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Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними: **publichealthcontract@clackamas.us | 503-742-5350.**

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Để yêu cầu dịch vụ dịch thuật hoặc điều chỉnh liên quan đến tình trạng khuyết tật, vui lòng liên hệ với chúng tôi qua **publichealthcontract@clackamas.us | 503-742-5350.**



Clackamas County
www.clackamas.us

November 5, 2026

BCC Agenda Item: _____

Board of County Commissioners
Clackamas County

**Approval to apply for the Reimagining Health and Public Safety Overdose Initiatives grant.
Funding is provided by the National Association of County and City Health Officials and is up
to \$125,000 for 8 months.**

No County General Funds are involved.

Previous Board Action/Review: No Previous Board Action

Performance Clackamas: Healthy People

Counsel Review: No

Contact Person: Kim La Croix

Procurement Review: N/A

Contact Phone: 971-806-0004

EXECUTIVE SUMMARY: The Clackamas County Public Health Division (CCPHD) of the Health, Housing & Human Services Department requests approval to apply for the Reimagining Health and Public Safety Overdose Initiatives (RHAPSODI) grant provided by the National Association of County and City Health Officials (NACCHO). Funding will support overdose prevention programs at the intersection of public health and public safety and with a focus on approaches that support people at high risk of overdose within or at risk of contact with the criminal justice system. Given the increased risk of overdose faced by people involved with the criminal justice system, it is important to identify opportunities at the intersection of public health and public safety to build programs that promote health and safety, prioritize support and treatment over arrest and incarceration, and improve outcomes for individuals in jails and prisons.

CCPHD will work with justice partners and others to increase and expand support for justice-involved individuals as well as naloxone distribution efforts throughout the county. Efforts will include continued support for Project Hope, a warm hand-off program that completes drug and alcohol assessments for adults in custody pre-release, peer mentoring and case management for involved individuals referred from CCSO (Jail, Probation and Transition Center), Deflection and Specialty Courts, Emergency Departments, and in the field post-overdose EMS buprenorphine inductions and warm hand-offs.

Naloxone distribution efforts include the use of data to identify and offer resources in hot spots where multiple overdoses have occurred and partnering with CCSO to expand public safety leave-behind protocols across local agencies.

We expect to see increased drug and alcohol assessments, increased referrals to Project Hope (and thereby increased connections to housing, employment, and treatment) as well as outreach and provision of resources to those at-risk of overdose.

For Filing Use Only

RECOMMENDATION: Staff respectfully request that the Board of County Commissioners approve applying for the Reimagining Health and Public Safety Overdose Initiatives (RHAPSODI) grant and authorize Chair Roberts or designee to sign on behalf of Clackamas County.

Respectfully submitted,

Mary Rumbaugh

Mary Rumbaugh

Health, Housing, and Human Services Director

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:	H3S- Public Health Division
Name of Funding Opportunity:	Reimagining Health and Public Safety Overdose Initiatives (RHAPSODI) Project

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

Requestor Information: (Name of staff initiating form)	Apyl Herron, Sr. Program Planner
Requestor Contact Information:	aprylher@clackamas.us
Department Fiscal Representative:	Sherry Olson
Program Name & Prior Project #: (please specify)	Substance Use and Overdose Prevention Program

Brief Description of Project:

Given the increased risk of overdose faced by people involved with the criminal justice system, this funding supports public health and public safety programs that promote health and safety, prioritize support and treatment over arrest and incarceration, and improve outcomes for individuals in jails and prisons. Our project proposal includes two focus areas: 1) Project Hope: ASAM assessments for adults in custody pre-release, peer mentoring and case management for justice involved individuals referred from CCSO (Jail, Probation and Transition Center), Deflection and Specialty Courts, Emergency Departments, and in the field post-overdose EMS buprenorphine inductions and warm hand off's, 2) Naloxone leave-behind, which includes using data to identify and canvas apartments where multiple overdoses have occurred to deliver naloxone and other safer home supplies and peer connection where people live, and working with CCSO to expand public safety leave behind protocols across local agencies. We expect to see increased ASAM

Name of Funding Agency: National Association of County and City Health Officials (NACCHO) w/ support from CDC

Notification of Funding Opportunity Web Address: https://www.naccho.org/uploads/downloadable-resources/Programs/Community-Health/2026-27-RHAPSODI-RFP.pdf?utm_source=

