

# Deschutes County Health Services

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## *Community Capacity Building Funding Application*

### ***Deschutes County Health Services***

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Ms Janice Garceau  
2577 Northeast Courtney Drive  
Bend, OR 97701

kacy.burgess@deschutes.org  
O: 541-306-8757

### ***Ms. Kacy Burgess***

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2577 Northeast Courtney Drive  
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# Application Form

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## *Instructions*

In order to receive funding, organizations must complete and sign this application form in its entirety. For this form to be considered complete, all components must be filled out, a budget request must be attached and the application must be signed by the authorized representative from the entity applying for funding.

Please answer all required and applicable optional questions. Questions that have a text-response show a character count and instructions state a word count. Please follow word count maximums in your answers.

If you have questions about this application or need technical support, reach out to Elliot Sky at [Elliot.Sky@pacificsource.com](mailto:Elliot.Sky@pacificsource.com) or call 541-225-2813.

## *Applicant Organization Information*

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The purpose of this section is to collect general information about the Applicant Organization. Please complete the information requested in the questions below.

### **Applicant Organization Name\***

Deschutes County Health Services

### **Point of Contact Name\***

Kacy Burgess

### **Point of Contact Title\***

Clinical Systems Administrator

### **Point of Contact Telephone Number\***

541-306-8757

### **Point of Contact Email Address\***

[kacy.burgess@deschutes.org](mailto:kacy.burgess@deschutes.org)

**Mailing Address: Street Address\***

2577 Northeast Courtney Drive

**Mailing Address: City\***

Bend

**Mailing Address: State\***

OR

**Mailing Address: Zip Code\***

97701

***Eligibility Criteria***

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Organizations must meet minimum eligibility criteria to receive Community Capacity Building Funding.

**Please attest to the following:\***

The organization is capable of providing or supporting the provision of one or more HRSN services to Medicaid beneficiaries within the state of Oregon.

Yes

**Please attest to the following:\***

The organization intends to contract with one or more CCOs or with the Fee-for-Service Third Party Contractor (FFS TPC) to serve as an HRSN provider for at least one HRSN service.

Yes

**Please attest to the following:\***

The organization demonstrates a history of responsible financial administration via recent annual financial reports, an externally conducted audit, experience receiving other federal funding or other similar documentation.

Yes

### Organization Types\*

The following organization types are eligible to apply for and receive Community Capacity Building Funding. Please select the box that most closely aligns with your organization type (select more than one, as needed):

- Housing agencies and providers
- Food and nutrition service providers
- Climate service providers
- Outreach and engagement providers
- Case management providers
- Organizations focused on children, women and families
- City, county and local government agencies

## *Applicant Organization Questions*

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### Who will be served

The purpose of this section is to collect information about the population served by your organization and to learn more about its culturally responsive and specific strategies to engage individuals.

### 1. Counties served.\*

Please indicate which counties your organization will provide HRSN services.

Deschutes

### 2. For each county marked above, your organization must provide specific details about:\*

- 1) the current working relationship and knowledge of that county
- 2) current or planned partnerships to support the work proposed and
- 3) the work being proposed in that county, including how their specific population(s) of focus in each county will benefit from the proposed work.

If your organization does not have existing relationships in the county, you must describe how you intend to build those relationships. (300 words max)

As the Community Mental Health Program (CMHP) and Local Public Health Authority (LPHA), Deschutes County Health Services (DCHS) is well positioned with community partnerships and longstanding relationships. DCHS engages with a variety of Community Based Organizations (CBOs), neighboring county health departments, School Based Health Centers, schools, law enforcement, co-locations with Federally Qualified Health Centers, as well as community and state oversight councils. Most relevant to this grant, DCHS is collaborating with NeighborImpact, Central Oregon Independent Practice Association (COIPA), and Central Oregon Health Quality Alliance (COHQA) to create a robust community hub. This network will be comprised

of CBOs serving as Service Providers, such as NeighborImpact and Latino Community Association, and Service Connectors, such as DCHS and Mosaic Medical, that are interested in utilizing the same referral platform to coordinate service delivery throughout our community. DCHS' HRSN proposal centers on building the technology and infrastructure necessary for the department to participate in this hub collaborative.

