

CLACKAMAS COUNTY COMMUNITY CORRECTIONS 1024 MAIN STREET • OREGON CITY • OREGON • 97045

TELEPHONE 503-655-8603 • • • FAX 503-650-8942

April 12, 2022

Board of County Commissioners Clackamas County

Members of the Board:

Approval to Apply for an Extension of Project Period and Additional Funding between the State of Oregon Criminal Justice Commission (CJC) and Clackamas County Community Corrections (CCCC) to Provide Treatment Options for High Users of Mental Health and Criminal Justice Resources

| Purpose/Outcome | To address shortage of community support and services to individuals with mental health or substance use disorders. | | |
|---------------------------------|---|--|--|
| Dollar Amount and Fiscal Impact | \$823,172 | | |
| Funding Source | State of Oregon Criminal Justice Commission (CJC) – no general funds are involved | | |
| Duration | July 1, 2022 - June 30, 2024 | | |
| Previous Board | Board approval of 2020-2022 Improving People's Access to | | |
| Action/Review | Community-Based Treatment, Supports and Services Program (IMPACTS) on September 10, 2020 | | |
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| Strategic Plan | Provide supervision, resources, intervention, and treatment services. | | |
| Alignment | Ensure Safe, Healthy and Secure Communities | | |
| Counsel Review | | | |
| Contact Person | Captain Malcolm McDonald, Director, Community Corrections – 503-655-8717 | | |

BACKGROUND: SB 973 was passed into law in 2019, and specified funding for programs that help those in Oregon whose high unmet mental health needs lead to involvement with the criminal justice system and urgent and emergency medical systems.

The current IMPACTS program provides monthly vouchers to clients who have been identified as high need for mental health treatment and have housing needs, and will expire on June 30, 2022. The next IMPACTS grant cycle will allow for a time extension and additional funding for the FY22-24 biennial year to continue the existing housing voucher program that consists of housing and wrap-around services such as case management, mentoring, medication monitoring, transportation, and access to substance use disorder treatment services for clients identified as high need for mental health treament. This will enable service providers and CCCC to determine the length of stay needed before the client moves from stabilization housing to permanent housing.

In addition, the FY22-24 IMPACTS grant will provide for material needs as needed when those needs are affecting mental health. An example of material goods are smart phones with a data plan so that the client can access Tele-Mental Health services and other vital needs.

CCCC is currently partnering with Clackamas County Behavioral Health Division (BHD) and the increased funding will expand the current 0.5 FTE case manager to a full-time case manager to be housed in the parole and probation office. This will allow the case manager to be more immediately

accessible to clients and available to parole and probation officers as they develop a strategy to best assist clients in stabilizing and moving into supportive, pro-social environments.

The short-form application is to apply for an extension of project period and additional funding through the next IMPACTS grant cycle of July 1, 2022 – June 30, 2024, and is open to current 2020-2022 IMPACTS grantees.

RECOMMENDATION: Community Corrections respectfully requests that the Board of County Commissioners approve the application for an extension of project period and additional funding for the State of Oregon Criminal Justice Commission, 2022-2024 IMPACTS Grant cycle to address Treatment Options for High Users of Mental Health and Criminal Justice Resources.

Grant Lifecycle form attached.