OR

Application Packet Attached: ☐ Yes ☒ No

Completed By: Apyl L. Herron

Date: 9/25/26

**** 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:	NA	Funding Agency Award Notification Date:	11/24/26
Announcement Date:	09/21/26	Announcement/Opportunity #:	5 NU38PW000037-03-00
Grant Category/Title	RHAPSODI	Funding Amount Requested:	125,000
Allows Indirect/Rate:	15% De Minimis	Match Requirement:	None
Application Deadline:	10/26/26	Total Project Cost:	125,000
Award Start Date:	12/01/26	Other Deadlines and Description:	Informational webinar: October 8, at 11a PTAwardee Kick-off call: Dec
Award End Date	07/31/27		
Completed By:	Sherry L. Olson	Program Income Requirements:	NA
Pre-Application Meeting Schedule:	09/26/26		

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

NA

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.

Yes, the two programs will braid funding that has already been secured to fully support the work- these include county opioid settlement funding and program element 62-162 funds.

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.)?

N/A

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?

Yes- capped at 15%

4. Does the grant/financial assistance fund an existing program? If yes, which program? If no, what is the purpose of the program?

Yes it will fund Project Hope Peer Mentor staffing which will end 12/31/26 and Case Manager funding which ends 3/31/26. It will also help fund and expand the naloxone distribution project allowing us to develop a leave-behind project in partnership with public safety partners and expand outreach in partnership with 4D Recovery.

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?

Yes, staffing are already in place- this funding would allow projects to continue beyond what funding currently allows.

2. Are there partnership efforts required? If yes, who are we partnering with and what are their roles and responsibilities?

Yes-CCSO (Jail, Probation, Transition Center)- provides referrals/warm hand-offs for justice-involved individuals to Project Hope for follow-up and connections to treatment and recovery supports; CCSO also works with Project Hope to coordinate services for those in the pre-treatment program and on probation. DA's Office & Love One Deflection Court; Community Court- Provides direct warm hand-offs to Project Hope for individuals who have received a citation due to a PCS charge or low-level offense.

EMS- warm hand-off to Project Hope for those receiving Buprenorphine medication post-overdose

4D Recovery for canvassing at overdose hot-spot locations and outreach to people at high-risk of overdose for connection to basic needs, naloxone, treatment, and recovery.

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.)?

N/A

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.)?

This would not create a new program. This funding would continue and expand on current program activities

Collaboration

1. List County departments that will collaborate on this award, if any.

Clackamas County Sheriff's Office
District Attorney's Office/Courts

Reporting Requirements

1. What are the program reporting requirements for this grant/funding opportunity?

We will be required to submit workplan deliverables related to engagement activities

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?

Evaluation will include current metrics already being collected for Project Hope and our safer home door hanger project, which includes a follow-up survey to participants. This data is already collected by staff.

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

Applicants must submit a line-item budget and budget narrative. Beyond that, nothing is noted regarding fiscal reporting requirements.

Mission/Purpose:

1. How does the grant/funding opportunity support the Department and/or Division's Mission/Purpose/Goals?

As a Division we are committed to improving quality of life and protecting the health and well-being of all residents. Our program has historically collaborated with public safety/ justice system partners to reach justice-involved folks in Clackamas County. Substance use and overdose disproportionately impacts justice-involved individuals. This funding opportunity aligns perfectly with our goals of decreasing harms and death from overdose, improves care coordination and expands access to treatment & recovery. This funding opportunity would help us advance our priority to address racial/ethnic disparities, as communities of color tend to be disproportionately justice-involved. The two projects our team is proposing for this grant would address access to basic needs and the social determinants of health which are necessary for people's success in recovery. This support along with peer mentoring and connections to care will help prevent individuals from falling through system cracks.

2. Who, if any, are the community partners who might be better suited to perform this work?

None- these are multi-disciplinary projects which bring together multiple partners across public health and public safety to carry out the goals of the projects. Project Hope is uniquely positioned to lead with a data-informed framework as well as the subject matter expertise required for executing evidence-based programming, partnerships development/contracting, program planning and evaluation.

3. What are the objectives of this funding opportunity? How will we meet these objectives?

- Develop or implement overdose prevention interventions that respond to the needs and priorities of people in the community at high risk of overdose and are currently involved with or at risk of involvement with the criminal justice system.
- Meaningfully engage with people at high risk of overdose to inform planning and implementation activities
- Where possible, provide allowable compensation for their time, experience, and expertise.

Other information necessary to understand this award, if any.

