

July 28, 2022

Board of Commissioners Clackamas County

Members of the Board:

Approval to apply to Oregon Department of Human Services, Office of Developmental Disabilities Services, for Infrastructure Grant for Improving Provider Capacity. Total Value is \$586,901. Funding through American Rescue Plan Act of 2021. <u>County General Funds are not involved.</u>

Purpose/Outcomes	Approval to apply to Oregon Department of Human Services, Office of Developmental Disabilities Services, for an infrastructure grant to improve provider capacity.
Dollar Amount and Fiscal Impact	Maximum amount to be funded would be \$586,901 No match is required. \$15,683 of DD Program fund balance will be required for ineligible indirect costs.
Funding Source	American Rescue Plan Act of 2021 via grant from Oregon Department of Human Services, Office of Developmental Disabilities Services
Duration	Grant funds would be available upon execution of agreement and end on March 31, 2024
Previous Board Action	None
Strategic Plan Alignment	1. This funding aligns with the strategic priority to provide expanded and culturally specific resources for our clients.
	<ol> <li>This funding aligns with the strategic priority to ensure safe, healthy and secure communities by adding capacity to local care resources for persons with disabilities.</li> </ol>
County Review	This is a Grant application. Not subject to County Counsel Review
Procurement	1. Was this time processed through Procurement? No
Review	2. In no, provide brief explanation: This is a Grant application. Not subject to Procurement Review.
Contact Person	Brenda Durbin, Director, Social Services Division 503-655-8641
Contract No.	N/A

## Background

The Social Services Division of the Department of Health, Housing and Human Services requests approval to apply to Oregon Department of Human Services, Office of Developmental Disabilities, for an infrastructure grant to improve provider capacity. This grant would be funded by American Rescue Plan Act of 2021 funds.

The federal American Rescue Plan Act of 2021 (ARPA) provides emergency appropriations through the Oregon Department of Human Services to support developmental disabilities' program capacity needs during the pandemic. The proposed project will create a sustainable practice for improving developmental disabilities group and foster home provider capacity. It will develop culturally and linguistically responsive training materials for providers, improve onboarding strategies for new and emerging providers, and build a system for supporting providers with quality improvement and retention. This project will identify and address inadequacies in current training and support of Page 2 – Staff Report: ODDS Grant Application July 28 2022

emerging group and foster providers by engaging voices from the developmental disabilities provider community, service coordinators and license and compliance specialists from the DD team, and individuals in service. It will also include a focus on improving and better engaging future providers in culturally specific ways.

No match is required for these funds. No County General Funds are involved.

#### Recommendation

We recommend the approval to apply for this grant by the Board of County Commissioners.

Respectfully submitted

Rodney A. Cook

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

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 **					
Section I: Funding Opportunity Information - To		n - To be comp	bleted by Requester	Award type:	<ul> <li>Direct Appropriation (no application)</li> <li>Subrecipient Award</li> <li>Direct Award</li> </ul>
Lead Department & Fund #:	H3S Social Services Division	n- Fund 240		Award Renewal?	? 🗖 Yes 🔽 No
					ion, complete page 1 and Dept/Finance signatures onl
Name of Funding Opportunity:		ARPA - ODDS - Infrastruct		f Funding, EOC will ne	eed to approve prior to being sent to the BCC
Funding Source: Federal 🗹 Requestor Information (Name of		al	Brooke Gelfand		
			kamas.us or 503-705-1584		
Department Fiscal Representativ	e:	Teresa Christor	oherson		
Program Name and prior project	# (please specify):	Developmental	Disabilities		
Brief Description of Project:					d foster home provider capacity. It will
develop culturally and linguistically responsive training materials for providers, improve onboarding strategies for new and emerging providers, and build a system for supporting providers with quality improvement and retention. This project will identify and address inadequacies in current training and support of emerging group and foster providers by engaging voices from the developmental disabilities provider community, service coordinators and license and compliance specialists from the DD team, and individuals in service. It will also include a focus on improving and better engaging future providers in culturally specific ways.					
Name of Funding Agency:		ODDS ( Oregon C	Office of Developmental Disabiliti	ies)	
Notification of Funding Opportunity Web Address: https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Pages/ARPA.aspx OR					
Application Packet Attached:	Yes ✓	No			
Completed By:	Brooke Geland, Man	agement Analyst II			6/15/22
Date ** NOW READY FOR SUBMISSION TO DEPARTMENT FISCAL REPRESENTATIVE **					
Section II: Funding Oppor	rtunity Informatio	on - To be compl	eted by Department Fiscal	Rep	
Competitive Application CFDA(s), if applicable: Announcement Date: Grant Category/Title: Allows Indirect/Rate: Application Deadline: Award Start Date: Award End Date: Completed By:	Non-Competing A 21.027 5/16/22 ARPA Infrastructu No 7/18/22 8/1/22 3/31/24 3/31/24		Other Funding Agency Award Notifi Announcement/Opportunity DS Funding Amount Requested: Match Requirement: Other Deadlines: Other Deadline Description: Program Income Requirement	#:	8/1/22 N/A \$586,901 None 3/31/24, 12/31/24 Progress reports, Final outcomes and accounting N/A
Pre-Application Meeting Schedule:					
Additional funding sources available to fund this program? Please describe: DD Program Fund balance					
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? <u>\$ 15,683 to cover indirect costs</u>					

