# 2023-2025 Standard BHD Applications

**Oregon Criminal Justice Commission** 

# **BAKER COUNTY**

# **Application: 0000000038**

Christena Cook - ccook@bakercountyor.gov Oregon Behavioral Health Deflection Program (23-25)

### **Summary**

ID: 000000038

Last submitted: Jul 1 2024 12:52 PM (PDT)

### **Cover Sheet**

Completed - Jul 1 2024

# **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

### County

Please select from the dropdown list.

Baker

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

# **Primary Applicant Contact**

Name:	Shane Alderson
Organization:	Baker County
Title:	Chair of the Board of Commission
Street Address:	1995 Third Street
City:	Baker City
Zip Code:	97814
E-mail:	salderson@bakercountyor.gov
Phone:	5415238200

### **Fiscal Contact**

Name:	CHRISTENA M COOK
Legal Name of Organization for Payment:	County of Baker
State EIN:	93-6002284
Payment Remittance Street Address:	1995 Third Street
City:	Baker City
Zip Code:	97814
E-mail:	ccook@bakercountyor.gov
Phone:	5415238209

Would you like ACH payment processing (direct deposit)?

No

# **Eligibility Questions**

Completed - Jul 1 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Gabe Maldonado
Position Title:	BCDP Program Coordinator
Organization:	Baker County Sheriff's Office
Email Address:	gmaldonado@bakercountyor.gov
How is your program coordinator funded? You may use BHD funds.	BHD funds

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

# **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

### **Responses Selected:**

Community Mental Health Program: New Directions Norhtwest, Inc.

Local Mental Health Authority: Baker County Oregon

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Baker County District Attorney
Law Enforcement:	Baker County Sheriff's Office, Baker City Police
Community Mental Health Program:	New Directions Norhtwest, Inc.(NDN)
Behavioral Resource Network Provider:	New Directions Norhtwest, Inc.

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

### **Responses Selected:**

Court:: Baker County District Court

Treatment Provider:: New Directions Norhtwest, Inc.(NDN)

Other, specify:: OSP

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

Yes

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

The Baker County Deflection Work Group consists of New Directions Northwest (NDN), Baker County Sheriff's Office, Baker City PD, Baker County Commissioner, Baker County District Court, and Baker County District Attorney. The workgroup has developed the basic framework of the Baker County Deflection Program (BCDP) and has established a deflection program coordinator who is located in the Sheriff's office. The workgroup will continue to meet at least monthly over the next six months to ensure effective implementation of the program.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

The program coordinator, along with the NDN outpatient treatment team the NDN Behavioral Health Resource Network (BHRN) Team, Law Enforcement (LE), and the DA, will convene regular, 30-minute virtual meetings. The Baker County Deflection Coordination Team will work together to review the names of individuals who have been offered deflection to outpatient Substance use disorder (SUD) treatment. The Program Coordinator will facilitate this meeting and coordinate all other communication through email.

# C. Deflection Program Details

### C.1) Are you requesting funds for a planning grant or an operational grant?

Operational: This grant will primarily be used to operate a deflection program that will be implemented before January 2025.

# C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	September
Year	2024

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

- 1. Deflection Referral Process: Rather than pursuing criminal charges or arrest, LE officers will refer individuals found in possession of substances to the Baker County Deflection Program (BCDP). The individual will be given a referral with instructions, rights, and options. These referrals will be documented in the dispatch call logs. The program coordinator will compile the names of referrals documented in the dispatch log and will maintain a shared database that will track the individuals who have been referred to deflection. LE, DA, and NDN will have access to the shared deflection database.
- 2. Intake and Assessment: NDN will offer Open Access hours for individuals referred to BCDP to undergo intake and receive SUD assessments and referrals. A dedicated Certified Alcohol and Drug Counselor (CADC) will conduct assessments, provide group and individual counseling, and be the SUD treatment lead on the DCC. NDN CADC will enter the attendance and status of participants into the shared deflection database.
- 3. Outreach and Engagement: In coordination with the Mobile Crisis Intervention Team (MCIT) and BHRN Certified Recovery Mentors (CRM), outreach efforts will be conducted to engage individuals referred to deflection who may not initially seek services and guide them to engage in treatment.
- 4. Collaboration: The BCDP coordinator will facilitate regularly scheduled Deflection Coordination Team meetings with LE, DA, and NDN. The team will review the list of individuals included in the shared deflection database to discuss their engagement in services, progress, and outcomes. The team will also discuss the coordination of outreach efforts by MCIT and BHRN CRMs to engage individuals with deflection referrals who have yet to access services through NDN Open Access.
- C.4) Please describe the individuals who are eligible for your deflection program.

Word Limit: 75

Anyone in Baker County who has been found possessing substances by LE, regardless of whether they have been offered deflection in the past.

C.5) What qualifies as a successful outcome for participants in your deflection program?

Word Limit: 75

Criteria for Individuals Meeting NDN Deflection Program Requirements:

- 1. Accessed services through the NDN deflection program within 14 days of receiving the deflection referral.
- 2. Completed treatment recommendations or followed treatment recommendations for at least three months, whichever comes first.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

The BCDP acknowledges the persistent disparities in mental health and substance use treatment across various segments of the population, including racial and ethnic groups, LGBTQIA2S+ individuals, people with disabilities, transition-age youth, and young adults. Services and referral will be rendered in a manner that is responsive to and respectful of the diverse attitudes, beliefs, customs, and practices of the communities we serve. NDN pledges to coordinate or offer culturally and linguistically specific services based on the preferences or requests of service users, including translator capabilities or care coordination with culturally specific providers as necessary. LE, County, DA, and NDN utilize both in-person interpreting and phone or virtual interpreting when requested. Treatment services are performed in a trauma-informed manner, and staff are regularly trained on trauma-informed services and evidence-based treatment models.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

All program partners utilize in-person bilingual staff, in-person interpreters, and phone/video interpreting services.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?
Yes
8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
<u>Word Limit: 75</u>
In lieu of criminal charges or arrest, LE officers will refer individuals found possessing substances to BCDP. The individual will be given a referral with instructions, rights, and options.
C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?
Yes
9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
Charges will be held in abeyance pending completion of the requirements listed in C.5. However, individuals may be charged with co-occurring crimes.

C.10) As part of your deflection program, can an individual voluntarily initiate contact with a
first responder agency (e.g. police department, fire station, EMS) to seek a referral to
treatment, without an arrest, citation, or charges filed?

Yes

10.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

# Word Limit: 75

Individuals may voluntarily initiate first contact with LE to seek a referral to treatment without an arrest, citation, or charges filed. The individual can approach LE to make this request.

C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?

Yes

11.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

# Word Limit: 75

Mobile Crisis Intervention Team (MCIT) and BHRN Certified Recovery Mentors (CRM) will coordinate outreach efforts to engage individuals referred to deflection who may not initially seek services and guide them to engage in treatment. Currently, MCIT and BHRN CRMs conduct outreach into the community of individuals that they are aware of who experience substance use. This practice will continue, with referrals from first responders added.

C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?  Yes
12.a.) Please describe this process and specify if it includes engagement in Medication Assisted Treatment, and include its planned or operational start date if different than the date identified in question C.2.  Word Limit: 75
Mobile Crisis Intervention Team (MCIT) and BHRN Certified Recovery Mentors (CRM) currently coordinate outreach efforts to engage individuals who have recently experienced an opioid overdose to engage them in treatment and/or services. MCIT and BHRN CRMs conduct outreach to the community individuals they are aware of who have recently experienced an opioid overdose. This practice will continue with the addition of referrals from first responders.
C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?
Yes

13.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

# Word Limit: 75

This is currently in practice. As the MCIT becomes aware of substance users, they refer them to treatment or a case manager. The MCIT peer specialist then adds these individuals to a list, and they continue ongoing outreach to develop rapport, refer to treatment, and access substance use treatment services.

# **Data Acknowledgements**

Completed - Jul 1 2024

# **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

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No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD.

Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

### **Responses Selected:**

Don't know, please explain:

# **Budget Projection**

Completed - Jul 12 2024

# **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

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No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Baker BHD 24 Final.xlsx

Filename: Baker BHD 24 Final.xlsx Size: 38.2 kB

BUDGET PROJECTION SHEET  CJC Grant Program: Oregon Behavioral Health Deflection Program								
County Name(s):	County of Baker							
Personnel: Salaries, wages and fringe benefits costs for all grant-funded personnel (in whole or in part) employed by the grant recipient								
Directions: In the "Program/Project Supported" field, identify the specific program/project the position supports. Exampes could include LEAD Team, Mobile Crisis Team, County Deflection Program,							atc	
In the "% Time per Month" field, use whole numbers to show percentage of position's time dedicated to grant-related work. Example: a 50 FTE (a half-time case manager) = 50							itt.	
In the "Monthly Rate" field, combine s	alary/wages and fringe benefits for	a single month at full time, regardle	ss of the value incl	uded in the "% Tir	ne per Month" field.	57		
In the "# Months Employed" field, indi	cate the number of months the posi	tion is expected to be funded during	g the grant project	period.				
			New or Existing	% Time per		# Months	Total Amount	Personnel Narrative:
Position Title	Program/Project Supported  Baker County Deflection Program	Employing Agency	Position	Month	(wages+fringe)	Employed	Requested	For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.  The Baker County Deflection Coordinator will coordinate with local treatment facilities and state deflection staff. This position will be responsible for the development, implementation.
1 Deflection Coordinator	(BCDP)	Baker County	New	75	10457.0	1*	04 112	the Baker County Deflection Coordinator will coordinate with local treatment facilities and state deflection start. In its position will be responsible for the development, implementation, to data tracking, and administration of the Baker County Deflection program and facilitating the Baker County Deflection Coordination Team.
1 Deflection Coordinator	Baker County Deflection Program	Baker County	ivew	/3	10437.0	1.	34,113.	2.1 The MND Deflection CADC will coordinate with local treatment facilities and admission staff. This position will be responsible coordinate intak, assessment and treateenth
2 NDN Deflection CADC	(BCDP)	New Directions Northwest	New	50	5541.0	12	33,246	10 services for those referred to the NDN Deflection Treatment Program.
3 4			Select Option				0.	10 3.)
4			Select Option					0 4.)
5			Select Option Select Option					NO 5.) 100 5.)
6 7			Select Option					NJ (5.) 101 (7.)
8			Select Option					(a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
9			Select Option					00 9.)
10			Select Option				0.	<b>10</b> [10.)
					Personnel Total:	\$ 127,359.00	)	
Contractual Services: An individual o	r organization providing a service or	programmatic aspect of the work th	nat is not provided	directly by the are	nt recipient Canital o	onstruction may be	requested in this	ategory
Directions:	p providing a service of	eo. Jillinotte object of the Work ti	is not provided	sear by the gra				
In the "Contract Title & Purpose" field	, identify the contractor and what se	rvices the contract covers (generall	ly).					
In the "Program/Project Supported" fi	eld, identify the specific program/pro	oject the contracted services suppor	rt.					
1							1	Contractual Services Narrative:
	L			I	L	L	Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Contract Title & Purpose	Program/Project Supported	Contract Category Select Option	1	Unit Type Monthly	Price per Unit	# Units Required	Requested	If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
2		Select Option	+	Select Option				NJ 1-) 00 2.)
3		Select Option	1	Select Option				NJ 2.7 DOI 3.7
4		Select Option		Select Option				50 57 100 4.)
5		Select Option		Select Option				0 5.)
6		Select Option		Select Option				<b>10</b> [5.)
7	<b>!</b>	Select Option	_	Select Option			0.	907.)
8		Select Option Select Option	+	Select Option Select Option				00 (8.) 00 (9.)
10		Select Option	1	Select Option				No   2-7   101   1
1					Contractual	<u> </u>		
					Services Total:	\$ -		
Name of the State					-t- C7-1			
Housing & Facilities: Eligible expense Directions:	s for space/utilities necessary to con	ilpiete program work and short-ylon	ig-term nousing su	port for participa	ints. Capital Construct	ion may be requeste	ea in this category.	
In the "Item Description" field, identify	y what the expense covers (generally	n).						
In the "Program/Project Supported" fi	eld, identify the specific program/pro	oject the expense supports.			1		Т	
							Total Amount	Housing & Facilities Narrative:
Item Description Short term emergent housing	Program/Project Supported Baker County Deflection Program			Unit Type	Price per Unit	# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 support	(BCDP)			Per Item	75.00	40.0	2 000	00 1.) Emergency short-term housing for program participants fivr 1-day hotel stays per month for 12 months.
2	(BCDF)			Select Option	75.00	40.0		(v) 1.) Entergency short-term nousing for program participants livi 1-day notes stays per month for 12 months.
3				Select Option				0 3.)
4 5				Select Option				10 4.)
5	1			Select Option			0.	05.)
6 7				Select Option				0 (s.) 00 (7.)
8	+			Select Option Select Option				10 / /.) 10 / 8.)
9				Select Option				009)
10				Select Option			0.	00 10.)
					Housing & Facilities			
					Total:	\$ 3,000.00	u l	
Equipment: Permanent or non-expen	dable equipment with a purchase pr	ice of \$5,000 or more, or a useable	life of two or more	vears, for a single	item			
Directions:				-				
In the "Item Description" field, identify								
In the "Program/Project Supported" fi								
In the "Organization Served" field, ide								
In the "# of Units Required" field, indic	ace the number of individual items t	o oe purchaseu.						
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:  For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1	Program/Project Supported	Organization served	1		Price per onit	# Offics Required 0.0	0.	For each requested item to the left, provide a brief justification as to now it meets or running the purpose/ment of the program.  10
1 2		<u> </u>				0.0	0.	10 2.)
3								0 3.)
4	1		1		<b></b>			00 4.)
5	1		-					00 (5.) 00 (6.)
6 7			1		-			00 (5.) 00 (7.)
8							0.	NI 7-) 101 8.)
9							0.	9.)
10							0.	<b>10</b> [10.)
					Equipment Total:	\$ -		
Supplies: Consumable materials or su	innlies, including the cost of small its	ems of equipment that do not meet	the threshold for t	he "Equipment" c	ategory. Clients suppo	orts could be reques	ted in this category	
Directions:				-quipment C	Sa. J. E. enco suppe	Tours we request	L coregor	
In the "Item Description" field identify	the name/type of supplies to be no	irchased						

1								
In the "Program/Project Supported" fie	eld, identify the specific program/p	roject the supplies supports.						
In the "Organization Served" field, idea In the "# of Units Required" field, indic	ntify the entity that will use the sup cate the number of individual items	to be nurchased.						
mate wor onto required ried, mare	The number of movidual terms	to be parenasea.					Total Amount	Supplies Narrative:
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required		For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Supplies/Materals Creation	BCDP	Baker County			812.00	1.0		This will be spend on paper and office supplies and will also cover document creation.
Community Outreach, Awareness								
2 and Information	BCDP	Residents of Baker County			1,000.00	1.0	1,000.00	2.) Outreach materials to inform and educate community members about BCDP, promoting awareness of its objectives and benefits.
4		+					0.00	
5							0.00	
6							0.00	
7							0.00	
8							0.00	
10							0.00	
					Supplies Total:	\$ 1,812.00		
							-	
Training/Associated Travel: Eligible e	expenses for transporation, lodging,	per diem, and registrations for train	ings that support g	rant purposes				
Directions: Each line item should be dedicated to	a single training cost or travel cost							
All travel expenses must follow state I	DAS and federal GSA regulations; lux	xury expenses are not allowed (e.g. f	irst-class seating).					
In the "Program/Project Supported" fi	eld, identify the specific program/p	roject the training supports.						
In the "Organization(s) Served" field, li In the "Is this a Training or Travel Cost	ist the entity(ies) that will have per	sonnel attending training.						
In the "Training or Travel Costs (Per In	dividual)" field, input the estimated	individual travel cost or registration	cost for one atten	dee.				
				Is this a	Training or Travel			Training/Associated Travel Narrative:
			Location of	Training or	Costs (Per	# of Individuals	Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Training Title	Program/Project Supported	Organization Served	Training	Travel Cost?	Individual)	Attending	Requested	For travel line items, please indicate with which training it is associated.
THE 2024 INTERNATIONAL DEFLECTION & PRE-ARREST								
1 DIVERSION SUMMIT	BCDP	Baker County Sheriff's Cffice	Seattle	Teninina	1,790.00	1.00		1.) Attendance at the PTACC Deflectin and Pre-Arrest Summit; conference fee \$540; lodging at GSA rate of \$246 x 4 nights, totaling \$984; per diem at GSA rate of \$79 x 3 full days and \$59.25 X 2 First & Last Day Travel, totaling \$355.50.
THE 2024 INTERNATIONAL	BCDP	Baker County Sheriff's Criice	Washingtor	Iraining	1,790.00	1.00	1,790.00	559.25 X 2 First & Last Day Travel, totaling 5355.50.
DEFLECTION & PRE-ARREST			Seattle					1.) Attendance at the PTACC Deflectin and Pre-Arrest Summit; conference fee \$540; lodging at GSA rate of \$246 x 4 nights, totaling \$984; per diem at GSA rate of \$79 x 3 full days and
2 DIVERSION SUMMIT	BCDP	NDN	Washington	Training	1,790.00	1.00	1,790.00	\$59.25 X 2 First & Last Day Travel, totaling \$355.50.
THE 2024 INTERNATIONAL								
DEFLECTION & PRE-ARREST			Seattle					1.) Attendance at the PTACC Deflectin and Pre-Arrest Summit; conference fee \$540; lodging at GSA rate of \$246 x 4 nights, totaling \$984; per diem at GSA rate of \$79 x 3 full days and
3 DIVERSION SUMMIT THE 2024 INTERNATIONAL	BCDP	Baker County DA	Washington	Training	1,790.00	1.00	1,790.00	\$59.25 X 2 First & Last Day Travel, totaling \$355.50.
DEFLECTION & PRE-ARREST			Seattle					1.) Attendance at the PTACC Deflectin and Pre-Arrest Summit; conference fee \$540; lodging at GSA rate of \$246 x 4 nights, totaling \$984; per diem at GSA rate of \$79 x 3 full days and
4 DIVERSION SUMMIT	BCDP	Baker City PD	Washingtor	Training	1,790.00	1.00		1.) Acceptable at the PTACL Deflection and PTACL De
THE 2024 INTERNATIONAL	DCD1	bunct city i b	Washington	- Truming	1,7 30.00	2.00	1,750.00	333.53 A 2 113.C C 23. DOT 110 C 1, C C C C C C C C C C C C C C C C C
DEFLECTION & PRE-ARREST		Baker County Deflection Program,						
DIVERSION SUMMIT - Travel in		which includes all of the above	Seattle	,				
5 one vehicle	BCDP	entities	Washington	Travel	519.00	1.00	519.00	5.) Travel in 1 vehicle for all four attendees to Sheraton Grand Seattle; 774 miles round trip to x GSA rate of \$.67 per mile
Deflection Program Training for	BCDP	NDN, Baker County Sheriff's	Seattle		5.00	20.00	450.00	
6 local LE and Treatment Staff 7	BCDP	Office, Baker City PD, OSP	Washingtor	Training Select Option	5.00	30.00	0.00	6.) Training for local LE and treatment providers at NDN regarding best practices of deflection pragram.
8				Select Option			0.00	
9				Select Option			0.00	
10				Select Option			0.00	10.)
					Training/Travel Total:			
					Total:	\$ 7,829.00		
Administrative Costs: Activities associ	ciated with administering the grant	such as purchasing, budgeting, payro	II, accounting and	staff services				
Directions:								
Total Administrative Costs may not ex In the "Item Description" field, identify	v the specific activities to be conduc	unless an exception is granted by th	e commission.					
In the "Program/Project Supported" fi								
In the "Organization" field, identify the	e entity that will be conducting the	administrative activities.						
							Total Amount	Administrative Costs Narrative:
Item Description	Program/Project Supported	Organization Served					Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Administration Fee	County Deflection Program	Baker County						Baker County does not have a certified admin rate with the Federal Government or State of Oregon. Per policy Baker County will collect up to 10% administrative fee where possible.
3		1						2.)
4								3.) 4.)
5								**; 5.)
6								6.)
7								7.)
9								8.)
10								9.)
10			<u> </u>		Administrative			avg
					Total:	\$ 10,000.00		
							•	
Budget Request Totals: This section w		ed on the information provided abov	e					
Budget Categories	Category Totals							
Personnel Contractual Services	\$ 127,359.00	<u> </u>						
Housing & Facilities	\$ 3,000.00							
Equipment	\$ -							
Supplies	\$ 1,812.00							
Training/Associated Travel	\$ 7,829.00							
Subtotal	1 \$ 140,000.00							
Administrative Costs	Total	% of Total Request						
All Items	\$ 10,000.00		*No more than 1	0%, without exce	eption request			
								-
Total Budget Request	\$ 150,000.00	<u>-</u>						

# **BENTON COUNTY**

# **Application: 0000000041**

Rick Crager - rick.crager@bentoncountyor.gov Oregon Behavioral Health Deflection Program (23-25)

### **Summary**

ID: 0000000041

Last submitted: Jun 30 2024 08:33 AM (PDT)

### **Cover Sheet**

Completed - Jun 27 2024

# **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

### County

Please select from the dropdown list.

Benton

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

# **Primary Applicant Contact**

Name:	Rick Crager
Organization:	Benton County
Title:	Assistant County Administrator
Street Address:	4500 SW Research Way
City:	Corvallis
Zip Code:	97333
E-mail:	rick.crager@bentoncountyor.gov
Phone:	5417666246

### **Fiscal Contact**

Name:	Matti Butler
Legal Name of Organization for Payment:	Benton County
State EIN:	93-6002285
Payment Remittance Street Address:	P.O. Box 964
City:	Corvallis
Zip Code:	97306
E-mail:	matti.butler@bentoncountyor.gov
Phone:	5417666768

Would you like ACH payment processing (direct deposit)?

Yes

# **Eligibility Questions**

Completed - Jun 30 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Rick Crager
Position Title:	Assistant County Administrator
Organization:	Benton County
Email Address:	rick.crager@bentoncountyor.gov
How is your program coordinator funded? You may use BHD funds.	BHD Funds

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

# **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

### **Responses Selected:**

Community Mental Health Program: Benton County Behavioral Health Program

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Benton County District Attorney's Office
Law Enforcement:	Benton County Sheriff's Office
Community Mental Health Program:	Benton County Behavioral Health Program
Behavioral Resource Network Provider:	Family Tree Relief Nursery, CHANCE

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

### **Responses Selected:**

Court:: Benton County Circuit Court

Peer Support Organization:: Family Tree Relief Nursery

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

v	Δ	C
- 1	C	o

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

Benton County is still in the planning phase for its deflection program, however, to date, the county has facilitated four meetings in May and June that include all the required partners outlined in Question B2. As the county continues to plan and develop the program, there will be coordination with additional partners from city law enforcement, county circuit court, and other service providers. Through the first four meetings, the group has outlined the framework of the program to better understand organizational capacity, key responsibilities, best practice programs, other resources that may be available for the program, and outcomes (program success) that will be acceptable to the District Attorney in dismissing charges. To date, the team has completed a draft workflow concept for the Benton County Deflection Program that will help in continuing to plan and improve the program design.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

Once the permanent Program Coordinator is hired (estimated by September 1, 2024), there will be a core policy team created that will participate in ongoing meetings to receive updates from the coordinator on the status of the program. This team will serve as a policy and advisory group to help the program coordinator evaluate program results and where necessary, make adjustments to the program. Tentatively, the group will include partners that represent the leadership and operations for program which include, but will not be limited to, the District Attorney Office, law enforcement representatives, Health Department Director, Behavioral Health Division Manager, county elected officials, Assistant County Administrator, and contracted service providers.

# C. Deflection Program Details

C.1) Are you requesting funds for a planning grant or an operational grant?

Planning: This grant will primarily be used to plan and develop a deflection program that will be implemented after January 2025. You will be required to notify CJC as soon as your program is ready to become operational.

C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	January
Year	2025

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

Through its first four planning meeting, the County has worked collaboratively to design a draft program workflow. The following represents the current steps from point of contact to referral and engagement in services.

- Law enforcement officer cites individual for Possession of Controlled Substance (PCS) Stand Alone Misdemeanor.
- 2. Law enforcement officer confirms that cited individual meets the following:
- \* No victim with potential restitution.
- \* Resides in county.
- \* No history of violent crime.
- \* Not a sex offender.
- \* No out of county warrant.
- 3. Law enforcement officer informs cited individual they may be eligible for deflection program and refers them directly to Deflection Program Coordinator.
- 4. Deflection Program Coordinator receives notification from law enforcement of individual that may be eligible for deflection. and initiates contact with cited individual to discuss program and if agreeable to participate, assigns behavioral health intake provider.
- 5. Assigned Behavioral Health Intake Provider conducts intake analysis on cited individual to establish risk level, and appropriate programming and services.
- 6. Cited individual is assigned to appropriate programming based on risk levels. Low risk will include some form of online or in person best practice coaching/counseling program. Moderate and High Risk will be enrollment into a Peer/Navigator support program.

C.4) Please describe the individuals who are eligible for your deflection program.

Word Limit: 75

The County's draft program workflow assumes program eligibility being individuals cited for possession of a controlled substance only. In addition, the individuals must reside in Benton County, have no history of violent crime, not be a registered sex offender, have no outstanding out of county warrants, and have no victim with potential restitution. The county will consider broadening eligibility after more experience.

C.5) What qualifies as a successful outcome for participants in your deflection program?

Word Limit: 75

The Benton County District Attorney Office is continuing to outreach to other County DAs to determine best approach. The draft framework currently considers program success as follows: low risk individuals - completion of an online or in person coaching or counseling program; moderate and high risk - enrollment into a contracted peer/navigator support program with the expectation of a completed assessment and demonstration of continued participation.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

The County discussion has yet to get into the details of the specific program services that will be required for eligible participants. However, all programming will likely be contracted out to community providers. As part of the RFP process in choosing these providers, the Deflection Program Coordinator would be responsible for working with the core policy team to ensure the scope of work is based on evidence-based best practices and has the ability to be culturally and linguistically responsive to all program participants. This will be a critical part of the evaluation in selecting the appropriate services for the program.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

### Word Limit: 150

At the initial point of contact with law enforcement, the County will equip officers with information cards that are translated into various languages to ensure the program information and next steps are clear to all individuals, regardless of the language they speak. For those officers that are not bilingual, the County has translation services available through dispatch to help support communication as needed. Current statistics suggest that about 10% of those encountered in Benton County are non-English speaking.

As for program intake and services. the County will ensure that the deflection program coordinator, program intake providers, and service provider are either bilingual or have available translation services to help remove barriers to the participant not understanding the requirements of the program, receiving intake screening and services, and navigating the program services and expected outcomes.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?

res				

8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

# Word Limit: 75

As identified in C2 and C3, the County anticipates program implementation by January 1, 2025. The current planning and discussions have identified law enforcement official as the first contact through citation of a standalone PCS charge and verification of other eligibility requirements outlined in C3. Upon verification of eligibility, law enforcement will refer individual to Deflection Program Coordinator who will help connect eligible individuals to intake screening and program services enrollment.

C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?

Yes

9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

# Word Limit: 75

As identified in C2 and C3, the County anticipates program implementation by January 1, 2025. The current draft program workflow would start with law enforcement citing an individual for a PCS only charge. If the individual is deemed eligible for the deflection program, individuals will be referred to Deflection Program Coordinator by the law enforcement officer. As part of normal practice, the law enforcement officer sends the citation to the District Attorney Office. However, for those eligible for deflection, it will be indicated they have been referred to Deflection Program Coordinator. The District Attorney Office will place these citations as a "No Action Case". The Deflection Program Coordinator will coordinate with District Attorney's Office on status of cited individual to determine 1) continuation of "No Action Case", 2) moving case to a court date to consider charge, or 3) dismissing case and charges.

first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?
No
C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?
No
C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?
No
C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?
No

C.10) As part of your deflection program, can an individual voluntarily initiate contact with a

# **Data Acknowledgements**

Completed - Jun 27 2024

# **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to  $\frac{1}{Page}$  30 of 477

create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD. Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

### **Responses Selected:**

List of deflection participants

Deflection participant demographics (e.g., age group, race/ethnicity for each participant)

Source of referral for deflection (e.g., District Attorney, law enforcement, BHRN, community mental health program)

Services provided as part of the deflection program

# **Budget Projection**

Completed - Jul 19 2024

# **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Benton BHD 24 07152024.xlsx

Filename: Benton\_BHD\_24\_07152024.xlsx Size: 35.3 kB

_									
		Oregon Behavioral Health Deflection	BUDGET PROJECTIO	N SHEET					
	Grant Program: unty Name(s):	Benton County	on Program						
	Personnel: Salaries, wages and fringe benefits costs for all grant-funded personnel (in whole or in part) employed by the grant recipient Directions:								
Dir In t	ections: the "Program/Project Supported" fiel	d. identify the specific program/pro	niect the position supports. Example	s could include I	FAD Team. Mobile	Crisis Team. County D.	eflection Program. e	etc.	
In t	the "% Time per Month" field, use wh	nole numbers to show percentage of	of position's time dedicated to grant	-related work. E:	xample: a .50 FTE (	half-time case mana			
	the "Monthly Rate" field, combine sa					ne per Month" field.			
In t	the "# Months Employed" field, indic	ate the number of months the posi-	tion is expected to be funded during	New or Existing		Monthly Rate	# Months	Total Amount	Personnel Narrative:
Pos	sition Title	Program/Project Supported	Employing Agency	Position	Month	(wages+fringe)	Employed	Requested	For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
									1.) The Program Coordinator will be necessary to fullfill the duties of grant management and reporting, data analysis and collection, research, client coordination and tracking,
									community training, and initial planning. It is anticipate that the position will initially be full time for the grant period through 6/30/25. However, after program becomes operational
2	Program Coordinator	County Deflection Program	Benton County	New Select Option	100	10782.0	10	0.00	and many of the initial planning duties have all be completed, the position may be reduced. Assumes 10/1/24 start date.
3				Select Option				0.00	3)
4				Select Option				0.00	
5	'			Select Option Select Option				0.00	
7				Select Option				0.00	
8				Select Option				0.00	8.)
10				Select Option				0.00	
10	'			Select Option	_			0.00	10.)
						Personnel Total:	\$ 107,820.00		
							7,		
	ntractual Services: An individual or or ections:	organization providing a service or	programmatic aspect of the work th	at is not provide	d directly by the gra	ant recipient. Capital o	construction may be	requested in this cat	egory.
	the "Contract Title & Purpose" field, i	dentify the contractor and what se	rvices the contract covers (generally	v).					
	the "Program/Project Supported" fiel								
									Contractual Services Narrative:
_								Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Coi	ntract Title & Purpose	Program/Project Supported	Contract Category		Unit Type	Price per Unit	# Units Required	Requested	If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.  1) While it is still undecided, the County is currently leaning to contracting out this work by having a focused case manager to perform initial intake and screening as well as working
1	Case Manager	Intake/Screening	Services		Monthly	5,420.00	6.0	32,520.00	with individual in enrolling in programming. Assumes 1/1/25 start.
	Sector Benedition Leve Blok	I Bish Barrana	C		D. T.	200.00	40.0	2 000 00	2.) While it is still undecided, the County would focus individuals screened at low risk with online or inperson programming that focuses on coaching and counseling related to specific
	Service Provider - Low Risk	Low Risk Programming	Services		Daily	200.00	10.0	2,000.00	issues identified in screening. Based on current estimate, the County anticipates the only 10% of eligible participants being low risk. Assumes 9/1/24 start.
									3.) While it is still undecided, the County would focus individuals screened at moderate/high risk with enrollment in peer/navigation support program that would help support
	Service Provider - Moderate/High								individuals with comprehensive assessments that help identify the needed supports, and creates a plan to gain access to those supports. The County anticipates cost being larger than
3	Risk	Moderate/High Risk Programming	Services Select Option		Monthly Select Option	7,648.50	6.0	45,891.00	available state resources, however, Opioid Settlement Funds have been tenatively targeted to match state resources. Assumes 1/1/25 start.
			Select Option		Select Option			0.00	
6			Select Option		Select Option			0.00	6.)
5 6 7			Select Option		Select Option			0.00	7.
8			Select Option Select Option		Select Option Select Option			0.00	
9			Select Option		Select Option			0.00	1951 110.)
П						Contractual			
						Services Total:	\$ 80,411.00		
Но	using & Facilities: Eligible expenses	for space/utilities necessary to con	nplete program work and short-/lon	g-term housing s	upport for participa	ants. Capital construct	tion may be requeste	ed in this category.	
Dir	ections:								
In t	the "Item Description" field, identify the "Program/Project Supported" fiel	d. identify the specific program/pro	oject the expense supports.						
	., ., ., ., ., ., ., ., ., ., ., ., ., .	, , , , , , , , , , , , , , , , , , , ,						Total Amount	Housing & Facilities Narrative:
Ite	m Description	Program/Project Supported			Unit Type	Price per Unit	# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1	Facilities Space Cost	Program Coordination			Monthly	187.20	10.0		1.) Standard County URR of \$2.08 per SF for 90 SF workspace for program coordinator to complete daily program operations. Assume 9/1/24 start.
- 2					Select Option Select Option			0.00	
4					Select Option			0.00	
5					Select Option			0.00	
6					Select Option		<del>                                     </del>	0.00	
4 5 6 7 8					Select Option Select Option		<b>†</b>	0.00	
9	1				Select Option			0.00	9.)
10	)				Select Option	Harris O Facilities		0.00	<u>]10.)</u>
						Housing & Facilities Total:	\$ 1,872.00	,	
						Total.	3 1,872.00	4	
	uipment: Permanent or non-expend ections:	able equipment with a purchase pr	ice of \$5,000 or more, or a useable	life of two or mo	re years, for a singl	e item			
	the "Item Description" field, identify	the name/type of equipment to be	purchased.						
In t	the "Program/Project Supported" fiel	d, identify the specific program/pro	eject the equipment supports.						
	the "Organization Served" field, ident								
In t	the "# of Units Required" field, indica	te the number of individual items t	o pe purchased.						F
Ito	m Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:  For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
110	in ocsarption	r robram/r roject supported	Orbanization served			rice per onit	o.iio nequiled	questeu	To leach requested term to the ent, provine a uniter justification is as onlow in interest or numbers or purpose/interior or the program.  1) Provides coordinator ability to complete day to day operation requirements, data analysis, data on the program.
1	One Time Computer	Program Coordination	Benton County			1,680.0	1.0	1,680.00	estimated August 2024
_	One Time Fusciture	Dragram Coordin-**	Banton County			3.700		3 700	2.) Provides coordinator ability to complete day to day operation requirements, data analysis, data collection, research, service coordination, and communication. One time costs
	One Time Furniture	Program Coordination	Benton County			3,700.0	1.0	3,700.00	estimated August 2024.
4								0.00	4.)
5								0.00	
6				1		-	<del>                                     </del>	0.00	
8							<b>†</b>	0.00	
9				j				0.00	

10						0.00	10)	
10				Equipment Total:	\$ 5,380.00	0.00	soci	
Supplies: Consumable materials or supplies, including the cost of small items of equipment that do not meet the threshold for the "Equipment" category, Clients supports could be requested in this category.								
Directions: In the "Item Description" field, identify the name/type of supplies to be purchased.								
In the "Program/Project Supported" f	ield, identify the specific program/pr	oject the supplies supports.						
In the "Organization Served" field, ide In the "# of Units Required" field, indi								
in the # of Offits Required Tield, Indi	cate the number of individual items	to be purchased.				Total Amount	Supplies Narrative:	
Item Description	Program/Project Supported	Organization Served		Price per Unit	# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.	
1 Monthly Materials and Supplies	Program Coordination	Benton County		83.00	10.0	830.00	1.) Average monthly amount per employee for basic materials and supplies to perform day to day operations (office supplies, paper, copying). Assumes 9/1/24 start date.	
	Trogram coordination						2.) One time cost associated with developing outreach material and program information that helps commuicate and guide potential program materials. Assumes one times cost in Fall	
One Time Program Materials     One Time Court and Law	Program Coordination District Attorney and Law	Benton County		5,000.00	1.0		2024. 3.) One time cost associated with developing updates to citations or other material needed for law enforcement, district attorney, and courts for cited individuals that are eligible	
3 Enforcement Materials	Enforcement	Benton County		5,000.00	1.0		5.) One time tots absoluted with everenping upwates to distance on the memory of the m	
4 Monthly Phone Cost	Program Coordination	Benton County		55.00	10.0	550.00	A Decides engineers with the engineers with all engineers of the engineers	
	Program Coordination	Benton County		33.00			4.) Provides coordinator ability to ensure timely communication with clients, law enforcement, district attorney's office, case managers, and service providers. Assumes 9/1/24 start. 5.) Local Travel Expenses for Program Coordinator for meeting with Law Enforcement, District Attorney, Clients, and Service Provider. Average monthly staff general travel cost.	
5 General Travel	Coordination	Benton County		75.00	10.0	750.00	Estimated start 9/1/24.	
7						0.00		
8						0.00		
9						0.00		
				Supplies Total:	\$ 12,130.00			
Training/Associated Travel: Eligible e Directions:	expenses for transporation, lodging,	per diem, and registrations for train	ings that support grant purposes					
Each line item should be dedicated to	a single training cost or travel cost.							
All travel expenses must follow state In the "Program/Project Supported" for	DAS and federal GSA regulations; lux	ury expenses are not allowed (e.g. f	irst-class seating).					
In the "Organization(s) Served" field,	ist the entity(ies) that will have pers	onnel attending training.						
In the "Is this a Training or Travel Cost In the "Training or Travel Costs (Per In	t?" field, select to which this line iter adividual)" field, input the estimated	n relates from the dropdown menu. individual travel cost or registration	cost for one attendee.					
			Is this a	Training or Travel			Training/Associated Travel Narrative:	
Training Title	Program/Project Supported	Organization Served	Location of Training or Training Travel Cost?	Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  For travel line items, please indicate with which training it is associated.	
	Coordination/Law						1) County deflection teams will have the opportunity to learn from national experts from the Center for Health and Justice (CHJ) about deflection,	
	Enforcement/District	Benton County, Family Trees					including  different  programs  models,  best  practices  for  implementing  deflection  programs  based  on  other  states'  experiences,  and  more  at  a  deflection  programs  based  on  other  states'  experiences,  and  more  at  a  deflection  programs  deflection	
1 Deflection TA Regional Workshop	s Attorney/Service Providers Coordination/Law	Relief Nursery, CHANCE	Bend Travel	250.00	5.00	1,250.00	regional, in-person workshop. Estimated cost on July 23rd and 24th.	
	Enforcement/District	Benton County and Contracted						
2 General Training Opportunities	Attorney/Service Providers	Service Providers	TBD Training	350.00	4.00		2.) provides opportunities for program coordinator and service providers to gain better insight on best practices. Average training cost used for employee with estimated four events.	
3 Law Enforcement Training 4	Program Coordination	Benton County	Local Travel Training	1,000.00	3.00	0.00	3.) Local Training with Law Enforcement for deflection program. Three county wide trainings for all law enforcement in November and December 2024. 4.)	
5			Select Option			0.00	5.)	
6 7			Select Option Select Option			0.00		
8			Select Option			0.00	8.)	
9			Select Option Select Option			0.00		
		•		Training/Travel	\$ 5,650,00			
				Total:	\$ 5,650.00			
Administrative Costs: Activities associated with administering the grant such as purchasing, budgeting, payroll, accounting and staff services								
Directions:								
Total Administrative Costs may not ex In the "Item Description" field, identif	ceed 10% of total funds requested,	unless an exception is granted by th	e Commission.					
In the "Program/Project Supported" f	ield, identify the specific program/pr	oject the expense supports.						
In the "Organization" field, identify th	e entity that will be conducting the a	administrative activities.					Hartington Franchiscon	
Item Description	Program/Project Supported	Organization Served				Total Amount Requested	Administrative Costs Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.	
							1.) Total direct program expenses (maximum of \$25K for professional contracts) multiplied by standard 10% for central cost administration which includes support services for	
1 Central Cost Allocation 2	Administrative Overhead	Benton County					procurement, budget, accounting, human resources, information technology, and legal counsel. Total \$182,852 X 10% 2.)	
3							3.	
5							4.)	
6							6.)	
8							7.)	
9							9.)	
10				Administrative			10.)	
				Total:	\$ 18,285.00			
	will be automatically calculated base	d on the information provided abov	e					
Budget Categories Personnel	Category Totals \$ 107,820.00							
Contractual Services	\$ 80,411.00							
Housing & Facilities Equipment	\$ 1,872.00 \$ 5,380.00							
Supplies	\$ 12,130.00							
Training/Associated Travel	\$ 5,650.00							
	1 \$ 213,263.00							
Administrative Costs	Total	% of Total Request	Tana and and and					
All Items	\$ 18,285.00	8%	*No more than 10%, without exce	ption request				

Total Budget Request: \$ 231,548.00

# **CLACKAMAS COUNTY**

# **Application: 0000000037**

William Stewart - billste@clackamas.us Oregon Behavioral Health Deflection Program (23-25)

#### **Summary**

ID: 000000037

Last submitted: Jul 18 2024 05:20 PM (PDT)

## **Cover Sheet**

Completed - Jun 24 2024

## **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

## County

Please select from the dropdown list.

Clackamas

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

# **Primary Applicant Contact**

Name:	William Stewart
Organization:	Clackamas County DA's Office
Title:	Community Prosecutor
Street Address:	807 Main Street; room 7
City:	Oregon City
Zip Code:	97045
E-mail:	billste@clackamas.us
Phone:	9716660368

## **Fiscal Contact**

Name:	Robert Willson
Legal Name of Organization for Payment:	Clackamas County DA's Office
State EIN:	93-6002286
Payment Remittance Street Address:	2051 Kaen Road
City:	Oregon City
Zip Code:	97045
E-mail:	RWillson@clackamas.us
Phone:	503 650-3011

Would you like ACH payment processing (direct deposit)?

No

# **Eligibility Questions**

Completed - Jul 18 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	William Stewart
Position Title:	Community Prosecutor
Organization:	Clackamas County DA's Office
Email Address:	billste@clackamas.us
How is your program coordinator funded? You may use BHD funds.	BHD funding for 75% of the FTE

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

# **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

## **Responses Selected:**

Community Mental Health Program: Clackamas County BHS

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Clackamas County DA's Office
Law Enforcement:	Clackamas County Sheriff's Office
Community Mental Health Program:	Clackamas County BHS
Behavioral Resource Network Provider:	Parrott Creek Child & Family Services

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

## **Responses Selected:**

Public Defense:: Clackamas County Indigent Defense

Court:: Clackamas County Circuit Court

Local Government Body:: Clackamas County Community Corrections

Community Based Organization:: LoveOne

Case Manager Provider:: The Father's Heart Street Ministry

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

Yes

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

Our HB 4002 work group has met 6 times to develop our deflection program. Our work group includes Law Enforcement (CCSO and Oregon City Police), several county agencies (Community Corrections, Behavioral Health, H3S, and our DA's Office), our Circuit Court administration, a defense attorney and our outreach and treatment partners - LoveOne and Parrott Creek. Our workgroup reports to the Clackamas County Local Public Safety Coordinating Council.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

Upon our 9/1/2024 start date, our work group will be converted into our Operations Management Group. They will meet monthly with our deflection program leadership, and they will review all program activities including law enforcement citations, deflection offers, the progress of these who enter our deflection program. We will also contract with a local service provider to hire a deflection program navigator. That individual will be responsible for connection with all participating outreach and treatment providers.

# C. Deflection Program Details

C.1) Are you requesting funds for a planning grant or an operational grant?

Operational: This grant will primarily be used to operate a deflection program that will be implemented before January 2025.

C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	September
Year	2024

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

To ensure uniformity across the participating jurisdictions, our law enforcement partners will cite all HB4002 defendants and refer to Community Court on either the 2nd or 4th Thursday of each month. LE will then forward the citation and police report to the DA's Office. The program coordinator and program navigator will decide if the defendant is eligible for deflection after reviewing the police report, the defendant's prior criminal history, and their current involvement with relevant county and non-profit partners. If a candidate has already had significant contact with providers and has turned down housing and treatment opportunities, they will not be offered deflection but they will be eligible for conditional discharge. Our law enforcement partners will also be able to refer a field contact to our program navigator for connection to services without a citation.

If a defendant is eligible for deflection, a program navigator will attempt to contact them (ideally, this would be a direct, in-person contact if possible) before their Community Court appearance date to offer deflection and, if the offer is accepted, to connect them to the appropriate resources and partners. If the defendant has not been contacted, they will receive the deflection offer at their first appearance in Community Court. The deflection offer itself will be dependent upon the individual's circumstances and needs. An individual participating in deflection will be monitored for compliance with the offer's requirements. The success of deflection will be determined within 90 days of participation. Our deflection period will be 180 day period. It will start on the date of acceptance of the offer. Success will result with the case not being filed with the court

C.4) Please describe the individuals who are eligible for your deflection program.

#### Word Limit: 75

All cited for a PCS U charge are eligible except for those...

- Those on formal probation, post-prison supervision, parole or any type of similar Federal Supervision in the state of Oregon.
- Those with convictions for DCS, MCS or PCS with substantial quantities or a violent felony crime, domestic violence, child abuse or sex crime within the past 10 years.
- Those with any other exceptional circumstance(s) identified by a partner of the deflection program.

## C.5) What qualifies as a successful outcome for participants in your deflection program?

#### Word Limit: 75

Success of Deflection will be determined if:

- The defendant has been assessed for substance abuse, and engaged in an outpatient treatment program recommended by the program navigator.
- For those experiencing homelessness, success of deflection will be dependent upon the defendant following the recommendations outlined in the deflection offer created after consultation with outreach providers who have worked the candidate.

# C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

#### Word Limit: 150

Our program navigator will connect participants with culturally and linguistically relevant organizations from our BHRN team for the deflection and/or conditional discharge process. We will provide translation services when needed. We will be utilizing our Community Court program for the deflection and conditional discharge stages. Our Community Court program has been our most successful treatment court for preventing recidivism in our county.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

At initial citation, our law enforcement partners will either have a translator on hand or utilize a language line translator. For the contact with the program navigator, we will do the same. In any event, we will insure that no participant will make a decision on participation until they have been connected with an appropriate translator.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?

Yes

8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

# Word Limit: 75

As outlined above, this process starts with a citation by law enforcement at initial contact

C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?

Yes

9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
as outlined above.
C.10) As part of your deflection program, can an individual voluntarily initiate contact with a first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?
Yes
10.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
All partners, including law enforcement, will be able to make a social referral to the program coordinator and/or navigator without submitting a citation.
C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?
Yes

11.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

During our law enforcement training process, we will describe the social referral process to our partners. We will not have the capacity to do direct outreach to candidates at the start of the program on 9/1/24. We anticipate our program navigator will be begin to do this type of outreach by 12/1/24.

C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?

Yes

12.a.) Please describe this process and specify if it includes engagement in Medication Assisted Treatment, and include its planned or operational start date if different than the date identified in question C.2.

# Word Limit: 75

This process will not begin on 9/1/24. We will work with our first responders (primarily Clackamas Fire, to provide and avenue for referral connection to our BHRN network. This connection will include the assignment of a peer to work with the candidate to connect the with appropriate treatment. We hope to have this in place by 11/1/24.

C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?

No

## **Data Acknowledgements**

Completed - Jul 1 2024

# **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

#### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD.

Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

## **Responses Selected:**

Don't know, please explain:: I don't anticipate any barriers.

## **Budget Projection**

Completed - Jul 18 2024

# **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Clackamas BHD 24 R 07122024.xlsx

Filename: Clackamas BHD 24 R 07122024.xlsx Size: 34.0 kB

		BUDGET PROJEC	TION SHEET					
CJC Grant Program:	Oregon Behavioral Health Deflect Clackamas County	ion Program						
County Name(s):	Clackamas County							
Personnel: Salaries, wages and fring	e benefits costs for all grant-funded	personnel (in whole or in part) en	nployed by the grant re	cipient				
Directions: In the "Program/Project Supported" f	ield, identify the specific program/p	roject the position supports. Exan	npes could include LEA	D Team, Mobile	Crisis Team, County D	eflection Program, e	tc.	
In the "% Time per Month" field, use	whole numbers to show percentage	of position's time dedicated to gr	ant-related work. Exar	mple: a .50 FTE (	a half-time case mana	ger) = 50		
In the "Monthly Rate" field, combine In the "# Months Employed" field, inc					me per Month" field.			
			New or Existing	% Time per	Monthly Rate	# Months		Personnel Narrative:
Position Title 1 DDA 3	Program/Project Supported County Deflection Program	Employing Agency Clackamas County	Position Existing	Month 75	(wages+fringe) 26646.0	Employed 12	Requested 229 914 00	For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.  1.) The DDA 3 position will undertake the program coordinator role for the program as of 9/1/24.
			Laisting					2.) The DDA 2 position will take over the existing prosecution responsibilities and case load of the DDA 3. The DDA 2 will also be responsible for all new cases generated by the new
2 DDA 2	County Deflection Program	Clackamas County	New Select Option	100	16333.0	12	195,996.00	possession charges.
4			Select Option				0.00	
5			Select Option Select Option				0.00	
7			Select Option				0.00	
8			Select Option				0.00	8.)
10			Select Option Select Option				0.00	
					Personnel Total:	\$ 435,810.00		
Contractual Services: An individual of	r organization providing a service or	programmatic aspect of the wor	k that is not provided o	lirectly by the gr	ant recipient. Capital	construction may be	requested in this cate	pary.
Directions: In the "Contract Title & Purpose" field	d. identify the contractor and what s	ervices the contract covers (gene	rally).					
In the "Program/Project Supported" f	ield, identify the specific program/p	roject the contracted services sup	pport.		1			
							Total Amount	Contractual Services Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Contract Title & Purpose	Program/Project Supported	Contract Category		Unit Type	Price per Unit	# Units Required		f you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
1 Sub-Recipient to LoveOne	Program Navigator	Personnel		Yearly	99,000.00	1.0	99,000.00	1.) 1.0 FTE
2 Sub-Recipient to LoveOne	Navigator Supervisor	Personnel		Yearly	20,000.00	1.0		<ol> <li>O.2 FTE We anticipate the organization will be overseeing the program navigator position will need to commit some management time for that role. Our estimate is 20% of a full- time managers position.</li> </ol>
3 Sub-Recipient to LoveOne	Materials & Services	Other		Yearly	10,000.00	1.0	10,000.00	3.) M&S Costs such as Mileage, Training, Office Supplies, Laptop, Phone, Tech, etc.
4 Sub-Recipient to LoveOne	Program Flex Funds	Services		Yearly	110,000.00	1.0		4.) Flex Funds - To provide services to aprticipants in the program (survival gear, food, fuel, ID's, clean & sober housing, emergency shelter, first aid, etc. Food purchases from the flex funds will be limited to client stability.
5 Sub-Recipient to LoveOne	Indirect Costs	Other		Yearly	22,700.00	1.0	22,700.00	5.) 10% Indirect Costs
6		Select Option Select Option		Select Option Select Option			0.00	
8		Select Option		Select Option			0.00	3.)
9		Select Option Select Option		Select Option Select Option			0.00	9.1 (1.1)
10		Scient Option		Sciect Option	Contractual		0.00	
					Services Total:	\$ 261,700.00	_	
Housing & Facilities: Eligible expense Directions:	es for space/utilities necessary to co	mplete program work and short-/	long-term housing sup	port for particip	ants. Capital construc	tion may be requeste	ed in this category.	
In the "Item Description" field, identif	y what the expense covers (general	ly).						
In the "Program/Project Supported" f	ield, identify the specific program/pi	roject the expense supports.			1		Total Amount	Housing & Facilities Narrative:
Item Description	Program/Project Supported			Unit Type	Price per Unit	# Units Required		TO each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
1 Misc. Program Support 2	County Deflection Program			Yearly Select Option	172,053.00	1.0	0.00	1.) We anticipate this funding may be used for in several was including emergency housing, drug treatment assessments or other costs related to stability for participants.
3 4				Select Option			0.00	3.)
5		_		Select Option Select Option			0.00	
6				Select Option			0.00	5.)
7 8				Select Option Select Option			0.00	
9				Select Option			0.00	3.)
10				Select Option	Housing & Facilities		0.00	10.)
					Total:	\$ 172,053.00		
Equipment: Permanent or non-exper	ndable equipment with a purchase p	rice of \$5,000 or more, or a useal	ble life of two or more	years, for a singl	le item			
Directions: In the "Item Description" field, identif	for the name /tome of equipment to be	a aurahasad						
In the "Program/Project Supported" f	ield, identify the specific program/p	roject the equipment supports.						
In the "Organization Served" field, ide In the "# of Units Required" field, indi	entify the entity that will own and op	perate the equipment.						
in the # or Units Required field, Indi	cate the number of Individual Items	to be purchased.					Total Amount	Equipment Narrative:
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required		<u>Accomment varieties.</u> For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
1 2	1	1	_		-		0.00	1.)
3							0.00	3.)
4							0.00	4.)
6	1						0.00	2-; 5.]
7							0.00	7.)
9	1	1	-				0.00	
10							0.00	
					Equipment Total:	\$ -		
Supplies: Consumable materials or s Directions:	upplies, including the cost of small it	tems of equipment that do not me	eet the threshold for th	ie "Equipment" o	category. Clients suppl	orts could be request	ed in this category.	

In the "Item Description" field, identify In the "Program/Project Supported" fie	ld, identify the specific program/p	roject the supplies supports.						
In the "Organization Served" field, iden In the "# of Units Required" field, indica								
in the # of Onits Required field, fidica	ate the number of individual items	to be purchased.			T .		Total Amount Sur	pplies Narrative:
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required		each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
1 Materials & Services	County Deflection Program	Clackamas County			8,000.00		8,000.00 1.)	Materials needed to support the DDA3 in their role as program coordinator (Laptop, Phone, Supplies, etc.)
2							0.00 2.)	
4							0.00 3.) 0.00 4.)	
5							0.00 5.)	
6							0.00 6.)	
7 8							0.00 7.)	
9			_				0.00 8.) 0.00 9.)	
10							0.00 10.	
		<u>'</u>			Supplies Total:	\$ 8,000.00		
Training/Associated Travel: Eligible ex	roonses for transporation, lodging	nor diam, and registrations for train	sings that support as	ant nurnoses				
Directions:	tpenses for transporation, loughig,	per diem, and registrations for train	illigs that support gr	ant purposes				
Each line item should be dedicated to a	single training cost or travel cost.							
All travel expenses must follow state D			first-class seating).					
In the "Program/Project Supported" field, list In the "Organization(s) Served" field, list	id, identify the specific program/pi at the entity(ies) that will have per	sonnel attending training.						
In the "Is this a Training or Travel Cost?	" field, select to which this line ite	m relates from the dropdown menu						
In the "Training or Travel Costs (Per Inc	lividual)" field, input the estimated	I individual travel cost or registration	n cost for one attend		Tenining of Torons		1-	Interface and town Newstran
			Location of	Is this a Training or	Training or Travel Costs (Per	# of Individuals	Total Amount For	ining/Associated Travel Narrative: each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
Training Title	Program/Project Supported	Organization Served	Training	Travel Cost?	Individual)	Attending		travel line items, please indicate with which training it is associated.
								As the program navigator position will be new one for our county, we anticipate focusing our training resources on that position. This could include trauma informed care, de-
1 Training Registration	County Deflection Program	Clackamas County		Training	1,000.00	1.00		alation, or any other areas that will enhance the effectiveness of our program.
2 Training Travel	County Deflection Program	Clackamas County	TBD	Travel Select Option	3,000.00	1.00	3,000.00 2.) 0.00 3.)	Associated travel for training(s) outlined above
4				Select Option Select Option			0.00 3.)	
5				Select Option			0.00 5.)	
6				Select Option			0.00 6.)	
7				Select Option			0.00 7.)	
9				Select Option Select Option			0.00 8.) 0.00 9.)	
10				Select Option			0.00 10.	
		<u> </u>	1		Training/Travel			
					Total:	\$ 4,000.00		
Administrative Costs: Activities associ	ated with administering the grant	such as purchasing, budgeting, payr	oll, accounting and	staff services				
Directions:								
Total Administrative Costs may not exc In the "Item Description" field, identify	eed 10% of total funds requested,	unless an exception is granted by the	ne Commission.					
In the "Program/Project Supported" fie								
In the "Organization" field, identify the	entity that will be conducting the	administrative activities.	_					
								ministrative Costs Narrative:
Item Description	Program/Project Supported	Organization Served						each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Indirect Overheard Costs 2	County Deflection Program	Clackamas County					\$ 68,946.00 1.)	Indirect Costs for the DA's Office
3			_				3.)	
4							4.)	
5							5.)	
6		1					6.)	
8							8.)	
9							9.)	
10							10.	)
					Administrative Total:	\$ 68,946.00		
					Iotal:	\$ 68,946.00		
Budget Request Totals: This section w		ed on the information provided abov	ve					
Budget Categories	Category Totals							
Personnel Contractual Services	\$ 435,810.00 \$ 261,700.00							
Housing & Facilities	\$ 172,053.00							
Equipment	\$ -							
Supplies	\$ 8,000.00							
Training/Associated Travel Subtotal	\$ 4,000.00 \$ 881,563.00							
Subtotal	ς 881,563.00							
Administrative Costs	Total	% of Total Request						
All Items	\$ 68,946.00		*No more than 10	%, without excep	ption request			
T-1-12-1-12		_						

Page 53 of 477

# **CLATSOP COUNTY**

# **Application: 0000000010**

Kristen Hanthorn - khanthorn@ClatsopCounty.gov Oregon Behavioral Health Deflection Program (23-25)

#### **Summary**

ID: 000000010

Last submitted: Jun 27 2024 04:52 PM (PDT)

## **Cover Sheet**

Completed - May 20 2024

## **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

## County

Please select from the dropdown list.

Clatsop

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

# **Primary Applicant Contact**

Name:	Kristen Hanthorn
Organization:	Clatsop County Sheriff's Office
Title:	Lieutenant
Street Address:	1190 SE 19th St
City:	Warrenton
Zip Code:	97146
E-mail:	khanthom@clatsopcounty.gov
Phone:	503-338-3780

## **Fiscal Contact**

Name:	Kayla Pugh
Legal Name of Organization for Payment:	Clatsop County
State EIN:	0512005-9
Payment Remittance Street Address:	1190 SE 19th St
City:	Warrenton
Zip Code:	97146
E-mail:	kpugh@clatsopcounty.gov
Phone:	503-338-3792

Would you like ACH payment processing (direct deposit)?

Yes

# **Eligibility Questions**

Completed - Jul 10 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Kristen Hanthorn
Position Title:	Interm Program Coordinator
Organization:	Clatsop County Sheriff's Office
Email Address:	khanthom@clatsopcounty.gov
How is your program coordinator funded? You may use BHD funds.	BHD funds

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

# **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

## **Responses Selected:**

Community Mental Health Program: Clatsop Behavioral Healthcare

Local Mental Health Authority: Clatsop Behavioral Healthcare

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Clatsop County District Attorney
Law Enforcement:	Clatsop County Sheriff's Office
Community Mental Health Program:	Clatsop Behavioral Healthcare
Behavioral Resource Network Provider:	Clatsop Behavioral Healthcare

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

## **Responses Selected:**

Public Defense:: Clatsop County Defense Consortium

Court:: Clatsop County Circuit Court, 18th Judicial District

Peer Support Organization:: Clatsop Behavioral Heathcare

Local Government Body:: Clatsop County

First Responder Agency:: Seaside Police Department

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

Yes			

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

Clatsop County Sheriff Matt Phillips assembled a Deflection Workgroup who began meeting every two weeks, with the first meeting March 25, 2024. The workgroup consists of Clatsop County Sheriff Matt Phillips, District Attorney Ron Brown, Chief Deputy District Attorney Dawn Buzzard, Clatsop Behavioral Healthcare (CBH) Executive Director Amy Baker, CBH SUDS Program Manager Rick Martinez, CBH SUDS Assistant Manager Trista Boudon, Seaside PD Lt Guy Knight, Clatsop Defense Consortium Atty Kris Kaino, Trial Court Administrator Julie Vredeveld, Community Corrections Director Lt Kristen Hanthorn. Initial meeting topics/goals included a review of the statute; develop draft concept of the diversion process; identify stakeholder responsibilities for each step; identify additional stakeholder needs; and to set our implementation goals. Program partners have participated in ECHO trainings and attended the 4002 Implementation & Training in Salem. We've had active discussions and agreement on program design/processes as we worked together to complete BHD grant application.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

The Deflection Program Coordinator (DPC) will receive referrals from LE within 48hrs of participant contact via secure email. DPC is responsible for coordinating with Clatsop Behavioral Healthcare for follow up and referral expectations. DPC will receive weekly status updates and attend bi-weekly treatment team meetings. DPC will share information with referring LE Officer/assigned Deputy District Attorney. DPC will notify LE Agency/DA if participant fails to engage in treatment which trigger the LE Agency to proceed with formal citation to appear/referral of criminal PCS charge to DA's Office for consideration. Should the DA's Office receive a criminal PCS referral which wasn't offered Deflection, the DA retains discretion to offer Deflection. DPC would receive the referral from the DA Office and coordinate with CBH and the deferred individual. DPC would also be responsible to assist the DA or Judicial Officer with any referrals for non-county residents to their county deflection program

# C. Deflection Program Details

## C.1) Are you requesting funds for a planning grant or an operational grant?

Operational: This grant will primarily be used to operate a deflection program that will be implemented before January 2025.

# C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	September
Year	2024

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

Law Enforcement (LE) has the discretion to call Clatsop Behavioral Healthcare (CBH) to arrive at the scene for a warm hand off and introduction of the Deflection Program. At that time, CBH will engage the person, present the Informed Consent/ Consent to Treat/ ROI for signature and acceptance of the Deflection Program, open the deferred individual in the EMR, and schedule an Intake Assessment. If CBH is unavailable to respond, LE has the option to transport the deferred individual to CBH's Rapid Access Clinic (RAC) during business hours. If transporting is not an option, or outside of regular business hours, LE will provide the deferred individual with a Deflection Citation and a directive to present to the RAC within 72hrs to schedule an Intake Assessment. LE will provide the DPC with the referral within 48hrs. If Deflection is not offered by LE, the DA retains discretion to offer deflection. CBH's Deflection Counselor will have continuous contact with the DPC via secure email, telephone calls, virtual and in-person, bi-weekly treatment team meetings. CBH will provide DPC with status reports regarding the progress of each participant at a weekly minimum, or whenever an event calls for an update. CBH will use the Deflection Counselor and Certified Recovery Mentor's to maintain participant engagement and follow the CBH SUD 5 Tier Structure for individualized treatment needs regarding MOUD, UA's, Groups, and Individual Counseling dependent upon the individual's severity of risk. Progress will be measured based upon the individualized treatment plan and reported to the DPC accordingly. Deflection completion is dependent upon a minimum of 90 days of individualized progress and engagement as reflected in the treatment plan.

## C.4) Please describe the individuals who are eligible for your deflection program.

#### Word Limit: 75

- 1. Clatsop County resident or transient/homeless in Clatsop County.
- 2. Suspected of being in possession of user amount of controlled substance.
- 3. Not currently on community supervision with Clatsop County Community Corrections.

Clatsop County will serve Clatsop County residents who are found in possession of user amount of a controlled substance by local law enforcement. Those individuals currently on community supervision will not be eligible.

## C.5) What qualifies as a successful outcome for participants in your deflection program?

#### Word Limit: 75

Participants who are engaged and making treatment progress for a minimum of 90 days are considered a success. CBH will use their SUD tier structure based on addiction severity. Needing less frequent services over time is a sign of progress. CBH will provide weekly status updates and will meet in person with the Deflection Program Coordinator bi-monthly. Those individuals determined to meet the successful standard, will have the original PCS charge dismissed.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

CBH is actively working to increase our cultural and linguistically responsive treatment services and will continue to improve in this area. Deflection Program staff can refer bilingual/bicultural clients to bilingual bicultural peer services. Groups and treatment sessions have in person translation services, virtual translation and program material in additional languages. Deflection Program staff have had and continue to take appropriate trainings in anti-racism and working from a trauma-informed care lens. CBH is connecting with other states to fine tune our curriculum options to meet the needs of those presenting for deflection. The team expects to see a wide range of needs including the lack of safe housing or other SDOH related barriers. Addressing those first prior to treatment expectations will increase our success rate. All treatment options will be trauma informed and based on the best evidence available at the time.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

Clatsop County Law Enforcement partners currently utilize Spanish speaking staff, language translation lines, and handheld language translators to communicate with non-English speaking individuals. Clatsop County will use grant funds to purchase additional hand-held language translators. Program materials will include both English and Spanish versions. Clatsop Behavioral Healthcare has Spanish speaking staff, Spanish speaking sober supports, Counseling material in both English and Spanish, as well as language translation lines, and will be receiving handheld language translators if Spanish speaking staff are unavailable. CBH Spanish Speaking staff have knowledge about supportive resources for the Spanish speaking community, in addition to knowledge of and familiarity with the Spanish Speaking Sober Community.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?
Yes
8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
Law enforcement will make first contact with individuals, and if they meet eligibility criteria they will issue Deflection citation which will contain referral information. Clatsop Behavioral Healthcare will be notified and a Recovery Ally will respond in person to meet with the individual. If a Recovery Ally is not available, the individual will be directed by LE to report to either the Astoria Rapid Access Clinic or Seaside Rapid Access Clinic within 72 hours.
C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?
Yes

9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

# Word Limit: 75

Charges will be held in abeyance. LE will forward a report to the DA's Office who will hold charges in abeyance pending engagement in treatment, and continued progress in treatment for at least 90 days. The Deflection Program Coordinator will keep the DA's Office and LE informed of treatment progress, and if participant fails to engage or maintain progress, LE will be notified and a citation to appear will be issued.

C.10) As part of your deflection program, can an individual voluntarily initiate contact with a first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?

No

C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?

No

C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?

No

C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?