DCHS serves and supports all the HRSN covered and priority populations, including but not limited to, people with behavioral health conditions, houseless communities, and Latino/a/x communities. HRSN funds will help DCHS expand on processes currently in place by implementing streamlined technology required to regularly administer screenings to individuals in clinical and outreach settings and refer through UniteUs to community resources. DCHS will continue to encourage and support our partners and CBOs to utilize the UniteUs platform for effective closed-loop referrals while also utilizing funds to develop a process for DCHS to receive referrals related to HRSN benefits.

### 3. Populations to be served\*

Please select the populations to be served by your organization. Select only the specific populations you will serve **from each list below**:

HRSN Services Covered Populations: (See STCs for Population Description)

Young Adults with Special Health Care Needs (YSCHN)  
 Adults and youth discharged from an Institution for Mental Disease  
 Adults and youth released from incarceration  
 Youth involved with child welfare  
 Individuals transitioning to Dual Status  
 Individuals who are homeless or at risk of homelessness  
 Individuals with a high-risk clinical need in a region experiencing extreme weather

### Priority Populations\*

American Indian/Alaska Native/Indigenous communities:  
 Asian communities:  
 Black/African American/African communities:  
 Latino/a/x communities:  
 Pacific Islander communities:  
 Eastern European communities:  
 People with disabilities:  
 LGBTQIA2S+ communities:  
 Immigrant and refugee communities:  
 Rural communities:  
 Faith communities:  
 Houseless communities:  
 People with behavioral health conditions:

**Other communities not listed above (please describe):**

**4. Language access provided by your organization.** Please indicate your organization’s capacity to speak and write in languages other than English. Also indicate whether the language capacity comes from a native or non-native speaker.

**Language 1:**

Spanish

**Language 1:**

Spoken fluently by native speaker(s)  
Spoken fluently by nonnative speaker(s) or access to an interpretation service  
Written by native speaker(s)  
Written by nonnative speaker(s) or access to translation service

**Language 2:**

American Sign Language

**Language 2:**

Spoken fluently by nonnative speaker(s) or access to an interpretation service  
Written by nonnative speaker(s) or access to translation service

**Language 3:**

Cantonese

**Language 3:**

Spoken fluently by native speaker(s)  
Spoken fluently by nonnative speaker(s) or access to an interpretation service  
Written by native speaker(s)  
Written by nonnative speaker(s) or access to translation service

**Language 4:**

Mandarin

**Language 4:**

Spoken fluently by native speaker(s)  
Spoken fluently by nonnative speaker(s) or access to an interpretation service  
Written by native speaker(s)

Written by nonnative speaker(s) or access to translation service

## **(Optional) Other language access offered by your organization not already listed above:**

Vietnamese, Punjabi, Russian, Ukrainian, plus 200 languages available through our interpretation/translations service provider, Oregon Certified Interpreter Network, OCIN.

## ***Request and Justification***

### **Organizational Background Information**

#### **5. Use of Community Capacity Building Funding\***

Describe how your organization will use Community Capacity Building Funding to build capacity to provide HRSN services to populations of focus. Ensure the response includes a description of how the Organization will promote health equity through the delivery of HRSN service. (250 words max)

DCHS will utilize funds to:

- Improve the Epic Social Determinants of Health (SDOH) Screening tool as a living document, shared across the OCHIN collaborative, to give providers the ability to review and edit recent screenings, reducing duplicative screening and barriers for individuals and providers.
- Enhance the Epic and UnitedUs interface to achieve a single platform, creating a streamlined workflow for OCHIN Epic and UniteUs users nationwide.
- Implement a standardized SDOH screening tool and closed loop referral process utilizing electronic devices with the Epic integrated product "Welcome."
- Create and implement new policies and procedures related to HRSN screening, referrals, and data collection.
- Engage and support community partners in utilizing the same referral platform.

