5956
Contract No.	10494

BACKGROUND:

The Clackamas County Public Health Division (CCPHD) of the Health, Housing & Human Services Department requests the approval of the Non-Federal Subrecipient Agreement with the Clackamas County Children's Commission for the Help Me Grow Program.

CCPHD is receiving funds from Providence Health & Services Oregon to oversee the HMG program in Clackamas County. CCPHD is contracting with the Clackamas County Children's Commission (CCCC) to implement HMG. The funds will pay for a cross-systems team [Family & Community Connections Director (Liaison Manager), Community Connections Specialist (Liaison), Family Connections Manager, Coordinators & Family Connections Assistant] at CCCC.

HMG is part of a larger regional and national HMG model. HMG is a system of collaboration and coordination across early childhood and health sectors to assure that families of children at-risk for developmental delays and broader social determinants of health are identified and connected to the services and supports they need. Rather than providing direct services, HMG focuses on enhancing existing services and resources for children 0 – 5 years. The overarching goal of HMG is to improve child health and developmental outcomes by strengthening links between children’s health and early learning systems, and creating a model for screening and referral that is consistent, robust, and replicable. HMG is universally-available for prenatal populations and families of young children.

The long-term vision of HMG in Clackamas County is that community members, clinicians and service providers routinely use the system when they have questions about pregnancy, young children, and family wellness and the various medical, social, and educational supports that are connected to these early life systems. The HMG system tracks the status of referrals, identifies gaps in the service array, and links families to appropriate community-based services through a “centralized access point” (known throughout as “Regional HMG,” which is located at Swindell’s Resource Center of Providence Health & Services Oregon Child Center). HMG is also a critical component of the Perinatal Continuum of Care (PCOC) that is under development in Clackamas, Washington, and Multnomah counties. The PCOC coordinates the efforts of multiple regional agencies, programs, and systems that aim to improve the health, equity, and quality of life for women, children, and families – HMG is the system that will enable the PCOC’s regional coordination activities.

Contract maximum value is \$87,000.00

This Agreement is effective upon signature and terminates on December 31, 2022. The Award period is January 1, 2022 – December 31, 2022

RECOMMENDATION:

Staff recommends the Board approve this Agreement.

Respectfully submitted,



Rodney A. Cook, Director
Health, Housing, and Human Services

**CLACKAMAS COUNTY, OREGON
LOCAL SUBRECIPIENT GRANT AGREEMENT PH-22-001**

Program Name: **Clackamas County Children's Commission – Agreement #10494**
 Program/Project Number: 40003

This Agreement is between **Clackamas County, Oregon**, acting by and through its Health, Housing and Human Services Department, Public Health Division (COUNTY) and **Clackamas County Children's Commission** (SUBSUBRECIPIENT), an Oregon Non-profit Organization.

COUNTY Data

Grant Accountant: Sherry Olson	Program Lead: Erika Zoller
Clackamas County – Public Health Division 2051 Kaen Road, Suite 367 Oregon City, OR 97045 (503) 742-5342 SOlson4@co.clackamas.or.us	Clackamas County – Public Health Division 2051 Kaen Road, Suite 367 Oregon City, OR 97045 (503) 502-1243 ezoller@clackamas.us

SUBRECIPIENT Data

Finance/Fiscal Representative: Carlos Valles	Program Representative: Danielle Rushing
Clackamas County Children's Commission 16518 SE River Road Milwaukie, OR 97267 (503) 675-4565 carlosv@clackcokids.org	Clackamas County Children's Commission 16518 SE River Road Milwaukie, OR 97267 503-675-4565, ext 364 danieller@clackcokids.org
FEIN: 93-0624672	

RECITALS

1. In 2017, Help Me Grow (HMG) started in Clackamas County. The Access to Preventive Health Program (APHP), which is part of the Public Health Division, within the Health, Housing & Human Service Department at Clackamas County, receives funding from Swindells Resource Center, Providence Health & Services to oversee the implementation of HMG in Clackamas County. APHP is contracting with the Clackamas County Children's Commission (CCCC) to implement HMG. The funds will pay for HMG Liaison at CCCC and for HMG promotion and outreach activities.
2. HMG is part of a larger regional and national HMG model. HMG is a system of collaboration and coordination across early childhood and health sectors to assure that families of children at-risk for developmental delays and broader social determinants of health are identified and connected to the services and supports they need. Rather than providing direct services, HMG focuses on enhancing existing services and resources for children 0 – 5 years. The overarching goal of HMG is to improve child health and developmental outcomes by strengthening links between children's health and early learning systems, and creating a model for screening and referral that is

consistent, robust, and replicable. HMG is universally-available for prenatal populations and families of young children.

The long-term vision of HMG in Clackamas County is that community members, clinicians and service providers routinely use the system when they have questions about pregnancy, young children, and family wellness and the various medical, social, and educational supports that are connected to these early life systems. The HMG system tracks the status of referrals, identifies gaps in the service array, and links families to appropriate community-based services through a "centralized access point" (known throughout as "Regional HMG," which is located at Swindell's Resource Center of Providence Child Center). HMG is also a critical component of the Perinatal Continuum of Care (PCOC) that is under development in Clackamas, Washington, and Multnomah counties. The PCOC coordinates the efforts of multiple regional agencies, programs, and systems that aim to improve the health, equity, and quality of life for women, children, and families – HMG is the system that will enable the PCOC's regional coordination activities.