#### 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?

These funds would be used to engage provider community, improve county/provider communication/collaboration, and improve the knowledge and skill base of emerging and future residential service providers for individuals with intellectual and developmental disabilities. This will include applying an equity lens to current provider training and support from our team and addressing barriers for these providers to support individuals with intellctual and developmental disabilities successfully.

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

There are no other partners doing this work. Clackamas County's Developmental Disabilities program is the only provider of these services.

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

These funds are intended for use at the local level to develop infrastructure to build capacity, improve provider retention and recruitment and community involvement. This project meets those objectives.

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 program will include funding for two Limited Duration Initiative Coordinators who will develop the plan and lead implementation efforts. Support for the project will also come from existing staff in the DD program.

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

Partners in foster care and residential services will be included in the steering committee, along with meaningful engagement with individuals in service.

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.)?

The project is designated to put a long term sustainable process in place to increase provider capacity and provide training and resources for new and emerging providers.

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.)?

The strategies and practices developed by this program will be implemented for long term sustainable use by existing staff. No additional funding is needed.

Collaboration

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

N/A

Reporting Requirements

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

## Final outcome and expenditure report will be due no later than 12/31/24

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?

Success will be evaluated by the development and implementation of a plan that includes strategies for implementation for DD. No new data sources development is required.

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

Agencies are required to maintain records for audits, allocate grant funds by 3/31/24 and complete the final expenditure report by 12/31/24. Unused funds must be returned to ODDS

Fiscal

1. Will we realize more benefit than this financial assistance will cost to administer?

Large residential providers are struggling with staff recruitment and retention. Emerging providers require additional supports to be successful. In order to maintain a robust network of service providers, this project is essential to providing safe foster and group home settings and will provide an invaluable opportunity to integrate culturally specific service provision into our current network of services.

2. Are other revenue sources required, available or will be used to fund the program? Have they already been secured? Please name other sources, including General Fund or Fund Balance and amounts.

All costs will be covered by the grant except for a portion of division and department indirects. Those costs will be covered by Fund Balance. Sufficient funds are available to pay for those costs for the duration of the program.

3. 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

4. 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?

All costs will be covered by the grant except for a portion of division and department indirects. The rate cap is negotiated on a biannual basis with ODDS. Those costs will be covered by Fund Balance. Sufficient funds are available to pay for those costs for the duration of the program.

Program Approval:

## Teresa Christopherson

Name (Typed/Printed)

7/5/22

inted) 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)		
Brenda Durbin	7/5/22	
Name (Typed/Printed)	Date	Signature
DEPARTMENT DIRECTOR (or designee, if applicable	e)	Denise Digitally signed by Denise Swanson
Denise Swanson	7/7/22	Swanson Date: 2022.07.07 11:41:26 -07'00'
Name (Typed/Printed)	Date	Signature
FINANCE ADMINISTRATION		Ed Johnson Date: 2022.07.07 16:00:13 -07'00'
Name (Typed/Printed)	Date	Signature
EOC COMMAND APPROVAL (DISASTER OR EMERG	ENCY RELIEF APPLICATIONS ONLY)	
Name (Typed/Printed)	Date	Signature
For applications less than \$150,000:	Il grant <u>awards</u> must be approved by the Board on their week	kly consent agenda regardless of amount per local budget law 294.338.)
COUNTY ADMINISTRATOR	Approved:	Denied:
Name (Typed/Printed)	Date	Signature
For applications greater than \$150,000 BCC Agenda item #: OR Policy Session Date:	or which otherwise require BCC approve	<b>al:</b> Date:

County Administration Attestation

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

# COVER SHEET

□ New Agreement/Contra	ct				
Amendment/Change/Extension to					
□ Other					
Originating County Department:					
Other party to contract/agreement:					
Description:					
After recording please return to:					
	County Admin				
	Procurement				
If applicable, complete the following:					

Board Agenda Date/Item Number: \_\_\_\_\_