

October 5, 2023

BCC Agenda Date/Item: _____

Board of County Commissioners Clackamas County

Approval to Apply for a Grant for Strategic Health Care Investment for Transformation Funding. Anticipated value is \$3.5MM over 3 years. Funding is through CareOregon. No County General Funds are involved.

Previous Board Action/Review	October 3, 2023-Briefed a	at Issues	
Performance	1. Improve community safety and health		
Clackamas	2. Ensure safe, healthy, and secure communities		
Counsel Review	No	Procurement Review	No
Contact Person	Sarah Jacobson	Contact Phone	503-201-1890

EXECUTIVE SUMMARY: CareOregon's Strategic Healthcare Investment for Transformation (SHIFT) program is a new investment in transforming outpatient behavioral healthcare agencies across Oregon so that people with behavioral health needs are truly at the center of care delivery and care teams thrive. Through a collaborative process, SHIFT will build member-driven, outcomes-focused, team-based care models that reduce health disparities, address social health needs, assure timely access to care, and prepare providers for advanced value-based payment models.

This funding will support planning, infrastructure development, and additional consultant needs of our Behavioral Health Clinics. This will improve the services provided and enhance our community's positive care experience.

RECOMMENDATION: Staff recommends the Board grant approval to apply for this opportunity.

Respectfully submitted,

Rodney A. Cook

Rodney A. Cook Director of Health, Housing & Human Services

For Filing Use Only

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, III 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						
		CONCE	PTION			
Section I: Funding Opportunity I	nformation - To Be	Completed by Request	er	Award type: Award Renewai?	Direct Appropriatio Subrecipient Awarc Yes V No	
Lead Fund # and Department:	253 - H3S-H	lealth Centers D	ivision			
Name of Funding Opportunity:						
Funding Source: Federal – Direct		Federal – Pass through	State	Loc		
Requestor Information: (Name of staff In	itiating form)	Jennifer Stone				
Requestor Contact Information:		503-742-5967 or JS	tone@clac	amas.us		
Department Fiscal Representative:		Jennifer Stone				
Program Name & Prior Project #: (please	specify)	Behavioral Health C	linics (400	505)		
		Denavioral Fieddar e	/////03 (+00	0007		
Brief Description of Project:						
so that people with behavioral health r outcomes-focused, team-based care r based payment models.						
Name of Funding Agency: CareOregon						
Notification of Funding Opportunity Web	Address: N/A					
OR Application Packet Attached: 7	as No					
Completed By: Jennifer Stone	Date: 9	-11-2023				
	** NOW RE	ADY FOR SUBMISSION TO DE	PARTMENT FISC	CAL REPRESENTATIVE *		
Section II: Funding Opportunity	Information - To Be	Completed by Departmen	t Fiscal Rep			
Competitive Application	Non-Competing Applicat	ion Other				
Assistance Listing Number (ALN), If applicab	le: N/A		Funding Agency	Award Notification Date:	N/A	
Announcement Date:	7-27-2023		Announcement	Opportunity #:	N/A	
Grant Category/Title	Strategic Healthcare	nvestment for Transformation (SHIFT)	Funding Amoun	t Requested:	TBD	
Allows Indirect/Rate:	N/A		Match Requirer	nent:	N/A	
Application Deadline:	9-29-2023		Total Project Co	st:	TBD	
Award Start Date:	1-1-2024		Other Deadline	s and Description:		

Jennifer Stone Pre-Application Meeting Schedule: August 2023 - Letter of Intent Submitted 8-25-2023

12-31-2026

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

Award End Date

Completed By:

Program income generated through being a recipient of the HRSA330 award and status as an FQHC.

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

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

Other Deadlines and Description:

Program Income Requirements:

N/A

N/A

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 helps Health Centers - Behavioral health prepare for the changing landscape around the provision of behavioral health care and reimbursement for those services. We would receive significant technical support and financial assistance in order to assist with making changes to our operations, aligning with future requirements of the State of Oregon. Our primary care partner in Health Centers has already gone through a change to team based care, and this would allow us to be responsive to our client needs in the most efficient and supportive way possible. We will also have the opportunity to have decision making ability in the changes that will happen by being part of the initial project.