3. This Grant Agreement of financial assistance sets forth the terms and conditions pursuant to which SUBSUBRECIPIENT agrees on delivery of the Program.

NOW THEREFORE, according to the terms of this Local Grant Agreement the COUNTY and SUBSUBRECIPIENT agree as follows:

AGREEMENT

1. **Term and Effective Date.** This Agreement shall become effective on the date it is fully executed and approved as required by applicable law. Funds issued under this Agreement may be used to reimburse subrecipient for expenses approved in writing by County relating to the project incurred no earlier than **January 1, 2022** and not later than **December 31, 2022**, unless this Agreement is sooner terminated or extended pursuant to the terms hereof. No grant funds are available for expenditures after the expiration date of this Agreement.
2. **Program.** The Program is described in Attached Exhibit A: SUBRECIPIENT Statement of Program Objectives. SUBRECIPIENT agrees to perform the Program in accordance with the terms and conditions of this Agreement.
3. **Standards of Performance.** SUBRECIPIENT shall perform all activities and programs in accordance with the requirements set forth in this Agreement and all applicable laws and regulations. Furthermore, SUBRECIPIENT shall comply with the requirements of the Health Share Grant Agreement that is the source of the grant funding.
4. **Grant Funds.** The COUNTY's funding for this Agreement is the **Health Share Grant Award** issued to the COUNTY by Swindells Resource Center, Providence Health & Services, an Oregon nonprofit corporation. The maximum, not to exceed, grant amount that the COUNTY will pay is **\$87,000**.
5. **Disbursements.** This is a cost reimbursement grant and disbursements will be made monthly in accordance with the requirements contained in Exhibit D: Request for Reimbursement.

Failure to comply with the terms of this Agreement may result in withholding of payment.

6. **Amendments.** The terms of this Agreement shall not be waived, altered, modified, supplemented, or amended, in any manner whatsoever, except by written instrument signed by both parties. **SUBRECIPIENT must submit a written request including a justification for any**

amendment to the COUNTY in writing at least forty five (45) calendar days before this Agreement expires. No payment will be made for any services performed before the beginning date or after the expiration date of this Agreement. If the maximum compensation amount is increased by amendment, the amendment must be fully effective before SUBRECIPIENT performs work subject to the amendment.

7. **Termination.** This Agreement may be terminated by the mutual consent of both parties or by a party upon written notice from one to the other. This notice may be transmitted in person, by mail, facsimile, or by email, with confirming record of delivery confirmation through electronic mail return-receipt, or by confirmation that the electronic mail was accessed, downloaded, or printed. .
8. **Funds Available and Authorized.** The COUNTY certifies that it has been awarded funds sufficient to finance the costs of this Agreement. SUBRECIPIENT understands and agrees that payment of amounts under this Agreement is contingent on the COUNTY receiving appropriations or other expenditure authority sufficient to allow the COUNTY, in the exercise of its reasonable administrative discretion, to continue to make payments under this Agreement.
9. **Future Support.** COUNTY makes no commitment of future support and assumes no obligation for future support for the activity contracted herein except as set forth in this agreement.
10. **Administrative Requirements.** SUBRECIPIENT agrees to its status as a SUBRECIPIENT, and accepts among its duties and responsibilities the following:
 - a) **Financial Management.** SUBRECIPIENT shall comply with Generally Accepted Accounting Principles (GAAP) or another equally accepted basis of accounting, use adequate internal controls, and maintain necessary sources documentation for all costs incurred.
 - b) **Revenue Accounting.** Grant revenue and expenses generated under this Agreement should be recorded in compliance with generally accepted accounting principles and/or governmental accounting standards. This requires that the revenues are treated as unearned income or "deferred" until the compliance requirements and objectives of the grant have been met. Revenue may be recognized throughout the life cycle of the grant as the funds are "earned". All grant revenues not fully earned and expended in compliance with the requirements and objectives at the end of the period of performance must be returned to the County within 15 days.
 - c) **Budget.** SUBRECIPIENT use of funds may not exceed the amounts specified in the Exhibit B: SUBRECIPIENT Program Budget. SUBRECIPIENT may not transfer grant funds between budget lines without the prior written approval of the COUNTY. At no time may budget modifications change the scope of the original grant application or agreement.
 - d) **Allowable Uses of Funds.** SUBRECIPIENT shall use funds only for those purposes authorized in this Agreement and in accordance with the Swindells Resource Center, Providence Health & Services Grant Agreement.
 - e) **Period of Availability.** SUBRECIPIENT may charge to the award only allowable costs resulting from obligations incurred during the term and effective date. Cost incurred prior or after this date will be disallowed.
 - f) **Match.** Matching funds are not required for this Agreement