Respectfully submitted,

Captain Malcom McDonald Director, Community Corrections

Financial Assistance Application Lifecycle Form Use this form to track your potential award from conception to submissio Sections of this form are designed to be completed in collaboration between department program and fiscal staff. ** CONCEPTION ** ☐ Direct Appropriation (no application) Section I: Funding Opportunity Information - To be completed by Requester Award type: Subrecipient Award ✓ Direct Award Lead Department & Fund #: Award Renewal? Yes No Community Corrections / 100 complete sections 1, 2, & 4 only. If Direct Appropriation, complete page 1 and Dept/Finance signatures only. If Disaster or Emergency Relief Funding, EOC will need to approve prior to being sent to the BCC Name of Funding Opportunity: Funding Source: Federal State 🔽 Local 🔲 Judy Anderson-Smith Requestor Information (Name of staff person initiating form): Requestor Contact Information: jandersonsmith@clackamas.us Department Fiscal Representative: Judy Anderson-Smith Program Name and prior project # (please specify): **IMPACTS** Brief Description of Project: A short-form application to apply for an extension of project period and additional funding through the next grant cycle (July 1, 2022 - June 30, 2024). It is open to current 2020-2022 IMPACTS grantees who do not wish to make substantive changes to their existing programs SB 973 was passed into law in 2019, and specified funding for programs that help those in Oregon whose high unmet mental health needs lead to involvement with the criminal justice system and urgent and emergency medical systems. The proposed project would use some of this funding to provide a safety her for clients of the Pretrial and Community Supervision programs who have been identified as high need for mental health realment. The project would provide daily vouchers to these clients which would enable the providers to determine the length of stays needs to be a state of the providers and the state of the Oregon Criminal Justice Commission Name of Funding Agency: Notification of Funding Opportunity Web Address: https://www.oregon.gov/cjc/impacts/ 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 \square TBD CFDA(s), if applicable: n/a Funding Agency Award Notification Date: March 15, 2022 Announcement Date: Announcement/Opportunity #: \$823,172.00 Grant Category/Title: **IMPACTS** Funding Amount Requested: Allows Indirect/Rate: Yes/TBD Match Requirement: None Application Deadline: Aprial 15, 2022 Other Deadlines: n/a Award Start Date: Other Deadline Description: June 30, 2024 Award End Date: Completed By: Judy Anderson-Smith Program Income Requirement: n/a Pre-Application Meeting Schedule: 04/12/2022 Additional funding sources available to fund this program? Please describe: None

How much General Fund will be used to cover costs in this program, including indirect expenses? None

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

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? |
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| 2. What, if any, are the community partners who might be better suited to perform this work? |
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| 3. What are the objectives of this funding opportunity? How will we meet these objectives? |
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| 4. Does the grant/financial assistance fund an existing program? If yes, which program? If no, what is the purpose of the program? |
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| 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? |
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| 2. Are there partnership efforts required? If yes, who are we partnering with and what are their roles and responsibilities? |
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| 3.If this is a pilot project, what is the plan for sunsetting the project and/or staff if it does not continue (e.g. making staff positions temporary or limited duration, etc.)? |
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| 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.)? |
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| Collaboration | | | | |
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| 1. List County departments that will collaborate on this award, if any. | | | | |
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| Reporting Requirements | | | | |
| 1. What are the program reporting requirements for this grant/funding opportunity? | | | | |
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| 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? | | | | |
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| 3. What are the fiscal reporting requirements for this funding? | | | | |
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| Fiscal 1. Will we realize more benefit than this financial assistance will cost to administer? | | | | |
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| 2. Are other revenue sources required, available or will be used to fund the program? Have they already been secured? Please name other sources, including General Fund or Fund | | | | |
| Balance and amounts. | | | | |
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| 3. 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.)? | | | | |
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| 4. 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? | | | | |
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| Program Approval: | | | | |
| riogram Approvai. | | | | |
| Judy Anderson-Smith 3/31/2022 Qudy Anderson-Smith | | | | |
| Name (Typed/Printed) Date 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) | | | | |
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| Name (Typed/Printed) | Date | Signature | | |
| DEPARTMENT DIRECTOR (or designee, if applicable) | | Malcolm Digitally signed by Malcolm McDonald | | |
| Malcolm McDonald | 3/31/2022 | McDonald Date: 2022.03.31 | | |
| Name (Typed/Printed) | Date | Signature | | |
| FINANCE ADMINISTRATION | | | | |
| Elizabeth Comfort | 3/31/2022 | Elizabeth Comfort | | |
| Name (Typed/Printed) | Date | Signature | | |
| EOC COMMAND APPROVAL (DISASTER OR EMERG | SENCY RELIEF APPLICATIONS ONLY) | | | |
| | | | | |
| Name (Typed/Printed) | Date | Signature | | |
| Section V: Board of County Commission | ers/County Administration | | | |
| • | • | kly consent agenda regardless of amount per local budget law 294.338.) | | |
| For applications less than \$150,000: | | | | |
| COUNTY ADMINISTRATOR | Approved: | Denied: | | |
| | <u>—</u> | <u>—</u> | | |
| | | | | |
| Name (Typed/Printed) | Date | Signature | | |
| | | | | |
| For applications greater than \$150,000 | or which otherwise require BCC approve | al: | | |
| BCC Agenda item #: | | Date: | | |
| OR | | | | |
| | | | | |
| Policy Session Date: | | | | |
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| Count | y Administration Attestation | | | |

County Administration: re-route to department contact when fully approved. Department: keep original with your grant file.