

July 27, 2023

Board of County Commissioners Clackamas County

Approval to Apply for a Community Benefit Initiatives Small Grant from Trillium Community Health Plan for the All: Ready Network to address health inequities for children.

Agreement value up to \$200,000 for 1 year. Funding through Trillium Community Health Plan.

No County General Funds are involved.

Previous Board Action/Review	BCC Issues: 7/25/23		
Performance Clackamas	Ensure safe, healthy, and secure communities.		
Counsel Review	Yes	Procurement Review	No
Contact Person	Jessica Duke	Contact Phone	971-291-8569

EXECUTIVE SUMMARY: The Children, Family & Community Connections (CFCC) Division of the Health, Housing and Human Services Department requests approval to apply for a Community Benefits Initiative Small Grant from Trillium Community Health Plan to further support the All: Ready Network. All: Ready Regional Kindergarten Readiness Network is an established network that both centers on and is led by community voices to collectively solve the early childhood inequities in our region. This project will support community-level partnerships to focus on improving health outcomes, alleviating health disparities, and advancing health equity for children 0-5.

Agreement value up to \$\$200,000 for 1 year for services from November 1, 2023 through December 31, 2024.

RECOMMENDATION: Staff recommends approval of the Board to apply for funding as described.

Respectfully submitted, Rodnsy A. Cook

Rodney A. Cook

Director of Health, Housing, and Human Services

Healthy Families. Strong Communities.

2051 Kaen Road, Oregon City, OR 97045 Phone (503) 650-5697 Fax (503) 655-8677

Clackamas.us/h3s

Financial Assistance Application Lifecycle Form Use this form to track your potential award from conception to submission Sections of this form are designed to be completed in collaboration between department program and fiscal staff. ** CONCEPTION ** Direct Appropriation (no application) Section I: Funding Opportunity Information - To be completed by Requester Award type: Subrecipient Award ✓ Direct Award Lead Department & Fund: Yes 🗸 No Award Renewal? H3s - Children, Family & Community Connections Fund 240 complete sections 1, 2, & 4 only. If Direct Appropriation, complete page 1 and Dept/Finance signatures only. If Disaster or Emergency Relief Funding, EOC will need to approve prior to being sent to the BCC Name of Funding Opportunity: Tirllium Continuing Care Organization 2023 Community Benefits Initiative Funding Source: Federal State Local 🔽 Kari Lyons Requestor Information (Name of staff person initiating form): Requestor Contact Information: klyons@clackamas.us Department Fiscal Representative: Scott Vandecoevering All:Ready Network Program Name and prior project # (please specify): **Brief Description of Project:** This grant will fund further outreach, engagement and resource development with a culturally specific group of early childhood specialists, providers and parents to improve health outcomes for children 0-5 who identify as Black, African American and African. Trillium Coordinated Care Organization (CCO) Name of Funding Agency: Agency's Web Address for funding agency Guidelines and Contact Information: https://www.trilliumohp.com/ Kendra Pennington 541-674-9086 OR Application Packet Attached: Yes No 4 26 23 Kari Lyons Completed By: Date ** NOW READY FOR SUBMISSION TO DEPARTMENT FISCAL REPRESENTATIVE ** Section II: Funding Opportunity Information - To be completed by Department Fiscal Rep Competitive Application 🗸 Non-Competing Application Other \square N/A September 15, 2023 CFDA(s), if applicable: Funding Agency Award Notification Date: Announcement Date: June 9, 2023 Announcement/Opportunity #: N/A \$200,000 N/A Grant Category/Title: Max Award Value: Allows Indirect/Rate: Match Requirement: None N/A None Application Deadline: Other Deadlines: Award Start Date: November 2023 Other Deadline Description: N/A December 2024 Award End Date: Completed By: Kari Lyons Program Income Requirement: None

Additional funding sources available to fund this program? Please describe: Yes, Marie Lamfrom Charitable Foundation

How much General Fund will be used to cover costs in this program, including indirect expenses? None

Non applicable

S None

How much Fund Balance will be used to cover costs in this program, including indirect expenses? None

Pre-Application Meeting Schedule:

Section III: Funding Opportunity Information - To be completed at Pre-Application Meeting by Dept Program and Fiscal Staff

Mission/Purpose:

1. How does the grant/funding opportunity support the Department and/or Division's Mission/Purpose/Goals?

CFCC's mission is to ensure an aligned, coordinated, equitable and family-centered early childhood system. This project helps to provide better coordination of culturally affirming services for these families.

2. What, if any, are the community partners who might be better suited to perform this work?

None.

3. What are the objectives of this funding opportunity? How will we meet these objectives?

- * Engage the providers and community to identify gaps in the system of care to improve service delivery models and provide solutions for ways to provide more culturally specific care
- * Connect with health system and education stakeholders in a quality improvement process to address the gaps

4. Does the grant/finantial estitutore fund an existing program? If yes, which program? If no, what is the purpose of the program?