Yes

13.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

Yes, the Mobile Crisis Team (MCT) members are employees of Clatsop Behavioral Healthcare. The MCT will continue to provide crisis assessment, support, access to engagement, and referrals for treatment/engagement and support without adverse consequences from law enforcement. MCT will continue to utilize the previously established referral pathways if there is no Deflection Citation from Law Enforcement and will act as supportive staff to the engagement process.

# **Data Acknowledgements**

Completed - May 20 2024

# **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

## **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD. Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

## **Responses Selected:**

List of deflection participants

Deflection participant demographics (e.g., age group, race/ethnicity for each participant)

Source of referral for deflection (e.g, District Attorney, law enforcement, BHRN, community mental health program)

Services provided as part of the deflection program

Don't know, please explain:: we don't anticipate any barriers in tracking the above listed data.

# **Budget Projection**

Completed - Jul 10 2024

# **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

#### Clatsop BHD 24 Final.xlsx

Filename: Clatsop\_BHD\_24\_Final.xlsx Size: 35.5 kB

	Oregon Behavioral Health Defle	BUDGET PROJECT	TION SHEET					
CJC Grant Program: County Name(s):	Clatsop	ction Frogram						
.,								
Personnel: Salaries, wages and fringe	benefits costs for all grant-funded	d personnel (in whole or in part) em	ployed by the grant	recipient				
<u>Directions</u> : In the "Program/Project Supported" fie	ald identify the specific program/	nroject the position supports. Evam	nes could include LE	An Team Mobile	Crisis Team County D	reflection Program e	etc.	
In the "% Time per Month" field, use w							it.	
In the "Monthly Rate" field, combine sa								
In the "# Months Employed" field, indie								
			New or Existing		Monthly Rate	# Months	Total Amount	Personnel Narrative:
Position Title	Program/Project Supported	Employing Agency	Position	Month	(wages+fringe)	Employed	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  1.) The Deflection Coordinator position is required by HB 4002 (2024) and is responsible for convening deflection program partners; grant reporting including tracking and reporting
1 Deflection Program Coordinator	Clatson BHD Program	Clatsop County	New	100	12500.0	11	137.500.00	Lating the Concordinator position of required by the Oregon Criminal Justice Commission.
2							0.00	
3			Select Option				0.00	
4			Select Option				0.00	
5			Select Option	an for	4		0.00 #VALUE	
7			Select Option Select Option	anior	1		#VALUE	
8			Select Option				0.00	
9			Select Option				0.00	9.)
10			Select Option				0.00	<u> 10.)</u>
					Personnel Total:	#VALUE!		
Contractual Services: An individual or	organization providing a convice	or programmatic aspect of the worl	that is not provided	d directly by the a	rant reginient. Canital	construction may be	requested in this sa	to and the second secon
Directions:	organization providing a service	or programmatic aspect of the work	k that is not provided	a unectivity by the g	rant recipient. Cupitur	construction may be	requested in this cu	egory.
In the "Contract Title & Purpose" field,	identify the contractor and what	services the contract covers (general	ally).					
In the "Program/Project Supported" fie								
								Contractual Services Narrative:
							Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Contract Title & Purpose	Program/Project Supported	Contract Category		Unit Type	Price per Unit	# Units Required	Requested	If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
Deflection Recovery Ally (Clatshop								
1 Behavioral Healthcare)	Recovery Services Program	Personnel		Monthly	7,200.00	11.0	79.200.00	1.) Clatsop Behavioral Healthcare Recovery Ally's will respond to provide client a warm-handoff from LE Contact and providing ongoing recovery supports to participants (1.0 FTE)
2	,	Select Option		Select Option			0.00	
3		Select Option		Select Option			0.00	
4		Select Option		Select Option			0.00	
5		Select Option		Select Option			0.00	
7		Select Option Select Option	_	Select Option Select Option			0.00	
8		Select Option		Select Option			0.00	
9		Select Option		Select Option			0.00	
10		Select Option		Select Option				10.)
					Contractual			
					Services Total:	\$ 79,200.00		
Housing & Facilities: Eligible expenses	for space/utilities necessary to c	omplete program work and short-/l	long-term housing su	pport for particing	ants. Capital construc	tion may be requeste	ed in this category.	
Directions:								
In the "Item Description" field, identify	what the expense covers (general	ally).						
In the "Program/Project Supported" fie	eld, identify the specific programy	project trie expense supports.			1	1	I	In the second of
Itom Description	Brogram/Broject Supported			Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:
1 Short-term housing support	Program/Project Supported Clatsop BHD Program			Unit Type Monthly	500.00			For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  1.) Short term housing support for Deflection program clients will assist in client stability.
2				Select Option	223.00	15.0	0.00	
3				Select Option			0.00	
4				Select Option			0.00	
5				Select Option			0.00	
7				Select Option Select Option			0.00	
7 8				Select Option			0.00	
9				Select Option			0.00	
10				Select Option			0.00	J10.)
					Housing & Facilities	\$ 7,500.00		
					Total:	\$ 7,500.00	0	
Equipment: Permanent or non-expen	dable equipment with a purchase	price of \$5,000 or more, or a useab	ole life of two or mor	re years, for a sing	gle item			
<u>Directions</u> :								
In the "Item Description" field, identify								
In the "Program/Project Supported" fie In the "Organization Served" field, iden	etu, tuentity the specific program/	project the equipment supports.						
In the "# of Units Required" field, indic								
		,					Total Amount	Equipment Narrative:
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested	For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
	J . , . ,	W						1.) A handheld Raman analyzer can ID hundreds of narcotics, precursors or cutting agents in seconds-right at the scene. With high specificity, the analyzer is non-destructive, non-
TruNarc/Handheld Raman								contact and easy to use. Handheld Raman analysis is allowed in early court proceedings. The user can scan directly through plastic bags or glass containers to minimize contamination,
Spectrometer: Unlimited Scans/	Clatana BUD	eletere Court Cl. 100 OCC			35.515.0			reduce exposure and preserve evidence. This increases officer safety in the field and reduces potential contamination of the evidence. Price is based on GSA Cooperative Purchasing
1 Onsite Training/ 4 year warranty.	статуор вно	clatsop County Sheriff's Office	_		35,515.0	1.0	35,515.00	i krofk quir

TruNarc/Handheld Raman Spectrometer: Unlimited Scans/		North county/South county LE				2.) One unit will be located at Astoria Police Department for use by north county agencies (Astoria, Warrenton, OSP) and one unit will be located at Seaside Police Department for use by south county agencies (Cannon Beach, Seaside, Gearhart, OSP). With the use of illicit narcotics and opiods continuing to skyrocket, emerging lethal drugs like fentanyl and carfentanil threaten public safety. To save lives and protect first responders, banned substances need to be identified quickly, safely and accurately. This equipment will allow us to rapidly identy
2 Online Training/ 4 year warranty.	Clatsop BHD	agencies	32,515.0	2.0	65,030.00	drugs which should lead to quicker case resolutions.
3					0.00	3.)
4					0.00	4.)
5					0.00	5.)
6					0.00	6.)
7					0.00	7.)
8					0.00	8.)
9					0.00	9.)
10					0.00	10.)
			Equipment Total:	\$ 100,545.00		

Supplies: Consumable materials or supplies, including the cost of small items of equipment that do not meet the threshold for the "Equipment" category. Clients supports could be requested in this category.

Directions:

in the "Item Description" field, identify the name/type of supplies to be purchased. In the "Program/Project Supported" field, identify the specific program/project the supplies supports. In the "Organization Served" field, identify the entity that will use the supplies.

In the "# of Units Required" field, indicate the number of individual items to be purchased.

						<b>Total Amount</b>	Supplies Narrative:
em Description	Program/Project Supported	Organization Served		Price per Unit	# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
		Clatsop County Sheriff's					
TruNarc Solution Kit (Type H) -		Office/North/South County LE					1.) A phenomenon known as fluorescence can mask the Raman spectrometry signal of some narcotics such as street herion. This Solution Kit enhances the Raman signal of the
1 100, English	Clatsop BHD	Agencies		733.	00 6	.0 4,398.00	substance while decreasing any nuisance fluorescence and thereby aiding in proper identificaiton.
							2.) Pockettalk is a multi-sensory, two-way translation device and is able to create connections across 82 different languages. It is a two way voice translator that has been use
							Clatsop County Pretrial Specialist and Corrections Deputies to communicate with non-english speakers in custody. These units will be distributed thru out Clatsop County and
2 Pocketalk Plus	Clatsop BHD	All Clatsop BHD partners		340.	00 30	.0 10,200.00	first responders/mobile crisis/etc, to communicate with non-english speaking individuals.
		Clatsop County Sheriff's Office					
3 Office equipment/supplies	Clatsop BHD	Deflection Coordinator		1,700.	00 1	.0 1,700.00	3.) Laptop lease, desk printer, desk chair, cellphone, general office supplies to outfit Deflection Program Coordinator.
4 Printing/Forms/Brochures	Clatsop BHD	All Clatsop BHD partners		2.	00 500	.0 1,000.00	4.) 3 Part Carbonless Forms for Deflection Citations; Business cards; Brochures; Posters.
							5.) Ride tokens for Sunset Transportation Bus Service to aid Deflection individuals with safe transportation to and from treatment/recovery support services. Tokens will be defined to the safe transportation to an additional transportation but to the safe transportation to an additional transportation but the safe transportation to an additional transportation but the safe transportation to an additional transportation but the safe transportation
5 Bus tokens/transportation	Clatsop BHD	All Clatsop BHD partners		1.	00 1,508	.0 1,508.00	by Mobile Crisis, and local law enforcement to assist clients with tranportation.
							6.) Subsidy assistance will be available to Deflection program clients who lack basic support. Goodwill vouchers, prepaid cell phones, medications, clothing, birth certificates,
6 Client Supports	Clatsop BHD	All Clatsop BHD partners		25.	00 525	.0 13,125.00	dentification cards, employment certificates, or other items which would assist in their success.
7 Client Incentives	Clatsop BHD	Clatsop Behavioral Healthcare		5.	00 1,000	.0 5,000.00	7.) Low cost incentives for Deflection program clients.
8						0.00	D (8.)
9						0.00	9.)
10						0.00	10.)
	-	<del></del>	<del>'</del>	Supplies Total:	\$ 36,931.0	0	•

#### Training/Associated Travel: Eligible expenses for transporation, lodging, per diem, and registrations for trainings that support grant purposes

Directions:

Each line item should be dedicated to a single training cost or travel cost.

All travel expenses must follow state DAS and federal GSA regulations; luxury expenses are not allowed (e.g., first-class seating).

In the "Program/Project Supported" field, identify the specific program/project the training supports. In the "Program/Project Supported" field, identify the specific program/project the training supports. In the "Organization(s) Served" field, list the entity(les) that will have personnel attending training, In the "Is this a Training or Travel Cost?" field, select to which this line item relates from the dropdown menu. In the "Training or Travel Costs (Per Individual)" field, input the estimated individual travel cost or registration

n the "Training or Travel Costs (Per Inc	dividual)" field, input the estimated	individual travel cost or registration	on cost for one attend	Jee.	·			
			1	Is this a	Training or Travel			<u>Training/Associated Travel Narrative:</u>
			Location of	Training or	Costs (Per	# of Individuals	Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Fraining Title	Program/Project Supported	Organization Served	Training	Travel Cost?	Individual)	Attending	Requested	For travel line items, please indicate with which training it is associated.
		Clatsop Behavioral						
		Healthcare/Clatsop County	,					
Deflection Technical Assistance		Sheriff's Office/ Seaside Police						
1 Regional Workshop	Clatsop BHD Program	Dept	Bend, OR	Travel	500.00	5.00	2,500.00	1.) Clatsop elected to attend Bend training due to scheduling conflict on date of our regional meeting. This incurred additional travel costs.
		All Clatsop County LE/First						
Trauma Informed Response		Responders/Behavorial	,					
2 Training	Clatsop BHD Program	Healthcare workers	Clatsop County	Training	50.00	50.00	2,500.00	2.) Clatsop Deflection Program Coordintor will organize a county wide Trauma Informed Response to be offered to local Criminal Justice partners.
		All Clatsop County LE/First						
Drugs of abuse/Harm		Responders/Behavorial						3.) Clatsop Deflection Program Coordinator will organize county-wide training for all LE/First Responders/Healthcare workers: Training topics may include education on drugs of abuse
3 Reduction/Stigma/Language	Clatsop BHD Program	Healthcare workers	Clatsop County	Training	50.00	50.00	2,500.00	harm reduction principals, stigmatizing lanuage, etc.
4 Statewide Conferences/meetings	Clatsop BHD Program	Clatsop BHD Program partners	TBD	Travel	500.00	5.00	2,500.00	4.) Travel costs for Deflection Program Coordinator and Clatsop County program partners to attend related conferences/meetings such as Oregon Opioid Conference.
5				Select Option			0.00	5.)
6				Select Option			0.00	6.)
7				Select Option			0.00	7.)
8				Select Option			0.00	8.)
9				Select Option			0.00	9.)
10				Select Option			0.00	10.)
		1			Training/Travel			
					Total:	\$ 10,000.00	(	

: Activities associated with administering the grant such as purchasing, budgeting, payroll, accounting and staff services

Directions:
Total Administrative Costs may not exceed 10% of total funds requested, unless an exception is granted by the Commission.

In the "Item Description" field, identify the specific activities to be conducted.										
In the "Program/Project Supported" field, identify the specific program/project the expense supports.										
In the "Organization" field, identify the entity that will be conducting the administrative activities.										
		Total Amo	Amount A	dministrative Costs Narrative:						
Item Description	Program/Project Supported Organization Served	Requeste	sted F	or each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.						

1 Indirect cost allocation	Clatsop BHD Program Clatsop County		\$ 35,000.00	1.) Grant financial accounting, county indirect cost allocation.
2				2.)
3				3.)
4				4.)
5				5.)
6				6.)
7				7.)
8				8.)
9				9.)
10		_		10.)
		Administrative		
		Total: \$ 35,00	0.00	
	ll be automatically calculated based on the information provided	above		
Budget Categories	Category Totals			
Personnel	#VALUE!			
Contractual Services	\$ 79,200.00			
Housing & Facilities	\$ 7,500.00			
Equipment	\$ 100,545.00			
Supplies	\$ 36,931.00			
Training/Associated Travel	\$ 10,000.00			
Subtotal	#VALUE!			
	'			
Administrative Costs	Total % of Total Request			
All Items	\$ 35,000.00 #VALUE!	*No more than 10%, without exception request		

# **COLUMBIA COUNTY**

# **Application: 0000000035**

Larry Evenson - larry.evenson@columbiacountyor.gov Oregon Behavioral Health Deflection Program (23-25)

#### Summary

ID: 000000035

Last submitted: Jul 1 2024 11:40 AM (PDT)

### **Cover Sheet**

Completed - Jun 24 2024

## **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

### County

Please select from the dropdown list.

Columbia

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

## **Primary Applicant Contact**

Name:	Larry Evenson
Organization:	Columbia County Department of Community Justice
Title:	Director
Street Address:	901 Port Ave
City:	St Helens
Zip Code:	97051
E-mail:	larry.evenson@columbiacountyor.gov
Phone:	5033664660

### **Fiscal Contact**

Name:	Pam Smith
Legal Name of Organization for Payment:	Columbia County
State EIN:	93-6002288
Payment Remittance Street Address:	230 Strand Street
City:	St Helens
Zip Code:	97051
E-mail:	pam.smith@columbiacountyor.gov
Phone:	503-397-7252

Would you like ACH payment processing (direct deposit)?

No

# **Eligibility Questions**

Completed - Jul 1 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

## A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Kelly Carpenter
Position Title:	Office Manager
Organization:	Columbia County Department of Community Justice
Email Address:	kelly.carpenter@columbiacountyor.gov
How is your program coordinator funded? You may use BHD funds.	BHD Funds

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

## **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

### **Responses Selected:**

Community Mental Health Program: Columbia Community Mental Health

Local Mental Health Authority: Public Health

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Columbia County District Attorney's Office
Law Enforcement:	St Helens Police Department
Community Mental Health Program:	Columbia community Mental Health
Behavioral Resource Network Provider:	Columbia Community Mental Health

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

### **Responses Selected:**

Local Government Body:: Columbia County Commissioner's

Local Mental Health Authority:: Public Health

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

Yes

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

We have convened the stakeholders of this grant a few times setting up ideas on how a deflection program could be structured, what services could be provided and how to best to initiate the program. We have also had discussions via email and some stakeholders were able to attend the CJC workshop in Salem. Columbia Community Mental Health and Community Justice has been participating in the Echo sessions consistently to gain insight to help navigate the creation of a program in Columbia County.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

The program coordinator will provide updates via email to stakeholders on the progress of program participants on a yet to be determined schedule. The coordinator will also provide success or failure of a participant to the District Attorney's Office to ensure the appropriate next step is taken. Columbia County has not established the level of engagement needed to satisfy a measurement of success at this time.

The program coordinator will also convene quarterly meetings with stakeholders to provide updates on the program. The coordinator can also hold meetings when situations arise that constitute a need.

# C. Deflection Program Details

## C.1) Are you requesting funds for a planning grant or an operational grant?

Planning: This grant will primarily be used to plan and develop a deflection program that will be implemented after January 2025. You will be required to notify CJC as soon as your program is ready to become operational.

# C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	January
Year	2025

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

We are currently in the planning phase but have some ideas on the process. Currently we are intending to modify the current criminal citation to allow for law enforcement officers to deflect an individual by checking a box. The participant will then report to the Program Coordinator to be referred to the appropriate community treatment. Release of information forms will be signed, and the coordinator will enter the participant into a database for tracking and reporting purposes. Once the measurement of deflection success has been met, the program coordinator will provide that information to the appropriate body. If the participant is not successful, notification will be made to the District Attorney's Office, so the case can be reviewed for potential criminal prosecution.

C.4) Please describe the individuals who are eligible for your deflection program.

Word Limit: 75

Single possession of a controlled substance and high-risk populations.

C.5) What qualifies as a successful outcome for participants in your deflection program?

Word Limit: 75

We are still having discussions with our stakeholders to determine what constitutes a successful outcome for our deflection program. Currently looking at the 30–60day range for engagement as a measure of success.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

Local Law Enforcement and Columbia Community Mental Health have bi-lingual officers and crisis responders. Columbia Community Mental Health recently opened a crisis respite center which takes a trauma-informed approach when providing services.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

Local Law Enforcement and Columbia Community Mental Health have bi-lingual officers and crisis responders. Community Justice will utilize translation services to help provide the needed communication.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?

Yes

8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

Officers will make a deflection decision on scene. If available, a warm handoff to a peer support or respite center can occur with a referral request to the deflection program. This portion of the deflection program can start as soon as September.

C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?

Yes

9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

This process can occur as early as September 1st. This process will include an Officer on scene determining if the participant is deflection eligible. If so, the deflection box on the citation will be made and the participant will be given instructions to report to the deflection program office.

C.10) As part of your deflection program, can an individual voluntarily initiate contact with a first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?

Yes

10.a.) Please describe this process, including its planned or operational start date if different than the date dentified in question C.2.						
<u>Word Limit: 75</u>						
We are still in the planning phases, but this seems to be possible as they can self-refer to community resources at any time currently.						
C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?						
No						
C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?						
Yes						
12.a.) Please describe this process and specify if it includes engagement in Medication Assisted Treatment, and include its planned or operational start date if different than the date identified in question C.2.						
<u>Word Limit: 75</u>						
We are currently in the planning phase and will consider this an option.						

C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?

Yes

13.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

We are currently in the planning phase and will consider this an option. Columbia County has limited resources but does have a mobile crisis team that will serve an important role in the program.

## **Data Acknowledgements**

Completed - Jul 1 2024

## **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD. Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

### **Responses Selected:**

List of deflection participants

Deflection participant demographics (e.g., age group, race/ethnicity for each participant)

Source of referral for deflection (e.g., District Attorney, law enforcement, BHRN, community mental health program)

Services provided as part of the deflection program

## **Budget Projection**

Completed - Jul 1 2024

## **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

## **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Copy of Copy of Budget Projection Sheet BHD.xlsx

Filename: Copy of Copy of Budget\_Projection\_Sheet\_BHD.xlsx Size: 32.5 kB

Π								
CJC Grant Program:	BUDGET PROJECTION SHEET  Oregon Behavioral Health Deflection Program  Oregon Behavioral Health Deflection Program						7	
County Name(s):							_	
Personnel: Salaries, wages and fringe	benefits costs for all grant-funded	personnel (in whole or in part) emplo	yed by the grant re	ecipient				
irections: In "Project Supported" field, identify the specific program/project the position supports. Exampes could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.								
In the "% Time per Month" field, use w	hole numbers to show percentage	of position's time dedicated to grant	-related work. Exa	mple: a .50 FTE (a	half-time case mana	ger) = <b>50</b>		
In the "Monthly Rate" field, combine s	alary/wages and fringe benefits for	a single month at full time, regardles	ss of the value inclu	uded in the "% Tir	ne per Month" field.			
In the "# Months Employed" field, indi	cate the number of months the pos	ition is expected to be funded during	the grant project	period.	March Pres	I was a sale of		In the state of th
Position Title	Program/Project Supported	Employing Agency	New or Existing Position	% Time per Month	Monthly Rate (wages+fringe)	# Months Employed	Total Amount Requested	Personnel Narrative:  For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Administrative Case Specialist	Deflection Program		New	100		Employeu		This position will serve as the required Program Coordinator and fulfill be duties (Junius needs) when to the program.
2 Administrative Case Specialist	Deflection Program	Community Justice	Existing	75	9010.0	4	27,030.0	In This Position will serve as the required Program Coordinator and fulfil those duties until until a new position is filled. (Sept-Dec 2024)
3			Select Option					0 3.)
4			Select Option Select Option					0 (4.) 0 (5.)
5 6 7			Select Option				0.0	v 5.) 0 (c)
7			Select Option				0.0	
8			Select Option				0.0	
9			Select Option Select Option				0.0	0 9.) 0 10.)
10			Select Option				0.0	120,1
					Personnel Total:	\$ 81.090.00		
Contractual Services: An individual or	organization providing a service or	programmatic aspect of the work th	at is not provided	directly by the gra	int recipient. Capital c	onstruction may be	requested in this ca	tegory.
<u>Directions</u> : In the "Contract Title & Purpose" field	identify the contractor and what c	antices the contract covers (generally	۵					
In the "Program/Project Supported" fi	eld, identify the specific program/pr	roject the contracted services suppor	t.					
								Contractual Services Narrative:
							Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Contract Title & Purpose	Program/Project Supported	Contract Category		Unit Type	Price per Unit	# Units Required	Requested	If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
2		Select Option		Monthly Select Option			0.0	0 (1.) 0 (2.)
3		Select Option Select Option		Select Option Select Option			0.0	v.z.) 03.)
4		Select Option		Select Option			0.0	
5		Select Option		Select Option			0.0	
6		Select Option		Select Option				0.6.)
8		Select Option Select Option	+	Select Option Select Option			0.0	
9		Select Option		Select Option			0.0	
10		Select Option		Select Option			0.0	o 1ú.)
					Contractual			
					Services Total:	\$ -		
Housing & Facilities: Eligible expense	s for space/utilities necessary to co	mplete program work and short-/lon	g-term housing sup	port for participa	ints. Capital construct	ion may be requeste	ed in this category.	
Directions:								
In the "Item Description" field, identify In the "Program/Project Supported" fie	what the expense covers (general)	(y). roject the expense supports.						
	, , , , , , , , , , , , , , , , , , , ,						Total Amount	Housing & Facilities Narrative:
Item Description	Program/Project Supported			Unit Type	Price per Unit	# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
						•		Create a space in the public law library building. This building will create a none law enforcement, treatment facing office. This removes the barries and stigma that goes along with
1 Renovate Space in Law Library	Deflection Program			Per Item	129,257.00	1.0	129,257.0	being cited or in need of treatment. This will truly help the program deflect individuals from the criminal justice system.
3		-		Select Option Select Option			0.0	0 <u>2.)</u> 0 <u>3.</u> )
4		1		Select Option			0.0	
5				Select Option			0.0	
6				Select Option			0.0	
7		4		Select Option				0.7.)
9				Select Option Select Option			0.0	0 8.) 0 9.)
10				Select Option				010.)
					Housing & Facilities			
					Total:	\$ 129,257.00	0	
Equipment: Permanent or non-expen	dable equipment with a purchase p	rice of \$5,000 or more, or a useable	life of two or more	vears, for a single	item			
Directions:								
In the "Item Description" field, identify	the name/type of equipment to be	e purchased.						
In the "Program/Project Supported" field, idea	eld, identify the specific program/pr	roject the equipment supports.						
In the "# of Units Required" field, indic	ate the number of individual items	to be purchased.						
							Total Amount	Equipment Narrative:
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested	Separation to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1								0 1.)
2			+				0.0	0 2 )
3			+		-		0.0	v[5] 0 4 1
5							0.0	0(5)
6							0.0	0 (6.)
7							0.0	
9			+		-			0 8.) 0 9.)
10								0 (2) 0 (10)
	<u> </u>	<u> </u>			Equipment Total:	\$ -		
Supplier Consumable materials	unline including the cost of a II 's	ome of aquipment that do not	the threehold for the	ho "Equipment" -	atogony Cliente ever	orts could be reas	tad in this sates	
Supplies: Consumable materials or su Directions:	ipplies, including the cost of small it	ems or equipment that do not meet	the threshold for th	ne equipment c	ategory. Cilents Suppo	rts coula pe requesi	tea in this category.	
In the "Item Description" field, identify	the name/type of supplies to be p	urchased.						
In the "Program/Project Supported" fie	eld, identify the specific program/pr	roject the supplies supports.						
In the "Organization Served" field, idea	ntify the entity that will use the sun	nlies						

In the "# of Units Required" field, indic	ate the number of individual items	to be purchased.						
							Total Amount	Supplies Narrative:
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested	<u>Supplies Natlatives.</u> For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
1 Program Supplies	Deflection Program	Community Justice			3,000.00			Office supplies, business cards, deflection paperwork packets
2	Deflection Program	Community Justice			3,000.00	1.0		Ornice supplies, dustriess Cartus, deflection paper work packets  0 2.)
3		+						© 2.1 0 3.)
4			-					9.5.1 0 4.1
5							0.0	9 T-1 0 5.)
6			1					9 5 j 0 6 j
7								0.7) 0.7)
8			1					9 (z) 0 (8)
9								0.9.
10								0 10.)
		-	<del></del>		Supplies Total:	\$ 3,000.00		
					supplies rotal.	3,000.00		
Training/Associated Travel: Eligible e	vnonese for transporation lodging	nor diam, and registrations for train	ings that support or	cant nurnococ				
Directions:	expenses for transportation, loaging,	per diem, dia registrations for train	mgs that support gr	une purposes				
Each line item should be dedicated to	a single training cost or travel cost							
All travel expenses must follow state I	OAS and federal GSA regulations: lu	cury expenses are not allowed (e.g. f	first-class seating).					
In the "Program/Project Supported" fi								
In the "Organization(s) Served" field, I	ist the entity(ies) that will have per-	sonnel attending training.						
In the "Is this a Training or Travel Cost	?" field, select to which this line ite	m relates from the dropdown menu.						
In the "Training or Travel Costs (Per In	dividual)" field, input the estimated	individual travel cost or registration	cost for one attend					
				Is this a	Training or Travel			Training/Associated Travel Narrative:
			Location of	Training or	Costs (Per	# of Individuals	Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Training Title	Program/Project Supported	Organization Served	Training	Travel Cost?	Individual)	Attending	Requested	For travel line items, please indicate with which training it is associated.
1				Training				0 1.)
2				Select Option			0.0	0 2.)
3				Select Option			0.0	0 3.)
4				Select Option			0.0	0 4.)
5				Select Option			0.0	0 (5.)
6				Select Option			0.0	0 (6.)
7				Select Option			0.0	0 7.)
8				Select Option			0.0	<b>8</b> .)
9				Select Option			0.0	9.)
10				Select Option				0 10.)
		<u> </u>			Training/Travel			
					Total:	\$ -		
							•	
Administrative Costs: Activities associ	ciated with administering the grant	such as purchasing, budgeting, payro	oll, accounting and s	staff services				
Directions:								
Total Administrative Costs may not ex			e Commission.					
In the "Item Description" field, identify								
In the "Program/Project Supported" fi	eid, identify the specific program/p	roject the expense supports.						
In the "Organization" field, identify the	e entity that will be conducting the	administrative activities.						
							Total Amount	Administrative Costs Narrative:
Item Description	Program/Project Supported	Organization Served					Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Administration of Grant	Deflection	Community Justice					\$ 23,705.00	Administrative of the grant
2		1						2.)
3								3.)
4		1						4.)
5		1						5.)
6								6.)
7								7.)
8	1	1	-					8.)
9	1	1	-					9.)
10		<u> </u>					1	10.)
					Administrative			
					Total:	\$ 23,705.00		
Budget Request Totals: This section v		ed on the information provided above	e					
Budget Categories	Category Totals							
Personnel	\$ 81,090.00							
Contractual Services	\$ -							
Housing & Facilities	\$ 129,257.00							
Equipment	\$ -							
Supplies	\$ 3,000.00							
Training/Associated Travel	\$ -							
Subtota	\$ 213,347.00							
		1						
Administrative Costs	Total	% of Total Request						
All Items	\$ 23,705.00	10%	*No more than 10	0%, without exce	ption request			
Total State		_						

Total Budget Request: \$ 237,052.00

# **CROOK COUNTY**

# **Application: 0000000022**

aaron boyce - Aaron.Boyce@crookcountysheriff.org Oregon Behavioral Health Deflection Program (23-25)

#### Summary

ID: 0000000022

Last submitted: Jul 1 2024 09:10 AM (PDT)

### **Cover Sheet**

Completed - Jun 26 2024

## **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

### County

Please select from the dropdown list.

Crook

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

## **Primary Applicant Contact**

Name:	Aaron Boyce
Organization:	Crook County Sheriff Office
Title:	Lieutenant
Street Address:	301 NE 3rd St
City:	prineville
Zip Code:	97754
E-mail:	aaron.boyce@crookcountysheriff.org
Phone:	5414163928

### **Fiscal Contact**

Name:	Christina Haron
Legal Name of Organization for Payment:	Crook County Finance Department
State EIN:	93-6002290
Payment Remittance Street Address:	200 NE Second Street
City:	Prineville
Zip Code:	97754
E-mail:	Christina.Haron@crookcountyor.gov
Phone:	541-447-6554

Would you like ACH payment processing (direct deposit)?

Yes

# **Eligibility Questions**

Completed - Jul 19 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

## A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	aaron boyce
Position Title:	Lieutenant
Organization:	Crook County Community Corrections
Email Address:	aaron.boyce@crookcountysheriff.org
How is your program coordinator funded? You may use BHD funds.	BHD

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

## **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

### **Responses Selected:**

Community Mental Health Program: BestCare Treatment Services

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Kari Hathorn
Law Enforcement:	John Gautney
Community Mental Health Program:	BestCare Treatment Services
Behavioral Resource Network Provider:	BestCare Treatment Services

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

## **Responses Selected:**

Court:: 22nd Judicial District
Treatment Provider::
Local Government Body:: Crook County Commission
First Responder Agency:: Prineville Police Department
Other, specify:: Crook County LPSCC

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

Yes			

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

After the announcement of the passage of HB 4002 the above mentioned community partners began having meetings about how to set up an effective deflection program in Crook County. All of the community partners have been included at these in person meetings and have been able to provide input in how the program will be organized. Crook County DA Kari Hathorn and Crook County Community Corrections Director Aaron Boyce have been the primary contact people and have been leading the formation of our deflection plan. Community Partners have been encouraged to bring ideas to the table about how the program should be operated. All of the major community partners have also attended the Deflection Symposium and also plan on attending the upcoming regional deflection workshop in Bend, Oregon in July 2024.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

The program coordinator will communicate with all members of the team about implementation of the program through email communication along with in person meetings to highlight actions being taken. As we transition from the planning stage to the implementation of the program we will be looking for a secure software program to communicate about program participants among all of the community partners.

# C. Deflection Program Details

C.1) Are you requesting funds for a planning grant or an operational grant?

Planning: This grant will primarily be used to plan and develop a deflection program that will be implemented after January 2025. You will be required to notify CJC as soon as your program is ready to become operational.

# C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	January
Year	2025

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

The Crook County Deflection program will start with the client interaction with a local Police Officers or Sheriff Deputies. During this contact if the police officer or deputy finds that the client is in possession of small amounts of controlled substances they will start the referral process to the LEADs program.

The Officer/Deputy will complete a brief intake form roadside to gain as much contact information as possible. The Officer will then give the client a copy of the referral form with the date and time to meet with the LEADs Program coordinator to make further referrals. The Officer will also complete criminal citation with a court date and time. This criminal citation will be held in abeyance as long as the client is participating in the LEADs Program.

Next, the Officer or Deputy will make contact with the Coordinator to pass along the referral forms along with information the Coordinator will need to make contact with the client if they miss their scheduled date. If all contacts fail, the Coordinator will attend the court date listed on the criminal citation which was given to the client at initial contact. If the client shows up to the court date, the Coordinator will complete the intake paperwork if the client is open to participation.

Once a client makes contact with the Coordinator and completes intake, the client will be referred to community treatment provider. The Coordinator will assist in completing a warm handoff to the treatment provider. The Coordinator and treatment provider will maintain contact throughout the clients participation. If client successfully completes the program, no criminal charges will be filed. If client does not engage in and successfully complete the LEADS program, the coordinator will forward charging documents and police reports to the DA for review for possible criminal charges.

C.4) Please describe the individuals who are eligible for your deflection program.

Word Limit: 75

Crook Counties initial deflection program will be targeted towards individuals with small PCS charges.

C.5) What qualifies as a successful outcome for participants in your deflection program?

Word Limit: 75

Successful outcome for our deflection program will require the participant to show engagement with a community substance abuse treatment program and require a 90-day period of evidenced sobriety in the treatment program.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

Crook County's Deflection program will be evidence-based, culturally and linguistically responsive, and based on the principles of trauma-informed care. Crook County's program will ensure the program coordinator, along with all members of the treatment team, has received trauma-informed care training. Bestcare, the CMPH for Crook County, uses evidence-based practices in all of its treatment programs and mental health services. Bestcare will continue to adhere to evidence-based practices. Bestcare also employs staff who provide treatment classes and services in Spanish. Crook County will also continue to make sure that local law enforcement officer's are getting training in trauma informed practice and also training in areas of cultural responsivity.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

Both the Crook County Sheriff's Office and the Prineville Police department have multiple officers who are bilingual. Both agency also have access to language lines to provide translation services if a bilingual officer is not available. Bestcare Treatment services who will be the primary provider of treatment services already has bilingual treatment services at their location and are looking to expand those options. Crook County will also work to ensure that all of our referral forms are available in Spanish. Crook County plans on tracking data on program participants primary language and if it noticed that a large percentage of participants speak languages other than English and Spanish we will work at developing forms in additional languages.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?

Yes

8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

Local LE officers who contact individuals during their regular police duties and find small amounts of controlled substances will start the process of entry into the deflection program. The officers will process the evidence and complete any necessary criminal citations. The officers will complete a short LEADs intake and gather the necessary contact information. This information will then be passed along to the program coordinator for follow-up if the client doesn't report on referral date.

C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?
Yes
9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
Officers and Deputies will complete criminal citations on all clients which have criminal amounts of controlled substances. The citations will accompany the referral form for the Coordinator. The Coordinator will hold the citations in abeyance while the client is participating in the program. If an individual fails to enter or successfully complete the program, the Coordinator will submit criminal citations to the DA for charging consideration. If the Client successfully completes the program a completion certificate will be sent to the DA's Office and police agency who referred the client so the report can follow protocols of expungement.
C.10) As part of your deflection program, can an individual voluntarily initiate contact with a first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?
No
C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?
No

C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?

No

C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?

No

## **Data Acknowledgements**

Completed - Jun 13 2024

## **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

#### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD.

Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

#### **Responses Selected:**

Deflection participant demographics (e.g., age group, race/ethnicity for each participant)

Services provided as part of the deflection program

## **Budget Projection**

Completed - Jul 1 2024

## **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have

substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

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As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Budget Projection Sheet BHD (1).xlsx

Filename: Budget\_Projection\_Sheet\_BHD (1).xlsx Size: 33.0 kB

		BUDGET PROJECTIO	IN SHEET				
CJC Grant Program:	Oregon Behavioral Health Deflection Program  Crook						
County Name(s):	Crook						
Personnel: Salaries, wages and fring	e benefits costs for all grant-funded r	personnel (in whole or in part) emplo	oved by the grant re	ecinient			
Directions:							
In the "Program/Project Supported" f	field, identify the specific program/pr	oject the position supports. Exampe	s could include LEA	AD Team, Mobile	Crisis Team, County Deflection Program, e	tc.	
In the "% Time per Month" field, use In the "Monthly Rate" field, combine	whole numbers to show percentage of salary/wages and fringe benefits for	of position's time dedicated to grant a single month at full time, regardle	-related work. Exa ss of the value incl	imple: a .50 FTE (a uded in the "% Tir	n <u>half-time</u> case manager) = <b>50</b> me ner Month" field.		
In the "# Months Employed" field, inc			the grant project	period.			
			New or Existing	% Time per	Monthly Rate # Months		Personnel Narrative:
Position Title  1 LEADS Program Coordinator	Program/Project Supported LEADs Deflection program	Employing Agency Crook County Sheriff	Position	Month 100	(wages+fringe) Employed 10750.0 12	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  The program coordinator is responsible for organizing and tracking the deflection program and communicating between all involved agency and participants
2	LEADS Deflection program	Crook County Sheriff	Select Option Select Option	100	10/50.0 12	0.00	
			Select Option			0.00	3.)
4			Select Option			0.00	
5			Select Option Select Option			0.00	
7			Select Option			0.00	
7 8			Select Option			0.00	
9 10			Select Option			0.00	
10		1	Select Option	1		0.00	10.)
					Personnel Total: \$ 129,000.00		
					1 C130 III C1 10 Cal.		
Contractual Services: An individual of	or organization providing a service or	programmatic aspect of the work th	at is not provided	directly by the gra	ant recipient. Capital construction may be	requested in this cate	gory.
<u>Directions</u> : In the "Contract Title & Purpose" field	d identify the contractor and what co	anciens the contrast course (concret)					
In the "Program/Project Supported" f	field, identify the specific program/pr	oject the contracted services suppor	rt.				
, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,						Contractual Services Narrative:
						Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Contract Title & Purpose	Program/Project Supported	Contract Category		Unit Type	Price per Unit # Units Required	Requested	If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
1		Select Option Select Option		Monthly Select Option		0.00	
3		Select Option		Select Option		0.00	
4		Select Option		Select Option		0.00	
5		Select Option		Select Option		0.00	
6 7		Select Option Select Option	-	Select Option Select Option		0.00	
8		Select Option		Select Option		0.00	
		Select Option		Select Option		0.00	9.)
10		Select Option		Select Option	Cttl	0.00	10.)
					Services Total: \$ -		
					SCIVICES TOTAL		
Housing & Facilities: Eligible expense	es for space/utilities necessary to cor	mplete program work and short-/lon	g-term housing su	pport for participa	ants. Capital construction may be requeste	ed in this category.	
Directions: In the "Item Description" field, identif	fy what the expense covers (generally	у).	g-term housing su	pport for participa	ants. Capital construction may be requeste	d in this category.	
Directions: In the "Item Description" field, identif	fy what the expense covers (generally	у).	g-term housing su	pport for participa	nnts. Capital construction may be requeste		
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Directions: In the "Item Description" field, identif In the "Program/Project Supported" f Item Description  Item Description Item Description Item Description  In the "Program/Project Supported" in the "Program/Project Supported" in the "Organization Served" field, idei in the "# of Units Required" field, indi	fy what the expense covers (generalized, identify the specific program/pried, identify the specific program/pried program/Project Supported  Program/Project Supported  Industry Project Supported  In	y).  oject the expense supports.  lice of \$5,000 or more, or a useable   purchased.  oject the equipment supports.  erate the equipment.  to be purchased.		Unit Type Select Option	Price per Unit # Units Required  Housing & Facilities Total: \$	Total Amount Requested 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  2.1 2.1 3.1 4.1 5.5 6.1 7.7 1.8 9.1 10.)  Equipment Narrative:
Directions: In the "Item Description" field, identif In the "Program/Project Supported" f Item Description  1 1 2 3 3 4 5 6 7 8 9 10   Sequipment: Permanent or non-expective to the sequipment in the "Program/Project Supported" field, individual to the "Program/Project Supported" field, individual the "Organization Served" field, individual the "organization Served" field, individual the "organization Served" field, individual the "Bot Units Required" field, individual the "Bot Units Required" field, individual the "Bot Units Required" field, individual them Description	fy what the expense covers (generalized, identify the specific program/pried, identify the specific program/pried program/Project Supported  Program/Project Supported  Industry to the specific program/project specific program/project for the specific program/protify the entity that will own and opcate the number of individual items of the program/project specific progr	y).  oject the expense supports.  lice of 55,000 or more, or a useable!  purchased. oject the equipment supports. erate the equipment. o be purchased.		Unit Type Select Option	Price per Unit # Units Required  Housing & Facilities Total: \$  Price per Unit # Units Required	Total Amount Requested 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  2.1 2.1 3.1 4.1 5.5 6.1 7.7 8.8 9.1 10.)  Equipment Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Directions: In the "Item Description" field, identif In the "Program/Project Supported" f Item Description  1 2 3 4 4 5 5 6 6 6 6 7 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	fy what the expense covers (generalifield, identify the specific program/pri Program/Project Supported  Program/Project Supported  Program/Project Supported  If the name/type of equipment to be field, identify the specific program/prientify the entity that will cown and opcace the number of individual terms of middle and the program/project Supported  Program/Project Supported  LEADs/Deflection	y).  oject the expense supports.  lice of \$5,000 or more, or a useable   purchased. oject the equipment supports. erate the equipment. ob purchased. Organization Served Crook County Sheriff		Unit Type Select Option	Price per Unit # Units Required  Housing & Facilities Total: \$  Item  Price per Unit # Units Required	Total Amount Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  2.]  3.]  4.]  5.]  6.]  7.]  8.]  9.]  10.)  Equipment Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  This is allow the purchase of a computer that's meets all needs of CJIS requirments and the associated network software and computer software for the LEADs program coordinator
Directions: In the "Tem Description" field, identif In the "Program/Project Supported" f Item Description  1	fy what the expense covers (generalized, identify the specific program/pried, identify the specific program/pried program/Project Supported  Program/Project Supported  Industry to the specific program/project specific program/project for the specific program/protify the entity that will own and opcate the number of individual items of the program/project specific progr	y).  oject the expense supports.  lice of 55,000 or more, or a useable!  purchased. oject the equipment supports. erate the equipment. o be purchased.		Unit Type Select Option	Price per Unit # Units Required  Housing & Facilities Total: \$  Price per Unit # Units Required	Total Amount Requested 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  2.]  3.]  4.]  5.]  6.]  7.]  8.]  9.]  10.)  Equipment Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  This is allow the purchase of a computer that's meets all needs of CJIS requirments and the associated network software and computer software for the LEADs program coordinator.  2.) Purchase of computer printer for the leads Coordinator
Directions: In the "Item Description" field, identif In the "Program/Project Supported" f Item Description  In the "Item Description" field, identif In the "Torgaman/Project Supported" field, identif In the "Torgaman/Project Supported" field, identif In the "Orgaman/Project Supported" field, identified in the "Orgaman/Project Supported" field, identified in the "Orgaman/Project Supported" field, identified in the "Orgaman Supported Field, indifference in the "Orgaman Supported Field, identified in the "Orgaman Supported Field, indifference in the "Orgaman Supported Field, i	fy what the expense covers (generalifield, identify the specific program/pri Program/Project Supported  Program/Project Supported  Program/Project Supported  If the name/type of equipment to be field, identify the specific program/prientify the entity that will cown and opcace the number of individual terms of middle and the program/project Supported  Program/Project Supported  LEADs/Deflection	y).  oject the expense supports.  lice of \$5,000 or more, or a useable   purchased. oject the equipment supports. erate the equipment. ob purchased. Organization Served Crook County Sheriff		Unit Type Select Option	Price per Unit # Units Required  Housing & Facilities Total: \$  Item  Price per Unit # Units Required	Total Amount Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  2.]  3.]  4.]  5.]  6.]  7.]  8.]  9.]  10.)  Equipment Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  This is allow the purchase of a computer that's meets all needs of CIIS requirments and the associated network software and computer software for the LEADs program coordinator 2.1 Purchase of computer printer for the leads Coordinator 3.1
Directions: In the "Item Description" field, identif In the "Program/Project Supported" if Item Description  In the "Item Description" field, identif In the "Forgram/Project Supported" find, identif In the "Forgram/Project Supported" field, identified in the "Forgram/Project Supported field, identified in the "Forgram/Project S	fy what the expense covers (generalifield, identify the specific program/pri Program/Project Supported  Program/Project Supported  Program/Project Supported  If the name/type of equipment to be field, identify the specific program/prientify the entity that will cown and opcace the number of individual terms of middle and the program/project Supported  Program/Project Supported  LEADs/Deflection	y).  oject the expense supports.  lice of \$5,000 or more, or a useable   purchased. oject the equipment supports. erate the equipment. ob purchased. Organization Served Crook County Sheriff		Unit Type Select Option	Price per Unit # Units Required  Housing & Facilities Total: \$  Item  Price per Unit # Units Required	Total Amount Requested  0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  2.]  3.]  4.]  5.]  6.]  7.]  8.]  9.]  10.)  Equipment Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  This is allow the purchase of a computer that's meets all needs of CIIS requirments and the associated network software and computer software for the LEADs program coordinator 2.) Purchase of computer printer for the leads Coordinator 3.]
Directions: In the "Item Description" field, identif In the "Program/Project Supported" if Item Description  In the "Item Description" field, identif In the "Forgram/Project Supported" find, identif In the "Forgram/Project Supported" field, identified in the "Forgram/Project Supported field, identified in the "Forgram/Project S	fy what the expense covers (generalifield, identify the specific program/pri Program/Project Supported  Program/Project Supported  Program/Project Supported  If the name/type of equipment to be field, identify the specific program/prientify the entity that will cown and opcace the number of individual terms of middle and the program/project Supported  Program/Project Supported  LEADs/Deflection	y).  oject the expense supports.  lice of \$5,000 or more, or a useable   purchased. oject the equipment supports. erate the equipment. ob purchased. Organization Served Crook County Sheriff		Unit Type Select Option	Price per Unit # Units Required  Housing & Facilities Total: \$  Item  Price per Unit # Units Required	Total Amount Requested  0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  2.] 3.] 4.] 5.] 6.] 7.] 8.] 9.] 10.]  Equipment Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  This is allow the purchase of a computer that's meets all needs of CIIS requirments and the associated network software and computer software for the LEADs program coordinator 2.] Purchase of computer printer for the leads Coordinator 3.] 4.] 5.] 6.]
Directions: In the "Item Description" field, identif In the "Program/Project Supported" f Item Description  1 2 1 3 3 4 4 5 5 6 6 77 8 9 9 10  Equipment: Permanent or non-expe Directions: In the "Item Description" field, identif In the "Organization Served" field, ide In the "Forganization Served" field, identif Item Description  2 Computer for LEADs Coordinator  3 1 4 5 6 6 7 7	fy what the expense covers (generalifield, identify the specific program/pri Program/Project Supported  Program/Project Supported  Program/Project Supported  If the name/type of equipment to be field, identify the specific program/prientify the entity that will cown and opcace the number of individual terms of middle and the program/project Supported  Program/Project Supported  LEADs/Deflection	y).  oject the expense supports.  lice of \$5,000 or more, or a useable   purchased. oject the equipment supports. erate the equipment. ob purchased. Organization Served Crook County Sheriff		Unit Type Select Option	Price per Unit # Units Required  Housing & Facilities Total: \$  Item  Price per Unit # Units Required	Total Amount Requested  0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  2.] 2.] 3.] 4.] 5.] 6.] 7.] 8.] 9.] 10.)  Equipment Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  This is allow the purchase of a computer that's meets all needs of CJIS requirments and the associated network software and computer software for the LEADs program coordinator 2.1 Purchase of computer printer for the leads Coordinator 3.1 4.1 5.1 6.1 7.1
Directions: In the "Item Description" field, identif In the "Program/Project Supported" f Item Description  1	fy what the expense covers (generalifield, identify the specific program/pri Program/Project Supported  Program/Project Supported  Program/Project Supported  If the name/type of equipment to be field, identify the specific program/prientify the entity that will cown and opcace the number of individual terms of middle and the program/project Supported  Program/Project Supported  LEADs/Deflection	y).  oject the expense supports.  lice of \$5,000 or more, or a useable   purchased. oject the equipment supports. erate the equipment. ob purchased. Organization Served Crook County Sheriff		Unit Type Select Option	Price per Unit # Units Required  Housing & Facilities Total: \$  Item  Price per Unit # Units Required	Total Amount Requested  0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  2.] 2.] 3.] 4.] 5.] 6.] 7.] 8.] 9.] 10.)  Equipment Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  This is allow the purchase of a computer that's meets all needs of CJIS requirments and the associated network software and computer software for the LEADs program coordinator 2.) Purchase of computer printer for the leads Coordinator 3.] 4.] 4.] 5.] 6.] 7.] 8.]
Directions: In the "Item Description" field, identif In the "Program/Project Supported" f Item Description In the "Forgam/Project Supported" f In the "Organization Served" field, identif In the "Forgam/Project Supported" f In the "Bot Units Required" field, identified in the "Bot Unit	fy what the expense covers (generalifield, identify the specific program/pri Program/Project Supported  Program/Project Supported  Program/Project Supported  If the name/type of equipment to be field, identify the specific program/prientify the entity that will cown and opcace the number of individual terms of middle and the program/project Supported  Program/Project Supported  LEADs/Deflection	y).  oject the expense supports.  lice of \$5,000 or more, or a useable   purchased. oject the equipment supports. erate the equipment. ob purchased. Organization Served Crook County Sheriff		Unit Type Select Option	Price per Unit # Units Required  Housing & Facilities Total: \$  Item  Price per Unit # Units Required	Total Amount Requested  0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  2.] 2.] 3.] 4.] 5.] 6.] 7.] 8.] 9.] 10.)  Equipment Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  This is allow the purchase of a computer that's meets all needs of CJIS requirments and the associated network software and computer software for the LEADs program coordinator 2.) Purchase of computer printer for the leads Coordinator 3.] 4.] 4.] 5.] 6.] 7.] 8.]
Directions: In the "Item Description" field, identif In the "Program/Project Supported" f Item Description  Item Description  I	fy what the expense covers (generalifield, identify the specific program/pri Program/Project Supported  Program/Project Supported  Program/Project Supported  If the name/type of equipment to be field, identify the specific program/prientify the entity that will cown and opcace the number of individual terms of middle and the program/project Supported  Program/Project Supported  LEADs/Deflection	y).  oject the expense supports.  lice of \$5,000 or more, or a useable   purchased. oject the equipment supports. erate the equipment. ob purchased. Organization Served Crook County Sheriff		Unit Type Select Option	Price per Unit # Units Required  Housing & Facilities Total: \$  Item  Price per Unit # Units Required	Total Amount Requested  0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  2.] 2.] 3.] 4.] 5.] 6.] 7.] 8.] 9.] 10.)  Equipment Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  This is allow the purchase of a computer that's meets all needs of CJIS requirments and the associated network software and computer software for the LEADs program coordinator 2.) Purchase of computer printer for the leads Coordinator 3.] 4.] 4.] 5.] 6.] 7.] 8.]
Directions: In the "Item Description" field, identif In the "Program/Project Supported" f Item Description  Item Description  I	fy what the expense covers (generalifield, identify the specific program/pri Program/Project Supported  Program/Project Supported  Program/Project Supported  If the name/type of equipment to be field, identify the specific program/prientify the entity that will cown and opcace the number of individual terms of middle and the program/project Supported  Program/Project Supported  LEADs/Deflection	y).  oject the expense supports.  lice of \$5,000 or more, or a useable   purchased. oject the equipment supports. erate the equipment. ob purchased. Organization Served Crook County Sheriff		Unit Type Select Option	Price per Unit # Units Required  Housing & Facilities Total: \$  Item  Price per Unit # Units Required	Total Amount Requested  0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  2.] 2.] 3.] 4.] 5.] 6.] 7.] 8.] 9.] 10.)  Equipment Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  This is allow the purchase of a computer that's meets all needs of CJIS requirments and the associated network software and computer software for the LEADs program coordinator 2.) Purchase of computer printer for the leads Coordinator 3.] 4.] 4.] 5.] 6.] 7.] 8.]
Directions: In the "Item Description" field, identif In the "Program/Project Supported" f Item Description  Item Description  I 2  3  4  4  5  6  7  8  9  10  Description  In the "Item Description" field, identif In the "Item Description" field, identif In the "Tem Description" field, identif In the "Tem Description" field, identif In the "Tem Gramization Served" field, ide In the "d of Units Required" field, ide In the "d of Units Required" field, identif In the "Organization Served" field, identified in the "d of Units Required" field, identified in the "d of Units Required" field, identified in the "organization Served" field, identified	fy what the expense covers (generalized, identify the specific program/pri- program/Project Supported  Program/Project Supported  Program/Project Supported  If the namefype of equipment to be ited, identify the specific program/project for the number of individual items  Program/Project Supported  LEADs/Deflection  LEADs/Deflection	y).  oject the expense supports.  lice of \$5,000 or more, or a useable purchased, oject the equipment supports, erate the equipment.  Organization Served  Crook County Sheriff  Crook County Sheriff	life of two or more	Unit Type Select Option	Price per Unit # Units Required  Housing & Facilities Total: \$  Price per Unit # Units Required  4,000.0 1.0  500.0 1.0  Equipment Total: \$ 4,500.00	Total Amount Requested  0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  2.] 2.] 3.] 4.] 5.] 6.] 7.] 8.] 9.] 10.)  Equipment Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  This is allow the purchase of a computer that's meets all needs of CJIS requirments and the associated network software and computer software for the LEADs program coordinator 2.) Purchase of computer printer for the leads Coordinator 3.] 4.] 4.] 5.] 6.] 7.] 8.]
Directions: In the "Item Description" field, identif In the "Trongram/Project Supported" f  Item Description  I 2  3  4  4  5  6  7  8  9  10   Equipment: Permanent or non-expe Directions: In the "Item Description" field, identif In the "Trongram/Project Supported," identify in the "Trongram/Project Supported," identify in the "Trongram/Project Supported," identify in the "Organization Served" field, indi Item Description  1 Computer for LEADs Coordinator 2 Printer for LEADs Coordinator 3 Printer for LEADs Coordinator 5 6 6 7 7 8 9 9 10  Supplies: Consumable materials or s  Directions:	fy what the expense covers (generalized, identify the specific program/pr Program/Project Supported  Program/Project Supported  Program/Project Supported  If the name/type of equipment to be ited, identify the specific program/pr  If the name/type of equipment to be ited, identify the entity that will own and op caste the number of individual items  Program/Project Supported  LEADs/Deflection  LEADs/Deflection	y).  oject the expense supports.  lice of \$5,000 or more, or a useable   purchased. oject the equipment supports. reate the equipment. to be purchased. Organization Served Crook County Sheriff Crook County Sheriff	life of two or more	Unit Type Select Option	Price per Unit # Units Required  Housing & Facilities Total: \$  Item  Price per Unit # Units Required	Total Amount Requested  0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  2.] 2.] 3.] 4.] 5.] 6.] 7.] 8.] 9.] 10.)  Equipment Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  This is allow the purchase of a computer that's meets all needs of CJIS requirments and the associated network software and computer software for the LEADs program coordinator 2.) Purchase of computer printer for the leads Coordinator 3.] 4.] 4.] 5.] 6.] 7.] 8.]
Directions: In the "Item Description" field, identif In the "Program/Project Supported" f Item Description  Item Description  I	fy what the expense covers (generalized, identify the specific program/pr Program/Project Supported  Program/Project Supported  Program/Project Supported  Program/Project Supported  Industry to a purchase pr  Industry the name/type of equipment to be  Iteled, identify the specific program/pr  Industry that will own and op  Industry that wi	y).  oject the expense supports.  lice of \$5,000 or more, or a useable operation of the equipment supports.  oject the equipment supports.  or equipment to be purchased.  organization Served  crook County Sheriff  Crook County Sheriff  crook County Sheriff	life of two or more	Unit Type Select Option	Price per Unit # Units Required  Housing & Facilities Total: \$  Price per Unit # Units Required  4,000.0 1.0  500.0 1.0  Equipment Total: \$ 4,500.00	Total Amount Requested  0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  2.] 2.] 3.] 4.] 5.] 6.] 7.] 8.] 9.] 10.)  Equipment Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  This is allow the purchase of a computer that's meets all needs of CJIS requirments and the associated network software and computer software for the LEADs program coordinator 2.) Purchase of computer printer for the leads Coordinator 3.] 4.] 4.] 5.] 6.] 7.] 8.]

in the # of Offics Required Tield, Indica	ate the number of individual items t	o be purchased.						
							Total Amount	Supplies Narrative:
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested	or each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Triplicate Intake forms and client 1 notices	LEADs/Deflection	Local Law enforcement agencys			2.00	1,000.0	2,000.00	t.) Creating triplicate forms which Local Law enforcement officer's will use when they contact eligible particpants for the program in the field.
Office supplies for Leads 2 Coordinator	LEADs/Deflection	Crook County Sheriff			10.00	110.0		2.) Miscellaneous office supplies for the LEADs Program Coordinator including pens, paper, ink for printer, other assorted office supplies as needed.
3		,					0.00	3.)
4 5							0.00	
5							0.00	
6 7							0.00	
8							0.00	
9							0.00	
10							0.00	10.)
					Supplies Total:	\$ 3,100.00		
Training/Associated Travel: Eligible ex Directions:	penses for transporation, lodging, p	per diem, and registrations for traini	ngs that support gra	int purposes				
Each line item should be dedicated to a	single training cost or travel cost.							
All travel expenses must follow state D.	AS and federal GSA regulations; lux		rst-class seating).					
In the "Program/Project Supported" fie	ld, identify the specific program/pro	oject the training supports.						
In the "Organization(s) Served" field, lis In the "Is this a Training or Travel Cost?	st the entity(ies) that will have person "field, select to which this line item.	onnel attending training.						
In the "Training or Travel Costs (Per Ind	lividual)" field, input the estimated i	individual travel cost or registration	cost for one attend	ee.				
				Is this a	Training or Travel			Training/Associated Travel Narrative:
			Location of	Training or	Costs (Per	# of Individuals		or each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Training Title Job Shadow of existing LEADS	Program/Project Supported	Organization Served	Training	Travel Cost?	Individual)	Attending	Requested I	or travel line items, please indicate with which training it is associated.
1 Program	LEADs/Deflection	Crook County Sheriff Office	Salem	Travel	800.00	1.00	800.00	L.) Cover cost of motel for the LEADs Program Coordinator to travel to Marion County LEADs Program and observe their established program.
Job Shadow of existing LEADS							313.33	
2 Program	LEADs/Deflection	Crook County Sheriff Office	salem		600.00	1.00		2.) cover cost of staff per diem for travel
3				Select Option			0.00	
5				Select Option			0.00	
6				Select Option Select Option			0.00	
7				Select Option			0.00	
8				Select Option			0.00	
9				Select Option			0.00	
10				Select Option			0.00	10.)
					Training/Travel Total:	\$ 1,400.00		
					TOTAL.	7 1,400.00		
Administrative Costs: Activities associ	ated with administering the grant s	uch as purchasing, budgeting, payro	ll, accounting and st	taff services				
Directions: Total Administrative Costs may not exc	eed 10% of total funds requested a	inless an exception is granted by the	Commission					
In the "Item Description" field, identify	the specific activities to be conduct	ted.						
In the "Program/Project Supported" fie	ld, identify the specific program/pro							
In the "Organization" field, identify the	entity that will be conducting the a							
		dministrative activities.						Administrative Costs Narrative:
Item Description	entity that will be conducting the a Program/Project Supported							Administrative Costs Narrative:  For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
Item Description  LEADs Program Coordinator job	Program/Project Supported	dministrative activities.  Organization Served					Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Item Description  LEADs Program Coordinator job 1 search and recruitment		dministrative activities.					Requested	
Item Description  LEADS Program Coordinator job  1 search and recruitment Payroll and HR services for the 2 LEADS Program Coordinator	Program/Project Supported	dministrative activities.  Organization Served					\$ 1,000.00 : \$ 3,000.00	For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.  1.) This will cover associated with job postings and recruitment for the LEADs Program coordinator  2.) this will cover the internal services fees for the HR Services, Legal Services, Payroll, and accounting service which are calaculated on a per employee base
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Item Description  LEADs Program Coordinator job  1 search and recruitment Payroll and HIS services for the  2 LEADs Program Coordinator Management oversite of LEADS  3 Program Coordinator  4 5 6 7 8 9	Program/Project Supported  LEADs/Deflection Program  LEADS/Deflection Program	dministrative activities.  Organization Served  Crook County Sheriff  Crook County					\$ 1,000.00   \$ 3,000.00   \$ 8,000.00	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  1.) This will cover associated with job postings and recruitment for the LEADS Program coordinator  2.) this will cover the internal services fees for the HR Services, Legal Services, Payroll, and accounting service which are calaculated on a per employee base.  The LEADS Program Coordinator will be housed in the Community Corrections Division of the Crook County Sherff Office. The Director of the Parole and Probation will be providing management oversite of this program.  13.  14.  15.  16.  17.  18.  18.  19.  19.  19.  19.  10.  10.  10.  10
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# **DESCHUTES COUNTY**

# **Application: 0000000029**

Joe Brundage - joe.brundage@deschutes.org Oregon Behavioral Health Deflection Program (23-25)

#### Summary

ID: 0000000029

Last submitted: Jun 28 2024 08:53 AM (PDT)

### **Cover Sheet**

Completed - Jun 25 2024

## **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

### County

Please select from the dropdown list.

Deschutes

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

# **Primary Applicant Contact**

Name:	Michael Shults
Organization:	Deschutes County Sheriff's Office
Title:	Captain
Street Address:	63333 West Hwy 20
City:	Bend
Zip Code:	97703
E-mail:	michael.shults@deschutes.org
Phone:	541-617-3387

## **Fiscal Contact**

Name:	Joe Brundage
Legal Name of Organization for Payment:	Deschutes County
State EIN:	93-6002292
Payment Remittance Street Address:	63333 West Hwy 20
City:	Bend
Zip Code:	97703
E-mail:	j <u>oe.brundage@deschutes.org</u>
Phone:	541-617-3390

Would you like ACH payment processing (direct deposit)?

Yes

# **Eligibility Questions**

Completed - Jul 22 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Michael Shults
Position Title:	Captain
Organization:	Deschutes County Sheriff's Office
Email Address:	michael.shults@deschutes.org
How is your program coordinator funded? You may use BHD funds.	BHD Funds

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

# **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

### **Responses Selected:**

Community Mental Health Program: BestCare Services, Ideal Option

Local Mental Health Authority: Deschutes County Behavioral Health

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Deschutes County District Attorney
Law Enforcement:	Bend, Sunriver, Black Butte and Redmond Police Departments, the Deschutes County Sheriff's Office, the US Forest Service, and the Oregon State Police
Community Mental Health Program:	BestCare
Behavioral Resource Network Provider:	BestCare, Ideal Option

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

## **Responses Selected:**

Public Defense:: Deschutes Defenders

Court:: Deschutes County Circuit Court

Treatment Provider:: Ideal Option, BestCare

Peer Support Organization:: Ideal Option, BestCare

Local Government Body:: Deschutes County Commissioners

First Responder Agency:: Bend Fire & Rescue, Redmond Fire and Rescue

Community Provider:: Ideal Option, BestCare

Community Based Organization:: Ideal Option, BestCare

Case Manager Provider:: Ideal Option, BestCare

Recovery Support Services Provider:: Pfeifer and Associates

Local Mental Health Authority:: Deschutes County Behavioral Health

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

|--|

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

Regular meetings have occurred with required partners and additional relevant stakeholders to initiate program design and implementation. Collectively, the workgroup has created a budget, developed a staffing model, designed eligibility and program requirements, and established a data tracking plan. Deschutes County's long-standing history of innovation and collaboration positions us well to implement a strong, evidenced-based LEAD program to deflect individuals struggling with mental health and substance use out of the criminal justice system and into treatment.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

At least monthly, the program coordinator will conduct staffing sessions with program partners. These meetings will include outreach staff, officers, and the district attorney's office to review participant goals, status, and evaluation. Additionally, the program coordinator will also participate in the county BHRN meetings to ensure continuous community coordination with BHRN partners and stakeholders.

# C. Deflection Program Details

C.1) Are you requesting funds for a planning grant or an operational grant?

Operational: This grant will primarily be used to operate a deflection program that will be implemented before January 2025.

# C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	September
Year	2024

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

When operational, plan will include:

Following the decision to refer an individual to LEAD on an arrest deflection, the referring officer, deputy, or sergeant will contact the LEAD program staff (Ideal Option or BestCare). The LEAD staff will either come to the precinct or other agreed location, or officers may transport the referred person. LEAD staff will be available to respond 24/7 to respond. When the outreach worker arrives, the referring officer will provide them with basic information about the individual, including known criminal conviction history. The referring officer will document in their report that the outreach worker was called, arrived, and provided with this information, and the referring officer will then release the suspect from custody. The outreach staff will obtain consent from the individual, the consent may be written or verbal, with written memorialization by the case management agency. When an individual who was under arrest is deflected to LEAD, outreach staff will immediately conduct an initial screening to gather basic information about the person and will explain the deflection process and the assistance available for a willing participant. At the end of the initial screening, LEAD staff will schedule a follow-up appointment to between 24-48 hours after the initial screening, or as soon as otherwise possible. The outreach worker will assist each participant design an Individual Intervention Plan, which will form both the action plan for the individual and a key element of program evaluation. At least monthly, the program coordinator will conduct staffing sessions with partners. The program coordinator will also participate in the county BHRN meetings. Additionally, The LEAD team will periodically reach out to neighborhood residents, businesses, and community leaders to provide informational updates about LEAD operations and to receive feedback on areas of focus. Program staff will be added as the program grows.

