



CLACKAMAS COUNTY SHERIFF

Sheriff Angela Brandenburg

Jesse Ashby, Undersheriff

Lee Eby, Undersheriff

Brad O'Neil, Undersheriff

1/15/2026

BCC Agenda Date/Item: _____

Board of County Commissioners
Clackamas County

Approval of a Grant Application to the Oregon Criminal Justice Commission for behavioral health clinician services. Application Value is \$1,500,000 for 2 years. Funding is through the Oregon Criminal Justice Commission. No County General Funds are involved.

Previous Board Action/Review	Grant award signed 9/10/2020. Amendment #2 signed 10/26/2022. Amendment #3 signed 6/7/2023. Amendment #4 signed 7/25/24. Amendment #5 signed 7/2/2025.		
Performance Clackamas	Safe, Secure and Livable Communities		
Counsel Review	No	Procurement Review	No
Contact Person	Patrick Williams	Contact Phone	503-785-5012

EXECUTIVE SUMMARY: This request renews an IMPACTS grant previously awarded from 2020 to 2025 that addresses gaps in community-based services for individuals with mental health or substance use disorders. In partnership with H3S, the proposal funds a behavioral health clinician assigned to Parole and Probation, an additional clinician at the Stabilization Center, and limited support for temporary housing and essential client supplies, contingent on the award amount. The Parole and Probation clinician supports early identification and stabilization to reduce violations and recidivism, while the additional Stabilization Center clinician expands crisis response capacity and diverts individuals from hospitals and the criminal justice system. Final funding levels and authorized activities will be determined by the award amount.

RECOMMENDATION: Staff recommends approval of this agreement.

Respectfully submitted,

A handwritten signature in black ink that reads "Angela Brandenburg".

Sheriff Angela Brandenburg

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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:	100-21
Name of Funding Opportunity:	Improving People's Access to Community-Based Treatment

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

Requestor Information: (Name of staff initiating form)	Chynna Sing
Requestor Contact Information:	503-201-7386
Department Fiscal Representative:	Chynna Sing or Csing@clackamas.us
Program Name & Prior Project #: (please specify)	Impacts CJC-220121102

Brief Description of Project:

The Improving People's Access to Community-based Treatment, Supports, and Services (IMPACTS) addresses the shortage of comprehensive community supports and services for individuals with mental health or substance use disorders, leading to their involvement with the criminal justice system, hospitalizations and institutional placements, by awarding grants to counties and Oregon's federally recognized Indian tribes, to establish evidence-based and tribal-based programs to provide the needed supports and services.

Name of Funding Agency: Criminal Justice Commission

Notification of Funding Opportunity Web Address: https://www.oregon.gov/cjc/impacts/Documents/25-27_IMPACTS_Solicitation_County.pdf

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:	N/A	Funding Agency Award Notification Date:	February 20th, 2026
Announcement Date:	December 17th, 2025	Announcement/Opportunity #:	N/A
Grant Category/Title	IMPACTS	Funding Amount Requested:	\$1.5M
Allows Indirect/Rate:	N/A	Match Requirement:	N/A
Application Deadline:	January 23rd 2026	Total Project Cost:	\$1.5M
Award Start Date:	July 1st, 2025	Other Deadlines and Description:	
Award End Date	August 31st, 2027	Program Income Requirements:	
Completed By:	Chynna Sing		
Pre-Application Meeting Schedule:			

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

N/A

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 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?

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?

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:

Chris Chandler

11/19/25

Chris Chandler

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)

Undersheriff Brad O'Neil 11/19/2025

Name (Typed/Printed)

Date



Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Angela Brandenburg 11/19/2025

Name (Typed/Printed)

Date



Signature

FINANCE ADMINISTRATION

Elizabeth Comfort, Finance Director 12-29-2025

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: <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-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.