

April 20, 2023

BCC Agenda Date/Item: \_\_\_\_\_

Board of County Commissioners  
Clackamas County

**Approval to Apply for Grant Funds from Kaiser Permanente to Establish a Medical Respite Program. Total Grant Value is up to \$250,000 for Two Years. Funding is through Kaiser Permanente. No County General Funds are involved.**

<b>Previous Board Action/Review</b>	Briefed at Issues – April 18, 2023		
<b>Performance Clackamas</b>	1. Ensuring safe, healthy, and secure communities through the development of a medical respite program for medically fragile individuals experiencing homelessness.		
<b>Counsel Review</b>	N/A	<b>Procurement Review</b>	N/A
<b>Contact Person</b>	Vahid Brown	<b>Contact Phone</b>	971-334-9870

**EXECUTIVE SUMMARY:** The Housing & Community Development Division of Health, Housing & Human Services is requesting approval to apply for a grant of up to \$250,000 from Kaiser Permanente to develop a medical respite program for medically fragile individuals experiencing homelessness. Medical respite care is acute and post-acute care for people experiencing homelessness who are too ill or frail to recover from an illness or injury on the streets or in a shelter, but who do not require hospital-level care. Unlike “respite” for caregivers, “medical respite” is short-term residential care that allows individuals experiencing homelessness the opportunity to rest, recover, and heal in a safe environment while accessing medical care and other supportive services. Medical respite care is generally offered in a variety of settings including freestanding facilities, homeless shelters, motels, and transitional housing.

Kaiser Permanente (KP), in collaboration with the National Institute for Medical Respite Care (NIMRC), will support a cohort of established and developing medical respite programs in the Pacific Northwest region. This cohort will consist of up to six medical respite programs, to include two previously funded programs, and a potential four new programs funded through this grant opportunity. Funding will be accompanied by customized training and technical assistance and participation in a peer learning community over a 24-month period from July 1, 2023 - June 30, 2025.

The funding awarded through this grant will allow the Housing & Community Development Division to fund a position to staff the cohort opportunity and design, develop, and implement a local medical respite program. Clackamas County has historically lacked any respite programs for people experiencing homelessness, and both the hospital and housing systems recognize the urgent need for respite care services. Shelter and transitional housing programs in Clackamas County report high numbers of participants experiencing homelessness with complex and acute medical care needs, which shelters are ill-equipped to provide on their

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own, while area hospital systems lack alternatives from discharging highly medically vulnerable people experiencing homelessness back to the street after inpatient care. Addressing the health needs of people experiencing homelessness is a core priority of Clackamas County and its Board of Commissioners, and the establishment of a medical respite program is consistent with the both County policy priorities and the critical need for such services in the community.

**RECOMMENDATION:** Staff recommends Board approval of the request to apply for grant funds from Kaiser Permanente.

Respectfully submitted,

Rodney Cook, Director

# 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>	240 - Health, Housing & Human Services
<b>Name of Funding Opportunity:</b>	Kaiser Permanente Medical Respite Program Grant

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

Requestor Information: (Name of staff initiating form)	Adam Brown
Requestor Contact Information:	971-421-0133
Department Fiscal Representative:	Anh Le
Program Name & Prior Project #: (please specify)	System Support & Coordination

### Brief Description of Project:

The Housing & Community Development Division of Health, Housing & Human Services is requesting approval to apply for a grant of up to \$250,000 from Kaiser Permanente to develop a medical respite program for medically fragile individuals experiencing homelessness. Kaiser Permanente (KP), in collaboration with the National Institute for Medical Respite Care (NIMRC), will support a cohort of established and developing medical respite programs in the Pacific Northwest region. This cohort will consist of up to six medical respite programs, to include two previously funded programs, and a potential four new programs through this grant opportunity. Funding will be accompanied by customized training and technical assistance and participation in a peer learning community over a 24-month period from July 1, 2023 - June 30, 2025.

Name of Funding Agency: Kaiser Permanente

Notification of Funding Opportunity Web Address: <https://protect-us.mimecast.com/s/hWI2CL9zqMukYDjvCBNuyI?domain=urldefense.com>

**OR**

Application Packet Attached:  Yes  No

Completed By: Adam Brown Date: By 4/21/2023

**\*\* 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:	N/A	Funding Agency Award Notification Date:	Unknown
Announcement Date:	March 9, 2023	Announcement/Opportunity #:	N/A
Grant Category/Title	Medical Respite Program	Funding Amount Requested:	\$250,000
Allows Indirect/Rate:	Yes	Match Requirement:	None
Application Deadline:	April 21, 2023	Total Project Cost:	\$250,000
Award Start Date:	July 1, 2023	Other Deadlines and Description:	<b>None</b>
Award End Date	June 30, 2025		
Completed By:	Adam Brown	Program Income Requirements:	N/A
Pre-Application Meeting Schedule:	N/A		

Additional funding sources available to fund this program? Please describe:  
 Metro Supportive Housing Services funds.

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

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

## 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?

Ensuring safe, healthy, and secure communities through the development of a medical respite program for medically fragile individuals experiencing homelessness.

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

Community partners will carry out any ongoing programming that comes from this program design and development opportunity.

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

The funding awarded through this grant will allow the Housing & Community Development Division to fund a position to staff the cohort opportunity and design, develop, and implement a local medical respite program. We will meet the core objective of developing a medical respite program through participation in the cohort opportunity.

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

No, it will support the development of a new program.

#### 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?

No, the grant will fund the staff needed to develop the program. Yes, staff can be hired within the funding opportunity time frame.

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

Yes, we will be partnering with Kaiser Permanente, the grantee, and their technical assistance provider, National Institute for Medical Respite Care (NIMRC). We will also be partnering with our homeless services system partners and community-based organizations to develop and implement the resulting local medical respite program.

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.)?

N/A.

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.)?

Any ongoing programming resulting from this opportunity will be funded with Metro Supportive Housing Services funds.

**Collaboration**

1. List County departments that will collaborate on this award, if any.  
None.

**Reporting Requirements**

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

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?  
N/A. Goal is program development.

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

**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.  
N/A.

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.)?  
N/A.

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 known cap.

Other information necessary to understand this award, if any.  
None.

Program Approval:

**Adam Brown**

**4/12/2023**

**Adam Brown**

Digitally signed by Adam Brown  
Date: 2023.04.12 11:54:37 -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)

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Name (Typed/Printed)	Date	Signature
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DEPARTMENT DIRECTOR (or designee, if applicable)

<b>Adam Brown</b>	<b>4/12/2023</b>	<b>Adam Brown</b> <small>Digitally signed by Adam Brown Date: 2023.04.12 11:54:23 -07'00'</small>
Name (Typed/Printed)	Date	Signature

FINANCE ADMINISTRATION

<b>Elizabeth Comfort</b>	<b>4-12-2023</b>	<i>Elizabeth Comfort</i>
Name (Typed/Printed)	Date	Signature

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

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Name (Typed/Printed)	Date	Signature
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**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 under \$150,000 email form to Christina Fadenrecht at [CFadenrecht@clackamas.us](mailto:CFadenrecht@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:

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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.