C.4) Please describe the individuals who are eligible for your deflection program.

Word Limit: 75

Adults suspected of possession, drug traffic loitering, misdemeanor theft, misdemeanor property destruction, criminal trespass, obstructing an officer, unlawful bus conduct, and prostitution offenses will be eligible for deflection to LEAD and should be referred to LEAD, except when specific criteria are met such as when individual is unwilling to participate, specific involvement of drug distribution, exploitation of minors, promoting of prostitution, conflict with existing no contact order, or inconsistent with immediate victim or community safety.

C.5) What qualifies as a successful outcome for participants in your deflection program?

Word Limit: 75

How we define success will vary from participant to participant depending on their situation. Successful outcomes for participants could include improved health and wellbeing (such as obtaining housing or achieving a personal goal), increased harm reduction through knowledge related to overdose prevention and safer use practices, improved quality interactions with police, decreased police order citations, decreased days in jail, and engagement with case manager.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

- 1. Requiring and maintaining community engagement and partnership through BHRN partnership.
- 2. Providing ongoing cultural competency training for law enforcement offices and program staff.
- 3. Providing training on trauma-informed care and how to recognize the signs of trauma and its impact on behavior
- 4. The incorporation of peer support.
- 5. Collecting participant data and outcomes.
- 6. The use of proven intervention protocols.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.
Word Limit: 150
All law enforcement agencies and partner organizations have policies and procedures in place to utilize language translation services available by phone or video for interactions with non-English speaking individuals.
C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?
Yes
8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
First responders that identify individuals will contact program navigators. A dedicated line for 24/7 response by program navigators will be created. Once contacted, Navigators will follow steps outlined in C.3
C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?
Yes

9.a.) Please describe this process, including its planned or operational start date if different than the date
identified in question C.2.

## Word Limit: 75

In consultation with the DA, the process will start small with citations being held in abeyance, to allow for tracking. As process goals are met, we will adopt the best-practice recommendations from the CJC.

C.10) As part of your deflection program, can an individual voluntarily initiate contact with a first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?

Yes

10.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

Any individual seeking help will be referred to a navigator to connect with the appropriate resources.

C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?

Yes

11.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

At the start, we will try and serve as many individuals as we are able to help. We expect active outreach to begin on Sept. 1. Our initial plan is for the program coordinator to meet with and train first responders in identifying and referring eligible individuals. We will also evaluate for additional outreach opportunities.

C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?

Yes

12.a.) Please describe this process and specify if it includes engagement in Medication Assisted Treatment, and include its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

Navigators will be aware of and help coordinate treatment of MAT patients. The outreach to first responders will include training to contact Navigators following overdoses.

C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?

No

## **Data Acknowledgements**

Completed - Jun 27 2024

# **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

#### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD.

Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

### **Responses Selected:**

Don't know, please explain:: Do not anticipate barriers collecting the listed data points

## **Budget Projection**

Completed - Jul 23 2024

## **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Deschutes BHD 24 R 07222024.xlsx

Filename: Deschutes BHD 24 R 07222024.xlsx Size: 34.8 kB

BUDGET PROJECTION SHEET									
BUDGET PROJECTION SHEET  CJC Grant Program: Oregon Behavioral Health Deflection Program							7		
County Name(s):							-		
Personnel: Salaries, wages and fringe benefits costs for all grant-funded personnel (in whole or in part) employed by the grant recipient									
Directions: In the "Program/Project Supported" field, identify the specific program/project the position supports. Exampes could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.							atc		
In the "% Time per Month" field, use w	hole numbers to show percentage	of position's time dedicated to grant	related work. Exa	mple: a .50 FTE (a	half-time case manag	ger) = <b>50</b>	itt.		
In the "Monthly Rate" field, combine s	alary/wages and fringe benefits for	a single month at full time, regardles	s of the value inclu	uded in the "% Tin	ne per Month" field.	-			
In the "# Months Employed" field, indi	ate the number of months the posi	tion is expected to be funded during	the grant project p	period.			т.		
Position Title	Program/Project Supported	Employing Agones	New or Existing Position	% Time per Month	Monthly Rate (wages+fringe)	# Months Employed	Total Amount Requested		ersonnel Narrative:
Position Title	Program/Project Supported	Employing Agency	Position	Month	(wages+rringe)	Employed	Requested	F	or each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Program Coordinator	Oregon BHD Program	Deschutes County Sheriff's Office	New	100	15500.0	12	186,000	0.00 1	i.) Program Coordinator is the pivotal position connecting law enforcement and first responders with the navigators so eligible individuals can be identified and deflected.
2 Program Coordinator	Oregon BHD Program	Deschutes County Sheriff's Office		50	15500.0	ç			.) This position will be a part-time backup to #1. The position will also review daily booking logs to identify eligible individuals that may have been overlooked during initial intake.
4			Select Option Select Option					0.00 3 0.00 4	
5			Select Option					0.00 5	
6 7			Select Option					<b>0.00</b> 6	
7 8			Select Option					0.00 7 0.00 8	
9			Select Option Select Option					0.00 8	
10			Select Option					0.00 1	
•									
					Personnel Total:	\$ 255,750.00	)		
Contractual Services: An individual or	organization providing a consist of	programmatic aspect of the work th	at is not provided.	directly by the cro	nt recipient Conital o	onstruction may be	requested in this	catec	100
Directions:	or Particular browling a service of	programmatic aspect of the WORK th	acis not provided (	an activ by the gra	ecipient. capital c	onstruction may be	requested in this	cutegi	
In the "Contract Title & Purpose" field,	identify the contractor and what se	rvices the contract covers (generally	r).						
In the "Program/Project Supported" fie	eld, identify the specific program/pr	oject the contracted services suppor	t.			ı			
							L		Contractual Services Narrative:
Contract Title & Purpose	Program/Project Supported	Contract Category		Unit Type	Price per Unit	# Units Required	Total Amount Requested	F	or each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  f you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
1 LEAD Peer Case Mgr (IO)	Oregon BHD Program	Personnel		Hourly	40.00	2,080.0	Requested 83.20	0.00 1	Y.) I he navigator will be connecting individuals with the appropriate resources to get help.
2 LEAD Peer Case Mgr (IO)	Oregon BHD Program	Personnel		Hourly	40.00				
3 Director of Comm Dev (IO)	Oregon BHD Program	Personnel		Hourly	56.25	188.9	10,62	5.00 3	1.) Person will work to engage community and find additional resources
4 On-Call & OT Allowance (IO)	Oregon BHD Program	Personnel		Hourly	60.00			0.00 4	1.) Add'l funding for navigators
5 LEAD Peer Case Mgr (BC) 6 LEAD Peer Case Mgr (BC)	Oregon BHD Program Oregon BHD Program	Personnel		Hourly Hourly	40.00 40.00		83,20	0.00 5	The navigator will be connecting individiauls with the appropriate resources to get help.     The navigator will be connecting individiauls with the appropriate resources to get help.
7 Director of Comm Dev (BC)	Oregon BHD Program	Personnel Personnel		Hourly	50.00	100.0	5.00	0.00 7	The lawing to the commencing multivariation for a global price resources to get melp.     The lawing to with the commencing multivariation from a global price resources.     The reson will work to engage community and find additional resources.
8 On-Call & OT Allowance (BC)	Oregon BHD Program	Personnel		Hourly	60.00	100.0	6,00	0.00 8	3.) Add'l funding for navigators
9 Community Partners	Oregon BHD Program	Services		Yearly	1.00		25,00	0.00 9	1.) Add'l Support from DA or Stabilization Center; also potential to use for short-term housing support for participants
10					Contractual			0.00 1	10.)
					Services Total:	\$ 345,425,00	,		
							-		
Housing & Facilities: Eligible expenses	for space/utilities necessary to con	nplete program work and short-/lon	g-term housing sup	port for participa	nts. Capital construct	ion may be requeste	ed in this categor	у.	
Directions: In the "Item Description" field, identify	what the expense covers (generally	0.							
In the "Program/Project Supported" fie	eld, identify the specific program/pr	pject the expense supports.							
							Total Amount		tousing & Facilities Narrative:
Item Description	Program/Project Supported			Unit Type	Price per Unit	# Units Required	Requested		or each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
2		-		Monthly Select Option				0.00 1 0.00 2	
3		1		Select Option				0.00 2	
4				Select Option				0.00 4	
5				Select Option				0.00 5	
6				Select Option				0.00 6	
8				Select Option Select Option				0.00 7 0.00 8	-] }
9		1		Select Option				0.00 9	3.)
10				Select Option				0.00 1	
					Housing & Facilities				
					rotal:	\$			
Equipment: Permanent or non-expens	dable equipment with a purchase pr	ice of \$5,000 or more, or a useable	ife of two or more	years, for a single	item				
Directions:									
In the "Item Description" field, identify In the "Program/Project Supported" fie	the name/type of equipment to be	purchased.							
In the "Organization Served" field, iden	tify the entity that will own and op-	erate the equipment.							
In the "# of Units Required" field, indic	ate the number of individual items t	o be purchased.							
							Total Amount		Equipment Narrative:
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested	F	or each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Vahiela for Project Coordinator	Orogon BUD Brogram	noro			45.050.0	1.0	45.05	0 00 4	1.) The purchase of one vehicle for the Program Coordinator, to be used solely for deflection. The Program Coordinator must have a vehicle, and we intend to keep the poisition resulting the purchase of the program for the program Coordinator must have a vehicle, and we intend to keep the poisition resulting the purchase of the purchase of the program Coordinator must have a vehicle, and we intend to keep the poisition resulting the purchase of the purchase o
Vehicle for Project Coordinator     Apricot Licencing	Oregon BHD Program Oregon BHD Program	DCSO IO			45,050.0 5,000.0	1.0	45,05	0.00 7	egardless of subsequent grant funding. DCSO will contribute the fuel and mileage.  2.) Software to track individuals in the program
3					2,300.0	2.0		0.00 3	5.)
4								0.00 4	
5								0.00 5	
6 7								0.00 6 0.00 7	
8								0.00 8	
9								<b>0.00</b> 9	3.)
10					Facilities and Tab.	6 50 050 050		0.00 1	0.)
					Equipment Total:	\$ 50,050.00			
Supplies: Consumable materials or su	pplies, including the cost of small it	ems of equipment that do not meet	the threshold for th	ne "Equipment" c	ategory. Clients suppo	orts could be reques	ted in this catego	ry.	
Directions:									
In the "Item Description" field, identify	the name/type of supplies to be no	irchased							

In the "Dreasen /Dreiest Connected"	field identify the energific arrays	Inscient the conding connects						
In the "Program/Project Supported" to In the "Organization Served" field, ide								
In the "# of Units Required" field, ind								
							Total Amount	Supplies Narrative:
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Portable Workstation	Oregon BHD Program	DCSO			2,000.0			0 1.) Computer for Program Coordinator to work in the field
2 Portable Workstation	Oregon BHD Program	10			2,000.0			0 2.) Computers for Ideal Options Navigators to work in the field
3 Portable Workstation	Oregon BHD Program	BC			2,000.0		0 4,000.0	0 3.) Computers for Best Care Navigators to work in the field
4 Printing, paper, ink, cards	Oregon BHD Program	DCSO			2,000.0			Office and printing supplies for Program Coordinator
5 Ideal Options Office Supplies	Oregon BHD Program	10			100.0			0 5.) Office and printing supplies for Ideal Options Program Navigators
6 Best Care Office Supplies	Oregon BHD Program	BC IO			100.0			0 6.) Office and printing supplies for Best Care Program Navigators
7 Cellphones (IO) 8 Cellphones (BC)	Oregon BHD Program Oregon BHD Program	BC BC	-		600.0			0 7.) Cell phones for Ideal Options Program Navigators 0 8.) Cell phones for Best Care Program Navigators
9 Language Services	Oregon BHD Program	IO / BC			1.4			v B.) Cell prionies to the St Care Program Navigators  9 (9) Translations services to work with individuals, as needed
10 Parking / Mileage	Oregon BHD Program	IO / BC			2.0	0 8,000.	0 16,000.0	0 10.) Parking and mileage reimbursement for Program Navigators (Ideal Options and Best Care)
37					Supplies Total:	\$ 33,446.70	)	, , , , , , , , , , , , , , , , , , , ,
	expenses for transporation, lodging	g, per diem, and registrations for train	nings that support g	rant purposes				
Directions:								
Each line item should be dedicated to		st. luxury expenses are not allowed (e.g.	first class seating)					
In the "Program/Project Supported"	field, identify the specific program	/project the training supports.	mst-class seating).					
In the "Organization(s) Served" field,								
In the "Is this a Training or Travel Cos	st?" field, select to which this line i	tem relates from the dropdown menu	ı.					
In the "Training or Travel Costs (Per I	ndividual)" field, input the estimat	ed individual travel cost or registratio	n cost for one atten					
				Is this a	Training or Travel	mark to decrease		Training/Associated Travel Narrative:
T1-1 TWI-	D	Owner trade of the same of	Location of	Training or	Costs (Per	# of Individuals	Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Training Title	Program/Project Supported	Organization Served	Training	Travel Cost? Select Option	Individual)	Attending	Requested	For travel line items, please indicate with which training it is associated.  0 1.)
2				Select Option				v [.; 0 [2.)
3				Select Option				☑ [2.] ☑ 3.]
4				Select Option				0 4.)
5				Select Option				o 5.)
6				Select Option			0.0	0 6.)
7				Select Option				0 7.)
8				Select Option				o   8.)
9				Select Option				0 9.)
10				Select Option	*	1	0.0	0 10.)
					Training/Travel Total:			
					TOTAL:	, -		
Administrative Costs: Activities asso	ociated with administering the grai	nt such as purchasing, budgeting, pay	roll, accounting and	staff services				
Directions:								
		d, unless an exception is granted by the	he Commission.					
In the "Item Description" field, identi In the "Program/Project Supported" i								
In the "Organization" field, identify the								
in the Organization neid, identity to	Criticy trial will be considering to	ic daministrative activities.					T. s. s. s	Advisor Control Control
Maria Barandaria	D /D	0					Total Amount	Administrative Costs Narrative:
Item Description  1 Grant / Program Monitoring	Program/Project Supported Oregon BHD Program	Organization Served DCSO	-				Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  1.) Oversight of Deflection Program and all participants
2 Grant Reporting - Bus Mgr	Oregon BHD Program	DCSO					\$ 12,000.00	1.1) Oversign to execution rings and an area in extensions and promoting the program  2.) Grant tracking and reporting, budgeting, attending meetings and promoting the program  2.) Grant tracking and reporting, budgeting, attending meetings and promoting the program
3 Grant Tracking - Mgt Analyst	Oregon BHD Program	DCSO						3.) Grant tracking, involcing, reimbursing, recording.
4 Grant Monitoring	Oregon BHD Program	10						4.) 10% of Contracted Services
5 Grant Monitoring	Oregon BHD Program	BC						5.) 10% of Contracted Services
6								6.)
7								7.)
8								8.)
9								9.)
10					A destatatantia			10.)
					Administrative Total:	\$ 72,000.00		
					rotal:	3 /2,000.0C		
Budget Request Totals: This section	will be automatically calculated ba	ased on the information provided abor	ve					
Budget Categories	Category Totals							
Personnel	\$ 255,750.	00						
Contractual Services	\$ 345,425.	00						
Housing & Facilities	\$	<u>-                                    </u>						
Equipment	\$ 50,050.							
Supplies	\$ 33,446.	70						
Training/Associated Travel	\$	-						
Subtoti	al \$ 684,671.	70						
Advitation Cont.	Total	n/ of Total Downst						
Administrative Costs All Items	Total 73,000	% of Total Request 00 10%	*No more than 1	OO/ without com	ntion requires			
All Itellia	. 72,000	00 [10/6	MO IIIOTE LIIAN 1	ozo, without exce	ption request			
Total Budget Reques	st: \$ 756.671.	70						

Page 125 of 477

# **GILLIAM COUNTY**

# **Application: 0000000033**

Tory Flory - tory.flory@co.gilliam.or.us Oregon Behavioral Health Deflection Program (23-25)

#### **Summary**

ID: 000000033

Last submitted: Jul 2 2024 01:30 PM (PDT)

## **Cover Sheet**

Completed - Jun 25 2024

## **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

#### County

Please select from the dropdown list.

Gilliam

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

# **Primary Applicant Contact**

Name:	Tory Flory
Organization:	Gilliam County Sheriff's Office
Title:	Lieutenant
Street Address:	221 S. Oregon St
City:	Condon
Zip Code:	97823
E-mail:	tory.flory@co.gilliam.or.us
Phone:	541-351-9530

## **Fiscal Contact**

Name:	Brooklynn Griffith
Legal Name of Organization for Payment:	Gilliam County
State EIN:	93-6002294
Payment Remittance Street Address:	P.O. Box 427
City:	Condon
Zip Code:	97823
E-mail:	brooklynn.griffith@co.gilliam.or.us
Phone:	541-351-9539

Would you like ACH payment processing (direct deposit)?

No

# **Eligibility Questions**

Completed - Jul 12 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Jessie Rose
Position Title:	Contract Program Coordinator
Organization:	Gilliam County
Email Address:	j <u>essica@rosegal.org</u>
How is your program coordinator funded? You may use BHD funds.	BHD Funds

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

# **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

### **Responses Selected:**

Community Mental Health Program: Community Counseling Solutions

Local Mental Health Authority: Community Counseling Solutions

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Gilliam County District Attorney's Office
Law Enforcement:	Gilliam County Sheriff's Office
Community Mental Health Program:	Community Counseling Solutions
Behavioral Resource Network Provider:	Community Counseling Solutions

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

### **Responses Selected:**

Treatment Provider:: Community Counseling Solutions

Peer Support Organization:: Community Counseling Solutions

Local Government Body:: Gilliam County

First Responder Agency:: Gilliam County Sheriff's Office

Local Mental Health Authority:: Community Counseling Solutions

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

Yes

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

There have been several meetings among partners to plan and coordinate the implementation of the program. All program partners are in agreement with the plan and will continue to meet and evaluate the program from the point of implementation. Based on the anticipated caseload, all partners believe there are adequate resources to manage the

program.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

Regular program updates will be provided by the coordinator via email. Periodic meetings will be arranged to ensure program is operating as expected. The program coordinator will provide information as needed by email with all partners, or if more urgent, by phone. The Deflection Team will meet monthly to review the status of all eligible participants.

# C. Deflection Program Details

C.1) Are you requesting funds for a planning grant or an operational grant?

Operational: This grant will primarily be used to operate a deflection program that will be implemented before January 2025.

C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	September
Year	2024

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

When a deputy contacts an individual and has probable cause to arrest that person for the possession of a controlled substance, the deputy may take that person into custody for the unclassified misdemeanor or issue a citation in lieu of custody. In either case, information will be provided to the person advising they may be eligible to participate in the

deflection process. This information will contain instructions the person must follow to engage in the program, including the contact information for the coordinator/intake manager for the program.

Charges are held in abeyance and not filed unless and until the person chooses not to participate. If the person engages in the deflection programs and remains continuously involved in the program and successfully completes, charges will never be filed.

## C.4) Please describe the individuals who are eligible for your deflection program.

Word Limit: 75

All residents of the judicial district with mental health or substance use disorders are potentially qualified for the deflection program. All charges that we would normally not arrest and transport on would be eligible. Once the person enters deflection, further assessment is made by the Gilliam County District Attorney regarding continuing eligibility. Certain disqualifiers for the deflection program will be further defined prior to implementation of the program.

C.5) What qualifies as a successful outcome for participants in your deflection program?

Word Limit: 75

Successful engagement in a Substance Use Disorder treatment program, measured by feedback from the treatment provider, treatment records, supervisory evaluations, etc.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

All deflection partner agencies have engaged in cultural competency and trauma-informed training and will continue to do so on an annual basis. Further, our deflection treatment provider works within their established set of CLAS standards and policies when working with those they serve, which would include deflection participants. While deflection itself is an emerging best practice, our treatment provider will utilize numerous evidence-based practices to engage, screen and treat participants including the TAPS SUD screening tool, the CSSRS suicide screening tool, Medication Assisted Treatment, University of Cincinnati CBI substance use curriculum along with housing and supported employment services.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

Our deflection treatment provider employs approximately 50 bilingual staff in addition to employing multiple certified interpreters, all of whom are eligible to provider interpretation. Furthermore they contract with two full-service language line and ASL companies who are available by phone and video 24/7. Our treatment provider has graciously offered to provider interpretation services as part of outreach/engagement/care coordination along with explaining program referral options and procedures. In addition, our deflection candidate handouts will be available in a Spanish version.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?
No
C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?
Yes
9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
Beginning September 1, 2024, all individuals found in possession of controlled substances will be arrested, either as a custodial arrest or a citation in lieu of custody. Whether charges are filed is at the discretion of the Gilliam County District Attorney.
C.10) As part of your deflection program, can an individual voluntarily initiate contact with a first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?
No

C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?
No
C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?
No
C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?
13.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

Beginning as soon as possible, the mobile crisis team, operated by Community Counseling Solutions, may at their discretion refer individuals to the case manager of the program for treatment.

# **Data Acknowledgements**

Completed - Jun 24 2024

# **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

#### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD. Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

### **Responses Selected:**

List of deflection participants

Deflection participant demographics (e.g., age group, race/ethnicity for each participant)

Source of referral for deflection (e.g., District Attorney, law enforcement, BHRN, community mental health program)

Services provided as part of the deflection program

## **Budget Projection**

Completed - Jul 12 2024

# **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

#### Gilliam BHD 24.xlsx

Filename: Gilliam\_BHD\_24.xlsx Size: 34.2 kB

		BUDGET PROJECTION	IN SHEET					
CUC Grant Program: County Name(s):	Oregon Behavioral Health Deflecti	on Program	// STILL!					
County Name(s):	Gilliam							
Personnel: Salaries, wages and fringe	benefits costs for all grant-funded p	ersonnel (in whole or in part) emp	loyed by the grant r	recipient				
Directions: In the "Program/Project Supported" fi In the "% Time per Month" field, use v In the "Monthly Rate" field, combine i In the "# Months Employed" field, ind	eld, identify the specific program/pi whole numbers to show percentage salary/wages and fringe benefits to	roject the position supports. Examp of position's time dedicated to gra a single month at full time, regard	nes could include LE nt-related work. Ex ess of the value incl	AD Team, Mobile sample: a .50 FTE luded in the "% T	Crisis Team, County B (a half-time case mar ime per Month" field.	eflection Program, e nager) = 50	tc.	
	Program/Project Supported		New or Existing Position	% Time per Month	Monthly Rate	# Months Employed	Total Amount Requested	Personnel Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the ourpose/intent of the program.
Position Title	Program/Project Supported	Employing Agency	Position	Month	(wages+fringe)	Employed	0.00	For each reducsted item to the left, drovide a <b>oner</b> lustrication as to now it meets or fulfills the burbose/intent of the program.
1 2 3 4 5							0.00	
4							0.00	
6							0.00	
7 8			Select Option Select Option				0.00 0.00	7.1
9 10			Select Option				0.00	9.)
10			Select Option	1			0.00	10.]
					Personnel Total:	\$ -		
Contractual Services: An individual or Directions: In the "Contract Title & Purpose" field	organization providing a service or	programmatic aspect of the work t	hat is not provided	directly by the g	rant recipient. Capital	construction may be	requested in this cat	legony.
In the "Contract Title & Purpose" field In the "Program/Project Supported" fi	, identify the contractor and what so	ervices the contract covers (general	lly).					
Contract Title & Purpose	Program/Project Supported	Contract Category		Unit Type	Price per Unit	# Units Required	Requested	Contractual Services Narrative:  For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  If you selected "personne" as the contract category, please specify the associated FTE in this narrative.
1 Peer Navigator	Deflection/CCS	Personnel		Monthly	3.301.00	12.0	39,612.00	Peer Navigator will make early contact/connection with referral, conduct a screening, provide warm off's for providers, and provide peer support throughout the process as well as
2 Defelction coordinator	Deflection	Personnel		Monthly	1,000.00	12.0	12,000.00	
3 Care Coordinator	Deflection/CCS	Personnel		Monthly	1,132.00	12.0	13,584.00	Care Coordinator will schedule appointments, providing patient education, ensuring good communication between various healthcare providers and the criminal justice system.
3 Care Coordinator 4 Program Supervisor	Deflection CCS	Personnel		Monthly	1.369.00	12.0	16.428.00	Provide clinical oversight of the Peer Navigators and Care Coordinator Immediate short term supports to keep clients in a warm safe space until more permanent housing solutions are found. First and last months rent for clients. CCS agency rent (just
5 Housing and Facilities	Deflection/CCS	Services		Yearly	18,800.00	1.0	18,800.00	
6 Equipment	Deflection/CCS	Other		Yearly	29.200.00	1.0	29,200,00	Vehicle, computer and printer are all needed to do the work required. Vehicle info: At CCS, we can only transport clients in agency owned vehicles (insurance requirement). Given that we have not yet been approved to purchase a swhile; if do not have the exact cost. I believe we could find one for \$28,000. The purpose is to transport Gilliam County Deflection clients a needed to asocialments, meetines. Ex-
7 Supplies	Deflection/CCS	Osh		Variation .	3.575.00	2.0		Payment for medication (MOLID respecially for those who are just out of jail with no insurance), drivers license reinstatements, new clothes for job interviews, and basic office
		Other	•	Yearly		1.0	3.575.00	supplies for CCS personnel.  Presumably there will be at least one training on deflection programs or related to deflection during the year. These funds will pay for fuel, food, lodging, and registration for 2
8 Training	Deflection/CCS	Other Select Option		Yearly Select Option	1,800.00	1.0	1,800.00	employees.
9		Select Option		Select Option			0.00 0.00	10.)
					Contractual Services Total:	\$ 134,999.00		
Housing & Facilities: Eligible expenses	for space/utilities necessary to com	plete program work and short-/lor	ng-term housing su	pport for particip	ants. Capital construc	tion may be requeste	ed in this category.	
Housing & Facilities: Eligible expense: Directions: In the "Item Description" field, identif In the "Program/Project Supported" fi	v what the expense covers (general)	v)						
In the "Program/Project Supported" fi	eld, identify the specific program/pr	oject the expense supports.						
Item Description	Program/Project Supported			Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:  For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
1 2	годинут одск зарропеа			Olik 19pc	Trice per onic	w Office Required	0.00	
3							0.00	
3 4 5				Select Option			0.00	
6				Select Option			0.00	6.)
7 8 9				Select Option Select Option			0.00	7.)
9				Select Option Select Option			0.00	
10				Select Option	Housing & Facilities		0.00	1407
					Total:	\$ .		
Equipment: Permanent or non-expen	dable equipment with a purchase p	rice of \$5,000 or more, or a useable	life of two or more	e years, for a sing	le item			
Equipment: Permanent or non-expen Directions: In the "Item Description" field, identif in the "Program/Project Supported" fi In the "Organization Served" field, ide In the "# of Units Required" field, indi	y the name/type of equipment to be eld, identify the specific program/pr	e purchased. roject the equipment supports.						
In the "Organization Served" field, ide In the "# of Units Required" field indi-	ntify the entity that will own and op cate the number of individual items	erate the equipment. to be purchased.						
								Equipment Narrative:
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested 0.00	For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the oursose/intent of the program.
1 2 3 4 5							0.00	
4			1				0.00	4.)
5							0.00	5.)
7 8							0.00	7.3
9	<del>                                     </del>		+				0.00	
9							0.00	10.)
					equipment Total:			
Supplier Consumption material	notion including the sect of a	ome of equipment that do not	t the three and f	the "Couleme	category Clients	parts could be see	ted in this settles	
Supplies: Consumable materials or su Directions:	pplies, including the cost of small ite	ems or equipment that do not mee	t the threshold for	tne Equipment	category. Livents supp	oorts coula be reques	tea in this category.	
In the "Item Description" field, identif In the "Program/Project Supported" fi In the "Organization Served" field, ide	y the name/type of supplies to be p eld, identify the specific program/po ntify the entity that will use the sup	urchased. oject the supplies supports. olies.						
In the "# of Units Required" field, indi	cate the number of individual items	to be purchased.						
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1							0.00	
1 2 3 4 5							0.00	
5	1						0.00	4.)
6							0.00 0.00	6.)
7 8	<u> </u>						0.00	7.3
9 10							0.00	9.)
ANI					Supplies Total:	\$ -	0.00	446.  
Training/Associated Travel: Eligible e	expenses for transporation, lodging, p	per diem, and registrations for train	ings that support g	rant purposes				
Training/Associated Travel: Eligible or Directions: Each line item should be dedicated to	a single training cost or travel cost.							
All travel expenses must follow state I in the "Program/Project Supported" fi in the "Organization(s) Served" field, I in the "I shis a Training or Travel Cost in the "Is that or Travel Costs (Per In	DAS and federal GSA regulations; lux eld, identify the specific program/pr	ury expenses are not allowed (e.g. oject the training supports.	tirst-class seating).					
In the "Organization(s) Served" field, I In the "Is this a Training or Travel Cost	ist the entity(ies) that will have pers ?" field, select to which this line item.	onnel attending training.	1.					
In the "Training or Travel Costs (Per In	dividual)" field, input the estimated	individual travel cost or registratio	n cost for one atter	ndee.				

				Is this a	Training or Travel			Training/Associated Travel Narrative:
			Location of	Training or		# of Individuals	Total Amount	For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
Fraining Title	Program/Project Supported	Organization Served	Training	Travel Cost?			Requested	For travel line (tems, please indicate with which training it is associated.
1							0.0	
3							0.0	
3				Select Option			0.0	
4				Select Option			0.0	
6				Select Option			0.0	
6				Select Option			0.0	
7				Select Option			0.0	
0				Select Option			0.0	
9				Select Option			0.0	
10				Select Option				10.)
	1	1		access opens	Training/Travel			Party
					Total:			
						*		
Administrative Costs: Activities associ	iated with administering the grant	such as purchasing, budgeting, pays	oll, accounting and	staff services				
Directions:								
Total Administrative Costs may not ex			he Commission.					
n the "Item Description" field, identify	y the specific activities to be condu	icted.						
In the "Program/Project Supported" fie	eld, identify the specific program/p	project the expense supports.						
In the "Organization" field, identify the	e entity that will be conducting the	administrative activities.						
							Total Amount	Administration Corte Narration
ton Developing	Daniel Company	Orași antina formul					Total Amount	Administrative Costs Narrative:
Item Description	Program/Project Supported	Organization Served					Total Amount Requested	Administrative Costs Narrative:  For each requested item to the left, provide a brief justification as to how it meets or fulfills the ourpose/intent of the program.
Cell phone, fuel for client	Program/Project Supported	Oreanization Served	-					
Cell phone, fuel for client transport, advertising/HR	Program/Project Supported	Organization Served						
Cell phone, fuel for client transport, advertising/HR support, payroll, support for	Program/Project Supported	Organization Served	_					
Cell phone, fuel for client transport, advertising/HR support, payroll, support for accounts payable, receivable, cell	Program/Project Supported	Organization Served	_					
Cell phone, fuel for client transport, advertising/HR support, payroll, support for accounts payable, receivable, cell phone service, vehicle	Program/Project Supported	Organization Served						
Cell phone, fuel for client transport, advertising/HR support, payroll, support for accounts payable, receivable, cell phone service, vehicle service/maintenance, community			-				Requested	for each requested term to the left, provide a <b>brief</b> systification as to how it meets or fulfills the ouropse/intent of the program.
Cell phone, fuel for client transport, advertising/HR support, payroll, support for accounts payable, receivable, cell phone service, vehicle service/maintenance, community	Program/Project Supported  Deflection	Organization Served	-				Requested	
Cell phone, fuel for client transport, advertising/HR support, payroll, support for accounts payable, receivable, cell phone service, vehicle service/maintenance, community			-				Requested	for each requested item to the left, provide a <b>brief</b> systification as to how it meets or fulfills the oursose/intent of the program.
Cell phone, fuel for client transport, advertising/HR support, payroll, support for accounts payable, receivable, cell phone service, vehicle service/maintenance, community			-				Requested	for each requested item to the left, provide a <b>brief</b> systification as to how it meets or fulfills the oursose/intent of the program.
Cell phone, fuel for client transport, advertising/HR support, payroll, support for accounts payable, receivable, cell phone service, vehicle service/maintenance, community			- - - - -				Requested	for each requested item to the left, provide a <b>brief</b> systification as to how it meets or fulfills the oursose/intent of the program.
Cell phone, fuel for client transport, advertising/HR support, payroll, support for accounts payable, receivable, cell phone service, vehicle service/maintenance, community			-				Requested	for each requested item to the left, provide a <b>brief</b> sutification as to how it meets or fulfills the ourseas/intent of the program.
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Cell phone, fuel for client transport, advertising/HR support, payroll, support for accounts payable, receivable, cell phone zervice, vehicle service/maintenance, community							Requested	for each requested item to the left, provide a <b>brief</b> sutification as to how it meets or fulfills the ourseas/intent of the program.
Cell phone, fuel for client transport, advertising/HR support, payroll, support for accounts payable, receivable, cell phone service, vehicle service/maintenance, community							Requested	for each requested item to the left, provide a <b>brief</b> systification as to how it meets or fulfills the oursose/intent of the program.
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Cell phone, fuel for client transport, adverting/HR support, payroll, support for accounts payable, receivable, cell phone service, vehicle service/maintenance, community 1 education.							Requested	for each requested item to the left, provide a <b>brief</b> sutification as to how it meets or fulfills the ourseas/intent of the program.
Cell phone, fuel for client transport, advertising/HR support, payroll, support for accounts payable, receivable, cell phone service, vehicle service/maintenance, community					J Administrative		Requested	For each reseased term to the left, provide a brief sutification as to how it meets or fulfills the oursone/intent of the program.  All items to the left are researed for the smooth operation of the Deflection program. Without these supports, the program can not begin or operate on an onsoine basis.  2.1 3.1 4.1 5.1 6.1 6.1 6.1 6.1
Cell pione, fuel for client transport, advertising/HR support, payroll, support for accounts payable, receivable, cell phone service, vehicle service/maintenance, community 11 education.							Requested	For each resourced term to the left, crovide a <b>brief</b> sutification as to how it meets or fulfills the cursoss/intent of the program.  All items to the left are resourced for the smooth operation of the Deffection program. Without these supports, the program can not been or operate on an oneoine basis.  2.1  3.1  4.1  5.1  6.1  6.1  6.2  6.3
Cell phone, fuel for client transport, aberting/HR support, payroll, support for accounts payable, receivable, fuel phone service, while the service /mailtenance, community 1. education. 2 desirable for the fuel phone service /mailtenance, community 1. education. 2 desirable fuel fuel fuel fuel fuel fuel fuel fu							Requested	For each resounced term to the left, provide a brief sutification as to how it meets or fulfills the corpose/intent of the processes.  All items to the left are resourced for the smooth operation of the Deflection program. Without these supports, the program can not begin or operate on an onsoine basis.  2.1 3.1 4.1 5.1 6.1 6.1 6.1 6.1

Budget Request Totals: This section w	ill be automatically calculated ba	sed on the information provided abo	ve
Budget Categories	Category Totals		
Personnel	\$		
Contractual Services	\$ 134,999.0	0	
Housing & Facilities	S		
Equipment	\$	_	
Supplies	\$		
Training/Associated Travel	\$	_	
Subtotal	\$ 134,999.0	0	
Administrative Costs	Total	% of Total Request	·
All Items	\$ 15.000.0	0 10%	*No more than 10%, without exception request
Total Budget Request:	140,000	_	

# **GRANT COUNTY**

# **Application: 0000000032**

Thaddeus Labhart - thad.labhart@ccsemail.org
Oregon Behavioral Health Deflection Program (23-25)

Summary

ID: 000000032

### **Cover Sheet**

Completed - Jun 27 2024

# **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

## County

Please select from the dropdown list.

Grant

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

## **Primary Applicant Contact**

Name:	Thad
Organization:	Community Counseling Solutions
Title:	Clinical Director
Street Address:	550 W Sperry St
City:	Heppner
Zip Code:	97836
E-mail:	thad.labhart@ccsemail.org
Phone:	5416769161

#### **Fiscal Contact**

Name:	Rick Worden
Legal Name of Organization for Payment:	Community Counseling Solutions
State EIN:	34-2057513
Payment Remittance Street Address:	550 W Sperry St
City:	Heppner
Zip Code:	97836
E-mail:	rick.worden@ccsemail.org
Phone:	541-676-9161

Would you like ACH payment processing (direct deposit)?

Yes

## **Eligibility Questions**

Completed - Jul 18 2024

## **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

## A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Mark Royal
Position Title:	Deflection coordinator
Organization:	Community Counseling Solutions
Email Address:	mroyalumatillalpscc@gmail.com
How is your program coordinator funded? You may use BHD funds.	With these funds

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

## **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

#### **Responses Selected:**

Community Mental Health Program: Community Counseling Solutions

Local Mental Health Authority: Grant County

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Jim Carpenter-DA
Law Enforcement:	Todd McKinley-Sheriff
Community Mental Health Program:	Community Counseling Solutions
Behavioral Resource Network Provider:	Community Counseling Solutions

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

#### **No Responses Selected**

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

Yes

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

Grant County has established a team as required through HB4002 and has met on a regular basis, inclusive of CMHP/BHRN representative, the Sheriff, jail staff, probation staff, the DA and several County Court members. This process has allowed for a transparent information sharing process and helped to identify those agencies who wish to participate.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

Communication will occur across electronic media and personal contact. It is intended that the team identified as required by HB4002 will continue to meet on a regular basis and identify changes deemed necessary to continue the program.

## C. Deflection Program Details

C 1	\ Aro \	/011	roquocting	fundo	for	0 n	lanning	arant	or	on	oporational	arant?
$\cup$ . $\perp$	HIE	you i	requesting	Turius	IUI	aμ	iaiiiiiii	yranı	ΟI	an	operational	yranı:

Operational: This grant will primarily be used to operate a deflection program that will be implemented before January 2025.

## C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	December
Year	2024

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

#### Draft protocols

- 1. LEO makes contact with individual for probable cause of PCS-U with no other crimes evident. LEO may then issue a uniform code citation to court along with referral to the DA and program coordinator. Citations will include mandatory directions to the individual cited to contact the deflection coordinator and follow all instructions as directed within 14 days from the date of citation, which will also indicate a court date required no longer than 30 days from the date of citation.
- 2. Where feasible, a peer navigator will respond to the scene. Where not, the peer navigator will make contact with the individual as soon as possible. Either way, a SUD screening will occur. Deflection peer will be notified by phone of deflection eligible candidate in need of outreach. If peer is unavailable, the coordinator will be notified who will work with deflection supervisor to arrange outreach and engagement.
- 3. The program coordinator receives a copy of citation and an eligibility review will occur utilizing available investigative tools including criminal history and LEDS review.
- 4. The individual meets with the Deflection Operations Team (DOT) where eligibility is determined and the individual agrees to enter deflection or is remanded to Court as originally reflected with the original uniform code citation.
- 5. If screened in, the individual enters program and participates in treatment.
- 6. If successful, the coordinator notifies the Court and DA's office to expunge the record. Citation is held with DA and dismissed upon successful engagement in deflection treatment.
- 7. If the individual fails the deflection program, the coordinator notifies Court and DA.

Grant County intends to expand deflection opportunities regarding sections C8-C13 and other low level crimes connected to possible PCS-U citations/crimes. These will be considered as we expand the scope and intent of affecting those individuals.

C.4) Please describe the individuals who are eligible for your deflection program.

Word Limit: 75

Individuals facing only PCS-U charges are presumptively eligible. In the future, Grant County will consider other crimes associated with the PCS-U charge.

C.5) What qualifies as a successful outcome for participants in your deflection program?

Word Limit: 75

A client will move to alumni status when they have met treatment plan goals and are no longer in need of support from deflection services to maintain those goals or have been compliant with treatment recommendations for four consecutive months since enrolling in the deflection program.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

All deflection partner agencies have engaged in cultural competency and trauma-informed training and will continue to do so on an ongoing basis. Further, our deflection treatment provider works within their established set of CLAS standards and policies when working with those they serve, which would include deflection participants. While deflection itself is an emerging best practice, our treatment provider will utilize numerous evidence-based practices to engage, screen and treat participants including the TAPS SUD screening tool, the CSSRS suicide screening tool, Medication Assisted Treatment, University of Cincinnati CBI substance use curriculum along with housing and supported employment services.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

Our deflection treatment provider employs approximately 50 bilingual staff in addition to employing multiple certified interpreters, all of whom are eligible to provider interpretation. Furthermore they contract with two full-service language line and ASL companies who are available by phone and video 24/7. Our treatment provider has graciously offered to provide interpretation services as part of our outreach/engagement/care coordination along with explaining program referral options and procedures. In addition, our deflection candidate handouts will be available in a Spanish version.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?

Yes

8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

### Word Limit: 75

Does not differ from C2.

C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?

Yes

Word Limit: 75
Does not differ from C2.
C.10) As part of your deflection program, can an individual voluntarily initiate contact with a first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?
No
C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?
No
C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?
No

9.a.) Please describe this process, including its planned or operational start date if different than the date

identified in question C.2.

C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?

Yes

13.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

#### Word Limit: 75

Treatment provider provides both the mobile crisis response, referral, outreach, engagement and treatment within already existing practice and policy.

## **Data Acknowledgements**

Completed - Jun 27 2024

## **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

Nο

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

#### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD.

Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

#### **Responses Selected:**

Deflection participant demographics (e.g., age group, race/ethnicity for each participant)

Source of referral for deflection (e.g., District Attorney, law enforcement, BHRN, community mental health program)

## **Budget Projection**

Completed - Jul 18 2024

## **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

## **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Grant BHD 24 R 07172024.xlsx

Filename: Grant\_BHD\_24\_R\_07172024.xlsx Size: 34.6 kB

		Owner Balancia and Harakh Balliani	BUDGET PROJECTION	ON SHEET					
	Grant Program: unty Name(s):	Oregon Behavioral Health Deflection Program  Grant							
_	, , , , , , , , , , , , , , , , , , , ,								
Pe	rsonnel: Salaries, wages and fringe b	penefits costs for all grant-funded p	personnel (in whole or in part) empl	oyed by the grant	recipient				
Dir	ections: he "Program/Project Supported" fiel	ld identify the specific program/pr	niect the position supports. Evamos	es could include LF	AD Team Mohile	Crisis Team County D	eflection Program e	etc	
In t	he "% Time per Month" field, use wh	nole numbers to show percentage	of position's time dedicated to grant	t-related work. Ex	ample: a .50 FTE (	a half-time case mana	ger) = 50		
	he "Monthly Rate" field, combine sa					me per Month" field.			
	he "# Months Employed" field, indic	ate the number of months the pos	ctorris expected to be funded during	New or Existing	% Time per	Monthly Rate	# Months	Total Amount	Personnel Narrative:
Po:	sition Title	Program/Project Supported	Employing Agency	Position	Month	(wages+fringe)	Employed	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
	Peer Navigator	Deflection	Community Counseling Solutions	New	-	5501.0		34,986.36	Peer Navigator will make early contact/connection with referral, conduct a screening, provide warm off's for providers, and provide peer support throughout the process as well as
_	reer ivavigator	Deflection	Community Counseling Solutions	New		3301.0	1,	34,980.30	joeyuriu.
2	Care Coordinator	Deflection	Community Counseling Solutions	New	17	6660.0	12	13,586.40	Care Coordinator will schedule appointments, providing patient education, ensuring good communication between various healthcare providers and the criminal justice system.
-	Dragram Cunonicar	Deflection	Community Counceling Colutions	New	17	8056.0		16 424 24	Provide aliainal augusiaht of the Dear Navinstan and Care Coordinates
	Program Supervisor	Deflection	Community Counseling Solutiosn	New	- 1/	8056.0	1,	2 16,434.24	Provide clinical oversight of the Peer Navigators and Care Coordinator
4	Deflection Coordinator	Deflection	Community Counseling Solutiosn	New	10	10573.0	12	12,687.60	Check program eligibility for each referral, formally refer individuals to Peer Navigators, report data to CJC, write grant reports
5								0.00	
7				Select Option				0.00	
8				Select Option				0.00	
10				Select Option Select Option				0.00	
10				Sciece Option				0.00	1-0-7
						Personnel Total:	\$ 77,694.60	r.	
Co	ntractual Services: An individual or	organization providing a service or	programmatic aspect of the work ti	nat is not provided	directly by the er	ant recipient. Canital a	construction may be	requested in this cat	PROCE
Dir	ections:						, , , , , , , , , , , , , , , , , , , ,		
In t	he "Contract Title & Purpose" field, i	identify the contractor and what so	ervices the contract covers (general	y).					
In 1	he "Program/Project Supported" fiel	d, identify the specific program/pr	oject the contracted services suppo	rt.				1	Contractual Services Narrative:
								Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Со	ntract Title & Purpose	Program/Project Supported	Contract Category		Unit Type	Price per Unit	# Units Required	Requested	If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
2		Deflection/CCS	Other Select Option	_	Yearly Select Option	300.00	1.0	0.00	Annual fiscal audit
3			Select Option		Select Option			0.00	
3			Select Option		Select Option			0.00	4.)
5			Select Option Select Option	_	Select Option Select Option			0.00	
7			Select Option		Select Option			0.00	
8			Select Option		Select Option			0.00	
10			Select Option Select Option	+	Select Option Select Option			0.00	
Ť						Contractual		-	1
						Services Total:	\$ 300.00		
Но	using & Facilities: Eligible expenses ections:	for space/utilities necessary to con	mplete program work and short-/lor	ng-term housing su	apport for particip	ants. Capital construc	tion may be requeste	ed in this category.	
In t	ections: the "Item Description" field, identify	what the expense covers (generall	v).						
	he "Program/Project Supported" fiel								
								Total Amount	Housing & Facilities Narrative:
Ite	m Description Client Rent	Program/Project Supported Deflection			Unit Type Monthly	Price per Unit 500.00	# Units Required 6.0	Requested	For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
2	Client hotel rooms	Deflection			Monthly	100.00			Support with rent as need so customers are not evicted or can get into rental units  Immediate short term supports to keep clients in a warm safe space until more permanent housing solutiosn are found
									Deflection staff will be occupying a building where rent/utilities are paid. The amount paid by deflection funds will be prorated so the amount paid is only a reflection of the amount of
3	Rent Utilities	Deflection Deflection			Monthly Monthly	500.00 200.00	24.0	12,000.00	SQ/FT space used/shared by deflection staff. prorated portion of utility costs
5	Othities	Deflection			Select Option	200.00	24.0	0.00	provided portion of utility costs
Е					Select Option			0.00	6.)
7					Select Option Select Option			0.00	
9					Select Option			0.00	
10					Select Option			0.00	10.)
						Housing & Facilities Total:	\$ 20,300.00		
						Total.	\$ 20,300.00		
	uipment: Permanent or non-expend ections:	able equipment with a purchase pi	rice of \$5,000 or more, or a useable	life of two or mor	e years, for a singl	e item			
In t	he "Item Description" field, identify								
	he "Program/Project Supported" fiel the "Organization Served" field, ident								
In t	the "# of Units Required" field, indica	itry the entity that will own and op	erate the equipment. to be purchased.						
	, , , , , , , , , , , , , , , , , , , ,							Total Amount	Equipment Narrative:
Ite		Program/Project Supported	Organization Served				# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
_1	m Description	Program/Project Supported		_		Price per Unit			
_ 2	m Description Lap tops	Deflection	ccs			800.0	2.0	1,600.00	Needed to do the work required
	Lap tops	Deflection Deflection					2.0	200.00	Needed to do the work required  Needed to do the work required
	Lap tops Printers	Deflection Deflection	ccs			800.0 100.0	2.0	200.00	Needed to do the work required
	Lap tops Printers  Vehicle	Deflection	ccs	-		800.0	2.0	200.00	Needed to do the work required  Needed to transport customers. This will be a purchase of a vehicle by CCS for the use of deflection staff for the purpose of response and transporting clients.
4	Lap tops Printers  Vehicle	Deflection Deflection	ccs	-		800.0 100.0	2.0	200.00	Needed to do the work required  Needed to transport customers. This will be a purchase of a vehicle by CCS for the use of deflection staff for the purpose of response and transporting clients.  4.)
5	Lap tops Printers  Vehicle	Deflection Deflection	ccs	-		800.0 100.0	2.0	28,000.00 28,000.00 0.00 0.00	Needed to do the work required  Needed to transport customers. This will be a purchase of a vehicle by CCS for the use of deflection staff for the purpose of response and transporting clients.  4.) 5.) For
5	Lap tops Printers  Vehicle	Deflection Deflection	ccs			800.0 100.0	2.0	28,000.00 28,000.00 0.00 0.00 0.00	Needed to do the work required  Needed to transport customers. This will be a purchase of a vehicle by CCS for the use of deflection staff for the purpose of response and transporting clients.  4.) 5.) for 7.)
5	Lap tops Printers  Vehicle	Deflection Deflection	ccs			800.0 100.0	2.0	28,000.00 28,000.00 0.00 0.00 0.00 0.00	Needed to do the work required  Needed to transport customers. This will be a purchase of a vehicle by CCS for the use of deflection staff for the purpose of response and transporting clients.  4.) 5.) [For 7.) 8.)
5	Lap tops Printers  Vehicle	Deflection Deflection	ccs			800.0 100.0	2.0	28,000.00  28,000.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00	Needed to do the work required  Needed to transport customers. This will be a purchase of a vehicle by CCS for the use of deflection staff for the purpose of response and transporting clients.  4.) 5.) [For 7.) 8.)
4	Lap tops Printers  Vehicle	Deflection Deflection	ccs			800.0 100.0	2.0 2.0 1.0 5 29,800.00	28,000.00  28,000.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00	Needed to do the work required  Needed to transport customers. This will be a purchase of a vehicle by CCS for the use of deflection staff for the purpose of response and transporting clients.  4.) 5.) for 7.) 8.) 9.)

Supplies: Consumable materials or su	upplies, including the cost of small it	ems of equipment that do not meet	the threshold for the	he "Equipment" o	category. Clients suppo	orts could be request	ed in this cateao	ry.
Directions:				, , , , , ,		20.2430		
In the "Item Description" field, identify	y the name/type of supplies to be pr	urchased.						
In the "Program/Project Supported" fi	eld, identify the specific program/pr	oject the supplies supports.						
In the "Organization Served" field, idea In the "# of Units Required" field, indic	ntify the entity that will use the sup	plies.						
III the # 61 Onits Required Held, maid	ate the humber of individual items	to be purchased.				1	L	
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative:  For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Office Supplies	Deflection	CCS			308.70	2.0	Requesteu 61	1.10 1.11 requested them to the tent, provide a time librarious as to more themselves to form the purpose memory to the purpose memo
								Some clients will not be able to obtain medication due to not having OHP at the time the medicaiton is needed (i.e. client was in jail and OHP has not been restarted). We would want
2 Medication	Deflection	ccs			1,500.00			to be able to pay for Medication Assisted Treatment and other mental health medication as needed.
3 Client specific expenses	Deflection	CCS			249.00	12.0		Drivers license reinstatements, clothes for job interviews, transportation vouchers
5	<b>!</b>							0.00 (4.)
6			-					0.00 [5.) 0.00 [6.)
7			1					5500 [7.] D00 [7.]
8								3.00 8.)
9								9.0
10							'	10.0 10.)
					Supplies Total:	\$ 5,105.40		
Training/Associated Travel: Eligible e	expenses for transporation, lodging.	per diem, and registrations for train	ings that support gr	rant purposes				
Directions:	, , , , ,	, , , , , , , , , , , , , , , , , , , ,						
Each line item should be dedicated to	a single training cost or travel cost.							
All travel expenses must follow state E			first-class seating).					
In the "Program/Project Supported" find the "Organization(s) Served" field, li	eld, identify the specific program/pr	oject the training supports.						
In the "Is this a Training or Travel Cost	?" field, select to which this line iter	n relates from the dropdown menu.						
In the "Training or Travel Costs (Per In	dividual)" field, input the estimated	individual travel cost or registration	cost for one attend	dee.				
				Is this a	Training or Travel		L	Training/Associated Travel Narrative:
			Location of	Training or	Costs (Per	# of Individuals	Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Training Title	Program/Project Supported	Organization Served	Training	Travel Cost?	Individual)	Attending	Requested	For travel line items, please indicate with which training it is associated.
1 Deflection trainings	Deflection	CCS/Umatilla Deflection Program	Salem	Training	200.00	2.00	40	0.00 Presumably there will be a deflection training/symposium sometime during the year
		8						
2 Defleciton trainings	Deflection	CCS/Umatilla Deflection Program	Salem	Travel	700.00	2.00	1,40	0.00 Gas/food/lodging for a 2 night training
3				Select Option				3.0 [3.)
4				Select Option				4.)
5				Select Option				0.00 (S.)
7				Select Option Select Option				0.00 (6.) 0.00 (7.)
8				Select Option				5500 [2.] 5000 [8.]
9				Select Option				0.00 9.)
10				Select Option			1	0.00 10.)
· ·					Training/Travel			
					Total:	\$ 1,800.00		
Administrative Costs: Activities associ	iated with administering the grant s	such as purchasing, budgeting, payro	oll, accounting and	staff services				
Directions:								
Total Administrative Costs may not ex In the "Item Description" field, identify	ceed 10% of total funds requested,	unless an exception is granted by th	e Commission.					
In the "Program/Project Supported" fi	y the specific activities to be conduct eld, identify the specific program/pr	riect the expense supports						
In the "Organization" field, identify the								
							Total Amount	Administrative Costs Narrative:
Item Description	Program/Project Supported	Organization Served					Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Item Description Cell phone, fuel for client								
transport, advertising/HR								
support, payroll, support for								
accounts payable, receivable, cell								
phone service, vehicle service/maintenance, community								
1 education,	Deflection	ccs					\$ 15,000	00 All items to the left are required for the smooth operation of the Deflection program. Without these supports, the program can not begin or operate on an ongoing basis.
2	Deflection	ccs					\$ 15,000	In terms to the left are required for the smooth operation of the benediction program. Without these supports, the program cannot begin or operate on an origining basis.  2.)
3								3.)
3 4								4.)
5								[5.]
6	1		-					6.)
7 8	1		-					7.) 8.)
	1		+				<u> </u>	9.)
10	+		1					9.) 10.)
					Administrative			
					Total:	\$ 15,000.00		
					•			
Budget Request Totals: This section w	vill be automatically calculated base	d on the information provided the						
Budget Categories	Category Totals	a on the information provided abov						
Personnel Personnel	\$ 77,694.60							
Contractual Services	\$ 300.00							
Housing & Facilities	\$ 20,300.00							
Equipment	\$ 29,800.00							
Supplies	\$ 5,105.40							
Training/Associated Travel	\$ 1,800.00							
Subtotal	1 \$ 135,000.00							
Administrative Costs	Total	% of Total Request						
All Items	\$ 15,000.00	10%	*No more than 10	0%, without exce	ption request			
<del></del>	-3,000.00			,				-
Total Budget Request	\$ 150,000.00							

# **HARNEY COUNTY**

## **Application: 0000000043**

Ryan Hughes - ryan.hughes@harneycountyor.gov Oregon Behavioral Health Deflection Program (23-25)

#### Summary

ID: 0000000043

Last submitted: Jun 28 2024 06:02 PM (PDT)

#### **Cover Sheet**

Completed - Jun 28 2024

#### **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

#### County

Please select from the dropdown list.

Harney

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

## **Primary Applicant Contact**

Name:	Ryan Hughes
Organization:	State of Oregon / Harney County
Title:	Harney County District Attorney
Street Address:	450 N. Buena Vista
City:	Burns
Zip Code:	97720
E-mail:	Ryan.Hughes@co.harmey.or.us
Phone:	5415738300

#### **Fiscal Contact**

Name:	Bobbi Jo Heany
Legal Name of Organization for Payment:	Harney County
State EIN:	93-6002296
Payment Remittance Street Address:	450 N. Buena Vista
City:	Burns
Zip Code:	97720
E-mail:	bobbijo.heany@harneycountyOR.gov
Phone:	5415738300

Would you like ACH payment processing (direct deposit)?

Yes

## **Eligibility Questions**

Completed - Jul 17 2024

## **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

## A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Cody Rusow
Position Title:	Coordinator
Organization:	Harney County District Attorney's Office / Harney County Sheriff's Office
Email Address:	Cody.Rusow@harneycountyOR.gov
How is your program coordinator funded? You may use BHD funds.	BHD funds

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

## **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

#### **Responses Selected:**

Community Mental Health Program: Symmetry Care Inc.

Local Mental Health Authority: Symmetry Care Inc.

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Ryan Hughes
Law Enforcement:	Sheriff
Community Mental Health Program:	Symmetry Care Inc.
Behavioral Resource Network Provider:	Symmetry Care Inc.

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

#### **Responses Selected:**

Treatment Provider:: Symmetry Care Inc.

Peer Support Organization:: Symmetry Care Inc.

First Responder Agency:: Harney County Sheriff's Office

Recovery Support Services Provider:: Symmetry Care Inc.

Local Mental Health Authority:: Symmetry Care Inc.

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

Yes

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

Symmetry Care Inc encouraged the county to apply for the funds to utilize the treatment providers Symmetry Care currently has on staff with the capacity to provide services to initial targeted population. Initial coordination has consisted of the district attorney discussing with treatment provider and LEO department heads about the referral process. The main focus of coordination has been identifying the appropriate coordinator; and working with the Sheriff that person has been identified. As we thought there needed to be LE "buy in" for the program to be successful for the largest number of potential clients.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

Currently the coordinator position is going to be a distinct role for a law enforcement officer that involves an additional day of work separate from patrol duties. While fulfilling extra duties they will be operating out of the district attorney's office to facilitate administration of the program; especially in the early phases to keep track of referrals and participant's progress. Further, given the person operating as the coordinator primary job is associated with the Sheriff's office, they will have direct access to the Sheriff and peer communication with fellow patrol officers and jail staff. Symmetry Care has also invited the future coordinator to a training so the coordinator is aware of the services that community partner can provide to participants.

## C. Deflection Program Details

C.1) Are you requesting funds for a planning grant or an operational grant?

Operational: This grant will primarily be used to operate a deflection program that will be implemented before January 2025.

C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	September
Year	2024

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

In Harney County we have one service provider for mental health treatment and addictions treatment; Symmetry Care. We do not have the staffing to have 24/7 staff. At point of contact, if individual meets criteria, they will be provided information for Symmetry Care. Will be informed to avail themselves of the deflection program they need to contact Symmetry care by X date and Y time. If they engage, the case will move into a deflection posture. If the individual does not contact or communicate with Symmetry Care, Symmetry Care will communicate with the deflection coordinator for the case to proceed criminally.

The communication between the LE and deflection-eligible individual would be at point of initial criminal contact. Eg.- During traffic stop, LE discovers criminal amount (not dealer quantity or indica of delivery present) of controlled substance. The LE either cites or arrests individual, but also provides information (ideally to include simple written information) about deflection and directions to report to Symmetry Care (treatment provider) by X date as a step towards avoiding criminal prosecution. That officer would communicate the deflection referral to the coordinator who would then inform Symmetry Care of the referral. Or the coordinator will review dispatch log (in the event patrol officer overlooked any deflection-eligible individuals) and attempt proactive contact to inform the individual of the deflection opportunity.

C.4) Please describe the individuals who are eligible for your deflection program.

Word Limit: 75

County residents that would have received violation treatment under BM 110 up until September 2024. Thus, single offense user amounts.

C.5) What qualifies as a successful outcome for participants in your deflection program?
Word Limit: 75
<ol> <li>Contact Symmetry Care (out of area individual- provide proof of contact by their local treatment provider) by</li> <li>Friday of week of police contact.</li> <li>Engage w/ Symmetry Care on TBD basis for TBD time. (eg. five points of contact over 90 day period)</li> </ol>
<ul><li>3) No new criminal activity corresponding with the TBD time (eg. "2) 90 day period))</li><li>4) Reduced substance use</li></ul>
C.6) Describe how your deflection program is culturally and linguistically responsive, trauma-informed, and evidence-based.  Word Limit: 150
Symmetry Care will use evidence based practices to establish duration of care for all members of our community who meet criteria. We have the Burns Paiute Tribe who utilizes Symmetry Care's services.
C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking

individuals.

Word Limit: 150

The District Attorney's office has established access to a language line and document translation services. With the coordinator housed and staffed through the district attorney's office, they will be able to avail themselves of these established tools.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?

Yes

8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
Participants will be provided a "Report to Symmetry Care" Citation. AKA Cited into treatment.
C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?
Yes
9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
Arrest will be made. Charges will not be filed. In the event they do not meet the criteria for success, the coordinator will notify the district attorney's office and then charges will be filed.
C.10) As part of your deflection program, can an individual voluntarily initiate contact with a first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?
No

C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?

No

C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?

No

C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?

No

## **Data Acknowledgements**

Completed - Jun 28 2024

## **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

#### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD.

Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

#### **Responses Selected:**

Don't know, please explain:: Given our single service provider and limited number of patrol officers; I do not foresee any barriers to reporting data other than the process being a learning curve for the coordinator.

## **Budget Projection**

Completed - Jul 17 2024

## **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

## **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Harney BHD 24 R 07112024.xlsx

Filename: Harney\_BHD\_24\_R\_07112024.xlsx Size: 34.7 kB

		BUDGET BROUGSTO	AN CHEET					
BUDGET PROJECTION SHEET  CJC Grant Program:  Oregon Behavioral Health Deflection Program								
County Name(s):	Harney							
Personnel: Salaries, wages and fringe	benefits costs for all grant-funded p	ersonnel (in whole or in part) emplo	oved by the grant re	ecipient				
Directions:								
In the "Program/Project Supported" fie In the "% Time per Month" field, use w							tc.	
In the "Monthly Rate" field, combine sa	alary/wages and fringe benefits for a	single month at full time, regardles	ss of the value inclu	uded in the "% Ti	me per Month" field.	8,		
In the "# Months Employed" field, indic	cate the number of months the posi-	tion is expected to be funded during	the grant project p New or Existing	% Time per	Monthly Rate	# Months	Total Amount	Personnel Narrative:
Position Title	Program/Project Supported	Employing Agency	Position	Month	(wages+fringe)	Employed	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
								1.) Convening deflection program partners, managing grant program funds awarded, tracking, and reporting data as required by the Oregon Criminal Justice Commission. Collaborate
1 Project Coordinator	Deflection	Harney County Sheriff's Office	New	100	3250.0	12	39.000.00	closely with all stakeholders across the continuum of treatment, behavioral health and public safety and justice, including city police agencies, work w/ the district attorney for community outreach and education on program.
1 Project coordinator	Defrection	manicy county sterm 3 office	new .	100	5250.0		33,000.00	
								2.) Serve as an advisory role to the newly created deflection coordinator position. Currently, parole and probation engage clients post adjudication w/ services (eg. accessing
		Harney County Parol and						treatment, obtaining health insurance), assists w/ needs necessary for success post probation (eg employment / housing) and crisis services. Many of deflection clients will foreseeably need access to many of the same services or be in a more acute need of stablization resrouces. Since, Parol and Probation currently has knowledge base of navigating paths to these
2 HCPP Rep Advisor	Deflection	Probation	New	100	650.0	12	7,800.00	resources and data reporting, they will serve as an advisory role as the coordinator position develops the processes to best serve the clients pre adjudication
								3.) The identified coordinator is a patrol deputy serving an extra duty in addition to patrol. Therefore, the coordinator position will not be in the Distric Attorney's Office 5 days a week and will need office support to accomplish the duties listed above for the Deflection Coordinator and to be a regular point of contact during business hours to provide stakeholders and
		Harney County District Attorney's						and win need office support. Or accomplish the durines issue advove for the openiestion content and to de a regular point or tomacs during dusiness mounts to provide standardiness and clients a more consistent level of service. Since, the roll will be housed w/in the DA's office this position will also provide support on deflection cases to the prosecutor managing
3 HCDA Rep Secretary	Deflection	Office	New	100	1075.0	12	12,900.00	deflection cases.
								4.) Develop criteria and review cases appropriate for deflection. Work w/ Defelction Coordinator on criteria for successful outcome. Communicate w/ stakeholders to educate the potential benefits of deflection and to foster the collaboration w/ the coordinator amone stakeholders. In event client does not have successful outcome of initial deflection period.
								botenia deletical or direction and to disert the consoliration with
4 Prosecutor	Deflection	Currently State of Oregon	New	100	2596.0	12	31,152.00	defelction.
5			Select Option Select Option				0.00	5   S
7			Select Option				0.00	7.)
8			Select Option				0.00	
10			Select Option Select Option					[35] [310]
	l .							
					Personnel Total:	\$ 90,852.00		
Contractual Services: An individual or	organization providing a service or	programmatic aspect of the work th	at is not provided	directly by the gr	ant recipient. Capital c	construction may be	requested in this cat	egory.
Directions: In the "Contract Title & Purpose" field.								
In the "Contract Title & Purpose" field, In the "Program/Project Supported" fie								
								Contractual Services Narrative:
							Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Contract Title & Purpose	Program/Project Supported	Contract Category Select Option		Unit Type Monthly	Price per Unit	# Units Required	Requested 0.00	If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
2		Select Option		Select Option			0.00	2.)
3 4		Select Option	-	Select Option			0.00	
5		Select Option Select Option		Select Option Select Option			0.00	
6		Select Option		Select Option			0.00	
7 8		Select Option Select Option		Select Option Select Option			0.00	
9		Select Option		Select Option			0.00	9.)
10		Select Option		Select Option	Contractual		0.00	<u>]10.)</u>
					Services Total:	\$ -		
							•	
Housing & Facilities: Eligible expenses for space/utilities necessary to complete program work and short-/long-term housing support for participants. Capital construction may be requested in this category.								
Directions:			ig-term mousing sup	port for particip	iants. Capital construct	ion may be requeste	a in this category.	
In the "Item Description" field, identify In the "Program/Project Supported" fie	what the expense covers (generally	i).						
in the Program/Project supported the	nd, identify the specific program/pro	oject the expense supports.					Total Amount	Housing & Facilities Narrative:
Item Description	Program/Project Supported			Unit Type	Price per Unit	# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
								1) We do not have a homeless shelter in Harney County so clients may need temporary housing or given our remote area a means to travel (POINT Regional Bus System) where they
2				Yearly Select Option	20,000.00	1.0	20,000.00	have those resources (Family)
3				Select Option			0.00	
4				Select Option			0.00	
6				Select Option Select Option			0.00	
7				Select Option			0.00	7.
8				Select Option			0.00	
10				Select Option Select Option			0.00	195)  10.)
					Housing & Facilities			
					Total:	\$ 20,000.00		
Equipment: Permanent or non-expend	dable equipment with a purchase pr	ice of \$5,000 or more, or a useable I	life of two or more	years, for a singl	le item			
Directions: In the "Item Description" field, identify	the name/type of equipment to be	nurchased.						
In the "Program/Project Supported" fie	eld, identify the specific program/pro	ject the equipment supports.						
	n the "Organization Served" field, indentify the entity that will own and operate the equipment.  n the "# of Units Required" field, indicate the number of individual items to be purchased.							
in the # of Units Required" field, indica	ate the number of individual items t	o de purchaseo.					Total Amount	Equipment Marcating
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested	Equipment Narrative:  For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
Purchase / Repair / Replace Office								1.) Separate phone line for deflection cordinator and support staff within DA's office to keep participants separate from pending cases, purchase laptop computer so cordinator can
1 equipment/space	Deflection	Harney County			5,000.0	1.0	5,000.00	attend meetings with community partners and training, printer, new desk / chair  2.) consumable office supplies (paper, pens, ink and business cards), potential specific citations to treatment to be distributed to LEO, training materials for LEO, Deflection/LEAD type
2 Office Suppy	Deflection	Harney County			5,000.0	1.0	5,000.00	2.) consumable unities supplies (paper, pens, nix and udsiness cards), potential specific triations to treatment to be distributed to Eeo, claiming materials for Eeo, benefition/EEAD type lof apparel
3 4							0.00	
4			1			1	0.00	[4.]

