

August 18, 2023

Board of County Commissioners

Approval of a Revenue Grant Agreement with Oregon Community Foundation for Building a Trauma-Informed Public Health System in Clackamas County. Total contract value is \$150,000.00 for 3 years. Funding through Oregon Community Foundation.

**No County General Funds are involved.**

<b>Previous Board Action/Review</b>	No previous Board action. Going to Issues on August 15, 2023.		
<b>Performance Clackamas</b>	1. Ensure safe, healthy, and secure communities 2. Health outcome disparities identified in the Community Health Improvement Plan will be reduced.		
<b>Counsel Review</b>	Yes	<b>Procurement Review</b>	No
<b>Contact Person</b>	Philip Mason-Joyner	<b>Contact Phone</b>	503-742-5956

**EXECUTIVE SUMMARY:** The Clackamas County Public Health Division (CCPHD) of the Health, Housing & Human Services Department requests the approval of the Revenue Grant Agreement with Oregon Community Foundation for Building a Trauma Informed Public Health System in Clackamas County. Funding through Oregon Community Foundation.

Oregon Community Foundation was established in 1973 and have awarded more than \$1Billion in grants and scholarships throughout the state as a result of donors’ incredible generosity. They are a statewide community foundation that work alongside donors, stewarding their priorities into strategic giving to support diverse communities across Oregon, creating lasting, transformative change. Oregon Community Foundation has improved lives for all Oregonians through, grant making, research, advocacy, convening people, ideas and resources to strengthen communities.

Clackamas County Public Health is hosting a fellow from the American Public Health Association and Kaiser Permanente. The fellowship program is a leadership program that places recent Masters in Public Health graduates into positions to work and learn in diverse communities to gain leadership and public health experiences. Our fellow Taurica Salmon is working with another fellow Esperanza Zagal who is placed at Kaiser Permanente. They are currently working on creating trauma informed practices in the County’s Public Health Division.

The Clackamas County Public Health Division's "Building a trauma informed public health system" is aimed to improve the health and well-being of Clackamas County residents by integrating evidence-based trauma informed practices, policies and programs within the Public Health Division with a special focus on equity and communities of color. The project will include the piloting of a new trauma informed committee within public

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health that will be charged with 1) conducting a landscape analysis that will include a high level needs assessment, 2) Developing an evidence-based training agenda, 3) creating a "trauma informed" policy analysis tool, 4) Identifying data gaps that will help examine the relationship between exposure to trauma and health outcomes and 5) developing a series of community based pilot programs and 6) identifying key communication messages to increase awareness among the public broadly.

The project will serve all of Clackamas County (422,000 residents) with an emphasis on the approximately 20% of the population that has identified as a specific community of color, with Hispanic/Latino being the largest at 9.5%. In addition, the project will emphasize the 12% of the county population that does not speak English at home and are likely linguistically and culturally isolated as well as the 7% of the population living in poverty. Finally, the project will also prioritize residents living in rural areas of the County.

If the Board does not approve this contract it will affect Clackamas County populations that are in most need of trauma informed programs within the Public Health Division. This program is new to Clackamas County.

The grant award period is January 1, 2023, through December 31, 2025. The contract term is upon signature through December 31, 2025. Total contract value is \$150,000.

**RECOMMENDATION:** Staff recommends the Board of County Commissioners approve the attached Revenue Grant Agreement #11090.

Respectfully submitted,

*Rodney A. Cook*

Rodney A. Cook,

Director, Health, Housing, and Human Services



**Grant Contract**

Terms and Conditions of Grant Award

**Organization Name**

Clackamas County

**Project Title/Description**

for the Clackamas County Public Health Division's "Building a Trauma Informed Public Health System in Clackamas County"

<u>509980</u>
Distribution ID
<u>\$150,000.00</u>
Amount

**Grant Policies**

1. This grant is to be used solely for the approved purpose as stated above.
2. This grant is made subject to the condition that the entire amount will be expended for the purpose stated above. No part of this grant may be used for purposes other than the approved purpose.
3. The foundation's donors, advisors, and staff are to receive no personal benefits or services for this grant that are not otherwise extended to the general public without cost. This grant cannot be used to fulfill a pledge.
4. The foundation shall be notified promptly of any development that significantly affects the operation of the organization, including changes in key personnel for the project or organization and the organization name, phone number, or address.
5. Full and adequate records shall be kept concerning receipts and expenditures related to the use of the grant. These records will be made available to the foundation upon request at any reasonable time.

**Payment Conditions**

6. Your organization's deposit, negotiation, or endorsement of the award means you understand and agree to the terms of the initial Invitation to Apply and of this grant.
7. Grant Period: January 1, 2023 - December 31, 2025
8. The first of three payments in the amount of \$50,000.00 has been mailed from OCF's finance department. Additional payments of \$50,000.00 will be released annually each December through 2024; contingent on progress report receipt.
9. Progress reports are due by November 30, 2023 and November 30, 2024. A link to the progress report will be sent to you by Kaiser Permanente via the Mosaic contributions system prior to the due date. The final report is due January 31, 2026.
10. If there are any changes in the organization's status or tax classification, it shall promptly notify the foundation. In the event of loss of tax-exempt status under federal laws, any unspent funds shall be returned to the foundation immediately.