- g) **Payment.** Routine requests for reimbursement should be submitted monthly by the 15th of the following month using the form and instructions in Exhibit D: Request for Reimbursement. SUBRECIPIENT must submit a final request for payment no later than fifteen (15) days after the end date of this Agreement.
- h) **Performance and Financial Reporting.** SUBRECIPIENT must submit Performance Reports according to the schedule specified in Exhibit C: SUBRECIPIENT Performance Reporting. SUBRECIPIENT must submit Financial Reports according to the schedule specified in Exhibit D: Request for Reimbursement. All reports must be submitted on SUBRECIPIENT letterhead, must reference this agreement number, and be signed and dated by an authorized official of SUBRECIPIENT.
- i) **Audit.** SUBRECIPIENT shall comply with the audit requirements prescribed by State and Federal law.
- j) **Monitoring.** SUBRECIPIENT agrees to allow access to conduct site visits and inspections of financial and programmatic records for the purpose of monitoring. COUNTY, the Swindells Resource Center, Providence Health & Services, the Secretary of the State of Oregon, and their duly authorized representatives shall have access to such records and other books, documents, papers, plans, records of shipments and payments and writings of SUBRECIPIENT that are pertinent to this Agreement, whether in paper, electronic or other form, to perform examinations and audits and make excerpts, copies and transcripts. Monitoring may be performed onsite or offsite, at the COUNTY's discretion.
- k) **Record Retention.** SUBRECIPIENT will retain and keep accessible all such financial records, books, documents, papers, plans, records of shipments and payments and writings for a minimum of six (6) years following the Project End Date (December 31, 2027), or such longer period as may be required by applicable law, or until the conclusion of any audit, controversy or litigation arising out of or related to this Agreement, whichever date is later.
- l) **Failure to Comply.** SUBRECIPIENT acknowledges and agrees that this agreement and the terms and conditions therein are essential terms in allowing the relationship between COUNTY and SUBRECIPIENT to continue, and that failure to comply with such terms and conditions represents a material breach of the original contract and this agreement. Such material breach shall give rise to the COUNTY's right, but not obligation, to withhold SUBRECIPIENT grant funds until compliance is met, reclaim grant funds in the case of omissions or misrepresentations in financial or programmatic reporting, or to terminate this relationship including the original contract and all associated amendments.

11. Compliance with Applicable Laws

- a) **Public Policy.** SUBRECIPIENT expressly agrees to comply with all public policy requirements, laws, regulations, and executive orders issued by the Federal government, to the extent they are applicable to the Agreement: (i) Titles VI and VII of the Civil Rights Act of 1964, as amended; (ii) Sections 503 and 504 of the Rehabilitation Act of 1973, as amended; (iii) the Americans with Disabilities Act of 1990, as amended; (iv) Executive Order 11246, as amended; (v) the Health Insurance Portability and Accountability Act of 1996; (vi) the Age Discrimination in Employment Act of 1967, as amended, and the Age Discrimination Act of 1975, as amended; (vii) the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended; (viii) all regulations and administrative rules established pursuant to the foregoing laws; and (ix) all other applicable requirements of federal and state civil rights and rehabilitation statutes, rules and regulations; and as applicable to SUBRECIPIENT.

- b) **State Statutes.** SUBRECIPIENT expressly agrees to comply with all federal, State, and local laws, regulations, executive orders and ordinances applicable to this Agreement or to Grantee's performance of the activities described in the Statement of Work as they may be adopted, amended or repealed from time to time, including but not limited to the following: (i) Oregon Revised Statutes ("ORS") Chapter 659A.142; (ii) OHA rules pertaining to the provision of integrated and coordinated care and services, OAR Chapter 410, Division 141; (iii) all other OHA Rules in OAR Chapter 410; (iv) rules in OAR Chapter 309 pertaining to the provisions of mental health services; (v) rules in OAR Chapter 415 pertaining to the provision of Substance Use Disorders services; (vi) state law establishing requirements for Declaration for Mental Health Treatment in ORS 127.700 through 127.737; and (vii) all other applicable requirements of State civil rights and rehabilitation statutes, rules and regulations. These laws, regulations, executive orders and ordinances are incorporated by reference to the extent that they are applicable to this Agreement and required by law to be so incorporated. Health Share's performance under this Agreement is conditioned upon Grantee's compliance with the provisions of ORS 279B.220, 279B.230, 279B.235 and 279B.270, which are incorporated by reference. Grantee will, to the maximum extent economically feasible in the performance of this Agreement, use recycled paper (as defined in ORS 279A.010(1)(gg)), recycled PETE products (as defined in ORS 279A.010(1)(hh)), and other recycled products (as "recycled product" is defined in ORS 279A.010(1)(ii)).
- c) **Conflict Resolution.** If conflicts are discovered among federal, state and local statutes, regulations, administrative rules, executive orders, ordinances and other laws applicable to the Services under the Agreement, SUBRECIPIENT shall in writing request COUNTY resolve the conflict. SUBRECIPIENT shall specify if the conflict(s) create a problem for the design or other Services required under the Agreement.