In partnership with NeighborImpact, COIPA/COHQA, and several CBOs, an equitable network of HRSN providers will be developed with the shared goal of connecting health information exchange networks throughout Oregon. This collaboration will ensure that screening and referring agencies like DCHS can directly and efficiently connect at-risk individuals in priority populations to needed resources, using a closed loop process with trackable outcomes.

DCHS has agency-wide, leadership-level commitment to sustaining efforts to address health related social needs as a core component of improving the lives of at-risk individuals we serve and advancing health equity.

#### **6. Culturally and linguistically responsive and trauma informed services\***

Describe how your organization provides culturally and linguistically responsive and trauma informed services to the populations served. (250 words max)

DCHS is committed to providing culturally and linguistically responsive and trauma-informed services. DCHS has in place two chartered committees—Diversity, Equity, and Inclusion and Cultivating Resilience and Employee Wellbeing—specifically focused on promoting these values across all aspects of operations. In addition, DCHS recently operationalized the Culture Framework, which focuses on starting from within to promote humility, respect, and awareness in our work with clients, community, and each other. These principles ensure respect for the diverse backgrounds, identities, experiences, and needs of those we serve.

Several strategies DCHS employs to advance equity include:

- **Language Access:** We ensure meaningful access to services for those who speak languages other than English, including proficient bilingual staff, qualified interpreters, and translated materials. In addition, access kits comprised of iPads for video interpreting, pocket talkers for hard-of-hearing, whiteboards for nonverbal, and magnifiers for low vision patients, are available at all DCHS front desk locations.
- **Cultural Competency Training:** We invest in training opportunities for all staff members to develop cultural awareness, humility, and sensitivity. Training helps staff understand and appreciate diverse cultures, identities, and experiences, fostering improved communication and trust with those we serve.
- **Trauma-Informed Care:** Staff training and agency policies ensure we understand the impact of trauma and guide us in creating a safe and supportive environment for clients and staff.

**7. Please note below which HRSN services initiative (Climate Support, Housing, Nutrition Supports, Outreach and Education) your organization has experience with.**

For each applicable service,

- 1) describe below your experience providing these services and
- 2) describe how your organization intends to provide this service as an HRSN service provider.

**Fill out all that apply.**

### **A. Climate Services:**

Describe your organization's experience providing climate services. Please also explain how you intend to provide climate services as an HRSN provider. (200 words max)

DCHS' Emergency Preparedness team shares up-to-date health and safety information with respective CBOs and mutual aid partners. The team outreaches to individuals impacted by smoke/wildfire or other extreme weather events, including coordinating with first responders to alert encampment locations. DCHS also coordinates with CBOs for identification, preparation, and activation of extreme weather shelter operations.

DCHS' climate and environmental health programs are involved in direct outreach, educational campaigns, and the provision of supplies aimed at enhancing indoor air quality in childcare and school settings. Additionally, DCHS is addressing increasing concerns over water quality and drinking water through education and low-cost testing programs for homeowners with wells in the county.

DCHS will continue to provide these climate services to clients and the community. When further needs are identified, DCHS will utilize the screening tool developed through this project to refer individuals to needed resources through the closed loop referral process in UniteUs.



## B. Housing Supports:

Describe your organization's experience providing housing support services. Please also explain how you intend to provide housing support services as an HRSN provider. (200 words)

DCHS has over 19 years' experience providing direct housing support services to individuals experiencing, or are at risk of, homelessness through two programs:

- The Rental Assistance Program Services assists adults with Serious and Persistent Mental Illness (SPMI) in paying for housing to live as independently as possible in the community and support accessing appropriate support services.
- Projects for Assistance in Transition from Homelessness (PATH) and the Homeless Outreach Services Team (HOST) strive to reduce or eliminate homelessness for individuals with SPMI by providing street outreach, case management, and care coordination.