**Please sign and return this contract to OCF's Portland Office, attn: Grants Management or to grants@oregoncf.org within two weeks.**

\_\_\_\_\_  
**Name and Title of Representative Authorized to Sign Contract**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# Trauma Informed Project

## Scope of work for Taurica & Esperanza

- Review current resources of Trauma Informed Practices/Approaches/Care
  - Contact to get info and updated perspective.
- Make table of resources including:
  - Training specialty/focus
  - Cost
  - Dates/frequency
  - Types of training (in-person/virtual/tutorials)
  - Referred by \_\_\_\_\_
- Compile Excel sheet with the above information?
- Make separate sheet with range of trauma informed care specialties, and definition of trauma informed care. What it means to be a trauma informed department/workforce.
- Make a list of what trauma-informed is and is not.
- Walk Armando and Jennifer through sheet.
- Incorporate feedback from our respective teams
- Assess resources CCPH staff need: meetings with staff
  - Questions: how many staff? Topics of interest? Areas of need? Preference for training styles, etc.
  - Front desk staff – always present, food safety, call to ask about their needs/interests?
  - CCPH staff: 250-300 need to be trained
  - Need online option, in-person 20 max.
- Health Promotion Program Planning
- Learn about staff needs/competencies to build on/fill gaps.

	<b>Timeline</b>							
	Feb	Mar	Apr	May	June	July	Aug	Sep
Health Promotion Program Planning, review guidelines	x	x	x					
Research recommended resources	x	x	x					
Educate self on what are Trauma Informed Approaches	x	x	x	x				
Support CCPH staff in vetting TI resources			x	x	x	x		
Meet with CCPH staff to assess training needs			x	x	x			
Present to team and incorporate feedback					x	x		
Draft Table		x	x	x	x	x	x	
Draft Information Sheet		x	x	x	x	x	x	
Draft FAQs				x	x	x	x	
Table							x	x
Sheet							x	x
Presentation of Work							x	x
Recommendation to Move Forward							x	x
Timeline for Implementation						x	x	x

**Deliverables:**

- Resource Table
  - Sheet with contact information
- Information sheet with definitions and needs assessment (FAQ).
- Annotated bibliography of peer-reviewed sources?
  - Formal/semi-formal literature review?

**Next:**

- Confirm tasks and deliverables
- Set deadlines
- **Follow-up with Armando:**
  - interest in FAQ?
  - information sheet?
  - survey CCPH staff on current knowledge of Trauma Informed Practices?
- What format to present in:
  - Free website
  - SharePoint

<b>Example Resource Sheet</b>							
Organization	Specialty	Cost point	Dates/Frequency	Train teams (Y/N)	Virtual/in-person	Recommended by	Notes
Washington County ACEs	ACEs						
Trauma Informed Oregon (TIO)							
Others...							

Other sheet with contact information.

<b>Example Contact Sheet</b>				
Organization	Phone #	Contact person	Email	Website
Washington County				
Trauma Informed Oregon (TIO)				
Others...				

# 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.

**If renewal, 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**

**\*\*CONCEPTION\*\***

## Section I: Funding Opportunity Information - To Be Completed by Requester

Award type:  Direct Appropriation (no application)  Subrecipient Award  Direct Award

Award Renewal?  Yes  No

<b>Lead Fund # and Department:</b>	Fund 240, Dept. 40, LOB 4004: Health, Housing, and Human Services, Public Health Division
<b>Name of Funding Opportunity:</b>	Kaiser Permanente Community Health Fund of Oregon Community Foundation

Funding Source:  Federal – Direct  Federal – Pass through  State  Local

Requestor Information: (Name of staff initiating form)	Sherry L. Olson
Requestor Contact Information:	971-804-1012
Department Fiscal Representative:	Sherry L. Olson
Program Name & Prior Project #: (please specify)	The Center for Population Health Program #400406

Brief Description of Project:

<p>1) Support fully funded fellowship/FTE through APHA to do the following: Equity centered policy/legislative review, analysis, and monitoring system; Data Development focused on Health Disparities; and Community Asset Map</p> <p>2) Once funded fellowship terms, funding will continue to support the ongoing work within the Center for Population Health on addressing health disparities</p>
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Name of Funding Agency:	Kaiser: Oregon Community Foundation
Notification of Funding Opportunity Web Address:	NA