5			_					
							0.0	5.)
5 6 7							0.0	6.)
7							0.0	7.)
8							0.0	8.)
9							0.0	9.1
9							0.0	10.)
	+	_			Equipment Total:	\$ 10,000.00	)	
Supplies: Consumable materials or s	supplies, including the cost of small	items of equipment that do not mee	t the threshold for th	ne "Equipment" o	category. Clients suppo	orts could be reques	ted in this category.	
Directions:								
In the "Item Description" field, identi	ify the name/type of supplies to be	nurchased.						
In the "Program/Project Supported" f								
In the "Organization Served" field, ide	ontifu the entity the specific program,	project trie supplies supports.						
In the "# of Units Required" field, indi	icate the number of individual item	is to be purchased.				1		
							Total Amount	Supplies Narrative:
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Client Stablization	Deflection	Harney County			6,648.00	1.	0 6,648.0	1.) Clients may need basic hygene supplies, access to food while obtaining SNAP/Oregon Trail benefits or cordinating medical care
2							0.0	2.1
							0.0	3)
3							0.0	
5							0.0	51
6							0.0	
7							0.0	
8							0.0	
9			-				0.0	0.7
10	1	1				l	0.0	9.) 10.)
		_	1		Supplies Total:	\$ 6649.00	0.0	
					Supplies rotal:	9 0,048.00	,	
Training/Associated Travel: Eligible	expenses for transporation, lodging	g, per diem, and registrations for train	nings that support gr	ant purposes				
Directions:								
Each line item should be dedicated to	a single training cost or travel cost	t.						
All travel expenses must follow state	DAS and federal GSA regulations; I	uxury expenses are not allowed (e.g.	first-class seating).					
In the "Program/Project Supported" f	field, identify the specific program/	project the training supports.						
In the "Organization(s) Served" field.	list the entity(ies) that will have pe	ersonnel attending training.						
In the "Is this a Training or Travel Cos In the "Training or Travel Costs (Per I	st?" field, select to which this line it	tem relates from the dropdown menu						
In the "Training or Travel Costs (Per I	ndividual)" field, input the estimate	ed individual travel cost or registratio	n cost for one attend	lee.				
				Is this a	Training or Travel			Training/Associated Travel Narrative:
			Location of	Training or	Costs (Per	# of Individuals	Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Training Title	Program/Project Supported	Organization Served	Training	Travel Cost?	Individual)	Attending	Requested	For travel line items, please indicate with which training it is associated.
1 Training - Coordinator	Deflection	Harney County		Training	5,000.00	1.0	0 5.000.0	1.) As the cordinator comes online and deflection conducts training throughout the year the largest percentage of the training dollars go to this new role
2 Truning Coordinator	Denection	manicy county			3,000.00	1.0	3,000.0	2.) from the prosecution standpoint there will be necessary training on how to handle these new ways to manage a case prior to prosecution or dispo once charged. Just a different
2 Training - Prosecutor	Deflection	Harney County		Training	2,500.00	1.0	2 500 0	2.) That the prosecution standpoint titlete will be necessary training of now to find the trees new ways to manage a case prior to prosecution or disposition. Just a uniferent way to work cases
3 Travel - Coordinator	Deflection	Harney County		Travel	5,000.00	1.0		way to work cases  3.) While per diem rates have stayed the same, fuel and travel costs and rooms have increased significantly. To correspond with and registration fees
3 ITaver - Coordinator						1.0		
4 Training - Prosecutor	Deflection	Harney County		Select Option	2,500.00	1.0		3.) While per diem rates have stayed the same, fuel and travel costs and rooms have increased significantly. To correspond with and registration fees
6				Select Option			0.0	5.)
6				Select Option			0.0	6.)
7				Select Option			0.0	
8				Select Option			0.0	
9				Select Option			0.0	
10				Select Option			0.0	10.)
					Training/Travel			
					Total:	\$ 15,000.00	)	
					•			
Administrative Costs: Activities asso	ociated with administering the gran	t such as purchasing, budgeting, payr	oll, accounting and s	taff services				
Directions:		G	,					
Total Administrative Costs may not e	exceed 10% of total funds requested	d, unless an exception is granted by the	ne Commission.					
In the "Item Description" field, identi	ify the specific activities to be cond	ucted.						
In the "Program/Project Supported" f	field, identify the specific program/	project the expense supports.						
In the "Organization" field, identify the	he entity that will be conducting the	e administrative activities.						
Harris Barrelle Harris	D						Total Amount	Administrative Costs Narrative:
Item Description	Program/Project Supported	Organization Served	-				Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Diminus	Deflection	Harney County					\$ 7,500.00	1.) Payroll and fiscal services
2	+	-						[2.] L.
3 4 5	+	1						3.)
4	4	-						4.)
1.51	+							5.)
-	l .	_						6.)
6			1					7.)
7								8.)
6 7 8								
6 7 8								9.)
7								
6 7 8					Administrative			9.)
6 7 8					Administrative Total:	\$ 7,500.00		9.)
6 7 8						\$ 7,500.00		9.)
6 7 8						\$ 7,500.00		9.)
6 7 8 9 10	will be automatically calculated ba	sed on the information provided above	re			\$ 7,500.00		9.)
6 7 8 9 9 100 Budget Request Totals: This section:		sed on the information provided above	re			\$ 7,500.00		9.)
6 7 8 9 10 Budget Request Totals: This section	Category Totals	sed on the information provided abov	re			\$ 7,500.00	)	9.)
6 7 8 9 10 10 Budget Request Totals: This section: Budget Categories Personnel		used on the information provided above	re			\$ 7,500.00		9.)
6 7 8 9 10 Budget Request Totals: This section Budget Categories Personnel Contractual Services	Category Totals \$ 90,852.0	-	re			\$ 7,500.00	,	9.)
6 7 8 9 10 Budget Request Totals: This section Budget Categories Personnel Contractual Services Huosing & Facilities	Category Totals   90,852.0   \$   90,000.0	- 00	re			\$ 7,500.00		9.)
6 7 8 9 10 Budget Request Totals: This section Budget Categories Personnel Contractual Services Housing & Facilities Equipment	Category Totals   90,852.0	- 00 00	re			\$ 7,500.00		9.)
6 7 8 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	Category Totals  \$ 90,852.0  \$ 20,000.0  \$ 10,000.0  \$ 6,648.0	- 00 00 00	re			\$ 7,500.00		9.)
6 7 8 9 10 10 Budget Request Totals: This section Budget Categories Personnel Contractual Services Housing & Facilities Equipment Supplies Training/Associated Travel	Category Totals  \$ 90,852.0  \$ 20,000.0  \$ 10,000.0  \$ 6,648.0  \$ 15,000.0	-00 00 00 00 00	re			\$ 7,500.00		9.)
6 7 8 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	Category Totals  \$ 90,852.0  \$ 20,000.0  \$ 10,000.0  \$ 6,648.0  \$ 15,000.0	-00 00 00 00 00	re			\$ 7,500.00		9.)
Budget Request Totals: This section Budget Categories Personnel Contractual Services Housing & Facilities Equipment Supplies Training/Associated Travel Subtote	Category Totals  \$ 90,852.0  \$ 20,000.0  \$ 10,000.0  \$ 6,648.0  \$ 15,000.0  \$ 142,500.0	000 010 010 010 010	re			\$ 7,500.00		9.)
6 7 8 9 10 Budget Request Totals: This section Budget Categories Personnel Contractual Services Housing & Facilities Equipment Supplies Training/Associated Travel Subtote Administrative Costs	Category Totals  \$ 90,852.0 \$ 20,000.0 \$ 10,000.0 \$ 10,000.0 \$ 15,000.0 \$ 15,000.0  Total	200 200 200 200 200 200 200 200 200 200	re		Total:	\$ 7,500.00		9.)
Budget Request Totals: This section Budget Categories Personnel Contractual Services Housing & Facilities Equipment Supplies Training/Associated Travel Subtote	Category Totals  \$ 90,852.0 \$ 20,000.0 \$ 10,000.0 \$ 10,000.0 \$ 15,000.0 \$ 15,000.0  Total	000 010 010 010 010	*No more than 10	%, without exce	Total:	\$ 7,500.00		9.)
6 7 8 9 10 Budget Request Totals: This section Budget Categories Personnel Contractual Services Housing & Facilities Equipment Supplies Training/Associated Travel Subtote Administrative Costs	Category Totals   S   90,852.0		*No more than 10	%, without exce	Total:	\$ 7,500.00		9.)

# HOOD RIVER & WASCO COUNTIES

## **Application: 0000000034**

Matt English - menglish@hoodriversheriff.com Oregon Behavioral Health Deflection Program (23-25)

#### **Summary**

ID: 000000034

Last submitted: Jul 1 2024 07:43 AM (PDT)

#### **Cover Sheet**

Completed - Jun 24 2024

#### **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

#### County

Please select from the dropdown list.

**Hood River** 

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is a part of a consortium of counties.

Please list all counties, including the one you represent, that are applying as part of your consortium.

Hood River, Wasco

Has the consortium established your county as the designee to apply for the Oregon Behavioral Deflection Program?

Yes

### **Primary Applicant Contact**

Name:	Matt English
Organization:	Hood River County Sheriff's Office
Title:	Sheriff
Street Address:	309 State St.
City:	Hood River
Zip Code:	97031
E-mail:	menglish@hoodriversheriff.com
Phone:	5418064855

#### **Fiscal Contact**

Name:	Sheri Patterson
Legal Name of Organization for Payment:	Hood River County
State EIN:	Oregon
Payment Remittance Street Address:	601 State St.
City:	Hood River
Zip Code:	97031
E-mail:	sheri.patterson@hoodrivercounty.gov
Phone:	5413861301

Would you like ACH payment processing (direct deposit)?

Yes

## **Eligibility Questions**

Completed - Jul 18 2024

## **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

## A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Jamie Hepner
Position Title:	Commander
Organization:	Hood River County Sheriff's Office - Parole and Probation Division
Email Address:	jhepner@hoodriversheriff.com
How is your program coordinator funded? You may use BHD funds.	County GF (Will utilize BHD once FTE is hired to this position)

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

## **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

#### **Responses Selected:**

Community Mental Health Program: Mid-Columbia Center for Living

Local Mental Health Authority: Mid-Columbia Center for Living

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Wasco/Hood River
Law Enforcement:	Wasco Co. SO/Hood River Co. SO
Community Mental Health Program:	Mid-Columbia Center for Living
Behavioral Resource Network Provider:	Mid-Columbia Center for Living

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

#### No Responses Selected

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

Yes

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

Partners continue communicate via email and meet to discuss framework, implementation and planned trainings to effectively roll out the program. There is planned training for August 2024, to bring in representatives from the King County LEAD program and National LEAD Bureau to begin the framework implementation process.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

The coordinator will be expected to frequently check in with operational work group partners on a regular basis in the participating counties, to include in person meetings. Further, there will be regularly scheduled policy coordinating group meetings no less that once a quarter.

## C. Deflection Program Details

C.1) Are you requesting funds for a planning grant or an operational grant?

Planning: This grant will primarily be used to plan and develop a deflection program that will be implemented after January 2025. You will be required to notify CJC as soon as your program is ready to become operational.

C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	January
Year	2025

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

Our consortium is moving toward implementing the LEAD program. Potential program participants will be referred in the field by law enforcement officers encountering these individuals. Ideally, a peer navigator will contact the individuals at the time of the encounter and guide them to service engagement. Going forward, the navigator will have continued frequent contact to ensure continued engagement, coordinating with services and helping address barriers for the client. The program coordinator will ensure clients are in compliance and individuals that ultimately fail to follow through will be potentially referred to the Criminal Justice System via a District Attorney's Office liaison.

C.4) Please describe the individuals who are eligible for your deflection program.

Word Limit: 75

The program will be available to residents of the participating counties that are suspected of misdemeanor PCS.

The goal is to include diversion services for low level public order type offenses as well, ex. Trespass and Disorderly Conduct.

C.5) What qualifies as a successful outcome for participants in your deflection program?

Word Limit: 75

Success will be measured by connection and engagement with service referrals, follow-through with recommended evaluations, etc. The goal will be for at least one of the programmatic personnel to be an OHP assistor helping uninsured clients obtain Oregon Health Plan Coverage. The program focus will be on healthy and stable livability; providing ongoing tools and resources to help ensure positive outcomes. Overall, a successful outcome will not necessitate a referral to the Criminal Justice System.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

The participating counties have a significant Latino population. The team has a goal of recruiting and hiring bilingual/bi-cultural members to properly represent our communities. The team will work directly with Latino outreach organizations to bridge gaps and ensure the program is culturally responsive in nature.

In the event a member of a federally recognized tribe is referred to the program, coordination with our local tribal outreach team will ensue.

Our consortium is working toward implementing LEAD framework. The core principles that the LEAD framework is based upon are evidence-based.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

We will recruit Spanish bi-lingual/bi-cultural team members. Materials will be developed using plain language and will be produced in both English and Spanish.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?
Yes
8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
Law enforcement officers encountering a person that may qualify for the program, will have the ability to directly contact the program coordinator or a navigator to engage with the potential client as immediately as possible based.
C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?
Yes
9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

# Word Limit: 75

Anyone referred to the program that may be facing possible criminal charges, will be deferred to allow for program participation. The program coordinator will track progress and compliance and work directly with the DA Liaison if there is lack of follow-through or program failure.

C.10) As part of your deflection program, can an individual voluntarily initiate contact with a first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?
Yes
10.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
The goal of the program will be to build the capacity to accept direct contact initiated by potential program participants. The details are still being discussed and will be based upon overall program capacity, budget, and staffing.
C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?
Yes

11.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

The overarching goal of the program will be to improve livability in our communities. The scalable framework is designed to be a resource to address the issues our communities are experiencing related to drug use and mental health. The long-term goal, once the program is established, will be to actively seek out program participants that have a history of drug addiction and generate regular calls for service related to public nuisance and public disorder offenses.

C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?

No

C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?

Yes

13.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

Mid-Columbia Center for Living, who is partnering in our local deflection program, currently operates mobile crisis response. Their direct participation in both, should necessitate a seamless referral process between both programs.

## **Data Acknowledgements**

Completed - Jun 28 2024

## **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

#### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD.

Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

#### **Responses Selected:**

Don't know, please explain:: No challenges identified with the above at this time.

## **Budget Projection**

Completed - Jul 18 2024

# **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Hood River BHD 24 07152024.xlsx

Filename: Hood\_River\_BHD\_24\_07152024.xlsx Size: 34.4 kB

# **Application: 0000000039**

Lane Magill - lanem@co.wasco.or.us Oregon Behavioral Health Deflection Program (23-25)

#### Summary

ID: 000000039

Last submitted: Jun 25 2024 02:32 PM (PDT)

#### **Cover Sheet**

Completed - Jun 25 2024

### **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

#### County

Please select from the dropdown list.

Wasco

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is a part of a consortium of counties.

Please list all counties, including the one you represent, that are applying as part of your consortium.

Wasco County & Hood River County

Has the consortium established your county as the designee to apply for the Oregon Behavioral Deflection Program?

No

Which county are you establishing as your designee to apply for the Oregon Behavioral Deflection Program?

Please select from the dropdown list.

Hood River

### **Responses Selected:**

By selecting this box, the submitter acknowledges that their county's proportion of funds for the Oregon Behavioral Health Deflection Program will be distributed to the county they have designated above.

## **Eligibility Questions**

Completed - Jun 25 2024

## **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

Yes

## **Data Acknowledgements**

Completed - Jun 25 2024

## **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

Yes

## **Budget Projection**

Completed - Jun 25 2024

## **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

Yes

CJC Grant Program:	BUDGET PROJECTION SHEET  Oregon Behavioral Health Deflection Program							
County Name(s):	Wasco/Hood River							
Personnel: Salaries, wages and fringe Directions:	benefits costs for all grant-funded	personnel (in whole or in part) emple	yed by the grant re	ecipient				
In the "Program/Project Supported" fie	eld, identify the specific program/p	roject the position supports. Exampe	s could include LEA	D Team, Mobile	Crisis Team, County D	eflection Program, e	rtc.	
In the "% Time per Month" field, use w	hole numbers to show percentage	of position's time dedicated to grant	-related work. Exam	mple: a .50 FTE (	half-time case mana	ger) = 50		
In the "Monthly Rate" field, combine s In the "# Months Employed" field, indi	alary/wages and fringe benefits for	a single month at full time, regardle	ss of the value inclu	uded in the "% Tir	ne per Month" field.			
in the # World's Employed Held, Indi	cate the number of months the po.	sition is expected to be fullded during	New or Existing	% Time per	Monthly Rate	# Months	Total Amount	Personnel Narrative:
Position Title	Program/Project Supported	Employing Agency	Position	Month	(wages+fringe)	Employed	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Program Coordinator	Deflection	Hood River County	New	100				The position is required by the grant and is integral in its success. Responsible for programmatic oversite, reporting, supervision.
2 Peer Navigator 3 Overtime	Deflection Deflection	Hood River County Hood River County	New New	100		10	69,278.40	This position will be respond in the field to meet potential clients, coordinate with and provide service, meet with stakeholders, etc.  Both positions will be subject to call (on call & call out). Accounted for 100 hrs OT for navigator and 60 hrs OT for program coordinator)
4	Denection	Trood hiver county	Select Option		11545.0		0.00	
5			Select Option				0.00	5.)
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					Personnel Total:	\$ 183,007,40		
					Personner rotal:	\$ 165,007.40		
			<u> </u>					
Contractual Services: An individual or	organization providing a service o	programmatic aspect of the work th	at is not provided o	directly by the gra	ant recipient. Capital o	construction may be	requested in this cat	legary.
Directions: In the "Contract Title & Purpose" field,	identify the contractor and what s	ervices the contract covers (general)	v).					
In the "Program/Project Supported" fie								
								Contractual Services Narrative:
							Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Contract Title & Purpose	Program/Project Supported	Contract Category	4	Unit Type	Price per Unit	# Units Required	Requested	If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
2		Select Option	+	Select Option			0.00	
3		Select Option	1	Select Option			0.00	13.)
4		Select Option		Select Option			0.00	4.)
5		Select Option Select Option		Select Option Select Option			0.00	
7		Select Option		Select Option			0.00	
8		Select Option		Select Option			0.00	
9		Select Option Select Option	4	Select Option Select Option			0.00	
10		Select Option		select Option	Contractual		0.00	10.7
					Services Total:	\$ -		
Housing & Excilitios: Eligible expenses	for enace/utilities necessary to co	mplete program work and short-/lor	a torm housing su	anort for particip	ents Canital construct	tion may be request	ad in this category	
Directions:			g term nousing sup	Sport for participa	mes. capital construct	non may be request	ed in this category.	
In the "Item Description" field, identify								
In the "Program/Project Supported" fie	eld, identify the specific program/p	roject the expense supports.		1			Total Amount	Housing & Facilities Narrative:
Item Description	Program/Project Supported			Unit Type	Price per Unit	# Units Required	Requested	To each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
1 Hotel Vouchers	Deflection			Daily	120.00	150.0	18,000.00	Housing is one of the largest barriers in the gorge based on cost of living and inventory/availability. It will be critical to provide temporary housing to program participants periodically.
3		-		Select Option Select Option			0.00	2.)
4								
5				Select Option			0.00	
6 7				Select Option			0.00	4.)  5.)
				Select Option Select Option			0.00 0.00 0.00	A    5    6
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8				Select Option Select Option Select Option Select Option Select Option	Housing & Facilities	\$ 18,000,00	0.00 0.00 0.00 0.00 0.00	A.     5.     6.     7.     8.     9.
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8 9 10				Select Option Select Option Select Option Select Option Select Option		\$ 18,000.00	0.00 0.00 0.00 0.00 0.00	A.     5.     6.     7.     8.     9.
8 9 10 10 Equipment: Permanent or non-expens	dable equipment with a purchase s	rice of \$5,000 or more, or a useable		Select Option Select Option Select Option Select Option Select Option		\$ 18,000.00	0.00 0.00 0.00 0.00 0.00	A.     5.     6.     7.     8.     9.
8 9 10 Equipment: Permanent or non-expen				Select Option Select Option Select Option Select Option Select Option		\$ 18,000.00	0.00 0.00 0.00 0.00 0.00	A.     5.     6.     7.     8.     9.
8 9 10 Equipment: Permanent or non-expen Directions: In the "Item Description" field, identif, in the "Program/Project Supported" fix	the name/type of equipment to b	e purchased. roject the equipment supports.		Select Option Select Option Select Option Select Option Select Option		\$ 18,000.00	0.00 0.00 0.00 0.00 0.00	A.     5.     6.     7.     8.     9.
8 9 10  Equipment: Permanent or non-expen Directions: In the "Term Description" field, identif, In the "Program/Project Supported" in the "Organization Served" field, iden	the name/type of equipment to beld, identify the specific program/patify the entity that will own and o	e purchased. roject the equipment supports. perate the equipment.		Select Option Select Option Select Option Select Option Select Option		\$ 18,000.00	0.00 0.00 0.00 0.00 0.00	A.     5.     6.     7.     8.     9.
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8 9 10 Equipment: Permanent or non-expen Directions: In the "Item Description" field, identif, in the "Program/Project Supported" field, iden in the "Organization Served" field, inde	r the name/type of equipment to b eld, identify the specific program/p itify the entity that will own and op ate the number of individual items	e purchased. roject the equipment supports. perate the equipment. to be purchased.		Select Option Select Option Select Option Select Option Select Option	Total:		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	4.
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Equipment: Permanent or non-expen Directions: In the "Item Description" field, identif, in the "Program/Project Supported" fiel in the "Organization Served" field, ider in the "at of units Required" field, indic Item Description 1 Laptops & peripherals 2 Cellular Phones	r the name/type of equipment to be led, identify the specific program/p liffy the entity that will own and on a the number of individual items  Program/Project Supported  Deflection  Deflection	e purchased. roject the equipment supports. serate the equipment. to be purchased.  Organization Served Hood River/Wasco Counties Hood River/Wasco Counties		Select Option Select Option Select Option Select Option Select Option	Price per Unit 2,000.0 1,000.0	# Units Required 2.0 2.1	0.000	Equipment Narrative:  For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  Each program employee will need a portable computer to work at multiple locations and in the field  Each program employee will need a cellular telephone to communicates with stakeholders and participants.
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In the "# of Units Required" field, indic	ate the number of individual items	to be purchased.						
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	nt Supplies Narrative: For each requested item to the left, provide a brief justification as to how it mee	ts or fulfills the purpose/intent of the program.
1 Food Cards	Deflection	Hood River/Wasco Counties			25.00		,125.00 Used to overcome food related barriers for client stabilization	3 or running the purpose, intent of the program.
2 Bus Tickets	Deflection	Hood River/Wasco Counties			40.00		200.00 Used to overcome transportation related barriers	
3 Food	Deflection	Hood River/Wasco Counties			500.00		500.00 On hand food to provide to initially stabilize clients when contact in the field is m	iade, etc.
4 Pre-pay phone cards	Deflection	Hood River/Wasco Counties			25.00	100.0	.500.00 Client assistance to ensure they can communicate with program, service provide	rs, etc.
5 Program Incentives (Gift Cards)	Deflection	Hood River/Wasco Counties			25.00		125.00 Incintives for program participation, milestones, etc.	
6 Fuel	Deflection	Hood River/Wasco Counties			3.50		500.00 Positions will require significant travel w/in local region.	
7 Mileage Reimbursement	Deflection	Hood River/Wasco Counties	_		0.67		.675.00 Positions may have to utilize their personal vehicles from time to time due to be	ng on call or lack of county vehicle availability
8 Vehicle Repair 9 General Supplies	Deflection Deflection	Hood River/Wasco Counties Hood River/Wasco Counties			1.00		,500.00 General vehicle maintainence and repair for county owned vehicle/s ,000.00 General program supplies, misc office supplies, etc.	
10	Dellection	Hood River/ Wasco Counties	-		1.00	5,000.0	0.00 10.)	
	1	1			Supplies Total:	\$ 23.125.00	333   334	
						+,		
Training/Associated Travel: Eligible e	xpenses for transporation, lodging,	per diem, and registrations for train	ings that support gr	rant purposes				
Directions: Each line item should be dedicated to: All travel expenses must follow state I In the "Program/Project Supported" fit In the "Organization(s) Served" field, li In the "Is this a Training or Travel Cost In the "Training or Travel Costs (Per Inc.)	DAS and federal GSA regulations; lu- eld, identify the specific program/p ist the entity(ies) that will have per: ?" field, select to which this line ite	xury expenses are not allowed (e.g. f roject the training supports. sonnel attending training. m relates from the dropdown menu.		dee. Is this a	Training or Travel	T	Training/Associated Travel Narrative:	
Training Title	Program/Project Supported	Organization Served	Location of	Training or Travel Cost?	Costs (Per Individual)	# of Individuals Attending	nt For each requested item to the left, provide a brief justification as to how it mee For travel line items, please indicate with which training it is associated.	ts or fulfills the purpose/intent of the program.
The state of the s		- gLution served						EAD model training, bringing in outside trainers, etc. (Planned training August 2024 w/King County. Will
1 Initial Program Training	Deflection	Hood River/Wasco Counties	Varies	Training	12,500.00	2.00	,000.00 bring the team into the Gorge to facilitate.	
2		,		Select Option			0.00 2.)	
3				Select Option			0.00 3.)	
4				Select Option			0.00 4.)	
5				Select Option			0.00 5.)	
6				Select Option			0.00 6.)	
8				Select Option			0.00 7.) 0.00 8.)	
9				Select Option Select Option			0.00 8.)	
10				Select Option			0.00 10.)	
10	1			Sciece Option	Training/Travel		10.7	
					Total:	\$ 25,000.00		
					•			
Administrative Costs: Activities assoc Directions: Total Administrative Costs may not exi In the "Item Description" field, identif, In the "Program/Project Supported" fie	ceed 10% of total funds requested, y the specific activities to be condu- eld, identify the specific program/p	unless an exception is granted by th cted. roject the expense supports.		staff services				
In the "Organization" field, identify the	entity that will be conducting the	administrative activities.					nt Administrative Costs Narrative:	
Item Description	Program/Project Supported	Organization Served					For each requested item to the left, provide a brief justification as to how it mee	
1 Payroll/IT/Purchasing	Deflection	Hood River/Wasco Counties					367.60 Hood River County will support the positions. Costs associated with employees t	o included budget/finance and IT supports/vehicle replacement
2			1				2.)	
3							3.)	
4							4.)	
5		+	1				5.) 6.)	
7			-				7.)	
8							8.)	
9							9.)	
10							10.)	
	•	•			Administrative			
					Total:	\$ 29,867.60		
Budget Request Totals: This section w	ill be automatically calculated been	ad on the information provided above						
Budget Categories	Category Totals	ed on the information provided abov	e					
Personnel	\$ 183,007.40	0						
Contractual Services	\$ -							
Housing & Facilities	\$ 18,000.00							
Equipment	\$ 21,000.00							
Supplies	\$ 23,125.00							
Training/Associated Travel	\$ 25,000.00							
Subtotal	\$ 270,132.40							
Administrative Costs	Total	% of Total Request				-		
All Items	\$ 29,867.60		*No more than 10	794 without even	ation request			
runcenia .	29,007.00	120%	140 more triall 10	zz, without exter	viion request		<u> </u>	
		_						

Total Budget Request: \$ 300,000.0

# JACKSON COUNTY

# **Application: 0000000025**

Jenn Inman - inmanjk@jacksoncountyor.gov Oregon Behavioral Health Deflection Program (23-25)

#### **Summary**

ID: 0000000025

Last submitted: Jun 24 2024 10:24 AM (PDT)

#### **Cover Sheet**

Completed - Jun 12 2024

## **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

#### County

Please select from the dropdown list.

Jackson

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

## **Primary Applicant Contact**

Name:	Jenn Inman
Organization:	Jackson County Mental Health
Title:	Division Manager
Street Address:	140 S. Holly St.
City:	Medford
Zip Code:	97501
E-mail:	inmanjk@jacksoncountyor.gov
Phone:	541-774-7921

#### **Fiscal Contact**

Name:	Jenn Inman
Legal Name of Organization for Payment:	Jackson County
State EIN:	93-6002298
Payment Remittance Street Address:	10 Oakdale
City:	Medford
Zip Code:	97501
E-mail:	inmanjk@jacksoncountyor.gov
Phone:	541-774-7921

Would you like ACH payment processing (direct deposit)?

Yes

# **Eligibility Questions**

Completed - Jul 18 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

## A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Jenn Inman
Position Title:	Division Manager
Organization:	Jackson County Mental Health
Email Address:	inmanjk@jacksoncountyor.org
How is your program coordinator funded? You may use BHD funds.	BHD

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

# **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

#### **Responses Selected:**

Community Mental Health Program: Jackson County Mental Health

Local Mental Health Authority: Jackson County Mental Health

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Jackson County District Attorney
Law Enforcement:	Medford Police Department and Jackson County Sheriff'sOffice
Community Mental Health Program:	Jackson County Mental Health
Behavioral Resource Network Provider:	Addiction Recovery Center and OnTrack Rogue Valley

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

#### **Responses Selected:**

Court:: Jackson County Circuit Court Admin

Other, specify:: Jackson County Community Justice

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

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B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

Jackson County enjoys a successful collaboration between justice system and behavioral health provider partners. These partners came together quickly, meeting frequently since the passage of HB 4002. Still in the planning phase, the partners continue to participate together in technical assistance offered through CJC. Key players in each partner agency communicate directly with one another frequently on this developing program and through Jackson County's Public Safety Coordinating Committee and Local A&D Planning Committee. The initial Deflection Program Coordinator will be a temporary position in Health & Human Services, leading the governance and operational partners through additional planning steps, the selection and onboarding of an ongoing Coordinator to be housed in the Sheriff's Office, and launching of Deflection Program referrals, engagement, and treatment enrollment.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

Routine governance and operational group meetings, regular email/phone contact, one on one meetings or specific issue/task related subgroup work sessions, and through routine connections and related agenda items at Jackson County's Public Safety Coordinating Committee and Local A&D Planning Committee.

# C. Deflection Program Details

C.1) Are you requesting funds for a planning grant or an operational grant?

Operational: This grant will primarily be used to operate a deflection program that will be implemented before January 2025.

C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	October
Year	2024

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

Specific pathways are still in the planning phase for Jackson County's Deflection Program. Vision as of mid June, 2024 follows: Law enforcement partners (Medford Police Department's Livability Team and Jackson Co. Sheriff's Office patrol) working the Greenway will offer deflection referral to eligible individuals. Law enforcement referral will go to Deflection Coordinator who will forward to one of the Deflection Program providers for peer mentor team outreach and engagement. Engagement providers will conduct outreach and engagement efforts with referred individual, connect and support individual through intake assessment and enrollment in appropriate treatment. Coordinator and providers will communicate regularly on participants' status toward successful engagement and positive steps toward recovery. Coordinator will communicate with law enforcement partner on success or failure of deflection engagement for each participant.

C.4) Please describe the individuals who are eligible for your deflection program.

Word Limit: 75

At program launch, eligible individuals are adults otherwise subject to drug related criminal charges who are 1) contacted by one of the program's law enforcement partners, 2) accepting of a referral to deflection program engagement, and 3) not currently on supervision.

C.5) What qualifies as a successful outcome for participants in your deflection program?

Word Limit: 75

Successful participants will demonstrate active engagement with a deflection program provider, make positive steps toward recovery, and complete an assessment for treatment during a 30 day period following referral. At the discretion of the deflection program provider, participants who are making positive steps but not yet fully engaged or assessed may have the engagement period extended for up to 60 days.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

Services offered to individuals by Deflection providers are evidence-based and person-centered. Deflection Program peers attend a 40-hour Intentional Peer Support training covering person-centered, trauma informed, and culturally responsive peer support. Deflection Program providers include a bilingual/bicultural team (Spanish/Latino), ensuring that individuals in deflection can have access to culturally and linguistically responsive services.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

Language access barriers will be addressed by law enforcement and deflection program engagement and treatment providers through bilingual staff when possible and 24/7 interpreter services when bilingual staff are not available on site when needed. All partners have established language access expectations for their contacts and services which will continue with the addition of the deflection program.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?

Yes

8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

Jackson County's Deflection Program will launch by October 2024 with a focus on law enforcement contacts by the Medford Police Department's Livability Team and Sheriff's Office contacts with adults on our Greenway area. Referrals will be directed to the Deflection Program Coordinator who will activate the provider partner peer teams for response, engagement, and assessment.

C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?

Yes

9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

Individuals offered deflection will have an opportunity to engage with peer teams and take positive steps toward recovery over a 30 day period. That period could be extended to 60 days if engagement is promising but not yet active or assessment/intake not yet complete. Successful completion of active engagement, positive steps toward recovery, and assessment and enrollment in treatment will result in no charges being filed. Individuals that decline to meet deflection service engagement expectations will fail the deflection opportunity, resulting in the initial criminal charges being referred to the District Attorney's office for prosecution.

first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?
No
C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?
No
C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?
No
C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?
No

C.10) As part of your deflection program, can an individual voluntarily initiate contact with a

## **Data Acknowledgements**

Completed - Jun 24 2024

# **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to Page 204 of 477

create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

#### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD. Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

#### **Responses Selected:**

Deflection participant demographics (e.g., age group, race/ethnicity for each participant)

## **Budget Projection**

Completed - Jul 10 2024

## **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Jackson BHD 24 Final.xlsx

Filename: Jackson\_BHD\_24\_Final.xlsx Size: 35.9 kB

	Oregon Behavioral Health Deflecti	BUDGET PROJECTIO	ON SHEET					
CJC Grant Program: County Name(s):	Jackson County	on Plogram						
	•							
Personnel: Salaries, wages and fringe Directions:	benefits costs for all grant-funded p	personnel (in whole or in part) emplo	oyed by the grant r	ecipient				
In the "Program/Project Supported" fie	eld, identify the specific program/pr	oject the position supports. Example	es could include LEA	AD Team, Mobile	Crisis Team, County De	eflection Program, e	tc.	
In the "% Time per Month" field, use w	hole numbers to show percentage	of position's time dedicated to grant	t-related work. Exa	mple: a .50 FTE (	(a half-time case mana	ger) = 50		
In the "Monthly Rate" field, combine s In the "# Months Employed" field, indi					ime per Month" field.			
mule a Moneta Employed mela, mai	edic the number of months the pos	tion is expected to be railed dailing	New or Existing	% Time per	Monthly Rate	# Months	Total Amount	ersonnel Narrative:
Position Title	Program/Project Supported	Employing Agency	Position	Month	(wages+fringe)	Employed	Requested F	or each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Deflection Program Coord (Start		Jackson County Health & Human						) Jackson Co.'s program will transition from planning to operations in the later part of 2024. The initial prog coord will establish routine meetings of the governance/steering and iperational partners; contracts with provider partners; workflows; a communication plan; data collection and reporting; assist in recruitment and selection of full time coord. Temporan
1 Up)	Deflection	Services (JCHHS)	New	10	0 5952.6	6		peractional partners, contracts with provider partners, worknows, a communication plan, data Conection and reporting, assist in reclutiment and selection of run time coord. Temporari osition for up to 1404 hours.
		Jackson County Sheriff's Office						
2 Deflection Program Coord	Deflection	(JCSO)	New	10	0 9802.3	10	98,023.33	.) Jackson Co. partners intend to embed a full time Deflection Prog Coord in our Sheriff's Office. This position will need classified, recruited for, selected and onboarded.
Deflection Program Data and 3 Records Management	Deflection	JCSO	New	10	0 8250.5	10	92 505 00	.) This full time support position will provide logistical, administrative, and documentation and reporting support to the coordinator and partners
4	Deflection	1630	Select Option	101	8230.3	10	0.00 4	
5			Select Option				0.00	
6			Select Option Select Option				0.00	
7 8			Select Option				0.00	·! .)
9			Select Option				0.00	1.)
10			Select Option	<u> </u>			0.00	0.)
					Personnel Total:	\$ 216 242 92		
					reisonner rotal.	3 210,243.03		
Contractual Services: An individual or	organization providing a service or	programmatic aspect of the work th	hat is not provided	directly by the gr	rant recipient. Capital c	construction may be	requested in this categ	ory.
Directions: In the "Contract Title & Purpose" field,	identify the contractor and what co	positions the contract course (concret)						
In the "Program/Project Supported" fie	, identify the contractor <u>and</u> what si eld. identify the specific program/pr	oiect the contract covers (general)	rt.					
							C	Contractual Services Narrative:
								or each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
Contract Title & Purpose  Records Mang - Medford Police	Program/Project Supported	Contract Category		Unit Type	Price per Unit	# Units Required	Requested I	you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
1 Dept (MPD)	Deflection	Personnel		Yearly	87.533.00	1.0	87.533.00	.) This position will be dedicated to the Deflection Program to assist MPD in managing records related to charged held in abeyance for those in the Deflection Program.
				,	0.,000.00		,	
Peer Navigator Team - Addictions								.) This two person peer team with part time (.25) supervisor dedicated to the Deflection Program will respond and outreach to and engage individuals referred to the Deflection
2 Recovery Center, Inc. (ARC)	Deflection	Personnel	_	Yearly	200,000.00	1.0	200,000.00 F	rogram.
Peer Navigator Team - OnTrack								.) This two person peer team with part time (.25) supervisor dedicated to the Deflection Program will respond and outreach to and engage individuals referred to the Deflection
3 Rogue Valley (OnTrack)	Deflection	Personnel		Yearly	133,567.00	1.0	133,567.00	rogram.
Outreach, engagement, and								
treatment services - Local 4 providers to be identified	Deflection	Personnel		Yearly	100,000.00	1.0		.) As Jackson is still in the planning phase, additional contracted provider partners have yet to be identified. There are serveral peer based organizations with specialty in working with adviduals either justice system invovled or substance use disorders or both. Specific personnel and services yet to be defined in the first year of program operations.
5	Deflection	reisonnei		rearry	100,000.00	1.0	0.00	
6		Select Option		Select Option			0.00	
7 8		Select Option Select Option	4	Select Option Select Option			0.00	
9		Select Option Select Option	-	Select Option			0.00 8	
10		Select Option		Select Option			0.00	) ()
					Contractual			
					Services Total:	\$ 521,100.00		
Housing & Facilities: Eligible expense:	s for space/utilities necessary to con	mplete program work and short-/lor	ng-term housing su	pport for particip	ants. Capital construct	tion may be requeste	ed in this category.	
Directions: In the "Item Description" field, identify	, what the evnence covers (general)	u)						
In the "Program/Project Supported" fie	eld, identify the specific program/pr	oject the expense supports.						
								tousing & Facilities Narrative:
Item Description	Program/Project Supported			Unit Type	Price per Unit	# Units Required	Requested F	or each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Office space for coordinator     Office space for coordinator	JCHHS JCSO			Yearly Yearly	4,169.00 5,000.00	1.0		) Allocation for 6 months of office space and all facility related expenses for coordinator in JCHHS building at 140 S. Holly St., Medford) Allocation for ten months of office space for full time coordinator housed with Sheriff's Office.
Emergency Housing & Temporary	3030			really	3,000.00	1.0	3,000.00 2	. J Amodation for tell minimas of other space for run time coordinator moused with sniemr's Office.
Shelter- Local providers to be								.) Jackson partners have prioritized supports to assist Deflection participants with emergency, transitional and stabilizing shelter. The initial target population for Jackson's Deflection
3 identified	Deflection			Yearly Select Option	92,500.00	1.0	92,500.00 F	rogram are unhoused. Safe shelter is essential to successful engagement in SUD treatment.
5				Select Option	1		0.00 2	··· .)
6				Select Option			0.00	i.)
7 8				Select Option			0.00	
8				Select Option Select Option			0.00	
10				Select Option			0.00	
					Housing & Facilities Total:			
					Total:	\$ 101,669.00	,	
Equipment: Permanent or non-expens	dable equipment with a purchase p	rice of \$5,000 or more, or a useable	life of two or more	years, for a sing	le item			
Directions:								
In the "Item Description" field, identify In the "Program/Project Supported" fie	one name/type or equipment to be eld. identify the specific program/or	oiect the equipment supports						
In the "Organization Served" field, iden	ntify the entity that will own and op	erate the equipment.						
In the "# of Units Required" field, indic	ate the number of individual items	to be purchased.				1	1	
					L	L		quipment Narrative:
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested F	or each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Vehicle	Deflection	JCSO			29,167.0	1.0	29,167.00	.) Use of County motor pool vehicle dedicated to Deflection Program Coordinator for field work and collaboration with multiple program partners. Monthly allocation for ten months.
							2	.) Purchase of two vehicles for Deflection Program Navigation Teams to respond and outreach to and engage Deflection participants in the field. Averaged estimated cost based on
2 Vehicle	Deflection	ARC, OnTrack			28,000.0	2.0	56,000.00 r 0.00	ecent acquisition. One time purchase.
3 4							0.00	
			_					

			_					
5								5.)
6 7			-				0.0	]6.)  7.)
8								2 / 3   8     8
9							0.0	9.)
10							0.0	j10.)
					Equipment Total:	\$ 85,167.00		
Supplies: Consumable materials or su	upplies, including the cost of small it	ems of equipment that do not meet	the threshold for t	he "Equipment"	category. Clients suppo	orts could be reques	ted in this category.	
Directions:								
In the "Item Description" field, identify								
In the "Program/Project Supported" fi In the "Organization Served" field, ide	ntify the entity that will use the sun	nlies						
In the "# of Units Required" field, indic	cate the number of individual items	to be purchased.						
							Total Amount	Supplies Narrative:
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Tablets	Deflection	MPD, ARC, OnTrack			1,000.00		, , , , , ,	1.) Tablets for law enforcement, peer navigator teams, and coordinator to facilitate referrals and documentation in the field.
2 office supplies IT/Coms equipment, office	Deflection	JCSO, MPD, ARC, OnTrack	-		2,000.00	1.0	2,000.0	2.) Routine office supplies, paper and printing for referral management and information for participants
3 furnishings	Deflection	JCSO			10,000.00	1.0	10,000.0	3.) One time costs to establish office, computer equipement, cell/desk phone for coordinator
								4.) Direct purchases to stabilize Deflection participants including but not limited to food, clothing, ID, minor transportation expenses, and other basic needs support essential to stabilize
direct participant stabilizing								clients and remove barriers to accessing and engaging in health care and safe shelter/housing. Program still in planning phase, total budget an estimate based on experience of service
4 supports direct participant stabilizing	Deflection	ARC, OnTrack	-		20,000.00	2.0	40,000.0	providers.
5 supplies	Deflection	TBD			20,519.00	1.0	20.519.0	5.) Direct purchased to stabilize Deflection participants to be administered either by contractors yet to be identified or by County through Deflection Program Coordinator.
6					20,020.00			6.)
7								7.)
8			-				0.0	
9 10	+		+					]9.) ]10.)
			1		Supplies Total:	\$ 79,519,00		1
Training/Associated Travel: Eligible e	expenses for transporation, lodging,	per diem, and registrations for train	ings that support g	rant purposes				
Directions: Each line item should be dedicated to	a single training cost or travel cost.							
All travel expenses must follow state [	DAS and federal GSA regulations: lux	cury expenses are not allowed (e.g. f	first-class seating).					
In the "Program/Project Supported" fi	ield, identify the specific program/p	roject the training supports.						
In the "Organization(s) Served" field, I In the "Is this a Training or Travel Cost	list the entity(ies) that will have per	sonnel attending training.						
In the "Training or Travel Costs (Per In	idividual)" field, input the estimated	individual travel cost or registration	cost for one atten	dee.				
				Is this a	Training or Travel			Training/Associated Travel Narrative:
			Location of	Training or	Costs (Per	# of Individuals	Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Training Title	Program/Project Supported	Organization Served	Training	Travel Cost?	Individual)	Attending	Requested	For travel line items, please indicate with which training it is associated.
								1.) Program still in planning/pilot phase. To be used for governance/steering members and operational program partners/staff for multiple opportunities to participate in training, conferences and technical assistance opportunities. For example, Oct 2024 PTACC Int'l Deflection & Pre-Arrest Summit in Seattle. Estimated up to \$2,000 per person for 20 total
1 To be determined	Deflection	All partners	multiple	Select Option	2,000.00	20.00	40,000.0	individuals over the first year of the program for multiple training opportunities.
2				Select Option				2.)
				Select Option			0.0	n 3.)
3								
3 4				Select Option				(4) (5)
3 4 5 6				Select Option Select Option			0.0	5.)
3 4 5 6 7				Select Option Select Option Select Option Select Option			0.0 0.0 0.0	]S,) [6,] [7,]
3 4 5 6				Select Option Select Option Select Option Select Option Select Option Select Option			0.0 0.0 0.0	S.)   6.)   7.7.   8.)
3 4 5 6 7 8 9				Select Option			0.0 0.0 0.0 0.0	]5.)  6.)  77.]  8.)  9.)
3 4 5 6 7				Select Option Select Option Select Option Select Option Select Option Select Option	Training/Travel		0.0 0.0 0.0 0.0	S.)   6.)   7.7.   8.)
3 4 5 6 7 8 9				Select Option	Training/Travel Total:	\$ 40,000.00	0.0 0.0 0.0 0.0	]5.)  6.)  77.]  8.)  9.)
3 4 5 6 7 8 9				Select Option		\$ 40,000.00	0.0 0.0 0.0 0.0	]5.)  6.)  77.]  8.)  9.)
3 4 5 6 7 8 9 10	risted with administering the grant	such as nurchasing hudgating naur	all accounting and	Select Option		\$ 40,000.00	0.0 0.0 0.0 0.0	]5.)  6.)  77.]  8.)  9.)
3 4 5 6 7 8 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10				Select Option		\$ 40,000.00	0.0 0.0 0.0 0.0	]5.)  6.)  77.]  8.)  9.)
3 4 5 5 6 6 7 7 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10	ceed 10% of total funds requested,	unless an exception is granted by th		Select Option		\$ 40,000.00	0.0 0.0 0.0 0.0	]5.)  6.)  7.)  8.)
3 4 5 6 6 7 8 8 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	cceed 10% of total funds requested, y the specific activities to be conduc	unless an exception is granted by the		Select Option		\$ 40,000.00	0.0 0.0 0.0 0.0	]5.)  6.)  7.)  8.)
Administrative Costs: Activities assor Directions: Total Administrative Costs may not ex In the "Item Description" field, identify in the "Program/Project Supported" fi	cceed 10% of total funds requested, y the specific activities to be conducted, identify the specific program/p	unless an exception is granted by th ted. roject the expense supports.		Select Option		\$ 40,000.00	0.0 0.0 0.0 0.0	]5.)  6.)  7.)  8.)
3 4 5 6 6 7 8 8 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	cceed 10% of total funds requested, y the specific activities to be conducted, identify the specific program/p	unless an exception is granted by th ted. roject the expense supports.		Select Option		\$ 40,000.00	0.0 0.0 0.0 0.0 0.0 0.0	S
Administrative Costs: Activities assor Directions: Total Administrative Costs may not ex In the "Item Description" field, identify in the "Program/Project Supported" fi	cceed 10% of total funds requested, y the specific activities to be conducted, identify the specific program/p	unless an exception is granted by th ted. roject the expense supports.		Select Option		\$ 40,000.00	0.0 0.0 0.0 0.0	Administrative Costs Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
3 4 5 6 7 7 8 8 9 101 101  Administrative Costs: Activities assortions: Total Administrative Costs may not exist the "tem Description" field, identify the the "Program/Project Supported" in the "Program/Project Supported" in the "Organization" field, identify the tem Description field, identify the March Supported find the "Organization" field, identify the March Supported find the March	cceed 10% of total funds requested, y the specific activities to be condu- ield, identify the specific program/p e entity that will be conducting the	unless an exception is granted by the ted. roject the expense supports. administrative activities.  Organization Served		Select Option		\$ 40,000.00	0.0 0.0 0.0 0.0 0.0 0.0 0.0	Administrative Costs Narrative:  For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  1.) Allocation of 10% of total partner cost for program to cover administration/governance, finance/audit, personnel/payroll, legal, insurance, information systems/network/internet
Administrative Costs: Activities assorbirections: Total Administrative Costs may not ex In the "Item Description" field, identify in the "Program/Project Supported" fil In the "Organization" field, identify the Item Description  Admin related to program  1 (coordination)	cceed 10% of total funds requested, y the specific activities to be conducted, identify the specific program/p e entity that will be conducting the	unless an exception is granted by the ted. roject the expense supports. administrative activities.		Select Option		\$ 40,000.00	0.0 0.0 0.0 0.0 0.0 0.0 0.0	Administrative Costs Narrative:  For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  1.) Allocation of 10% of total partner cost for program to cover administration/governance, finance/audit, personnel/payroll, legal, insurance, information systems/network/internet access, public information/f
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<b>Budget Request Totals:</b> This section	n will be automa	atically calculated based	on the information provide	d above
Budget Categories	Category To	otals		
Personnel	\$	216,243.83		
Contractual Services	\$	521,100.00		
Housing & Facilities	\$	101,669.00		
Equipment	\$	85,167.00		
Supplies	\$	79,519.00		
Training/Associated Travel	\$	40,000.00		
Subto	tal \$	1,043,698.83		
			-	
Administrative Costs	Total		% of Total Request	
All Items	\$	104,317.17	9%	*No more than 10%, without exception request
Total Budget Requi	st: \$	1,148,016.00		

# JOSEPHINE COUNTY

# **Application: 000000011**

Michelle Binker - mbinker@josephinecounty.gov Oregon Behavioral Health Deflection Program (23-25)

#### Summary

ID: 000000011

Last submitted: Jul 12 2024 12:14 PM (PDT)

#### **Cover Sheet**

Completed - Jul 1 2024

## **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

#### County

Please select from the dropdown list.

Josephine

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

## **Primary Applicant Contact**

Name:	Michelle Binker
Organization:	Josephine County LPSCC
Title:	LPSCC Coordinator
Street Address:	500 NW 6th Street
City:	Grants Pass
Zip Code:	97526
E-mail:	mbinker@josephinecounty.gov
Phone:	5419162216

#### **Fiscal Contact**

Name:	Angela Brown
Legal Name of Organization for Payment:	Josephine County
State EIN:	936002300
Payment Remittance Street Address:	500 NW 6th Street
City:	Grants Pass
Zip Code:	97526
E-mail:	ABrown@josephinecounty.gov
Phone:	5419162216

Would you like ACH payment processing (direct deposit)?

No

# **Eligibility Questions**

Completed - Jul 12 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

## A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Michelle Binker
Position Title:	Interim Coordinator
Organization:	Josephine County LPSCC
Email Address:	mbinker@josephinecounty.gov
How is your program coordinator funded? You may use BHD funds.	BHD funds

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

# **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

#### **Responses Selected:**

Community Mental Health Program: OPTIONS

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Josephine County
Law Enforcement:	Grants Pass Police Dept.
Community Mental Health Program:	Options for Southern Oregon
Behavioral Resource Network Provider:	Options for Southern Oregon

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

### **Responses Selected:**

Public Defense:: Southern Oregon Public Defenders

Court:: Josephine County Circuit Court

Treatment Provider:: Options for Southern Oregon

Peer Support Organization:: Adapt Integrated Health Care

Local Government Body:: Josephine County LPSCC

Recovery Support Services Provider:: Adapt Integrated Health Care

Other, specify:: Grants Pass Sobering Center

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

Yes			

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

We have met as a group and with our county LPSCC to discuss available resources and suggested use of the program grant to facilitate the "warm hand-off" from initial law enforcement or other responder contact to a "time out" situation, a place where an individual can be screened and referred to other resources.

We have identified the Grants Pass Sobering Center as a willing partner in deflection.

We have solicited bids for the cost of outfitting an existing space at the Sobering Center as an office and screening area, and sought comparative wage studies for peer-support specialists.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

The program coordinator will be located onsite at the Grants Pass Sobering Center, will have case management tools for tracking participation, demographic data, screenings, and other metrics, and will communicate with partners in-person and via electronic means.

# C. Deflection Program Details

C.1) Are you requesting funds for a planning grant or an operational grant?

I Planning: This grant will primarily be used to plan and develop a deflection program that will be implemented after January 2025. You will be required to notify CJC as soon as your program is ready to become operational.

# C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	January
Year	2025

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

#### Word Limit: 300

- 1. Upon initial contact with a potential deflection program participant, a first responder or law enforcement officer will use discretion within prescribed policy to determine the individual's eligibility and offer deflection.
- 2. If an eligible individual declines deflection, the case proceeds like a normal criminal case cite/arrest, refer report to DA, DA review for charging decision, arraignment, attorney and then conditional discharge, plea, or trial.
- 3. If an eligible individual accepts deflection, no charges are filed. The individual is transported to the Grants Pass Sobering Center. Law enforcement records the deflection attempt (after the third such attempt at deflection, Grants Pass Police Dept. will arrest and cite upon a new incident).
- 4. At Grants Pass Sobering Center, the individual will be met by peer-support specialist and further screened for eligibility. If the referred person is actively under the influence when brought to the sobering facility by law enforcement, they will receive sobering services prior to peer-conducted screening.
- 5. The initial screening would include: willingness to participate, immediate barriers to accessing treatment/care, available resources, formal and informal support systems, etc. Our team of peers can make immediate referrals to eliminate barriers specifically, around issues such as housing, food insecurity, transportation limitations and potential co-occurring disorders.
- 6. A clinical ASAM is conducted by one of our substance use treatment providers, either in-person or virtually. The individual is referred for further assessment, treatment and services.
- 7. The Deflection Coordinator will act in a case management capacity with all deflection referrals and will assist with the coordination of services. The coordinator will also maintain client-specific and cumulative data to assure that the deflection participants follow through with treatment requirements. The Deflection Coordinator will also arrange regular meetings with the county's deflection team, comprised of law enforcement, prosecution, and treatment representatives.

C.4) Please describe the individuals who are eligible for your deflection program.

Word Limit: 75

Eligible individuals are those found in possession of or under the influence of a controlled substance who otherwise pose no threat of harm to themselves or others.

C.5) What qualifies as a successful outcome for participants in your deflection program?

Word Limit: 75

At this time success looks like the participant is screened at Grants Pass Sobering Center and receives an ASAM through one of our SUPs.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

The Grants Pass Sobering Center has, since 2022, kept demographic data on all person served. GPSC is intentional in hiring employees that represent diverse populations. GPSC provides Cultural Competency training as a "Core Competency" and all employees must pass the training to continue as members of the team. Additionally, the organization provides written handouts in languages other than English, and when language is a barrier, the organization has access to an interpreter. As part of trauma-informed approach, care is taken to minimize disruptions and noise.

Additionally, our other partners, including DA's office and law enforcement, have been proactively improving their organizations' cultural and linguistic responsiveness, as well as engaging in evidence-based practices and trauma-informed response.

C.7) Please describe how your program will address language access barriers when
communicating program referral options and program procedures to non-English speaking
individuals.

Word Limit: 150

All of our providers and partners, including our DA and law enforcement, have been proactively improving their organizations' cultural and linguistic responsiveness. Most include bi-lingual staff members.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?

Yes

8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

### Word Limit: 75

Beginning as soon as practical, Grants Pass Police Dept. is committed to utilizing deflection as warranted at officer's discretion within policy yet to be drafted concerning non-custodial transports. After the BHD program coordinator is hired and operating, officers will refer contacted parties to the BHD Coordinator or transport to GP Sobering Center, per policy.

C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?

No

C.10) As part of your deflection program, can an individual voluntarily initiate contact with a first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?
Yes
10.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
An individual can approach an officer or first responder to seek help. The first responder will attempt to connect the individual to the Deflection Coordinator for transport to the Grants Pass Sobering Center for screening and assessment.
C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?
Yes
11.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
Provisionally, yes, but we need to refine the policy and approach.

C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?  Yes
12.a.) Please describe this process and specify if it includes engagement in Medication Assisted Treatment, and include its planned or operational start date if different than the date identified in question C.2.  Word Limit: 75
Currently a local SUD treatment partner (BHRN partner) has Peers working with public safety to respond to individuals with opioid overdose to engagement in treatment/supports. Our CMHP partner's case manager/CADC works with Community Policing to engage the houseless, many of whom have SUD and have experienced or are at risk of overdose. Several low barrier services providers also provide active outreach/engagement to these populations. All provided without arrest, citation or charges filed.
C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?
Yes

13.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

### Word Limit: 75

This connection between mobile crisis and treatment and case management occurs currently; includes outreach and same-day access to behavioral health services. MAT available through multiple partners and available same-day. Our CMHP provides mobile crisis support and has direct access to same-day MAT services at their Certified Behavioral Health Clinic and also connects individuals to services at a location of the individual's choosing. No arrest, citation or charges filed.

# **Data Acknowledgements**

Completed - Jul 1 2024

# **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD.

Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

### **Responses Selected:**

Don't know, please explain:: it's difficult to anticipate, but HIPPA laws may apply

# **Budget Projection**

Completed - Jul 12 2024

# **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Josephine County Budget Projection Sheet BHDv2.xlsx

Filename: Josephine County Budget\_Projection\_Sheet\_BHDv2.xlsx Size: 34.5 kB

CJC Grant Program:	Oregon Behavioral Health Deflect	BUDGET PROJECTION Program	ON SHEET					
County Name(s):	Josephine	10 11 1 2						
Personnel: Salaries, wages and fringe Directions: In the "Program/Project Supported" fi		personnel (in whole or in part) emp	ner could include (E	AO Team Mobile	Cririr Team County I	Deflection Bronzom a	te	
In the "% Time per Month" field, use of In the "Monthly Rate" field, combine :	whole numbers to show percentage	of position's time dedicated to gra	int-related work. E	xample: a .50 FTE	(a half-time case ma	nager) = 50		
In the "# Months Employed" field, ind			ing the grant proje New or Existing		Monthly Rate	# Months	Total Amount	Personnel Narrative:
Position Title	Program/Project Supported	Employing Agency	Position	Month	(wages+fringe)	Employed	Requested	For each recuested item to the left, provide a brief sutification as to how it meets or fulfills the ouropse/intent of the program.  1.) A sworn deputy with Josephine County Sheriff's Office who will attend monthly deflection meetings and identify gaps in deflection services, specific to the logistical difficulties of
1 JCSO Deflection Liaison 2	BHD service personnel	Josephine County Sheriff's Office	New Select Option	100	12500.0	12	0.0	0 enzazina ruraliv located individuals in deflection services 0 2.)
			Select Option Select Option				0.0	
5 6			Select Option Select Option				0.0	0 5.) 0 6.)
7 8 9			Select Option Select Option					0 8.1
10			Select Option Select Option				0.0	0 (s). 0 (s)
					Personnel Total:	\$ 150,000.00		
Contractual Services: An individual or	r organization providing a reprise of	programmatic arpact of the work t	hat is not provided	directly by the o	rant recipient. Conito	of construction may be	requested in this c	nteron.
Directions: In the "Contract Title & Purpose" field				directly by the g	тапстесіріент. сорно	ar construction may be	: requesteu in this c	uegory.
In the "Program/Project Supported" fi	ield, identify the specific program/p	roject the contracted services supp	ort.		I	I		Contractual Services Narrative:
Contract Title & Purpose	Program/Project Supported	Contract Category		Unit Type	Price per Unit	# Units Required	Total Amount Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
Grants Pass Sobering Center								
Deflection Program Coordinator     Grants Pass Sobering Center Peer-	BHD personnel	Personnel		Monthly	4,480.50	12.0	53,766.0	0 1.) The Coordinator is a full-time (1 FTE) position hired by Grants Pass Sobering Center to track program participant data and services
2 support Specialist Grants Pass Sobering Center Peer-	BHD personnel	Personnel		Monthly	3.080.80		36.969.6	0 2.1 Peer-support Specialist is a full-time (1FTE) position hired by Grants Pass Soberine Center to provide one-on-one support for program participants
3 support Specialist Grants Pass Sobering Center	BHD personnel	Personnel		Monthly	3,080.80	12.0	36,969.6	3.) Peer-support Specialist is a full-time (1FTE) position hired by Grants Pass Sobering Center to provide one-on-one support for program participants
Office/Screening space 4 contruction	BHD program office space	Other		Select Option	290,532.00	1.0	290,532.0	<ol> <li>remodel work on an existing wareouse space at Grants Pass Sobering Center to create office space for the BHD Coordinator and room for BHD participant screening and</li> <li>assessments.</li> </ol>
5 Equipment - Vehicle	BHD service provision	Other		Select Option	34.000.00	1.0	34.000.0	5.) Grants Pass Sobering Center to purchase a 2024 RAV-4 Hybrid LE to be used for all deflection peer support services, to provide transportation to program participants' place of presidence, to treatment or after soberine care, and to ASAM appointments.
Grants Pass Sobering Center 6 Director	BHD administration/oversight	Personnel		Monthly	6,386.00		19,158.0	6.) The Grants Pass Sobering Center Director currently oversees operations and will begin to oversee the BHD at 0.25 FTE
7 Supplies 8 Vehicle supplies 9 Insurance	BHD service provision BHD service provision BHD service provision	Other Other Services		Select Option Select Option Select Option	3,500.00 2,000.00 3,000.00	1.0	2,000.0	7.) Supplies purchased by Grants Pass Sobering center to provide BHD services to include a desk, chair, and other typical office supplies (paper, etc)     8.1 Supplies purchased by Grants Pass Sobering Center for trusporting BHD program participants     8.1 Supplies and additional liability coverage for facility through But Incurrence
Januarice	on o service provision	July WEED		Select Option	3,000.00	1.0	3,000.0	0 (s) which and additional liability coverage for facility through Hart linurance 10.3 A computer to be used at Grants Pass Sobering Center by the BHO Coordinator, software for case-management tools, and communication with program partners; and IT support survices (one year). Equipment needed to implement the deflection program includes a PC for use by the Deflection Coordinator. IT services are provided through a contract with
Equipment - computer, case								service (one year), equipment network on implement the centerior program continues a PC to use by the Demicron Continues. It is extract, as provided introgram continues a provided in organization is charged per computer at the rate of \$38 per month. Currently GPSC does not utilize client specific software to track client activity and progress following their stay at the sobering center. Software is needed to track individual deflection client activity and success following referral to the program. The software will also be
	BHD service provision	Other		Select Option	51,456.00 Contractual	1.0	51,456.0	Outswing their stary at the supering center. Software is needed to track incrining a benefit of the success following refer at to the program. The software will also be a superior of the success of the country's deflection program.
					Services Total:	\$ 531,351.20		
Housing & Facilities: Eligible expenses	s for space/utilities necessary to cor	mplete program work and short-/lo	ng-term housing su	pport for particle	iants. Capital construi	ction may be request	ed in this category.	
Directions: In the "Item Description" field, identif	fv what the expense covers (general	livi.						
In the "Program/Project Supported" fi		roject the expense supports.					Total Amount	Housing & Facilities Narrative:
Item Description	Program/Project Supported			Unit Type Select Option	Price per Unit	# Units Required		For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.  1.)
3 4				Select Option Select Option				0 3.)
5		1		Select Option Select Option			0.0	o (s.)
5 6 7		‡		Select Option Select Option			0.0	0 7.)
9 10		+		Select Option Select Option Select Option			0.0	0 (3) 0 (3) 0 (1)
10		1		Select Option	Housing & Facilities Total:	,	0.0	<b>u</b> 10.7
					Total:	, .		
Equipment: Permanent or non-expen Directions:	ndable equipment with a purchase p	price of \$5,000 or more, or a useable	e life of two or mor	e years, for a sing	le item			
In the "Item Description" field, identif In the "Program/Project Supported" fi	fy the name/type of equipment to b	oe purchased.						
In the "Organization Served" field, ide In the "# of Units Required" field, indi	entify the entity that will own and o	perate the equipment.						
	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative: For each requested litem to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
Item Description	110gramy 110ject Jupported	Organization Served			Trice per Onic	w Onits required	0.0	0 1.)
3 4							0.0	0 3.1
5							0.0	o S.)
7 8							0.0	0 7.) 0 8.)
9							0.0	0 (9.) 0 (10.)
					Equipment Total:	\$ -		
Supplies: Consumable materials or su	applies, including the cost of small it	ems of equipment that do not mee	t the threshold for	the "Equipment"	category. Clients sup	ports could be reques	ted in this category	
Directions: In the "Item Description" field, identif								
In the "Program/Project Supported" fi In the "Organization Served" field, ide	entify the entity that will use the sup	oplies.						
In the "# of Units Required" field, indi							Total Amount	Supplies Narrative:
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested 0.0	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  1.)
2 3								0 3.1
5							0.0	o [5.)
5 6 7 8							0.0	0 (6)
8 9 10							0.0	0 B.) 0 9.) 10 (1.0.)
		1			Supplies Total:	\$ -	0.0	<b>*</b>
Training/Associated Travel: Eligible e	gnenses for transporation localing	ner diem and registrations for task	ings that support	rant nursorer				
Directions: Each line item should be dedicated to	a single training cost or travel cost		, asport i	punes				
All travel expenses must follow state I In the "Program/Project Supported" fi	DAS and federal GSA regulations; lui	xury expenses are not allowed (e.g.						
In the "Organization(s) Served" field, I In the "Is this a Training or Travel Cost In the "Training or Travel Costs (Per In	is: use entity(ies) that will have per t?" field, select to which this line ite individual)" field, ipput the extincter	m relates from the dropdown men d individual travel cost or registration	u. In cost for one atte	ndee.				
o new Costs (Per In	and apper the estimates	and the registration	Location of	Is this a Training or	Training or Travel Costs (Per	# of Individuals	Total Amount	Training/Associated Travel Narrative:  For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Training Title	Program/Project Supported	Organization Served	Training	Travel Cost?	Individual)	Attending	Requested	For travel line items, please indicate with which training it is associated.
PTACC - Defelction and pre-arrest 1 summit training registration	BHD personnel training	Grants Pass Sobering Center	Seattle, WA	Training	450.00	4.00		1.) data-driven training and deflection networking opportunity - PTACC - Deflection and pre-arrest summit training
2 Peer-support certification 3 Flight(s) MFR-SEA-MFR)	BHD personnel training BHD personnel training	Grants Pass Sobering Center Grants Pass Sobering Center	Seattle, WA Seattle, WA	Training	338.00	4.00	1,352.0 800.0	2.) PTACC - Deflection and pre-arrest summit training & certification     3.) PTACC - Deflection and pre-arrest summit training
4 Hotel 5 per diem	BHD personnel training BHD personnel training	Grants Pass Sobering Center Grants Pass Sobering Center	Seattle, WA Seattle, WA	Travel	200.00 900.00 300.00	4.00	3,600.0	0 4.) three nights at \$300/night x four participants - PTACC - Deflection and pre-arriest summit training 0 5.) three days x 4 participants - PTACC - Delection and pre-arriest summit training
Deflection Technical Assistance		Josephine County, Grants Pass Sobering Center, Options for						
6 Workshop	BHD program training	Southern Oregon Josephine County, Grants Pass	Bend, OR	Training			0.0	0 6.) recommended technical assistance workshop
7 per diem	BHD program training	Sobering Center, Options for Southern Oregon	Bend, OR	Travel	74.00	4.00	296.0	0 7.) x four attendees
		Josephine County, Grants Pass Sobering Center, Options for		L				
8 hotel 9 10	BHD program training	Southern Oregon	Bend, OR	Select Option	206.00	4.00	0.0	0 8.) lodging, one night, four attenddes 0 9.)
	1	-		Select Option	Training/Travel	\$ 9,872.00	0.0	0 (10)
					.otar:	⇒ 5,872.00		
Administrative Costs: Activities associ Directions:	lated with administering the grant :	such as purchasing, budgeting, payr	oll, accounting and	staff services				
Total Administrative Costs may not ex In the "Item Description" field, identif	fy the specific activities to be condu	cted.	he Commission.					
In the "Program/Project Supported" fi In the "Organization" field, identify the	ield, identify the specific program/p	roject the expense supports.						
Item Description	Program/Project Supported	Organization Served					Total Amount Requested	Administrative Costs Narrative:  For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Administration 2	BHD	Josephine County					\$ 15,000.00	
3 4 5			1					3.)
5			1					5.1
6 7 8			1					7.) 8.)