Program Approval:

Sherry L. Olson

10/06/26

Sherry L. Olson

Digitally signed by Sherry L.
Olson
Date: 2026.10.06 14:54:28
-07'00'

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)

Kim La Croix

10/7/2026

Kim La Croix

Name (Typed/Printed)

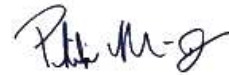
Date

Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Philip Mason-Joyner

Oct 13, 2026



Name (Typed/Printed)

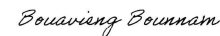
Date

Signature

FINANCE ADMINISTRATION

Bouavieng Bounnam

10/12/2026



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.

FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT

Data Collection Form

The Federal Funding Accountability and Transparency Act (FFATA) required a system to allow prime grant award and prime contract recipients to report sub-award activity and executive compensation. The FFATA Subaward Reporting System – FSRS.gov – is the system that allows grant award and contract award recipients to electronically report their sub-award activity.

Pursuant to 2 CFR Appendix A to Part 170 - Award Term (as defined in 2 CFR 170.320), and in compliance with the FFATA Subaward Reporting System (FSRS) reporting requirements, National Association of County & City Health Officials (NACCHO) must capture and report sub-award and executive compensation data regarding its first-tier sub-award that obligate equal or exceed \$30,000 or more in Federal funds.

ORGANIZATION AND PROJECT INFORMATION:

Active SAM Unique Entity ID: NVWKAVB8JND6

Name of Entity: COUNTY OF CLACKAMAS

Address of Entity: 2051 KAEN RF

City: OREGON CITY, State: OR, Country: UNITED STATES

Zip +4: 97045-1819, Congressional District: 5TH

Amount of Award: \$125,000

Project Description: Public Health-Public Safety Overdose Response Initiatives

Entity's Principal Place of Performance: 2051 KAEN RD

City: OREGON CITY, State: OR, Country: UNITED STATES

Zip +4: 97045-1819, Congressional District: 5th

EXECUTIVE COMPENSATION INFORMATION:

1. In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity with this SAM record, represented by a SAM Unique Entity ID, belongs) receive:

(1) 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements as defined at 2 CFR 170.320; **and**

(2) \$30,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements as defined at 2 CFR 170.320?:

Yes ☐ No ☒

FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT

Data Collection Form

If yes proceed to question 2, if no, stop, and sign the Certification.

2. Does the public have access to information about the compensation of the executives in your business or organization (the legal entity with this SAM record, represented by a DUNS number, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?:

Yes _____ No _____

If you answer No, please provide the following information below: Names and total compensation of each of the five (5) most highly compensated executives for Subcontractor's preceding fiscal year. Total compensation includes salary and bonus, awards of stock, stock options and stock appreciation rights, earnings for services under non-equity incentive plans, change in pension value, above-market earnings on deferred compensation which is not tax-qualified, and other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of employee, perquisites or property) for the executive exceeds \$10,000. For more information, please see 17 CFR 229.402(c)(2).

Names and total compensation of the five highest compensated officers of the entity:

No.	Name	Title	Total Compensation for Most Recently Completed Fiscal Year

Certification

I certify, on behalf of the Legal Entity that the information provided in response to this information request is complete and accurate. I further certify that I have the authority to provide the requested information and execute this certification on behalf of the Legal Entity. Last, I certify that I am fully aware that the information provided in response to this Information Request will be submitted to <https://www.fsrs.gov/> and may be made public.

Bouavieng Bounnam Digitally signed by Bouavieng Bounnam
Date: 2026.10.12 16:37:12 -07'00'

Signature

Bouavieng Bounnam

Name printed

Grant Manager

Title

10/12/2026

Date

H3S-PH_ Lifecycle_Fund 240_ NACCHO RHAPSODI project.10.06.26_signed-Q

Final Audit Report

2026-10-13

Created:	2026-10-13
By:	Qudsia Sediq (QSediq@clackamas.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAA3D1fXKByZgjFPoPu4K0oCporYPIrGN7I

"H3S-PH_ Lifecycle_Fund 240_ NACCHO RHAPSODI project.10.06.26_signed-Q" History

-  Document digitally presigned by Bouavieng Bounnam (bbounnam@clackamas.us)
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2026-10-13 - 7:01:33 PM GMT- IP address: 50.39.217.49
-  Signer pmason@clackamas.us entered name at signing as Philip Mason-Joyner
2026-10-13 - 7:02:06 PM GMT- IP address: 50.39.217.49
-  Document e-signed by Philip Mason-Joyner (pmason@clackamas.us)
Signature Date: 2026-10-13 - 7:02:08 PM GMT - Time Source: server- IP address: 50.39.217.49 - Signature Appearance Selected: IMAGE
-  Agreement completed.
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