**OR**

Application Packet Attached:  Yes  No

Completed By: Sherry L. Olson

Date: 07/19/23

**\*\* 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

Assistance Listing Number (ALN), if applicable:	NA	Funding Agency Award Notification Date:	NA
Announcement Date:	NA	Announcement/Opportunity #:	NA
Grant Category/Title	Kaiser Perm CH Fund of Oregon Community Foundation	Funding Amount Requested:	\$50,000/annual x 3 yrs = \$150,000
Allows Indirect/Rate:	Yes	Match Requirement:	NA
Application Deadline:	NA	Total Project Cost:	
Award Start Date:	01/01/23	Other Deadlines and Description:	
Award End Date	12/31/25		
Completed By:	Sherry L. Olson	Program Income Requirements:	
Pre-Application Meeting Schedule:			

Additional funding sources available to fund this program? Please describe:

OHA - LPHA: PE51-01 Public Health Modernization

How much General Fund will be used to cover costs in this program, including indirect expenses?

No General Fund

How much Fund Balance will be used to cover costs in this program, including indirect expenses?

No Fund Balance

## In the next section, limit answers to space available.

### 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?

The grant supports the fully funded fellowship/FTE that support th Public Health's strategic visions of a vibrant and health Clackamas County; and their mission for protecting and promoting the community's health by advancing racial health equity, building partnership, and establishing responsive systems.

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

NA

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

See #1

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

No

#### 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?

The Center for Population Health FTEs and a fellowship from APHA (program planner)

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

Yes, APHA and Kaiser

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

NA

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.)?

Funding to create new tools and systems (policy analysis) within our current program structure, complementing our modernization work



**Collaboration**

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

H3S, PGA

**Reporting Requirements**

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

Fellow will participate in a set of learning sessions

2. How will performance be evaluated? Are we using existing data sources? If yes, what are they and where are they housed? If not, is it feasible to develop a data source within the grant timeframe?

The expected outcomes are a) Improved systems to review and assess legislation and policy with equity at the center b) Increased staff engagement in the legislative review and analysis process, c) Increased engagement among community based partners in identifying CCPH legislative priorities, d) Increased use of qualitative data in program design aimed at reducing health disparities, e) Improved data quality for communities of color in Clackamas County, f) Increased participation among hard to reach populations in generating data for Clackamas, g) Increased understanding and knowledge of community public health assets/strengths in Clackamas County.

3. What are the fiscal reporting requirements for this funding?

Monthly/annual budget to actual reporting to CPH program management - internal; not yet specified if reimbursement or one-time allotment

**Fiscal**

1. Are there other revenue sources required, available, or will be used to fund the program? Have they already been secured? Please list all funding sources and amounts.

NA

2. For applications with a match requirement, how much is required (in dollars) and what type of funding will be used to meet it (CGF, In-kind, local grant, etc.)?

NA

3. Does this grant/financial assistance cover indirect costs? If yes, is there a rate cap? If no, can additional funds be obtained to support indirect expenses and what are those sources?

Yes, no rate cap

Other information necessary to understand this award, if any.

Program Approval:

Sherry L. Olson

07/19/23

Sherry L. Olson

Digitally signed by Sherry L. Olson  
Date: 2023.07.19 12:11:31 -07'00'

Name (Typed/Printed)

Date

Signature

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

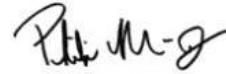
**\*\*ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN\*\***

**Section IV: Approvals**

DIVISION DIRECTOR (or designee, if applicable)

Philip Mason Joyner

07/19/23



Name (Typed/Printed)

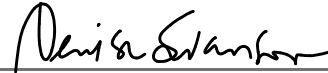
Date

Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Denise Swanson

Jul 20, 2023

  
Denise Swanson (Jul 20, 2023 17:31 PDT)

Name (Typed/Printed)

Date

Signature

FINANCE ADMINISTRATION

Elizabeth Comfort

Jul 24, 2023



Name (Typed/Printed)

Date

Signature

EOC COMMAND APPROVAL (WHEN NEEDED FOR DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY)

Name (Typed/Printed)

Date

Signature

**Section V: Board of County Commissioners/County Administration**

(Required for all grant applications. If your grant is awarded, all grant awards must be approved by the Board on their weekly consent agenda regardless of amount per local budget law 294.338.)

**For applications less than \$150,000:**

COUNTY ADMINISTRATOR	Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>
Name (Typed/Printed)	Date	Signature

**For applications up to and including \$150,000 email form to Tracy Moreland at [TracyMor@clackamas.us](mailto:TracyMor@clackamas.us) for Gary Schmidt's approval.**

**For applications \$150,000 and above, email form with Staff Report to the Clerk to the Board at [ClerktotheBoard@clackamas.us](mailto:ClerktotheBoard@clackamas.us) to be brought to the consent agenda.**

BCC Agenda item #:  Date:

OR

Policy Session Date:

County Administration Attestation

County Administration: re-route to department at   
and  
Grants Manager at [financegrants@clackamas.us](mailto:financegrants@clackamas.us)  
when fully approved.

Department: keep original with your grant file.