In addition, DCCHS and Housing Works, our local Housing Authority, partner to provide two supported housing programs for individuals with SPMI. Emma's Place, in operation since 2000, is an 11-unit apartment providing permanent housing for individuals with SPMI. Horizon House, in operation since 2005, is a 14-unit apartment complex tailored to meet the transitional housing needs of individuals with SPMI, and is staffed by the DCCHS HOST team to ensure those transitioning out of homelessness into stable housing have the appropriate level of support.

DCCHS will continue providing these services while also working to build the infrastructure for managing a closed loop referral process.

## C. Nutrition Supports:

Describe your organization's experience providing nutrition support services. Please also explain how you intend to provide nutrition support services as an HRSN provider. (200 words)

DCCHS provides nutrition support services through a variety of programs that target at-risk populations. Women, Infants and Children (WIC) services include nutrition and health screenings, nutrition education related to individual health risk, breastfeeding promotion and support, health referrals, and issuance of food benefits during critical times of growth and development to improve the health status of mothers and their children.

DCCHS Perinatal Care Coordinators, maternal-child home-visiting nurses, and reproductive health clinics also screen for nutritional status, provide education, and referrals within the community, including to WIC.

DCCHS also assists people in applying for food stamps, obtaining food vouchers, and assisting with referrals to food pantries and soup kitchens. Peer Support Specialists mentor clients to help them build confidence in accessing community resources, while case managers provide important linkages to food and nutritional services. Case managers and peers also coach clients how to shop for and prepare nutritious food through skill-building activities. Finally, co-location with primary care enhances health screening and nutrition services to clients with significant health concerns and chronic conditions.

DCCHS's established nutrition programs will continue providing such services. This proposal will help to expand referrals to nutrition supports.

## D. Outreach and Education:

Describe your organization's experience providing outreach and education services. Please also explain how you intend to provide outreach and education services as an HRSN provider. (200 words)

DCHS' outreach and engagement services focus on health equity, improved health literacy, and access to clinical and social services provided by DCHS and CBOs.

- The Health Equity and Engagement Team, developed during COVID-19 pandemic, is comprised of a Public Health Educator and contractors, all of whom are certified Community Health Workers and OHP Assistants. The team uses native languages of Spanish, Cantonese, and Mandarin and lived experience to educate community members who identify as immigrants, LGBTQ+, low-income, unhoused, and/or have other intersecting identities that erect barriers to accessing services. The team delivers presentations in Spanish through the High School Equivalency Program, as well as in partnership with other local CBOs to improve awareness of services for community members with socio-economic barriers.
- DCHS' Homeless Outreach Services Team (HOST) engages with houseless individuals to identify needs and connect them to resources.
- DCHS youth drop-in services (The Drop) provides outreach to over 700 at-risk youth annually.
- DCHS maintains over 30 Peer Support Specialists who regularly connect with individuals with behavioral health conditions through organized groups.

These teams will work with CBOs as well as educate and engage with target populations to conduct screenings and referrals in the field and clinic settings.

### Allowable Funding Uses\*

The purpose of this section is to collect information about:

- the purpose of your funding request;
- funding need and justification; and
- how funding will be utilized.

Eligible entities may request Community Capacity Building Funding to support the development and implementation of HRSN services across four categories:

- 1) Technology
- 2) Development of Business or Operational Practices
- 3) Workforce Development and
- 4) Outreach, Education and Partner Convening

\* Please note that the Infrastructure Protocol which outlines the allowable funding uses is pending CMS approval. Once approved, the final CMS approved Infrastructure Protocol will be updated and available on the OHA Waiver webpage.

**8. Check the boxes for each category** in which you are seeking funding. You must also provide a short description of

- 1) why funding is needed and
- 2) how it will be used to build capacity to participate in the HRSN program
- 3) your organizations experience in this category.

Check all that apply.