12. General Agreement Provisions.

- a) **Indemnification.** SUBRECIPIENT agrees to indemnify and hold COUNTY harmless with respect to any claim, cause, damage, action, penalty or other cost (including attorney's and expert fees) arising from or related to SUBRECIPIENT's negligent or willful acts or those of its employees, agents or those under SUBRECIPIENT's control. SUBRECIPIENT is responsible for the actions of its own agents and employees, and COUNTY assumes no liability or responsibility with respect to SUBRECIPIENT's actions, employees, agents or otherwise with respect to those under its control.
- b) **Insurance.** During the term of this agreement, SUBRECIPIENT shall maintain in force, at its own expense, each insurance noted below:
- 1) **Commercial General Liability.** SUBRECIPIENT shall obtain, at SUBRECIPIENT's expense, and keep in effect during the term of this agreement, Commercial General Liability Insurance covering bodily injury, death, and property damage on an "occurrence" form in the amount of not less than \$1,000,000 per occurrence/ \$2,000,000 general aggregate for the protection of COUNTY, its officers, commissioners, and employees. This coverage shall include Contractual Liability insurance for the indemnity provided under this agreement. This policy(s) shall be primary insurance as respects to the COUNTY. Any insurance or self-insurance maintained by COUNTY shall be excess and shall not contribute to it.

Contractor shall carry Abuse and Molestation Insurance as an endorsement to the Commercial General Liability policy, in a form and with coverage that are satisfactory to

the County, covering damages arising out of actual or threatened physical abuse, mental injury, sexual molestation, negligent: hiring, employment, supervision, investigation, reporting to proper authorities, and retention of any person for whom the Contractor is responsible including but not limited to Contractor and Contractor's employees and volunteers. Policy endorsement's definition of an insured shall include the Contractor, and the Contractor's employees and volunteers. Coverage shall be written on an occurrence basis in an amount of not less than \$1,000,000 per occurrence. Any annual aggregate limit shall not be less than \$3,000,000. These limits shall be exclusive to this required coverage. Incidents related to or arising out of physical abuse, mental injury, or sexual molestation, whether committed by one or more individuals, and irrespective of the number of incidents or injuries or the time period or area over which the incidents or injuries occur, shall be treated as a separate occurrence for each victim. Coverage shall include the cost of defense and the cost of defense shall be provided outside the coverage limit.

- 2) **Commercial Automobile Liability.** If the Agreement involves the use of vehicles, SUBRECIPIENT shall obtain at SUBRECIPIENT expense, and keep in effect during the term of this agreement, Commercial Automobile Liability coverage including coverage for all owned, hired, and non-owned vehicles. The combined single limit per occurrence shall not be less than \$1,000,000.
- 3) **Professional Liability.** If the Agreement involves the provision of professional services, SUBRECIPIENT shall obtain and furnish the COUNTY evidence of Professional Liability Insurance covering any damages caused by an error, omission, or negligent act related to the services to be provided under this agreement, with limits not less than \$2,000,000 per occurrence for the protection of the COUNTY, its officers, commissioners and employees against liability for damages because of personal injury, bodily injury, death, or damage to property, including loss of use thereof, and damages because of negligent acts, errors and omissions in any way related to this agreement. COUNTY, at its option, may require a complete copy of the above policy.
- 4) **Workers' Compensation.** Insurance in compliance with ORS 656.017, which requires all employers that employ subject workers, as defined in ORS 656.027, to provide workers' compensation coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). If contractor is a subject employer, as defined in ORS 656.023, contractor shall obtain employers' liability insurance coverage limits of not less than \$1,000,000.
- 5) **Additional Insured Provisions.** All required insurance, other than Professional Liability, Workers' Compensation, and Personal Automobile Liability and Pollution Liability Insurance, shall include "Clackamas County, its agents, officers, and employees" as an additional insured, but only with respect to SUBRECIPIENT's activities under this agreement.
- 6) **Notice of Cancellation.** There shall be no cancellation, material change, exhaustion of aggregate limits or intent not to renew insurance coverage without 30 days written notice to the COUNTY. Any failure to comply with this provision will not affect the insurance coverage provided to COUNTY. The 30 day notice of cancellation provision shall be physically endorsed on to the policy.
- 7) **Insurance Carrier Rating.** Coverage provided by SUBRECIPIENT must be underwritten by an insurance company deemed acceptable by COUNTY. Insurance

coverage shall be provided by companies admitted to do business in Oregon or, in the alternative, rated A- or better by Best's Insurance Rating. COUNTY reserves the right to reject all or any insurance carrier(s) with an unacceptable financial rating.