					_	
10						10.)
			Administrative			
			Total:	\$	15,000.00	15,000.00
Budget Request Totals: This section will		d on the information provided above	e			
Budget Categories	Category Totals					
Personnel	\$ 150.000.00					
Contractual Services	\$ 531,351.20					
Housing & Facilities	s -					
Equipment	\$ -					
Supplies	s -					
Training/Associated Travel	\$ 9,872.00					
Subtotal	\$ 691,223.20					
		="		ı	į.	
Administrative Costs	Total	% of Total Request		ı	į į	
All Items	\$ 15,000.00	2%	*No more than 10%, without exception request			

# **KLAMATH COUNTY**

# **Application: 0000000026**

Carly Anderson - canderson@klamathcounty.org Oregon Behavioral Health Deflection Program (23-25)

#### **Summary**

ID: 0000000026

Last submitted: Jun 27 2024 02:44 PM (PDT)

### **Cover Sheet**

Completed - Jun 26 2024

### **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

### County

Please select from the dropdown list.

Klamath

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

# **Primary Applicant Contact**

Name:	Aaron Hartman
Organization:	Klamath County Community Corrections
Title:	Director
Street Address:	3203 Vandenberg Ave.
City:	Klamath Falls
Zip Code:	97603
E-mail:	ahartman@co.klamath.or.us
Phone:	541-880-5500

### **Fiscal Contact**

Name:	Vickie Noel
Legal Name of Organization for Payment:	Klamath County
State EIN:	05021576
Payment Remittance Street Address:	305 Main Street
City:	Klamath Falls
Zip Code:	97601
E-mail:	vnoel@co.klamath.or.us
Phone:	541-883-4202

Would you like ACH payment processing (direct deposit)?

Yes

# **Eligibility Questions**

Completed - Jul 11 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Robert Fenner
Position Title:	Supervisor
Organization:	Klamath County Community Corrections
Email Address:	rfenner@klamathcounty.org
How is your program coordinator funded? You may use BHD funds.	Through BHD Funds

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

# **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

### **Responses Selected:**

Community Mental Health Program: Klamath Basin Behavioral Health

Local Mental Health Authority: Klamath Basin Behavioral Health

Federally Recognized Tribal Government: Klamath Tribes

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Klamath County
Law Enforcement:	Klamath Falls City Police and Klamath County Sheriff's Office
Community Mental Health Program:	Klamath Basin Behavioral Health
Behavioral Resource Network Provider:	Transformations Wellness

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

### **Responses Selected:**

Court:: Klamath County Circuit Court

Treatment Provider:: Klamath Basin Behavioral Health

Peer Support Organization:: Klamath Basin Behavioral Health

Local Government Body:: Klamath County Board of Commissioners

First Responder Agency:: Klamath Falls City Police and Klamath County Sheriff's Office

Recovery Support Services Provider:: Klamath Basin Behavioral Health and Transformations Wellness

Local Mental Health Authority:: Klamath Basin Behavioral Health

Tribal Government:: Klamath Tribes

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

Yes	
-----	--

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

Klamath County Community Corrections has been hosting weekly meetings with program partners. Additionally, the Deflection Coordinator has met with individual program partners to address specific issues pertinent to that individual agency.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

The Deflection Coordinator will continue having individual and group meetings, based on the need of information or resources for each program partner or participant.

# C. Deflection Program Details

C.1) Are you requesting funds for a planning grant or an operational grant?

Operational: This grant will primarily be used to operate a deflection program that will be implemented before January 2025.

C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	September
Year	2024

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

#### Word Limit: 300

- · Based on the LEAD model, the first initial point of contact will be law enforcement
- · Most contacts will result in a criminal citation being issued
- Along with the citation, information regarding Deflection and Treatment will be distributed to individuals
- A Deflection team will complete outreach, based on citations
- Citations are held at the District Attorney's office, pending triage by the Deflection team and the District Attorney
- Once triaged, the Deflection team will commence with outreach to the individuals who qualify
- Will follow flow chart of the Oregon Drug Intervention Plan
- Individuals who decline the Deflection program or have lack of engagement within the program, will then proceed through the court system.

C.4) Please describe the individuals who are eligible for your deflection program.

#### Word Limit: 75

All individuals who have received a citation for unclassified misdemeanor drug crimes or a referral from any source, will be reviewed and tracked by the Deflection Team. The District Attorney's office has completed exclusion criteria, which will be used as a guideline.

Word Limit: 75
Successful completion of Deflection treatment program, based on the treatment provider's criteria.
C.6) Describe how your deflection program is culturally and linguistically responsive, trauma-informed, and evidence-based.
Word Limit: 150
The Klamath County Deflection Program will adhere to culturally responsive pathways for all groups and cultures.  The Deflection program will ensure our materials, messages and interventions are culturally appropriate and accessible. All Deflection program partners will use evidenced-based programs, that have a trauma informed component.
C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.
Word Limit: 150
Leverage our culturally diverse employees, within the Deflection Program, and all of our program partners to overcome language and cultural barriers.
C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?
Yes

C.5) What qualifies as a successful outcome for participants in your deflection program?

C.10) As part of your deflection program, can an individual voluntarily initiate contact with a
only be filed after all outreach options are exhausted.
Citations will be held in abeyance at the District Attorney's office, pending Deflection team outreach. Charges will
Word Limit: 75
9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Yes
C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?
All unclassified misdemeanor drug crimes will be referred to the Deflection team. Law Enforcement will have access to the Deflection team to refer individuals, even if an individual is not cited.
<u>Word Limit: 75</u>
8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

Page 238 of 477

first responder agency (e.g. police department, fire station, EMS) to seek a referral to

treatment, without an arrest, citation, or charges filed?

Yes

10.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

### Word Limit: 75

All First Responders and program partners will be provided Deflection program information, that can be given to individuals who are seeking treatment options. Officers will have the ability to direct people towards the Deflection Program, without receiving a citation.

C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?

Yes

11.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

The Deflection team will provide training and information to law enforcement, first responders, and program partners to help facilitate and encourage outreach. The Deflection Team will have a dedicated vehicle that supports the holistic care and recovery of individuals struggling with substance abuse by improving access to treatment services, enhancing outreach efforts, and ensuring efficient program operations.

conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?
Yes
12.a.) Please describe this process and specify if it includes engagement in Medication Assisted Treatment, and include its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
Klamath County has three agencies that provide MAT/MOUD services. This will be explored as part of the planning process, to ensure the proper collection of this information, that does not violate HIPPA or other barriers.
C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?
Yes

C.12) As part of your deflection program, will first responders and/or program partners

13.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

### Word Limit: 75

The Deflection Team will consider any and all referrals. The Deflection Team will not have a rigidly defined mobile crisis team, but a multi-disciplinary approach that allows the team to respond to specific situations with the right team members to help the individual. However, the members of the MDT will communicate regularly to ensure all of the communities resources are being leveraged to help the individual. Our local community mental health provider has a CIT, whose services will be utilized within the Deflection Program.

## **Data Acknowledgements**

Completed - Jun 27 2024

# **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD.

Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

### **Responses Selected:**

Don't know, please explain:: Nothing at this time.

# **Budget Projection**

Completed - Jul 11 2024

# **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Klamath BHD 24.xlsx

Filename: Klamath BHD 24.xlsx Size: 32.9 kB

CJC Grant Program.	Oregon Behavioral Health Deflect	BUDGET PROJECTIO	N SHEET					
County Name(s):	Klamath	Oli Flog. a						
Personnel: Salaries, wages and fringe Directions:	benefits costs for all grant-funded g	sersonnel (in whole or in part) empl	byed by the grant re	ecipient				
In the "Program/Project Supported" In the "% Time per Month" field, use	whole numbers to show percentage	e of position's time dedicated to gran	nt-related work. Exa	ample: a .50 FTE	(a half-time case mai	nager) = 50	tc.	
In the "Monthly Rate" field, combine In the "# Months Employed" field, in	salary/wages and fringe benefits for	r a single month at full time, regardle	ess of the value inclu ing the grant project	uded in the "% T t period.	Time per Month" field	i.		
Position Title	Program/Project Supported	Employing Agency Klamath County Community	New or Existing Position	% Time per Month	Monthly Rate (wages+fringe)	# Months Employed	Total Amount Requested	Personnel Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the ourpose/intent of the program.
1 Deflection Coordinator	BHD	Klamath County Community Correction Klamath County Community	Existing	100	11133.0	12	133.596.00	1.) Will fulfill the role of Deflection Coordinator within the grant cycle
2 Deflection Care Navigator	BHD	Correction Community	New Select Option	100	7424.3	12	89,091.00 0.00	Will fulfill the role of Care Navigator within the grant cycle, providing resources, peer support and aide to the deflection coordinator, in any copacity that entails.       3.)
4			Select Option Select Option			<b>!</b>	0.00	4.)
5 6 7	#		Select Option Select Option				0.00	6.)
8	<u></u>	<u></u>	Select Option Select Option			F	0.00	8.)
10			Select Option				0.00	10.)
					Personnel Total:	\$ 222,687.00		
Contractual Services: An individual of	ar organization providing a service or	programmatic aspect of the work t	hat is not provided d	directly by the g	rant recipient. Capita	of construction may be	requested in this ca	stegory.
Directions: In the "Contract Title & Purpose" fiel	d, identify the contractor and what :	services the contract covers (general	lly).					
In the "Program/Project Supported"	held, identify the specific programy p	roject the contracted services support	ort.				Total Amount	Contractual Services Narrative:
Contract Title & Purpose	Program/Project Supported	Contract Category		Unit Type	Price per Unit	# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
1 2 3	<b>+</b>	Select Option Select Option Select Option		Monthly Select Option Select Option			0.00 0.00	2.)
3 4 5 6		Select Option Select Option Select Option		Select Option Select Option		<b>!</b>	0.00	4.)
7	<del>-</del>	Select Option Select Option		Select Option Select Option	<del></del>	<u> </u>	0.00	6.)
9	Ŧ <u> </u>	Select Option Select Option	1	Select Option Select Option			0.00	8.) 9.)
10		Select Option		Select Option	Contractual		0.00	10.)
					Services Total:	\$ -		
Housing & Facilities: Eligible expense	es for space/utilities necessary to cor	nplete program work and short-/lor	g-term housing sup	port for particip	iants. Capital construi	ction may be requeste	ed in this category.	
Directions: In the "Item Description" field, ident In the "Program/Project Supported"	ify what the expense covers (general field, identify the specific program/p	ily).						
Item Description	Program/Project Supported	roject tite expense sopp		Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:  Expends accounted flow to the left populds a held furtification as to how it meet or fulfills the purposalizated of the program
1 Housing Help	Program/Project Supported		ľ	Unit Type Per Item	Price per Unit 1,000.00	# Units Required	20,000,00	For each requested item to the left, provide a brief ustification as to low it meets or fulfills the purpose/intent of the program.  1) To assist with housing needs for individuals who are successfully engaging within the Deflection treatment program. This will include, but is not limited to, assisting with application fee's deposits and refer appoints and refer alpoints are referred as a refer alpoints and referred as a refe
	Bho	1		Select Option Select Option	4,		0.00	2.)
3 4 5 6	<b>‡</b>	1		Select Option Select Option	<u> </u>		0.00	4.)
	<del>-</del>	1		Select Option Select Option		H	0.00	6.)
8 9 10	+	1		Select Option Select Option		<del>                                     </del>	0.00	8.)
10				Select Option	Housing & Facilities		0.00	10.)
					Total:	\$ 30,000.00		
Equipment: Permanent or non-exper Directions:	indable equipment with a purchase p	price of \$5,000 or more, or a useable	life of two or more	years, for a sing	je item			
In the "Item Description" field, ident In the "Program/Project Supported"	ify the name/type of equipment to b field, identify the specific program/p	project the equipment supports.						
In the "Organization Served" field, id- In the "# of Units Required" field, ind	lentify the entity that will own and or	perate the equipment.						
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:  For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Mobile Crisis Van	RHD	Klamath County Community Corrections			50,000.0	1.0		For each requested item to the left, provide a brief sufficience as to how it meets or fulfills the purpose/intent of the program.  1. For the purchase of a van be used for the Mobile Crisis Team. Van would be used when low enforcement is making initial contact, and Deflection Team needs to be on scene in real time to assist with the process. The mobile crisis van will be used useful soft effection.
3	DO No.					H	0.00	2.)
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10					Equipment Total:	\$ 50,000.00	0.00	<u> 10.)</u>
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Administrative Costs	Total	% of Total Request		
All Items	\$ 36,924.00	10%	*No more than 10%, without exception request	

Total Budget Request: \$ 369,247.00

# LANE COUNTY

# **Application: 000000015**

Alexandria Dreher - Alex. Dreher@lanecountyor.gov Oregon Behavioral Health Deflection Program (23-25)

#### **Summary**

ID: 000000015

Last submitted: Jul 31 2024 11:39 AM (PDT)

### **Cover Sheet**

Completed - May 22 2024

### **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

### County

Please select from the dropdown list.

Lane

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

# **Primary Applicant Contact**

Name:	Clint Riley
Organization:	Lane County
Title:	Deflection Coordinator
Street Address:	125 E. 8th Ave
City:	Eugene
Zip Code:	97401
E-mail:	Clint.riley@lanecountyor.gov
Phone:	541-517-0083

### **Fiscal Contact**

Name:	Kelly Barlow
Legal Name of Organization for Payment:	Lane County
State EIN:	93-6002303
Payment Remittance Street Address:	125 E. 8th Ave
City:	Eugene
Zip Code:	97401
E-mail:	kelly.barlow@lanecountyor.gov
Phone:	5416827991

Would you like ACH payment processing (direct deposit)?

Yes

# **Eligibility Questions**

Completed - Jul 31 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Clint Riley
Position Title:	Deflection Program Coordinator
Organization:	Lane County
Email Address:	Clint.Riley2@lanecountyor.gov
How is your program coordinator funded? You may use BHD funds.	BHD funds

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

# **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

### **Responses Selected:**

Community Mental Health Program: Lane County Behavioral Health

Local Mental Health Authority: Lane County Behavioral Health

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Lane County District Attorney's Office
Law Enforcement:	Lane County Sheriff's Office, Eugene Police Department, Springfield Police Department, other smaller police departments.
Community Mental Health Program:	Lane County Behavioral Health
Behavioral Resource Network Provider:	Emergence, Ideal Options, Looking Glass, Centro Latino Americano , OSLC

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

### **Responses Selected:**

Public Defense:: Lane County Public Defender Services

Court:: Eugene Municipal Court, Lane County Circuit Court

Treatment Provider:: Lane County Behavioral Health, Lane County Mobile Crisis, Lane County FITT.

Peer Support Organization:: Transformative Justice, Restored Connections Peer Center

Local Government Body:: Lane County, Lane Council of Governments

First Responder Agency:: Eugene Police Department, Springfield Police Department, Lane County Sheriff's Office, Chiefs of Police from smaller jurisdictions consulted

Community Provider:: Transformative Justice (ReGroup), Centro Latino Americano (Plaza de Nuestro Comunidad), St. Vincent de Paul Society of Lane County, Looking Glass Community Services

Community Based Organization:: Eugene/Springfield NAACP, Trauma Healing Project

Case Manager Provider:: Ideal Options

Recovery Support Services Provider:: Emergence

Local Mental Health Authority:: Lane County Behavioral Health

Tribal Government:: Upcoming meetings with Coquille Indian Tribe, Confederated Tribes of Siletz Indians, and Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians

Other, specify:: OSLC Developments, Inc., Veterans Administration, other interested community members

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

Yes

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

Following direction by the Lane County Commissioners, Community Justice and Rehabilitation Services (CJRS) was designated to house deflection and begin program development efforts. With support from across county government, CJRS convened coordination and advisory tables to shape design, staffing, operations, and integration into the complex local provider landscape. CJRS worked with the DA, Sheriff's Office, and Chiefs of Police to develop program eligibility. CJRS convened BIPOC community members, social justice advocates, treatment providers from all three BHRNs currently funded by OHA in Lane County and other social services together with key law enforcement representatives. 17 organizations have participated. These processes enabled Lane County to validate and select the LEAD model as the basis for our deflection program and will continue to support ongoing program launch efforts over the next three months in advance of our planned launch date no later than October 1.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

The Lane Deflection program coordinator will be the central network node for information flowing between the law enforcement, courts, behavioral health, deflection navigators, and community treatment providers. Consistent with LEAD, Lane Deflection envisions a case management model that captures near real-time status for each individual in the program and summary metrics for public reporting on progress toward program outcomes as a whole. Procurement will begin shortly for a navigation services contractor who will ultimately staff and supervise a team of peer navigators. Each navigator will be responsible for keeping electric case files up to date on participant program fidelity as they connect participants to services. Lane Deflection will work with providers to determine the most efficient means of providing participant status updates to navigators and central program coordination. Lane Deflection will work with courts, the DA's office and law enforcement to determine the scope of ongoing case reporting requirements.

# C. Deflection Program Details

C.1) Are you requesting funds for a planning grant or an operational grant?

Operational: This grant will primarily be used to operate a deflection program that will be implemented before January 2025.

C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	October
Year	2024

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

Using the LEAD model, a simple, stepwise rendering of Lane Deflection is as follows:

- Upon encounter, an officer determines if an individual is eligible for deflection and makes contact with Navigator to facilitate transfer. Our goal is for a 24/7 response warm hand off whenever possible. This will be further delineated as we plan and implement the program.
- Navigator's first and second initial engagements with the deflected individual to onboard into Lane Deflection; release of information secured, initial assessments for any needed healthcare, associated services, or other social services supports. Case management file creation and tracking begins
- Referrals to next available service provider appropriate (including assessment for co-occurring disorders) to need and entry assistance into treatment or other services, as appropriate.
- •Following initial treatment, referrals to ongoing service supports for longer term stabilization such as ongoing behavioral & mental health treatment, transportation, housing, basic needs, employment, and legal assistance.
- •Ongoing engagement with program participants provided by peer navigators; individuals having issues with program fidelity identified for supervisors and program management as needed to ensure success.
- •Case management reporting provides routine updates for all program partners and providers for individuals in the program.
- Upon meeting longer term success benchmarks such as reduced involvement in the criminal justice system, reduced ER visits, improved housing outcomes, improved treatment and sobriety outcomes participants will be deemed to have completed Deflection and exit program.

C.4) Please describe the individuals who are eligible for your deflection program.

Word Limit: 75

Adults who live in Lane County and have committed a low-level "quality of life" crime such as possession of a controlled substance, trespassing, or low-level theft, and for whom it is suspected that their behavior stems from an unmet behavioral health need and/or co-occurring substance use disorder.

C.5) What qualifies as a successful outcome for participants in your deflection program?

Word Limit: 75

Lane Deflection envisions a two-tier outcome framework for the deflection program. At the individual level (this will vary from person to person), outcomes could range from changes in substance use, health status, and longer term indicators of well-being (housed, employed, etc). At the program cohort level, outcome indicators of success over time would include reduced criminal justice system engagement, lowered recidivism, reduced costs, and better systems coordination and utilization.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

Lane Deflection was developed via an inclusive process including BHRNs, BIPOC community leaders, social justice advocates, and other interested parties that engaged in the design process. Key program insights include the need and concern to deflect people who have been historically marginalized away from the criminal justice system so as not to perpetuate systemic injustices. Cultural-specific providers have been at the table in design and we are building requirements into an RFP that services be culturally and linguistically responsive, including but not limited to being staffed by bilingual and bicultural community members, and participation in the program be responsive to past traumas of participants. Recognizing that most LE uses language lines in the field to provide translation, Lane Deflection will incorporate translation into upcoming navigation procurement. With upcoming tribal consultations and ongoing collaboration with local service providers, we will continue to incorporate best practices as the program launches and matures.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

As previously noted, the upcoming procurement for navigation services will include provisions for supporting non-English speaking participants. Further, the additional program design efforts that Lane Deflection and its partners are continuing to undertake include understanding current clinical translation services utilized by providers. Lane County's Community Health Centers use Linguava for clinical translation purposes. This design process will form the baseline map for navigators in understanding how to refer each individual into a care setting most appropriate for their specific needs.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?

Yes

8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

### Word Limit: 75

Consistent with LEAD model, Lane Deflection begins with a referral of eligible participants to a Navigator to begin the process described in question C.3. above. As noted in question C.2. above, operational launch is currently planned for no later than October 1, 2024.

10.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

### Word Limit: 75

Lane Deflection is working with BHRN-funded providers for the program design process who have indicated that they would gladly accept self-referrals for treatment from any source. Accordingly, Lane Deflection would connect the self-referral but won't likely provide intensive case management due to capacity constraints for deflection programming. This service should be available on October 1, 2024.

C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?

Yes

11.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

### Word Limit: 75

Lane Deflection will advise officers, first responders, or outreach personnel that they may refer individuals effective October 1, 2024.

C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?

No

C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?

Yes

13.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

### Word Limit: 75

Lane Deflection will collaborate with Lane County Mobile Crisis Team, the Lane County FITT, CAHOOTS, Parole & Probation Mental Health Unit, and other field providers of crisis services for referrals into treatment and resources without arrest, citation, or charges being filed with anticipated operational date again being at the October 1, 2024 launch. A key question for Lane Deflection for each of the scenarios posed by Questions 11, 12, and 13 is whether and to what extent those referred would receive the same level of ongoing case management as those deflected from an actual criminal charge. Capacity will drive this determination.

### **Data Acknowledgements**

Completed - Jun 28 2024

### **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

#### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD. Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

#### **Responses Selected:**

List of deflection participants

Deflection participant demographics (e.g., age group, race/ethnicity for each participant)

Source of referral for deflection (e.g., District Attorney, law enforcement, BHRN, community mental health program)

Services provided as part of the deflection program

### **Budget Projection**

Completed - Jul 19 2024

# **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

## **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Lane BHD 24 R 07192024.xlsx

Filename: Lane\_BHD\_24\_R\_07192024.xlsx Size: 35.5 kB

CJC Grant Program:	Oregon Behavioral Health Deflecti	BUDGET PROJECTIO	ON SHEET					
County Name(s):	Lane County	on Flogram					-	
Personnel: Salaries, wages and fringe	benefits costs for all grant-funded p	personnel (in whole or in part) emplo	oyed by the grant re	ecipient				
Directions: In the "Program/Project Supported" fie	del identific the coesific accessor for	night the position supports. France	e could include LEA	D Toom Mobile	Crisis Toom County D	offestion Dronness o	40	
In the "% Time per Month" field, use w	hole numbers to show percentage of	of position's time dedicated to grant	-related work. Exa	mple: a .50 FTE (a	a half-time case mana	ger) = <b>50</b>		
In the "Monthly Rate" field, combine sa	alary/wages and fringe benefits for	a single month at full time, regardle	ss of the value incli	uded in the "% Tir	me per Month" field.			
In the "# Months Employed" field, indi	cate the number of months the posi	tion is expected to be funded during	the grant project	period.	Advertil Bate		T-4-1 4	Provide Number
Position Title	Program/Project Supported	Employing Agency	New or Existing Position	% Time per Month	Monthly Rate (wages+fringe)	# Months Employed	Total Amount Requested	Personnel Narrative:  For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
Position ritie	Frogram/Froject Supported	Employing Agency	FOSICION	WORLD	(wages+ittinge)	Lilipioyeu		<ol> <li>1.) 1 FTE Program Manager at Lane County (Deflection Coordinator). Responsible for program implementation, compliance, and coordination. Required component of the CJC grant.</li> </ol>
1 Deflection Program Coordinator	Deflection	Lane County	New	100	22538.7	13	293,002.97	(\$166,234 Salary, \$101,232 benefits for FY25). This position started at the end of FY24 to ensure rapid program ramp up.
								2.) 1 FTE Sr. Program Services Coordinator (Deflection Analyst) who will assist with CJC grant coordination and compliance, data reporting and tracking, administration of grant and
2 Deflection Analyst	Deflection	Lane County	New	100	13634.2	11		2.) I FILE ST. PrOgram Services Coordinator (Detrection Analyst) who will assist with LLC grant coordination and complainate, data reporting and tracking, administration or grant and grant-seeking to complement Deflection program, collaboration between partners, and program development. Salary \$87.52, benefits \$56.2744.
2 Deficetion values	Deficetion	Edit Codity	iicii	100	13034.2			3.) Paralegal in Lane County District Attorney's office to coordinate and track required data for clients and criminal justice deflection between law enforcement, DA, and Navigation
3 Paralegal	Deflection	Lane County	New	100	9573.8	12	114,885.00	services provider. Ensures deflection away from criminal justice system. Salary \$61,270, benefits \$53,615.
5			Select Option Select Option				0.00	
6			Select Option				0.00	5)
7			Select Option				0.00	
8			Select Option Select Option				0.00	
10			Select Option				0.00	
1								
					Personnel Total:	\$ 557,863.95		
Contractual Services: An individual or	organization providing a convice or	programmatic aspect of the work th	nat is not provided	directly by the are	ant recipient Conital a	onstruction may be	requested in this cate	2001
Directions:				on ectivity by the gra	one recipient. Capital C	onstruction may be	requested in this cate	
In the "Contract Title & Purpose" field,								
In the "Program/Project Supported" fie	eld, identify the specific program/pro	oject the contracted services suppor	rt.					
							Total Amount	Contractual Services Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Contract Title & Purpose	Program/Project Supported	Contract Category		Unit Type	Price per Unit	# Units Required		To each requestive ment of the terr, provide a unit pushination as to now it meets or runnis the purpose ment or the program. If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
contract rate & raipose	Trogram/Troject supported	contract category		Ome type	Trice per Onic	iii Onico ricquired		
								1.) This is the main Navigation services provider, to be RFPed. Includes 1 FTE Navigator Supervisor, indirect administrative costs, direct administrative supplies and costs, 5 fte
To be RFPed: Deflection Program								Navigators, and a client assistance fund. To be contracted per an RFP process. Navigators will case manage participants, provide resource linkage, work with law enforcement and the DA's office, identify resource needs, coach and case manage the program participant. Navigators will utilize client assistance fund (separate budget line item) to ensure program
1 Navigation Services	Deflection	Personnel		Monthly	70,000.00	10.0	700.000.00	UAS OTTICE, IDENTITY RESOURCE NEEDS, COOCH and Case amanage the program participants. Navigators will utilize client assistance runs (separate bugget line item) to ensure program participants needs are met (no direct payment to participants, subject to certain eligibility items). They will also track the required data for the program. Cotober 1, 2024-June 30, 2025
2 Deflection Consultant	Deflection	Other		Yearly	30,000.00	1.0	30,000.00	2.) Consultant re: Deflection design process, program implementation, and continuous quality improvement. Price not to exceed \$30k at \$200/per hour fully loaded.
Lane Council of Governments								3.) LCOG staff support for Deflection design process, minute-keeping of progress, and coordination/collaboration with Public Safety Coordinating Council. @\$119 fully loaded cost per
3 Support	Deflection	Other		Yearly	25,000.00	1.0		hour. Estimate 210 hours.
5		Select Option	Ī	Select Option			0.00	5)
6 7		Select Option		Select Option			0.00	6.)
7		Select Option		Select Option			0.00	7.)
8		Select Option Select Option		Select Option Select Option			0.00	
10		Select Option		Select Option			0.00	
					Contractual			
					Services Total:	\$ 755,000.00		
Housing & Facilities: Eligible expenses	for space/utilities necessary to con	nplete program work and short-/lon	ng-term housing sup	port for participa	ants. Capital construct	ion may be requeste	ed in this category.	
Directions: In the "Item Description" field, identify								
In the "Item Description" field, identify In the "Program/Project Supported" fie	what the expense covers (generally eld, identify the specific program/pro	/). oiect the expense supports.						
		1					Total Amount	Housing & Facilities Narrative;
Item Description	Program/Project Supported			Unit Type	Price per Unit	# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1				Per Item			0.00	
3				Per Item Select Option			0.00	2)
4				Select Option			0.00	
5				Select Option			0.00	5.)
6				Select Option			0.00	
8		-		Select Option Select Option			0.00	
9				Select Option			0.00	
10				Select Option			0.00	10.)
					Housing & Facilities Total:			
					rotar:	,		
Equipment: Permanent or non-expend	dable equipment with a purchase pr	ice of \$5,000 or more, or a useable	life of two or more	years, for a single	e item			
Directions: In the "Item Description" field, identify	the name/type of equipment to be	nurchased						
In the "Program/Project Supported" fie	eld, identify the specific program/pro	oject the equipment supports.						
In the "Organization Served" field, iden	tify the entity that will own and ope	erate the equipment.						
In the "# of Units Required" field, indic	ate the number of individual items t	to be purchased.						
Itom Description	Dengen /Dening Comment	Organization For			Deina nos 11-11	# Units Decree		Equipment Narrative:
Item Description 1 IT Supplies	Program/Project Supported Deflection	Organization Served Lane County			Price per Unit 8,000.0	# Units Required 3.0	Requested 24.000.00	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  1) Workstation, monitor, copier for 3 FTE Deflection Program staff at Lane County
2					5,000.0	3.0	0.00	2.)
3							0.00	
4 5 6							0.00	
6							0.00	
7							0.00	
8							0.00	
10		1	1			l	0.00	

					Equipment Total:	\$ 24,000.00		
Supplies: Consumable materials or su	pplies, including the cost of small it	ems of equipment that do not meet	the threshold for ti	ne "Equipment" o	ategory. Clients suppo	orts could be request	ted in this category.	
Directions: In the "Item Description" field, identify	the name (true of consider to be a	usebasad						
In the "Program/Project Supported" fie	eld, identify the specific program/pr	roject the supplies supports.						
In the "Organization Served" field, ider	ntify the entity that will use the supp	plies.						
In the "# of Units Required" field, indic	ate the number of individual items t	to be purchased.			1		Total Amount	Supplies Narrative:
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested	Subjects we read to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
								1.) Flexible client assistance fund to meet needs of clients for stabilization. Dependent upon participant need, but may include low-barrier treatment-focused emergency shelter beds, short term and long term rent/housing assistance, transportation, etc. This may include food (meals to promote engagement and meet basic hunger needs during meetings with
								Navigators, grocery purchase to stabilize folks and reduce low-level crimes like theft/shoplifting to meet immediate needs while Navigators connect clients to ongoing food resources
A Client Assistance	Deffective December	TOD down down on DED(s)			325.588.05		225 500 05	like SNAP, food pantries). Flexible funds to meet people where they are, address their unique needs based on case management decisions. Funds will never be directly given to clients,
1 Client Assistance 2 Office Supplies	Deflection Program Deflection Program	TBD dependent on RFP(s)  Lane County			1,000.00	1.0	1.000.00	however purchases will be made to directly benefit clients and promote stability and health in compliance with CIC grant rules.  2.) Office supplies (printing, ink, etc.) for Deflection program personnel at Lane County.
3	-						0.00	3.)
4			-				0.00	4.)  s
6							0.00	6.)
7 8							0.00	
9							0.00	
10							0.00	10.)
					Supplies Total:	\$ 326,588.05		
Training/Associated Travel: Eligible e Directions:	xpenses for transporation, lodging, p	per diem, and registrations for train	ngs that support gr	ant purposes				
Each line item should be dedicated to								
All travel expenses must follow state E In the "Program/Project Supported" fie	AS and federal GSA regulations; lux	tury expenses are not allowed (e.g. f	irst-class seating).					
In the "Organization(s) Served" field, li	st the entity(ies) that will have pers	onnel attending training.						
In the "Is this a Training or Travel Cost In the "Training or Travel Costs (Per Inc	?" field, select to which this line iten	n relates from the dropdown menu.	cost for one attend	too				
				Is this a	Training or Travel			Training/Associated Travel Narrative:
Training Title	Program/Project Supported	Organization Served	Location of Training	Training or Travel Cost?	Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  For travel line items, please indicate with which training it is associated.
	Program/Project Supported	Organization serveu	Halling	Haver Cost?		Attenuing	Requested	
1 PTACC Conference- Training	Deflection	Lane County	Seattle, WA	Training	425.00	2.00	850.00	1.) Attendance at the annual Police, Treatment, and Community Collaborative (PTACC) training in Seattle, WA. Includes conference registration fee (\$425 early bird per person)
2 PTACC Conference- Training	Deflection	Contractor TBD	Seattle, WA	Training	425.00	2.00	850.00	2.) Attendance at the annual Police, Treatment, and Community Collaborative (PTACC) training in Seattle, WA. Includes conference registration fee (5425 early bird per person)
3 PTACC Conference- Travel	Deflection	Lane County	Seattle, WA	Traval	1,212.00	2.00		3.) Travel costs associated with attending PTACC conference. Hotel (per diem rate of \$232/night for 3 nights = 696 per person), meals and incidentals per diem rate \$79/day x 4 days = 316 per person, \$400 mileage reimbursement for carpool= \$1,212 per person.
3 PTACC Conference- Travel	Deflection	Lane County	Seattle, WA	Travel	1,212.00	2.00		4.) Travel costs associated with attending PTACC conference. Hotel (per diem rate of \$232/night for 3 nights = 696 per person), meals and incidentals per diem rate \$79/day x 4 days =
4 PTACC Conference- Travel	Deflection	Contractor TBD	Seattle, WA	Travel	1,212.00	2.00	2,424.00	316 per person, \$400 mileage reimbursement for carpool= \$1,212 per person.  5.) Training (may be multiple occurences) for law enforcement officers to understand the workflow associated with the new Deflection program. Training will include implicit bias
								2-7 maning miny be minuspie occurrences on an emotic officers to make a minuspie of the more and the minuspie of the more officers to the description of the more officers of the more of the
								by the diverse stakeholder group working on program design. Lane County has and will continue to identify in-kind sources for training needs, including implicit bias, trauma-informed
Training for Law Enforcement 5 Officers on Deflection Program	Deflection	Vendor TBD	Eugene, OR	Training	400.00	100.00	40,000,00	care, and restorative justice for law enforcement and other personnel involved in the program. It has been identified that this line item should be \$150k which Lane County is working to secure from other in-kind sources.
6	Deficeton	VCHOOT TOO	Eugene, on	Select Option	400.00	100.00	0.00	6.)
7				Select Option Select Option			0.00	
9				Select Option			0.00	9.)
10				Select Option			0.00	10.)
					Training/Travel Total:	\$ 46,548.00		
					-			
Administrative Costs: Activities associ	iated with administering the grant s	such as purchasing, budgeting, payro	II, accounting and	taff services				
Directions: Total Administrative Costs may not ex-	soud 100/ of total funds requested	unless on oursettion is assetted by th	Commission					
In the "Item Description" field, identify	the specific activities to be conduc	ted.	e Commission.					
In the "Program/Project Supported" fie In the "Organization" field, identify the	eld, identify the specific program/pr	roject the expense supports.						
organization neid, identily the	The state of the s	JULIAN DELIVINES.					Total Amount	Administrative Costs Narrative:
Item Description	Program/Project Supported	Organization Served					Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Administration	Deflection Program	Lane County					\$ 189,953.00	1.) Lane County's administrative costs associated with administering the grant including purchasing, budgeting, payroll, accounting, and staff services.
3								2-1 3.3 3.1
4								4.)
5								5.)
7								7.)
8								8.)
10								[2] [10]
					Administrative Total:	\$ 189,953.00		
					TOTAL:	3 185,555.00	1	
Budget Request Totals: This section w	ill be automatically calculated base	d on the information provided above						
Budget Categories	Category Totals							
Personnel	\$ 557,863.95							
Contractual Services Housing & Facilities	\$ 755,000.00 \$ -							
Equipment	\$ 24,000.00							
Supplies Training/Associated Travel	\$ 326,588.05 \$ 46.548.00							
Subtotal								
Administrative Costs	Total	% of Total Request						
, with the costs	roudi	/v or rotal neguest						

All Items	\$ 189,953.00 10%	*No more than 10%, without exception request	

# LINCOLN COUNTY

# **Application: 0000000040**

ADAM SHANKS - ashanks@co.lincoln.or.us Oregon Behavioral Health Deflection Program (23-25)

#### Summary

ID: 0000000040

Last submitted: Jul 18 2024 09:10 PM (PDT)

#### **Cover Sheet**

Completed - Jun 26 2024

### **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

#### County

Please select from the dropdown list.

Lincoln

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

### **Primary Applicant Contact**

Name:	Adam Shanks
Organization:	Lincoln County Sheriff's Office
Title:	Administrative Lieutenant
Street Address:	251 W. Olive St.
City:	Newport
Zip Code:	97365
E-mail:	ashanks@co.lincoln.or.us
Phone:	541-265-0653

#### **Fiscal Contact**

Name:	Jayne Welch
Legal Name of Organization for Payment:	Lincoln County Treasurer
State EIN:	93-6002304
Payment Remittance Street Address:	225 West Olive Street Rm. #206
City:	Newport
Zip Code:	97365
E-mail:	jwelch@co.lincoln.or.us
Phone:	541-265-0352

Would you like ACH payment processing (direct deposit)?

Yes

# **Eligibility Questions**

Completed - Jul 18 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Jonathan Hoy
Position Title:	Community Alternative Justice Program Coordinator
Organization:	Lincoln County District Attorney's Office
Email Address:	jhoy@co.lincoln.or.us
How is your program coordinator funded? You may use BHD funds.	Tentative approval to use Lincoln County General Fund.

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

# **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

#### **Responses Selected:**

Community Mental Health Program: Lincoln County Behavioral Health

Local Mental Health Authority: Lincoln County Behavioral Health

Federally Recognized Tribal Government: Confederated Tribes of the Siletz Indians

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Lincoln County District Attorney's Office
Law Enforcement:	Lincoln County Sheriff's Office
Community Mental Health Program:	Lincoln County Behavioral Health
Behavioral Resource Network Provider:	Lincoln County Behavioral Health

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

#### **Responses Selected:**

Public Defense:: Guy Greco

Court:: The Honorable Sheryl Bachart

Treatment Provider:: Reconnection Alcohol and Drug Treatment Inc.and Phoenix Wellness

Peer Support Organization:: Reconnection Alcohol and Drug Treatment Inc.and Phoenix Wellness

Local Government Body:: Lincoln County

First Responder Agency:: Pacific West Ambulance

Community Provider:: Phoenix Wellness and Reconnection Alcohol and Drug Treatment Inc

Community Based Organization:: Phoenix Wellness and Reconnection Alcohol and Drug Treatment Inc

Case Manager Provider:: Reconnection Alcohol and Drug Treatment Inc and Phoenix Wellness

Recovery Support Services Provider:: Reconnection Alcohol and Drug Treatment Inc and Phoenix Wellness

Local Mental Health Authority:: Lincoln County Behavioral Health

Tribal Government:: The Confederated Tribes of Siletz Indians

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

Yes
-----

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

Lincoln County's Local Public Safety Coordinating Council (LPSCC) established a subcommittee, which includes partners from the organizations listed in question two and three, to collaborate on the development of Lincoln County's deflection program. Through this partnership, the subcommittee has worked closely to prioritize meeting program requirements and local needs.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

Information regarding program participants will be shared between program partners and the program coordinator through the use of the Criminal Justice Commission approved RedCap case management tool. The program coordinator will conduct status check ins regarding program participants as needed.

# C. Deflection Program Details

C.1) Are you requesting funds for a planning grant or an operational grant?

Operational: This grant will primarily be used to operate a deflection program that will be implemented before January 2025.

# C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	December
Year	2024

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

#### Word Limit: 300

Law enforcement and other first responders will have the option to make referrals to the voluntary deflection program. To ensure law enforcement and first responders have the resources and information to make successful referrals, they will contact 24/7 program partner navigators from the scene for a warm hand off. Navigators will conduct a participant assessment and make appropriate referrals. Navigators will document their participant contacts in the RedCap case management program to ensure proper follow up and data tracking. Additionally, the Confederated Tribes of the Siletz Indians have had active representation in our planning meetings to focus on services and referral options for tribal members being navigating through deflection services.

C.4) Please describe the individuals who are eligible for your deflection program.

Word Limit: 75

Stand-alone drug enforcement misdemeanor of a controlled substance constituting drug possession misdemeanors and accompanying non-person B and C misdemeanor offenses.

C.5) What qualifies as a successful outcome for participants in your deflection program?

Word Limit: 75

Program navigators will make appropriate referrals to treatment providers and other community services based off client needs determined during their assessment. Deflection program coordinator will determine if participants have successful outcomes based on reaching a satisfactory level of engagement with their assigned deflection activities recommended by program partners in coordination with the program coordinator (e.g. clients actively engaging in services to overcome identified barriers such as SUD treatment, housing, employment needs, behavioral health treatment, etc.).

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

Many of the involved program partners have continued training requirements to ensure staff members receive ongoing training in cultural competence, trauma informed care and services, and evidence-based practices. The program coordinator and program partners will work together to ensure they engage with participants in a culturally and linguistically responsive, trauma informed, and evidence-based manner. Participants will be offered services in congruence with their unique culture and linguistic needs whenever possible through interpreting and translation services and program partners will recommend culturally appropriate engagements. Evidence-based practices will continue to be used by partners offering peer-support, treatment, and other services. The program coordinator will also utilize and encourage evidence-based practices whenever possible.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

The program coordinator and program partners will communicate with participants in their preferred language whenever possible, all listed partners in this application offer services in English and Spanish. If program partners are unable to communicate in participant's desired language, they will utilize interpreters or interpreting services and will provide translated information. Translated materials will also be provided at the participant's request when they would like to have materials in more than one language. Law enforcement and first responders making referrals will be encouraged to follow these same guidelines.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?

Yes

8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

### Word Limit: 75

Law enforcement and other first responders will have the option to make referrals to the voluntary deflection program. To ensure law enforcement and first responders have the resources and information to make successful referrals, they will contact program partner navigators, who will conduct a participant assessment and make appropriate referrals. Navigators will document their participant contacts in the RedCap case management program to ensure proper follow up and data tracking.

C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?
Yes
9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
Law enforcement is expected to use the deflection program primarily. If the person is put in the deflection program, no citations will be made and no charges will be filed. If a law enforcement officer believes an arrest or a citation is warranted due to community safety concerns or other extenuating circumstances the case will be referred to the program coordinator for further review and consideration for deflection services by the District Attorney. In this instance, the charges will be held in abeyance until a determination of successful completion of the deflection program is determined by the program coordinator.
C.10) As part of your deflection program, can an individual voluntarily initiate contact with a first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?
No
C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?
No

conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?
Yes
12.a.) Please describe this process and specify if it includes engagement in Medication Assisted Treatment, and include its planned or operational start date if different than the date identified in question C.2.
<u>Word Limit: 75</u>
Some program partners, including Behavioral Health's Harm Reduction program will continue to make appropriate referrals to their clients, including those that have recently overdosed.
C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?
Yes

C.12) As part of your deflection program, will first responders and/or program partners

13.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

### Word Limit: 75

When the call for service encompasses a need for the multidisciplinary mobile crisis team to respond, they will be dispatched to the scene. If the individual agrees to work directly with the crisis team, a plan will be established to assist with their specific needs in order to ensure barriers are overcome and additional services are provided. This strategy allows for timely assistance for those in need while promoting a more effective and responsive system of care.

### **Data Acknowledgements**

Completed - Jun 26 2024

# **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

#### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD.

Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

#### **Responses Selected:**

Don't know, please explain:: If participants do not sign a Release of Information (ROI) we may have trouble or not be able to obtain some of the data listed above.

### **Budget Projection**

Completed - Jul 18 2024

## **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Lincoln BHD 24 R 07152024.xlsx

Filename: Lincoln BHD 24 R 07152024.xlsx Size: 33.1 kB

BUDGET PROJECTION SHEET  CJC Grant Program: Oregon Behavioral Health Deflection Program										
County Name(s):										
Personnel: Salaries, wages and fringe benefits costs for all grant-funded personnel (in whole or in part) employed by the grant recipient										
Directions:	beliefits costs for all grant-runded p	personner (in whole of in part) empir	byed by the grant i	ecipient						
In the "Program/Project Supported" fie	eld, identify the specific program/pr	roject the position supports. Example	s could include LEA	AD Team, Mobile	Crisis Team, County De	eflection Program, e	tc.			
In the "% Time per Month" field, use w In the "Monthly Rate" field, combine s	note numbers to show percentage alary/wages and fringe benefits for	of position's time dedicated to grant a single month at full time, regardle	related work. Exa ss of the value incl	imple: a .50 FTE (i uded in the "% Tir	a <u>naif-time</u> case mana; me ner Month" field.	ger) = 50				
In the "# Months Employed" field, indi	cate the number of months the pos	ition is expected to be funded during	the grant project	period.						
Desired Title	D	Freedon done Announce	New or Existing	% Time per Month	Monthly Rate	# Months	Total Amount	ersonnel Narrative:	the late of the la	
Position Title	Program/Project Supported Lincoln County Deflection	Employing Agency	Position	Month	(wages+fringe)	Employed	Requested	r each requested item to	n to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.	
1	Program						0.			
3			Select Option Select Option				0.0	)		
4			Select Option				0.0	)		
5			Select Option				0.			
7			Select Option Select Option				0.0	)		
8			Select Option				0.	)		
9			Select Option Select Option				0.0			
10			Scient Option	1			0.			
					Personnel Total:	\$ -				
Contractual Services: An individual or	organization providing a service or	programmatic aspect of the work th	nat is not provided	directly by the gr	ant recipient Canital o	onstruction may be	requested in this c	inv		
Directions:				uncerty by the gri	ant recipient. capitar c	onstruction may be	requested in this e			
In the "Contract Title & Purpose" field,	, identify the contractor and what so	ervices the contract covers (generall	y).							
In the "Program/Project Supported" fie	eiu, iuentity the specific program/pr	oject the contracted services suppo	t.	I				ontractual Services Narrat	rrative:	
							Total Amount	r each requested item to	n to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.	
Contract Title & Purpose	Program/Project Supported	Contract Category		Unit Type	Price per Unit	# Units Required	Requested	you selected "personnel"	nel" as the contract category, please specify the associated FTE in this narrative.	
1 Power House	Lincoln County Deflection Program	Services		Daily	500.00	300.0	150.000	Priority for two beds per	per day at a cost of \$250 per bed, per day, at an in-patient detox facility.	
	Lincoln County Deflection			l		1.0			n County Behavior Health to add resources for peer support, counselors, and other resources necessary to operate the stabilization center, which	
2 Stabilization Center 3	Program	Services Select Option		Yearly Select Option	100,000.00	1.0	100,000.	opening within the next t	ext three months. Resources are necessary to address the additional individuals who will be deflected to the stabilization center under HB 4002.	Our recent
4		Select Option		Select Option			0.	)		
5		Select Option Select Option		Select Option Select Option			0.	)		
7		Select Option		Select Option			0.	)		
8		Select Option		Select Option			0.	)		
9		Select Option Select Option		Select Option Select Option			0.			
					Contractual			,		
					Services Total:	\$ 250,000.00				
Housing & Facilities: Eligible expense: Directions:	s for space/utilities necessary to con	mplete program work and short-/lor	ng-term housing su	pport for participa	ants. Capital construct	ion may be requeste	ed in this category.			
In the "Item Description" field, identify	what the expense covers (generall	ly).								
In the "Program/Project Supported" fie	eld, identify the specific program/pr	roject the expense supports.		1		П	T			
No. of Parameters	D				Price per Unit	# Units Required	Total Amount	ousing & Facilities Narration		
Item Description	Program/Project Supported Lincoln County Deflection			Unit Type	Price per Unit	# Units Required	Requested	r each requested item to	n to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.	
1 Lodging	Program			Daily	150.00	371.0			ndividuals who meet criteria for the Lincoln County Deflection Program, housing likely to include hotel/motel stays	
2				Select Option Select Option			0.0	)		
3 4				Select Option			0.			
5				Select Option			0.			
6 7				Select Option Select Option	<del>                                     </del>		0.	)		
8				Select Option			0.	ĺ		
9				Select Option			0.0			
10	<u> </u>			Select Option	Housing & Facilities		0.0	,, <sub>1</sub>		
					Total:	\$ 55,650.00	)			
Equipment: Permanent or non-expens	dable equipment with a purchase pr	rice of \$5,000 or more, or a useable	life of two or more	years, for a single	e item					
Directions:										
In the "Item Description" field, identify In the "Program/Project Supported" fie	the name/type of equipment to be eld. identify the specific program/pr	e purchased. roject the equipment supports.								
In the "Organization Served" field, ider	ntify the entity that will own and op	erate the equipment.								
In the "# of Units Required" field, indic	ate the number of individual items	to be purchased.			1	I	Ι			
Item Description	Program/Project Supported	Organization Served			Brice per Unit	# Units Required	Total Amount Requested	uipment Narrative:	n to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.	
1	. rogram/ rroject supported	O-Paristation perved			Price per Unit	" onics nequired	Requested 0.	)	To the sery provide a site i justification as to now it meets or runnis the purpose/filterit or the program.	
2					<u> </u>		0.			
3 4					<b></b>		0.0			
5							0.			
6					<b></b>		0.0	)		
8							0.			-
9							0.	)		
10	<u> </u>	<del></del>			Equipment Total	\$ -	0.	1.)		
					,,,,		-			
Constitution Constitution of the										

Directions:								
In the "Item Description" field, identify In the "Program/Project Supported" fie								
In the "Organization Served" field, iden								
In the "# of Units Required" field, indica	ate the number of individual items t	to be purchased.						
							Total Amount	
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
2							0.00	0.00   1.) 0.00   2.)
3							0.00	0.00 [3.)
4							0.00	0.00 4.)
5								0.00 (5.)
7								0.00 (c.) 0.00 (7.)
8								0.00 (8.)
9								0.00 9.)
10							0.00	0.00 10.)
					Supplies Total:	\$ -		
Training/Associated Travel: Eligible ex	penses for transporation, lodging,	per diem, and registrations for traini	ngs that support gra	ant purposes				
Directions:								
Each line item should be dedicated to a All travel expenses must follow state D	single training cost or travel cost.	uni expenses are not allowed to a fi	irct-class spating)					
In the "Program/Project Supported" fie	ld, identify the specific program/pr	oject the training supports.	ist-class seating).					
In the "Organization(s) Served" field, lis	at the entity(ies) that will have pers	onnel attending training.						
In the "Is this a Training or Travel Cost? In the "Training or Travel Costs (Per Inc			and for one ottend	laa				
In the Training or Travel Costs (Per Inc	lividual) field, input the estimated	Individual travel cost or registration	cost for one atteno	Is this a	Training or Travel			Training/Associated Travel Narrative:
			Location of	Training or	Costs (Per	# of Individuals	Total Amount	t For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Training Title	Program/Project Supported	Organization Served		Travel Cost?	Individual)	Attending	Requested	For travel line items, please indicate with which training it is associated.
1				Select Option				0.00 (1.)
2				Select Option Select Option				0.00   2.) 0.00   3.)
4				Select Option				0.00 (4.)
5				Select Option				0.00 [5.]
6				Select Option				0.00 (6.)
7 8				Select Option				0.00 [7.] 0.00 [8.]
				Select Option Select Option				0.00 [s.]
9				Select Option			0.00	0.00 (0.)
					Training/Travel			
					Total:	\$ -		
Administrative Costs: Activities associ	ated with administering the grant s	such as purchasing, budgeting, payro	II, accounting and st	taff services				
Directions:								
Total Administrative Costs may not exc In the "Item Description" field, identify	eed 10% of total funds requested,	unless an exception is granted by the	e Commission.					
In the "Program/Project Supported" fie								
In the "Organization" field, identify the	entity that will be conducting the a	administrative activities.						
							Total Amount	t Administrative Costs Narrative:
Item Description	Program/Project Supported	Organization Served					Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1								1.)
2								2.) 3.)
4								5.)
5								5.)
6								6.)
7 8			-					7.)
9			-					[6.] [9.]
10								5-1   10.)
		•			Administrative			
					Total:	\$ -		
Budget Request Totals: This section w	ill be automatically calculated base	d on the information provided above	2					
Budget Categories	Category Totals							
Personnel	\$ -							
Contractual Services	\$ 250,000.00 \$ 55,650.00							
Housing & Facilities Equipment	\$ 55,650.00							
Supplies	\$ -							
Training/Associated Travel	\$ -							
Subtotal	\$ 305,650.00							
Administrative Code	Total	n/ -f T-t-1 Dt						
Administrative Costs All Items	Total S -	% of Total Request 0%	*No more than 10	% without even	ntion request			
		1070	140 more triali 10:	,, without exter	ocion request			
Total Budget Request:	\$ 305,650.00							

Page 282 of 477

# LINN COUNTY

# **Application: 0000000031**

Doug MArteeny - dmarteeny@co.linn.or.us Oregon Behavioral Health Deflection Program (23-25)

#### Summary

ID: 000000031

Last submitted: Jun 28 2024 05:12 PM (PDT)

#### **Cover Sheet**

Completed - Jun 20 2024

### **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

#### County

Please select from the dropdown list.

Linn

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

### **Primary Applicant Contact**

Name:	Doug Marteeny
Organization:	OR Linn County District Attorney's Office
Title:	District Attorney
Street Address:	300 4th Ave SW, Room 100
City:	Albany
Zip Code:	97321-2816
E-mail:	dmarteeny@co.linn.or.us
Phone:	541-967-3836

#### **Fiscal Contact**

Name:	Amy Guyer
Legal Name of Organization for Payment:	Linn County District Attorney's Office
State EIN:	93-6002305
Payment Remittance Street Address:	300 4th Ave SW
City:	Albany
Zip Code:	97321-2816
E-mail:	aguyer@co.linn.or.us
Phone:	5419673836

Would you like ACH payment processing (direct deposit)?

Yes

# **Eligibility Questions**

Completed - Jun 28 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

## A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Doug Marteeny
Position Title:	District Attorney
Organization:	Linn County District Attorney's Office
Email Address:	dmarteeny@co.linn.or.us
How is your program coordinator funded? You may use BHD funds.	We will hire a program coordinator, until we get that person hired, Doug Marteeny will act as coordinator. Funding from the grant will go towards the salary of the new coordinator.

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

### **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

#### **Responses Selected:**

Community Mental Health Program: Linn County Health Department

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Doug Marteeny, District Attorney
Law Enforcement:	Michelle Duncan, Linn County Sheriff
Community Mental Health Program:	Linn County Health Department
Behavioral Resource Network Provider:	CHANCE (Community Helping Addicts Negotiate Change Effectively

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

### **Responses Selected:**

Treatment Provider:: Linn County Alcohol & Drug, CHANCE

Peer Support Organization:: Linn County Alcohol & Drug, CHANCE

Local Government Body:: Linn County Commissioners

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

Yes

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

Meetings were held with County Commissioners, Sheriff, District Attorney, Linn County Health Department and CHANCE leaders. In these meetings partners discussed their resources and experience they bring to the table for an effective deflection program. We discussed how best to achieve the objectives of the program and how we can work together.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

It is anticipated that we will have regular meetings to first establish a working program. Once the program is functioning relevant partners will meet at least monthly, possibly even weekly to discuss participants' progress and to coordinate outreach efforts. We will work to coordinate efforts to obtain best results.

## C. Deflection Program Details

#### C.1) Are you requesting funds for a planning grant or an operational grant?

Planning: This grant will primarily be used to plan and develop a deflection program that will be implemented after January 2025. You will be required to notify CJC as soon as your program is ready to become operational.

# C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	January
Year	2025

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

One prong of our program will be to deflect addicted individuals from the criminal system, by doing street outreach. We already have partners doing this. We will bolster those efforts and work to entice and persuade addicts to confront their addiction and participate in treatment services available throughout the county. We will host events (ie: desert night sponsored by a non-profit community partner) that facilitate outreach to addicted individuals. We will use those events to persuade and help people to see life can be better when you are sober. We will connect people to treatment services, facilitators, mental health services, housing, employment, and dental services already available through our partners. In addition to events, we will street canvas with partners with similar outreach.

The second prong of deflection will occur when an individual is arrested or cited for drug possession crime. Law enforcement will notify of the possibility of deflecting criminal liability. Potential participants will meet with a facilitator at the District Attorney's office where they will be assessed for eligibility and a deflection agreement will be entered into. The agreement will require 60-90 days sobriety evidenced by rigorous urine analysis over a 90 day period. The participant will also be encouraged to engage in treatment assessment and services. If they do so, their case will be deflected and dismissed with prejudice after 60 days of sobriety and treatment engagement.

Upon successful completion of either 60 or 90 days sobriety, the successful participant will also be given the opportunity to assist with an outreach event (referenced above) where the successful participant is honored, and invitations to other addicts to engage in treatment will be made.

If the participant is unsuccessful, then we will evaluate and look to shepherd many of them into the Linn County Drug Court where appropriate.

#### C.4) Please describe the individuals who are eligible for your deflection program.

#### Word Limit: 75

Any individual arrested or cited for a first time drug possession offense, regardless of other prior criminal history.

Also, as described in our program description, we will work to deflect any addicted individual through front line outreach to deflect them to treatment even before they are arrested or cited for a crime. Additionally, unsuccessful or deflection ineligible addicted individuals will be evaluated for possible entrance to drug treatment court.

#### C.5) What qualifies as a successful outcome for participants in your deflection program?

#### Word Limit: 75

Individuals who remain sober for 90 days regardless of treatment engagement will be deflected from criminal charge. Individuals who engage in a treatment program and remain sober for 60 days will be deflected from criminal charge. Additionally, any individual who is deflected into treatment prior to an arrest would also be a successful outcome of this program.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

Evidence Based – Employ randomized and frequent drug testing throughout the duration of our deflection program; also do the following:

We will work to engage participants in organizational planning, meet with participants in a safe physical environment, build a trauma informed workforce, screen for trauma, and engage referral sources and partner organizations.

Work to support well-being and resilience of trauma survivors. We will work to ensure that our employees and treatment providers recognize the negative impacts of traumatic experiences and aim to restore a sense of safety, power, and self-worth. We will work to support the health needs of participants as some health problems can be caused from toxic stress.

The treatment programs we engage will encourage participants towards behavioral health, they will target antisocial attitudes, associates, and behavioral patterns; familial relationships; problems in education, and employment.

Partners in this program are already engaged in these activities.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

Spanish and English are the predominant language spoken in Linn County. We will ensure that all of our deflection program materials are available in both of these languages. As we engage speakers of other languages, we will work to produce materials in those respective languages. We have English, Spanish, French, Armenian, Arabic, and Japanese speakers either employed or as volunteers available to help navigate the deflection program where needed. For other languages we will also use a language translation service line on an as needed basis.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?
Yes
8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
We will train jail staff and front line officers to distribute an invitation to participate in a deflection program.  Additionally, we will train up first responders to connect with street outreach professionals to ensure addicted individuals that first responders come in contact with will also receive invitations to participate in treatment programs provided by partners throughout the county. We will seek to set this up ASAP, but certainly by January 1, 2025.
C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?
Yes

## Word Limit: 75

Whenever law enforcement arrests/cites an eligible possession crime, the officer will give a written deflection invitation. If the cited/arrested individual enters the agreement, prosecution will not be pursued unless the participant is unsuccessful.

This will start as soon as 1) we set up a urine capture and analysis system; and 2) we create deflection invitation handouts train employees on the program. We will do this ASAP, but certainly not later than January 1, 2025.

C.10) As part of your deflection program, can an individual voluntarily initiate contact with a first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?

Yes

10.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

Absolutely! Our street outreach professionals, and partners from CHANCE will work to find and engage addicted individuals and lead them to appropriate support and resources. Our street outreach professionals will also work to engage other partners in the community to do the same including, emergency rooms, medical providers, EMT, police, and DHS. We will do this ASAP, but certainly not later than January 1, 2025.

C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?
Yes
11.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
We will build an outreach team (street outreach). We will provide materials to EMS professionals to hand out which will point addicted individuals to providers who stand ready to do drug addiction assessments and referrals to appropriate treatment. We will point them to towards programs that target behavioral health, addiction treatments, and assist with furthering education, and employment to build self-sufficiency.
C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?
Yes

12.a.) Please describe this process and specify if it includes engagement in Medication Assisted Treatment, and include its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

We will work to build a system where the outreach team (street outreach) specifically does outreach to households where individuals have recently experienced an opioid overdose. Currently, we are tracking these within the county and we will work to ensure that a program partner conducts outreach to seek to steer addicted individuals to treatment.

C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?

Yes

13.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

Our street outreach professionals will respond to calls for service. They will refer individuals to treatment. We will work towards possibly doing assessments and referrals right out on the street either self-initiated, or as a response to a call. They will point them to partner programs which target behavioral health, addiction treatments, assist with furthering education, and employment to build self-sufficiency. Some partners are already engaged in such outreach, this grant will bolster those efforts.

## **Data Acknowledgements**

Completed - Jun 28 2024

## **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

#### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD. Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

#### **Responses Selected:**

Don't know, please explain:: This question asks if I anticipate barriers in tracking data. Right now, I don't anticipate any barriers.