## A. Technology:

Procuring IT infrastructure/data platforms to support HRSN.\* (see below for more details)

Modifying existing systems to support HRSN

Development of an HRSN eligibility/services screening tool

Integration of data platforms/systems/tools

Onboarding to new, modified, or existing systems (e.g. community information exchange)

Training for use of new, modified, or existing systems

\* Examples of Procuring IT infrastructure/data platforms to support HRSN:

- Authorization of HRSN services
- Referral to HRSN services
- HRSN service delivery
- HRSN service billing
- HRSN program oversight, monitoring and reporting

## If seeking funding for Technology

Please describe the following:

- 1) why funding is needed
- 2) how it will be used to build capacity to participate in the HRSN program and
- 3) your organizations experience in this category.

(250 words max)

DCHS is requesting funding for technology to improve interfaced systems, create a SDOH screening process, and to purchase tablets.

Currently, UniteUs and Epic do not interface, creating inefficiencies and undermining sustainability. DCHS intends to use funding to support development of a bidirectional referral interface between Epic and UniteUs. This work is paramount to relieve clinical staffs' administrative burden of moving between multiple systems to provide care and referrals.

DCHS plans to build an Epic SDOH Living Document. The document will be shared by other OCHIN collaborative members. The purpose of this shared/living document is to reduce duplicative screening and referrals. This will enable capacity to review recent and existing screenings, freeing up time to address unmet needs rather than rescreening. This will benefit patients shared between DCHS, Mosaic Community Health, La Pine Community Health, Jefferson, and Crook Counties. With funds, DCHS will purchase tablets to disperse throughout clinical programs to administer OHA approved SDOH Screenings via the OCHIN Welcome Tablet Application. In the developed state, the process pushes screenings directly back into Epic and UniteUs via the interface. DCHS providers then review and refer to connected CBOs. DCHS also plans to disperse tablets to Community Outreach and Engagement staff who will educate, screen, and refer directly in UniteUs at organized outreach events, mobile clinics, and other opportunities.

## B) Development of Business or Operational Practices:

Development of policies/procedures related to:\* (see below for more details)

Training/technical assistance on HRSN program roles/responsibilities

Administrative items\* (see below for more details)

Planning needs for the implementation of the HRSN program

Procurement of administrative supports to assist with the implementation of the HRSN program

\* Development of policies/procedures related to:

- HRSN referral and service delivery workflows
- Billing/invoicing
- Data sharing/reporting
- Program oversight/monitoring
- Evaluation
- Privacy and confidentiality

\* Administrative items necessary to perform HRSN duties or expand HRSN service delivery capacity (e.g., purchasing of a commercial refrigerator to expand capacity to provide additional medically tailored meals to qualifying members)

## If seeking funding for Development of Operational or Business Practices

Please describe the following:

- 1) why funding is needed and
- 2) how it will be used to build capacity to participate in the HRSN program
- 3) Organizations experience in this category.

(250 words max)

DCHS will apply funds (included in the Workforce Development budget) to portions of wages and benefits for staff dedicated to the development of business and operational practices of the HRSN project. These positions will develop new policies and procedures for referral workflows, billing, data sharing and reporting, program oversight, monitoring, and evaluation, and ensuring privacy and confidentiality critical to the sustainability of this program. To carry out this work, staff will direct non-HRSN grant responsibilities to other staff within the organization during the proposed 18-month project period.

- The lead Clinical Information Systems Administrator (CISA) will work with the Project Manager to define processes and metrics related to program oversight, monitoring, and evaluation. The team will meet biweekly to review milestones, progress, and key metrics.
- The CISA will work with DCHS' Business Intelligence (BI) team of data analysts to develop metrics, dashboards, and reports, including but not limited to, reports on screenings, identification of high-risk areas for our clients, tracking outcomes and closed-loop referrals, pinpointing resource gaps, and demonstrating financial impacts through comprehensive dashboards. Data will guide program monitoring, oversight, and evaluation to enhance program efficiency for long-term viability.
- The Operations Manager will oversee billing practices, including development and training of billing protocols tailored to the unique requirements of the HRSN project.