- 8) **Certificates of Insurance.** As evidence of the insurance coverage required by this agreement, SUBRECIPIENT shall furnish a Certificate of Insurance to COUNTY. No agreement shall be in effect until the required certificates have been received, approved, and accepted by COUNTY. A renewal certificate will be sent to COUNTY 10 days prior to coverage expiration.
 - 9) **Primary Coverage Clarification.** SUBRECIPIENT coverage will be primary in the event of a loss and will not seek contribution from any insurance or self-insurance maintained by, or provided to, the additional insureds listed above.
 - 10) **Cross-Liability Clause.** A cross-liability clause or separation of insured's condition will be included in all general liability, professional liability, and errors and omissions policies required by the agreement.
 - 11) **Waiver of Subrogation.** SUBRECIPIENT agrees to waive their rights of subrogation arising from the work performed under this Agreement.
- c) **Assignment.** SUBRECIPIENT shall not enter into any subcontracts or subawards for any of the Program activities required by the Agreement without prior written approval. This Agreement may not be assigned in whole or in part with the express written approval of the COUNTY.
 - d) **Independent Status.** SUBRECIPIENT is independent of the COUNTY and will be responsible for any federal, state, or local taxes and fees applicable to payments hereunder. SUBRECIPIENT is not an agent of the COUNTY and undertakes this work independent from the control and direction of the COUNTY excepting as set forth herein. SUBRECIPIENT shall not seek or have the power to bind the COUNTY in any transaction or activity.
 - e) **Notices.** Any notice provided for under this Agreement shall be effective if in writing and (1) delivered personally to the addressee or deposited in the United States mail, postage paid, certified mail, return receipt requested, (2) sent by overnight or commercial air courier (such as Federal Express), (3) sent by facsimile transmission, with the original to follow by regular mail; or, (4) sent by electronic mail with confirming record of delivery confirmation through electronic mail return-receipt, or by confirmation that the electronic mail was accessed, downloaded, or printed. Notice will be deemed to have been adequately given three days following the date of mailing, or immediately if personally served. For service by facsimile or by electronic mail, service will be deemed effective at the beginning of the next working day.
 - f) **Governing Law.** This Agreement is made in the State of Oregon, and shall be governed by and construed in accordance with the laws of that state. Any litigation between the COUNTY and SUBRECIPIENT arising under this Agreement or out of work performed under this Agreement shall occur, if in the state courts, in the Clackamas County court having jurisdiction thereof, and if in the federal courts, in the United States District Court for the State of Oregon.
 - g) **Severability.** If any provision of this Agreement is found to be illegal or unenforceable, this Agreement nevertheless shall remain in full force and effect and the provision shall be stricken.

- h) **Counterparts.** This Agreement may be executed in any number of counterparts, all of which together will constitute one and the same agreement. Facsimile copy or electronic signatures shall be valid as original signatures.
- i) **Third Party Beneficiaries.** Except as expressly provided in this Agreement, there are no third party beneficiaries to this Agreement. The terms and conditions of this Agreement may only be enforced by the parties.
- j) **Binding Effect.** This Agreement shall be binding on all parties hereto, their heirs, administrators, executors, successors and assigns.
- k) **Integration.** This agreement contains the entire agreement between COUNTY and SUBRECIPIENT and supersedes all prior written or oral discussions or agreements.

(CLACKAMAS COUNTY)

AGREED as of the Effective Date.

CLACKAMAS COUNTY, OREGON
Commissioner: Tootie Smith, Chair
Commissioner: Sonya Fischer
Commissioner: Paul Savas
Commissioner: Martha Schrader
Commissioner: Mark Shull

Clackamas County Children's Commission

Signing on Behalf of the Board,

By: _____
Chair, County Commissioners

By: Darcee Kilsdonk
Darcee Kilsdonk, Executive Director

Dated: _____

Dated: _____

By: _____
Recording Secretary

Dated: _____

Approved to Form

By: Kathleen J. Ricketts
County Counsel

- Exhibit A: SUBRECIPIENT Statement of Work
- Exhibit B: SUBRECIPIENT Program Budget
- Exhibit C: Progress Report Template
- Exhibit D: Reporting Template Chart
- Exhibit E: Request for Reimbursement Template

Exhibit A

Statement of Work

1. Background

The Clackamas County Access to Preventive Health Program (APHP) is part of the Public Health Division within the Health, Housing & Human Services Department. APHP services are largely focused on improving maternal, child, and family health, and are a hybrid of direct care (e.g., WIC, breastfeeding support, home visiting) and policy, system, and environmental change strategies (e.g., strengthening access to reproductive health care and immunizations).

In 2017, Help Me Grow started in Clackamas County. Clackamas County HMG is part of a larger regional and national HMG model. HMG is a system of collaboration and coordination across early childhood and health sectors to assure that families of children at-risk for developmental delays and broader social determinants of health are identified and connected to the services and supports they need. Rather than providing direct services, HMG focuses on enhancing existing services and resources for children 0 – 5 years. HMG is universally-available for prenatal populations and families of young children.

The long-term vision of HMG in Clackamas County is that families and service providers routinely use the system when they have questions about pregnancy, young children, and family wellness and the various medical, social, and educational supports that are connected to these early life systems. The HMG system tracks the status of referrals, identifies gaps in the service array, and links families to appropriate community-based services through a “centralized access point” (known throughout as “Regional HMG,” which is located at Swindells Resource Center of Providence Child Center). HMG is also a critical component of the Perinatal Continuum of Care (PCOC) that is forming in Clackamas, Washington, and Multnomah counties. The PCOC coordinates the efforts of multiple regional agencies, programs, and systems that aim to improve the health, equity, and quality of life for women, children, and families – HMG is the system that will enable the PCOC’s regional coordination activities.

