

October 7, 2021

Board of County Commissioner
Clackamas County

Members of the Board:

Approval to apply for funding opportunity OHA-RFA-5250 with Oregon Health Authority (OHA) for Elimination of Behavioral Health Inequities Funds. Award amount will be up to \$50,000. Funding is through Oregon Health Authority.
No County General Funds are involved.

Purpose/Outcomes	Identify the current behavioral health inequities in services for people with behavioral health needs and make recommendations for how best invest the funds from the appropriation. Develop a plan to invest available funds and increase culturally and linguistically appropriate residential treatment and housing capacity.
Dollar Amount and Fiscal Impact	The maximum agreement value is \$50,000. No County General Funds are involved. No matching funds required.
Funding Source	Oregon Health Authority (OHA)
Duration	Not specified by OHA in Request for Grant Proposals (RFGP).
Previous Board Action	No previous Board action.
Strategic Plan Alignment	1. Improve community safety and health 2. Ensure safe, healthy and secure communities by investing funds to ensure people with behavioral health service needs have culturally and linguistically appropriate housing and residential service options.
Counsel Review	1. Not applicable 2. This is an approval to apply
Procurement Review	1. Was the item process through Procurement? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 2. This is a direct procurement of a grant award.
Contact Person	Deborah Cockrell, Health Centers Division Director – 503-742-5495
Contract No.	N/A Approval to Apply

BACKGROUND:

Healthy Families. Strong Communities.

2051 Kaen Road, Oregon City, OR 97045 • Phone (503) 650-5697 • Fax (503) 655-8677
www.clackamas.us

Clackamas County Health Centers Division (CCHCD) of the Health, Housing & Human Services Department requests the approval to apply to funding opportunity OHA-RFA-5250 issued by the Oregon Health Authority (OHA). Health Centers-Behavioral Health has partnered with Oregon Health Equity Alliance to complete an organizational racial equity assessment, the Barhii. This assessment will help guide areas of strength and need within the organization. Funds will offset the cost of time for steering committee members who have been meeting and organizing this work and also those who are facilitating focus groups.

The maximum value of this funding opportunity is \$50,000. OHA did not specify a defined project period. Award notification would occur during the month of September 2021.

RECOMMENDATION:

Staff recommends the Board approval.

Respectfully submitted,

A handwritten signature in cursive script that reads "Mary Rumbaugh".

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

Financial Assistance Application Lifecycle Form

Use this form to track your potential grant from conception to submission.

Sections of this form are designed to be completed in collaboration between department program and fiscal staff.

** CONCEPTION **

Note: The processes outlined in this form are not applicable to disaster recovery grants.

Section I: Funding Opportunity Information - To be completed by Requester

Lead Department & Fund:

H3S-Health Centers, Fund 253

Application for: ☐ Subrecipient Assistance ☒ Direct Assistance

Grant Renewal? ☐ Yes ☒ No

If renewal, complete sections 1, 2, & 4 only

If Disaster or Emergency Relief Funding, EOC will need to approve prior to being sent to the BCC

Name of Funding Opportunity:

Elimination of Behavioral Health Inequities OHA-RFA-5250; OregonBuys S-44300-00000496

Funding Source: Federal ☐ State ☒ Local ☐

Requestor Information (Name of staff person initiating form):

Emily Ketola

Requestor Contact Information:

EKetola@clackamas.us

Department Fiscal Representative:

Sarah Jacobson

Program Name or Number (please specify):

MFR Program 400505 - Behavioral Health Clinics

Brief Description of Project:

Clackamas Health Centers – Behavioral Health has partnered with Oregon Health Equity Alliance to complete a racial justice charter and an organizational racial equity assessment, the Barhii. This assessment will help guide areas of strength and need within our organization as determined by many voices, including those who are consumers of our services. The data will be analyzed and ultimately will produce action items to focus on to address health equity. Use this grant funding to offset the cost of time for steering committee members who have been meeting and organizing this work and also those who are facilitating focus groups. Additional funding will be used for trainings to reduce barriers to health equity and support racial justice work as well as consultant fees for next steps regarding Action Planning following the assessment.

Name of Funding Agency:

Oregon Health Authority (OHA)

Agency's Web Address for funding agency Guidelines and Contact Information:

<https://oregonbuys.gov/bso/external/bidDetail.sdo?docId=S-44300-00000496&external=true&parentUrl=close>

OR

Application Packet Attached: ☐ Yes ☒ No

Completed By:

Jennifer Stone

8-25-2021

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 ☐

CFDA(s), if applicable:

N/A

Funding Agency Award Notification Date:

9-10-2021

Announcement Date:

8-16-2021

Announcement/Opportunity #:

OHA-RFA-5250

Grant Category/Title:

Elimination of Behavioral Health Ineq

Max Award Value:

\$50,000

Allows Indirect/Rate:

N/A

Match Requirement:

N/A

Application Deadline:

8-30-2021

Other Deadlines:

N/A

Award Start Date:

N/A

Other Deadline Description:

N/A

Award End Date:

N/A

Completed By:

Jennifer Stone

Program Income Requirement:

N/A

Pre-Application Meeting Schedule:

Conducted via email 8-24-2021; Emily Ketola, Sarah Jacobson, Jennifer Stone, Adam Kearn

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?

Completion of organizational racial equity assessment will enhance CHC's ability to be a partner in overall health; improving access; providing care; promoting wellness; strengthening community.

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

N/A

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

Use an assessment tool to identify the skills, organizational practices and infrastructure needed to address health equity and provide insights into steps we can take to ensure our organization can have an impact on this growing problem. Utilize client surveys, staff surveys, management surveys, community partner surveys, staff focus

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

Yes it will be apart of the Health Centers - Behavioral Health Clinics MFR 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?

Health Centers has adequate and qualified staff.

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

No partnerships required. Consulting is occurring with Oregon Health Equity Alliance (OHEA).

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

This is not a pilot project.

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 grant will not create a new program.

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 and agreed upon between awardee and OHA in Grant Agreement.

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?

To be determined and agreed upon between awardee and OHA in Grant Agreement.

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

To be determined and agreed upon between awardee and OHA in Grant Agreement.

Fiscal

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

Yes, the cost to administer will be minimal.

2. Are other revenue sources required? Have they already been secured?

No other revenue sources will be required.

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 they?

The grant/financial assistance does not specify if funds can cover indirect costs.

Program Approval:

Emily Ketola

8-31-2021

Emily Ketola

Digitally signed by Emily Ketola
Date: 2021.08.31 15:09:28 -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)		
Deborah Cockrell	8-31-2021	Deborah Cockrell
Name (Typed/Printed)	Date	Signature

DEPARTMENT DIRECTOR (or designee, if applicable)		
Mary Rumbaugh for Rodney A. Cook	9-7-2021	Mary Rumbaugh
Name (Typed/Printed)	Date	Signature

FINANCE ADMINISTRATION		
Elizabeth Comfort	9.13.2021	Elizabeth Comfort
Name (Typed/Printed)	Date	Signature

EOC COMMAND APPROVAL (DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY)		
N/A		
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 greater than \$150,000 or which otherwise require BCC approval:

BCC Agenda item #:

Date:

OR

Policy Session Date:

County Administration Attestation

County Administration: re-route to department contact when fully approved.

Department: keep original with your grant file.