### C) Workforce Development:

Cost of hiring and training new staff

Salary and fringe for staff\* (see below for more details)

Necessary certifications, training, technical assistance, and/or education\* (see below for details)

Privacy/confidentiality training/technical assistance related to HRSN service delivery

Production costs for training materials and/or experts as it pertains to the HRSN program

\* Salary and fringe for staff that will have a direct role in overseeing, designing, implementing, and/or executing HRSN responsibilities. Time limited to a period of 18 months. Organizations may not access this funding for the same individual more than once.

\* Necessary certifications, training, technical assistance, and/or education for staff participating in the HRSN program (e.g., on culturally competent and/or trauma informed care)

### If seeking funding for Workforce Development

Please describe the following:

- 1) why funding is needed and
- 2) how it will be used to build capacity to participate in the HRSN program
- 3) Organizations experience in this category.

(250 words max)

The proposed project leverages existing department expertise to oversee, design, implement, and execute new technology and practices that will sustain beyond the project period. Regular duties of staff will need to be redirected to complete the HRSN project and funding is requested to support these efforts. Specifically:

- Lead CISA (1.0 FTE) will be reassigned to serve as HRSN Project Lead. The Lead will primarily focus on developing the technology supports. This includes: development of device/interface management, workflow development, agency-wide training, UniteUs implementation, SDOH screening and interface improvements. The Lead will be supported by a supervisor (0.05 FTE) and CISA staff (0.2 FTE).
- A Project Manager (0.2 FTE) will work with the project team to develop the implementation plan, oversee execution, track objectives, and maintain department communication.
- Behavioral Health Manager (0.05 FTE) will be responsible for developing new patient clinical workflows to support SDOH screenings and referrals.
- Operations Manager (0.01 FTE) will support design, implementation, policies, and external coordination of billing.
- Front Office Supervisor (0.01 FTE) will support training for Front Desk staff.
- Admin Assistant (0.01 FTE) assists with scheduling and training events.
- Data Management Analysts (0.10 FTE) will help develop data reports on: SDOH screening, population risk, referrals, and other metrics for evaluation and monitoring.

### D) Outreach, Education, and Partner Convening:

\* Community engagement activities necessary to support HRSN program implementation and launch (e.g., roundtable to solicit feedback on guidance documents)

## If seeking funding for Outreach, Education and Partner Convening

Please describe the following:

- 1) why funding is needed and
- 2) how it will be used to build capacity to participate in the HRSN program
- 3) Organizations experience in this category.

(250 words max)

DCHS is not requesting any additional funding for this sector.

## Other CCO applications\*

9. Has your organization applied to or been awarded funds from other CCOs for the Community Capacity Building Funding?

No

If yes, please provide detail as to which CCOs and for what activities (200 words max)

N/A

## *Required Documents*

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### Budget Document\*

Please download budget document from link here. Fill out this document and upload to this application below.

FINAL Community Capacity Building Budget Template\_2024vCCO.xlsx

### Attestations and Certification\*

Please download Attestations and Certification document here. Fill out this document and upload to this application below.

Attestations and Certification CCBF grant.pdf

## File Attachment Summary

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### *Applicant File Uploads*

- FINAL Community Capacity Building Budget Template\_2024vCCO.xlsx
- Attestations and Certification CCBF grant.pdf

PLEASE NOTE: This is a standard CCBF Application Template for reference only. All community capacity building fund (CCBF) applications must be submitted directly to a coordinated care organization (CCOs). Please refer to the CCO CCBF contact list to connect directly with a CCO in your area for any additional information on the application process.

