

September 28, 2023	BCC Agenda Date/Item:
3 pto 20, 2020	

Board of County Commissioners Clackamas County

Approval to Apply for a Grant to continue the Mental Health Court Specialty Court Program. Anticipated value is \$176,277 for 2.5 years. Funding is through the State of Oregon. No County General Funds are involved.

Previous Board	June 24, 2021 A.21 Approval to Apply for 2021 – 2023 Funding		
Action/Review	September 26, 2023-Briefed at Issues		
Performance	Improve community safety and health		
Clackamas	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 2023-2025 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. CCHCD has been a recipient of 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 recommends the Board approve applying for this funding opportunity.

Respectfully submitted,

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

CONCEPTION						
Section I: Funding Opportunity I	information - To Be Complete	d by Requester	Award type: Award Renewal?		opropriation ient Award No	(no application) Direct Award
Lead Fund # and Department:	253 - H3S-Health C	enters Division				
Name of Funding Opportunity:	2023-2025 Grant Solicitation: Specialty Court Grant Program					
Funding Source: Federal – Direct Federal – Pass through						
Requestor Information: (Name of staff in	Jennifer	Stone				
Requestor Contact Information:	503-742-	503-742-5967 or JStone@clackamas.us				
Department Fiscal Representative:	Jennifer					
Program Name & Prior Project #: (please		ral Health Clinics (40	0505): 400524	1105		
Brief Description of Project:	Deliavio	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
for individuals with substance use or r	nona neath issues theorying their	mvovement in the orininar	egai system.			
Name of Funding Agency: Oregon Crimi	nal Justice Commission					
Notification of Funding Opportunity Web	Address: https://www.oregon.gov/c	cjc/sc/Documents/2023_SCG	SP_Grant_Solicitatio	n.pdf		
OR						
Application Packet Attached: Yo	es 🔽 No					
Completed By: Jennifer Stone	Date: 8-28-2023 ** NOW READY FOR SUB	BMISSION TO DEPARTMENT F	ISCAL REPRESENTAT	IVE **		
Section II: Funding Opportunity Competitive Application	Information - To Be Completed Non-Competing Application	by Department Fiscal Rep Other				
Assistance Listing Number (ALN), if applicab	le: N/A	Funding Age	ncy Award Notification I	Date:	7-26-2023	
Announcement Date:	3-3-2023	Announceme	ent/Opportunity #:	-		Solicitation: Specialty Court Grant Program
Grant Category/Title	Specialty Court Grant P	Program Funding Amo	ount Requested:			ot provided by State
Allows Indirect/Rate:	N/A	Match Requi	rement:		V/A	<u></u>
Application Deadline:	6-15-2021 @ 1pm	Total Project	Cost:	ı	V/A	-
Award Start Date:	7-1-2023	Other Deadl	ines and Description			
Award End Date	12-31-2025	Street Sedicti	Other Deadlines and Description:		Phase 1 due 4	4-17-2023; Budget due 6-30-2023
Completed By:	Jennifer Stone	Program Inco	ome Requirements:		N/A	
Pre-Application Meeting Schedule:	3-6-2023; LPSCC 3-20-	-2023		l.		

1

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

Program income generated through being a recipient of this grant.

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? $\ensuremath{\text{N/A}}$

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:

Adam Kearl

08/29/2023

Signature

Name (Typed/Printed)

Date

** NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR**

ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN

3

Section IV: Approvals

DIVISION DIRECTOR (or designee, if applicable)		
Carab Iarabaan	00/20/2022	Warah Jacowon
Sarah Jacobson	08/29/2023	, ,
Name (Typed/Printed)	Date	Signature
		// / / /
DEPARTMENT DIRECTOR (or designee, if applicable)		(Sint of ware
Denise Swanson	Aug 31, 2023	Denise Swanson (Aug 31, 2023 09:02 PDT)
Name (Typed/Printed)	Date	Signature
FINANCE ADMINISTRATION		Clizabeth Comfort
Elizabeth Comfort	Sep 7, 2023	Cagacias comprae
Name (Typed/Printed)	Date	Signature
EOC COMMAND APPROVAL (WHEN NEEDED FOR DISAS	TER OR EMERGENCY RELIEF APPLICATIONS	<u>ONLY)</u>
Name (Typed/Printed)	Date	Signature
Section V: Board of County Commissioners, (Required for all grant applications. If your grant is awarded, all grant For applications less than \$150,000:	•	eekly consent agenda regardless of amount per local budget law 294.338.)
COUNTY ADMINISTRATOR	Approved:	Denied:
Name (Typed/Printed)	Date	Signature
		<u>TracyMor@clackamas.us</u> for Gary Schmidt's approval. k to the Board at <u>ClerktotheBoard@clackamas.us</u> to be
BCC Agenda item #:	Date:	
OR		
Policy Session Date:		

County Administration Attestation

4

County Administration: re-route to department at

and

Grants Manager at financegrants@clackamas.us

when fully approved.

Department: keep original with your grant file.