

March 20, 2025

BCC Agenda Date/Item: _____

Board of County Commissioners
Clackamas County

Approval of a Grant Application to the Criminal Justice Commission for mental health treatment court services. Grant Value is approximately \$761,891. Funding is through the Criminal Justice Commission. No County General Funds are involved.

Previous Board Action/Review	Approval to Apply September 28, 2023, Agenda Item 20230928 II.D.2 Approval to Apply June 24, 2021, Agenda Item 20210624 A.21		
Performance Clackamas	1. Improve community safety and health 2. Ensure safe, healthy, and secure communities		
Counsel Review	No	Procurement Review	No
Contact Person	Sarah Jacobson	Contact Phone	503-742-5303

EXECUTIVE SUMMARY: Clackamas County Health Centers Division (CCHCD) of the Health, Housing & Human Services Department requests approval to apply the 2025-2027 Request for Grant Proposals issued by the Oregon Criminal Justice Commission (CJC). The funding through this grant is to improve the legitimacy, efficiency, and effectiveness of the state and local criminal justice system. Health Centers Division has received this biennial funding for multiple cycles. This would be a renewal application to continue financial support of the existing Clackamas County Mental Health Treatment program and will help fund treatment, housing, and other supportive services to participants. The State will determine the level of funding based on established funding priorities.

RECOMMENDATION: Staff respectfully request the Board of County Commissioners approve applying for this funding opportunity and authorize Chair Robert to sign on behalf of Clackamas County.

Respectfully submitted,

Mary Rumbaugh

Mary Rumbaugh
Director of Health, Housing & Human Services

For Filing Use Only

Healthy Families. Strong Communities.

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

www.clackamas.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

Lead Fund # and Department:	253 - H3S-Health Centers Division
Name of Funding Opportunity:	2025-2027 Grant Solicitation: Treatment Court Grant Program

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

Requestor Information: (Name of staff initiating form)	Jennifer Stone
Requestor Contact Information:	503-742-5967 or JStone@clackamas.us
Department Fiscal Representative:	Jennifer Stone
Program Name & Prior Project #: (please specify)	Behavioral Health Clinics (400505); 400524105

Brief Description of Project:

The purpose of the Treatment Court Grant Program (TCGP) is to provide supplemental funding to support the operations of Oregon’s specialty courts, and their adherence to the Oregon Specialty Court Standards. Treatment courts operate under a model that provides an alternative to incarceration through court-directed supervision and mandated treatment for individuals with substance use or mental health issues underlying their involvement in the criminal legal system. The Health Centers Division operates three separate specialty court programs and this funding would be for the Mental Health Court program.

Name of Funding Agency: Oregon Criminal Justice Commission

Notification of Funding Opportunity Web Address: https://www.oregon.gov/cjc/sc/Documents/25-27_TCGP_GrantSolicitation.pdf#:~:text=This%20is%20a%20competitive%2C%20one

OR

Application Packet Attached: Yes No

Completed By: Jennifer Stone Date: 02/26/2025

**** 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:	N/A	Funding Agency Award Notification Date:	8-2025
Announcement Date:	2-3-2025	Announcement/Opportunity #:	2025-2027 Grant Solicitation: Treatment Court Grant Program
Grant Category/Title	Treatment Court Grant Program	Funding Amount Requested:	Amount not provided by State
Allows Indirect/Rate:	N/A	Match Requirement:	N/A
Application Deadline:	7-1-2025	Total Project Cost:	N/A
Award Start Date:	7-1-2025	Other Deadlines and Description:	Phase 1 due 3-20-2025; Budget due 7-1-2025
Award End Date	8-30-2027		
Completed By:	Jennifer Stone	Program Income Requirements:	N/A
Pre-Application Meeting Schedule:	2-26-2025; LPSCC 3-6-2025		

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?
 N/A

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

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
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** 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

2/27/2025

Sarah Jacobson

Name (Typed/Printed)

Date

Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Philip Mason-Joyner

Feb 27, 2025

Philip Mason-Joyner

Name (Typed/Printed)

Date

Signature

FINANCE ADMINISTRATION

Elizabeth Comfort

Feb 27, 2025

Elizabeth Comfort

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 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.










H3S-HC_Fund 253_FA_Lifecycle Form-CJC MHC-2025-2027

Final Audit Report

2025-02-27

Created:	2025-02-27
By:	Qudsia Sediq (QSediq@clackamas.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAA5kODkB-mf4PN_tW5cfYKTRYovvgQRIEG

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-  Document created by Qudsia Sediq (QSediq@clackamas.us)
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