### Instructions

<b>Purpose of This File</b>	<p>The state has been authorized to spend up to \$119 million on Community Capacity Building Funding investments necessary to support the development and implementation of the Health-Related Social Needs (HRSN) program. Organizations who wish to receive HRSN Community Capacity Building Funding must submit this funding request and an application to the Coordinated Care Organization (CCO) operating in their service area indicating how they intent to use this funding.</p> <ul style="list-style-type: none"> <li>- To submit your budget request, you must complete Tab 3 (Budget Request)</li> <li>- Once that tab has been completed, certify the documents by typing the name of the person submitting the budget application and date</li> </ul>
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Tab	Instructions	Tab Completion Checklist
<b>Instructions (this tab)</b>	<p>This budget request outlines the expenses CBOs expect to incur to build capacity to participate in the HRSN program. Budget requests and applications are due to [insert CCO] by [insert date].</p>	<p>On the tab "Budget Request" complete all the boxes in <b>yellow</b>.</p>
<b>Budget Request</b>	<p>To begin, please complete the following at the top of this budget request:</p> <ul style="list-style-type: none"> <li>• Your organization's name in [insert cell].</li> <li>• Name of the person to contact about the Community Capacity Building Funds application in [insert cell]</li> <li>• Email and phone number for the contact above in [insert cell].</li> <li>• The date the report is sent to [insert CCO] in [insert cell].</li> </ul>	<p>1. Ensure that you have completed all pieces of information listed at the top of the form in yellow</p>
<b>Section A</b>	<p><b>Section A:</b></p> <ul style="list-style-type: none"> <li>• This section contains the funding amount requested based on the appropriate four domain areas: (i) Technology; (ii) Development of business or operational practices; (iii) Workforce development; and (iv) outreach, education and stakeholder convening.</li> </ul>	<p>1. In Column C describe the proposed use of the requested funds. Ensure that you have listed only allowable uses of the fund as defined on Tab "CCBF Allowable Uses"</p> <p>2. In Column D list out the total amount of funds that coincide with the same line in Column C. You may add more lines under a category if needed.</p>
<b>Section B</b>	<p><b>Section B:</b></p> <ul style="list-style-type: none"> <li>• This section certifies the accuracy of the amounts requested above.</li> </ul>	<p>1. Ensure the report has the name and title of the person who prepared the budget [insert cell] and date [insert cell].</p>



## Allowable Uses of the Community Capacity Building Funds

Allowable uses for Community Capacity Building Funds are in 4 categories:

1. Technology
2. Development of Business or Operational Practices
3. Workforce development and;
4. Outreach, education and convening

### Technology

- o Procuring IT infrastructure/data platforms needed to enable, for example:
  - o Authorization of HRSN services
  - o Referral to HRSN services
  - o HRSN service delivery
  - o HRSN service billing
  - o HRSN program oversight, monitoring and reporting
- o Modifying existing systems to support HRSN
- o Development of an HRSN eligibility and services screening tool
- o Integration of data platforms/systems/tools
- o Onboarding to new, modified or existing systems (e.g., community information exchange)
- o Training for use of new, modified or existing systems (e.g., community information exchange)

### Development of business or operational practices

- o Development of policies/procedures related to:
  - o HRSN referral and service delivery workflows
  - o Billing/invoicing
  - o Data sharing/reporting
  - o Program oversight/monitoring
  - o Evaluation
  - o Privacy and confidentiality
- o Training/technical assistance on HRSN program and roles/responsibilities
- o Administrative items necessary to perform HRSN duties or expand HRSN service delivery capacity (e.g., purchasing of a commercial refrigerator to expand capacity to provide additional medically-tailored meals to qualifying members)
- o Planning needs for the implementation of HRSN program
- o Procurement of administrative supports to assist implementation of HRSN program

### Workforce development

- o Cost of recruiting, hiring and training new staff
- o Salary and fringe for staff that will have a direct role in overseeing, designing, implementing and executing HRSN responsibilities, time limited to a period of 18 months. Organizations may not access this funding for the same individual more than once.
- o Necessary certifications, training, technical assistance and/or education for staff participating in the HRSN program (e.g., on culturally competent and/or trauma informed care)
- o Privacy/confidentiality training/technical assistance related to HRSN service delivery
- o Production costs for training materials and/or experts as it pertains to the HRSN program

### Outreach, education and convening

- o Production of materials necessary for promoting, outreach, training and/or education
- o Translation of materials
- o Planning for and facilitation of community-based outreach events to support awareness of HRSN services
- o Planning for and facilitation of learning collaboratives or stakeholder convenings
- o Community engagement activities necessary to support HRSN program implementation and launch (e.g., roundtable to solicit feedback on guidance documents)
- o Administrative or overhead costs associated with outreach, education or convening.

