

June 20, 2024

BCC Agenda Date/Item: _____

Board of County Commissioners
Clackamas County

Approval to Apply for Funding Opportunity with the Federal Human Resources & Services Administration for Improving Transitions in Care for Justice-Involved Populations. Total possible value is \$1,000,000 for 2 Years. Funding through the Federal Human Resources & Services Administration. No County General Funds are involved.

Previous Board Action/Review	No previous Board action. Briefed at Issues – June 18, 2024		
Performance Clackamas	1. Individuals and families in need are healthy and safe. 2. Ensure safe, healthy and secure communities.		
Counsel Review	No	Procurement Review	No
Contact Person	Sarah Jacobson	Contact Phone	503-742-5303

EXECUTIVE SUMMARY: The purpose of this funding opportunity is to strengthen transitions in care for individuals who will soon be released from incarceration; increasing their access to community-based, high-quality primary care services. If awarded this funding, the Health Centers Division will build upon existing evidence-based models to pilot innovative approaches that connect or reconnect justice-involved individuals reentering the community to services that address critical health and health-related social needs.

RECOMMENDATION: The staff respectfully recommends that the Board of County Commissioners approve this agreement and authorize Chair Smith to sign on behalf of Clackamas County.

Respectfully submitted,

Rodney A. Cook

Rodney A. Cook
Health, Housing & Human Services

For Filing Use Only

Healthy Families. Strong Communities.

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 or direct appropriation, complete sections I, II, IV & V only. Section III is not required.

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

Lead Fund # and Department:	Fund 253 - H3S-Health Centers
Name of Funding Opportunity:	FY 2025 Quality Improvement Fund - Transitions in Care for Justice-Involved Populations (QIF-TJI)

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

Requestor Information: (Name of staff initiating form)	Adam Kearl
Requestor Contact Information:	akearl@clackamas.us 971-276-5002
Department Fiscal Representative:	Adam Kearl
Program Name & Prior Project #: (please specify)	Primary Care Clinics (400502)

Brief Description of Project:

The purpose of this funding opportunity is to strengthen transitions in care for individuals who will soon be released from incarceration, increasing their access to community-based, high quality primary care services.

Name of Funding Agency: Department of Health & Human Services - Human Resources & Services Administration (HRSA)

Notification of Funding Opportunity Web Address: <https://bphc.hrsa.gov/funding/funding-opportunities/quality-improvement-fund-justice-involved-populations>

OR

Application Packet Attached: Yes No

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

Assistance Listing Number (ALN), if applicable:	93.527	Funding Agency Award Notification Date:	12/1/2024
Announcement Date:	4/10/2024	Announcement/Opportunity #:	HRSA-25-005
Grant Category/Title	FY 25 Transitions in Care for Justice Involved Populations	Funding Amount Requested:	1,000,000
Allows Indirect/Rate:	Yes/ Approved Rate or De minimis rate	Match Requirement:	N/A
Application Deadline:	7/2/2024	Total Project Cost:	1,000,000
Award Start Date:	12/1/2024	Other Deadlines and Description:	Final Application Due 7/2/2024
Award End Date	11/30/2026		
Completed By:	Adam Kearl	Program Income Requirements:	
Pre-Application Meeting Schedule:			

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

Program income generated through being a recipient of the HRSA 300 award and status as an FQHC

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

0

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

0

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?*

This opportunity is right in line with the board's priority of safer/healthier communities. This opportunity will enable Health Centers to connect and coordinate care with people who are due to be released from incarceration within 90 days. By connecting with these individuals Health Centers would be able to screen for social determinants of health among other things to help coordinate supports and services for these individuals upon release from incarceration. By doing this work we hope to give newly released individuals the best opportunity to succeed.

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

Only FQHC's are eligible for the funding and we are the best suited FQHC due to our existing relationship with Clackamas County Community Corrections.

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

Increase the number of JI-R individuals who receive in-scope health center services to facilitate successful transitions in care and improve health outcomes. We plan to meet these objectives by screening and coordinating services before release so that released individuals have the support they need upon release.

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

This funding will flow into program primary care clinics (400502).

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?*

Some existing staff will be utilized as well as new staff. Any new staff should be able to be hired within the project period.

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

Yes, we have to demonstrate commitment and cooperation with at least one Carceral Authority to help implement the proposed project with in the carceral setting and at least two community partners that can help in addressing health related social needs of the target population.

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.)?*

The goal of this funding is for the project to continue after the funding period.

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.)?*

a new program would not be created.

Collaboration

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

Clackamas County Clackamas County Community Corrections, Clackamas County Sheriffs Office, H3S-Housing & Community Development Division.

Reporting Requirements

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

Annual Federal Financial Reporting, Monthly Data and Progress updates, a Final progress report at the end of the project period and Integrity and Performance reporting.

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?

we will establish metrics that track our progress towards meeting at least one critical health need and at least one health related social need. we will use our existing electronic health record (EPIC) as the data source. Our version of EPIC is housed and Manager by OCHIN our EHR vendor.

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

Annual FFR (SF-425) are required to be submitted.

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. Any additional funding needed would come from federal program income.

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, either at an approved indirect cost rate or at the de minimis rate.

Other information necessary to understand this award, if any. N/A

Program Approval:

Andrew Suchocki

7/5/24

Andrew Suchocki

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)

Sarah Jacobson

06/05/2024



Name (Typed/Printed)

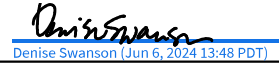
Date

Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Denise Swanson

06/06/2024


Denise Swanson (Jun 6, 2024 13:48 PDT)

Name (Typed/Printed)

Date

Signature

FINANCE ADMINISTRATION

Elizabeth Comfort

06/06/24



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 \$150,000 and below:

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 BCC staff at CA-Financialteam@clackamas.us for Gary Schmidt's approval.

For applications \$150,000.01 and above, email form with Staff Report to the Clerk to the Board at 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

when fully approved.

Department: keep original with your grant file.