## **Budget Projection**

Completed - Jun 28 2024

## **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Budget Projection Sheet BHD (1).xlsx

Filename: Budget\_Projection\_Sheet\_BHD (1).xlsx Size: 34.7 kB

611	C C	Oregon Behavioral Health Deflection	BUDGET PROJECTIO	ON SHEET				-	
		Linn County	on Flogram					-	
CU	unty Hame(s).	Limi County							
Pe	rsonnel: Salaries, wages and fringe b	enefits costs for all grant-funded p	personnel (in whole or in part) emplo	oyed by the grant re	ecipient				
Dir	rections:								
In	the "Program/Project Supported" fiel	d, identify the specific program/pro	oject the position supports. Exampe	s could include LEA	AD Team, Mobile (	risis Team, County De	eflection Program, e	tc.	
ln:	the "% Time per Month" field, use wh the "Monthly Rate" field, combine sa	nole numbers to show percentage of	of position's time dedicated to grant	-related work. Exa	mple: a .50 FTE (a	half-time case manag	ger) = <b>50</b>		
	the "# Months Employed" field, indic					ie per Month Tield.			
	the without is employed field, male	are the number of months the posi-	tion is expected to be funded during	New or Existing	% Time per	Monthly Rate	# Months	Total Amount	Personnel Narrative:
Ро	sition Title	Program/Project Supported	Employing Agency	Position	Month	(wages+fringe)	Employed	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
									This peson will lead the Linn County Deflection Program. They will hire and supervise facilitators, they will collect data for reporting from all partners, they will establish strategic
									priorites and targets to ensure program success. They will oversee all legal aspects of the deflection program to include deflection agreement oversight, and legal sufficiency. They will
_	1 Program Coordinator	Linn County Deflection Program	Linn County D.A.	Existing	75	16399.0	12	147,591.00	also continue to monitor unsucessful deflection program participants to look for and oversee opportunities for conditional disharge and/or entrance into drug treatment court. This person will meet with deflection program applicants, explain the program, and meet regularly with participants to ensure sobriety. Will oversee UA capture and delivery to lab for
	2 Deflection Facilitator	Linn County Deflection Program	Linn County D.A.	New	100	3577.0	17	42 924 00	analysis. This person will nenourage and work to facilities participation in treatment services.
	Deflection Facilitator	Lilli County Deliection Flogram	Elini County D.A.	new	100	3377.0	12	42,524.00	analysis. This person will meet with deflection program applicants, explain the program, and meet regularly with participants to ensure sobriety. Will oversee UA capture and delivery to lab for
3	Deflection Facilitator	Linn County Deflection Program	Linn County D.A.	New	100	3577.0	12	42,924.00	analysis. This person will encourage and work to facilitate participation in treatment services.
									This person will be a street outreach professional. Responding to calls for service, conducting outreach to addicts on the street, and engaging partners throughout the community to
	Addiction Specialist	Linn County Deflection Program	Linn County Health Dept.	New	100	9298.0	12		increase referals to treatmet.
-				Select Option				0.00	
8	7			Select Option Select Option				0.00	
5	2			Select Option				0.00	
9				Select Option				0.00	9.1
10				Select Option				0.00	
						Personnel Total:	\$ 345,015.00		
	ntractual Services: An individual or	organization providing a service or p	programmatic aspect of the work th	nat is not provided	directly by the gra	nt recipient. Capital c	onstruction may be	requested in this cat	egory.
DII	rections: the "Contract Title & Purpose" field, i	dontify the contractor and what co	reviews the contrast covers (concret)						
In:	the "Program/Project Supported" fiel	d identify the specific program/pro	niect the contracted services sunno	y). rt					
	the Trogramy Toject Supported The	o, identify the specific program, pro	oject the contracted services suppor	Ĭ	1				Contractual Services Narrative:
								Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Со	ntract Title & Purpose	Program/Project Supported	Contract Category		Unit Type	Price per Unit	# Units Required	Requested	If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
1	1 G4 Consulting	Linn County Deflection Program	Services		Monthly	1,000.00	12.0	12,000.00	Company will provide urine drug screening solutions and consulting for monitoring of sobriety.
	G4 Consulting	Linn County Deflection Program	Services		Yearly	2,500.00	1.0	2,500.00	Annual consulting services with UA testing provider to maintain and organize UA testing program
- 3	3		Select Option		Select Option			0.00	
5			Select Option Select Option		Select Option Select Option			0.00	
6	5		Select Option		Select Option			0.00	
- 7	7		Select Option		Select Option			0.00	
8	3		Select Option		Select Option			0.00	8.)
10	9		Select Option		Select Option			0.00	
10			Select Option	ļ	Select Option			0.00	10.)
						Services Total:	\$ 14,500.00		
						Services rotal.	3 14,300.00		
Но	ousing & Facilities: Eligible expenses	for space/utilities necessary to con	mplete program work and short-/lon	ng-term housing sup	pport for participa	nts. Capital construct	ion may be requeste	ed in this category.	
Dir	rections: the "Item Description" field, identify								
In	the "Item Description" field, identify the "Program/Project Supported" fiel	what the expense covers (generally	/).						
	the Program/Project Supported Hel	u, identity the specific program/pro	oject the expense supports.		I			Total Amount	
	- Barantakian	D				B-1	Hallette Bernstern	Total Amount Requested	Housing & Facilities Narrative:
	m Description	Program/Project Supported			Unit Type Select Option	Price per Unit	# Units Required	0.00	For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
- 2	2				Select Option			0.00	2-7 [2,1]
-	3				Select Option			0.00	
2	1				Select Option			0.00	4.)
5	5				Select Option			0.00	
-	7				Select Option Select Option			0.00	
8	2				Select Option			0.00	
					Select Option			0.00	
10					Select Option			0.00	10.)
						Housing & Facilities			
						Total:	\$ -		
En	uipment: Permanent or non-expend	able equipment with a purchase pr	ice of \$5,000 or more, or a useable	life of two or more	waare for a single	itom			
Dir	rections:	able equipment with a parenase pr	ice or 53,000 or more, or a ascable	inc or two or more	years, for a single	TCIII			
	the "Item Description" field, identify	the name/type of equipment to be	purchased.						
In	the "Program/Project Supported" fiel	d, identify the specific program/pro	oject the equipment supports.						
In	the "Organization Served" field, ident	ify the entity that will own and ope	erate the equipment.						
In	the "# of Units Required" field, indica	te the number of individual items t	to be purchased.						
								Total Amount	Equipment Narrative:
Ite	m Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1	1		<del>                                     </del>	-				0.00	
- 2								0.00	
- 2	1							0.00	
9	5							0.00	5.)
-	5							0.00	6.)
- 7	7							0.00	[7.]
8								0.00	
10	9							0.00	
								0.00	[20.]
10						Fauinment Total:	\$		

Supplies: Consumable materials or sup	oplies, including the cost of small ite	ems of equipment that do not meet	the threshold for t	he "Equipment" o	ategory. Clients suppo	rts could be request	ed in this category.	
Directions: In the "Item Description" field, identify	the name/type of supplies to be no	ırchasod						
In the "Program/Project Supported" fiel	ld, identify the specific program/pro	oject the supplies supports.						
In the "Organization Served" field, ident In the "# of Units Required" field, indica								
military of Office Required Field, march	the Hamber of Harvadar terns of	o oc parenosco.					Total Amount Su	supplies Narrative:
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required		or each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
		Linn County Health Department.					т.	here will be many materials printed (posters, flyers, handouts). These will be used by our front line law enforcement officers, street outreach professionals, EMS providers, medical
1 Printing materials and supplies	Linn County Deflection Program	Linn County D.A., and CHANCE			25,000.00	1.0		net win be many materials printed (posters), nyels, handouts). These win be used by our nont mile law emotitement officers, site of other or protestorials, Ewis providers, medical acidities, treatment agencies and partners.
Deflection graduation street 2 outreach events	Linn County Deflectino Program	Linn County Health Department, Linn County D.A. and Chance			24,068.00	1.0	24 068 00 44	As part of our street outreach, we plan to host events that will help us refer addicted individuals out on the streets to go to treatment.
3	county Denectino Flogram	Emil County D.F. and Chance			24,000.00	2.0	0.00 3.	i.)
4							0.00 4. 0.00 5.	
5			1				0.00 6.	
7							0.00 7.	
8			+				0.00 8. 0.00 9.	
10							0.00 10	
					Supplies Total:	\$ 49,068.00		
Training/Associated Travel: Eligible ex	penses for transporation, lodging, p	per diem, and registrations for train	ings that support g	rant purposes				
Directions: Each line item should be dedicated to a	seingle training cost or travel cost							
All travel expenses must follow state Da	AS and federal GSA regulations; lux	ury expenses are not allowed (e.g. t	first-class seating).					
In the "Program/Project Supported" fiel In the "Organization(s) Served" field, lis	ld, identify the specific program/pro	oject the training supports.						
In the "Is this a Training or Travel Cost?	" field, select to which this line item	n relates from the dropdown menu.						
In the "Training or Travel Costs (Per Ind	lividual)" field, input the estimated i	individual travel cost or registration	cost for one atten	dee.	Training or Travel	1	1	Coloine / Acadistad Toront Nacodina
			Location of	Training or	Costs (Per	# of Individuals	Total Amount Fo	raining/Associated Travel Narrative: or each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
Training Title	Program/Project Supported	Organization Served	Training	Travel Cost?	Individual)	Attending	Requested Fo	or travel line items, please indicate with which training it is associated.
			Unknown at this				No.	to training has been identified yet. However, would like to allocate money to pay for training and travel to addiction services trainings, deflection program training, behavioral health
1 Training	Linn County Deflection	Linn County Health Dept.	time	Training	5,000.00	1.00		rainings, trauma informed practicies training. Additionally, would like to conduct trainings for community partners that join in and assist with helping our deflection program.
2 Training	Linn County Deflection	Linn County D.A.	Unknwn at this	Training	5,000.00	3.00	15.000.00 tra	to training has been identified yet. However, would like to allocate money to pay for training and travel to addiction services trainings, deflection program training, behavioral health rainings, trauma informed practicies training. Additionally, would like to conduct trainings for community partners that join in and assist with helping our deflection program.
3				Select Option	5,000.00	5.00	0.00 3.	5.]
4				Select Option			0.00 4. 0.00 5.	
6				Select Option Select Option			0.00 5.	5.1 5.)
7				Select Option			0.00 7.	<u>'.)</u>
8				Select Option Select Option			0.00 8. 0.00 9.	
10				Select Option			0.00 10	
					Training/Travel Total:	\$ 20,000.00		
					TOTAL:	\$ 20,000.00		
Administrative Costs: Activities associations:	ated with administering the grant s	uch as purchasing, budgeting, payr	oll, accounting and	staff services				
Total Administrative Costs may not exc	eed 10% of total funds requested, u	unless an exception is granted by th	e Commission.					
In the "Item Description" field, identify In the "Program/Project Supported" field								
In the "Organization" field, identify the								
								Administrative Costs Narrative:
Item Description	Program/Project Supported	Organization Served	4				Requested Fo	or each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
1 Admin Costs	Linn County Deflection Program	Linn County Health Dept.					\$23,810 Cd	Costs associated with job posting, interviewing, hiring, H.R. payroll.
2 Admin Costs 3	Linn County Deflection Program	Linn County D.A.					\$23,810 Co	Costs associated with job posting, interviewing, hiring, H.R. payroll.
4							4.	5) 
5		<del> </del>					5.	
7							7.	'.)
8							8.	
10							9.	
			1		Administrative			
					Total:	\$ 47,620.00		
Budget Request Totals: This section wi		d on the information provided above	e					
Budget Categories	\$ 345,015.00							
Personnel Contractual Services	\$ 345,015.00							
Housing & Facilities	\$ -							
Equipment Supplies	\$ - \$ 49.068.00							
Training/Associated Travel	\$ 20,000.00							
Subtotal	\$ 428,583.00							
Administrative Costs	Total	% of Total Request						
	\$ 47,620.00		*No more than 10	0%, without exce	ption request			
Total Budget Request:	\$ 476,203.00	1						

# **MALHEUR COUNTY**

# **Application: 0000000027**

Travis Johnson - tjohnson@malheurco.org Oregon Behavioral Health Deflection Program (23-25)

#### Summary

ID: 000000027

Last submitted: Jul 23 2024 08:44 AM (MDT)

#### **Cover Sheet**

Completed - Jun 12 2024

## **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

#### County

Please select from the dropdown list.

Malheur

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

## **Primary Applicant Contact**

Name:	Travis Johnson
Organization:	Malheur County Sheriff's Office
Title:	Sheriff
Street Address:	151 B St. W.
City:	Vale
Zip Code:	97918
E-mail:	tjohnson@malheurco.org
Phone:	541-473-5126

#### **Fiscal Contact**

Name:	Lorinda Dubois
Legal Name of Organization for Payment:	Malheur County
State EIN:	93-6002306
Payment Remittance Street Address:	251 B St. W.
City:	Vale
Zip Code:	97918
E-mail:	lorinda.dubois@maleurco.org
Phone:	541-473-5183

Would you like ACH payment processing (direct deposit)?

Yes

# **Eligibility Questions**

Completed - Jul 23 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

## A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Andrea Recla
Position Title:	Clinical Director of Intensive Outpatient Services
Organization:	Lifeways
Email Address:	arecla@lifeways.org
How is your program coordinator funded? You may use BHD funds.	Funded through Lifeways current funding streams but planning on using BHD funds for time spent on deflection.

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

## **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

#### **Responses Selected:**

Community Mental Health Program: Lifeways

Local Mental Health Authority: Lifeways

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Malheur County DA
Law Enforcement:	Ontario Police, Oregon State Police, Malheur County Sheriff
Community Mental Health Program:	Lifeways
Behavioral Resource Network Provider:	Lifeways

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

#### **Responses Selected:**

Court:: Malheur County Circuit Court, Malheur County Justice Court

Treatment Provider:: Lifeways

Peer Support Organization:: Lifeways

Local Government Body:: Malheur County

First Responder Agency:: Malheur County Sheriff, Ontario Police Dept., Nyssa Police Department.

Community Provider:: Lifeways

Community Based Organization:: Lifeways

Case Manager Provider:: Lifeways

Recovery Support Services Provider:: Lifeways

Local Mental Health Authority:: Lifeways

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

Yes			

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

Representatives from Lifeways, Ontario Police Department, and the Malheur County Sheriff's Office attended the May 9, HB4002 Symposium. Team members are also attending the weekly ECHO sessions. We have met as a group on two occasions after the Symposium as well as continue our discussions over email. Additional meetings are scheduled.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

They will communicate through group email, online meeting platforms, as well as in person meetings. We also plan to add a data dashboard with grant funds to give all entities real time data on contacts and deflection participants.

## C. Deflection Program Details

C.1) Are you requesting funds for a planning grant or an operational grant?

Operational: This grant will primarily be used to operate a deflection program that will be implemented before January 2025.

C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	July 1
Year	2024

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

#### Word Limit: 300

- -From point of contact with Law Enforcement, officer will determine if offer for deflection is an option.
- -Once accepted, referral would be submitted to Lifeways via Law Enforcement dispatch to Lifeways crisis dispatch.
- -Lifeways crisis dispatch will coordinate an in-person deployment (if during business hours) or will schedule with deflection engagement specialist for the following day.
- -Engagement specialist will meet with individual out in the community or wherever individual is most comfortable, to complete intake and determine referral to appropriate treatment service.
- -Engagement specialist will assist with coordinating treatment and checking in with participant throughout treatment to ensure compliance with program expectations.
- Engagement specialist will work closely with deflection coordinator to provide data, receive support and supervision to help direct the program.
- -Lifeways will create a data dashboard that communicates between local law enforcement and behavioral health.
- Deflection Coordinator will work with deflection partners to insure compliance with expectations, reporting, and providing data to determine effectiveness with program.

#### C.4) Please describe the individuals who are eligible for your deflection program.

#### Word Limit: 75

- LE Officers will ultimately determine who is eligible to receive deflection services. Criteria for consideration includes:
- a. Oregon Residents
- b. Individuals facing possession of a controlled substance (PCS)
- c. Single offense of "user amounts" of PCS
- d. Low-level misdemeanors (i.e. property crimes, trespass)
- e. High-risk populations (i.e. homeless, active substance users)

#### NOT Eligible:

- a. Non-Oregon Residents
- b. violent/sex offenders with charges within the last 5 years
- c. individuals currently under supervision of Parole & Probation

#### C.5) What qualifies as a successful outcome for participants in your deflection program?

#### Word Limit: 75

- i. Initial contact made within 72-hours
- ii. Intake Completed
- iii. SUD Assessment Complete
- iv. Minimum 45 days of recommended treatment (i.e. SUD Treatment, MH treatment, Group Therapy, Peer Support, Case Management, Medication management). When the following examples of outcomes are observed by treatment team utilizing Harm Reduction Approach:
- a. reduction in LE contact
- b. reduction in substance use
- c. increase in treatment engagement
- d. housing/employment obtained
- e. willingness to continue treatment beyond Deflection minimum requirements

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

Deflection engagement specialists and treatment providers provide services in English and Spanish. Other languages can be accommodated through qualified virtual interpreters. Recognizing that language is only one aspect of cultural diversity, the program staff approach each individual with humility and willingness to learn of others unique backgrounds.

The program collaborates with Lifeways committee for trauma informed care to minimize the impact of trauma on the individual eligible for deflection. We recognize that contact with law enforcement, in and of itself, can be traumatic for some individuals. As such, our local law enforcement partners encourage their deputies/officers to participate in Crisis Intervention Team (CIT) training. This training is offered for free to local law enforcement 1-2 times per year, and many officers are part of the High Desert CIT Team.

Treatment providers complete regular continuing education to ensure the care provided is evidence-based and effective.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

Deflection engagement specialists and treatment providers provide services in English and Spanish. Other languages can be accommodated through qualified virtual interpreters (Linguaya).

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?

Yes

## Word Limit: 75

Beginning September 1st, 2024

When a law enforcement officer makes contact with an individual they deem eligible for deflection, they will contact Lifeways crisis dispatch program. Crisis dispatch will send a team to meet with the officer and individual to initiate deflection through case management and assistance initiating treatment.

C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?

Yes

9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

Beginning September 1st, 2024

Citations will be made but charges withheld until it is determined whether the individual successfully completed deflection treatment (see C.5). Once it is clear whether an individual has completed treatment or not, the Deflection Coordinator will share completion data with the District Attorney.

C.10) As part of your deflection program, can an individual voluntarily initiate contact with a
first responder agency (e.g. police department, fire station, EMS) to seek a referral to
treatment, without an arrest, citation, or charges filed?
Vac

## Word Limit: 75

Beginning September 1st, 2024

When an individual initiates contact with a first responder to request deflection services, they will contact Lifeways crisis dispatch program. Crisis dispatch will send a team to meet with the officer and individual to initiate deflection through case management and assistance initiating treatment.

C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?

Yes			

## Word Limit: 75

Jail Diversion and Mobile Crisis Response conduct outreach in the community to identify those in need of treatment. The teams make contact with individual in public locations, receives referrals from law enforcement and community partners, and independently identifies individuals known to struggle to engage in treatment. This is already occurring.

C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?

Yes

12.a.) Please describe this process and specify if it includes engagement in Medication Assisted Treatment, and include its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

If notified by local law enforcement or identified through hospital reporting systems, Lifeways deflection program and/or mobile crisis intervention teams will attempt to engage individual in mental health or substance use services. Unless there is a safety risk, there will be no need to contact local law enforcement for engagement.

C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?

Yes

13.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

#### Word Limit: 75

Yes, please see C.3.

## **Data Acknowledgements**

Completed - Jun 18 2024

## **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

#### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD.

Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

#### **Responses Selected:**

Services provided as part of the deflection program

## **Budget Projection**

Completed - Jun 26 2024

## **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to

create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

## **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Budget Projection Sheet BHD (1).xlsx

Filename: Budget Projection Sheet BHD (1).xlsx Size: 33.9 kB

1								
CIC Count Burney	Oregon Behavioral Health Deflecti	BUDGET PROJECTIO	ON SHEET				_	
County Name(s):	Malheur County	ion Flogram						
county realie(s).	Walled County							
Personnel: Salaries, wages and fringe	benefits costs for all grant-funded	personnel (in whole or in part) emplo	oyed by the grant re	ecipient				
Directions:								
In the "Program/Project Supported" fi	ield, identify the specific program/pr	oject the position supports. Exampe	es could include LEA	AD Team, Mobile	Crisis Team, County D	eflection Program, e	tc.	
In the "% Time per Month" field, use v	whole numbers to show percentage	of position's time dedicated to grant	t-related work. Exa	mple: a .50 FTE	(a half-time case mana	ger) = <b>50</b>		
In the "Monthly Rate" field, combine : In the "# Months Employed" field, ind	salary/wages and fringe benefits for	a single month at full time, regardle	ess of the value incli	uded in the "% I	ime per Month" field.			
III tile # Months Employed Held, Ilid	icate the number of months the pos	tition is expected to be fullded during	New or Existing	% Time per	Monthly Rate	# Months	Total Amount	Personnel Narrative:
Position Title	Program/Project Supported	Employing Agency	Position	Month	(wages+fringe)	Employed	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
T OSIGOT TICE	rrogram/rroject supported	Employing Agency	1 Oution	William	(Woges-inige)	Linpioyeu	nequesteu	I we contribute the first provide a wifer positional to now it meets or running the purpose, method the program.
								1.) Deflection Coordinator (DC) will track all individuals who enter into the deflection program and will complete all data reporting requirments. This individual will coordinate team
								meeting for the Deflection team to include local Law Enforcement, District Attorneys, Parole and Probation, Community Mental Health and any other entity needed to enhance overal
								program. The DC will monitor success of program and make recommendations for program improvements. The DC will provide training, support and supervision all individuals providing
1 Deflection Coordinator	County Deflection Program	Lifeways	Existing	2	5 12856.7	12	38,570.01	1 deflection services. DC will budget and track funds for program as well as establish all policies and proceedures needed.
								2.) The Deflection Engagement Specialist (DES) will be responsible for engaging all referrals through phone, in office, out in the community of via telehealth, whichever is most
								convienient for the participant. The DES will complete an intake during first contact with client and assist with any paperwork that may be needed to enroll in mental health or
								substance use treatment. DES will encouarge and advocate on behalf of the participant as well as make recommendations for treatment. The DES will ensure that appropriate
								documentation is completed in Lifeways EHR to ensure proper tracking and data managment for the program. Lastly, the DES will follow participant through treatment to ensure
2 Deflection Engagment Specialist	County Deflection Program	Lifeways	New	5	0 5325.3	12	31,951.92	2 engagement in treatment occurs as well as addressing any barriers that may exist.
								3. The Deflection Care Manager (DCM) will are side shiftle training and agrics with approximate and exist with a proximate and ex
3 Deflection Case Manager	County Deflection Program	Lifeways	F. Carlos	2	5 5235.4		45.705.35	3.) The Deflection Case Manager (DCM) will provide skills training and assist with accessing necessary resources and entitlements in the community to make engagement in treatment more successful. This may include educating and assisting participant with accessing food, housing, utility support, phone, transportation, and health care benefits among others.
3 Deflection Case Manager	County Deflection Program	Lireways	Existing Select Option		5 5235.4	12	15,706.23	
5	+		Select Option				0.00	
6			Select Option				0.00	
7			Select Option					© 07) 0 7.)
8			Select Option				0.00	0 (8)
9			Select Option				0.00	
10			Select Option				0.00	0 10.)
					Personnel Total:	\$ 86,228.16		
Contractual Services: An individual o	r organization providing a service or	programmatic aspect of the work th	hat is not provided	directly by the gr	rant recipient. Capital c	construction may be	requested in this cat	tegory.
Directions:		· •					•	
In the "Contract Title & Purpose" field								
In the "Program/Project Supported" fi	ield, identify the specific program/pr	oject the contracted services support	rt.					
								Contractual Services Narrative:
							Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Contract Title & Purpose	Program/Project Supported	Contract Category		Unit Type	Price per Unit	# Units Required	Requested	If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
1		Select Option		Monthly			0.00	
2		Select Option		Select Option			0.00	0 2.)
3		Select Option	-	Select Option			0.00	
5		Select Option	-	Select Option			0.00	
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q		Select Option		Select Option				v 6.1 0 (9.)
10		Select Option		Select Option			0.00	010.)
					Contractual			
					Services Total:	\$ -		
					•			
	es for space/utilities necessary to con	mplete program work and short-/lon	ng-term housing sup	pport for particip	oants. Capital construct	tion may be requeste	ed in this category.	
Directions: In the "Item Description" field, identif								
In the "Program/Project Supported" fi	reid, identify the specific program/pr	oject the expense supports.			T			A Salaha Manaka
							Total Amount	Housing & Facilities Narrative:
Item Description	Program/Project Supported			Unit Type	Price per Unit	# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Lifeway Brown - Livering	County Deflection 200			Monthly	375.00			1.) This would cover rent and utilities for 3-months for up to 10 participants for Lifeways Program Housing (eligiblity requirements must be met). Participant would learn independent
1 Lifeways Program Housing 2 Hotel	County Deflection Program County Deflection Program	1		Weekly	375.00 555.00	30.0 35.0	11,250.00	living skills while engaging in treatment services.     2.) This would provide a hotel for 1-week for up to 20 participants if needed while seeking more permanent housing solutions.
3	county Deflection Flografii	1		Select Option	333.00	33.0	0.00	
4		1		Select Option			0.00	
5				Select Option			0.00	
6				Select Option			0.00	
7				Select Option			0.00	
8	1			Select Option			0.00	0 8.)
9	1			Select Option			0.00	
10				Select Option			0.00	0 10.}
					Housing & Facilities			
					Total:	\$ 30,675.00		
Equipment: Permanent or non-exper	adoble on vines out with a purchase of	rice of CE 000 or more or a useable	life of two or more	waste for a sing	do itom			
Directions:	idable equipment with a purchase pi	rice or \$5,000 or more, or a useable	life of two or more	years, for a sing	jie item			
In the "Item Description" field, identif	y the name/type of equipment to be	nurchased						
In the "Program/Project Supported" fi	ield, identify the specific program/pr	roject the equipment supports.						
In the "Organization Served" field, ide								
In the "# of Units Required" field, indi								
	1						Total Amount	Equipment Narrative:
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested	Exception in the control of the program.  For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
	g. a, ajast supported				par onit	aaequired	.,	the purpose ment of the program.
1 Ipad Pro with pen and keyboard	County Deflection Program	Lifeways			1,899.0	1.0	1,899.00	1.) Tablet with wifi to use in the community to assist with enrolling in services, identifying necessary resources, documentation etc.
FLEX Software for Data		-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
2 Dashboard	County Deflection Program	Lifeways			10,000.0	1.0		2.) Lifeways is working on a data dashboard that will communicate with Local Law Enforcements FLEX program, to make sharing referral information quicker and easier.
3	1						0.00	0 3.)
4	1	1						0 4.)
5	1	1					0.00	0 5.)
6	1	1				1	0.00	0[6.)

7							0.00	7.)
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10						L	0.00	10.)
					Equipment Total:	\$ 11,899.00		
							•	
Constitute Constitution and adult of the	and the standard and the same of small ter	and of an income that the desired	about the second of the second	- HE to		the second of the second	and to the continuous	
Supplies: Consumable materials or su	pplies, including the cost of small ite	ems or equipment that do not meet	the threshold for th	e Equipment o	category. Clients suppo	rts coula de request	ea in this category.	
Directions:								
In the "Item Description" field, identify	the name/type of supplies to be pu	rchased.						
In the "Program/Project Supported" fie	ld identify the enecific program/pr	niget the cumplies cumports						
in the Program/Project Supported the	id, identity the specific program/pri							
In the "Organization Served" field, iden								
In the "# of Units Required" field, indica	ate the number of individual items t	o be purchased.						
							Total Amount	Supplies Narrative:
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Bus Tickets	County Deflection Program	Lifeways			15.00	50.0	750.00	1.) Provide monthly bus tickets for up to 50 participant for local transit to assist participant with getting to and from appointments, being able to grocery shop, get to work etc.
2 Individual Tents	County Deflection Program	Lifeways			35.00	50.0	1,750.00	2.) To provide temporary shelter for up to 50 participants.
3 Sleeping Bags	County Deflection Program	Lifeways			20.00	50.0	1,000,00	3.) To provide bedding for up to 50 participants
4 Engagement Funds	County Deflection Program				10.00	50.0		4.) To assist with engagment efforts. May be used to buy participant a meal or coffee/drink or other minor needs.
4 Engagement Funds	County Deflection Program	Lifeways			10.00	30.0	300.00	4.) To assist with engagment enorts, way be used to buy participant a meal of confeey drink or other million needs.
5 Incentives	County Deflection Program	Lifeways			10.00	50.0	500.00	5.) Purchase items to utilize as incentives for participation in Deflection program. Could include useful items (mugs, hats, gloves, kitchent gadgets), or gift cards (food, drink, fuel etc.)
6							0.00	
			-		-			
7							0.00	
8	<u> </u>	1				L	0.00	8.)
9		1					0.00	9.)
10							0.00	10)
20	l	1					0.00	excit
					Supplies Total:	\$ 4,500.00		
							•	
Training/Associated Travel: Eligible ex	penses for transporation, lodging, p	per diem, and registrations for traini	ngs that support gra	ant purposes				
Directions:								
Each line item should be dedicated to a	cinale training cost or travel cost							
Each line item should be dedicated to a	i single training cost or traver cost.							
All travel expenses must follow state D	AS and rederal GSA regulations; lux	ury expenses are not allowed (e.g. fi	rst-class seating).					
In the "Program/Project Supported" fie	ld, identify the specific program/pro	oject the training supports.						
In the "Organization(s) Served" field, lis	at the entity(ies) that will have person	onnel attending training.						
In the "Is this a Training or Travel Cost?	" field, select to which this line iten	relates from the drondown menu.						
In the "Training or Travel Costs (Per Inc	lividual)" field input the estimated	individual travel cost or registration	cost for one attend	00				
III the Training of Traver Costs (Fer Inc	ividual) field, iliput the estimated	individual traver cost of registration	cost for one attend	te this a	Total and Table			Turk to American Turk Turk North
				Is this a	Training or Travel			Training/Associated Travel Narrative:
			Location of	Training or	Costs (Per	# of Individuals	Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Training Title	Program/Project Supported	Organization Served	Training	Travel Cost?	Individual)	Attending	Requested	For travel line items, please indicate with which training it is associated.
4		B						
1							0.00	1.)
2				Select Option			0.00	
3 4				Select Option			0.00	3.)
4				Select Option			0.00	
4				select Option				
5				Select Option			0.00	
6 7				Select Option			0.00	6.)
-							0.00	
				Select Option				
7 8				Select Option			0.00	8.)
				Select Option				8.)
8				Select Option Select Option			0.00	8.] 9.]
				Select Option			0.00	8.] 9.]
8				Select Option Select Option	Training/Travel		0.00	8.] 9.]
8				Select Option Select Option	Training/Travel Total:	\$ -	0.00	8.] 9.]
8				Select Option Select Option	Training/Travel Total:	\$ -	0.00	8.] 9.]
8				Select Option Select Option	Training/Travel Total:	\$ -	0.00	8.] 9.]
8 9 10				Select Option Select Option Select Option	Training/Travel Total:	\$ -	0.00	8.] 9.]
8 9 10 10 Administrative Costs: Activities associ	ated with administering the grant s	uch as purchasing, budgeting, payro		Select Option Select Option Select Option	Training/Travel Total:	\$ -	0.00	8.] 9.]
8 9 10 10 Administrative Costs: Activities associ			II, accounting and st	Select Option Select Option Select Option	Training/Travel Total:	\$ -	0.00	8.] 9.]
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8 9 10 Administrative Costs: Activities associ	eed 10% of total funds requested, u	unless an exception is granted by the	II, accounting and st	Select Option Select Option Select Option	Training/Travel Total:	\$ -	0.00	8.] 9.]
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# **MARION COUNTY**

# **Application: 0000000020**

Gary White - gwhite@co.marion.or.us Oregon Behavioral Health Deflection Program (23-25)

#### Summary

ID: 0000000020

Last submitted: Jul 19 2024 08:46 AM (PDT)

#### **Cover Sheet**

Completed - Jun 13 2024

### **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

#### County

Please select from the dropdown list.

Marion

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

## **Primary Applicant Contact**

Name:	Gary L White
Organization:	Marion County Board of Commissoners
Title:	Administrative Services Manager
Street Address:	555 COURT ST NE
City:	SALEM
Zip Code:	97301
E-mail:	gwhite@co.marion.or.us
Phone:	5035885193

#### **Fiscal Contact**

Name:	Jeff White
Legal Name of Organization for Payment:	Marion County Board of Commissioners
State EIN:	00502042-5
Payment Remittance Street Address:	555 COURT ST NE
City:	SALEM
Zip Code:	97301
E-mail:	gwhite@co.marion.or.us
Phone:	5035885193

Would you like ACH payment processing (direct deposit)?

No

# **Eligibility Questions**

Completed - Jul 19 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

## A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Gary L White
Position Title:	Administrative Services Manager Marion County BOC
Organization:	Marion County Board of Commissoners
Email Address:	gwhite@co.marion.or.us
How is your program coordinator funded? You may use BHD funds.	Staff Position funded by Internal Administrative Cost Allocation

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

### **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

#### **Responses Selected:**

Community Mental Health Program: Marion County Health & Human Services

Local Mental Health Authority: Marion County Board of Commissioners & Health & Human Services

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Marion County District Attorney's Office
Law Enforcement:	Marion County Sherrifs Office
Community Mental Health Program:	Marion County Health & Human Services
Behavioral Resource Network Provider:	Marion County Health & Human Services

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

#### **Responses Selected:**

Treatment Provider:: Bridgeway Recovery Services & Ideal Option Inc.

Community Provider:: Pathfinders Network of Oregon, HIV Alliance

Recovery Support Services Provider:: Iron Tribe Network

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

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B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

The Marion County Board of Commissioners, in coordination with the county department heads, have led the effort to coordinate the program by identifying key stakeholders and scheduling regular meetings to discuss the county's current deferral/diversion program and how HB 4002 and this initiative could enhance and expand the program. These key stakeholders include the Sheriff, District Attorney, Oregon's Third Judicial District Presiding Judge, and the Health and Human Services Administrator. This multi-faceted coordination ensured a cohesive and effective deflection program, focusing on rehabilitation and reducing recidivism through a supportive, community-based approach. The working group continues to meet regularly to refine the program outline and to complete the Grant Application process.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

Acting on behalf of the Marion County Board of Commissioners, the program coordinator has been and will continue to forward to all stakeholder's updates from the CJC regarding the Behavioral Health Deflection (BHD) initiative. This will include regular updates via email, ad-hoc virtual, and real time sharing of participant information and program documents. The Program Coordinator will also continue to conduct regular meetings to direct and manage program progress, provide updates and review documentation and reporting requirements. This structured communication strategy will support effective administration and continuous improvement of the program.

# C. Deflection Program Details

C.1) Are you requesting funds for a planning grant or an operational grant?

Operational: This grant will primarily be used to operate a deflection program that will be implemented before January 2025.

C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	September
Year	2018

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

Law Enforcement Assisted Diversion (LEAD) is a community-based diversion approach with two main goals: improving public safety and public order and reducing unnecessary justice system involvement of people who participate in the program. LEAD Navigators provide a tool for public safety officers to use their discretionary authority to divert individuals suspected of low-level, non-violent crimes away from jail and into community-based services with the help of intensive case management.

Deputies and officers may refer an individual to LEAD in two ways: arrest diversion when encountered during their patrol duties instead of making an arrest or utilizing social contact referral based on history of behavior and conditions vetted by an informed group. LEAD enhances safety, health, and equity by building a community-based alternative to jail and prosecution for people whose unlawful behavior stems from unmet needs related to substance use, mental health challenges, or extreme poverty. Rather than operating primarily in offices, LEAD case managers meet participants where they are: physically, mentally, and emotionally. LEAD's client-driven case management is flexible, adaptive, and patient.

Offenders who owe restitution due to their crime are not eligible for LEAD Deflection as there is no mechanism to require payment in non-judicial systems. So Marion County is creating RESTORE (REStitution & Treatment On Route to Expungement) Court that will allow for offenders with charges stemming from addiction (including low-level property felonies) or in tandem with PCS Charges to work off their restitution obligations via voluntary community service. In return, the offender will receive expungement of ALL charges in RESTORE Court. The Marion County Circuit Court is collaborating in the creation of this court as is OPDC who has committed to staffing it with public defense services outside of the current Maximum Allowable Caseload limits and thus not contributing further to counsel shortage concerns.

C.4) Please describe the individuals who are eligible for your deflection program.

Word Limit: 75

Individuals whose actions and behaviors are not only detrimental to themselves but also to their community. Individuals who are willing and committed to taking action to break the cycle of addiction and whose previous or current legal status does not prohibit them from entering into the program. These individuals may be referred as part of a deferral program for Possession of a Controlled Substance Charges or for low level property crimes.

C.5) What qualifies as a successful outcome for participants in your deflection program?

Word Limit: 75

Client improvements in the following areas, a reduction in homelessness, decreased drug and alcohol use, a reduction in the number of hospital and emergency room visits, improved employment and an increase in participants who report a better quality of life. A demonstrated reduction in the recidivism rate for participants in the deflection program.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

LEAD currently employs Certified Recovery Mentors (CRM) and Certified Alcohol and Drug Counselors (CADC) accredited by the Mental Health & Addiction Certification Board of Oregon (MHACBO). Navigators are trained in Consumer Advocacy, Professional Responsibility and Ethics, Recovery-Oriented Person-Centered Mentoring and Education, as well as strategies to encourage Ongoing Recovery and Wellness. Navigators also undergo continuous training to expand their existing education, such as classes in Wellness Recovery Action Plans, Question Persuade and Refer tactics, and more. Navigators are therefore well versed in trauma-informed care and can respond to the needs of culturally and linguistically diverse communities. LEAD has also developed strong relationships with the Criminal Justice Commission as an independent research partner. Together with the CJC, our LEAD Workgroup Team and Marion County's Justice Reinvestment Initiative Council consistently review and evaluate data to determine programmatic success and identify any possible friction points.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

While LEAD currently does not have any Navigators that are versed in a second language, our program plans to hire a Spanish speaking Navigator who can provide immediate services for clients. In the interim, clients covered by PacificSource, the Coordinated Care Organization for Marion County, will be able to have their Navigators access in person translation services on their behalf. Alternatively, the Marion County Sheriff's Office employs Language Line Solutions in order to provide Navigators and Deputies alike 24/7 translation service support. This will enable Navigators to effectively mitigate existing language barriers.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?

Yes

8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

### Word Limit: 75

LE make direct contact with LEAD Navigators (24/365 availability) who respond to a scene/location for a warm hand-off. LE have two options to refer into program: First is low-level arrest referral where they may refer the individual to the District Attorney's office which takes no action on any associated charges. Second is social referral, in which an individual may not be committing a criminal offense in the moment but nonetheless meets criteria for LEAD services.

C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?
Yes
9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
Should a Law Enforcement Officer (LEO) respond to a low-level offense with offenders who meet LEAD criteria, they are able to refer those individuals to the LEAD program as an arrest referral. The LEO completes the Arrest Case Information as per normal, but the individual is not placed under arrest. This information is sent to the District Attorney's office where Lead enrollment yields "no actioned" charges. This process is already implemented.
C.10) As part of your deflection program, can an individual voluntarily initiate contact with a first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?
Yes

10.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

### Word Limit: 75

The program currently operates with several engagement opportunities/pathways. Individuals who know about the existence of the program will currently approach or engage LE in the field with a request to participate in the program. Social referrals operate in many ways, but specific to this question, an interested individual can initiate contact without fear of arrest and the process will follow the same steps with a Navigator responding directly to the scene/location for a warm hand-off.

C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?

Yes

11.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

### Word Limit: 75

LEAD Navigators are able to conduct outreach operations throughout the county in order to engage with LEAD's target population, and often collaborate with other law enforcement agencies or community partners to accomplish this. Should they identify an individual who qualifies for services, those candidates are staffed in the LEAD Workgroup team for approval and are then enrolled as a Community Social Referral.

C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?  Yes
12.a.) Please describe this process and specify if it includes engagement in Medication Assisted Treatment, and include its planned or operational start date if different than the date identified in question C.2.  Word Limit: 75
As part of our deflection program, HHS PRIME+ Certified Recovery Mentors will conduct specific outreach to individuals who have recently experienced an opioid overdose. The goal of this outreach is to engage these individuals in treatment and services without the need for an arrest, citation, or charges filed. PRIME+ CRM's will connect the individual to appropriate services. Program partners will provide continuous follow-up to ensure the individual is engaging with the recommended services and supports.
C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?
Yes

13.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

### Word Limit: 75

The goal of our Community Response Team (CRT) is to provide crisis intervention services to individuals experiencing a behavior health crisis. These teams are available to respond in the community 24 hours a day, seven days a week. These teams will be comprised of a combination of a Qualified Mental Health Professional (QMHP), Qualified Mental Health Associate (QMHA), and Certified Recovery Mentor (CRM) and will respond to the community in pairs.

### **Data Acknowledgements**

Completed - Jun 27 2024

## **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

#### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD.

Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

#### **Responses Selected:**

Don't know, please explain:: No

### **Budget Projection**

Completed - Jul 19 2024

### **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Marion BHD 24 R 07172024.xlsx

Filename: Marion\_BHD\_24\_R\_07172024.xlsx Size: 39.3 kB

Control										
Part	CIC	Grant Brogram	Oregon Behavioral Health Deflection	BUDGET PROJECTIO	ON SHEET				,	
Property	Co	unty Name(s):								
Property	Poi	ronnal: Salarios wages and frings h	constite costs for all grant-funded n	orcannal (in whole or in part) emple	awad by the grant r	ociniont				
Control   Cont	Dir	ections:								
The content of the	In t	he "Program/Project Supported" field	ld, identify the specific program/pro	oject the position supports. Example	s could include LEA	AD Team, Mobile C	risis Team, County D	eflection Program, e	tc.	
Part	In t	he "Monthly Rate" field, combine sa	lary/wages and fringe benefits for a	a single month at full time, regardle	ss of the value incl	uded in the "% Tim	ne per Month" field.	ger) = 30		
Property	In t	he "# Months Employed" field, indic	ate the number of months the posi-	tion is expected to be funded during			Monthly Pate	# Months	Total Amount	December Narrative
Separation   1	Po:	ition Title	Program/Project Supported	Employing Agency						
Section   Control   Cont	1	Management Analyst 1	STABLE Group							
March   Marc		LEAD Navigator	STABLE Group	Marion County Sheriff	New	100	6875.5	1,	82,506.00	2.) Guide individuals in the community experiencing substance use issues to resources in the community rather than enter the criminal justice system.
March   March   Control   March   Control   March   March   Control   March	3	Deputy Sheriff Enforcement	STABLE Group	Marion County Sheriff	New	100	10491.0	12	125,892.00	3.) The STABLE Group deputy will acommpany the LEAD Navigator and QMHCP during diversion efforts in the community while providing accountability for behavioral change.
		Mental Health Specialist 2								1) A govern will be deducated to the wholie Class Team, there will respond to class from 5-12 and the indirecting respond to those that need sold an account of the sold to the control of the control
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Part	5	Deputy District Attorney 2	District Attorney RESTORE Court	Marion County DA's Office	New	100	13036.5	12	156,438.00	
Part										
Part	- 6	Legal Secretary 2	District Attorney RESTORE Court	Marion County DA's Office	New	100	7750.5	12	93,006.00	To support the Deputy District Attorney assigned to the program a Legal Secretary is necessary.
Part										
										LEAD/Deflection program. The work crew is another pathway and tool towards treatment and recovery. Participation in this program allows for deflection away from the traditional
	7	Deputy	RESTORE Court Work Crew	Marion County Sheriff	New Select Ontion	100	13307.8	12		
Part					Select Option				0.00	9.)
Communication   Communicatio	10				Select Option				0.00	10.)
Part							Personnel Total:	\$ 873,965.64		
Part									_	
Part	Co	ntractual Services: An individual or	organization providing a service or a	programmatic aspect of the work th	nat is not provided	directly by the gra	nt recipient. Capital o	construction may be	requested in this cat	eggry
Part	Dir	ections:						, , ,		
The state of the s										
Series   S			,							
Sport Land by Service   1546 Cong   Servic	٠.	to the Table O. Donner	D	C			B-1	and the Beautier of		
Milestrative Norty North Control   September   Septe	1	Sparkle, Laundry Services				Yearly				1.) Additional laundry services for deputy uniforms as required by collective bargaining agreement estimated increase.
2 Counter control Communication (Communication Conference (Communicati		Melloweth Wellow Flort Borone des								2.) Additional Chaplain services for deputy estimated increase. This is a standard portion of all MCSO contracts. Specifically for the deflection program, the Navigators and deflection
Williams to volley Communication Cellery, Diputing Celler Communication Cellery Celler Com	2	Chaplain	STABLE Group	Services		Yearly	134.50	1.0	134.50	team are interacting with a volune-anious population) and we have experienced used to each associated with overdose and other complications related to the addiction crisis. The chapter is available to provide services to all levels of the program experiencing trauma.
Services   STABLE Group   Services   Stable Region   Stable Region   Services   Stable Region   Stab										
Marcine   State   St	3		STABLE Group	Services		Yearly	18,465.00	1.0	18,465.00	3.) Additional dispatch services for deputy estimated increased usage of Wilamette Valley Communications Center.
S VARIE Group services   SARIE Group   Services   Saries   Services   SARIE Group   Services   Services   SARIE Group   Services   S			STABLE Group 1/District					_		
Genom   Multi-function proteins   Statist Group   Services   Statist Group   Services	4	Microsoft 365	Attorney's Office 2	Services		Yearly	7,500.00	3.0	22,500.00	4.) Microsoft 365 Licences for new devices for new FIE.
Female   Statist Corogo   Services   STATIS Corogo   Services   Statist Corogo   Services   Statist Corogo   Services   Statist Corogo   Services   Serv	5	Various vendors, Printing Services	STABLE Group	Services		Yearly	289.00	1.0	289.00	5.) Additional contracted printing services for new FTE including business cards, custom envelopes, pamphlets.
Multiple, Software P Training Software (Training Software) STABLE Group J District Control Multiple Software (Training Software) STABLE Group Services Software (Training Software) STABLE Group Services Software (Training Software) STABLE Group Services Stable Software (Training Software) STABLE Group Services STABLE Group Servic	6		STABLE Group	Services		Yearly	150.00	1.0	150.00	6.) Additional lease and usage cost for leased copier/printer/scanner/fax for new FTE.
Services			STABLE Group 1/ District							
## Nones Atomy's Office 1	7			Services		Yearly	4,188.00	3.0	12,564.00	7.) Data Collection/Analysis software,GIS Software purchase, licenses, and maintenance for new FTE.
Marion County Public Works, 9 Firett teste and Motor Pool 10 17,227.00 1 10 17,22	8			Services		Yearly	1,932.00	2.0	3,864.00	B.)Data connections for computer air cards and cell phone service for deputy and LEAD Navigator.
Marion County Public Works, Ma										9.) Vehicle lease for one police outfitted vehicle and ongoing maintenance, motor pool mileage for management analyst 1 and LEAD navigators. Marion County Sheriff's Office LEAD
Marcin County Public Works, 9 Fleet Lease and Motor Pool 10 Random Urinallysis Services 10 Ra										
Marior County Public Works, 9   Rest Lease and Motor Pool   STABLE Group   Services   Wearly   17,377.00   1.0   1.0   1										
In Random Urinalysis Services STABLE Group Services STABLE Group Services STABLE Group Services Services Total: 5 105,435.50  **Contractual**  **Contractual**		Marion County Public Works,								for any law enforcement officer in the field. Accountability through re-criminalization is one of the identified pathways of the deflection program requiring potential transport and
In Random Urinalysis Services STABLE Group Services STABLE Group Services STABLE Group Services Services Total: 5 105,435.50  **Contractual**  **Contractual**	9	Fleet Lease and Motor Pool	STABLE Group	Services		Yearly	17,327.00	1.0	17,327.00	response requiring a fully outfitted patrol vehicle for facilitation.  10.1 WorkSER tulized for sample collection and Redwood Toxicology for confirantion. Those participating in the LEAD program and committing to addiction treatment and recovery.
In Random Urinalysis Services STABLE Group Services Vearly 30,000.00 1.0 30,000.00 compliance.    Contracture   Services Total:   S. 105,435.5.0										are subject to accountability to ensure compliance and active participation in treatment and recovery. Random urinalysis upon reasonable suspicion of drug use is necessary for the
Housing & Tacilities: Eligible expenses for space/utilities necessary to complete program work and short-/long-term housing support for participants. Capital construction may be requested in this category.  The Price per Unit Program/Project Supported Field, identify what the expense covers (generally).  In the "Program/Project Supported Field, identify the specific program/project the expense supports.    Unit Type   Price per Unit   # Units Required   Requested   Housing & Facilities Narrative: For each requested litem to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.    Immediate Housing   STABLE Group   Yearly   1,377.00   1.0   1,3	10	Dandom Heinahesis Cansisas	STADIE Crown	Consisos		Vocate	30,000,00		30,000,00	
Housing & Facilities: Eligible expenses for space/utilities necessary to complete program work and short-/long-term housing support for participants. Capital construction may be requested in this category.    Inthe "Term Description"   Health   Housing   Housing & Facilities   Housing & Facilities	10	numuom ormalysis services	STRUCE GLOUP	July 1003		-carry			50,000.00	
Directions: In the "Temp Scription" field, identify what the expense covers (generally). In the "Program/Project Supported" field, identify the specific program/project the expense supports.    Item Description   Program/Project Supported   Program/Proje							Services Total:	\$ 105,435.50		
Directions: In the "Temp Scription" field, identify what the expense covers (generally). In the "Program/Project Supported" field, identify the specific program/project the expense supports.    Item Description   Program/Project Supported   Program/Proje										
In the "term Description" field, identify what the expense covers (generally):  Inthe "Program/Project Supported" field, identify the specific program/groject the expense supports.  Item Description Program/Project Supported  I Immediate Housing STABLE Group  I Immediate Housing STABLE Group  STABLE Group  Select Option Se	Но	using & Facilities: Eligible expenses	for space/utilities necessary to con	nplete program work and short-/lor	ng-term housing sup	pport for participa	nts. Capital construct	tion may be requeste	ed in this category.	
In the "Program/Project Supported" field, identify the specific program/ptoject the expense supports.    Item Description   Program/Project Supported   Program/Project Su	In t	he "Item Description" field, identify	what the expense covers (generally	n).						
Unit Type   Price per Unit Type   Price pe	In t	he "Program/Project Supported" fiel	d, identify the specific program/pro	oject the expense supports.					1	
Immediate Housing   STABLE Group   Yearly   1,177.00   1,0   1,177.00   1,1 Hords and other immediate shelter options for clients.   Short-term Housing   STABLE Group   Yearly   1,579.00   10   1,5519.00   10   1,5519.00   10   1,5519.00   1,0	Ito	n Description	Brogram/Broject Supported			Unit Type	Brice per Unit	# Units Paguired		
Select Option   Select Optio	1	Immediate Housing	STABLE Group			Yearly	1,177.00	1.0	1,177.00	1.) Hotels and other immediate shelter options for clients.
Select Option   0.00   4   5   5   5   5   5   5   5   5   5	2	Short-term Housing	STABLE Group	-			15,519.00	1.0	15,519.00	2.)Subsidized housing or rentals generally for three to six months for clients as needed.
Select Option   0.00   5						Select Option			0.00	4.)
7   Select Option   0.00 (7)   8   Select Option   0.00 (8)   9   Select Option   0.00 (8)   9   Select Option   0.00 (9)   10   Select Option   0.00 (9)   10   Select Option   0.00 (9)   10   Select Option   0.00 (10)   10   Selec	5					Select Option				
8   Select Option   0.00  8.} 9   Select Option   0.00  9.} 10   Select Option   0.00  0.}  Select Option   0.00  0.}	7					Select Option			0.00	7.)
10 Select Option Select Option 0.00 10.)  Housing & Facilities	8					Select Option			0.00	[8.]
Housing & Facilities										
[OH]: 2 10'000'0]							Housing & Facilities	6 45.50		
							rocar:	3 16,696.00	4	

ent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a Equipment: Directions: in the "Item Description" field, identify the name/type of equipment to be purchased. in the "Program/Project Supported" field, identify the specific program/project the equipment supports. In the "Organization Served" field, identify the entity that will own and operate the equipment In the "# of Units Required" field, indicate the number of individual items to be purchased. Total Amount Equipment Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program. Item Description Program/Project Supported Organization Served Price per Unit # Units Required linitial capital purchase of one patrol equipped vehicle. This vehicle is the same as the leased vehicle mentioned in C. above. This vehicle will be assigned to the deputy participating on the outreach team. There is a capitol acquisition cost associated with this vehicle (procurement) and then the lease is consistent with our consolidated fleet lease program which TABLE Group 1 Fleet vehicle initial purchase Marion County Sheriff's Office 63.514.0 63,514.00 contributes to the maintenance and replacement purchase of the initial vehicle. 2 Kevlar Vest Mobile Crisis Team Marion County HHS 1,000.00 2.) Purchase of a Kevlar Vest for safety protocols of the QMHP while riding in a law enforcement vehicle and co-responding to calls from dispatch. 3. JOccular Scan and Passive Breath Test Drug Impairment Detection. Ocular Drug Testing is a non-invasive test available when there is reasonable suspicion of drug use. This allows for Deflection (LEADs) and RESTORE both a baseline and an immediate test to be completed when suspected drug use of individuals is suspected. This allows for immediate results which can then be confirmed through 3 Occular Drug Testing
4 Computers Marion County Sheriff's Office 24.000 24,000.00 urinalysis. This is a non-invasive accountability tool to ensure compliance with the program. STABLE Group 8,960.44 4.) Computers for new FTE. Marion County Sheriff's Office 8,960.4 0.00 5.) 0.00 6.) 0.00 0.00 8. 0.00 9 0.00 In the "Item Description" field, identify the name/type of supplies to be purchased in the "Program/Project Supported" field, identify the specific program/project the supplies supports. In the "Organization Served" field, identify the entity that will use the supplies In the "# of Units Required" field, indicate the number of individual items to be purchased Total Amount Supplies Narrative: Item Description ogram/Project Supported Organization Served Units Required For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program. 1.) initial Office supplies purchase for new FTE and ongoing office supply replacements (\$651), Office chairs for deputy and management analyst 1 (\$1,260), and Storage and file 1 Office Supplies + Chairs TABLE Group Marion County Sheriff's Office 2.161.0 2.161.00 cabinets for new ETE (\$250). 2.) Departmental supplies: safety supplies, flashlights, crime scene tape, flares, batteries, gloves, rain ponchos, waterproof blankets, handwarmers, trash bags, tarps, blankets. Field 2 Departmental and Field Supplies TABLE Group Marion County Sheriff's Offic 1,023.0 1,023.00 supplies: tactical lights and other non-office supplies for the deputy. 3.) Household items to establish residence including but not limited to kitchen utensils and cookware, livingroom and bedroom furniture, basic cleaning applicances, bathroom 1,777.00 accessories. Household Items TABLE Group Marion County Sheriff's Office 1.777.0 4 Uniforms and Clothing STABLE Group Marion County Sheriff's Office 4.685.00 4,685.00 4.) Unifoms and Clothing for new FTE and replacement clothing as needed. Includes ballistic vest for deputy. 5 Gasoline STABLE Group Marion County Sheriff's Office 3,263.00 1.0 3,263.00 5.) Estimated fuel usage for new FTE. 6 Immediate Needs TABLE Group Marion County Sheriff's Office 12,989.00 6.) Healthcare for those not covered by Oregon Health Plan or private insurance, identification, hygiene, first aid, clothing, etc. for clients as needer 7 Transportation STABLE Group Marion County Sheriff's Office 833.00 1.0 833.00 7.) Bus passes, etc. for client needs. Deferal Program and RESTORE 8.] The dedicated Deputy District Attorney and supporting Legal Secretary will require miscellaneous office supplies and equipment to provide services to individuals who chose to 8 Office Set-up and Supplies Court Marion County DA's Office 6.029.0 12,058.00 participate in the STABLE Deferal program or the RESTORE Court program. 1.) Misc. Supplies, fuel, cell phone, medical services and supplies, vehicle maintenance, lease, portable toilets, safety clothing and equipment, small hand tools and power equipment. RESTORE Court Work Crew The RESTORE work crew will be working offsite of any facility and participating in several community based activities such as park clean-up and restoration, graffiti abatement, and RESTORE Court Work Crew Marion County Sheriff's Office 11.170.00 11,170.00 other projects requiring specific tools and supplies for the facilitation (ex: rakes, shovels, yard tools, power equipment, paint, brushes, cleaning supplies). 9 Supplies 0.00 Each line item should be dedicated to a single training cost or travel cost. All travel expenses must follow state DAS and federal GSA regulations; luxury expenses are not allowed (e.g. first-class seating). in the "Program/Project Supported" field, identify the specific program/project the training supports in the "Organization(s) Served" field, list the entity(ies) that will have personnel attending training. In the "Is this a Training or Travel Cost?" field, select to which this line item relates from the dropdown menu In the "Training or Travel Costs (Per Individual)" field, input the estimated individual travel cost or registration cost for one attended raining or Trav Training/Associated Travel Narrative: Training or Costs (Per of Individuals Total Amount For each requested item to the left, provide a **brief** justification as to how it meets or fulfills the purpose/intent of the program. ocation of Training Title rogram/Project Supported Organization Served For travel line items, please indicate with which training it is associated Training: LEAD- Navigator 1 Wellness action recovery plan TABLE Group 866.00 1.) LEAD Navigator case management training. Marion County Sheriff's Office raining STABLE Group 2 Certified Recovery Mentor Marion County Sheriff's Office Training 600.00 1.00 600.00 2.)LEAD Navigator Certification 3 EPICS I STABLE Group Marion County Sheriff's Office Training 2,500.00 1.00 2,500.00 3.) University of Cincinnati EPICS I for the LEAD Navigator 0.00 4. 0.00 5. 0.00 6. 0.00 7. 0.00 8.) 0.00 9.) 0.00 10.1 Administrative Costs: Activities associated with administering the grant such as purchasing, budgeting, payroll, accounting and staff sen Total Administrative Costs may not exceed 10% of total funds requested, unless an exception is granted by the Commission. in the "Item Description" field, identify the specific activities to be conducted. n the "Program/Project Supported" field, identify the specific program/project the expense supports. In the "Organization" field, identify the entity that will be conducting the administrative activities. Total Amount Administrative Costs Narrative: rogram/Project Supported For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program. Item Description Organization Served STABLE Group Marion County Sheriff's Office 60,137.00 1.) Indirect costs for Marion County centralized services including human resources, financial services, risk/facilities management, and information technology. Marion County HHS Marion County District Attorney's 2 Indirect Costs Mobile Crisis Team 16,510.00 1.) Indirect costs for Marion County centralized services including human resources, financial services, risk/facilities management, and information technology. RESTORE Court Office 1.) Indirect costs for Marion County centralized services including human resources, financial services, risk/facilities management, and information technology. 4 RESTORE Court Work Crew RESTORE Court Marion County Sheriff's Office 18,984,84 1.) Indirect costs for Marion County centralized services including human resources, financial services, risk/facilities management, and information technology

5											
6							6.)				
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8							8.)				
9							9.)				
10							10.)				
					dministrative otal: \$ 127,499.	52					
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<b>Budget Request Totals:</b> This sect			on the information provided above	e							
Budget Categories	Category Totals										
Personnel	\$	873,965.64									
Contractual Services	\$	105,435.50									
Housing & Facilities	\$	16,696.00									
Equipment	\$	97,474.44									
Supplies	Ş	49,959.00									
Training/Associated Travel	\$	3,966.00									
Sub	total \$	1,147,496.58		*							
Administrative Costs	Total		% of Total Request								
All Items	C	127,499.62		*No more than 10%, without exceptio	an comment						
All Items	l s	127,499.62	1076	No more than 10%, without exception	in request		· · · · · · · · · · · · · · · · · · ·	 	<u> </u>	 <u> </u>	
Total Budget Req	unet: ¢	1,274,996.20	1								
i Otal Buuget Req	ucat.   5	1,274,996.20									

# **MORROW COUNTY**

# **Application: 0000000042**

Jessica Rose - jessica@roselegal.org Oregon Behavioral Health Deflection Program (23-25)

#### **Summary**

ID: 0000000042

Last submitted: Jul 1 2024 11:15 AM (PDT)

#### **Cover Sheet**

Completed - Jul 1 2024

### **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

#### County

Please select from the dropdown list.

Morrow

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

### **Primary Applicant Contact**

Name:	Jessy Rose
Organization:	Morrow County LPSCC
Title:	Coordinator
Street Address:	General Delivery
City:	Maupin
Zip Code:	97037
E-mail:	Jessica@RoseLegal.org
Phone:	541-993-5936

#### **Fiscal Contact**

Name:	Rick Worden
Legal Name of Organization for Payment:	Community Counseling Solutions
State EIN:	34-2057513
Payment Remittance Street Address:	PO Box 469
City:	Heppner
Zip Code:	97836
E-mail:	Rick.worden@ccsemail.
Phone:	541-676-9161

Would you like ACH payment processing (direct deposit)?

No

# **Eligibility Questions**

Completed - Jul 1 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

### A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Jessy Rose
Position Title:	Deflection Program Coordinator
Organization:	Community Counseling Solutions
Email Address:	Jessica@RoseLegal.org
How is your program coordinator funded? You may use BHD funds.	BHD Funds

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

### **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

#### **Responses Selected:**

Community Mental Health Program: Community Counseling Solutions

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Morrow County DA-Justin Nelson
Law Enforcement:	Morrow County Sheriff John Bowles/ Chief Stokoe- Boardman Police Department
Community Mental Health Program:	Community Counseling Solutions
Behavioral Resource Network Provider:	Community Counseling Solutions

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

#### **Responses Selected:**

Court:: 6th Judicial Circuit

Treatment Provider:: Community Counseling Solutions

Peer Support Organization:: Community Counseling Solutions

Local Government Body:: Morrow County

First Responder Agency:: Morrow County Sheriff's Office, Boardman Police Department

Community Provider:: Local Public Safety Coordinating Council and participating agencies

Community Based Organization:: Community Counseling Solutions

Case Manager Provider:: Community Counseling Solutions

Recovery Support Services Provider:: Community Counseling Solutions

Local Mental Health Authority:: Community Counseling Solutions

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

Yes			

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

Morrow County LPSCC formed a deflection subcommittee comprised of engaged stakeholders. The subcommittee attended various meetings in conjunction with the development of policies, procedures, goals, and work flow for the Deflection Program, as outlined in HB 4002 and related CJC directives.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

The program coordinator will verify program eligibility for each participant, refer eligible individuals to Peer Navigators, track reporting information and draft reports to the CJC.

# C. Deflection Program Details

C.1) Are you requesting funds for a planning grant or an operational grant?

Operational: This grant will primarily be used to operate a deflection program that will be implemented before January 2025.

C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	September
Year	2024

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

#### Word Limit: 300

- 1. Law-enforcement officer makes contact with an individual who demonstrates probable cause that a PCS-U has occurred and no other crime is evident. The officer may issue a uniform code citation to court along with a referral to the district attorney and program coordinator on these charges. Citations will include mandatory directions to the individual cited to contact the deflection coordinator and follow all instructions as directed within 14 days from the date of citation. The citation will also indicate court date no longer than 30 days from the date of citation.
- 2. Where feasible, a peer navigator will respond to the scene for a warm handoff.
- 3. The program coordinator receives a copy of the citation and an eligibility assessment will occur utilizing available investigative tools, including criminal history, and LEDS review.
- 4. The individual meets with the deflection operations team who includes the program coordinator, peer navigator, and district attorney designee. Eligibility is determined, and either the individual agrees to enter deflection or is remanded to court as originally reflected within the original uniform code citation.
- 5. The individual enters that deflection program if qualified and agrees to participate.
- 6. The individual engages in the established treatment model.
- 7. If successful, the deflection coordinator notifies the court and the district attorneys office to expunge the record.
- 8. If the individual fails the deflection program, the court and district attorney is notified by the deflection coordinator.

Morrow County may Expand deflection Opportunities to C.8-C.13 and other low level crimes connected to potential PCS-U crimes.

C.4) Please describe the individuals who are eligible for your deflection program.

Word Limit: 75

Individuals facing only PCS-U charges are presumptively eligible. In the future, Morrow county may consider other crimes associated with PCS – U charges.

C.5) What qualifies as a successful outcome for participants in your deflection program?

Word Limit: 75

A Client will move on to alumni status when they have met treatment plan goals and are no longer in need of support from deflection services to maintain these goals or have been compliant with treatment recommendations for four consecutive months since enrolling in the deflection program.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

All deflection partner agencies have engaged in cultural competency and trauma-informed training and will continue to do so on an annual basis. Further, our deflection treatment provider works within their established set of CLAS standards and policies when working with those they serve, which would include deflection participants. While deflection itself is an emerging best practice, our treatment provider will utilize numerous evidence-based practices to engage, screen and treat participants including the TAPS SUD screening tool, the CSSRS suicide screening tool, Medication Assisted Treatment, University of Cincinnati CBI substance use curriculum along with housing and supported employment services.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

Our deflection treatment provider employs approximately 50 bilingual staff in addition to employing multiple certified interpreters, all of whom are eligible to provider interpretation. Furthermore they contract with two full-service language line and ASL companies who are available by phone and video 24/7. Our treatment provider has graciously offered to provider interpretation services as part of outreach/engagement/care coordination along with explaining program referral options and procedures. In addition, our deflection candidate handouts will be available in a Spanish version.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?

No

C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?