Community Capacity Building Grant Funding Request

CCO Name: PacificSource Solutions

Community Capacity Building Grant Funding Request

Applicant Organization Name	Deschutes County	DATE SENT:	
Applicant Contact Name	Kacy Burgess		5/30/2024
Applicant Email Address	<a href="mailto:Kacy.Burgess@deschutes.org">Kacy.Burgess@deschutes.org</a>		
Applicant Phone Number	541.322.7431		

Legend
Yellow cells - require input
Gray cells - auto populate
Blue cells- for CCO use only

BREAKDOWN BY HRSN Allowable Funding Domain

A	BUDGET REQUEST		
	Description of Item/Activity Requested, by Allowable Use Category	Budget Request	FOR CCO USE ONLY Approved Budget
1.	<b>Technology (subtotal)</b>	\$ 161,794.00	\$ -
	70 tablets to administer screenings to identify needs (70 @\$1,241/each)	\$ 86,870.00	
	Tablet data plan for 20 tablets (\$15,910/yr)	\$ 31,820.00	
	EPIC interface build to coordinate with outside organizations	\$ 22,000.00	
	Indirect Expenses on Technology (15%)	\$ 21,104.00	
2.	<b>Development of Operational and Business Practices (subtotal)</b>	\$ -	\$ -
3.	<b>Workforce Development (subtotal)</b>	\$ 525,153.00	\$ -
	Clinical Information Systems Analyst 1.0 FTE	\$ 289,363.00	
	Health Information Technology Supervisor .05 FTE	\$ 14,093.00	
	Clinical Information System Analyst 0.2 FTE	\$ 56,580.00	
	Project Manager 0.2 FTE	\$ 47,583.00	
	Behavioral Health Access Manager .05 FTE	\$ 17,918.00	
	Operations Manager .01 FTE	\$ 2,730.00	
	Front Office Supervisor .01 FTE	\$ 2,198.00	
	Administrative Assistant .01 FTE	\$ 2,018.00	
	Data Management Analysts .10 FTE	\$ 24,171.00	
	Indirect Expenses on Workforce Development (15%)	\$ 68,499.00	
4.	<b>Outreach, Engagement and Partner Convening (subtotal)</b>	\$ -	\$ -
5	<b>Total Budget Request</b>	\$ 686,947.00	\$ -

B	CERTIFICATE
<p>I certify to the best of my knowledge and belief that the budget outlined above is true, complete and accurate, and the funding items listed above are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.</p>	
<p>Cheryl Smallman, Business Officer</p>	
<p>PREPARED BY (Type Name and Title)</p>	
<p>5/23/2024</p>	
<p>DATE</p>	

## Attestations and Certification

As an authorized representative of the Organization, the Organization attests as follows and agrees to the following conditions:

1. The funding received through the HRSN Community Capacity Building Funding initiative will not duplicate or supplant reimbursement received through other federal, state and local funds.
2. Funding received for the HRSN Community Capacity Building Funding initiative will only be spent on allowable uses as stated above.
3. The Organization will submit progress reports on HRSN Community Capacity Building Funding in a manner and on a timeframe specified by the CCO.
4. The Organization understands that the CCO may suspend, terminate or recoup HRSN Community Capacity Building Funding in instances of underperformance and/or fraud, waste and abuse.
5. The Organization will alert the CCO if circumstances prevent it from carrying out activities described in the program application. In such cases, the Organization may be required to return unused funds contingent upon the circumstances.
6. As the authorized representative of the Organization, I attest that all information provided in this application is true and accurate to the best of my knowledge.

Signature Cheryl Smallman

Name and Title Cheryl Smallman, Business Officer

Date 5/29/24