Clackamas County Public Health (CCPH) will subcontract the funds received from Regional HMG to pay for a HMG Liaison at the Clackamas County Children’s Commission (CCCC). As a part of the 2022 agreement, CCPH will also develop a closed-loop referral process (in partnership with Regional HMG) within APHP’s WIC and home visiting services. Funding to pay for CCPH’s time

to develop closed-loop referral processes within APHP's WIC and home visiting services are not included in this scope of work. CCCC and APHP will also collaborate with Regional HMG to develop a local HMG Implementation/Action Plan. The aim of the local HMG Implementation/Action Plan is to outline the goals for HMG implementation in 2022 and identify immediate areas of partnership and system alignment between HMG, CCCC, and APHP.

2. Scope of Work

2.1. Contract oversight, administration, and technical assistance

- Goal: In collaboration with Health Share of Oregon (HSO), Regional HMG, and leadership at CCCC, Public Health/APHP will provide contract oversight, administration, and technical assistance for the implementation of HMG in Clackamas County.
- Contract oversight, administration, and technical assistance activities include, but are not limited, to the following components:
 - Budget monitoring
 - Monitoring and evaluating progress reports from CCCC (see section 4 below)
 - Frequent communication with HSO, Regional HMG, and CCCC (e.g., meetings and ongoing HMG updates)
 - Consultation and technical support from Public Health/APHP on various topics/issues/challenges/barriers
 - Ensuring there is adequate staffing to operate HMG (i.e., consistent FTE is committed to HMG)

2.2. Continuity and system alignment

- Goal: In collaboration with HSO, Regional HMG, leadership at CCCC, and the Early Learning Hub, Public Health/APHP will ensure that HMG aligns with other maternal, child, and family health and early learning systems.
- Continuity and system alignment activities include, but are not limited, the following components:
 - Public Health/APHP will:
 - Act as the link between Clackamas County-operated maternal, child, and family health and well-being services, community-based organizations, Regional HMG, and CCCC
 - Actively contribute to the development of a coordinated PCOC, both within Clackamas County and the tri-county region
 - Work to align HMG with Home Visiting programs
 - Work to align HMG with other existing screening and referrals systems
 - Develop a local HMG Implementation/Action Plan in partnership with CCCC and Regional HMG

2.3. Resource maintenance and community outreach

- Goal: In collaboration with HSO, Regional HMG, leadership at CCCC, and the Early Learning Hub, Public Health/APHP will ensure CCCC promotes HMG as a system to support community partners and Clackamas County families.
- Resource maintenance and community outreach include, but are not limited, the following components:

- In partnership with Public Health/APHP and other early learning partners, CCCC will:
 - Regularly enter new resources and validate existing resources in the Regional HMG resource database
 - When possible, conduct prenatal and early childhood program eligibility determinations and program enrollment, as well as coordination and integration of local referral and resource supports
 - Promote young child development, screening and referral processes throughout the community, with specific emphasis on cultural outreach/partnering with culturally-specific agencies and communities of color
 - Conduct outreach related to increasing developmental awareness for families and promotion of HMG. Outreach can be conducted virtually (e.g., texting, website, social media), in-person (following all COVID-19 requirements), or through other best methods.
 - Present information related to developmental knowledge and screening/referral practices. This information will be consistent with Regional HMG messaging
 - Promote HMG as a regional referral platform so that families and service providers routinely use the system when they have questions about pregnancy, young children, and family wellness and the various medical, social, and educational supports that are connected to these early life systems

2.4. Quality improvement

- Goal: In collaboration with HSO, Regional HMG, and CCCC, Public Health/APHP will engage in continuous quality improvement in order to strengthen the infrastructure for local prenatal and early childhood services.
- Quality improvement activities include, but are not limited, the following components:
 - Public Health/APHP will ensure CCCC is regularly identifying, documenting, and communicating gaps in the service array
 - In partnership with Public Health/APHP, the CCCC will share lessons learned and implementation updates with HSO, Regional HMG, leadership at CCCC, the Early Learning Hub, and members of the PCOC
 - Public Health/APHP will ensure CCCC is implementing findings from quality improvement activities

2.5. Partnership development and stakeholder engagement

- Goal: In collaboration with HSO, Regional HMG, the PCOC members, the Early Learning Hub, and CCCC, Public Health/APHP will enhance existing partnerships, develop new partnerships, and engage stakeholders in Clackamas County HMG.
- Partnership development and stakeholder engagement activities include, but are not limited, the following components:
 - Public Health/APHP will work with CCCC to regularly engage with service providers, parents, the Clackamas County Early Childhood Committee, and the Early Learning Hub to obtain their feedback on HMG

- In partnership with Public Health/APHP, CCCC/the HMG team will contribute to a local service array gap analysis

2.6. Equity and trauma-informed practices

- Goal: In collaboration with HSO, Regional HMG, the PCOC members, the Early Learning Hub, and CCCC, Public Health/APHP will develop and implement strategies that are grounded in racial and health equity and trauma-informed practices.
- Equity and trauma-informed practice activities include, but are not limited, the following components:
 - Public Health/APHP will work with partners to find, understand, and eliminate the conditions that create disparities in health outcomes
 - Public Health/APHP will ensure that HMG services are trauma-informed, focus on the most vulnerable groups that face the most or greatest challenges, and that resources and power are allocated where they are most-needed
 - Public Health/APHP will work with partners to examine the multiple barriers that families experience when they access and engage in prenatal and early childhood services, supports, and resources.