Yes

9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

### Word Limit: 75

Refer to C.2.

first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?
No
C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?
No
C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?
No
C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?
No

C.10) As part of your deflection program, can an individual voluntarily initiate contact with a

### **Data Acknowledgements**

Completed - Jul 1 2024

# **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to Page 350 of 477

create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

#### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD. Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

#### **Responses Selected:**

Deflection participant demographics (e.g., age group, race/ethnicity for each participant)

### **Budget Projection**

Completed - Jul 1 2024

### **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Morrow Co CJC Deflection budget.xlsx

Filename: Morrow Co CJC Deflection budget.xlsx Size: 33.2 kB

		BUDGET PROJECT	TION SHEET.				
CJC Grant Program:	Oregon Behavioral Health Deflect	ion Program	IION SHEET				
County Name(s):	Morrow County						
Personnel: Salaries, wages and fringe Directions:	e benefits costs for all grant-funded	personnel (in whole or in part) em	ployed by the grant re	ecipient			
In the "Program/Project Supported" f	ield, identify the specific program/p	roject the position supports. Exam	pes could include LEA	D Team. Mobile	Crisis Team. County D	eflection Program. e	tc.
In the "% Time per Month" field, use	whole numbers to show percentage	of position's time dedicated to gra	int-related work. Exam	mple: a .50 FTE (	a half-time case mana	iger) = 50	
In the "Monthly Rate" field, combine	salary/wages and fringe benefits for	a single month at full time, regard	lless of the value inclu	uded in the "% Ti	me per Month" field.		
In the "# Months Employed" field, ind	licate the number of months the pos	sition is expected to be funded dur	ing the grant project p	period.	Monthly Rate	# Months	Total Amount Personnel Narrative:
Position Title	Program/Project Supported	Employing Agency	Position	Month	(wages+fringe)	Employed	Requested For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Deflection Coordinator	Deflection	Morrow County	New	12.5	6993.0	12	
2			New				0.00
3			New				0.00
4 5 6		+	New				0.00 0.00
6							0.00
7			Select Option				0.00 7.)
8			Select Option				0.00 (8.)
9			Select Option Select Option				0.00   9.) 0.00   10.)
10	1		Select Option				0.00 20.7
					Personnel Total:	\$ 10,489.50	
Contractual Services: An individual of	or organization providing a service or	programmatic aspect of the work	that is not provided of	directly by the gr	ant recipient. Capital o	construction may be	requested in this category.
Directions: In the "Contract Title & Purpose" field	Lidentify the contractor and what e	arvices the contract covers (gener	allu)				
In the "Program/Project Supported" f	ield, identify the specific program/p	roject the contracted services sup	oort.				
	, , , , , , , , , , , , , , , , , , , ,						Contractual Services Narrative:
							Total Amount For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Contract Title & Purpose	Program/Project Supported	Contract Category		Unit Type	Price per Unit	# Units Required	Requested   If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
							Peer Navigator will make early contact/connection with referral, conduct a screening, provide warm off's for providers, and provide peer support throughout the process as well as
1 CCS Peer Navigator	Defelction Program	Personnel		Monthly	5,501.00	12.0	66,012.00 beyond.
2 Care Coordinator	Defelction Program	Personnel		Monthly	1,133.00	12.0	13,596.00 Care Coordinator will schedule appointments, providing patient education, ensuring good communication between various healthcare providers and the criminal justice system.
3 Program Supervisor	Defelction Program	Personnel		Monthly	1,370.00		16,440.00 Provide clinical oversight of the Peer Navigators and Care Coordinator
4				Yearly			0.00
5				Yearly			0.00
7		Other Other		Yearly Yearly			0.00
8		Select Option		Select Option			0.00 8.)
9		Select Option		Select Option			0.00 9.)
10		Select Option		Select Option			0.00   10.)
					Contractual Services Total:	\$ 96.048.00	
					SCIVICES TOTAL	\$ 30,040.00	
	es for space/utilities necessary to co	mplete program work and short-/l	ong-term housing sup	port for particip	ants. Capital construc	tion may be requeste	d in this category.
Directions: In the "Item Description" field, identif	fy what the expense covers (general	lu)					
In the "Program/Project Supported" f	ield, identify the specific program/p	roject the expense supports.					
							Total Amount Housing & Facilities Narrative:
Item Description	Program/Project Supported			Unit Type	Price per Unit	# Units Required	Requested For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Housing 2	Deflection			Yearly	21,600.00	1.0	
2							0.00
3 4							0.00
5 6							0.00 5.)
6				Select Option			0.00 (6.)
7				Select Option			0.00 (7.)
8				Select Option Select Option			0.00 (s.) 0.00 (s.)
10				Select Option			0.00 (0.)
					Housing & Facilities		
					Total:	\$ 21,600.00	
Equipment: Permanent or non-exper	ndable equipment with a nurchase r	rice of \$5,000 or more, or a useah	le life of two or more	vears for a singl	e item		
Directions:	ladore equipment with a parenase p	ince or 93,000 or more, or a ascab	ic inc or two or more	years, for a sing	C ICCIII		
In the "Item Description" field, identif							
In the "Program/Project Supported" f	ield, identify the specific program/p	roject the equipment supports.					
In the "Organization Served" field, ide							
In the "# of Units Required" field, indi	cate the number of individual items	to be purchased.			I	T .	
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Total Amount Equipment Narrative:  Requested For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1	Program/Project Supported	Organization Served	_		Price per Unit	# Units Required	requested For each requested item to the sert, provide a prior justification as to now it meets or runnis the purpose/intent or the program.
1 2							0.00
3 4							0.00
5	1	1	_			1	0.00 (4)
6	+	+	-		<b> </b>	1	0.00 [5.] 0.00 [6.]
7	+						0.00 (s.) 0.00 (7.)
8		1				1	0.00 (8.)
9							0.00 9.)
10						<u> </u>	0.00   10.)
					Equipment Total:	\$ -	
Supplies: Consumable materials or s	upplies, including the cost of small it	tems of equipment that do not me	et the threshold for th	ne "Equipment"	category. Clients sunni	orts could be reques	ed in this category.
Directions:				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
In the "Item Description" field, identif							
In the "Program/Project Supported" f	ieig, identify the specific program/p	roject the supplies supports.					

	dicate the number of individual item	is to be purchased.				Total Amount	Supplies Narrative:
tem Description	Program/Project Supported	Organization Served		Price per Unit	# Units Required	Requested	Suppries Natrative: For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
1 Laptop and mobile printer	Deflection	ccs		1,000.00	2.0		laptops, printers
2 Basic supplies	Deflection	ccs		1,062.50	1.0		Basic office supplies, client medications, drivers license reinstatement fees, clothes for employment interviews, other client specific funds.
3 Other supplies	Deflection	ccs		2,000.00	1.0		Cell phone, fuel for client transport, cell phone service, vehicle service/maintenance
4						0.00	4.)
5						0.00	
6						0.00	
7						0.00	
8						0.00	
9						0.00	9.)
10						0.00	10.)
				Supplies Total:	\$ 5,062.50		
irections: ach line item should be dedicated t ill travel expenses must follow statu the "Program/Project Supported" the "Organization(s) Served" field the "Is this a Training or Travel Co	o a single training cost or travel cos e DAS and federal GSA regulations; field, identify the specific program, list the entity(ies) that will have pr st?" field, select to which this line it Individual)" field, input the estimat	it. luxury expenses are not allowed (e /project the training supports. ersonnel attending training. tem relates from the dropdown m	enu.	Training or Travel			Training/Associated Travel Narrative:
			Location of Training or	Costs (Per	# of Individuals	Total Amount	For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
raining Title	Program/Project Supported	Organization Served	Training Travel Cost?	Individual)	Attending	Requested	For travel line items, please indicate with which training it is associated.
1		- garination served	both	900.00		1,800.00	Deflection training for two individuals. Includes lodgning, fuel, food, cost of training
2			1	500.00	2.00	0.00	The state of the s
3			Select Option			0.00	3.)
4			Select Option			0.00	4.)
5			Select Option			0.00	[5.)
6			Select Option			0.00	
7			Select Option			0.00	
8			Select Option			0.00	
9			Select Option			0.00	9.)
10			Select Option			0.00	
dministrative Costs: Activities ass	ociated with administering the grar	nt such as purchasing, budgeting, p	ayroll, accounting and staff services	Training/Travel Total:	\$ 1,800.00		120)
virections: otal Administrative Costs may not on the "Item Description" field, ident	exceed 10% of total funds requeste cify the specific activities to be cond	d, unless an exception is granted b lucted.			\$ 1,800.00		
irections: otal Administrative Costs may not the "Item Description" field, ident the "Program/Project Supported"	exceed 10% of total funds requeste cify the specific activities to be cond field, identify the specific program,	d, unless an exception is granted b lucted. /project the expense supports.			\$ 1,800.00		
Directions:  otal Administrative Costs may not in the "Item Description" field, ident in the "Program/Project Supported" the "Organization" field, identify the	exceed 10% of total funds requeste ify the specific activities to be cond field, identify the specific program, the entity that will be conducting th	d, unless an exception is granted b lucted. (project the expense supports. le administrative activities.			\$ 1,800.00	Total Amount	Administrative Costs Narrative:
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Directions:  Total Administrative Costs may not  in the "Item Description" field, ident  in the "Program/Project Supported"  in the "Organization" field, identify to  tem Description  [HR support, payroll, support for	exceed 10% of total funds requeste ify the specific activities to be cond field, identify the specific program, the entity that will be conducting the Program/Project Supported	d, unless an exception is granted b lucted. (project the expense supports. le administrative activities.			\$ 1,800.00	Total Amount	Administrative Costs Narrative:
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# **MULTNOMAH COUNTY**

# **Application: 0000000013**

Sheri Campbell - sheri.campbell@multco.us Oregon Behavioral Health Deflection Program (23-25)

#### **Summary**

ID: 000000013

Last submitted: Jul 19 2024 04:31 AM (UTC)

#### **Cover Sheet**

Completed - Jun 25 2024

### **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

#### County

Please select from the dropdown list.

Multnomah

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

### **Primary Applicant Contact**

Name:	Sheri Campbell
Organization:	Multnomah County
Title:	Sr. Grants Coordinator
Street Address:	501 SE Hawthorne
City:	Portland
Zip Code:	97214
E-mail:	Sheri.campbell@multco.us
Phone:	503.380.5303

#### **Fiscal Contact**

Name:	Derrick Moten
Legal Name of Organization for Payment:	Multnomah County
State EIN:	93-6002309
Payment Remittance Street Address:	501 SE Hawthorne Blvd
City:	Portland
Zip Code:	97214
E-mail:	derrick.moten@multco.us
Phone:	971.284.9768

Would you like ACH payment processing (direct deposit)?

Yes

# **Eligibility Questions**

Completed - Jul 19 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Alicia Temple
Position Title:	Acting Program Coordinator
Organization:	Multnomah County
Email Address:	alicia.temple@multco.us
How is your program coordinator funded? You may use BHD funds.	The acting Program Coordinator is funded by County General Funds. The permanent Coordinator will be funded by BHD grant funds.

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

# **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

### **Responses Selected:**

Community Mental Health Program: Multnomah County

Local Mental Health Authority: Multnomah County

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	DA Mike Schmidt
Law Enforcement:	PPB Chief Day; Gresham PD Chief Gulberg; Sheriff Morrisey O'Donnell
Community Mental Health Program:	Rachael Banks (MCHD Director)
Behavioral Resource Network Provider:	Fernando Pena (NW Instituto Latino); Fletcher Nash (Miracles Club); Janie Gullickson (Mental Health and Addictions Association of Oregon)

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

### **Responses Selected:**

Public Defense:: MPD Director Grant Hartley

Court:: Judge Matarazzo

Treatment Provider:: Cascadia, Quest, CODA, Central City Concern

Peer Support Organization:: NW Institudto Latino, Miracles Club, MHAAO, Iron Tribe Network

Local Government Body:: Multnomah County; City of Portland

First Responder Agency:: PPB, Gresham PB, Multnomah County Sheriff

Community Based Organization:: Urban League, Imagine Black

Recovery Support Services Provider:: Recovery Works NW, 4D Recovery

Local Mental Health Authority:: Multnomah County

Other, specify:: DA-Elect Nathan Vasquez; Department of Community Justice Director Denise Peña; Care Oregon

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

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Y	↩	ς.

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

A Leadership Team, led by County Chair Vega Pederson, meets regularly and consists of all required partners as well as Leadership from MPD, the Judicial Branch, DCJ, and DA-Elect Vasquez, to identify the County's approach to deflection, eligibility, and providing policy direction. Given inevitable elected leadership transitions, the County's approach to coordination is building consensus for implementation September 1 as well as how to iterate and improve the program moving forward. Leadership has committed to convening and evaluating the program every 30 days to revise policy based on input from partners, participants, data, and emerging best practices.

An Operations Subcommittee, including staff from Leadership and partner organizations, meets regularly to operationalize Leadership Team policies and design deflection pathways that link to the behavioral health continuum of care. The Subcommittee will meet regularly to ensure on-going oversight, data tracking, and provide Leadership information needed to pivot policies and programming as needed.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

The Program Coordinator will co-convene the Leadership Team and Operations Subcommittee and serve as linkage between Leadership, Operations, data analysts, and contracted service providers, ensuring continuity across policy and implementation efforts. In this role, the Program Coordinator will attend staff meetings for contracted partners and work with Leadership to implement process improvements over time. They will be responsible for checking in with all 3 law enforcement agencies to continually ensure the connection to services is effective.

In addition, the Program Coordinator will regularly attend meetings and work one-on-one with behavioral health providers and partners to ensure effective collaboration and coordination with the expanding service continuum.

Finally, the Program Coordinator will work with Communications staff (Joint Information Center, JIC) to ensure the community at large has access to data-driven information about the deflection program and how efforts impact public safety and are aligned with known best practices.

### C. Deflection Program Details

C.1) Are you requesting funds for a planning grant or an operational grant?

Operational: This grant will primarily be used to operate a deflection program that will be implemented before January 2025.

# C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	September
Year	2024

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

Multnomah County has a three phase plan to expand the existing Behavioral Health Service Continuum to include 24/7 Deflection and a full-service Sobering Center by 2026. Each phase will be overseen by the Leadership Team and Operations Subcommittee, utilizing data collected across partners to assess the efficacy and effectiveness of services.

Beginning September 1, an officer intervention deflection program will connect individuals who would otherwise be arrested for possession of a controlled substance to a behavioral health pathway and recovery. Deflection will be offered to individuals by law enforcement, using predetermined eligibility criteria, as an alternative to arrest. The Officer can utilize a non-drop off path (e.g., contact a peer who will come to them) or take the individual to the Treatment Readiness Drop-Off Center.

The Treatment Readiness Center will offer assessments, screening, and connection/referral to treatment and recovery services. Staff at the facility will be linked with the continuum of care and able to provide a direct connection to services such as withdrawal management, MOUD, mental health treatment, shelter placement, etc.

Law enforcement will complete a police report that reflects an individual has been deflected. The provider documents deflection success and work with the Coordinator to process the information back to the criminal justice system.

Phase 2 will build on Phase 1 services (estimated in Q2 of 2025) to include sobering services and MOUD to the same population served in Phase 1.

Phase 3, opening 2026, will be located in a permanent, county-owned facility and expand services to include 24/7 services for individuals who walk-in and approximately 50 beds for those needing medically supported sobering services.

While the County will initially offer officer intervention deflection, future phases will expand to add additional deflection pathways outlined briefly above. Questions C.8-13 have been answered based on Phase 1 only.

### C.4) Please describe the individuals who are eligible for your deflection program.

#### Word Limit: 75

The Leadership team has determined that, for Phase One, eligible individuals are those who come into contact with law enforcement and are found to be in possession of small amounts of illegal drugs for their personal use (both at the Unclassified Misdemeanor level and Class A), but not engaged in other criminal behavior during that encounter.

Every 30 days, the Leadership Team will reassess eligibility requirements based on data and feedback collected during implementation.

### C.5) What qualifies as a successful outcome for participants in your deflection program?

#### Word Limit: 75

Phase 1 success is a screening, referral, and to-be-determined engagement requirement. The Leadership Team understands the complexity of the public safety need, the impacts of fentanyl, and existing gaps in the treatment system. They will work collaboratively to further define the engagement requirement by September 1. At least every 30 days, Leadership will reassess and evolve the deflection program based on data and feedback collected during implementation and new capacity within the behavioral health continuum

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

Multnomah County's Deflection Program has been collaboratively developed by the County's diverse Leadership Team using guidelines from the Treatment Alternatives for Safe Communities (TASC) Center for Health and Justice and SAMHSA/CDC in tandem with local expertise and experience. Examples of integrated trauma-informed and evidence-based practice include addressing basic needs in a comfortable and welcoming environment, integrating certified peers with lived experience into programming, working with culturally specific BHRN partners to create a network of culturally specific services, and applying an approach that allows individuals to gain trust over time as they contemplate recovery. These best practices are not new to Multnomah County's Behavioral Health system, and lessons learned in other programs about the training and support needed to avoid staff turnover and provide on-going professional development will be applied to the Drop off and Sobering Centers, along with other supports identified through the CJC's network of Deflection programs.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

Multnomah County's Behavioral Health Division is committed to addressing language access barriers at every level of service delivery. Program materials will be translated into multiple languages (Spanish to start and additional once linguistic needs are assessed during Phase One). They will be available on site and with law enforcement partners. The Health Department website, which can be a good source for referrals and programming, can be accessed in over 50 languages at the push of a button.

Diverse staffing will ensure non-English languages are spoken by staff on-site, though it is impossible to address every potential language need. Additional translation will be offered using the County's contracted translation service utilized in other programs, including the BHRC and Integrated Clinical Services. All staff will be trained to be responsive to individual preferences as they identify their preferred language and engage a translator.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?					
Yes					
8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.					
Word Limit: 75					
As outlined in question C.2, Phase 1 programming will be an officer intervention deflection model, which will be expanded to additional pathways in subsequent phases.					
C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?					
No					
C.10) As part of your deflection program, can an individual voluntarily initiate contact with a first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?					
Yes					

10.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

As an officer intervention deflection program, an individual can approach an Officer and request treatment; a referral or transport to the Deflection Center would be at the Officer's discretion. This voluntary component of the program will be expanded in Phase 3, which will launch in 2026.

C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?

No

C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?

No

C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?

No

### **Data Acknowledgements**

Completed - Jul 1 2024

### **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

#### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD. Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

### **Responses Selected:**

List of deflection participants

Deflection participant demographics (e.g., age group, race/ethnicity for each participant)

Source of referral for deflection (e.g., District Attorney, law enforcement, BHRN, community mental health program)

Services provided as part of the deflection program

### **Budget Projection**

Completed - Jul 19 2024

## **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

## **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Multnomah BHD 24 R 07162024.xlsx

Filename: Multnomah\_BHD\_24\_R\_07162024.xlsx Size: 34.8 kB

CJC Grant Program:	Oregon Behavioral Health Deflect	BUDGET PROJECTION Program	ON SHEET				7	
County Name(s):	Multnomah	John Frogram					-	
Personnel: Salaries, wages and fringe Directions:	benefits costs for all grant-funded	personnel (in whole or in part) emp	oloyed by the grant	recipient				
In the "Program/Project Supported" fi	ield, identify the specific program/c	project the position supports. Exam	pes could include LE	AD Team. Mobil	e Crisis Team. County	Deflection Program, e	etc.	
In the "% Time per Month" field, use v								
In the "Monthly Rate" field, combine s					ime per Month" field.			
In the "# Months Employed" field, indi	icate the number of months the po	sition is expected to be funded duri	ing the grant projec New or Existing	% Time per	Monthly Rate	# Months	Total Amount	Personnel Narrative:
Position Title	Program/Project Supported	Employing Agency	Position	Month	(wages+fringe)	Employed	Requested	resolvation to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
	Multnomah County Deflection							1.) Serve as linkage between the Leadership Team, Operations Subcommittee, data analysts, and contracted service providers. Work with Communications staff to ensure access to
1 Program Director/Coordinator	Program	Multnomah County	New	100	17500.0	0 10	175,000.0	data-driven information about the program and its impact on public safety
2 Data Analyst	Multnomah County Deflection Program	Multnomah County	Now	100	13400.0	10	124 000 0	2.) Work with the Program Director to implement data collection stratgies across partners, analyze collected data to evaluate effectiveness for use by Leadership and Operations teams, and prepare reporting for continual improvement, contractual requitements and public communications efforts.
2 Data Analyst	Multnomah County Deflection	ividitional county	New	100	15400.0	10	154,000.00	and prepare reporting for continual improvement, contractual requirements and public communications error is.
3 Program Specialist Senior	Program	Multnomah County	New	100	14000.0	0 10	140,000.0	3.) Work with Program Director to develop, implement, monitor, coordinate, and provide ongoing evaluation for the program.
	Multnomah County Deflection				14000.0	10		
4 Mental Health Consultant	Program  Multnomah County Deflection	Multnomah County	Existing	100	14000.0	10	140,000.0	A.) QMHA/QMHP; Support screenings, assessments, and connections to treatment, recovery, and other services for deflection participants.
5 PATH Care Coordinator	Program	Multnomah County	Existing	100	14000.0	10	140,000.00	5.) Promoting Access to Hope (PATH) CADC; Support screenings, assessments, and connections to treatment, recovery, and other services for deflection participants.
6			Select Option				0.00	6.)
7 8			Select Option					77.)   8.)
			Select Option Select Option				0.00	
9			Select Option				0.00	10.)
					Personnel Total:	\$ 729,000.00		
Contractual Services: An individual or	organization providing a service or	r programmatic aspect of the work t	that is not provided	directly by the a	rant recipient. Canital	Lonstruction may be	requested in this co	tagon
Directions:	organization providing a service of	programmatic aspect of the work	that is not provided	directly by the g	ranci ecipient. cupitai	Construction may be	requested in this co	ісуоу.
In the "Contract Title & Purpose" field	, identify the contractor and what s	services the contract covers (genera	ally).					
In the "Program/Project Supported" fi	ield, identify the specific program/p	project the contracted services supp	oort.					
								Contractual Services Narrative:
Contract Title & Donner	Danier Constant	Control Cotono			Dalas and Hale	# Halla Danisland	Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Contract Title & Purpose	Program/Project Supported Treatment Readiness Drop off	Contract Category	-	Unit Type	Price per Unit	# Units Required	Requested	you selected "personnel" as the contract category, please specify the associated FTE in this narrative.  1.) Contracted provider to provide transportation for participants out of the facility to ensure connection to services and overall safety. Also potentially available for transport to the
1 Transportation Provider TBD	Center	Services		Monthly	64,200.00	10.0	642,000.0	1.) Contacted provided by product insport additional participants out of the facility to ensure connection to services and overall safety. Asso potentially available for transport to the O'Center when requested by Referring Officer.
	Treatment Readiness Drop off							
2 Security	Center	Services		Monthly	49,000.00	10.0	490,000.0	2.) Contracted provider to support need for 24/7security coverage, 2 officers for a 12 hour shift.
Facility Operations Contracts 3 includes provider TBD	Treatment Readiness Drop off Center	Personnel		Monthly	164,115.20	10.0	1 641 153 0	3.) Provider to staff Drop off Center 24/7 - estimates based on input received from a RFI process. Exact staffing tbd, but expected to include program lead for facility, RN/LPN, peer/case manager, and intake specialiast as well as costs for food, clinical/medical/office supplies, and medical director/NP supports.
4	Center	Select Option		Select Option	164,115.20	10.0		Imanager, and intake specialiast as well as costs for rood, clinical/medical/ornice supplies, and medical director/NP supports.
5		Select Option		Select Option				5.1
6		Select Option		Select Option			0.00	
7		Select Option		Select Option			0.00	
8		Select Option Select Option		Select Option Select Option		-	0.0	
10		Select Option		Select Option				25.1   10.1
					Contractual			
					Services Total:	\$ 2,773,152.00		
Housing & Facilities: Eligible expenses	s for snace/utilities necessary to co.	molete program work and short-/lo	ong-term housing su	nnort for partici	nants Canital constru	ction may be request	ted in this category	
Directions:		· · ·	ong term nousing su	pport for parties	pants. capital constrai	cuon may be request	com uno category.	
In the "Item Description" field, identify								
In the "Program/Project Supported" fi	leid, identify the specific program/p	project the expense supports.		T .	T .		T-1-1 A	Use of Facilities Nevertice
Item Description	Program/Project Supported			Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative: For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
item bescription	Treatment Readiness Drop off			Offic Type	Price per Onic	# Offics Required	Requesteu	ror each requested frem to the fert, provide a uner justification as to now it meets or running the purpose/intent or the program.
1 Facility Lease	Center			Monthly	18,000.00	12.0	216,000.0	1.) Annual lease for building to operate Drop-off center
2				Select Option			0.00	2.)
3				Select Option	1	1		13.)
4 5				Select Option Select Option	1	1	0.00	4.) 15.)
6				Select Option			0.00	
7				Select Option				0 7.)
8				Select Option				8.1
10		-		Select Option Select Option			0.00	19.) 19.0 10.0
11				ccccc Option	Housing & Facilities		0.00	
					Total:	\$ 216,000.00	o l	
					•		-	
Equipment: Permanent or non-expen	dable equipment with a purchase	price of \$5,000 or more, or a useabl	la life of two or mor	a years for a sin	ala itam			
Directions:	idable equipment with a purchase p	price of \$5,000 of more, of a useabl	ie lile of two of mor	e years, for a sing	gie iteili			
In the "Item Description" field, identify	y the name/type of equipment to b	e purchased.						
In the "Program/Project Supported" fi	ield, identify the specific program/p	project the equipment supports.						
In the "Organization Served" field, ide								
In the "# of Units Required" field, indic	cate the number of individual items	to be purchased.						L
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:  For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1	. rogramy roject supported	Or Porutation Served			. rice per onic	Sints required	0.00	
2							0.0	2.)
3							0.00	
4					<u> </u>	1	0.00	
6						1	0.00	
· · ·	*		_					4 :

7								0.00	7.)
8								0.00	8.)
9								0.00	9.)
10								0.00	10.)
						Equipment Total:	\$ -		
	plies: Consumable materials or sup	plies, including the cost of small ite	ems of equipment that do not meet	the threshold for t	ne "Equipment" i	category. Clients supp	orts coula be reques	ited in this category.	
	ections: he "Item Description" field, identify	the name /time of consilies to be no	rehocod						
In ti	he "Program/Project Supported" fie	ld identify the specific program/p	roject the supplies supports						
	he "Organization Served" field, iden								
	he "# of Units Required" field, indica								
III C	# 61 Offics Required Tield, Illaica	te the number of individual items	be purchased.					T-4-1 A	Franks Newstern
Iton	n Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required		<u>Supplies Narrative:</u> For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
itei	ii bescription	Multnomah County Deflection	Organization served			Price per Onic	# Offics Required	Requesteu	rol each requested item to the left, provide a biret justification as to now it meets or fulfills the purpose/intent or the program.
1	Participant Supplies	Program	Drop off program			6,300.00	10.0	62 000 00	1.) Hygiene Kits, blankets, laundry Supplies for use by Participants while in the drop off center
2	r ai ticipant supplies	Frogram	Drop on program			0,300.00	10.0	0.00	
3				•				0.00	
4								0.00	
5								0.00	5)
6								0.00	
7								0.00	
8								0.00	
9								0.00	9.)
10								0.00	10.)
						Supplies Total:	\$ 63,000.00		
Trai	ining/Associated Travel: Eligible ex	penses for transporation, lodging,	per diem, and registrations for train	ings that support g	rant purposes				
Dire	ections:								
Eacl	h line item should be dedicated to a ravel expenses must follow state DA	single training cost or travel cost.		D					
In th	he "Program/Project Supported" fie	AS and rederal GSA regulations; lux	roject the training supports	rirst-class seating).					
In ti	he "Organization(s) Served" field, lis	t the entity(ies) that will have nero	onnel attending training						
In ti	he "Is this a Training or Travel Cost?"	field, select to which this line iten	relates from the dropdown menu						
In th	he "Training or Travel Costs (Per Ind	ividual)" field, input the estimated	individual travel cost or registration	cost for one atten	dee.				
					Is this a	Training or Travel			Training/Associated Travel Narrative:
				Location of	Training or	Costs (Per	# of Individuals		For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Trai	ining Title	Program/Project Supported	Organization Served	Training	Travel Cost?	Individual)	Attending	Requested	travel line items, please indicate with which training it is associated.
			Law enforcement partners, TBD						
		Multnomah County Deflection	Facilities operator, Partner staff						
1	and Center Staff, specifics TBD	Program	and Multnomah County staff	TBD	Training	840.00	100.00		1.) Trainings TBD, cost estimate based on existing program usage, not by individuals. Trainings to include de-escalation, overdose, naloxone, Trauma Informed Care, among others
2					Select Option			0.00	
3					Select Option			0.00	
4					Select Option			0.00	
5					Select Option			0.00	5.)
					Select Option			0.00	
7					Select Option			0.00	
8					Select Option			0.00	
9 10					Select Option			0.00	9)
10					Select Option	Total and Taxable	<u> </u>	0.00	10.7
						Training/Travel	\$ 84,000.00		
-						rotar:	\$ 84,000.00		
Adn	ninistrative Costs: Activities associa	ited with administering the grant si	uch as purchasing, budgeting, payro	II. accounting and	staff services				
	ections:	8 8		,					
Tota	al Administrative Costs may not exce	eed 10% of total funds requested,	unless an exception is granted by th	e Commission.					
In th	he "Item Description" field, identify	the specific activities to be conduct	ed.						
	he "Program/Project Supported" fie								
In th	he "Organization" field, identify the	entity that will be conducting the a	dministrative activities.						
1								Total Amount	Administrative Costs Narrative:
Iten	n Description	Program/Project Supported	Organization Served					Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1									1.)
2									2.)
3									3.)
4									4.)
5									5.)
6									6.)
7									7.)
8									8.)
10				-					9.)
10						Administrativa			10.)
						Administrative Total:			
						rotal.	*		
Bud	Iget Request Totals: This section will	I be automatically calculated based	on the information provided above	,					
	lget Categories	Category Totals	and motion provided above						
Per	sonnel	\$ 729,000.00							
Con	tractual Services	\$ 2.773.152.00							
	using & Facilities	\$ 216,000.00							
Egu	ipment	\$ -							
	plies	\$ 63,000.00							
	ining/Associated Travel	\$ 84,000.00							
	Subtotal	\$ 3,865,152.00							
Adn	ninistrative Costs	Total	% of Total Request						
	tems		0%	*No more than 10	%, without excep	otion request			
All I									

Total Budget Request: \$

3,865,152.00

# **POLK COUNTY**

# **Application: 0000000016**

Jodi Merritt - merritt.jodi@co.polk.or.us Oregon Behavioral Health Deflection Program (23-25)

#### **Summary**

ID: 000000016

Last submitted: Jul 18 2024 05:30 PM (UTC)

#### **Cover Sheet**

Completed - May 23 2024

### **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

### County

Please select from the dropdown list.

Polk

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

### **Primary Applicant Contact**

Name:	Jodi Merritt
Organization:	Polk County Community Corrections
Title:	Director
Street Address:	820 SW Church Street, Suite 100
City:	Dallas
Zip Code:	97338
E-mail:	merritt.jodi@co.polk.or.us
Phone:	5412824457

### **Fiscal Contact**

Name:	Katlyn D'Agostini
Legal Name of Organization for Payment:	Polk County
State EIN:	93-6002310
Payment Remittance Street Address:	850 Main Street
City:	Dallas
Zip Code:	97338
E-mail:	dagostini.katlyn@co.polk.or.us
Phone:	5036239264

Would you like ACH payment processing (direct deposit)?

Yes

# **Eligibility Questions**

Completed - Jul 18 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

## A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Lexi Rincon
Position Title:	Caseload Specialist
Organization:	Polk County Community Corrections
Email Address:	rincon.lexi@co.polk.or.us
How is your program coordinator funded? You may use BHD funds.	BHD Funds

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

# **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

### **Responses Selected:**

Community Mental Health Program: Polk County Behavioral Health

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Polk County District Attorney
Law Enforcement:	Polk County Sheriff's Office
Community Mental Health Program:	Polk County Behavioral Health & Health Services (PCBH)
Behavioral Resource Network Provider:	Polk County Behavioral Health - BHRN

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

### **Responses Selected:**

Treatment Provider:: Polk County Behavioral Health (PCBH)

Peer Support Organization:: Polk County Behavioral Health (PCBH)

Local Government Body:: Polk County Board of Commissioners

First Responder Agency:: Salem Police, Monmouth Police, Independence Police, Dallas Police, Sheriff's Office

Community Provider:: Polk County Behavioral Health (PCBH)

Community Based Organization:: Polk County Behavioral Health (PCBH)

Case Manager Provider:: Polk County Behavioral Health (PCBH)

Recovery Support Services Provider:: Polk County Behavioral Health (PCBH)

Local Mental Health Authority:: Polk County Behavioral Health (PCBH)

Tribal Government:: Confederated Tribes of Grand Ronde Police

Other, specify:: Polk County Community Corrections,

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

We have engaged all law enforcement agencies within Polk County, to include: Sheriff's Office, Independence Police, Salem Police, Dallas Police, Monmouth Police and the Confederated Tribes of Grand Ronde Police. Additionally, the Polk County District Attorney, Polk County Behavioral Health (MH/SUD treatment provider and BHRN provider), Community Corrections, and a representative from our Board of Commissioners have been meeting to discuss and develop our program. All representatives have been invited and have been engaged in conversations around the development/implementation of this program.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

Coordinator communication is still in development. The Coordinator will convene a steering committee, comprised of representatives of our partnering agencies, to assist in program oversight and communication. Additionally, an email distribution list of all partnering agencies will be used to continue to communicate notes and structure as the program develops.

# C. Deflection Program Details

C.1) Are you requesting funds for a planning grant or an operational grant?

Operational: This grant will primarily be used to operate a deflection program that will be implemented before January 2025.

# C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	December
Year	2024

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

We are still in the development phases of our program however, we have identified the following:

Step 1 - Officer will issue a PCS-U citation in all situations where the officer has probable cause for only a PCS-U crime. Citation will be accompanied by a 'deflection program' brochure with program and contact information for the Deflection Coordinator. Cited individuals will have 14 days to make contact with the Coordinator. Citation court dates will be set out to allow the Coordinator to evaluate the individuals program eligibility and allow the individual time to access services.

Step 2 - PCS-U citation will be routed to the Deflection Coordinator to determine deflection program eligibility and referral to SUD treatment.

Step 3 - Individuals engaged in treatment will be monitored for progress through a steering committee. This committee will be comprised of, at a minimum: Deflection Coordinator, DA representative, treatment provider and/or peer support, law enforcement representative, and Community Corrections representative.

C.4) Please describe the individuals who are eligible for your deflection program.

#### Word Limit: 75

- Must be a Polk County resident
- No other charges pending in other jurisdictions
- Individual is not currently on any form of community supervision
- Criminal history does not raise public safety concerns disqualifiers may include Measure 11 crimes, DV, sexual assault, child abuse, etc.
- Person's actions did not result in a victim and/or restitution

C.5) What qualifies as a successful outcome for participants in your deflection program?

Word Limit: 75

Successful completion occurs when the deflection team, having considered all relevant information, concludes that the person has demonstrated successful engagement in a SUD assessment and completion of any recommended SUD treatment.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

All agencies have bilingual/bicultural staff/officers and have access to language line for individuals who are in need of additional assistance communicating due to language barriers. Additionally, SUD treatment utilizes trauma-informed and evidence-based curriculum and assessment services.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

Our program will have staff available that are bilingual/bicultural to assist with non-English speaking individuals. The program will have program pamphlets/brochures available in both English and Spanish. Additionally, all program staff/officers will have access to language line to assist with languages other than Spanish. Treatment also provides bilingual/bicultural staff who will be able to provide assessments and SUD treatment services in Spanish. Any other language barriers will be engaged through language line services and/or online treatment programs in the individuals native language.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?
Yes
8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
Law Enforcement will make contact with the individual in response to a call for service. If it is determined that there is a need to issue a PCS-U citation, the Officer will issue the citation and provide the individual with information on the deflection program, to include a pamphlet describing the program and contact information for the Polk County Deflection Coordinator. Once the Coordinator receives the citation, they will be able to provide outreach to the individual to assist in immediate program engagement.
C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?
Yes

9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
Our program is still in the development stages, however we have determined that citations provided for PCS-U crimes will be routed to the Deflection Coordinator and, if deemed eligible for the program, will be held in abeyance as the individual participates in services.
C.10) As part of your deflection program, can an individual voluntarily initiate contact with a first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?
No
C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?
No
C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to

engage them in treatment and/or services without an arrest, citation, or charges filed?

No

C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?

No

### **Data Acknowledgements**

Completed - Jun 6 2024

### **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

#### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD.

Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

### **Responses Selected:**

Don't know, please explain:: We are still in the development phase of our program. We believe we will be able to provide the data points requested by CJC.

### **Budget Projection**

Completed - Jul 18 2024

## **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Polk BHD 24 R 07152024.xlsx

Filename: Polk\_BHD\_24\_R\_07152024.xlsx Size: 35.8 kB

			BUDGET PROJECTIO	N SHEET					
	rant Program: tv Name(s):	Oregon Behavioral Health Deflection Polk County	on Program						
Coun	ty Mame(s):	Poix County							
Perso	nnel: Salaries, wages and fringe b	penefits costs for all grant-funded p	ersonnel (in whole or in part) emplo	yed by the grant re	ecipient				
Direct									
In the	"Program/Project Supported" fie	ld, identify the specific program/pro	oject the position supports. Exampe	s could include LEA	AD Team, Mobile	Crisis Team, County De	eflection Program, e	etc.	
In the	"Monthly Rate" field, combine sa	note numbers to snow percentage of	of position's time dedicated to grant a single month at full time, regardle:	-related work. Exa	imple: a .50 FTE (a uded in the "% Tir	a <u>nair-time</u> case mana; me ner Month" field	ger) = 50		
In the	"# Months Employed" field, indic	ate the number of months the posi	tion is expected to be funded during	the grant project	period.	ne per moner neia.			
	, , , , , , , , , , , , , , , , , , , ,			New or Existing	% Time per	Monthly Rate	# Months	Total Amount	Personnel Narrative:
Positi	on Title	Program/Project Supported	Employing Agency	Position	Month	(wages+fringe)	Employed	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
									The Deflection Coordinator will provide general oversight and coordination of the program. Provide ongoing communication to partners and engage in monitoring participants in the
1 D	eflection Coordinator	Deflection Program	Community Corrections	Existing	75	8524.0	12	76,716.0	oprogram. Funding is requested for a 0.75 FTE.  0.20 FTE of a Deputy District Attorney is requested to assist with overall review of deflection referrals and participate in the Deflection steering committee. This position will also assist
2 0	eputy District Attorney	Deflection Program	District Attorney	Existing	30	9312.0	1.7	22 240 0	U.Z.P HE OF a Deputy DISTRICT ACTOMEY IS requested to assist with overall review of deflection referrals and participate in the Deflection Steering committee. This position will also assist 0 with processing of citations to Conditional Discharge agreements.
3	eputy district Attorney	Deflection Program		Select Option	20	9512.0	- 12		with processing or creations to conditional discharge agreements.  0 3.1
4				Select Option					0 (4)
4 5				Select Option					o (s.)
6				Select Option					0 6.)
7				Select Option					0 7.) 0 R.)
8				Select Option Select Option					0 8.) 0 9.)
10				Select Option				0.0	0 [27] 0 [10]
			'						
						Personnel Total:	\$ 99,064.80		
						-		1	
		organization providing a service or p	programmatic aspect of the work th	at is not provided	directly by the gra	ant recipient. Capital c	construction may be	requested in this ca	tegory.
Direct									
In the	"Contract Title & Purpose" field,	identify the contractor and what se	rvices the contract covers (generally	().					
in the	Program/Project Supported file	lo, identify the specific program/pro	oject the contracted services suppor	t.			1	1	Country of Section Name to
								Total Amount	Contractual Services Narrative:  For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
Contr	act Title & Purpose	Program/Project Supported	Contract Category		Unit Type	Price per Unit	# Units Required	Requested	for each requester term to the ent, province a miner journacion of a continue and interest or mains the purposeyment or the program. If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
COIIL	act ride & ruipose	Program/Project Supported	Contract Category		Опс туре	Frice per onic	# Offics Required	Requested	In you selected personner is the contract talegory, piezes specify and east-category, piezes specify and eas
L	aw Enforcement Steering								setting the costs associated with having an officer out of service for these Deflection meetings/activities. This will be a contracted service with all LE departments within our County -
1 C	ommittee Participation/support	Deflection Program	Personnel		Hourly	60.00	100.0	6,000.0	exact amounts provided to each department will be dependant on referrals and is to be determined.
	raining Video - Produced by								Funds requested to develop a training video to assist officers with information, expectations, and process for the deflection program. This will serve all agencies and will be used for
2 Ir	ndepence Police Department	Deflection Program	Services		Hourly	100.00	60.0		ocnsistent training for all officers (current and future). The training video will be used to provide ongoing training/support to all local police departments and Sheriff's Office.
3			Select Option		Select Option				0 3.)
4			Select Option Select Option		Select Option Select Option				0   4.) 0   5.)
6			Select Option		Select Option				v 5.) 0 (5.)
7			Select Option		Select Option				0.7) 0.7)
8			Select Option		Select Option			0.0	
9			Select Option		Select Option				0 9.)
10			Select Option		Select Option			0.0	0 10.)
						Contractual			
						Services Total:	\$ 12,000.00		
Housi	ng & Facilities: Fligible expenses	for space/utilities necessary to con	nplete program work and short-/lon	g-term housing sur	nport for particina	ents. Capital construct	tion may be requeste	ed in this category.	
Direct	ions:			8			,		
In the	"Item Description" field, identify	what the expense covers (generally	1).						
In the	"Program/Project Supported" fie	ld, identify the specific program/pro	oject the expense supports.				1	1	
								Total Amount	Housing & Facilities Narrative:
Item I	Description	Program/Project Supported	4		Unit Type	Price per Unit	# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
ь	ental Assistance/Transitional							1	Funds are requested to assist with rent and/or transitional housing costs for clients in need of stability while accessing the deflection program. These costs will allow for treatment
	ousing	Deflection Program			Monthly	500.00	5.0	2 500 0	runs are requested to assay with either anyour transmissions in unions in record and expension of the record of th
2	ousing	Deflection Flogram			Select Option	300.00	3.0	2,300.0	b participation without the rear or losing stability/housing. Turnos would be used for applications, deposits, rent, duthites, notel vouchers, and other costs associated with nodsing.  0 2.)
3					Select Option				0.3)
4					Select Option			0.0	0 (4.)
4 5 6					Select Option			0.0	o [s.)
					Select Option			0.0	
7			4		Select Option				0 7.)
8			4		Select Option				0 8.) 0 9.)
10			+		Select Option Select Option			0.0	99.) 010.)
10					ccc option	Housing & Facilities		0.0	
						Total:	\$ 2,500.00	0	
								-	
		able equipment with a purchase pr	ice of \$5,000 or more, or a useable	life of two or more	years, for a single	e item			
Direct		the name/time of	nurshasad						
		the name/type of equipment to be ld, identify the specific program/pro							
		tify the entity that will own and ope							
		ite the number of individual items t							
								Total Amount	Equipment Narrative:
Item I	Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested	Excuprient terrature: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.

1 TruNarc 2 3 3 4 5 5 6 7 7 8 9 9		Deflection Program	Monmouth, Independence, and Dallas Police departments and the Sheriff's Office			38,000.0	2.0	0.0 0.0 0.0 0.0 0.0 0.0 0.0	0 3) 0 4) 0 5) 0 5) 0 7) 0 8)
10									0 10.)
						Equipment Total:	\$ 76,000.00		
Directions: In the "Item Description" In the "Program/Project S In the "Organization Serve	field, identify t Supported" field red" field, identi	plies, including the cost of small it the name/type of supplies to be pi d, identify the specific program/pr ify the entity that will use the sup te the number of individual items:	oject the supplies supports. plies.	the threshold for t	ne "Equipment" c	ategory. Clients suppo	rts could be request	ed in this category.	
in the # of Offics Require	d field, illuicat	te the number of marvidual items	to be purchased.	I			1	L	Ta. v. v. v.
Item Description		Program/Project Supported	Organization Served			Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Client Supports		Deflection Program	Community Corrections			50.00	50.0	2,500.0	Funds requested for client supports, this may include, but is not limited to: transportation (bus passes, gas cards, bikes), clothing, driver's license reinstatement, livability items, et
Deflection Brochure , 2 contact cards	/ Treatment	Deflection Program	Monmouth, Independence, Salem, Dallas, Grand Ronde Police Departments and the Sheriff's Office			55.00	8.0		Requesting funds to provide Deflection brochures, fliers, and treatment informational cards that law enforcement would provide at time of contact with individuals in need of serv of prinds would be used for printing, paper, design development, boxes of cards, etc.
3								0.0	03.)
4									0 5.7 0 4.1
5								0.0	0 5.)
6 7								0.0	0 (6.)
									0 7.)
8			<b>!</b>						0.8.)
9 10									0 9.) 0 10.)
						Supplies Total:	\$ 2,940.00		-
							+ -,		
Training/Associated Trav	vel: Eligible exp	penses for transporation, lodging,	per diem, and registrations for traini	ings that support g	ant purposes				
All travel expenses must in the "Program/Project S In the "Organization(s) Se In the "Is this a Training of	follow state DA Supported" field erved" field, list or Travel Cost?"	d, identify the specific program/pr t the entity(ies) that will have pers field, select to which this line iter	tury expenses are not allowed (e.g. fi roject the training supports.		dee				
Homming or Haver	and the midi-	, nero, input the estimated	and the second of registration	To one attend	Is this a	Training or Travel			Training/Associated Travel Narrative:
				Location of	Training or	Costs (Per	# of Individuals	Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Training Title		Program/Project Supported	Organization Served District Attorney, Law Enforcement, Deflection	Training	Travel Cost?	Individual)	Attending	Requested	For travel line items, please indicate with which training it is associated.
Deflection Technical	Assistance		Coordinator, Community						
1 Regional Workshop		Deflection Program	Corrections, Behavioral Health	Portland	Travel	180.00	6.00	1,080.0	Hotel costs to allow for Deflection Team to attend the Regional Deflection Technial Assistance Workshops.
2					Training			0.0	0
3			1	1	Select Option	-			0 3.)
4 5			1	1	Select Option Select Option	1			0   4.) 0   5.)
6				1	Select Option	1			v 5.) 0 (5.)
7					Select Option				07.)
8					Select Option				0 8.)
9			1	1	Select Option	-			0 9.)
10				<u> </u>	Select Option	Training/Travel	1	0.0	0 10.)
						Total:	\$ 1,080.00		
Administrative Costs: Ad Directions:	ctivities associa	ated with administering the grant s	such as purchasing, budgeting, payro	oll, accounting and	staff services				
Total Administrative Cost In the "Item Description"	field, identify t	the specific activities to be conduc	unless an exception is granted by the	e Commission.					
		<li>d, identify the specific program/pr entity that will be conducting the a</li>							
Item Description		Program/Project Supported	Organization Served					Total Amount Requested	Administrative Costs Narrative:  For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
1 Administrative Costs	;	Deflection Program	Community Corrections					\$ 20,837.20	Grant administration (progress/financial reporting), contract oversight, invoicing, finance, human resources, other position support costs.

				_						
2							2.)			
3							3.)			
4							4.)			
5							5.)			
6							6.)			
7							7.)			
8							8.)			
9							9.)			
10							10.)			
				Admin	istrative					
				Total:		\$ 20,837.20				
Budget Request Totals: This ser	tion will be automatical	ly calculated based	on the information provided above	P						
Budget Categories	Category Totals									
Personnel	\$	99,064.80								
Contractual Services	Š	12,000.00								
Housing & Facilities	Š	2,500.00								
Equipment	Š	76,000.00								
Supplies	Ś	2,940.00								
Training/Associated Travel	Ś	1,080.00								
	ıbtotal \$	193,584.80								
-		,								
Administrative Costs	Total		% of Total Request							
All Items	S	20,837.20		*No more than 10%, without exception rec	uest					
	1.7	_3,037.20	I marco	,, Without exception rec				 		
Total Budget Re	quest: \$	214,422.00	l							

# TILLAMOOK COUNTY

# **Application: 0000000030**

Erin Skaar - erin.skaar@tillamookcounty.gov Oregon Behavioral Health Deflection Program (23-25)

#### Summary

ID: 000000030

Last submitted: Jul 15 2024 03:40 PM (PDT)

#### **Cover Sheet**

Completed - Jun 24 2024

### **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

### County

Please select from the dropdown list.

Tillamook

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

### **Primary Applicant Contact**

Name:	Erin Skaar
Organization:	County of Tillamook
Title:	County Commissioner
Street Address:	201 Laurel Ave
City:	Tillamook
Zip Code:	97141
E-mail:	Erin.Skaar@tillamookcounty.gov
Phone:	503-842-3403

### **Fiscal Contact**

Name:	Shawn Blanchard
Legal Name of Organization for Payment:	County of Tillamook
State EIN:	93-6002312
Payment Remittance Street Address:	201 Laurel Ave
City:	Tillamook
Zip Code:	97141
E-mail:	Shawn.Blanchard@tillamookcounty.gov
Phone:	503-842-3425

Would you like ACH payment processing (direct deposit)?

Yes

# **Eligibility Questions**

Completed - Jul 15 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Bridgette Hess
Position Title:	Project Specialist
Organization:	Northwest Medical Foundation of Tillamook dba Adventist Health Tillamook
Email Address:	HessB01@ah.org
How is your program coordinator funded? You may use BHD funds.	BHD funds

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

# **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

### **Responses Selected:**

Community Mental Health Program: Tillamook Family Counseling Center

Local Mental Health Authority: County of Tillamook

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Tillamook County District Attorney
Law Enforcement:	Tillamook County Sheriff's Office
Community Mental Health Program:	Tillamook Family Counseling
Behavioral Resource Network Provider:	OUR Tillamook Consortium

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

### **Responses Selected:**

Court:: Circuit Court - Tillamook County
Treatment Provider:: Tillamook County Community Health Centers

Peer Support Organization:: Tillamook Family Counseling Center

Local Government Body:: County of Tillamook

First Responder Agency:: Adventist Health Tillamook Ambulance Department

Community Provider:: Adventist Health Tillamook

Community Based Organization:: CARE, Inc.

Case Manager Provider:: Tillamook Family Counseling Center

Recovery Support Services Provider:: Tillamook Family Counseling Center

Local Mental Health Authority:: County of Tillamook

Other, specify:: Additional treatment provider: Nehalem Bay Health Center

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

Yes
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B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

A consortium of Tillamook County stakeholders, OUR Tillamook, in place since 2019 coordinates on county-wide initiatives to address substance use disorders. Tillamook County Sheriff's Office and City of Tillamook Police are active partners of OUR Tillamook. This application was discussed at 2 OUR Tillamook meetings. Multiple law enforcement and behavioral health representatives attended the May 8 summit in Salem and discussions are underway about how to set up a deflection program in Tillamook County. Several OUR Tillamook partners are members of the Local Public Safety Coordinating Council (LPSCC). Our BHD application requests funds for planning and development of our deflection program that will engage the consortium's work more robustly with the processes of law enforcement and the justice system. Our goal is to ensure deflection pathways that support best possible treatment and recovery for individuals with SUD and/or co-occurring behavioral health disorders.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

Several program partnerships are already active in our community, including the Local Public Safety Coordinating Council (LPSCC) and the OUR Tillamook consortium. As a work deliverable of the BHD planning grant, we expect to set up robust channels of communication between the program coordinator and all program partners. Set up of the program will include a cadence of regular meetings with stakeholders, periodic dissemination of key data, as well as follow up to ensure program timelines and reporting deliverables are met. Our BHD application is for program planning funds, so more precise communication work flows, channels and cadences will be developed with the planning process.

# C. Deflection Program Details

### C.1) Are you requesting funds for a planning grant or an operational grant?

Planning: This grant will primarily be used to plan and develop a deflection program that will be implemented after January 2025. You will be required to notify CJC as soon as your program is ready to become operational.

# C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	January
Year	2025

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

As noted in C.1, our BHD grant will primarily be used to plan and develop a deflection program. We plan to use best practices to develop referral pathways. Through prior and current federal and state grant-funded projects, our community partners that provide treatment, peer support, housing, and other human services support already have a positive collaborative working relationship. This BHD planning grant will assist us in strengthening and formalizing the referral processes and pathways for deflection. Our plan will include strategies for engaging individuals with treatment. We currently envision that there will be multiple pathways developed for deflection, including the possibility of contact and referral by routine law enforcement or first responder, the possibility that arrests or citations may be made, charges be filed or charges held in abeyance, and the possibility of voluntary contact by an individual for the purpose of self-referral. Developing data sharing practices that work across the various disciplines will also be an important milestone.

C.4) Please describe the individuals who are eligible for your deflection program.

Word Limit: 75

Our BHD planning grant will be used to develop a deflection program that defines eligibility.

C.5) What qualifies as a successful outcome for participants in your deflection program?

Word Limit: 75

Our BHD planning grant will be used to develop a deflection program that defines what will qualify as a successful outcome for participants in our County-wide program.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

Our BHD planning grant will be used to develop a deflection program that calls out and provides training for local partners in being culturally and linguistically responsive and trauma-informed. Evidence-based practices and training are already a high priority for our community partners, and we expect that focus to be included in our deflection program.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

Our BHD planning grant will be used to include language access strategies and tactics in our deflection program. Many of our community partners already have employees and/or volunteers who are bilingual with Spanish and English. As we proceed through the planning process, we expect to identify additional ways to overcome access barriers for non-English speaking individuals.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?

V	0	0
- 1	Н.	-

8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

### Word Limit: 75

Our BHD planning grant will be used to develop a deflection plan that outlines how various pathways will be used to make contact with and refer individuals to treatment or a case manager. We currently envision that there will be multiple pathways developed for deflection, including the possibility of routine law enforcement or first responder contacts.

C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?

Yes

9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

### Word Limit: 75

Our BHD planning grant will be used to develop a deflection plan that outlines how various pathways will be used to make contact with and refer individuals to treatment or a case manager. We currently envision that there will be multiple pathways developed for deflection, including the possibility that arrests or citations may be made, charges be filed or charges held in abeyance.

C.10) As part of your deflection program, can an individual voluntarily initiate contact with a first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?
Yes
10.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
Our BHD planning grant will be used to develop a deflection plan that outlines how various pathways will be used to make contact with and refer individuals to treatment or a case manager. We currently envision that there will be multiple pathways developed for deflection, including voluntary contact by an individual for the purpose of self-referral.
C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?
No
C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?
Yes

12.a.) Please describe this process and specify if it includes engagement in Medication Assisted Treatment, and include its planned or operational start date if different than the date identified in question C.2.

### Word Limit: 75

Our BHD planning grant will develop a deflection plan that outlines various pathways to be used to make contact with/refer individuals to treatment or a case manager that may include arrests/citations, charges filed or charges held in abeyance. Health screening in place at program partner Adventist Health Tillamook connects post-opioid overdose patients at the hospital Emergency Department with peer support and referral to Medication Assisted Treatment at any of 3 community treatment providers.

C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?

No

### **Data Acknowledgements**

Completed - Jun 24 2024

## **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD. Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

### **Responses Selected:**

List of deflection participants

Deflection participant demographics (e.g., age group, race/ethnicity for each participant)

Source of referral for deflection (e.g, District Attorney, law enforcement, BHRN, community mental health program)

Services provided as part of the deflection program

Don't know, please explain:: As part of our planning grant, barriers may arise that we will need to address.

### **Budget Projection**

Completed - Jun 27 2024

### **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Budget Projection TillamookCounty BHD 06272024.xlsx

Filename: Budget\_Projection\_TillamookCounty\_BHD\_06272024.xlsx Size: 32.4 kB

		BUDGET PROJECTIO	N CHEET			
CJC Grant Program:	Oregon Behavioral Health Deflecti	on Program	IN STILL!			
County Name(s):	Tillamook					
Demonal: Colories wages and fring	honofite costs for all grant funded a	assanal (in whole or in part) ample	and by the great resinient			
Personnel: Salaries, wages and fringe Directions:	benefits costs for all grant-funded p	ersonnei (in whole or in part) emplo	yed by the grant recipient			
In the "Program/Project Supported" f	ield, identify the specific program/pr	oject the position supports. Exampe	s could include LEAD Team, Mo	bile Crisis Team, County L	eflection Program, e	tc.
In the "% Time per Month" field, use	whole numbers to show percentage	of position's time dedicated to grant	related work. Example: a .50	TE (a half-time case man	iger) = 50	
In the "Monthly Rate" field, combine In the "# Months Employed" field, inc				% Time per Month" field.		
in the # Workins Employed Held, inc	icate the number of months the posi-	tion is expected to be funded during	New or Existing % Time per	Monthly Rate	# Months	Total Amount Personnel Narrative:
Position Title	Program/Project Supported	Employing Agency	Position Month	(wages+fringe)	Employed	Requested For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1			Select Option			0.00 1.)
2			Select Option Select Option			0.00 [2.] 0.00 [3.]
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3 4 5 6			Select Option			0.00 (5.)
6			Select Option			0.00 (6.)
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10			Select Option			0.00 [1.] 0.00 [1.]
	*	II.	· ·			
				Personnel Total:	\$ -	
				·		
Control of Control of the Control		and the second of the second of	and the season of the state of the seater because	Coulted		C. W. atro-
Contractual Services: An individual of Directions:	organization providing a service or	programmatic aspect of the work th	at is not provided directly by the	e grant recipient. Capital	construction may be	tepesteu in this Cutegory.
In the "Contract Title & Purpose" field	I, identify the contractor and what se	rvices the contract covers (generall	1).			
In the "Program/Project Supported" f	ield, identify the specific program/pr	oject the contracted services suppor	t.			
						Contractual Services Narrative:
	L				L	Total Amount For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Contract Title & Purpose Adventist Health Tillamook-	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Requested If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.  1.) Community partner Adventist Health Tillamook to manage program planning and initial implementation, including all related expenses such as project coordinator, training, or the project coordinator or training, or the project coordinator or training, or the project coordinator or training, or training, or the project coordinator or training, or train
1 Project Management	BHD program planning	Services	Yearly	135,000.0	1.0	135,000.00 contract services that may be required, etc.
2		Select Option	Select Opti	on		0.00 2.)
3 4		Select Option	Select Opti	on		0.00 [3.)
5		Select Option	Select Opti			0.00 (4.)
6		Select Option Select Option	Select Opti Select Opti			0.00   5.) 0.00   6.)
7		Select Option	Select Opti			0.00 (7.)
8		Select Option	Select Opti			0.00 8.)
9		Select Option	Select Opti	on		0.00 9.)
10		Select Option	Select Opti	Contractual		0.00 10.)
				Services Total:	\$ 135,000.00	
				Services rotal.	7 155,000.00	
Housing & Facilities: Eligible expense Directions:	es for space/utilities necessary to cor	nplete program work and short-/lon	g-term housing support for par	cicipants. Capital construc	tion may be request	d in this category.
In the "Item Description" field, identif	y what the expense covers (generally	r).				
In the "Program/Project Supported" f	ield, identify the specific program/pr	pject the expense supports.				
						Total Amount Housing & Facilities Narrative:
Item Description	Program/Project Supported		Unit Type	Price per Unit	# Units Required	Requested For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1			Select Opti Select Opti			0.00   1.)
2 3		-	Select Opti			0.00 (2.)
4			Select Opti			0.00 (4.)
5			Select Opti	on		0.00 [5.]
6			Select Opti			0.00 (s.)
8	+	-	Select Opti Select Opti			0.00   7.) 0.00   8.)
9			Select Opti			0.00[0,]
10			Select Opti			0.00 10.)
				Housing & Facilities		
				Total:	\$	
Equipment: Permanent or non-exper	ndable equipment with a purchase pr	ice of \$5,000 or more, or a useable	ife of two or more years, for a	ingle item		
Directions:						
In the "Item Description" field, identif						
In the "Program/Project Supported" f In the "Organization Served" field, ide	ntify the entity that will own and on	orate the equipment supports.				
In the "# of Units Required" field, indi						
						Total Amount Equipment Narrative:
Item Description	Program/Project Supported	Organization Served		Price per Unit	# Units Required	Requested For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1						0.00 1.)
2						0.00 (2.)
2 3 4	1					0.00 (3.) 0.00 (4.)
5	1					0.00 (5.)
6						0.00 [6.)
7					1	0.00 (7.)
8	+			-	1	0.00 [8.)
10					1	0.00 [9.] 0.00 [10.]
	·	-		Equipment Total:	\$ -	
Supplies: Consumable materials or s	upplies, including the cost of small it	ems of equipment that do not meet	the threshold for the "Equipme	nt" category. Clients supp	orts could be reques	ed in this category.
Directions: In the "Item Description" field, identif	y the name/type of supplier to be or	irchased				
In the "Program/Project Supported" f						
In the "Organization Consed" field ide						

Page 410 of 477

In the "# of Units Required" field in	dicate the number of individual items	to be purchased				
III the # 01 Ohits Required Held, II	dicate the number of individual items	to be purchased.			1	The state of the s
Item Description	Program/Project Supported	Organization Served		Price per Unit	# Units Required	Total Amount Supplies Narrative:  Requested For each requested time to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1	Program/Project Supported	Organization Served		Price per Unit	# Units Required	ror each requested item to the letr, provide a pner justification as to now it meets or rulmis the purpose/intent of the program.
2		+		-		0.00 [2]
3						0.00 [3.]
4						0.00 (4.)
5						0.00 5.)
6						0.00 (5.)
7						0.00 7.)
8						0.00 8.)
9						0.00 9.)
10						0.00   10.)
				Supplies Total:	\$ -	-
	e expenses for transporation, lodging,	per diem, and registrations for train	nings that support grant purposes			
Directions:	to a single training cost or travel cost.					
	te DAS and federal GSA regulations; lu		first-class spating)			
In the "Program/Project Supported	" field, identify the specific program/p	roject the training supports.	mac class scattings.			
In the "Organization(s) Served" field	d, list the entity(ies) that will have per-	sonnel attending training.				
In the "Is this a Training or Travel C	ost?" field, select to which this line ite	m relates from the dropdown menu				
In the "Training or Travel Costs (Per	Individual)" field, input the estimated	individual travel cost or registratio	n cost for one attendee.			
			Is this a	Training or Travel		Training/Associated Travel Narrative:
			Location of Training or	Costs (Per	# of Individuals	<b>Total Amount</b> For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.
Training Title	Program/Project Supported	Organization Served	Training Travel Cost?	Individual)	Attending	Requested For travel line items, please indicate with which training it is associated.
1			Select Option			0.00 [1.)
2			Select Option			0.00 (2.)
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6		+	Select Option Select Option			0.00 (5.) 0.00 (6.)
7		+	Select Option			0.00 (7.)
8			Select Option			0.00 (s.)
9			Select Option			0.00[9,]
10			Select Option			0.00 11.)
				Training/Travel		
				Total:	s -	
				Total:	\$ -	
				Total:	\$ -	<u>.</u>
	sociated with administering the grant	such as purchasing, budgeting, payr	roll, accounting and staff services	Total:	\$ -	
Directions:				Total:	\$ -	<u>.</u>
Directions: Total Administrative Costs may not	exceed 10% of total funds requested,	unless an exception is granted by the		Total:	\$ -	<u>.                                      </u>
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# **UMATILLA COUNTY**

# **Application: 0000000008**

Mark Royal - mroyal@oregoncounties.org Oregon Behavioral Health Deflection Program (23-25)

#### **Summary**

ID: 000000008

Last submitted: Jul 12 2024 10:24 AM (PDT)

### **Cover Sheet**

Completed - May 30 2024

### **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

### County

Please select from the dropdown list.

Umatilla

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

### **Primary Applicant Contact**

Name:	Mark Royal
Organization:	Umatilla County
Title:	Deflection Coordinator
Street Address:	4705 NW Pioneer Place
City:	Pendleton
Zip Code:	97801
E-mail:	mroyalumatillalpscc@gmail.com
Phone:	5419693415

### **Fiscal Contact**

Name:	Robert Pahl
Legal Name of Organization for Payment:	Umatilla County
State EIN:	05120754
Payment Remittance Street Address:	216 SE 4th Street
City:	Pendleton
Zip Code:	97801
E-mail:	robert.pahl@umatillacounty.gov
Phone:	(541) 278-6209

Would you like ACH payment processing (direct deposit)?

Yes

# **Eligibility Questions**

Completed - Jul 12 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Mark Royal
Position Title:	Deflection Coordinator
Organization:	Umatilla County/Community Counseling Solutions
Email Address:	mroyalumatillalpscc@gmail.com
How is your program coordinator funded? You may use BHD funds.	BHD Funds

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

# **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

### **Responses Selected:**

Community Mental Health Program: Kimberly Lindsay, Community Counseling Solutions

Local Mental Health Authority: Umatilla County, Kimberly Lindsay, Community Counseling Solutions

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Dan Primus, Umatilla County
Law Enforcement:	Chief Charles Byram (Pendleton Police Dept), Chief Jason Edmiston (Hermiston Police Dept)
Community Mental Health Program:	Kimberly Lindsay, Community Counseling Solutions
Behavioral Resource Network Provider:	Kimberly Lindsay, Community Counseling Solutions

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

### **Responses Selected:**

Court:: 6th Judicial District

Treatment Provider:: Community Counseling Solutions

Peer Support Organization:: Community Counseling Solutions

Local Government Body:: Umatilla County

First Responder Agency:: Pendleton and Hermiston City Police Departments

Community Provider:: Local Pubic Safety Coordinating Council and participating agencies

Case Manager Provider:: Community Counseling Solutions

Recovery Support Services Provider:: Community Counseling Solutions

Local Mental Health Authority:: Umatilla County/Community Counseling Solutions

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

Yes
-----

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

Umatilla County has established a team as required through HB4002 and has met on a regular basis. Through this team meeting process with the required membership we have established protocol for the Umatilla County Deflection Program. In addition information is shared and discussed at our Local Public Safety Coordinating Council (LPSCC) which meets on a monthly basis. This process has allowed for a transparent information sharing process and helped to identify those agencies who wish to participate.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

Communication will occur across electronic media or personal contact. It is intended that the team identified as required by HB4002 will continue to meet on a regular basis and identify changes deemed necessary to continue the program. We will continue to provide this as a standing agenda item to our Umatilla County LPSCC.

# C. Deflection Program Details

C.1) Are you requesting funds for a planning grant or an operational grant?

① Operational: This grant will primarily be used to operate a deflection program that will be implemented before January 2025.

