



# CLACKAMAS COUNTY SHERIFF

**Sheriff Angela Brandenburg**

Jesse Ashby, Undersheriff

Michael Copenhaver, Undersheriff

Jenna Morrison, Undersheriff

June 20, 2024

BCC Agenda Date/Item: \_\_\_\_\_

Board of County Commissioners  
Clackamas County

**Approval to apply for the Bureau of Justice Assistance FY24 Comprehensive Opioid, Stimulant, and Substance Use Site-Based Program Grant. Grant value is approximately \$1,600,000. Funding is through the US Department of Justice. No County General Funds are involved.**

<b>Previous Board Action/Review</b>	No previous board action or review.		
<b>Performance Clackamas</b>	Ensure safe, healthy, and secure communities.		
<b>Counsel Review</b>	No	<b>Procurement Review</b>	No
<b>Contact Person</b>	Nancy Artmann	<b>Contact Phone</b>	503-785-5012

**EXECUTIVE SUMMARY:** With this solicitation, BJA seeks to develop, implement, or expand comprehensive programs in response to the overdose crisis and the impacts of illicit opioids, stimulants, or other substances. The program provides resources to support state, local, tribal, and territorial efforts to respond to illicit substance use and misuse, reduce overdose deaths, promote public safety, and support access to prevention, harm reduction, treatment, and recovery services in the community and justice system.

The Clackamas County Sheriff's Office (CCSO) will utilize funding from this solicitation to enhance our jail Medication-Assisted Treatment (MAT) program, improving the connection of Adults in Custody (AIC) to community-based providers upon release. This will be achieved by adding an additional MAT coordinator who will focus on developing and fostering direct connections with community-based providers to ensure AICs are linked to a provider.

To better support AICs on probation and parole releasing from jail to our community, the CCSO will contract a mental health specialist with health centers. This specialist will partner with Jail MAT coordinators to facilitate interagency collaboration, information sharing, screening, and assessment.

**RECOMMENDATION:** Staff recommends approval of this agreement.

Respectfully submitted,

Sheriff Angela Brandenburg

For Filing Use Only

*A Tradition of Service Since 1845*

**Office:** 9101 SE Sunnybook Boulevard, Clackamas, Oregon 97015

**Mailing:** 2223 Kaen Road, Oregon City, Oregon 97045

**Phone:** 503-785-5000 **Fax:** 503-785-5190 **www.ClackCoSheriff.us**

## 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

Direct Appropriation (no application)

Award type:      Subrecipient Award      Direct Award

Award Renewal?      Yes      No

<b>Lead Fund # and Department:</b>	
<b>Name of Funding Opportunity:</b>	

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

Requestor Information: (Name of staff initiating form)	
Requestor Contact Information:	
Department Fiscal Representative:	
Program Name & Prior Project #: (please specify)	

Brief Description of Project:

Name of Funding Agency:

Notification of Funding Opportunity Web Address:

**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:		Funding Agency Award Notification Date:	
Announcement Date:		Announcement/Opportunity #:	
Grant Category/Title		Funding Amount Requested:	
Allows Indirect/Rate:		Match Requirement:	
Application Deadline:		Total Project Cost:	
Award Start Date:		Other Deadlines and Description:	
Award End Date			
Completed By:		Program Income Requirements:	
Pre-Application Meeting Schedule:			

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

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

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

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?*

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

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

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

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

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.)?*

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.)?*

**Collaboration**

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

**Reporting Requirements**

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

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?

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

**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.

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.)?

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?

Other information necessary to understand this award, if any.

Program Approval:

		
Name (Typed/Printed)	Date	Signature

<b>** NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR **</b>
<b>**ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN**</b>

**Section IV: Approvals**

**DIVISION DIRECTOR (or designee, if applicable)**

Undersheriff Jenna Morrison	6/11/24	
Name (Typed/Printed)	Date	Signature

**DEPARTMENT DIRECTOR (or designee, if applicable)**

Sheriff Angela Brandenburg	6/11/24	
Name (Typed/Printed)	Date	Signature

**FINANCE ADMINISTRATION**

Elizabeth Comfort	6.11.2024	
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:	Denied:
Name (Typed/Printed)	Date	Signature

**For applications up to and including \$150,000 email form to BCC staff at [CA-Financialteam@clackamas.us](mailto: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](mailto: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](mailto:financegrants@clackamas.us)  
when fully approved.

Department: keep original with your grant file.