Yes. Some funding will support the All:Ready Network, which is a kindergarten readiness network hosted by the CFCC division of H3S.

Organizational Capacity:

1. Does the organization have adequate and qualified staff? If no, can staff be hired within the grant/financial assistance funding opportunity timeframe?

Yes

2. Are there partnership efforts required? If yes, who are we partnering with and what are their roles and responsibilities?

Black Parent Initiative, Self-Enhancement Inc, Somali Empowerment Circle, Early Learning HUBs, Clackamas County Development Disabilities, Trillium Health Care, Cambia Health Foundation, Care Oregon - their role is to participate in a advisory committee and discuss how we improve the early childhood system to improve outcomes

3.If this is a pilot project, what is the plan for sunsetting the project and/or staff if it does not continue (e.g. making staff positions temporary or limited duration, etc.)?

We will be integrating the work into existing organizations so they are skilled up for provide this work. We are building a foundation for these organizations to carry this work.

4. If funded, would this grant/financial assistance create a new program, does the department intend for the program to continue after initial funding is exhausted? If yes, how will the department ensure funding (e.g. request new funding during the budget process, supplanted by a different program, etc.)?

This funding contributes to an existing program and provides new ideas and resources for the African community.

Collaboration

1. List County departments that will collaborate on this award, if any.

CFCC, Clackamas County Public Health, Office of Developmental Disabilities and the Clackamas County Community Health Clinics.

Reporting Requirements

1. What are the program reporting requirements for this grant/funding opportunity?

There is one grant report required at the end of the grant period. The virtual Grant Reporting &

Evaluation form will be pro	vided for the Grantee to ι	use.	
2. How will performance be evaluated? Are we usi grant timeframe?	ng existing data sources? If yes, what are they a	nd where are they housed? If not, is it fe	asible to develop a data source within the
We will measure # of parent atte services/providers and disability families on their experience all vi	resources, # of parent support r ia an online data collection syste	meetings held and oral tes	
3. What are the fiscal reporting requirements for t	, ,		
No fiscal reporting require	d.		
Fiscal 1. Will we realize more benefit than this financial of	assistance will cost to administer?		
No			
Are other revenue sources required, available or Balance and amounts.	will be used to fund the program? Have they alr	eady been secured? Please name other:	sources, including General Fund or Fund
No			
3. For applications with a match requirement, how	much is required (in dollars) and what type of fu	ınding will be used to meet it (CGF, In-kir	nd, Local Grant, etc.)?
Not applicable			
4. Does this grant/financial assistance cover indire	ct costs? If yes, is there a rate cap? If no, can add	litional funds be obtained to support ind	irect expenses and what are those sources?
Yes. No rate cap provided			
Program Approval:		1/	- \0
Kari Lyons Name (Typed/Printed)	6.23.23	Signature	in Jyans
ranic (Typeu/Tinteu)	Date	Jigilatuic	

** NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR**

**ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN. **

Section IV: Approvals

DIVISION DIRECTOR (or designee, if applicable)		
Adam Freer		Adam 1 2
		John The P
Name (Typed/Printed)	Date	Sigríature
DEPARTMENT DIRECTOR (or designee, if applicable)		0 '
Denise Swanson	Jul 11, 2023	Denise Swanson (Jul 11, 2023 08:35 PDT)
Name (Typed/Printed)	Date	Signature
FINANCE ADMINISTRATION Elizabeth Comfort	Jul 11, 2023	Clizabeth Comfort
Name (Typed/Printed)	Date	Signature
EOC COMMAND APPROVAL (DISASTER OR EMERGENCY RI	ELIEF APPLICATIONS ONLY)	
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Name (Typed/Printed)	Date	Signature
Section V: Board of County Commissioners/Co	ounty Administration	
(Required for all grant applications. If your grant is awarded, all grant \underline{a}	. Name of the supervised by the Board on their weekly consent of the supervised by the Board on their weekly consent of the supervised by the Board on their weekly consent of the supervised by the Board on their weekly consent of the supervised by the Board on their weekly consent of the supervised by the Board on the supervised by the supe	agenda regardless of amount per local hudget law 294 338)
For applications less than \$150,000:	mast be approved by the board on their weekly consented	agental regardless of amount per local staget law 25 115501,
COUNTY ADMINISTRATOR	Approved:	Denied:
COUNTY ADMINISTRATOR	дрргоveu.	Deffied.
Name (Typed/Printed)	Date	Signature
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For applications greater than \$150,000 or whi	ich otherwise require BCC approval:	
BCC Agenda item #:		Date:
OR		
	1	
Policy Session Date:		
County Admin	istration Attestation	

County Administration: re-route to department contact when fully approved. Department: keep original with your grant file.