# C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	September
Year	2024

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

1. Law enforcement officers which include the Sheriff's Office and city police departments makes contact with an individual who demonstrates probable cause that a PCS-U has occurred and no other crime is evident. 2. The officer may then issue a uniform code citation to court with a referral to the District Attorney and Program Coordinator. Officers may arrest on these probable cause charges as officers retain discretion. Mandatory directions to participants cited to contact the Deflection Coordinator (CCS) and follow all instructions as directed within 14 days from the date of citation. 3. The citation is held in obeyance allowing participant ample time to make contact and reach out for deflection engagement. 4. Where feasible, a peer navigator from CCS will respond to the initial contact of someone being referred to deflection. 5. If a Peer Navigator is not available the Program Coordinator will contact the Peer Supervisor. 6. The Program Coordinator receives a copy of the citation and an eligibility assessment will occur utilizing available investigative tools including criminal history and LEDS review. 7. The individual meets with the (DOT). Eligibility is determined and the individual agrees to enter deflection or is remanded to Court. 8. The individual enters the deflection program if qualified and agrees to participate. Court is avoided at this time. 9. The individual engages in the established treatment model. 10. If successful the Deflection Coordinator notifies the court and the District Attorney's Office to expunge the record. 11. If the individual fails the deflection program the Court and District Attorney is notified by the Deflection Coordinator. Umatilla County intends to expand deflection opportunities regarding sections C.8-C.13 and other low level crimes connected to possible PCS-U citations/crimes. These will be considered as we expand the scope and intent of affecting those individuals facing PCS-U crimes.

C.4) Please describe the individuals who are eligible for your deflection program.

Word Limit: 75

Individuals facing only PCS-U charges are presumptively eligible. In the future Umatilla will consider other crimes associated with the PCS-U charge.

C.5) What qualifies as a successful outcome for participants in your deflection program?

Word Limit: 75

A client will move to alumni status when they have met treatment plan goals and are no longer in need of support from deflection services to maintain these goals or have been compliant with treatment recommendations for four consecutive months since enrolling in the deflection program.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

All deflection partner agencies have engaged in cultural competency and trauma-informed training and will continue to do so on a ongoing basis. Further, our deflection treatment provider works within their established set of CLAS standards and policies when working with those they serve, which would include deflection participants. While deflection itself is an emerging best practice, our treatment provider will utilize numerous evidence-based practices to engage, screen and treat participants including the TAPS SUD screening tool, the CSSRS suicide screening tool, Medication Assisted Treatment, University of Cincinnati CBI substance use curriculum along with housing and supported employment services.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

Our deflection treatment provider employs approximately 50 bilingual staff in addition to employing multiple certified interpreters, all of whom are eligible to provider interpretation. Furthermore they contract with two full-service language line and ASL companies who are available by phone and video 24/7. Our treatment provider has graciously offered to provider interpretation services as part of outreach/engagement/care coordination along with explaining program referral options and procedures. In addition, our deflection candidate handouts will be available in a Spanish version.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?							
No							
C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?							
Yes							
9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.							
Word Limit: 75							
Does not differ from C.2.							
C.10) As part of your deflection program, can an individual voluntarily initiate contact with a first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?							
No							
C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?							
No							

C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?

No

C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?

No

### **Data Acknowledgements**

Completed - Jun 21 2024

## **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

#### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD.

Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

#### **Responses Selected:**

Deflection participant demographics (e.g., age group, race/ethnicity for each participant)

Source of referral for deflection (e.g., District Attorney, law enforcement, BHRN, community mental health program)

### **Budget Projection**

Completed - Jul 12 2024

### **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have

substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Umatilla Co CJC Deflection budget CONTRACT.xlsx

Filename: Umatilla Co CJC Deflection budget CONTRACT.xlsx Size: 34.0 kB

CIC Grant Brogram:	Oregon Behavioral Health Deflect	BUDGET PROJECTIO	ON SHEET			7	
County Name(s):	Umatilla	ion Program					
	harafte and for all area for dad	and the second second second	and he the most restated				
Personnel: Salaries, wages and fringe Directions:							
In the "Program/Project Supported" find the "% Time per Month" field, use w						etc.	
In the "Monthly Rate" field, combine s	alary/wages and fringe benefits for	a single month at full time, regardle	ss of the value included in the "%	Time per Month" field.	ager) = <b>50</b>		
In the "# Months Employed" field, indi	cate the number of months the pos	ition is expected to be funded during		Monthly Rate	# Months	Total Amount	Processed Narration
Position Title	Program/Project Supported	Employing Agency	New or Existing % Time per Position Month	(wages+fringe)	# Months Employed	Requested	Personnel Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1			Select Option			0.00	1.)
1 2 3 4			Select Option Select Option			0.00	(4.) [3.]
4			Select Option			0.00	4.)
5			Select Option Select Option			0.00	
7 8			Select Option			0.00	
9			Select Option Select Option			0.00	
9 10			Select Option			0.00	16.)
				Personnel Total:			
				reisonner rotal.	-		
Contractual Services: An individual or Directions:	r organization providing a service or	programmatic aspect of the work th	nat is not provided directly by the	grant recipient. Capital	construction may be	requested in this cat	egory.
In the "Contract Title & Purpose" field	, identify the contractor and what s	ervices the contract covers (generall	y).				
In the "Program/Project Supported" fi	eld, identify the specific program/pi	roject the contracted services suppo	rt.		1	T	Contractual Services Narrative:
						Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Requested	If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
1 CCS Peer Navigator	Deflection Program CCS	Personnel	Monthly	5,501.00	0 24.0	0 132,024.00	Peer Navigator will make early contact/connection with referral, conduct a screening, provide warm off's for providers, and provide peer support throughout the process as well as beyond. 2 FTE.
2 CCS Clinical Supervisor	Deflection Program CCS	Personnel	Monthly	8,056.00	0 6.0	0 48,336.00	Provide clinical oversight of the Peer Navigators and Care Coordinator 5 FTE.
3 CCS Care Coordinator	Defection Program CCS	Personnel	Monthly	6,660.00	6.0	0 39.960.00	Care Coordinator will schedule appointments, providing patient education, ensuring good communication between various healthcare providers and the criminal justice system5 FTE.
							Care Coordinator will schedule appointments, providing patient education, ensuring good communication between various healthcare providers and the criminal justice system5 FTE. Check program eligibility for each referral, formally refer individuals to Peer Navigators, report data to CIC, write grant reports .25 FTE. The vehicle will be a purchase made by CCS for
4 CCS Deflection Coordinator	Deflection Program CCS	Personnel	Monthly	10,573.00	3.0	0 31,719.00	the purpose of use with the 2 Peer Navigators only.  5,000 support for rent, 2,000 immediate short term supports to keep clients in a warm space until more permanent housing solutions are found, 10,000 for rent in Hermiston and
5 Housing & Facilities CCS	Deflection Program CCS	Services	Yearly	21,800.00	0 1.0	0 21,800.00	Pendleton offices, 4,800 prorated portion of utility cost in Hermiston and Pendleton offices.
6 Computers, Printers, Vehicle	Deflection Program CCS	Other	Yearly	30,700.00	0 1.0	20 700 00	3 Computers \$800 ea , 3 Printers \$100 ea , 1 Vehicle \$28,000. All required to accomdate the work associated with the Deflection Program. The vehicle will be a purchase by CCS and will be utilized for the Peer Navigator's only.
Office Supplies, Medication, Client	t Deflection Program CC3	Other	really	30,700.00	1.1	30,700.00	win be dunized for the Peer wavigator's Only.
7 Specific Expenses	Deflection Program CCS	Other	Yearly	7,560.00		0 7,560.00	Office Suppliess for new employees, medications for those awaiting or unable to obtain OHP cooverage, client special needs fund.
8 Travel & Training 9	Deflection Program CCS	Other	Yearly	2,900.00	0 1.0	0.00	Required trainings for Coordinator and necessary trainings for Peer Navigators.
10		Select Option	Select Option	Contractual		0.00	10.)
				Services Total:	\$ 314,999.00	,	
				•		-	
Housing & Facilities: Eligible expense	s for space/utilities necessary to co	mplete program work and short-/lor	ng-term housing support for partic	ipants. Capital construc	tion may be request	ed in this category.	
Directions: In the "Item Description" field, identify			<u> </u>				
In the "Program/Project Supported" fi							
						Total Amount	Housing & Facilities Narrative:
Item Description	Program/Project Supported		Unit Type Select Option	Price per Unit	# Units Required	Requested 0.00	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 2 3 4 5			Select Option			0.00	2.)
3			Select Option			0.00	
5			Select Option Select Option			0.00	
5			Select Option			0.00	6.)
7 8			Select Option Select Option			0.00	
9 10			Select Option	V		#VALUE	
10			Select Option	Housing & Facilities	5	0.00	10.)
				Total:	#VALUE	:1	
	dable equipment with a purchase p	rice of \$5,000 or more, or a useable	life of two or more years, for a si	ngle item			
Directions: In the "Item Description" field, identify	u the name/tune of equipment to be	a nurchaead					
In the "Program/Project Supported" fie	eld, identify the specific program/p	roject the equipment supports.					
In the "Organization Served" field, idea In the "# of Units Required" field, indic	ntify the entity that will own and op	erate the equipment.					
in the # of Offics Required field, findic	ate the number of individual items	to be purchaseu.				Total Amount	Equipment Narrative:
Item Description	Program/Project Supported	Organization Served		Price per Unit	# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 2 3 4						0.00	1.)
3						0.00	3.)
4					1	0.00	(4.)
5					+	0.00	
7 8						0.00	7.)
9						0.00	
9 10						0.00	
				Equipment Total:	\$ -		

Supplies: Consumable materials or su	upplies, including the cost of small it	ems of equipment that do not meet	the threshold for t	he "Equipment" c	ategory. Clients supp	orts could be request	ed in this category.	
Directions:	the second transfer of							
In the "Item Description" field, identify the name/type of supplies to be purchased.								
In the "Program/Project Supported" field, identify the specific program/project the supplies supports.  In the "Organization Served" field, identify the entity that will use the supplies.  In the "Organization Served" field, identify the entity that will use the supplies.								
In the "# of Units Required" field, indic	ntiry the entity that will use the sup	piles.						
In the # of Offits Required field, mait	Late the humber of individual items	to be purchased.	I			l .		
							Total Amount	Supplies Narrative:
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1			-				0.00	1)
2			-				0.00	
3			-				0.00	
4							0.00	
5			-				0.00	
7	+						0.00	
8			-				0.00	
9	+						0.00	
10	+							2-j   310.
10	1				Supplies Total:	ė .	0.00	2 20.7
					Supplies Total.	, -		
Training/Associated Travel: Eligible e	vocation lodging	nor diam, and registrations for train	ings that support a	rant nurnococ				
Directions:	expenses for transporation, loughig,	per diem, and registrations for train	iliga tilat suppoi t gi	rant purposes				
Each line item should be dedicated to	a single training cost or travel cost							
All travel expenses must follow state E	DAS and federal GSA regulations: lux	ury expenses are not allowed (e.g. f	irst-class seating).					
In the "Program/Project Supported" fir	eld, identify the specific program/pr	oject the training supports.						
In the "Organization(s) Served" field, li	ist the entity(ies) that will have pers	onnel attending training.						
In the "Is this a Training or Travel Cost	?" field, select to which this line iter	n relates from the dropdown menu.						
In the "Training or Travel Costs (Per In	dividual)" field, input the estimated	individual travel cost or registration	cost for one atten	dee.				
				Is this a	Training or Travel			Training/Associated Travel Narrative:
			Location of	Training or	Costs (Per	# of Individuals	Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Training Title	Program/Project Supported	Organization Served	Training	Travel Cost?	Individual)	Attending	Requested	For travel line items, please indicate with which training it is associated.
1				Select Option				1.)
2				Select Option			0.00	D 2.)
3				Select Option				3.)
4				Select Option			0.00	
5				Select Option			0.00	
6				Select Option			0.00	
7				Select Option			0.00	
8				Select Option			0.00	
9				Select Option			0.00	
10				Select Option			0.00	0 10.)
					Training/Travel			
					Total:	\$ -		
					•			
Administrative Costs: Activities assoc	ciated with administering the grant s	such as purchasing, budgeting, payro	ll, accounting and	staff services				
Directions:								
Total Administrative Costs may not ex	ceed 10% of total funds requested,	unless an exception is granted by th	e Commission.					
In the "Item Description" field, identify	y the specific activities to be conduc	ted.						
In the "Program/Project Supported" fi								
In the "Organization" field, identify the	e entity that will be conducting the a	administrative activities.						
							Total Amount	Administrative Costs Narrative:
Item Description	Program/Project Supported	Organization Served					Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Indirect Costs	Deflection Program CCS	ccs					\$ 34,707.00	Funds will be directed to CCS as they adminster 100% of the Defloection Program.
2								2.)
3								3.)
4								4.)
5								5.)
6								6.)
7								7.)
8	1							8.)
9	1							9.)
10	1	1					ļ	10.)
					Administrative			
					Total:	\$ 34,707.00		
			p					
Budget Request Totals: This section w		d on the information provided above						
Budget Request Totals: This section was Budget Categories	vill be automatically calculated base Category Totals	d on the information provided above	_					
Budget Categories Personnel	Category Totals							
Budget Categories Personnel Contractual Services	\$ - \$ 314,999.00							
Budget Categories Personnel Contractual Services Housing & Facilities	Category Totals							
Budget Categories Personnel Contractual Services Housing & Facilities Equipment	\$ - \$ 314,999.00							
Budget Categories Personnel Contractual Services Housing & Facilities Equipment Supplies	\$ - \$ 314,999.00							
Budget Categories Personnel Contractual Services Housing & Facilities Equipment Supplies Training/Associated Travel	Category Totals  \$ - \$ 314,999.00  #VALUE!  \$ - \$ 5 \$ - \$ 5							
Budget Categories Personnel Contractual Services Housing & Facilities Equipment Supplies	Category Totals  \$ - \$ 314,999.00  #VALUE!  \$ - \$ 5 \$ - \$ 5							
Budget Categories Personnel Contractual Services Housing & Facilities Equipment Supplies Training/Associated Travel Subtotai	Category Totals							
Budget Categories Personnel Contractual Services Housing & Facilities Equipment Supplies Training/Associated Travel Subtotai	Category Totals	% of Total Request						
Budget Categories Personnel Contractual Services Housing & Facilities Equipment Supplies Training/Associated Travel	Category Totals	% of Total Request	*No more than 10	D%, without excep	otion request			

Page 427 of 477

# **UNION COUNTY**

# **Application: 0000000024**

Valerie Schlichting - vschlichting@union-county.org Oregon Behavioral Health Deflection Program (23-25)

#### **Summary**

ID: 0000000024

Last submitted: Jun 27 2024 11:05 AM (PDT)

### **Cover Sheet**

Completed - Jun 11 2024

### **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

### County

Please select from the dropdown list.

Union

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

### **Primary Applicant Contact**

Name:	Valerie Schlichting
Organization:	Union County District Attorney's Office
Title:	Office Manager
Street Address:	1104 K Avenue
City:	La Grande
Zip Code:	97850
E-mail:	vschlichting@union-county.org
Phone:	541-963-1007

### **Fiscal Contact**

Name:	Shelley Burgress
Legal Name of Organization for Payment:	Union County
State EIN:	93-6002313
Payment Remittance Street Address:	1106 K Avenue
City:	La Grande
Zip Code:	97850
E-mail:	sburgess@union-county.org
Phone:	541-963-1001

Would you like ACH payment processing (direct deposit)?

Yes

# **Eligibility Questions**

Completed - Jul 18 2024

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Valerie Schlichting
Position Title:	Office Manager
Organization:	Union County District Attorney's Office
Email Address:	vschlichting@union-county.org
How is your program coordinator funded? You may use BHD funds.	BHD Funds

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

# **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

#### **Responses Selected:**

Community Mental Health Program: Center for Human Development

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Kelsie McDaniel, DA
Law Enforcement:	Cody Bowen, Sheriff
Community Mental Health Program:	Center for Human Development
Behavioral Resource Network Provider:	Center for Human Development

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

#### **Responses Selected:**

Public Defense:: Logan Joseph, Defense Attorney

Court:: Judge Powers, Judge

Treatment Provider:: Center for Human Development

Local Government Body:: Matt Scarfo, Commissioner

Recovery Support Services Provider:: Mark Sagaria, Center for Human Development

Local Mental Health Authority:: Center for Human Development

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

Yes

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

The La Grande Police Department and the Union County Sheriff's Office has been contacted has committed to the program. The local presiding Judge has also been contacted and supports the implementation of the program. The Center for Human Development has agreed to provide assessments, referrals and treatment and Logan Joseph, a local defense attorney, has agreed to provide the defense work.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

Monthly meetings will be held with all partners to monitor participants and allow input on administration. Additional contact will be via in-person contacts, email, and phone. All referrals will be communicated to the coordinator within 3 days by the individual who did the referral. The coordinator will contact the potential participant and give them instructions on how to contact the CHD. The coordinator will contact the CHD to notify of the referral. After the assessment is completed, CHD will contact the coordinator and they will notify the defense attorney and prosecutor and provide discovery to the defense attorney. The coordinator will contact the potential participant and give them instructions on how to meet the defense attorney. Notification will be given to the coordinator if the individual is going to follow through with deflection. If the individual agrees to deflection the coordinator will instruct on conditions of the program and expectations.

# C. Deflection Program Details

C.1) Are you requesting funds for a planning grant or an operational grant?

Operational: This grant will primarily be used to operate a deflection program that will be implemented before January 2025.

C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	August
Year	2024

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

Law enforcement will cite individuals, cases will then be sent to the District Attorney's Office (DA'S), an offer/recommendations will be made, and all discovery will be provided to the defense attorney who will then confer with their client on if the offer for the deflection/deferred prosecution program will be accepted. If an individual accepts, the BHD Coordinator will monitor all participants and work with the prosecutor on compliance and completion. The local behavioral health agency, Center for Human Development will then receive a referral from the BHD Coordinator and the referred client will then complete an assessment and either provide in-house treatment to those qualify or will make referrals to qualifying agencies.

Although, at the inception of the program we may not have our local behavioral health agency and law enforcement seeking out individuals with substance use disorders to refer them to engage in treatment and/or services, have specific outreach to individuals who have recently experience an opioid overdose, or have a multidisciplinary mobile crisis team we intend to make efforts to assess the feasibility of this type of intervention in our community.

C.4) Please describe the individuals who are eligible for your deflection program.

Word Limit: 75

All individuals will be eligible for the program with a referral from law enforcement.

C.5) What qualifies as a successful outcome for participants in your deflection program?

Word Limit: 75

Participants will have engaged or continue to be engaged in treatment with no charges being filed for the incident that referred them to the deflection program. Furthermore, individuals will be connected to resources to reduce crime, which will reduce the judicial docket and enable law enforcement to focus on more serious crimes. Bridges will be built with community partners to ensure wrap around services for participants and relationships will be stronger within the community.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

Language interpretation and translation will be provided. Accommodations will be made for literacy and intellectual disabilities; special consideration for culture beliefs, behaviors, and needs will be considered; and culturally relevant responses will be put in place. Officers in our county receive monthly up to date trauma informed information and training to ensure that all individuals are treated with respect and dignity.

Law enforcement, the DA's Office, and the local behavioral health agency will increase their partnership to develop a comprehensive approach to improve outcomes for potential participants, and help our community prioritize resources to have the greatest impact on public safety, which evidence-based research shows is the most successful approach when creating a deflection/deferred prosecution program according the National Judicial Task Force to Examine State Courts' Response to Mental Illness

https://www.ncsc.org/ data/assets/pdf file/0021/74532/1.2-Deflection.pdf.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

Language interpretation and translation will be provided. If written materials or information is needed participants will be given the opportunity to meet with an interpreter to have the material read to them and the program coordinator will be available at that time to answer any questions for the interpreter to translate. The program will provide wraparound support serves to individuals which is shown to have "significant reductions in recidivism and criminal justice contact" according the the 2021 articular on Introduction: Deflection: Police-Led Responses to Behavioral Health Challenges on the Illinois Criminal Justice Information Authority website.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?

Yes

8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

### Word Limit: 75

Law enforcement will cite, cases will be sent to the DA's Office, an offer will be made, and discovery will be provided to the defense attorney. If an individual accepts, the BHD Coordinator will monitor participants and work with the prosecutor on compliance/completion. The local behavioral health agency will receive a referral from the BHD Coordinator, the referred client will complete an assessment and receive treatment or will be referred out. Start date: August, 2024.

C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?
Yes
9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
Citations will be made, no charges will be filed unless a participant is not compliant.
C.10) As part of your deflection program, can an individual voluntarily initiate contact with a first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?
No
C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?
No
C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?
No

C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?

No

### **Data Acknowledgements**

Completed - Jun 11 2024

### **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

#### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD.

Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

#### **Responses Selected:**

List of deflection participants

Deflection participant demographics (e.g., age group, race/ethnicity for each participant)

Source of referral for deflection (e.g., District Attorney, law enforcement, BHRN, community mental health program)

Services provided as part of the deflection program

### **Budget Projection**

Completed - Jun 27 2024

# **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Budget Projection Sheet BHD.xlsx

Filename: Budget Projection Sheet BHD.xlsx Size: 34.5 kB

		BUDGET PROJECTI	ION SHEET				
CJC Grant Program:	Oregon Behavioral Health Defle	ction Program					
County Name(s):	Union County						
	inge benefits costs for all grant-funde	d personnel (in whole or in part) emp	loyed by the grant re	ecipient			
Directions:	d" field identify the energic program /	arciast the position supports. From:	oo oould include LEA	D Toom Mahilo	Crisis Team, County Deflection Program, e	140	
	se whole numbers to show percentag					etc.	
In the "Monthly Rate" field, combin	ne salary/wages and fringe benefits for	or a single month at full time, regard	less of the value incl	uded in the "% Tir			
In the "# Months Employed" field,	indicate the number of months the p	osition is expected to be funded durin	ng the grant project	period.	Monthly Rate # Months	I	
Position Title	Program/Project Supported	Employing Agency	New or Existing Position	% Time per Month	Monthly Rate # Months (wages+fringe) Employed	Total Amount Requested	Personnel Narrative:  For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Deflection/Deferred	Deflection/Deferred Program	DA's Office	New	100	5794.9 1		1 So each requested neith of the rest, provide a winer journation as consist in meas or remark or the purpose ment of the rest. 8 (1). Convene deflection / deferred program partners for the operation of the program, manage grant program funds, track and report data.
2 Prosecution Coordinator	-		Select Option			0.0	0 2.)
3 Peer Responder	Deflection/Deferred Program	Center for Human	Select Option	100	5794.9 1	2 69,538.8	0 3.) Peer support worker to engage participants early on the the deflection process.
5		Development	Select Option Select Option				0 4.) 0 5.)
6 7			Select Option				∞ 5/7 00 (5)
			Select Option			0.0	0 7.)
8			Select Option				0 8.)
9			Select Option Select Option				0 9.) 0 10.)
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					Personnel Total: \$ 139,078.08	1	
Contractual Consisses An individual	al as associantian association a consider	or programmatic accept of the work t	that is not provided	directly by the en	ant recipient. Capital construction may be	requested in this or	
Directions:	al or organization providing a service	or programmatic aspect or the work	that is not provided	directly by the gra	ant recipient. Capital construction may be	requested in this co	tegory.
In the "Contract Title & Purpose" fi	ield, identify the contractor and what	services the contract covers (genera	illy).				
In the "Program/Project Supported	d" field, identify the specific program/	project the contracted services supp	ort.	1			
						Total Amount	Contractual Services Narrative:  For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Contract Title & Purpose	Program/Project Supported	Contract Category		Unit Type	Price per Unit # Units Required	Total Amount Requested	If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
1 Assure Drug Detection UA's	Deflection/Deferred Program	Services		Hourly	26.00 75.		in you selection personner is an econimactication, please specify one associated in this institute.  1. 104's tensive compliance with recommendations of the program.
2 Misc. Treatment Providers	Deflection/Deferred Program	Services		Select Option	50.00 25.	1,250.0	(0) 2.) Treatment for those not covered by insurance through our local behavorial health agency or out of town.
3		Select Option		Select Option		0.0	0 3.)
4		Select Option Select Option	_	Select Option Select Option		0.0	0 4.) 0 5.)
5		Select Option		Select Option			vj.3.j 016.)
7		Select Option		Select Option			0.7.)
9		Select Option		Select Option			8.)
10		Select Option Select Option	-	Select Option Select Option			0 9.) 0 10.)
10		Scient Option	_	Sciect Option	Contractual	0.0	v   2007
					Services Total: \$ 3,200.00		
Housing & Facilities: Eligible expe	enses for space/utilities necessary to o	complete program work and short-/lo	one-term housing sur	pport for participa	ants. Capital construction may be request	ed in this category.	
Directions:			ong-term housing su	pport for participa	ants. Capital construction may be request	ed in this category.	
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Budget Categories	Category Totals			
Personnel	\$	139,078.08		
Contractual Services	\$	3,200.00	ı	
Housing & Facilities	\$			
Equipment	\$	1,670.56		
Supplies	\$	6,045.00		
Training/Associated Travel	\$			
Sui	btotal \$	149,993.64		
Administrative Costs	Total		65	of Total Request
All Items	Ś		0%	,

# **WASHINGTON COUNTY**

# **Application: 0000000028**

Joe Simich - joe\_simich@washingtoncountyor.gov Oregon Behavioral Health Deflection Program (23-25)

#### Summary

ID: 0000000028

Last submitted: Jul 17 2024 01:55 PM (PDT)

#### **Cover Sheet**

Completed - Jun 26 2024

### **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

#### County

Please select from the dropdown list.

Washington

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

### **Primary Applicant Contact**

Name:	Joe Simich
Organization:	Washington County
Title:	Program Manager
Street Address:	155 N First Ave, MS 21
City:	Hillsboro
Zip Code:	97124
E-mail:	j <u>oe_simich@washingtoncountyor.gov</u>
Phone:	5033142601

#### **Fiscal Contact**

Name:	Greg Munn
Legal Name of Organization for Payment:	Washington County
State EIN:	93-6002316
Payment Remittance Street Address:	155 N First Ave, MS 21
City:	Hillsboro
Zip Code:	97124
E-mail:	Greg_Munn@washingtoncountyor.gov
Phone:	503-846-8756

Would you like ACH payment processing (direct deposit)?

Yes

# **Eligibility Questions**

Completed - Jul 17 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

## A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Joe Simich
Position Title:	Program Manager
Organization:	Washington County
Email Address:	j <u>oe_simich@washingtoncountyor.gov</u>
How is your program coordinator funded? You may use BHD funds.	CJC Grant

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

# **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

#### **Responses Selected:**

Community Mental Health Program: Washington County, Health and Human Services

Local Mental Health Authority: Washington County, Health and Human Services

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Kevin Barton, District Attorney
Law Enforcement:	John Koch, Undersheriff
Community Mental Health Program:	Mjere Simantel, Director of Washington County Health and Human Services
Behavioral Resource Network Provider:	Lifeworks Northwest and Mental Health and Addictions Association of Oregon

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

#### **Responses Selected:**

Court:: Rebecca Guptill, Presiding Judge

Treatment Provider:: Kendra Harding, Lifeworks Northwest

Peer Support Organization:: Janie Gullickson, MHAAO

Recovery Support Services Provider:: Tony Vezina, 4D Recovery

Local Mental Health Authority:: Nick Ocon, Washington County Health and Human Services

Other, specify:: Katherine Galian, Program Manager, Housing Services

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

Yes			

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

Washington County established a Deflection Planning and Implementation Team on 4/1/24. This team is led by a Program Manager as well as representatives from the Sheriff's Office, District Attorney, County Administration, Health and Human Services, Community Corrections, and 2 BHRN providers.

This team has been meeting weekly since 4/1/24 to design the deflection program and make policy decisions. In addition to the larger group meetings, smaller workgroups have been established to develop day-to-day operations of the deflection team, law enforcement's role, and how to build community outreach.

The program manager and Assistant County Administrators have been reporting regularly to the County Board of Commissioners, City Mayors, and Local Public Safety Coordinating Council keeping all interested parties apprised of the team's progress.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

In addition to other duties, the Program Coordinator will convene 2 teams on a regular basis; the larger Deflection Implementation and Planning Team (DIPT) and Deflection Operations Team (DOT).

The DOT will consist of the Program Manager, Deputy DA, Sheriff's Lieutenant, and peer navigators. This team will meet daily to review new cases for eligibility and provide outreach to individuals to support their efforts to connect to treatment as well as staff cases that are participating in deflection to review for engagement and/or completion. The DIPT will meet on a regular basis (schedule tbd) to review outcomes and make policy decisions.

In addition to these regularly scheduled meetings, the Program Manager will be responsible for reporting program progress and outcomes to the Board of County Commissioners, Local Public Safety Coordinating Council and CJC. Assure appropriate communication with other stakeholders and partners such as BHRN provider and local law enforcement.

# C. Deflection Program Details

#### C.1) Are you requesting funds for a planning grant or an operational grant?

Operational: This grant will primarily be used to operate a deflection program that will be implemented before January 2025.

# C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	September
Year	2024

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

There will be 3 opportunities for the Deflection Operations Team (DOT) to connect individuals being charged with PCS to treatment.

First, when an individual is cited for PCS, law enforcement will provide information advising the individual may qualify for deflection and instruct them to contact the DOT.

Second, if the individual does not contact the DOT, a peer navigator from the DOT will make every effort to contact the individual in the community to offer deflection and make a referral for a substance use disorder (SUD) evaluation.

Third, if the individual is not located, a DOT member will appear at the arraignment to offer deflection prior to appearance.

If the individual qualifies for deflection and is willing to participate in a SUD evaluation, the arraignment will be rescheduled 30 days.

In addition to the above steps, the DIPT is currently engaged in conversations with Hillsboro and Beaverton Police Departments to implement "pilot" programs to offer peer navigation when law enforcement is citing for PCS. In this model, when a citation is issued, a peer navigator will be called to respond. The navigator will explain deflection and offer a pathway to treatment and other services.

In both models, once it's confirmed they meet criteria for deflection a referral for SUD evaluation will be made. If treatment is recommended engagement will be monitored by the DOT.

The DOT will track pending arraignments for all deflection program participants. If the person is making efforts to engage in treatment at the time of their next appearance, the DOT will reset the hearing another 30 days and the individual does not need to appear. This will continue until the DOT determines the person has successfully engaged in treatment and indicates they will continue at which time the hearing will be cancelled and charges not filed.

C.4) Please describe the individuals who are eligible for your deflection program.

Word Limit: 75

All persons facing PCS-U only, who are not currently on supervised probation or post-prison, have no pending charges (except other PCS-U charges) in any jurisdiction, or have no prior conviction for a crime constituting a violent felony ORS (135.240,4,a), domestic violence, child abuse, or sex crime are eligible for deflection.

### C.5) What qualifies as a successful outcome for participants in your deflection program?

Word Limit: 75

Participants will be considered successful if they complete a substance abuse evaluation and treatment is not recommended, or they have entered treatment and are considered to have engaged in treatment, as measured by factors including treatment records, feedback from treatment providers, and UA results, and the Deflection Operations Team concludes it is more likely than not that the person will continue to engage in treatment following the completion of deflection.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

#### Word Limit: 150

Washington County has access to an array of services designed to address the diverse needs of the individuals they serve. The agencies are located throughout south county, Beaverton, and west county, so conveniently located for persons of color and those speaking languages other than English. We will also access agencies in the greater metropolitan area if needed.

Washington County's list of culturally responsive programs include services for:

- Spanish speaking SUD and mental health treatment.
- Opioid treatment serving Native American population.
- Addiction and mental health recovery support for African American population.
- Inpatient, intensive outpatient, MAT for BIPOC population.
- MH services for the deaf
- Refuge and immigrant counseling services.
- Peer support for African American, Latinx, and LGBTQIA+ populations.

Washington County recognizes drug use is a complex issue influenced by a variety of factors that requires a comprehensive and trauma informed approach and will only use agencies that take a similar approach.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

#### Word Limit: 150

As indicated above, Washington County has access to a variety of agencies able to provide services to non-English speaking individuals. Substance Use Disorder treatment and peer support services are available to Spanish speaking individuals throughout the County. In addition, we will utilize agencies that are able to, with added support from interpreters, provide services in Washington County safe harbor languages. The Deflection Planning and Implementation Team is currently engaged in discussions with Mental Health and Addiction Association of Oregon and 4D recovery to provide peer services with our Deflection Program. Both programs have recovery mentors for this team that speak Spanish. For individuals that speak other languages, they refer to linguistically specific services.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?
Yes
8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
The DIPT is currently engaged in conversations with Hillsboro and Beaverton Police Departments to implement "pilot" programs to offer peer navigation when law enforcement is citing someone for PCS. When a citation is issued, a peer navigator will be called to respond. The navigator will explain deflection and offer a pathway to treatment and other services. The goal is to have these models implemented by 9/1/24. For the remainder of the County, beginning 9/1/24, law enforcement will be the first contact and will refer the individual to the deflection team.
C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?
Yes

9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

# Word Limit: 75

Law enforcement will issue citations with an arraignment date one week out. If the individual is willing to participate in a SUD evaluation and/or recommended treatment, the arraignment will be reset 30 days to allow time for the evaluation. The arraignments will continue to be reset in increments of 30 days until the individual engages in treatment. When engagement is confirmed, the arraignment will be cancelled and charges will not be formally filed.

C.10) As part of your deflection program, can an individual voluntarily initiate contact with a first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?

No

C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?

No

C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?

No

C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?

No

### **Data Acknowledgements**

Completed - Jun 28 2024

### **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

#### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD.

Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

#### **Responses Selected:**

Don't know, please explain:: We do not expect any barriers in tracking and reporting all data points required by CJC

### **Budget Projection**

Completed - Jul 17 2024

### **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Washington BHD 24 R07172024.xlsx

Filename: Washington BHD 24 R07172024.xlsx Size: 34.1 kB

CI	Grant Program:	Oregon Behavioral Health Deflecti	BUDGET PROJECTIO	ON SHEET				7	
	unty Name(s):	Washington							
D.	rsonnel: Salaries, wages and fringe b	constitue costs for all group founded a	arcannol (in urbala ar in nort) amala	aread by the great of	resisions				
	ections:	penerits costs for all grant-runded p	ersonnei (in whole or in part) emplo	byed by the grant r	recipient				
In t	the "Program/Project Supported" fiel the "% Time per Month" field, use wh							tc.	
In t	the "Monthly Rate" field, combine sa	lary/wages and fringe benefits for	a single month at full time, regardle	ss of the value incl	luded in the "% Tir	me per Month" field.			
In 1	the "# Months Employed" field, indic	ate the number of months the posi	tion is expected to be funded during	New or Existing		Monthly Rate	# Months	Total Amount	Personnel Narrative:
Po:	sition Title	Program/Project Supported	Employing Agency	Position	Month	(wages+fringe)	Employed	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1	Sr. Program Coordinator	Deflection Operations Team	Washington County	New	100	17775.5	17	213.306.4	8 1.) Program Coordinator for the larger Deflection Team responsible for tracking grant funds and data as well as convening all required partners for continued planning.
	St. Hogiam coordinator	Deficetion operations ream	Washington county		100	17773.3		213,500.4	2.) Deputy DA to participate on Deflection Operations Team to help determine eligibility and completion/Failure of program participants. This will be a daily function to review new
									citations and elements of the crime to determine eligibility for the program. The DDA will be required to partner with the Deflection Operations Team members to review participant treatment progress to establish program success. They will appear for all Deflection related court arraignments. This position will also be a member of the Deflection Planning and
									treatment progress to establish program success. Iney will appear for all Deflection related court arraignments. Inits position will also be a member or the Deflection Himplementation Team that will continue to meet on a regular basis reviewing practices related to Deflection and make policy decisions. This position will be assigned to the Deflection
2	Deputy District Attorney IV	Deflection Operations Team	Washington County	New	100	23623.9	12	283,486.9	2 Program.
3	Lieutenant	Deflection Operations Team	Washington County	New	100	21444.6	12	257,334.9	6 3.) Sheriffs employee that will coordinate all training and communications with county-wide law enforcement.
4	Program Coordinator	Deflection Operations Team	Washington County	New	100	16533.9	12	198,406.4	4.) Will be responsible for day to day coordination of Operations Team and tracking all participants. Will be liason with treatment partners and mentors with the Operations Team.
	Legal Specialist II	Deflection Operations Team	Washington County	New	100	9722.0	13	116 664 0	0 5.) DA staff responsible for intaking all PCS citations and responsible for entering and updating all data as well as provide administrative support to the assigned DDA
			washington county	ivew			12		6.) Overtime for Failure to appear apprehension by law enforcement. The intent of this function will be to seek out individuals that fail to appear in court to get them recited for an
6	Sheriffs Deputy	Deflection Operations Team	Washington County	New	100	3333.3	12	39,999.9	arraignment so that they can get connected with treatment and other services our Deflection Operations Team can offer.
8				Select Option Select Option					0   7.) 0   8.)
10				Select Option				0.0	0 9.)
10				Select Option	1			0.0	0 10.)
						Personnel Total:	\$ 1.109.198.76		
						•			
Co	ntractual Services: An individual or	organization providing a convice or	programmatic account of the work th	nat is not provided	directly by the ar-	ant recipient Capital	construction may be	requested in this co	toons.
Dir	ections:				unectly by the gra	ant recipient. cupitur c	onstruction may be	requested in this co	ecyoly.
In t	the "Contract Title & Purpose" field, i	identify the contractor and what se	rvices the contract covers (generally	y).					
in	the "Program/Project Supported" fiel	d, identify the specific program/pr	bject the contracted services suppor	rt.	1				Contractual Services Narrative:
								Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Co	ntract Title & Purpose	Program/Project Supported	Contract Category		Unit Type	Price per Unit	# Units Required	Requested	If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
									This would provide 2 FTE for Peer Navigators to connect with deflection eligible individuals to support their efforts to access treatment and successfully deflect potential charges. We
1	Peer mentor services	Deflection Program	Personnel		Monthly	17,500.00	12.0	210,000.0	are currently exploring the options of contracting with one or more of four agencies in the County that provide culturally and linguistically responsive.
2			Select Option		Select Option			0.0	0 2.)
4			Select Option Select Option		Select Option Select Option			0.0	0 3.) 0 (4.)
5			Select Option		Select Option				0.5.)
- 6			Select Option		Select Option			0.0	
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9			Select Option		Select Option			0.0	
10			Select Option		Select Option			0.0	0 10.)
						Services Total:	\$ 210,000.00		
						Services rotal.	Ţ 110,000.00		
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Dir	using & Facilities: Eligible expenses ections:			ig-term nousing su	pport for participa	ants. Capitai construct	don may be requeste	ea in this category.	
In t	the "Item Description" field, identify the "Program/Project Supported" fiel	what the expense covers (generally	r).						
	are Trogramy Troject Supported Ties	o, racinity the specific programy pr	oject tric experise supports.					Total Amount	Housing & Facilities Narrative:
Ite		Program/Project Supported			Unit Type	Price per Unit	# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
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2 3 4 5 6 7					Select Option Select Option			0.0	
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8			1		Select Option				0.8.)
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						Total:	\$		
								•	
Eq	uipment: Permanent or non-expend	able equipment with a purchase pr	ice of \$5,000 or more, or a useable	life of two or more	e years, for a single	e item			
Dir	ections:								
	the "Item Description" field, identify the "Program/Project Supported" fiel								
In t	the "Organization Served" field, ident	tify the entity that will own and op-	erate the equipment.						
In t	the "# of Units Required" field, indica	te the number of individual items t	o be purchased.			_	_	1	
1+-	m Description	Drogram/Droject Connected	Organization Second			Brice per ! !=:+	# I Inite Doggies	Total Amount	Equipment Narrative:  Exercise consisted them to the left provide a brief instification or to how it most or fulfills the purpose finance of the program.
ite 1	m Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested 0.0	For each requested item to the left, provide a <b>brief</b> justification as to how it meets or fulfills the purpose/intent of the program.  1.)
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10					r		0.00	10.)
					Equipment Total:	\$ -		
Supplies: Consumable materials or su	pplies, including the cost of small ite	ems of equipment that do not meet	the threshold for th	ne "Equipment" c	ategory. Clients suppo	orts could be request	ed in this category.	
Directions:								
In the "Item Description" field, identify								
In the "Program/Project Supported" fie	eld, identify the specific program/pro	oject the supplies supports.						
In the "Organization Served" field, ider In the "# of Units Required" field, indic	itiry the entity that will use the supp	ones.						
in the # or Units Required field, Indic	ate the number of individual items t	o be purchased.					1	
							Total Amount	Supplies Narrative:
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Flex funds	Deflection Operations Team	Washington County			29,158.24	1.0		Transportation, incentives, and basic needs supplies for persons served by Deflection Program.
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9							0.00	9.)
10						<u> </u>	0.00	10.)
					Supplies Total:	\$ 29,158.24		
Training/Associated Travel: Eligible ex	cpenses for transporation, lodging, p	per diem, and registrations for traini	ngs that support gr	ant purposes				
Directions:								
Each line item should be dedicated to a	single training cost or travel cost.							
All travel expenses must follow state D	AS and federal GSA regulations; luxi	ury expenses are not allowed (e.g. fi	rst-class seating).					
In the "Program/Project Supported" fie In the "Organization(s) Served" field, lis	eld, identify the specific program/pro	oject the training supports.						
In the "Is this a Training or Travel Cost	of the entity(les) that will have person	onner attending training.						
In the "Training or Travel Costs (Per Inc			cost for one attend	laa				
In the Training or Traver Costs (Fer Inc	ividual) field, iliput the estimated	Individual traver cost of registration	COST TOT OTHE ALTERIO	Is this a	Training or Travel			Training/Associated Travel Narrative:
			Location of	Training or	Costs (Per	# of Individuals	Total Amount	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Training Title	Program/Project Supported	Organization Served	Training	Travel Cost?	Individual)	Attending	Requested	For travel line items, please indicate with which training it is associated.
	riogram/rioject supported	Organization Serveu	rranning		muividualj	Attenuing		
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2				Select Option			0.00	
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3 4 5				Select Option			0.00	4.
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9				Select Option Select Option			0.00	9.)
10				Select Option	T1-1		0.00	10.)
					Training/Travel Total:			
					lotal:	\$ -		
Administrative Costs: Activities assoc	isted with administering the grant s	uch as nurchasing, hudgeting, navre	Il accounting and s	taff consists				
Directions:	lated with administering the grant's	uch as purchasing, budgeting, payro	iii, accounting and s	itali services				
Total Administrative Costs may not exc	eed 10% of total funds requested. I	inless an exception is granted by the	Commission.					
In the "Item Description" field, identify	the specific activities to be conduct	ted.	c commission.					
In the "Program/Project Supported" fie								
In the "Organization" field, identify the								
-							Total Amount	Administrative Costs Narrative:
Maria Barantaktan	D	0						**************************************
Item Description	Program/Project Supported	Organization Served						
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10								9.) 10.)
					Administrative		1	
					Total:	\$		
Budget Request Totals: This section w	ill be automatically calculated bases	on the information provided above	2					
Budget Categories	Category Totals	The state of the s						
Personnel	\$ 1,109,198.76							
Contractual Services	\$ 210,000.00							
Housing & Facilities	\$ 210,000.00							
	l č							
Equipment Supplies	\$ 29,158.24							
Training/Associated Travel	\$ 25,138:24							
Subtotal	\$ 1,348,357.00							
Subtotui	- 2,5-0,557.00							
Administrative Costs	Total	% of Total Request						
All Items			*No more than 10	%, without excer	otion request			
	*	1		,				
Total Budget Request:	\$ 1,348,357.00	1						
, , , , , , , , , , , , , , , , , , ,								

# YAMHILL COUNTY

# **Application: 0000000021**

Brandon Bowdle - bowdleb@yamhillcounty.gov Oregon Behavioral Health Deflection Program (23-25)

#### Summary

ID: 0000000021

Last submitted: Jul 11 2024 02:04 PM (PDT)

#### **Cover Sheet**

Completed - Jun 24 2024

### **Cover Sheet**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

#### County

Please select from the dropdown list.

Yamhill

Are you applying as an individual county or are you working as part of a consortium of counties?

This application is for an individual county.

### **Primary Applicant Contact**

Name:	Brandon Bowdle
Organization:	Yamhill County Sheriff's Office
Title:	Undersheriff
Street Address:	535 NE 5th Street
City:	McMinnville
Zip Code:	97128
E-mail:	bowdleb@yamhillcounty.gov
Phone:	503-434-7443

#### **Fiscal Contact**

Name:	Michael Barnhart
Legal Name of Organization for Payment:	Yamhill County
State EIN:	93-6002318
Payment Remittance Street Address:	535 NE 5th Street
City:	McMinnville
Zip Code:	97128
E-mail:	barnhartb@yamhillcounty.gov
Phone:	503-434-7506 ext 6938

Would you like ACH payment processing (direct deposit)?

Yes

# **Eligibility Questions**

Completed - Jul 11 2024

# **Applicant Eligibility Questions**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

## A. Deflection Program Coordinator

A.1) To be eligible for funding you must have a program coordinator responsible for convening deflection program partners as needed for the operation of the program, managing grant program funds awarded under this section, tracking and reporting data required by the Oregon Criminal Justice Commission, and providing notification of deflection program completion to the entities responsible for sealing records under section 54 of HB 4002 (2024). This position is an eligible use of Oregon Behavioral Health Deflection Program (BHD) funds.

Identify the program coordinator below.

Name:	Brandon Bowdle
Position Title:	Undersheriff
Organization:	Yamhill County Sheriff'sOffice
Email Address:	bowdleb@yamhillcounty.gov
How is your program coordinator funded? You may use BHD funds.	BHD Funds

The applicant acknowledges that the program coordinator will be responsible for the duties listed above and outlined in HB 4002 (2024), and the applicant is required to provide the CJC with new contact information if the individual performing the coordinator duties changes in the future.

# **B. Required Program Partners & Collaboration**

B.1) Is your deflection program coordinated by or in consultation with a community mental health program, a local mental health authority, or a federally recognized tribal government?

Select all that apply and indicate the involved organization(s), but you must select at least one to be eligible:

#### **Responses Selected:**

Community Mental Health Program: Yamhill County Health and Human Services

Local Mental Health Authority: Yamhill County Health and Human Services

B.2) Please indicate the organization(s) of the **required** local partners involved in the development and/or administration of your county's deflection program.

District Attorney:	Yamhill County District Attorney's Office
Law Enforcement:	Yamhill County Sheriff's Office
Community Mental Health Program:	Yamhill County Health and Human Services
Behavioral Resource Network Provider:	Yamhill County Health and Human Services

B.3) Please indicate the organization(s) of the **optional** local partners involved in the development and/or administration of your county's deflection program.

Select all that apply.

#### **Responses Selected:**

First Responder Agency:: McMinnville Police Department, Newberg Dundee Police Department, Yamhill Police Department, Carlton Police Department, Oregon State Police McMinnville Office

For the questions below, please refer to the local partner organization(s) you identified in questions 2-3 of this section that are involved in the development and/or administration of your county's deflection program.

B.4) Prior to submitting this application, have you coordinated with all program partners identified above on the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program?

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- 1	C	o

B.5) Please describe the coordination with program partners that has occurred to set up your jurisdiction's deflection program.

Word limit: 150

As a county, we have been meeting regularly since the legislative session to discuss HB4002 and what model will be most successful in Yamhill County. We've included all six local law enforcement partners including the Oregon State Police district representative, community justice parole and probation, our presiding Judge at the circuit court level, the district attorney's office, a county commissioner and health and human services who operated the local Community Mental Health Program. A road map was envisioned on how this would work and collectively we have come up with the best implementation for Yamhill County, taking into account everyone's suggestions and concerns.

B.6) Describe how the program coordinator will communicate with all program partners concerning program participants and any other matter necessary for the administration of the program.

Word limit: 150

Our Deflection Coordinator will communicate with all program partners in person, over the phone, and by email. Recurring pre-planned communication related to status updates on individuals in the deflection program will occur through emailed reports as well as regular coordination meetings every two weeks. In these meetings there will be status updates and identification of needed supports and resources for individuals. All designated stake holders will have access to a group email through the county network, by which most communications will take place on notifications. This will help provide a seamless and effective connection in the most timely and accurate fashion to the group of stakeholders.

# C. Deflection Program Details

C.1) Are you requesting funds for a planning grant or an operational grant?

Operational: This grant will primarily be used to operate a deflection program that will be implemented before January 2025.

C.2) At this time, when does your county estimate it will begin operating a deflection program?

NOTE: If your county already has a program in operation that will serve as its deflection program, please provide the date that program began.

Month:	September
Year	2024

If your program is operational, please provide detailed responses to the questions below. If you selected a planning grant, please describe what you have done to date or currently plan to do in response to each question below.

C.3) From the initial call for service or point of contact with an individual to a referral and/or engagement with treatment or services, please describe how your deflection program functions, in steps.

(Your response may include: referral pathways, plan for engagement in treatment and/or services, collaboration among deflection partners, data sharing practices, etc.)

Word Limit: 300

Law Enforcement will make initial contact of arrest through citation for PCS, rather than being taken into custody, the individual will be offered engagement to treatment at initial contact and provided resource card/guidance that covers what the different pathway options are, and what to expect. If LE capacity allows they will have the ability to transport the individual to the local Community Mental Health Program (CMHP) for a walk in assessment. LE will submit report/citation as soon as possible and provide information to DA's Office and the Deflection Coordinator. The Deflection Coordinator will notify the CMHP who has 24/7 services through their clinics or through local crisis outreach specialists. The individual who received the citation will need to engage with the CMHP for an assessment within 14 days after initial contact by LE for assessment. Notification will be made as soon as possible to all invested partnership programs and the Diversion Coordinator will begin monitoring and tracking the individuals. The CMHP navigator/mentor position will continually engage, encourage, and support the individual. If the individual fails to engage within the 14 days, or once they are engaged and fail to successfully complete the engagement track, then the navigator/mentor will notify the Diversion Coordinator who in turn will forward information to the assigned deputy district attorney for potential criminal prosecution but will not exceed mandatory sentencing guidelines.

C.4) Please describe the individuals who are eligible for your deflection program.

Word Limit: 75

All individuals with substance abuse disorders. Self-referrals, active outreach by law enforcement, naloxone candidates, first responder or law enforcement referrals, law enforcement intervention, and community response.

C.5) What qualifies as a successful outcome for participants in your deflection program?

Word Limit: 75

Generally, engagement in the program and following the recommendations from the assessment provided by the Community Mental Health Program (CMHP). The individual will need to have completed an assessment within 14 days of the citation, a minimum of one in person contact with CMHP services weekly, provide a random weekly UA free from illicit substances and remain free of illicit substances for 90 days.

C.6) Describe how your deflection program is culturally and linguistically responsive, traumainformed, and evidence-based.

Word Limit: 150

The Deflection Program and collaborating partners recognize and value the role culture and experiences have in our work together. Our approach is based on evidenced-based training, programing and interventions that meet people where they are at and work to support a system that that acknowledges, respects, and integrates cultural values, beliefs, and practices into the program. Engagement and treatment staff have training in equity, diversity and inclusion, trauma-informed care and motivational interviewing.

The program will aim to deliver culturally and linguistically appropriate services to every individual, including those who are not served well by English speaking providers, and diverse cultural and ethnic backgrounds, and disabilities, regardless of gender, sexual orientation, gender expression, gender transition status or gender identity. These services are delivered by staff with the skills to recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies, and practices characteristic of a particular group of people.

C.7) Please describe how your program will address language access barriers when communicating program referral options and program procedures to non-English speaking individuals.

Word Limit: 150

When possible, staff who speak the same language as the individual will be utilized. When bilingual and or bicultural staff are not available the Language Line interpreting service will be used. Additionally, all written materials regarding the program will be in English and Spanish which are the predominant languages in our community.

C.8) As part of your deflection program, will law enforcement or first responders (as part of routine activities or patrol) make the first contact and refer individuals to treatment or a case manager?

Yes

8.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.

## Word Limit: 75

First responders will offer access, or pathways, to community-based treatment and resources through proactive outreach and support to individuals in need. The spectrum of pathways offers an alternative to traditional enforcement methods that may necessitate contact with police or other first responders. At the time of citation the officer will provide the information to the Deflection Coordinator who will prompt the response for active outreach and engagement efforts, including in the field, through the CMHP.

C.9) As part of your deflection program, will arrests or citations be made, charges be filed, or charges held in abeyance?
Yes
9.a.) Please describe this process, including its planned or operational start date if different than the date identified in question C.2.
Word Limit: 75
The individuals will be arrested and provided a citation with a court date to appear within 30 days. While the individual is actively engaging with providers, the criminal citation will be held in abeyance. Criminal charges are recommended and forwarded to the district attorney's office if engagement does not occur.
C.10) As part of your deflection program, can an individual voluntarily initiate contact with a first responder agency (e.g. police department, fire station, EMS) to seek a referral to treatment, without an arrest, citation, or charges filed?
No
C.11) As part of your deflection program, will first responders or an outreach team proactively identify or seek out individuals with substance use disorders to refer them to or engage them in treatment and/or services without an arrest, citation, or charges filed?
No

C.12) As part of your deflection program, will first responders and/or program partners conduct specific outreach to individuals who have recently experienced an opioid overdose to engage them in treatment and/or services without an arrest, citation, or charges filed?

No

C.13) As part of your deflection program, will a multidisciplinary mobile crisis team (e.g. behavioral health professionals, crisis workers, peer specialists) responding to a call for service refer individuals to treatment or case manager without an arrest, citation, or charges filed?

No

### **Data Acknowledgements**

Completed - Jun 24 2024

## **Data Acknowledgements**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

In order to determine best practices within Oregon, tracking and reporting data concerning deflection program outcomes is an important part of the Oregon Behavioral Health Deflection Program (BHD). Please acknowledge that you have read and understood the following statements:

#### **Responses Selected:**

I acknowledge our program will comply with the CJC's relevant BHD data tracking and reporting requirements.

#### **Responses Selected:**

I acknowledge our program will cooperate with the CJC and their technical assistance providers in establishing a statewide data collection system for deflection programs.

#### **Responses Selected:**

I attest that our program coordinator or a representative of our program will attend all required webinars held by the CJC's research partners or technical assistance partners during the first year of the BHD.

Your deflection program coordinator will be responsible for tracking and reporting deflection data in the statewide data system developed by CJC, as requested by CJC or CJC's research/technical assistance partners. Considering the required and optional partners in your program's development, do you anticipate any barriers or challenges in tracking or reporting the following data points?

Select all that apply.

#### **Responses Selected:**

Don't know, please explain:: I don't believe we will have any anticipated barriers but will not know until we start program.

### **Budget Projection**

Completed - Jul 12 2024

## **Budget Projection**

A deflection program is defined in <u>HB 4002 (2024)</u> as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to Page 474 of 477

create community-based pathways to treatment, recovery support services, housing, case management or other services.

In order to submit this application, please complete all components by no later than July 1, 2024 at 1pm.

As part of a consortium, did your county establish another county as designee to apply for the Oregon Behavioral Health Deflection Program on the cover sheet?

No

# **Budget Projection Sheet Upload**

Please download the Budget Projection Sheet (<u>click here</u>), and then upload your Budget Projection Sheet below.

To assist with completing your Budget Projection Sheet, you can view the 2023-25 Oregon Behavioral Health Program Formula Funding Table by <u>clicking here</u>.

Grant funds may be used for: deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers; behavioral health workforce development; and capital construction of behavioral health treatment infrastructure.

Yamhill BHD 24 Final.xlsx

Filename: Yamhill BHD 24 Final.xlsx Size: 37.5 kB

		BUDGET PROJECTIO	ON SHEET					
CJC Grant Program: County Name(s):	Oregon Behavioral Health Deflect Yamhill County Sheriff's Office	ion Program						
Personnel: Salaries, wages and fringe l Directions:	benefits costs for all grant-funded p	personnel (in whole or in part) emp	loyed by the grant	recipient				
In the "Program/Project Supported" fie In the "% Time per Month" field, use w	eld, identify the specific program/p	roject the position supports. Examp	nes could include LE	AD Team, Mobile	Crisis Team, County I	Deflection Program, e	tc.	
In the "Monthly Rate" field, combine s In the "# Months Employed" field, indi	alary/wages and fringe benefits for	a single month at full time, regardle	ess of the value inc	luded in the "% T	ime per Month" field	i.		
	Program/Project Supported	Employing Agency	New or Existing Position	% Time per Month	Monthly Rate (wages+fringe)	# Months Employed	Total Amount Requested	Resonnel Narrative: For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
Position Title  1 YCSO Program Coordinator	County Diversion Program	Yamhill County Sheriff's Office	New	100	7198.5		122,374.8	The coordiantor will manage grant, track and report data required of CIC for individuals, and be one of the direct conduits between all partners.  2.) This specific position will work exclusively for the grant program clients and assist and support individuals served in county addiction treatment programs. They will conduct
2 HHS Human Services Specialist 1	County Diversion Program	YC Health and Human Services	New	100	9726.8	17	165,356.1	outreach to engage with individuals to assist them with successful completion of diversion program and work side by side with local community outreach and non-profits performing
								3.) This specific position will handle all criminal matters related to our diversion program. If subjects enter the program and are not successful, they will pursue criminal charges under
3 Deputy District Attorney II	County Diversion Program	YC District Attorney's Office	Existing	50	14624.0	17	124,304.0	the law revisions. They will coordinate communications between DA's Office, the individual and criminal defense to complete legal course of action. In addition, they will represent of the county in court proceedings and provide recommendations on pleas, sentencing and dismissal based on case review from law enforcement to support grant funded program.
4 5			Select Option Select Option				0.0	0 4.3 0 5.3
6 7			Select Option Select Option				0.0	6.) 0 7.)
9			Select Option Select Option				0.0	
10		1	Select Option				0.0	0 (10.)
					Personnel Total:	\$ 412,034.95		
Contractual Services: An individual or	organization providing a service or	programmatic aspect of the work t	hat is not provided	directly by the g	rant recipient. Capita	l construction may b	requested in this c	ategory.
Directions: In the "Contract Title & Purpose" field,	, identify the contractor and what s	services the contract covers (genera	lly).					
In the "Program/Project Supported" fie	eld, identify the specific program/p	roject the contracted services supp	ort.				1	Contractual Services Narrative:
Contract Title & Purpose	Program/Project Supported	Contract Category		Unit Type	Price per Unit	# Units Required	Total Amount Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
1 DA Office Remodel 2	YC Diversion Program	Services		Yearly	4.266.80	1.0		<ol> <li>1.) DA's Office will solit a single office into two. Needs wall. door. electrical and internet. Internal YC Maintanence will handle project.</li> </ol>
3 4		Select Option Select Option		Select Option Select Option				0 3.)
5		Select Option Select Option	+	Select Option Select Option			0.0	0 5.) 0 6.)
7 8		Select Option Select Option		Select Option Select Option			0.0	
9 10		Select Option Select Option		Select Option Select Option			0.0	9.) 0 10.)
					Contractual Services Total:	\$ 4,266.80		
Housing & Facilities: Eligible expenses Directions:	for space/utilities necessary to con	mplete program work and short-/lor	ng-term housing su	pport for particip	ants. Capital construi	ction may be request	ed in this category.	
In the "Item Description" field, identify In the "Program/Project Supported" fie	what the expense covers (general eld, identify the specific program/p	roject the expense supports.						
Item Description	Program/Project Supported	1		Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:  For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
2		1		Select Option Select Option			0.0	
3 4 5				Select Option Select Option			0.0	0 4.)
6				Select Option Select Option			0.0	0 (5.)
7 8		1		Select Option Select Option			0.0	0 8.)
9		†		Select Option Select Option			0.0	0 (9.) 0 (10.)
					Housing & Facilities Total:	\$ .		
			110 0					
Directions: In the "Item Description" field, identify	dable equipment with a purchase p	orice of \$5,000 or more, or a useable	e life of two or mor	e years, for a sing	je item			
In the "Program/Project Supported" fie In the "Organization Served" field, iden	eld, identify the specific program/p	roject the equipment supports.						
In the "# of Units Required" field, indic	ate the number of individual items	s to be purchased.					I	
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:  For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 DA Furniture (Desk, hutch, chair)	YC Diversion Program	DA's Office			3,000.0	1.0	3,000.0	1.) Furniture for DA II position in new stand alone office to focus on grant needs of individuals.
YCSO Furniture (Desk, hutch, 2 chair)	YC Diversion Program	Yamhill County Sheriff's Office			3.000.0	1.0	3.000.0	2.) Furniture for YCSO Program Coordinator position to work on all requirements of grant and lob description.
DA Laptop, monitors, docking station, scanner, keyboard,								Office equipment for DA II position to fulfill the needs of the grant
3 mouse, printer YCSO Laptop, monitors, docking	YC Diversion Program	DA's Office			3,500.0	1.0	3,500.0	D. 3.) Office equipment for DA II position to fulfill the needs of the grant
station, scanner, keyboard, 4 mouse, printer	YC Diversion Program	Yamhill County Sheriff's Office			3,500.0	1.0	3,500.0	4.) Office equipment for YCSO program coordinator position to fulfill the needs of the grant
5 YCSO Office reconfigure furniture	YC Diversion Program	Yamhill County Sheriff's Office			3,000.0	1.0	3,000.0	5.) Reconfiguration of current office space (from 2 to 3 people to add Program Coordinator to meet the needs of the Grant. Need to down size existing desks and funiture.
6 Shoretel Desk Phone/Cell phones	YC Diversion Program	HHS, DA, YCSO			2,800.0	1.0	2,800.0	6.) Desk phones with extension purchased through the county and cellphone through each Departments phone plans for a year.
7 HHS AWD Vehicle	YC Diversion Program	ннѕ			30,000.0	1.0	30,000.0	7.) This all-wheel drive vehicle will exclusively be utilized for transportation so Specialists can meet individuals out in the field, provide transportation if necessary for initial assessments to meet grant needs.
8 9 10							0.0	0 8) 0 93 0 10,0
					Equipment Total:	\$ 48,800.00	0.0	v (av.)
		ems of equipment that do not mee				ports could be reque		
Supplies: Consumable materials or sup Directions: In the "Item Description" field, identify			t the threshold for	tne Equipment	category. Livents sup	parts coula de reque	tea in this category	
In the "Program/Project Supported" field, identify In the "Organization Served" field, iden	eld, identify the specific program/p	roject the supplies supports.						
In the "Organization Served" field, ider In the "# of Units Required" field, indic								
Item Description	Program/Project Supported	Organization Served			Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative:  For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 DA Dues-OSB. Yamhill Bar Dues	YC Diversion Program	District Attorney's Office			1.400.00	1.0		1.) These dues will cover Oregon State Bar and Yamhill County Bar alone with criminal code book and sentencing erid.
Z DA Software	YC Diversion Program	District Attorney's Office			500.00	1.0	0.0	2.) DA Will need computer software (adobe pro and AVS).  3.1
5			1				0.0	0.6)
1 DA DUBS-LOB, YAMRIII BSF DUBS 2 DA Software 3 4 5 6 7 8								0.7)
9 10							0.0	0 9.)
10		1			Supplies Total:	\$ 1,900.00	0.0	0 (10.)
Training/Associated Travel: Eligible ex Directions: Each line item should be dedicated to			ings that support p	rant purposes				
All travel expenses must follow state D	AS and federal GSA regulations: lux	xury expenses are not allowed (e.g.	first-class seating).					
In the "Program/Project Supported" fie In the "Organization(s) Served" field, li- In the "Is this a Training or Travel Cost	st the entity(ies) that will have per: ?" field, select to which this line ite	sonnel attending training. m relates from the dropdown meni	1.					
In the "Training or Travel Costs (Per Inc	dividual)" field. input the estimated	individual travel cost or registration	n cost for one atte	ls this a	Training or Travel			Training/Associated Travel Narrative:
Training Title	Program/Project Supported	Organization Served	Location of Training	Training or Travel Cost?	Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.  For travel line items, please indicate with which training it is associated.
2 DDA Travel	YC Diversion YC Diversion	District Attorney's Office District Attorney's Office	Unknown Unknown	Training Travel	1,000.00	1.00	1,000.0 1,000.0	0 1.) Place holder for DDA Diversion Training FY2024/25 0 2.) Place holder for DDA Diversion Travel FY2024/25
3 HHS Training 4 HHS Travel	YC Diversion YC Diversion	Health and Human Services Health and Human Services	Unknown Unknown	Training Travel	1,000.00	1.00	1,000.0	0 3.) Place holder for HHS Diversion Training FY2024/25 0 4.) Place holder for HHS Diversion Travel FY2024/25
5 YCSO Training	YC Diversion YC Diversion	Yamhill County Sheriff's Office Yamhill County Sheriff's Office	Unknown Unknown	Travel Travel	1,000.00	1.00	1,000.0	5.) Place holder for YCSO Diversion Training PY2024/25 6.) Place holder for YCSO Diversion Travel PY2024/25
7				Select Option Select Option			0.0	0 7.) 0 8.)
9 10				Select Option Select Option			0.0	9.) [10.]
					Training/Travel Total:	\$ 6,000.00		
Administration of the second								
Administrative Costs: Activities associa Directions: Total Administrative Costs may not exc		such as purchasing, budgeting, payre		staff services				
Total Administrative Costs may not ex In the "Item Description" field, identify In the "Program/Project Supported" fie	the specific activities to be condu	cted.	commission.					
In the "Organization" field, identify the							Table	Administrative Cuts Manufacture
Item Description	Program/Project Supported	Organization Served					Total Amount Requested	Administrative Costs Narrative:  For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
1 Finance Specialist	YC Diversion	Yamhill County Sheriff's Office					\$ 12,128.25	1.) 3% will be applied to in-house Finance person who will have additional responsibilities of purchasing, budget, payroll and accounting for this grant. Along with assisting the program manager.
2 3 4								6) 3) ()
5								4) 5)
5 6 7								5.) 7.)
8 9 10								9.)
10					Administrative			
					Total:	\$ 12,128.25		

<b>Budget Request Totals:</b> This section will	be automatically calculat	based c	in the information provide
Budget Categories	Category Totals		
Personnel		34.95	
Contractual Services	\$ 4,	66.80	
Housing & Facilities	Ś		
Equipment	\$ 48,	00.00	
Supplies	\$ 1.	00.00	
Training/Associated Travel	\$ 6,	00.00	
Subtotal	\$ 473,	1.75	
Administrative Costs	Total		% of Total Request
All Items	\$ 12	28.25 3	