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

All behavioral health providers will be required to make this change in the near future. This opportunity provides funding and support in order to be in compliance. Otherwise we will be required to make changes, which will be unfunded, in a few years. This program will build member-driven, outcomes-focused, team-based care models that reduce health disparities, address social health needs, assure timely access to care and prepare providers for advanced value-based payment models

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

This significant one-time funding will support payment for positions over the next years of a pilot project, as well as payment for time or lost revenue, as changes are made with team-based care for behavioral health services. The program will support clinical, financial and operational transformation by: Defining the principles and operational components (Building Blocks) of excellent outpatient behavioral health care, in collaboration with community stakeholders. Partnering with CareOregon and other Behavioral Health agencies to receive intensive technical and financial resources to implement the Building Blocks, learn what works and accomplishes our current program goals.

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

No, this fund would support a new initiative to transform services that are already in existence with Health Centers - Behavioral Health. This program would align with work already under way including equity, inclusion and diversity focused efforts and also Feedback Informed Treatment.

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?

Yes, Behavioral Health leadership are already in place who would have the skills and knowledge to move the project forward. Likely, additional positions would be utilized to change some of the exisiting work respossibilities in order to have dedicated time to this significant cultural and ceprational shift.

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

CareOregon is the primary partnership. Clackamas County would also partner with about a half dozen other agencies chosen to aprliciapte in the project.

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.)?

This would be a lime limited project. Staff positions may be utilized to oversee the new teams that are created during the transformational change in the way services are provided and reimbursed. Positions could also potentially be limited duration with the opportunity to become permanent if the need arises.

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.)?

No, this funding would assist with improving and transforming services already in existence with Health Centers - Behavioral Health. We will continue to seek reimbursement through case rates and fee for services, reimbursement through insurance organizations. This change will need to occur in the near future, regardless of participating in the project, however would be a mandate for a change that would be unfunded if we do not participate now.

Collaboration

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

Health Centers - Primary Care Behavioral Health Division

Reporting Requirements

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

- Engage in a facilitated agency self-assessment process in early 2024, followed by the development and implementation of a multi-year business and implementation plan with defined milestones

- Engage in monthly virtual practice coaching, as well as multiple in-person planning and coaching sessions on site at the agency each year - Participate in learning system activities with the SHIFT program's evaluation partner, the Center for Outcomes Research and Education

Participate in quarterly meetings with CareOregon to review progress

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?

Some of the benchmarks for performance are to be determined and developed with input from participants.

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

lo be determine based on final agreement.

Fiscal

1. Are there other revenue sources required, available, or will be used to fund the program? Have they already been secured? Please list <u>all</u> funding sources and amounts. No other revenue required.

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? This agreement will cover any direct administration cost.

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

Program Approval:

Emily Ketola

9/11/23

Name (Typed/Printed)

Date

mily Ketola

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)

Adam Kearl	09/11/2023	them they &
Name (Typed/Printed)	Date	Signature
DEPARTMENT DIRECTOR (or designee, If applicable) Denise Swanson	Sep 12, 2023	Denise Swanson (Sep 12, 2023 11:48 PDT)
Name (Typed/Printed)	Date	Signature
FINANCE ADMINISTRATION Elizabeth Comfort	Sep 15, 2022	Flipsbuth Cam Lant
	580 15 7075	Current Compt a
Name (Typed/Printed)	Sep 15, 2023 Date TER OR EMERGENCY RELIEF APPLICATIONS ONL	Clizabeth Comfort signature
Name (Typed/Printed)	Date	Signature
Name (Typed/Printed) EOC COMMAND APPROVAL (WHEN NEEDED FOR DISAS Name (Typed/Printed)	Date TER OR EMERGENCY RELIEF APPLICATIONS <u>ONL</u> Date	Signature
Name (Typed/Printed) EOC COMMAND APPROVAL (WHEN NEEDED FOR DISAS Name (Typed/Printed) Section V: Board of County Commissioners, Required for all grant applications, if your grant is awarded, all gran	Date TER OR EMERGENCY RELIEF APPLICATIONS ONL Date /County Administration	Signature
Name (Typed/Printed) EOC COMMAND APPROVAL (WHEN NEEDED FOR DISAS Name (Typed/Printed) Section V: Board of County Commissioners,	Date TER OR EMERGENCY RELIEF APPLICATIONS ONL Date /County Administration	Signature 2 Signature

For applications \$150,000 and above, email form with Staff Report to the Clerk to the Board at <u>ClerktotheBoard@clackamas.us</u> 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: kee	ep original wit	h your grant file.
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