3. Deliverables and metrics

3.1. Final deliverables

Description	Due Date
Public Health/APHP will summarize and share CCCC's quarterly progress report findings and submit to Regional Help Me Grow	April 15, 2022 July 15, 2022 October 14, 2022 January 13, 2023
Public Health/APHP, CCCC, and Regional HMG will develop a local HMG Implementation/Action Plan	December 30, 2022

3.2. Performance metrics (see Exhibit C for progress report template)

Meetings

Deliverables: Attendance and participation at monthly operations meeting and monthly regional Liaison meeting

Accountability: Participation report and follow-up tasks distributed to all stakeholders quarterly

Process	Responsible	Due Date
Monthly operations meeting <ul style="list-style-type: none"> ● Review the previous month's outputs - presentations and outreach completed, referral 	Regional HMG CCPH CCCC	Held between 12-17th of each month

sources, gaps identified and filled, resources validated <ul style="list-style-type: none"> Review data and collaboratively set priorities for the coming quarter 		
Monthly regional liaison meeting <ul style="list-style-type: none"> Share new developments across region and connect with regional HMG staff; share county updates and upcoming priorities 	Regional HMG CCCC CCPH	4th Monday of each month, 3-4pm

Promoting Help Me Grow as a system to support community partners

- Deliverable:** Conduct at least two outreach activities per week (24 per quarter)
- 50% of activities are with organizations that are culturally-specific and/or represent communities of color
 - 25% of activities are with general audiences
 - 25% of the activities are with HMG partner organizations

Accountability: Number and percent of outreach activities will be reviewed in the monthly operations meeting

Process	Responsible	Due Date
Details on each outreach activity will be recorded in HMG database (please reference HMG Liaison Handbook for data entry instructions)	CCCC	End of each month
Report of the previous month's activities to all stakeholders for discussion at the monthly operations meeting	Regional HMG	3rd of each month

Resource database: Entering new resources

Deliverable:

- Gaps in services for young children and families will be identified. Categories with fewer than 5 resources will be considered a gap to be filled.
- At least 3 resources added to the database to fill the need
- # of culturally-specific agencies that are in the regional HMG database (by County)

Accountability: In the monthly operations meeting, new resources added to the database are reviewed, and gaps prioritized for the next month

Process	Responsible	Due Date
Identify gaps in local community resources by reviewing "service area" and "resource categories" in the HMG resource database.	Regional HMG	1st of each month
Identify services to meet the prioritized gap for each	CCCC	End of each

month. Enter the organizations that provide those services into the HMG database. Details included are, but are not limited to, service delivery logistics, cultural specificity, and languages spoken by staff. (Please see the HMG Liaison Handbook for a full outline of required organizational fields)		month
Report of the previous month's resources sent to all stakeholders for discussion at the monthly operations meeting	Regional HMG	3rd of each month

Resource database: Validate existing resources

Deliverable: Existing resources in the HMG database are validated for accuracy monthly

Accountability: In the monthly operations meeting, the team will review county-specific lists with the dates the information was validated

Process	Responsible	Due Date
Review county-specific community resources in the HMG resource database. Ensure the details on services are correct and current. Enter the date of validation for each organization.	CCCC	End of each month
Report of records validated sent to all stakeholders	Regional HMG	3rd of each month

System Effectiveness

Deliverable: Quarterly report of relevant metrics

Accountability: In the monthly operations meeting, the team will review the system effectiveness metrics

Process	Responsible	Due Date
Review the number of successful connections (referrals) for families	Regional HMG	Beginning of each quarter
Conduct a quantitative assessment of the number of self-identified goals that a family achieves	Regional HMG	Beginning of each quarter
Conduct a qualitative assessment of the strength of relationships (responsiveness with referrals, requests for	Regional HMG	Beginning of each quarter

partnership, etc) with culturally-specific agencies and population-specific early learning systems		
Summarize qualitative feedback from Regional HMG annual parent survey, focusing specifically on assessment of trust and relationship-building with hard-to-reach communities and communities of color	Regional HMG	Beginning of each quarter
Review demographic background of HMG participants	Regional HMG	Beginning of each quarter
Review county-specific HMG system improvement activities	CCPH	Beginning of each quarter

