



John D. Wentworth, Clackamas County District Attorney

1000 Courthouse Road, Oregon City, Oregon 97045
P: 503.655.8431 | F: 503.650.8943 | districtattorney@clackamas.us

September 11, 2025

Board of County Commissioners
Clackamas County

Approval of a Grant Application to the Oregon Criminal Justice Commission for Phase 1 expansion of deflection and conditional discharge programs. Application Value is \$395,000.50 for 18 months. Funding is through the Oregon Criminal Justice Commission. No County General Funds are involved.

Previous Board Action/Review	June 26, 2025: Approval of 3-month extension deadline from June 30, 2025 to September 30, 2025.		
Performance Clackamas	Ensure Safe, Healthy, and Secure Community		
Counsel Review	No	Procurement Review	No
Contact Person	John Wentworth	Contact Phone	503-655-8353

EXECUTIVE SUMMARY: The 2024 State Legislature passed HB 4002 creating a unique misdemeanor crime for drug possession, and creating allowances for counties to implement locally designed deflection programs to incentivize people charged with possession to move toward treatment and recovery. HB 5204 is a complementary bill that provides funding to allow counties to stand up these local programs. During the legislative session, Clackamas County signed a letter of commitment to participate in this work provided there is sufficient funding.

This funding cycle is an opportunity to continue and expand our deflection and conditional discharge program. This application is for phase 1 of the grant what will provide \$395,000 for the next two fiscal years. When we receive the application for phase 2 of the grant, we will return to the Board with that updated application.

RECOMMENDATION: Staff recommends the BCC approve the consent agenda item to advance submission for the initial \$395,000 of Phase 1 of the Oregon Behavioral Health Deflection Program funding for FY 25-27.

Respectfully submitted,

John Wentworth
District Attorney

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

Award type: ☒ Direct Appropriation (no application)
☐ Subrecipient Award ☐ Direct Award

Award Renewal? ☒ Yes ☐ No

Lead Fund #and Department:	District Attorney
Name of Funding Opportunity:	Oregon Behavioral Health Deflection Program

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

Requestor Information: (Name of staff initiating form)	William Stewart
Requestor Contact Information:	1000 Courthouse Road, Oregon City, OR 97045, 971 666-0368 bilble@clackamas.us
Department Fiscal Representative:	John D. Wentworth
Program Name & Prior Project # (please specify)	Behavioral Health Deflection Program

Brief Description of Project

Opportunity to renew funding for our existing Behavioral Health Deflection Program that began in 9/1/24. This grant process is in two phases - phase one is for 25% of the total possible funding (\$395,000 for us) to be disbursed on or about 10/1/25. Phase two is a competitive bid for the balance of the requested funds. The phase two award will be determined sometime after 10/1/25.

Name of Funding Agency: Oregon Criminal Justice Commission

Notification of Funding Opportunity Web Address: <https://ocjc-grants.smapply.io/prog/>

OR

Application Packet Attached: ☐ Yes ☒ No

Completed By: William Stewart

Date: 8/26/25

**** 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

Announcement Number (A/N), if applicable:		Funding Agency Award Publication Date:	
Announcement Date:		Announcement/Opportunity #:	
Grant Category/Title:	Oregon Behavioral Health Deflection Program	Funding Amount Requested:	\$395,000 for phase 1
Allow indirect?/Rate:	Yes	Match Requirement:	no
Application Deadline:	8/31/25 for phase 1	Total Project Cost:	\$395,000
Award Start Date:	10/1/25	Other Deadlines and Deliverables:	
Award End Date:	6/30/27		
Completed By:	William Stewart	Program Income Requirement:	none
Pre-Application Meeting Schedule:			

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?

none

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

Fiscal

1. Are there other revenue sources required, available, or will be used to fund the program? Have they already been received? 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 grants, etc.)?

3. Does this grant/financial assistance cover higher costs? If yes, is there a rate cap? If no, can additional funds be obtained to support indirect expenses and what are those sources?

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 sustaining the project and/or staff? If it does not continue (e.g. creating 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 located? If not, is it feasible to develop a data source within the grant time frame?

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

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?

Other information necessary to understand this award, if any.

Program Approval

William Stewart

8/26/25

William Stewart

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 BYEE SIGN****

Section IV: Approvals

DIVISION DIRECTOR (or designee, if applicable)

Name (Typed/Printed)	Date	Signature
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DEPARTMENT DIRECTOR (or designee, if applicable)

John D. Wentworth	08/27/25	
Name (Typed/Printed)	Date	Signature

FINANCE ADMINISTRATION

Name (Typed/Printed)	Date	Signature
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EOC COMMAND APPROVAL (WHEN NEEDED FOR DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY)

Name (Typed/Printed)	Date	Signature
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Section V: Board of County Commissioners/County Administration

(Note: If an application is approved, all grant awards must be approved by the Board on their monthly consent agenda regarding statement of budget law 29A.12B.)

For applications \$150,000 and below:

COUNTY ADMINISTRATOR	Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>
Name (Typed/Printed)	Date	Signature

For applications up to and including \$150,000 email form to BCC staff at CA-Financiateam@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 Section Date:

County Administrator Attention

County Administration: re-runs to departmental

and
Grants Manager at Financegrants@clackamas.us
when fully approved.

Department: keep original with your grant file.