3.3. Reporting schedule to Regional HMG

Reporting Period	Report Due
January – March 2021	April 15, 2022
April – June 2021	July 15, 2022
July – September 2021	October 14, 2022
October – December 2021	January 13, 2023

Exhibit B

Line Item Budget and Narrative Worksheet

	Agency:	Clackamas County Public Health Division					
	Fiscal Contact:	Sherry Olson					
	E-mail address:	solson4@co.clackamas.or.us					
	Phone Number:	503-742-5342	Fax Number:				
Budget Categories	Description						Total
(1) Salary	Position #	Title of Position	Salary (annual)	% of time (FTE)	# of months requested	Total Salary	
	1				12	0.00	
	2				12	0.00	
	3				12	0.00	
	4				12	0.00	
	5				12	0.00	
	TOTAL SALARY					\$0.00	
	Narrative* :						\$0
(2) Fringe Benefits	Position #	Total Salary	Base #Applicable	%	=	Total Fringe	
	1	0.00			=	0.00	
	2	0.00			=	0.00	
	3	0.00			=	0.00	
	4	0.00			=	0.00	
	5	0.00			=	0.00	
	TOTAL FRINGE					\$0.00	\$0
(3) Equipment	List equipment. Include all equipment necessary for program (i.e. computer, printer).					\$0	
(4) Supplies	Narrative* :						\$0
(5) Travel	In state		Out Of State		Subtotal		
	Narrative* :						
	Per Diem:					\$0	
	Hotel:					\$0	
	Air fare:					\$0	
	Reg. fees:					\$0	
	Other:					\$0	
	Mileage:	Miles:	X	.54	per mile	\$0	\$0
(6) Other	Please list.						
						\$0	
						\$0	
						\$0	
						\$0	
						\$0	\$0
(7) Contracts:	List all subcontracts and all contractual costs, if applicable.						
	Subcontract is for CCCC to operate Help Me Grow.						
	Funds will be used to pay for 1 FTE of a Help Me Grow Liaison (salary and fringe = \$72,000)					\$72,000	
	Funds will be used for printing and mailing Help Me Grow materials (\$1,000) and the purchase of tangible items for Help Me Grow outreach and promotion (\$14,000). Note: these funds are coming from Clackamas County Public Health, not Providence.					\$15,000	\$87,000
	TOTALS						
(8) Total Direct Costs	Total personnel, equipment, travel, and subcontracts						\$87,000
(9) Cost Allocation and Indirect Rate	Total indirect @ 10% of total award amount (total award from Providence = \$80,000). Indirect includes contract oversight, administration, and technical assistance from Clackamas County Public Health.			10.00%		\$8,000	\$8,000
(10) TOTALS	Total Help Me Grow budget						\$95,000

EXHIBIT C
PROGRESS REPORT TEMPLATE

Help Me Grow Progress Report

Agency: Clackamas County Children's Commission

Reporting Period:

Submitted by:

Program Reporting

Please report on the following that was achieved during the reporting period:

1. Attendance and participation at the monthly regional HMG Liaison meeting and quarterly reporting/data sharing meeting
 - a. What meeting follow-up tasks were achieved during the quarter?
2. Number of total HMG outreach activities? Activities can include, but are not limited, to presentations about HMG, information/resource circulation, and marketing of partner organization's services. (Expectation is to do a minimum of 24 activities per quarter; activities can include texting, social media, and/or online communications)
 - a. How many activities were with organizations that are culturally-specific and/or represent communities of color? (Expectation is that 50% of activities will be with organizations that are culturally-specific and/or represent communities of color)
 - b. How many activities were with general audiences? (Expectation is that 25% of activities will be with general audiences)
 - c. How many activities were with HMG partner organizations? (Expectation is that 25% of activities will be with HMG partner organizations)
3. List the name and/or number of new resources that were entered in the regional HMG database.
4. On a monthly basis, each county-specific community resource needs to be validated for accuracy and updated in the HMG regional database.
 - a. How many total resources changed over the reporting period?
 - b. How did you verify the accuracy of each resource (i.e., website check, phone call, text, site visit, etc.)
5. Provide a summary on the HMG system improvement activities that were completed over the past quarter.
 - a. Aligning existing screening and referral processes
 - b. Program eligibility/enrollment
 - c. Communication and marketing

- d. Information exchange with partners
 - e. Racial equity
 - f. Stakeholder (families, service providers) engagement and feedback
 - g. Self-assessment
 - h. Other
6. Provide a brief narrative on the past quarter's successes and challenges, and recommendations for the upcoming quarter.

EXHIBIT D
REPORTING TEMPLATE CHART

<u>Category</u>	<u>Q1</u>	<u>Q2</u>	<u>Q3</u>	<u>Q4</u>
Number of calls to the line (by parent, clinician, or other social service agency) *new families entering HMG system				
Number of contacts with families (calls, emails, etc.)				
Primary reason for the call				
Basic demographics (including race, ethnicity, language, age of child, whether they are on OHP)				
Ranked list of services/programs to which referrals were made				
Percentage of families successfully connected to services				
Ranked list of service/program gaps (service/program gap means a service/program does not exist to address the need)				

